

# Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 2 March 2026 at 6.00 pm

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

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## 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

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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=5940>

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](mailto:louise.smith@bcpcouncil.gov.uk) or Democratic Services or email [democratic.services@bcpcouncil.gov.uk](mailto:democratic.services@bcpcouncil.gov.uk)

Press enquiries should be directed to the Press Office: Tel: 01202 118686 or email [press.office@bcpcouncil.gov.uk](mailto:press.office@bcpcouncil.gov.uk)

This notice and all the papers mentioned within it are available at [democracy.bcpCouncil.gov.uk](https://democracy.bcpCouncil.gov.uk)

AIDAN DUNN  
CHIEF EXECUTIVE

20 February 2026

**DEBATE  
NOT HATE**



Available online and  
on the Mod.gov app

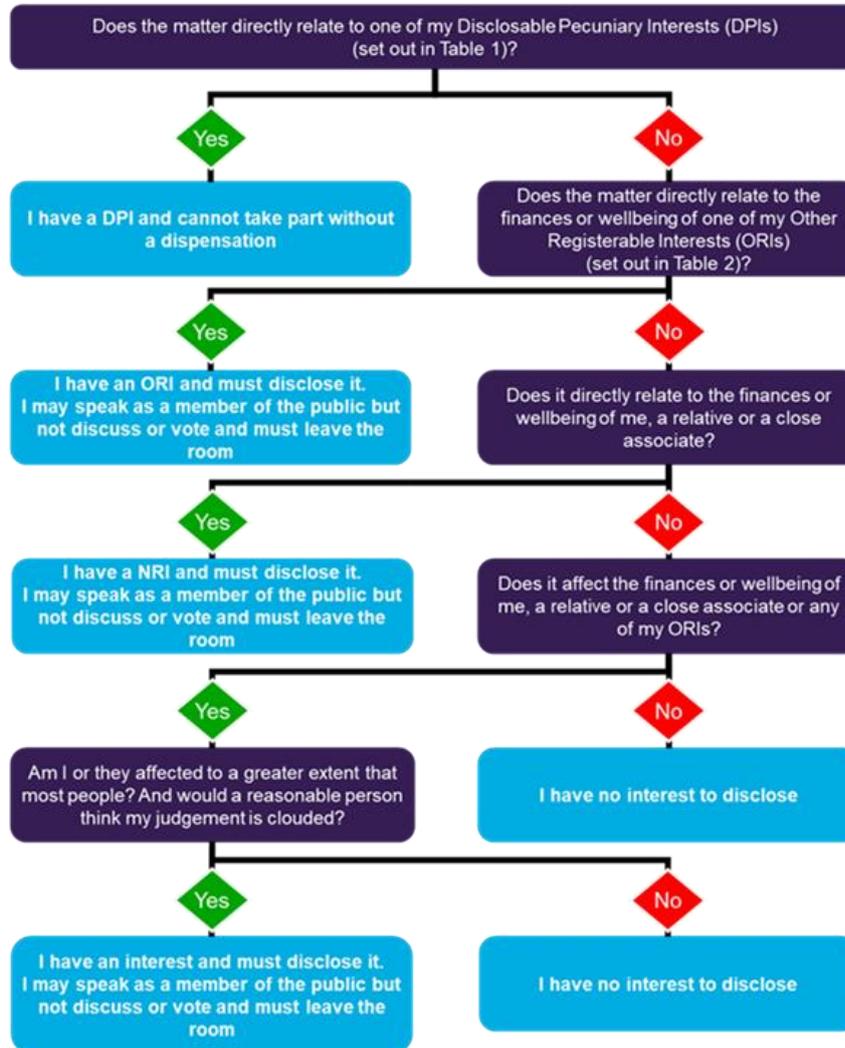


## Maintaining and promoting high standards of conduct

### 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 1 December 2025.

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## 5. Recommendation Tracker

For the Committee to note the latest updates to the Recommendation Tracker and consider any outstanding actions.

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## 6. Public Issues

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

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

The deadline for the submission of public questions is midday on Tuesday 24 February (3 clear working days before the meeting).

The deadline for the submission of a statement is midday on Friday 27 February (the working day before the meeting).

The deadline for the submission of a petition is Friday 13 February (10 working days before the meeting).

## ITEMS OF BUSINESS

- 7. FutureCare Programme – Impact analysis and finance update** 53 - 64
- Focusing on outcomes for people, this report sets out an analysis of the benefits delivered so far by the FutureCare Programme against the targets set in the FutureCare Diagnostic.
- Fewer people are being admitted into hospital beds, more people are receiving care at home and the length of time people are spending in intermediate care beds has reduced by an average of 5.5 days.
- However, more work is still required to deliver all of the benefits anticipated in the FutureCare Diagnostic and in particular to reduce the length of time people spend in UHD hospitals waiting to be discharged with a short-term care package.
- Recognising that there are still 5 months remaining to deliver the first phase of the programme (anticipated completion: June 2026), there is still confidence that anticipated benefits will be delivered.
- Positively, since the December update to the Committee, despite the impact of seasonal pressures on overall programme benefits, the cumulative benefits delivered to BCP have moved from a negative position of -£32,000 in October to a positive position of £55,000 at the beginning of February.
- There is also increasing confidence that the anticipated benefits in 2026/27 for BCP Council will be greater than forecast, though some of these are being offset by increasing demand pressures across the wider ASC budget.
- 8. University Hospitals Dorset - Developing our clinical strategy 2025-2035** 65 - 94
- To receive a presentation from UHD regarding 'Developing our clinical strategy 2025-2035'
- 9. Adult Social Care Fulfilled Lives Transformation Programme** 95 - 104
- In July 2024, BCP Cabinet and Full Council agree to support a four-year transformation programme called Fulfilled Lives, approving a total investment of £2.9m spanning the first three years.
- The programme is made up of four inter-dependent projects:
- How We Work
  - Short-Term Support
  - Self-Directed Support
  - Support At Home
- The programme entered its delivery phase in January 2025 and progress reports were presented to Committee in January, March, July and September.
- This report provides a further update for the programme overall to reflect

the achievements to date, the current challenges, and the next steps to be taken over the following six months.

**10. Work Plan** 105 - 118  
To consider the Committee's Work Plan.

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

#### **ITEMS FOR INFORMATION**

**12. Corporate Monitoring Report (Q2)** 119 - 152  
This was considered by Cabinet on 17 December 2025 and is being shared to all Overview and Scrutiny Committees for information.

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

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

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

Present:-

Cllr P Canavan – Chair

Cllr L Northover – Vice-Chair

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

36. Apologies

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

37. Substitute Members

Cllr Joe Salmon substituted for Cllr Rigby on this occasion.

38. Declarations of Interests

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

39. Minutes

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

40. Action Sheet

The action sheet was noted.

41. Public Issues

There were no public issues on this occasion.

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

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

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY  
COMMITTEE  
01 December 2025

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

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

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

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

The Committee considered the report, including:

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

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

Voting: Nem. Con.

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

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

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

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

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

The Committee considered the report, including:

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

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

Voting: Nem. Con.

44. FutureCare Programme – Mid-Programme Review

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

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

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

The Committee considered the report, including:

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

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

**RESOLVED that the Committee:**

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

Voting: Nem. Con.

45. Integrated Neighbourhood Teams (INTs) Update

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

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

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

To realise this ambition health and care services need to:

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

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

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

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

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

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

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

The Committee discussed the report, including:

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

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

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

Voting: Nem Con.

46. Dorset Palliative and End of Life Strategy

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

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

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

The Committee considered the report, including:

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

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

Voting: Nem Con.

Cllr Bagwell left the meeting at 19:52.

47. Overview and Scrutiny Annual Report

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

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

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

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

48. Work Plan

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

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

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

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

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

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

Voting: Nem. Con.

49. Portfolio Holder Update

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

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

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

The Chair thanked the Portfolio Holder for this update.

The meeting ended at 8:25pm.

CHAIR

# RECOMMENDATIONS AND ACTIONS TRACKER – OVERVIEW AND SCRUTINY FUNCTION

## OVERVIEW AND SCRUTINY BOARD

UPDATED: 14.01.2026

Minute number	Item	Recommendation made <small>*items remain for monitoring until implementation is complete or committee agree to remove.</small>	Recommended to <small>*name of receiving body/ Officer, and date received</small>	Outcome <small>*accepted/ partially accepted/ rejected/ unknown.</small>	Implementation updates
<b>Recommendations from Board meeting – <a href="#">13 May 2024</a></b>					
9.	<b>A shared vision for Bournemouth, Christchurch and Poole 2024-28 Strategy and Delivery Plan</b>	<p>RESOLVED that the Board support the recommendations to Cabinet, subject to the suggested amendments from the Board:</p> <p>(a) The delivery plan be approved (b) The measures for monitoring progress and ensuring accountability for delivery be agreed.</p> <p>Note – minor amendments to the measures contained in the report were suggested by the O&amp;S Board and captured in the full minutes of the meeting.</p>	Cabinet - 22 May 2024	<b>Accepted</b>	The Portfolio Holder confirmed that the amendments suggested at O&S Board had been incorporated into the revised version of the Strategy and Delivery Plan supplied for decision by Cabinet.
<b>Recommendations from Board meeting – 16 July 2024 – No recommendations made at this meeting.</b>					
<b>Recommendations from Board meeting – 27 August 2024 – No recommendations made at this meeting.</b>					
<b>Recommendations from Board meeting – 23 September 2024 – No recommendations made at this meeting.</b>					
<b>Recommendations from Board meeting – 1 October 2024 – No recommendations made at this meeting.</b>					
<b>Recommendations from Board meeting – <a href="#">21 October 2024</a></b>					

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Agenda Item 5

60.	<b>Blue Badge Service Update Report</b>	<p>The Board resolved that:</p> <p>The Portfolio Holder/Leader and the Chief Executive be asked to write to the Department for Transport to raise the concerns outlined by the O&amp;S Board and that the Portfolio Holder take the issue forward with local MPs and the Local Government Association to encourage local authorities to raise these issues with the Department for Transport and request that central government gives local authorities the freedom to set fees which cover the cost of administering the system and that the system should be simplified in terms of renewal processes.</p>	Portfolio Holder/ Leader/ Chief Executive	Partially accepted by the Portfolio Holder	<p>The Portfolio Holder confirmed that they had written to the Department for Transport and provided the response received to the O&amp;S Board at its meeting on 12 May.</p> <p>It was unknown if this had been raised directly with the LGA and at the O&amp;S Board meeting on 12 May the Portfolio Holder undertook to follow up on this.</p>
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**Recommendations from Board meeting – [18 November 2024](#)**

69.	<b>O&amp;S Budget Working Groups – findings and recommendations</b>	<p>Recommended to Cabinet</p> <ol style="list-style-type: none"> <li>1. That the principle of an inflationary increase across all parking charges be endorsed for the 2025/26 budget.</li> <li>2. That it requests Officers to take into account the suggestion that an assessment be made on using a proportion of surplus income to accelerate the parking charging machine replacement programme prioritising the best value machines in order to reduce future costs (subject to the necessary procurement processes).</li> <li>3. That Officers be requested to explore 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.</li> </ol>	Cabinet – 10 December 2024	Partially accepted	<p>Responses provided to the Cabinet meeting on 5 February</p> <p><a href="http://ced-pri-cms-02.ced.local/documents/s55921/Appendix%203a%20-%20Portfolio%20Holder%20Responses%20to%20Budget%20Scrutiny.pdf">://ced-pri-cms-02.ced.local/documents/s55921/Appendix%203a%20-%20Portfolio%20Holder%20Responses%20to%20Budget%20Scrutiny.pdf</a></p>
		<ol style="list-style-type: none"> <li>1. That it requests that Officers evaluate the retention and recruitment of Civil Enforcement Officers to ensure a robust and resilient workforce to provide an appropriate level of resource and promote safe and appropriate parking.</li> <li>2. That Officers be requested to ensure adequate resourcing of parking enforcement to reduce inappropriate parking around schools.</li> </ol>	Cabinet – 10 December 2024	Accepted	<p>Response from Portfolio Holder received at the O&amp;S Board meeting on 3 February 2025 :</p> <p><a href="http://ced-pri-cms-02.ced.local/documents/s55808/responses%20from%20Cabinet.pdf">http://ced-pri-cms-02.ced.local/documents/s55808/responses%20from%20Cabinet.pdf</a></p>

		<p>The O&amp;S Board recommend to Cabinet:</p> <ol style="list-style-type: none"> <li>1. That any Resident Card offering is made fully accessible to all those who are not digitally enabled.</li> <li>2. That there should be an application process for the card with a small financial contribution for the cost of processing and that the card should be a valuable offer that residents are willing to pay a small cost for, so that it can be sustainable in terms of administrative costs.</li> <li>3. That any charge levied for the card should be the same regardless of the format and that consideration should be given to concessions for disadvantaged groups.</li> </ol>	Cabinet – 10 December 2024	Partially accepted	<p>Responses provided to the Cabinet meeting on 5 February</p> <p><a href="http://ced-pri-cms-02.ced.local/documents/s55921/Appendix%203a%20-%20Portfolio%20Holder%20Responses%20to%20Budget%20Scrutiny.pdf">://ced-pri-cms-02.ced.local/documents/s55921/Appendix%203a%20-%20Portfolio%20Holder%20Responses%20to%20Budget%20Scrutiny.pdf</a></p> <p>Response from Portfolio Hodler received at the O&amp;S Board meeting on 3 February 2025 :</p> <p><a href="http://ced-pri-cms-02.ced.local/documents/s55808/responses%20from%20Cabinet.pdf">http://ced-pri-cms-02.ced.local/documents/s55808/responses%20from%20Cabinet.pdf</a></p> <p>Note: the residents card offer did not progress as part of the budget</p>
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**Recommendations from Board meeting – [9 December 2024](#)**

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78	<b>Pay and Reward Progress Update</b>	RESOLVED that Cabinet be recommended to approve option 2 of the proposed process flowchart (Appendix 1 of the report) and the commencement of collective consultation under s188 of the Trade Union and Labour Relations (Consolidation) Act 1992 ('TULRCA'), which is a statutory obligation where an employer is proposing to dismiss 20 or more employees.	Cabinet - 10 December 2024	Accepted	Negotiations with the pay and reward progress have continued and a new offer had been made to the unions. A ballot was now taking place with the recognised trade unions and an outcome was expected by the end of June 2025. This report was brought to O&S Board and Cabinet
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79	<b>Housing Delivery Council Newbuild Housing and Acquisition Strategy (CNHAS) update and Harbour Sail acquisition</b>	RESOLVED that the Overview and Scrutiny Board recommend that Cabinet support the recommendations as set out in the Cabinet report: <a href="#">Housing Delivery Council Newbuild Housing and Acquisition Strategy CNHAS update and Harbour Sail a.pdf</a>	Cabinet - 10 December 2024	Accepted	The recommendation from Cabinet has not been put before Council because the purchase of Harbour Sail has not proceeded. This was due to timing of the purchase which affected the ability to use the grant for the purchase (which without this grant the scheme was no longer financially viable) and that title restrictions could not be altered to allow flexibility of tenure that was required. The grant has been reallocated to other property acquisitions.
81	<b>BCP Council Libraries – Update on Library Strategy Development</b>	RESOLVED that the Overview and Scrutiny Board recommend that Cabinet support the recommendations as set out in the Cabinet report: <a href="#">BCP Council Libraries Update on Library Strategy Development.pdf</a>	Cabinet - 10 December 2024	Accepted	The Library strategy is expected to be considered by the Overview and Scrutiny Board and Cabinet in August and September 2025
<b>Recommendations from Board meeting – <a href="#">6 January 2025</a></b>					
90	<b>Devolution</b>	Recommended to the Leader that:  a: The Leader arranges an emergency Full Council Meeting at the earliest opportunity to enable a vote of ALL of the available options  b: An evidence-based piece of work be undertaken on the pros and cons of a devolution arrangement with both the Solent deal AND Wessex deal, including exploring a public referendum for BCP residents.	Leader of the Council	Partially accepted	Full Council meeting was arranged for 15 January 2025.  The Council meeting considered the options of both the Solent deal and the Wessex deal, further information was brought to the Council meeting and Council voted to participate in the priority programme and to move forward with the Wessex proposal.
<b>Recommendations from Board meeting – 13 January 2025 – No recommendations made at this meeting</b>					
<b>Recommendations from Board meeting – <a href="#">3 February 2025</a></b>					

106.	<b>Council Budget Monitoring 2024/25 at Quarter 3</b>	RESOLVED that the O&S Board recommend to the Audit and Governance Committee that it instigate an investigation on the Carters Quay development.	Audit and Governance Committee 27 February 2025	Accepted	Update provided to the A&G Committee at its meeting on 29 May. Chief Executive agreed that a report of the governance and process could be produced for the 24 July. It was also agreed to circulate by email the updated provided by the Director, Investment and Development together with the advice previously provided by the Monitoring Officer. <a href="#">Carters Quay - Update.pdf</a> A further report will be take to Cabinet
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**Recommendations from Board meeting – 4 March 2025**

115.	<b>Community Governance Review – Draft Recommendations</b>	RESOLVED: that the O&S Board Recommend to Cabinet that the draft recommendations of the Task and Finish Group relating to proposals for Burton and Winkton (A), Hum (B), Highcliffe & Walkford (C) and Christchurch Town (D) be recommended to Council, for approval for publication and consultation, without amendment.	Cabinet date – 5 March 2025	Accepted	Consultation progressed with these proposals. The Consultation closed 22 June 2025. The Working group are processing the outcome of the consultation and a report will be brought back to the October Cabinet meeting.
		RESOLVED: That the O&S Board recommend to Cabinet that the draft recommendations of the Task and Finish Group relating to Broadstone (F) and Poole Town (J) be recommended to Council, for approval for publication and consultation, without amendment.		Accepted	
		RESOLVED that the Board recommend to Cabinet that that the recommendation for Bournemouth (K) not be forwarded to Council.		Rejected	Cabinet felt that it was important to consult on all areas including (k) Bournemouth Town and therefore supported the recommendations as set out by the task and finish group and did not support recommendation 3 as submitted by the Overview and Scrutiny Board.

		RESOLVED that the Board recommend to Cabinet that the draft recommendations of the Task and Finish Group relating to Southbourne (I) be recommended to Council, for approval for publication and consultation, without amendment.		Accepted	
		RESOLVED that the O&S Board recommend to Cabinet that the draft recommendations of the Task and Finish Group relating to Boscombe and Pokesdown (H) be recommended to Council, for approval for publication and consultation, without amendment.		Accepted	
		RESOVLED that the O&S Board recommend to Cabinet that the draft recommendations of the Task and Finish Group relating to Throop and Holdenhurst (E) be recommended to Council, for approval for publication and consultation, without amendment.		Accepted	
		RESOLVED that the O&S Board recommend to Cabinet that the draft recommendations of the Task and Finish Group relating to Redhill and Northbourne (G) be recommended to Council, for approval for publication and consultation, without amendment		Accepted	

116.	<b>Bournemouth Development Company LLP Business Plan</b>	RESOLVED that the O&S Board recommend to Cabinet that a decision to extend the Winter Gardens site 'Option Execution Date' is deferred by Cabinet until the new BDC Partnerships Business Plan has been approved by Cabinet.	Cabinet – 5 March 2025	Rejected	The Cabinet did amend a recommendation as follows: Agrees the principle of an extension of the Winter Gardens site "Option Execution Date", with details to be agreed to be delegated to the Chief Operations Officer acting in consultation with the Leader of the Council, or until Cabinet have had the opportunity to review a revised partnership business plan including the site development plan for the revised Winter Gardens scheme." It was not able to agree a deferment of this decision as this would stop progress on the Winter Gardens development.
117.	<b>Strategic Community Infrastructure Levy (CIL)</b>	RESOLVED That the Board recommended to Cabinet:  1. That the spending priorities for Strategic CIL as set out in Option 2 of the paper over the period 2024/25 to 2029/30 be agreed provided CIL income is as forecast; and  2. That the report be updated annually for Cabinet and Council.	Cabinet – 5 March 2025	Accepted	Accepted by Cabinet and spending priorities agreed for 2024/25 to 2029/30 for CIL.
<b>Recommendations from Board meeting – <a href="#">12 May 2025</a></b>					
11.	<b>Blue Badge Update</b>	The Chair requested that the matter also be raised with the Local Government Association particularly regarding the cost of administering the Blue Badge scheme and the limitations of the current data system	Cabinet Portfolio Holder for Customer, Communication and Culture	Unknown	Update on this issue awaited – no deadline date

12.	<b>Arts and Culture Funding</b>	<p>Recommended to Cabinet:</p> <ol style="list-style-type: none"> <li>1. That the O&amp;S Board recognise the value of the NPOs funded by BCP to Health and well-being youth and the local economy and urge Cabinet to protect the funding BCP currently provides.</li> <li>2. That Cabinet endorse the work that's been done with schools by the NPOs and recommends that Cabinet take action to encourage all schools to take part.</li> <li>3. To explore whether it would be a benefit for a Councillor to be appointed as a member of the Board on any or all of the NPO organisations, and</li> <li>4. That it ensures that the arts by sea festival goes ahead next year.</li> </ol>	Cabinet – 13 May 2025	<b>Accepted</b>	<ol style="list-style-type: none"> <li>1: The cultural funding remains in the MTFP so there is no change in that position as of the moment.</li> <li>2: The Portfolio Holder is working with the Cultural Hub to encourage this.</li> <li>3: The Portfolio Holder has spoken to the NPO and they respectfully suggested that this would not be helpful. The Portfolio Holder agreed with this especially as they would likely be a PH and the Portfolio Holder already had very close links with all of them.</li> <li>4: We are planning for ABTS next year and awaiting funding news from ACE.</li> </ol>
<b>Recommendations from Board meeting – <a href="#">9 June 2025</a></b>					
22.	<b>Bournemouth Air Festival</b>	The Overview and Scrutiny Board agreed with the recommendation that Cabinet agrees to Option 4 as set out in the report, which acknowledges the ongoing process for new events to come forward and stops any further work on an Air Festival for 2026 onwards.	Cabinet – 18 June 2025	<b>Accepted</b>	Recommendation accepted and confirmed that further work on the Air Festival for 2026 had been discontinued.
23.	<b>Bournemouth Development Company - Winter Gardens Project</b>	<ol style="list-style-type: none"> <li>1. The Overview and Scrutiny Board supported the following recommendations to Cabinet: <ol style="list-style-type: none"> <li>(c) Cabinet approves the BDC Partnership Business Plan for 2025 – 2030.</li> <li>(c) Cabinet confirms the extension of the Site Option Execution Date to September 2028, allowing Muse as the Private Sector Partner in the BDC to fund the first stage of work on the new Winter Gardens scheme, resulting in a new Site Development Plan.</li> <li>(c) Cabinet approves proceeding on the understanding that public parking will not be included in a new scheme design.</li> </ol> </li> <li>2. The Overview and Scrutiny Board welcomed the development of the Town Centre Vision for Bournemouth and requested to scrutinise the regeneration visions for the 3 Towns in the BCP Area as these are redeveloped.</li> </ol>	Cabinet – 18 June 2025	<b>Accepted</b>	The development plans are due to come forward for consideration in December 2025 and it was proposed by the Leader that these would go to full Council.

		<p>3. The Overview and Scrutiny Board welcomed the development of the Town Centre Vision for Bournemouth and requested to scrutinise the regeneration visions for the 3 Towns in the BCP Area as these are redeveloped.</p>		<p>Accepted – update provided</p>	<p>We are developing the narrative across the three towns identifying key strengths and uniqueness to build upon the vision set out in the Corporate Strategy : vibrant places, where healthy people and nature flourish, with a thriving economy in a healthy natural environment. To support this we've made good progress by the establishment of a Citizen's Panel and the Growth Board. The Citizen's Panel comprises of residents with a focus on the town centre which is helping to provide insight into how residents feel and engage within the space. The Growth Board is a newly established steering group which is comprised of representatives from key sectors within the BCP conurbation including Business Improvement District, education, manufacturing, Starts up and the volunteering sector. These perspectives are helping to shape our vision for BCP as a place which can thrive, for residents to feel civic pride and a destination for visitors to enjoy. The conversation at the O&amp;S focussed on how Winter Gardens fits into the wider context of the Town Centre and committee members asked for that to form part of any proposals from BDC. There is an existing Town Centre Vision which forms part of the Local Plan, and the intention is for BDC to review this to support a future planning application, ensuring it reflects the nature of the development proposals in the absence of a formal planning policy framework.</p>
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24.	<b>Leisure Services Presentation and Discussion</b>	The Overview and Scrutiny Board recommended that Cabinet be urged to put in place an "Access to Leisure" scheme across the whole BCP area as soon as possible, recognising that people in Poole have lost this facility and with particular emphasis on ensuring accessibility for people with disabilities	Cabinet – 18 June 2025	Accepted – update from Portfolio Holder Provided	The Portfolio holder has asked that officers explore options around a renewed access to leisure facility and bring forward options, including but not limited to; how that would be managed, financial implications, and meeting the recommendation as requested by the Overview and scrutiny board.
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**Recommendations from Board meeting – [15 July 2025](#)**

31.	<b>Enhancement to Pay and Reward Offer</b>	<p>The Overview and Scrutiny Board supported the following recommendations to Council within the Cabinet report:</p> <ul style="list-style-type: none"> <li>a) Agree the additional costs associated with enhancing the proposed Pay and Reward offer.</li> <li>b) Agree the additional savings proposals outlined in Appendix 1 to ensure the cost implications of the proposal remain consistent with the February 2025 endorsed Medium Term Financial Plan.</li> <li>c) Agrees the details of the enhanced offer shown in Appendix 4 and 5 that will form the basis of the signed collective agreement with our recognised trade unions.</li> <li>d) Approves the recommended implementation date of 1 December 2025.</li> </ul>	Cabinet – 16 July	Accepted	Agreed by Council on 22 July 2025. Work underway to achieve implementation for December 2025.
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32.	<b>Scrutiny of Budget Related Cabinet reports – MTFP update report</b>	<p>The Overview and Scrutiny Board endorsed the work of Members and Officers around SEND as set out in recommendation C of the report as follows:</p> <p>In respect of the SEND deficit, note the update and acknowledges the action taken by the Leader and the Director of Finance</p>	Cabinet - 16 July	Accepted	
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**Recommendations from Board meeting - [22 September 2025](#)**

39.	<b>Residents Card</b>	RESOLVED that the Overview and Scrutiny Board do not support the recommendation as outlined in the report as the Board did not feel that the Cabinet report included sufficient financial details and details of the scheme offers to enable it to make an informed decision. The Board recommend to Cabinet that the report is deferred to allow details of	Cabinet – 1 October	Rejected	Updates were made to the report and the recommendation prior to consideration by Cabinet.
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		the financial modelling that has been done to be added, including a cost/benefit analysis and a sensitivity analysis. Once this additional information is included in the report, it should then be brought back to the O&S Board before being taken to Cabinet for decision.			
<b>Recommendations from Board meeting – 30 September 2025</b>					
47.	<b>Community Governance Review – Final Recommendations</b>	All Recommendations as set out within the Cabinet report were supported by the Board: (a) the Task and Finish Group community governance review final recommendations, as set out in paragraphs 49, 62, 74, 92, 104, 117, 128, 140, 152, 166 and 181 of this report be approved; (b) the Head of Democratic Services be authorised to make all necessary reorganisation of community governance orders to implement the changes agreed by Council; (c) the Task and Finish Group continue to consider the transfer of civic and ceremonial assets, statutory services and precept requirements for year 1, for each new parish, on the basis of minimal transfer and precept, and a report be presented to full Council in due course.	Cabinet – 1 October	Accepted	The recommendations of Cabinet were referred to Council on 14 October. The Recommendations of Cabinet were agreed by full Council
<b>Recommendations from Board meeting - 20 October 2025</b>					
56.	<b>Medium Term Financial Plan (MTFP) update</b>	The Overview and Scrutiny Board recommend to Cabinet that as part of the Budget setting process. consideration be given to utilising receipts from the existing surplus asset disposal programme for 2026/27 to address some of the repairs and maintenance of publicly facing assets.	Cabinet – 29 October	Partially Accepted but final determination was to reject	The Portfolio Holder advised that this was considered as part of the budget setting process but due to the significant pressures on the delivery of statutory services it was not agreed to include this within the proposed budget – 9 February 2026
57.	<b>BCP Council Libraries Draft Library Strategy</b>	1. The Overview and Scrutiny Board recommend to Cabinet that as part of the Library Strategy it looks to maintain staffed hours in libraries, especially in the afternoon period, as open access is rolled out further in the future. 2. The Overview and Scrutiny Board recommend to Cabinet that the Library Service put together a list of smaller neighbourhood Community Infrastructure Levy (CIL) Bids to put to Councillors and Neighbourhood Forums immediately upon the opening of future CIL rounds.	Cabinet - 29 October	Accepted	The Portfolio Holder reported that the staff hours in Libraries would be maintained and that a list of potential CIL bids had been created and these were outlined to the Board – 9 February 2026

		3. That the O&S Board support the recommendations as set out in the Cabinet report.			
<b>Recommendations from Board – 17 November 2025 – No recommendations made at this meeting</b>					
<b>Recommendations from Board – 8 December 2025</b>					
79.	<b>Medium Term Financial Plan (MTFP) Update</b>	RESOLVED that the O&S Board advise Cabinet of its support for all recommendations as outlined in the Cabinet report.	Cabinet – 17 December	Accepted	Cabinet noted the support for the recommendations within the report.
<b>Recommendations from Board – 5 January 2026</b>					
87.	<b>Regeneration Progress Report</b>	That the Overview and Scrutiny Board recommend to Cabinet that, to enable effective lobbying of Government in the future, the draft of the BCP Growth Plan be shared with O&S Board Members when available and that Overview and Scrutiny be embedded in the plan's development and approval process.	Cabinet – 14 January	Accepted	Extract from Cabinet minutes: The Leader thanked Councillor Salmon and the Board for bringing their recommendation to Cabinet and advised that she was minded to accept the recommendation and that a formal response would be provided to the Board.
<b>Recommendations from Board – 9 February 2026</b>					
95.	<b>Budget 2026/27 and Medium-Term Financial Plan</b>	The Overview and Scrutiny Board recommend to Cabinet that the questions asked in the budget consultation be reviewed to ensure that they are relevant to the choices which need to be made in the 2027/28 budget setting.	Cabinet – 11 February	Unknown - TBC	

## OUTSTANDING ACTIONS

Minute number	Item	Action* *Items remain until action completed.	Benefit	Updates
<b>Actions from Board meeting – 12 May 2025</b>				
10.	<b>BCP Complaints Policy</b>	RESOLVED that the Board further examine the role of councillors in the complaints process, particularly in relation to ward issues and casework.	To ensure the effectiveness of both the Councils complaints process and work of Ward Councillors	Work underway - Cllr S Aitkenhead as rapporteur
<b>Actions from Board meeting – 22 September 2025</b>				
38.	<b>Commercial Operations</b>	Portfolio Holder to provide an update on the current situation in 6 months-time with a view to scheduling further scrutiny when appropriate.	To monitor and receive updates on this area of the Council	Update due to the Board in March.
<b>Actions from Board meeting – 20 October 2025</b>				
57.	<b>BCP Council Library – Draft Library Strategy</b>	A potential item be included on the O&S work programme on a review of income generation opportunities within the library service, including commercialisation options and partnership models.	TBC	
<b>Actions from Board meeting – 5 January 2026</b>				
87.	<b>Regeneration Progress Report</b>	That a small group be convened including Cllrs J Beesley, P Canavan and K Salmon to scope draft Key Lines of Enquiry on a number of the issues raised for future scrutiny in preparation of the O&S Work Programming process.	To ensure that the issues raised are given due consideration and ensure that the work planning process can continue.	

## ENVIRONMENT AND PLACE OVERVIEW AND SCRUTINY

UPDATED: 14.01.26

Minute number	Item	Recommendation made *items remain for monitoring until implementation is complete or committee agree to remove.	Recommended to *name of receiving body/ Officer, and date received	Outcome *accepted/ partially accepted/ rejected/ unknown.	Implementation updates
<b>Recommendations from Committee – <a href="#">15 May 2024</a></b>					
8	<b>Improvement of the environment in Poole Park through a trial closure of a park entrance to motor traffic</b>	Cabinet refer the matter to Full Council for decision.	Cabinet, 22 May 2024	<b>Rejected</b>	<p>Extract from Cabinet minutes:</p> <p>'Cabinet members questioned the benefit of taking the report to full council for further debate and felt that the decision should be made.'</p> <p>Decision made:  <b>RESOLVED that Cabinet: -</b>                      (a) Agrees that the current trial closure, of the Whitecliff entrance and exit point to motor vehicles, is made permanent in Poole Park.                      (b) Agrees that current arrangements are retained, and motor vehicles can still access Poole Park and its facilities.'</p>
<b>Recommendations from Committee – <a href="#">11 September 2024</a></b>					
15	<b>Plant-based and reduced meat and dairy diets: discussion paper</b>	RESOLVED that a. the Environment & Place Overview & Scrutiny Committee considered the information presented in the discussion paper and gave their views on possible approaches Cabinet may wish to take in relation to the promotion of plant-based and reduced meat and dairy diets. These proposals will then be subject to further evidence-gathering and consultation. b. To support the treaty and do more work outside the committee on the position statement. c. The draft position statement be brought back to the Committee for further consideration with information	Portfolio Holder and Officers	<b>Accepted</b>	A revised position statement with measurable objectives was returned to the committee for further scrutiny in October 2025.

		about how it can be measured against SMART objectives in order for the Council to be more ambitious and positive on this issue			
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**Recommendations from Committee – 20 November 2024 – No recommendations made at this meeting.**

**Recommendations from Committee – [26 February 2025](#)**

38	<b>Climate Action Annual Report 2023/24</b>	RESOLVED that a) The Committee propose to the Portfolio Holder that on the front page of the BCP Greenhouse Gas Emissions Dashboard an additional box is added to highlight the context of any carbon reduction relevant to the annual carbon reduction target b) Embedded carbon cost to be included in the calculation and displayed on the dashboard where available.	Portfolio Holder	Unknown - seek update	
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39	<b>Housing Strategy Review</b>	RESOLVED that the Overview & Scrutiny Committee recommend to Cabinet that that the Housing Strategy Steering Group be comprised of one member from each political group and one unaligned member.	Cabinet, 2 April 2025	Accepted	<p>Extract from Cabinet minutes:</p> <p>‘The Portfolio Holder thanked the Environment and Place Overview &amp; Scrutiny Committee for their thorough debate at the Committee and expressed support for their recommendation.’</p> <p>Decision made:  <b>RESOLVED that Cabinet: -</b>            (a) Approved the Revised Housing Strategy Delivery Plan at appendix B;            (b) Approved the extension of the current Housing Strategy Period to 2027;            (c) Approved the governance structure as set out in paragraphs 7-11 of the report; and            (d) Approved that the steering group being formed be made up of 1 member of each Political group and 1 unaligned member.</p>
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**Recommendations from Committee – [2 April 2025](#)**

49	<b>Recommendations from the Safer</b>	Recommendations to Cabinet	Cabinet date, 26 November 25	Agreed	1. The proposed Safe Accommodation Strategy delivery plan includes a number of actions around communication,
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<p><b>Accommodati on Strategy Working Group</b></p>	<p>1. That as part of the Safe Accommodation Strategy development, officers consider an awareness campaign and/or guidance materials on the different types of financial support that are available to support those fleeing domestic abuse, in particular in relation to different types of housing tenure (e.g. shared tenancies, joint mortgages), in order to break down a significant barrier to survivors accessing support to end their abuse.</p> <p>2. That the engagement plan for the Safe Accommodation Strategy should ensure that the voices of those with lived experience are heard and reflected within the Strategy.</p> <p>3. That an all councillor briefing session be added to the Safe Accommodation Strategy engagement plan, to ensure members are adequately informed about the strategy and able to contribute views, and to enable them to fulfil their role within the community by communicating the benefits of the Safe Accommodation Strategy to residents.</p> <p>4. a) that the provision of safe accommodation and associated commissioning process be reviewed, b) that scrutiny members be invited to review and input into this review, prior to the commencement of commissioning, through an additional meeting of this working group.</p> <p>5. That the use of temporary accommodation be continuously reviewed and specific KPIs be established for monitoring the success of the new safe accommodation model, including occupancy rates, length of stay, outcomes for survivors (e.g., successful move-on to permanent housing), and survivor satisfaction. These KPIs should be reviewed regularly by the relevant scrutiny committee to ensure accountability and transparency.</p> <p>6. That Cabinet, with the support of the council's Corporate Management Board, be requested to take a</p>			<p>training and specialist advice that will ensure any household receives correct and clear information. Please see attached strategy delivery plan.</p> <p>2. Public consultation on the three domestic abuse strategies (Prevention of Domestic Abuse, Safe Accommodation and Perpetrator Strategies) has been completed, alongside several sessions on the Safe Accommodation Strategy with our established experts by experience group, including a dedicated session on the delivery plan. We will continue working with this group to monitor implementation, which includes actions to train and support experts by experience so they can actively participate in the commissioning and procurement of domestic abuse services.</p> <p>3. An all councillor briefing will be arranged in due course.</p> <p>4. The Safe Accommodation Strategy will be submitted with a commissioning plan for scrutiny and review.</p> <p>5. The proposed Safe Accommodation Strategy delivery plan sets out several actions that will contribute to this recommendation including the following:</p> <p>2.1.3 We will minimise the use of temporary accommodation and where this is provided, as a last resort, specialist Domestic Abuse support will</p>
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		view on forthcoming decisions that may be of significant or contentious public impact, regardless of decision-making thresholds, and an all councillor briefing be held before any such decisions are made, to enable all councillors, and particularly ward councillors, to be properly informed.			<p>be offered until the household can move into safe accommodation.</p> <p>5.1.1 Set up a task and finish group under the governance of the Domestic Abuse Strategy Group to agree future data monitoring across commissioned services, BCP Homes, BCP Council Housing, Adult Social Care and Children's Social Care.</p> <p>6. The Safe Accommodation Strategy will be submitted with a commissioning plan which will set out the procurement intentions for the next 3 years.</p>
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**Recommendations from Committee – 14 May 2025 – No recommendations made at this meeting.**

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**Recommendations from Committee – [9 July 2025](#)**

17	<b>Local Area Energy Plan</b>	<p>It is RECOMMENDED that:</p> <p>1) The recommendation as outlined in the report be approved by Cabinet.</p> <p>2) Cabinet add as an external stakeholder, the community to be represented in all stakeholder engagement, including any panels, meetings or focus groups.</p>	Cabinet	Partially accepted	<p>Cabinet approved the recommendations in the report and so accepted recommendation 1 from O&amp;S.</p> <p>Cabinet were silent on recommendation 2 from O&amp;S – seek an update.</p>
18	<b>Email and Document Storage Retention – Impact Analysis on Costs and Environmental Factors &amp; Recommendations</b>	<p>It is RECOMMENDED to cabinet that:</p> <p>as per Option (B), the Committee supports the continuation of activity already underway, as part of the Councils Data and Innovation Programme, to re-assess and profile Microsoft 365 end-user licensing requirements, moving colleagues to lower-costs licenses where appropriate.</p>	Cabinet	Unknown	<p>Cabinet did not address this recommendation at the meeting</p> <p>The committee may wish to seek an update on this recommendation response, although the recommendation itself shows support for continued work within the council and so would require noting by Cabinet and not consideration.</p>

**Recommendations from Committee – 8 October 2025**

26	<b>Plant-based and reduced meat and dairy diets: draft position statement and action plan</b>	<p>RESOLVED that:</p> <p>a) All mentions of the word vegan be replaced with Plant-Based throughout the paper.</p> <p>b) Switching the target from 20% for plant-based concessions to 25%.</p> <p>c) That Council adopt the position statements and strategy for plant based diets in BCP Council with the amendments above.</p>	<p>Received by Cabinet, 29 October 2025.</p> <p>Then deferred by Cabinet for consideration at 26 November 2025 meeting</p>	Unknown	Awaiting response from Portfolio Holder
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**Recommendations from Committee – 19 November 2025**

34	<b>Waste Strategy for Bournemouth, Christchurch and Poole Council 2026-2036</b>	<p>RESOLVED that the committee supported the recommendations as set out in the report to Cabinet including Option 1 regarding the removal of current separate kerbside battery collections but requested an additional point be included in respect of this option to read:</p> <p>(ii) and to develop a convenient battery recycling scheme with local businesses to create more easily accessible drop off points and in addition, requested the strategy at appendix 1 be amended to include the following: -</p> <p>(a) Paragraph 5.1 of Appendix 1 'A Waste Strategy for BCP Council 2026-2028' be amended to include <i>'and incineration'</i> so that the paragraph reads <i>'5.1 Tendering waste disposal contracts that embed the waste hierarchy and minimise the use of landfill and incineration'; and</i></p> <p>(b) Paragraph 5.3 of Appendix 1 'A Waste Strategy for BCP Council 2026-2028' be amended to include <i>'whilst also considering the carbon footprint of the type of disposal'</i> so that the paragraph reads <i>'5.3 Prioritising waste site proximity where possible, so waste travels only as far as it needs to and reduces the significant carbon impact of transporting waste whilst also considering the carbon footprint of the type of disposal'.</i></p>	Cabinet 17 December 2025	Partially accepted	<p>Extract from Cabinet minutes:</p> <p>The Portfolio Holder thanked the Environment and Place Overview and Scrutiny Committee for their consideration of the report and their recommendations. In relation to this the Portfolio Holder advised that he felt the additional recommendation of (ii) was not necessary as people would be signposted to available organisations, and that this would include those who offered a postal collection of batteries which would assist those unable to access those in shops. In addition, the Portfolio Holder advised that any shops selling batteries were required to provide a collection of used batteries.</p> <p>Further to this the Portfolio Holder advised that the recommendations raised in relation to paragraph 5.1 and 5.3 would be included within the tendering priorities and that he was happy to accept both of those recommendations. The seconder advised that they were also content with these.</p>
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**Recommendations from Committee – 25 February 2026**

<b>Recommendations from Committee – 20 May 2026</b>					
<b>Recommendations from Committee – 15 July 2026</b>					
<b>Recommendations from Committee – 9 September 2026</b>					
<b>Recommendations from Committee – 18 November 2026</b>					
<b>Recommendations from Committee – 24 February 2026</b>					

35

**OUTSTANDING ACTIONS**

<b>Minute number</b>	<b>Item</b>	<b>Action*</b> <small>*Items remain until action completed.</small>	<b>Benefit</b>	<b>Updates</b>
<b>No current agreed actions</b>				

## CHILDREN'S SERVICES OVERVIEW AND SCRUTINY

UPDATED: 14.01.26

Minute number	Item	Recommendation made <small>*items remain for monitoring until implementation is complete or committee agree to remove.</small>	Recommended to <small>*name of receiving body/ Officer, and date received</small>	Outcome <small>*accepted/ partially accepted/ rejected/ unknown.</small>	Implementation updates
<b>Recommendations from Committee – <a href="#">24 July 2024</a></b>					
10	<b>Child Exploitation Working Group Findings Report</b>	<p>RESOLVED that the Committee RECOMMEND to Cabinet:</p> <ul style="list-style-type: none"> <li>That partnership working be promoted to ensure increased communication around the issues highlighted with parents, schools, children and youth services.</li> <li>That earlier age-appropriate education be implemented within schools across BCP regarding the risks associated with exploitation, drugs and the dangers of carrying weapons.</li> </ul>	Cabinet, 2 October 2024	Partially accepted	<p>Extract from 2.10.24 Cabinet minutes:</p> <p>'The Portfolio Holder for Children, Young People, Education and Skills spoke in support of the recommendations whilst highlighting with regards to recommendation 2 as set out above that BCP couldn't dictate the curriculum but can certainly look at ways to support it.</p> <p>The Leader advised that the Cabinet would take the matter away and go back to the Chair of the Children's Services Overview and Scrutiny Committee.'</p> <p>Update given by Portfolio Holder to O&amp;S Committee at 26.11.24 meeting. Extract minute:</p> <p>'The Portfolio Holder for Children and Young People provided a verbal update which included:</p> <p>An update on the outstanding Cabinet recommendation from previous meetings related to knife crime and drug/alcohol use in schools. The Education Improvement Service collaborated with police and community groups to gather data on school programs addressing these issues, but challenges remained in obtaining detailed information.</p>

					<p>OFSTED had recommended that schools incorporate local safeguarding issues, such as knife crime, into their curriculum. There are current resources available for Personal, Social, Health, and Economic education, with additional materials being sourced from providers attending conferences. The Portfolio Holder for Children and Young People highlighted that he also found free resources online through organisations like the DfE.</p> <p>In response to the Cabinet recommendations around earlier age-appropriate education. There was a need to assess existing educational initiatives related to this at both primary and secondary levels regarding knife crime awareness.</p> <p>Advised of upcoming events including webinars and community events focused on knife crime and related issues.'</p>
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37 **Recommendations from Committee – 19 September 2024** – No recommendations made at this meeting.

**Recommendations from Committee – [26 November 2024](#)**

<b>36</b>	<b>Linwood Special School SEND Post 16 Provision at Ted Webster</b>	<p>It was RESOLVED that Cabinet be recommended to approve (a) in the report: Cabinet approves the scheme to develop a satellite of Linwood School hosted at the former Ted Webster Children’s Centre providing a total of 60 Post 16 places including the associated capital investment necessary to develop the scheme as contained in Appendix 1 (Exempt). The scheme is fully funded from the council’s grant allocation of High Needs Provision Capital and will progress in line with the project programme set out at paragraph 12</p>	Cabinet, 10 December 2024	Accepted	Cabinet agreed to the recommendations in the report, as endorsed by O&S.
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**Recommendations from Committee –28 January 2025** – No recommendations made at this meeting.

**Recommendations from Committee – [11 March 2025](#)**

69	<b>SEND Improvement Update</b>	It was Proposed, Seconded and RECOMMENDED to better assess the impact on children, young people and families of any potential budget overspend in the SEND service budget, the Committee recommends that Cabinet requests a report be provided to Cabinet by June 2025 which outlines: <ul style="list-style-type: none"> <li>the likely overspend in the budget</li> <li>which areas have been identified to overspend</li> <li>the options to ensure the budget limit is met</li> <li>an appraisal of the impact on children and families of these factors</li> </ul>	Cabinet, 2 April 2025	Accepted	Cabinet requested a report on 'SEND Budget Pressures' as recommended by the O&S committee. The report was considered by Cabinet at the 16 July 2025 meeting. Cabinet noted the report.
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**Recommendations from Committee – [10 June 2025](#)**

11	<b>Youth Justice Service Plan 2025-26</b>	RESOLVED that the Children's Services Overview and Scrutiny Committee endorse the Youth Justice Plan so that Cabinet can recommend its approval to the Full Council.	Cabinet, 26 November 2025	Accepted	Youth Justice Plan approved by Cabinet for recommendation to Council.  Youth Justice Plan approved by Council.
12	<b>Housing for Care Experienced Young People</b>	It was Proposed, Seconded and RECOMMENDED that the Committee seeks assurance that the new Joint Housing protocol has been successfully agreed and is working effectively to ensure our Care Experienced Young People are seeing an improved service and are in receipt of timely advice and safe housing that suits their individual needs and hopes for the future.	Officers	Unknown, but Officers were in support of the recommendation in the meeting.	Seek update

**Recommendations from Committee – [15 September 2025](#) - No recommendations made at this meeting.**

**Recommendations from Committee – 25 November 2025**

9	<b>Permanent Exclusions and Suspensions</b>	<b>Comment to Cabinet:</b>  The committee agreed to make Cabinet aware that the Committee appreciates the detrimental impact of school exclusions, which were highlighted in the report, and recognises the work that is underway to address this. The committee agreed that through this work the council's primary focus is improved outcomes for the children of BCP but that this work will also likely bring budgetary savings such as:	Cabinet, 26 November 2025	Not applicable	The Cabinet thanked the committee for its work on this. Note: the constitution requires no response from Cabinet to comments from O&S.
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		<ul style="list-style-type: none"> <li>• A reduction in exclusions and associated costs (e.g. transport, AP placements, tribunal processes)</li> <li>• Improved outcomes for vulnerable pupils, reducing future demand on social care, youth justice, and post-16 support service</li> <li>• A reduction in the need for unregistered and costly AP as more needs are met by schools</li> </ul>			
10	<b>Home to School Transport</b>	<p>The Overview and Scrutiny Committee agreed to endorse the recommendation within the report to Cabinet, this being that Cabinet:</p> <p>'Agree to tender an external provider to deliver a transformation project over three years with a total cost of £1.5 million funded by the flexible use of capital receipts to deliver service improvements and by the end of the project on-going savings in SEND school transport projected at £3 million (net of additional resource requirement)'</p>	Cabinet, 26 November 2025.	Accepted	<p>Report recommendations agreed by Cabinet for recommendation to Council.</p> <p>Report recommendations agreed by Council.</p>

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<b>Recommendations from Committee – 27 January 2026</b>					
<b>Recommendations from Committee – 10 March 2026</b>					
<b>Recommendations from Committee – 26 March 2026</b>					
<b>Recommendations from Committee – 16 June 2026</b>					
<b>Recommendations from Committee – 14 September 2026</b>					

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**Recommendations from Committee – 24 November 2026**

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**Recommendations from Committee – 26 January 2027**

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**Recommendations from Committee – 9 March 2027**

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OUTSTANDING ACTIONS

Minute number	Item	Action* *Items remain until action completed.	Benefit	Updates
28 January 2025				
49	<p><b>Children in Care and Care Experienced Young People Sufficiency Report</b></p> <p><a href="#">Children in Care and Care Experienced Young People Sufficiency Report.pdf</a></p>	<p>Decision Made: The officers agreed to share the final governance and quality assurance framework with the Committee once agreed and signed off as final.</p> <p><b>Action – Officers aware</b></p> <p>The Committee agreed to continue discussions outside the meeting regarding the best ways to address the barriers identified in the report and to reach an agreement on how the Committee will receive that information.</p> <p><b>Action – Officers aware</b></p>		To be discussed with CS and Chair in catch up meeting
11 March 2025				
67	<p><b>Children and Young People's Partnership Plan 2025-2030</b></p> <p><a href="#">Children and Young Peoples Partnership Plan 2025-2030.pdf</a></p> <p>Partnership Plan 2025-2030.pdf</p>	<p>Decision Made: It was agreed that the KPIs for this would be shared with the Committee.</p> <p><b>Action – Officers aware</b></p>		<p><b>CS Nov Update</b> KPIs still to be signed off by the partnership. Will be shared once agreed.</p>
69	<p><b>SEND Improvement Update</b></p> <p><a href="#">SEND Improvement Update.pdf</a></p>	<p>Decision made: The officers agreed to share the full review of the DSG finances as well as the SEND improvement board's response to the review.</p> <p><b>Action – Officers aware</b></p> <p>The Committee requested an update on the ongoing work regarding education outside of school and home</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Updates
		education and asked that it be shared with the Committee.  <b>Action – Officers aware</b>		
<b>15 September 2025</b>				
25	<u><b>Alternative Provision Improvement Plan</b></u>  <a href="#">Alternative Provision Improvement Plan Final.pdf</a>	Decision Made: The Committee discussed the routes into AP, including exclusions and EHCPs, and officers agreed to provide further data on this breakdown.  <b>Action – Officers aware</b>		<u><b>CS Nov Update</b></u> New SEND & AP Plan in place.

## HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE

UPDATED: 20.2.26

Minute number	Item	Recommendation made *items remain for monitoring until implementation is complete or committee agree to remove.	Recommended to *name of receiving body/ Officer, and date received	Outcome *accepted/ partially accepted/ rejected/ unknown.	Implementation updates
<b>Recommendations from Committee meeting – <a href="#">20 May 2024</a></b>					
11	<b>Data Working Group Final Report</b>	The Committee recommend to the O&S Board: <ul style="list-style-type: none"> <li>that a similar [data] toolkit be developed for all O&amp;S committees to reflect the relevant data and policy landscape within the remit of these committees. This to be added to the O&amp;S Action Plan.</li> <li>that the Data Use Toolkit be highlighted within the O&amp;S annual report to Council.</li> </ul>	Overview and Scrutiny Board (16 July 2024).	<b>Recommendations accepted.</b>	Toolkit development for all O&S committees has been added to the O&S Action Plan.  Toolkit for the Children’s O&S Committee is near completion. All others are yet to start and will be developed when resources allow.  The Data Use Toolkit was highlighted within the 2023/24 O&S annual report to Council. (Update by O&S Specialist, 24/4/25)
<b>Recommendations from Committee meeting – <a href="#">15 July 2024</a></b>					
21	<b>Adult Social Care Business Transformation Case</b>	The Committee recommend that Cabinet recommends that Council: <ol style="list-style-type: none"> <li>a) Approves the business case for a new adult social care transformation delivery model to improve outcomes for residents and to achieve financial efficiencies and savings enabled by investment.</li> <li>b) Agrees to the establishment of a formal transformation programme; ‘Fulfilled Lives’.</li> <li>c) Agrees to the proposed investment of £2.9M, with Corporate Management Board being provided 6-monthly stage reviews on</li> </ol>	Cabinet (17 July 24) and Council (23 July 24)	<b>Recommendations partially accepted at both Cabinet and Council</b>	The final decision of Council was different from the committee recommendation as follows:  Resolved that Council: <ol style="list-style-type: none"> <li>(a) Approves in principle the business case for a new adult social care transformation delivery model to improve outcomes for residents and to achieve financial efficiencies and savings enabled by investment of up to 2.9M;</li> <li>(b) Agrees to the establishment of a formal transformation programme; ‘Fulfilled Lives’;</li> <li>(c) Agrees to an initial 12-month investment of 1.79M, with an interim report to Cabinet on progress of the design phase in January</li> </ol>

		<p>the progress of the transformation programme.</p> <p>d) Invites the Health and Adult Social Care Overview and Scrutiny Committee to provide regular scrutiny of progress towards benefits and sustainable change. In particular, the Committee be invited to review the progress against the four priority areas of the Fulfilled Lives programme and the risks and opportunities of data with ASC transformation</p>			<p>2025 and a full report by July 2025, with recommendations for further investment; and</p> <p>(d) Invites the Health and Adult Social Care Overview and Scrutiny Committee to provide regular scrutiny of progress towards benefits and sustainable change. In particular the Committee be invited to review the progress against the four priority areas of the Fulfilled Lives programme and the risks and opportunities of data with ASC transformation.</p> <p>Implementation update required on a)-c) above.</p> <p>Implementation update on d) above:</p> <p>The Health &amp; ASC O&amp;S Committee now receives regular reports on the Fulfilled Lives programme to provide opportunity for ongoing scrutiny of the transformation delivery. (Update by O&amp;S Specialist, 24/4/25)</p>
<p><b>Recommendations from Committee meeting – 24 September 2024 – No recommendations made at this meeting.</b></p>					
<p><b>Recommendations from Committee meeting – <a href="#">2 December 2024</a></b></p>					
46	<p><b>Health and Social Care for the Homeless</b></p>	<p>The Committee recommend that Cabinet:</p> <p>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 stakeholders such as the Integrated Care Board and relevant ministers to create a robust system that does not fail our most vulnerable or unfairly place the responsibility for caring for these people on local particular local authorities, with a view to getting something in place before the new strategy.</p>	<p>Cabinet (10 December 2024)</p>	<p>Acceptance <b>unknown</b> – recommendation received by Cabinet with advice that it would be considered at a future meeting of the Cabinet.</p>	<p>Cllr Kieron Wilson is responding by email to this recommendation.</p>

47	<b>Transforming Urgent and Emergency Care Services</b>	<p>The Committee recommend that Cabinet recommends to Council:</p> <p>a) Notes the summary of the diagnostic review, including improved outcomes for residents and financial benefits for the Council.</p> <p>b) Notes that under the draft Partnership Agreement with Dorset health and care partners, anticipated benefits are significantly in excess of costs to the Council.</p> <p>c) Delegates to the Corporate Director for Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and the Director of Finance, authority to enter into the Partnership Agreement to undertake the proposed transformation programme.</p>	Cabinet (10 December 2024) and Council (10 December 2024)	Recommendations <b>accepted</b> at both Cabinet and Council	
<b>Recommendations from Committee meeting – <a href="#">3 March 2025</a></b>					
61	<b>Adult Social Care Strategy 2025-28</b>	<p>The Committee recommend to Cabinet:</p> <ul style="list-style-type: none"> <li>the inclusion of some clear targets ideally linked to the Adult Social Care Outcomes Framework (ASCOF) within the Adult Social Care Strategy; and</li> <li>the inclusion of an overview of how to better integrate performance and activity data with finance data in the Adult Social Care Strategy.</li> </ul>	Cabinet (2 April 2025)	Response <b>unknown</b> – recommendations 'welcomed' by Cabinet but no clear response given.	<p>The final decision of Cabinet did not reflect the recommendations made by the committee, and was as follows:</p> <p>'Resolved that the new ASC Strategy 2025-28 is linked to the Corporate Vision and supports corporate priorities under 'Our People and Communities.'</p> <p>Update required. Committee may wish to seek a response from relevant Portfolio Holder back into committee.</p>
<b>Recommendations from Committee meeting – <a href="#">19 May 2025</a></b> No recommendations made at this meeting.					
<b>Recommendations from Committee meeting – <a href="#">14 July 2025</a></b>					

20	<b>Adult Social Care Fulfilled Lives Transformation Programme</b>	The HASC O&S Committee: 1. Supports the recommendation to Cabinet that Council approves the request for the release of the remaining £1.11m funding that was previously agreed to allow the Fulfilled Lives Programme to reach completion and realisation of the benefits; and 2. Continues to monitor this four-year programme in particular around self-directed support and support at home that will enable people to stay independent.	Cabinet 26 July 2025	Accepted	Cabinet and Council approved the release of the remaining £1.1m as outlined at part 1 of the recommendation.
<b>Recommendations from Committee meeting – <a href="#">23 September 2025</a></b>					
30	<b>Get Dorset &amp; BCP Working Plan - GD&amp;BCPWP</b>	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.	Cabinet 1 October 2025	Accepted	Report recommendations agreed by Council.
<b>Recommendations from Committee meeting – 1 December 2025</b>					
44	<b>FutureCare Programme – Mid Programme Review</b>	RESOLVED that the Committee requests the programme return to its next meeting on 2 March 2026 with detailed financial and impact data to scrutinise.	Officers	Accepted	Coming back to Committee on 2 March with further information requested.
<b>Recommendations from Committee meeting – 2 March 2026</b>					

**Recommendations from Committee meeting – 19 May 2026**

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**Recommendations from Committee meeting – 20 July 2026**

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**Recommendations from Committee meeting – 22 September 2026**

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**Recommendations from Committee meeting – 30 November 2026**

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**Recommendations from Committee meeting – 1 March 2027**

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**OUTSTANDING ACTIONS**

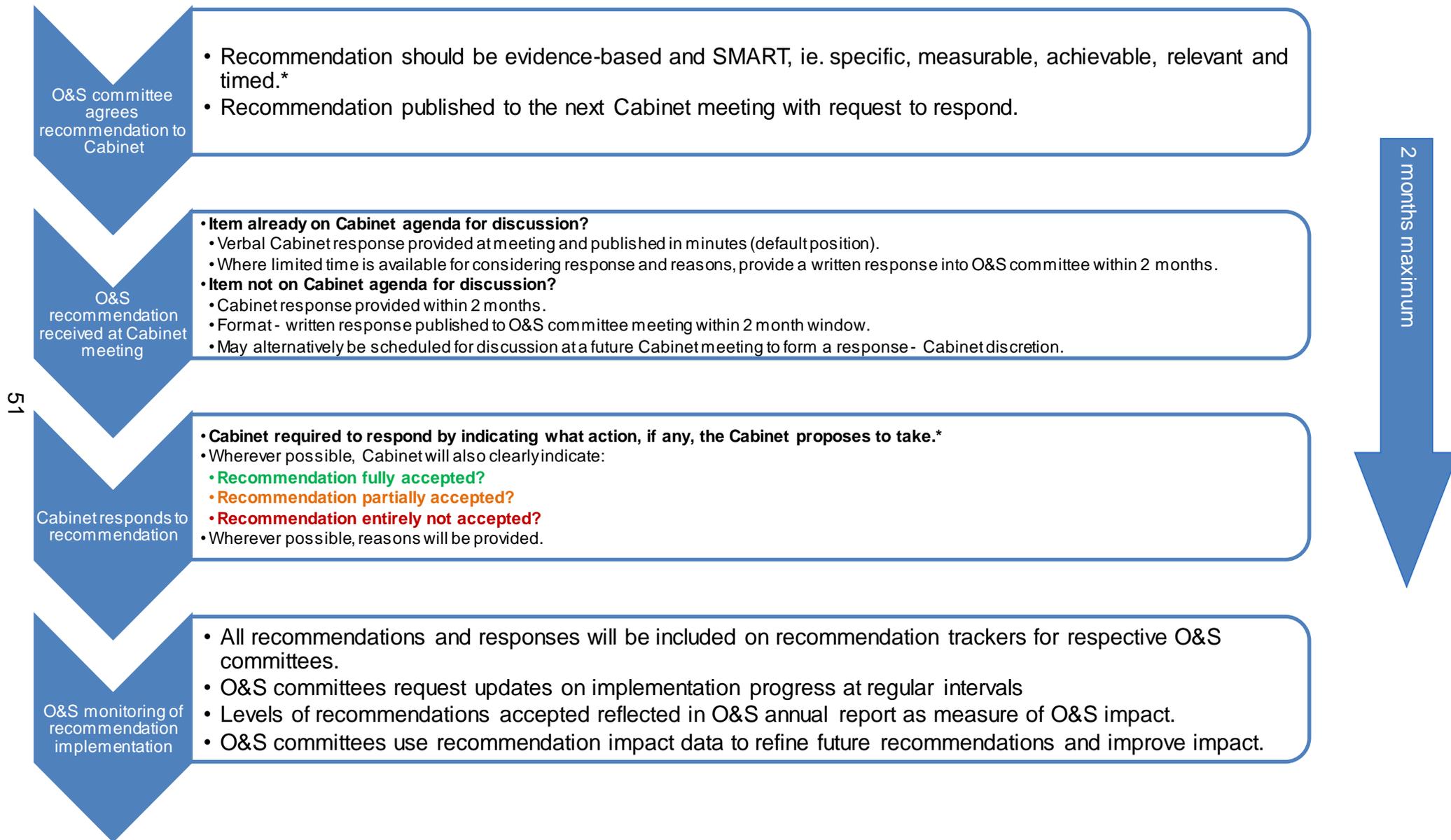
<b>Minute number</b>	<b>Item</b>	<b>Action*</b> *Items remain until action completed.	<b>Benefit</b>	<b>Updates</b>
<b>Actions arising from Committee meeting – 25 September 2023</b>				
20	<b>National Suicide Prevention Strategy</b>	Decision Made: The Board was advised that Public Health was unsure of 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.  <b>Action – Public Health aware</b>		
<b>Actions arising from Committee meeting – 15 July 24</b>				
	<b>Adult Social Care Transformation Business Case</b>	Decision Made: That key risks and Key Performance Indicators be included in future reports regarding the Transformation Programme  <b>Action – Officers aware</b>	To enable the Committee to have this information when scrutinising	
<b>Actions arising from Committee meeting – 24 September 24</b>				
34.	<b>Adult Social Care Budget Presentation</b>	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.  <b>Action: to be considered further</b>		
<b>Actions arising from Committee meeting – 3 March 25</b>				

Minute number	Item	Action* *Items remain until action completed.	Benefit	Updates
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  <b>ACTION – Director and Cllrs aware.</b>		
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.  <b>ACTION – added to the work plan with no date yet identified.</b>		An update requested under budget presentation in September 2025
<b>Actions arising from Committee meeting – 19 May 25</b>				
11	FutureCare Programme Update	Decision Made: That the Committee receive data regarding bed capacity and workforce numbers at an appropriate time.  <b>Action – Officers aware</b>  Decision Made: That the Committee receive data around benefits tracking and monitoring to be reported to a meeting at a future date.  <b>Action – Officers aware and added to the work plan</b>  Decision Made: That the Committee receive further information regarding capacity within secondary care to fulfil the future need.  <b>Action – Officers aware</b>		
<b>Actions arising from Committee meeting – 14 July 25</b>				
20.	Adult Social Care Fulfilled Lives Transformation Programme	Decision Made: That the Committee receive quantitative data about the impact in future reports.		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Updates
		<b>Action – Officers aware</b>		
<b>Actions arising from Committee meeting – 23 September 25</b>				
31.	<b>Tricuro: Business Plan Review and Objectives 2025-26</b>	<p>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.</p> <p><b>Action – Officers aware</b></p> <p>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</p> <p><b>Action – Officers aware</b></p>		
<b>Actions arising from Committee meeting – 1 December 2025</b>				
44.	<b>FutureCare Programme – Mid Programme Review</b>	<p>Decision Made: The importance of tracking savings through to tangible outcomes, such as reduced home care hours and improved reablement was highlighted, and the Chair requested detailed data analysis at a future meeting.</p> <p><b>Action – added to work plan for 2 March 2026</b></p>	To enable the Committee to fully scrutinise the impact of the programme in terms of tangible outcomes and savings	Coming back to Committee on 2 March 2026.
45.	<b>Integrated Neighbourhood Teams (INTs) Update</b>	<p>Decision Made: The Committee requested the programme DiS dashboard be shared with them to consider further.</p> <p><b>Action – Officers aware.</b></p>		

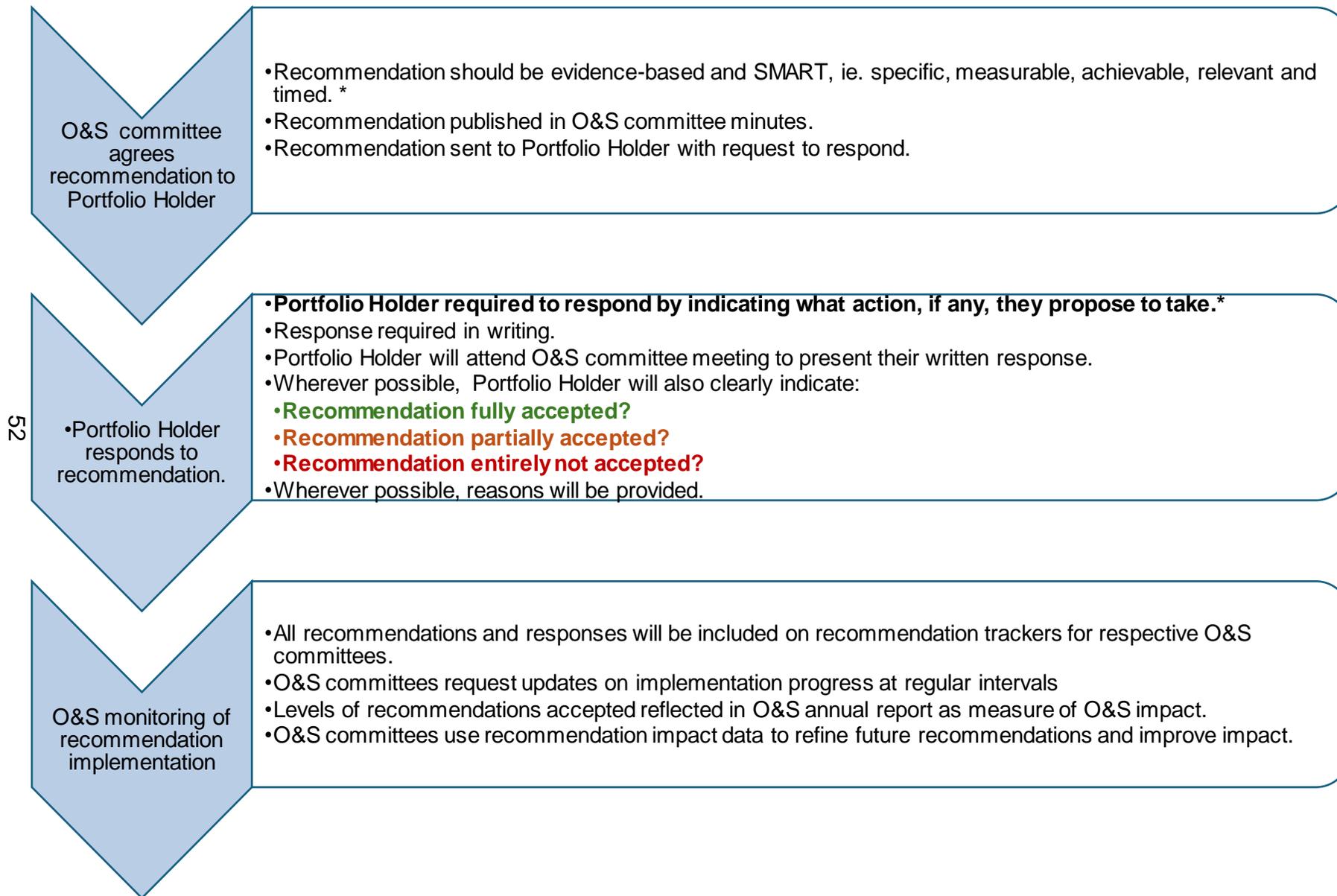
## O&S Recommendations / Executive response process

### Cabinet process:



\* [Overview and scrutiny: statutory guidance for councils, combined authorities and combined county authorities - GOV.UK](#)

## Portfolio Holder process



Health & Adult Social Care Scrutiny Committee



Report subject	<b>FutureCare Programme – Impact analysis and finance update</b>
Meeting date	2 March 2026
Status	Public
Executive summary	<p>Focusing on outcomes for people, this report sets out an analysis of the benefits delivered so far by the FutureCare Programme against the targets set in the FutureCare Diagnostic.</p> <p>Fewer people are being admitted into hospital beds, more people are receiving care at home and the length of time people are spending in intermediate care beds has reduced by an average of 5.5 days.</p> <p>However, more work is still required to deliver all of the benefits anticipated in the FutureCare Diagnostic and in particular to reduce the length of time people spend in UHD hospitals waiting to be discharged with a short-term care package.</p> <p>Recognising that there are still 5 months remaining to deliver the first phase of the programme (anticipated completion: June 2026), there is still confidence that anticipated benefits will be delivered.</p> <p>Positively, since the December update to the Committee, despite the impact of seasonal pressures on overall programme benefits, the cumulative benefits delivered to BCP have moved from a negative position of -£32,000 in October to a positive position of £55,000 at the beginning of February.</p> <p>There is also increasing confidence that the anticipated benefits in 2026/27 for BCP Council will be greater than forecast, though some of these are being offset by increasing demand pressures across the wider ASC budget.</p>

<b>Recommendations</b>	<b>It is RECOMMENDED that: the Committee recognise the progress continues to made in delivering positive outcomes for Dorset residents and in achieving operational benefits for the Dorset health and care system.</b>
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):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director Service Director	Laura Ambler- Corporate Director of Wellbeing Betty Butlin, Director of Adult Social Care (DASS)
Report Authors	Dylan Champion, Programme Director - FutureCare Programme
Wards	Council-wide
Classification	Recommendation

## 1 Introduction

- 1.0 At its December meeting, the Scrutiny Committee requested a more detailed overview of finance and impact data associated with the FutureCare Programme.
- 1.1 The analysis identifies that the FutureCare Programme is having a positive impact on:
- reducing the number of people being admitted to hospital following a visit to the emergency department at UHD hospitals;
  - reducing the length of time that people spend in an intermediate care bed following a hospital stay;
  - the number of people receiving home based intermediate care following a hospital stay.
- 1.2 At the same time, the analysis shows that so far, level of no criteria to reside (NCTR) and the length of time that people in UHD hospitals wait for a short

term care package before being discharged has remained largely unchanged over the lifetime of the programme.

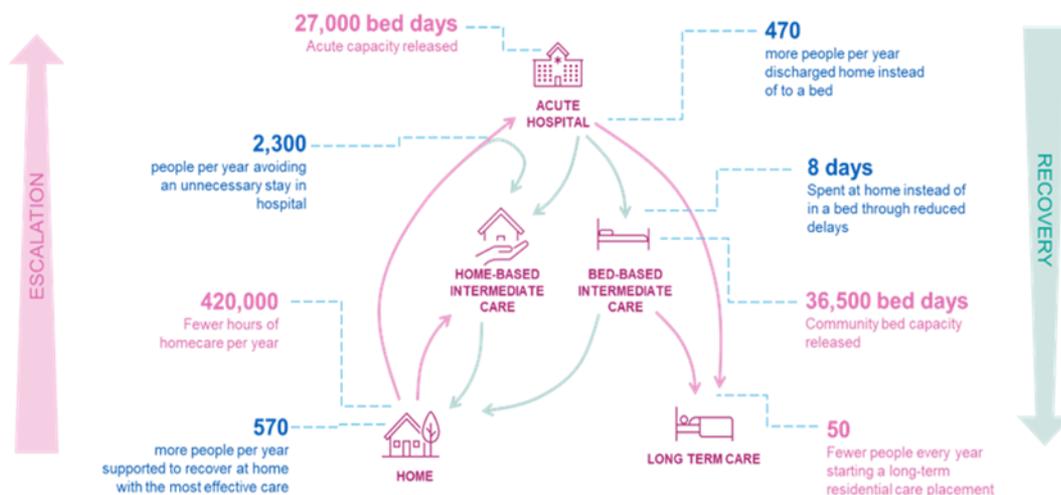
- 1.3 Positively the programme remains on track to deliver the full level of operational benefits for BCP Council by the end of the programme, and this will include more than £2m of operational benefits by the end of FY 2026/27. Furthermore, the whole programme remains on track to deliver in excess of £28m of operational benefits for the Dorset health and care system overall in 2026/27.

## 2 Background

- 2.0 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.

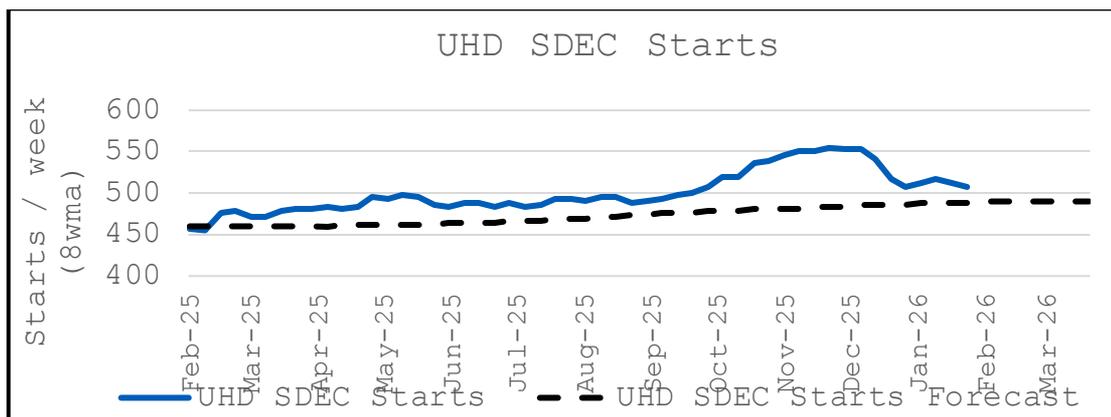
- 2.1 The diagram below provides an overview of the anticipated people benefits and resource savings that will be delivered through the FutureCare Programme.



- 2.2 This report specifically focusses on benefits delivered so far and on the anticipated financial impact for BCP Council and the Dorset health and care system as a whole in 2026/27.

## Reducing hospital admissions

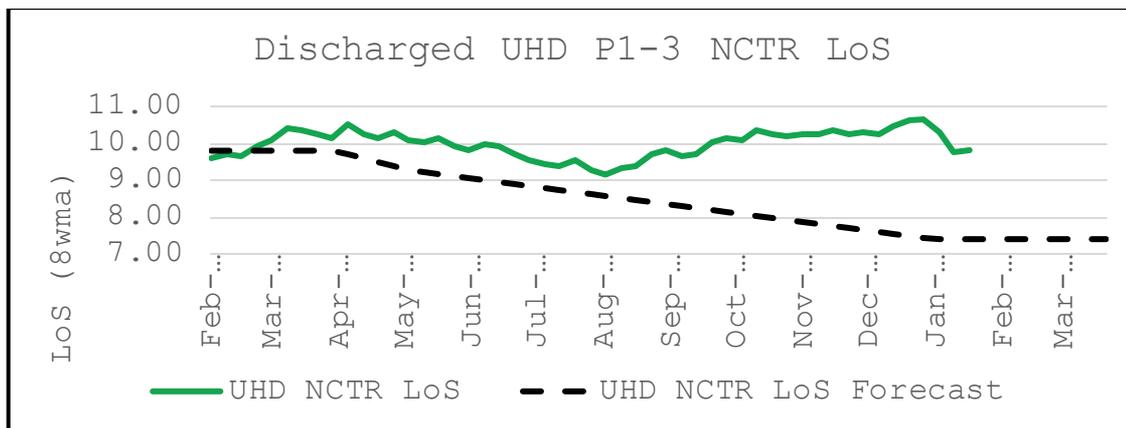
- 2.3 The FutureCare diagnostic exercise identified that, across Dorset, 2300 hospital admissions could be avoided through completion of the FutureCare Programme. At the end of January 2026, the number of people being referred into same day emergency (SDEC) at UHD hospitals alone had increased from a baseline position of 460 referrals per week at the beginning of the programme to 506, an increase of 46 per week or 2392 per year and so this target is being exceeded.



- 2.4 Positive progress in reducing hospital admissions has also impacted on bed days saved. The FutureCare Diagnostic identified that on the average length of hospital stay for each person admitted to hospital rather than being referred to SDEC services was 6 days and so it is currently anticipated that 14,452 bed days will be saved by UHD hospitals in 2026/27 as a result of the FutureCare changes so far.

## Speeding up acute hospital discharges

- 2.5 The FutureCare diagnostic identified that there is an opportunity to reduce the length of time that people with waiting for short term intermediate care packaged wait in hospital to be discharged once medically fit could be reduced from 9.8 days to 7.4 days or less. Currently this target has not been achieved at University Hospitals Dorset (UHD) hospitals and at the end of January, no criteria to reside average length of stay remained at 9.8 days. Positively, at Dorset County Hospital the anticipated level of improvement has been achieved and it is anticipated that recent improvements in performance at UHD will continue and these full benefits will be delivered by June 2026.

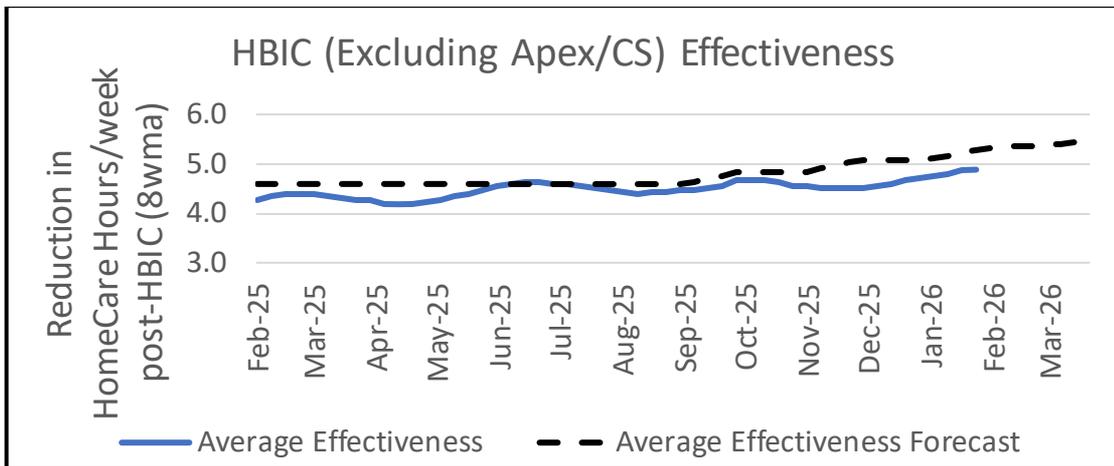


**Providing more home-based intermediate care (HBIC).**

2.6 The FutureCare diagnostic identified the opportunity to support more people with existing HBIC capacity and to increase its effectiveness. At the end of January, though work remains to simplify the HBIC pathway, reducing the number of handovers from one provider to another, and speeding up the parallel process of undertaking Care Act Assessments, the number of weekly HBIC starts in the East is reaching the target set. Currently, this means that 5 more people per week, or 260 per year are returning home to receive support rather than being transferred to a hospital bed.

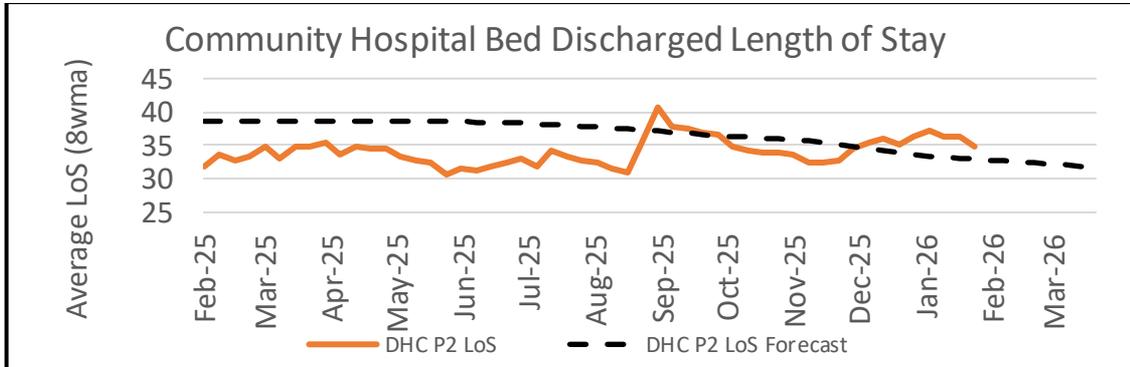
Metric	Current	Target
Starts (pw)	57	60
CLoS (days)	34	26
Total # people	208	218
# people waiting for discharge	82	25

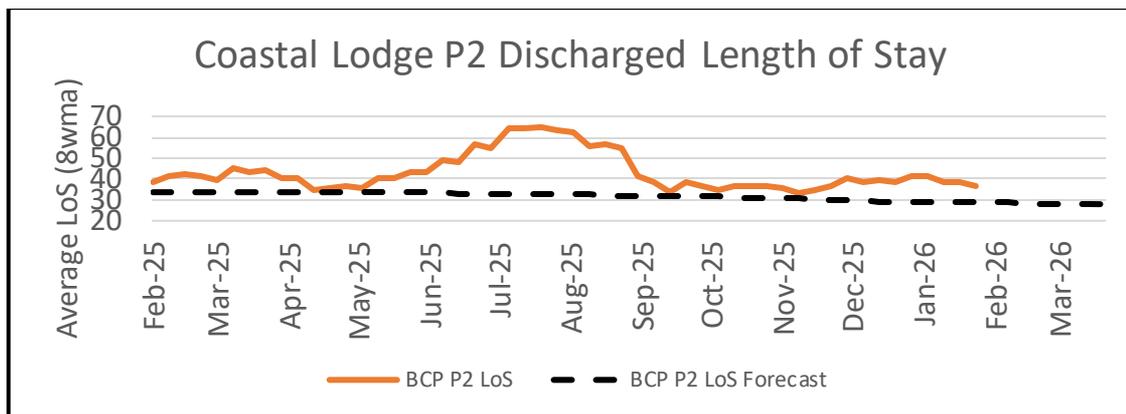
2.7 As well as increasing the number of people that receive home-based intermediate care, the FutureCare Programme also aims to improve the effectiveness of the service required and in particular to reduce the average size of long-term care packages that follow. Across Dorset, HBIC effectiveness has improved but work is outstanding to deliver the full impact of mitigating 420,000 hours of homecare each year as a result of a stay in reablement.



**Reducing the length of in intermediate care beds**

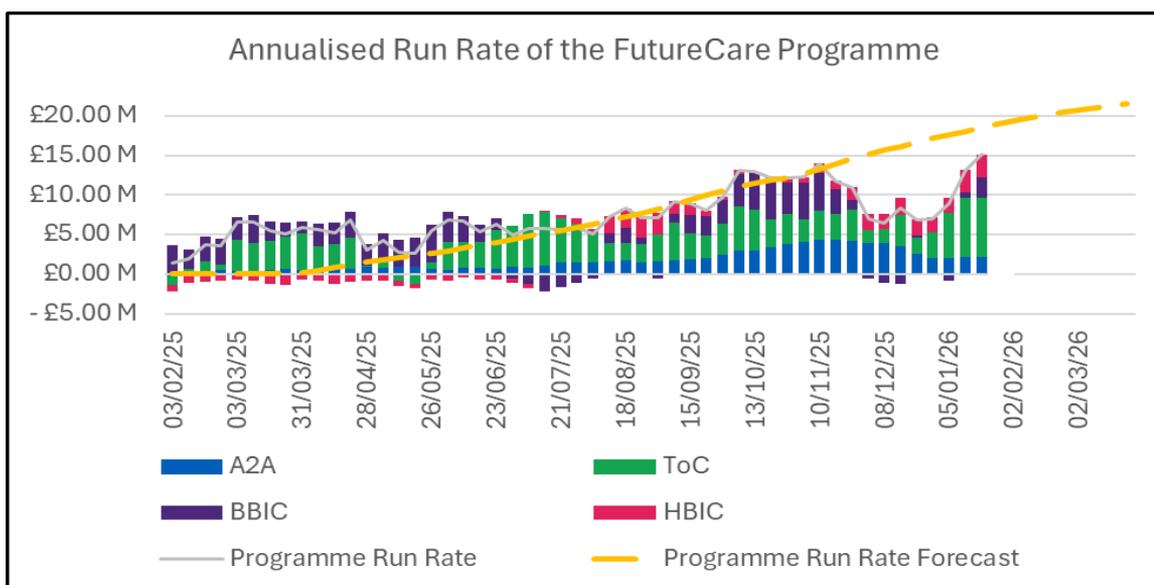
2.8 The FutureCare Programme set a target of reducing the average length of stay in an intermediate care bed from an average of 38.2 days to 32.7 days in order to support more Dorset residents to return home more quickly. Currently, an average of 46 people per week are being discharged from intermediate care beds and so over a year it is anticipated that more than 2300 Dorset residents will benefit. Currently the average length of stay is around 36 days and consistent levels of performance are now being achieved across community hospital sites, at Coastal Lodge and at Castleman Plus in Dorset. Reducing length of stay to below 30 days remains the programme target, with work ongoing to achieve this.





## Operational Benefits

2.5 Due to seasonal pressures, there was a significant reduction in the FutureCare operational run rate in December. Through January, there was a strong recovery and at the beginning of February, £15m of operational benefits had been delivered against a February target of £18m and an overall programme target of £28.4m. There remains strong confidence that across Dorset the overall FutureCare target of delivering £28.4m of operational benefits will be delivered.



**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.

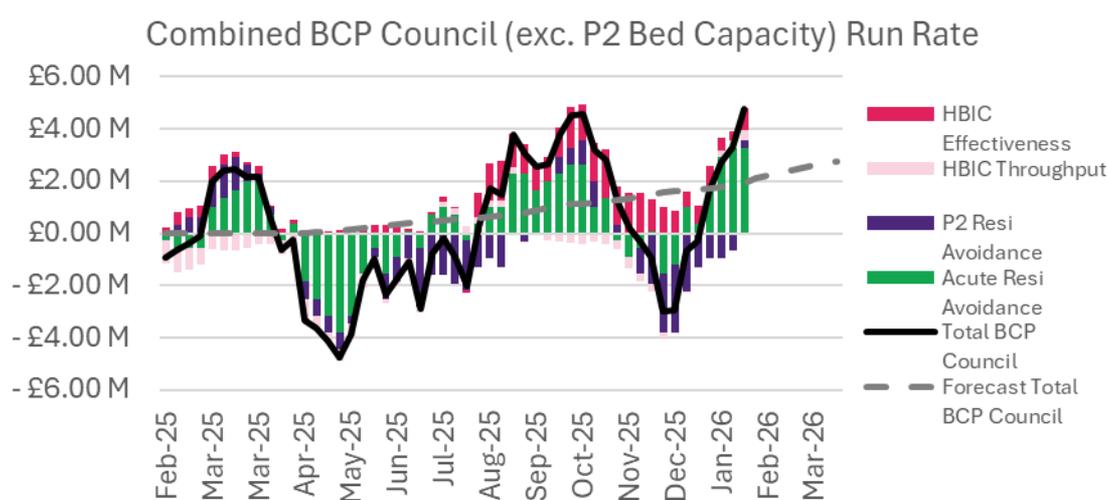
### 3 Options Appraisal

3.0 Not applicable.

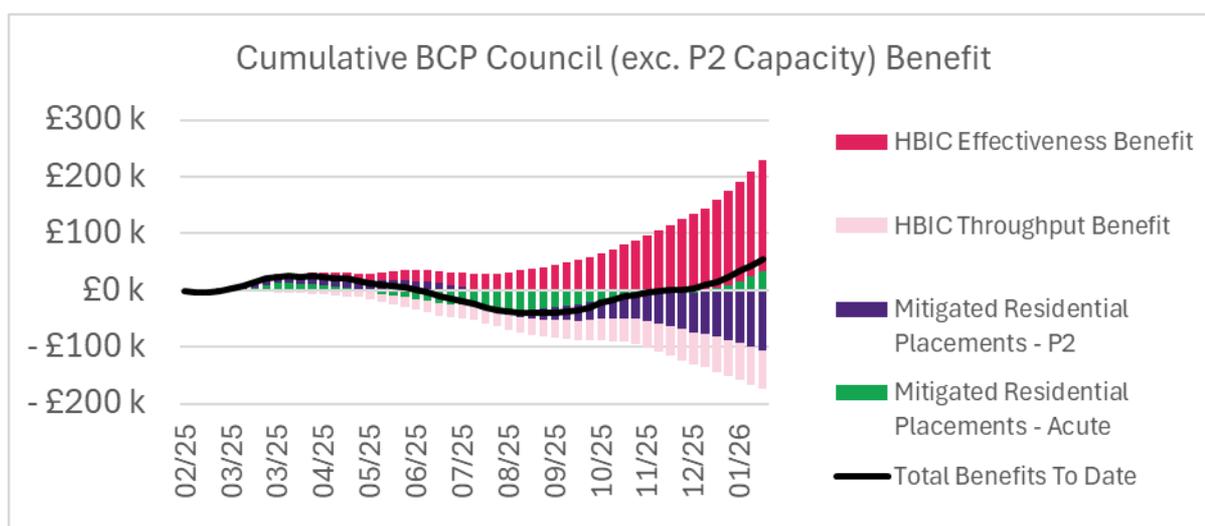
### 4 Summary of financial implications

4.0 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.

4.1 The graph below presents the operational 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 is a better indicator of the impact that the FutureCare Programme will have on ASC budgets next year, rather than this year.



- 4.2 As can be seen, there are month on month variations in the operational run rate being achieved and the overall run rate can be significantly impacted by a small number of residential placements, or by seasonal pressures but currently the operational run rate being achieved (black line), is significantly greater than the anticipated operational benefit at this time (dashed, grey line).
- 4.3 Since the last update to Overview and Scrutiny Committee in December, there has also been a significant improvement in in-year or cumulative benefits delivered to BCP. The December report identified the net cumulative benefit at the beginning of October which was -£32,000. As can be seen below, the position at the beginning of February is +£55,000.



- 4.4 The table below sets out the level of net benefits from the FutureCare Programme which have been built into BCP Medium Term Financial Plan.

<b>Adult Social Care &amp; Commissioning Medium Term Financial Plan 2024/2028</b>				
Financial Year	2025/26	2026/27	2027/28	Total
UEC Transformation Jan '26 Onwards	£0.1m	£1m	£2.5m	£3.6m

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

<b>FY</b>	<b>Cumulative benefit</b>	<b>benefit in year</b>
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

4.6 As can be seen above, the speed of cumulative or in-year benefits need to continue to increase through the remainder of February and March to meet the BCP Programme savings target and to deliver the £100,000 net benefit anticipated in 2025/26. However, the position in 2026/27 is more positive, with an increasing likelihood that programme benefits more than the anticipated £2.1m will be delivered in 2026/27 and in subsequent years.

## **5 Summary of legal implications**

5.0 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**

6.0 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.

6.1 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**

7.0 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**

8.0 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**

9.0 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**

10.0 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.

### **Background papers**

None

### **Appendices**

There are no appendices to this report.

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# Developing our clinical strategy 2025-2035

Update – Health & Adult Social Care Overview & Scrutiny Committee 02.03.2026



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Agenda Item 8

Peter Wilson Chief Medical Officer  
Richard Renaut Chief Transformation Officer

# Introduction

- Dorset's NHS is changing, to improve
- UHD is nested within the wider health & care system, and we need each other to succeed
- "We are UHD" sets out our contribution, strategic themes and progress to date
- Our emerging clinical strategy – Process, priorities and discussions to come

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# We Are UHD

## Our Trust Strategy 2026-2031

If one word describes our strategy for UHD, it's 'ambitious'.

We are setting out our vision and practical steps for the next five years and how we'll further develop over the next 10 years.

Our goal is to work with our local communities and partners to make Dorset the healthiest place to live in the UK. We will also provide excellent care to our patients and make UHD a great place to work.



We hope you'll join us on our journey.

**Siobhan Harrington**  
Chief Executive



# Our goals and how we will achieve them



▲ Many areas have improvement huddles to track progress

Our strategy isn't just nice words on a page, it is a roadmap to success. Our Trust uses Patient First to empower all colleagues and teams to get involved and be part of our improvement.

We have five long term objectives and every month we track our progress against these.

Strategic Theme	Strapline	Vision <b>LONG TERM</b>	Strategic Goal <b>MEDIUM TERM: 3 - 5 YEARS</b>	Breakthrough Objective <b>SHORT TERM: 1 YEAR*</b>
<b>POPULATION AND SYSTEM</b> <i>Mark Mould</i>	"See patients sooner"	Consistently delivering timely, appropriate, accessible care as part of a wider integrated care system for our patients.	<ul style="list-style-type: none"> <li>Meeting the patient national constitutional standards for Planned and Emergency care, reducing inequalities in outcome and access and improving productivity and value</li> </ul>	<ul style="list-style-type: none"> <li>To achieve 100% weighted value elective activity against the 2019/20 baseline, including specialist advice and guidance</li> <li>No more than 66.1% of patients on incomplete RTT pathways should have been waiting more than 18 weeks (18 week RTT) for treatment</li> <li>&gt;78% of patients to be treated within 4 hours through the emergency care pathway</li> </ul>
<b>OUR PEOPLE</b> <i>Melanie Whitfield</i>	"Be a great place to work"	To be a great place to work, attracting and retaining the best talent.	<ul style="list-style-type: none"> <li>Significantly improved staff experience, engagement and retention</li> <li>NHS Staff Survey results in top 20% of comparator Trusts</li> </ul>	To deliver improvements in the NHS Staff Survey Results for: <ul style="list-style-type: none"> <li>"I would recommend my organisation as a place to work" &gt; 65%</li> <li>Staff Engagement Score &gt; 7.1 / 10</li> </ul>
<b>PATIENT EXPERIENCE</b> <i>Sarah Herbert</i>	"Improve patient experience listen and act"	All patients at UHD receive quality care which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.	<ul style="list-style-type: none"> <li>Rated as Outstanding by CQC as Caring</li> <li>Over 80% of our employees see patient care as a top priority for UHD</li> <li>In the top 20% of NHS Acute Hospital Trusts on the 'overall experience' section in all CQC national surveys</li> </ul>	<ul style="list-style-type: none"> <li>100% of complaints to be closed within 35 days, with associated action plan</li> <li>Increase the number of Early Resolution of complaints by 20%</li> <li>Reduce the number of complaints received per 1,000 contacts for clinical services by 10% from baseline</li> </ul>
<b>QUALITY OUTCOMES AND SAFETY</b> <i>Peter Wilson</i>	"Save lives, improve patient safety"	To be rated the safest Trust in the country and be seen by our staff, as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – HSMR) and patient safety (Patient Safety Incidents - PSIs).	<ul style="list-style-type: none"> <li>In the top 20% of trusts in country for Hospitalised Standard Mortality Ratios (HSMR)</li> <li>Rated as Outstanding by CQC for Safety</li> <li>Decrease severe/moderate harm Patient Safety Incidents (as a ratio of all incidents) by 30%</li> <li>Over 80% of employees believe the Trust promotes a safety culture</li> </ul>	<ul style="list-style-type: none"> <li>To statistically reduce our rate of Falls per 1,000 bed days</li> <li>To ensure the % of patients given timely VTE prophylaxis is 95% or higher</li> <li>To statistically reduce the rate of pressure ulcers (hospital acquired) per 1,000 bed days</li> <li>Doctors to achieve 100% compliance in eMortality reviews</li> </ul>
<b>SUSTAINABLE SERVICES</b> <i>Pete Papworth</i>	"Use every NHS pound wisely"	To maximise value for money enabling further investment and sustainability in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.	<ul style="list-style-type: none"> <li>Return to recurrent financial surplus from 2026/27</li> <li>Rated as Outstanding by the CQC for our Use of Resources</li> <li>Achieve our Green UHD goals of sustainability for people and planet, and 80% carbon reduction by 2030</li> </ul>	<ul style="list-style-type: none"> <li>To fully deliver the budgeted Efficiency Improvement Programme target with at least 80% achieved recurrently</li> <li>To have reconfiguration efficiency plans in place</li> </ul>

## Major change projects

UHD has an ambitious set of major change projects to help us achieve our goals. These include:

- 'Transforming Care Together', a £550m investment in our services to create our emergency hospital at Royal Bournemouth and the UK's largest planned care hospital at Poole.
- 'Healthset', our £280m new electronic health record linking records across Dorset and Somerset.

For further information on our objectives and projects see our [2025-26 Operational Plan](#).



We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

# UHD Supporting strategies

We have a number of strategies that support our strategic themes. You can find out more via the links below.

<b>Continuous improvement</b>	<a href="#">Patient First Improvement Strategy 2023-26</a>
<b>Population and system</b>	Urgent and Emergency Care Delivery Plan, Site Specific Cancer Plan, Elective Care Delivery Plan
<b>Our people</b>	<a href="#">People and Culture Strategy 2024-27</a>
<b>Patient experience</b>	<a href="#">Patient Engagement and Experience Strategy</a>
<b>Quality outcomes and safety</b>	Quality and Safety Strategy, Clinical Strategy (under development)
<b>Sustainable services</b>	Medium Term Financial Plan, Green Plan, Estates Masterplan

## Working with partners

UHD is an active part of Dorset Integrated Care System. Our shared strategies include:

- [Dorset ICB Strategy](#)
- [Dorset ICS Digital Strategy](#)
- Innovation Strategy - [Wessex Health Partners](#)
- [Bournemouth University - UHD Partnership Strategy](#)
- Dorset Clinical Services Review

We work with our partners, staff and the public to deliver the priorities outlined in Dorset's Joint Forward Plan 2023-28. Key partner strategies include:

- [BCP Council Corporate Strategy](#)
- [Dorset Council Plan](#)
- [Dorset County Hospital / Dorset HealthCare NHS FT Joint Strategy](#)
- [South Western Ambulance Service NHS FT Strategy](#)

Joint Forward Plan: 2023-2028 **Dorset**

-  We will **improve** the lives of 100,000 people impacted by poor mental health.
-  We will prevent 55,000 children from becoming **overweight** by 2040.
-  We will **reduce the gap** in healthy life expectancy from 19 years to **15 years** by 2043.
-  We will **increase** the percentage of older people living well and **independently** in Dorset.
-  We will add **100,000 healthy life years** to the people of Dorset by 2033.



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# Our patients' voice

We actively work with our patients and public to codevelop our services and identify areas for improvement. Our patients are involved in numerous activities, informing our teams how their care should be delivered and giving their valuable insights into service redesign. Consultation on the NHS 10 Year Plan, patient surveys and the '100 Voices' project are three examples. Below are representative patient comments:.

- “A future NHS should be Safe, Effective and Efficient”
- “Patients need to be listened to, trusted and included in discussions and decisions around care”
- “Services should focus on providing easier and earlier access to support”
- “Services need to work together so carers don't have to keep repeating the same story”
- “Services need to provide appropriate information, tools and techniques to empower people to self-manage their own conditions”
- “By taking part in research, we hope we can help future patients”



## Our staff voice

Engaging with our colleagues is key to uniting our workforce behind our vision and making our Trust a great place to work.

Our staff tell us they:

- feel safe to report concerns
- want to work in an effective team with strong working relationships
- want to be told about the difference their feedback makes

Staff engagement and creating a positive work environment are crucial to delivering the highest quality patient care. The Trust's NHS Staff Survey results show areas for improvement, such as being informed enough about service changes, wellbeing offers or development opportunities. We intend to change this by progressing the NHS People Promise.



# People Promise



## UHD now...



## Fact file

- We serve over 750,000 local residents plus visitors, with one of the oldest populations in the UK
- We have almost 10,000 staff, and spend £900m
- We are part way through our £550m capital rebuild programme
- Each year we assess around 160,000 patients in our Emergency Departments, help deliver more than 3,500 babies, perform over 98,000 day case treatments, and care for more than 635,000 people in our outpatient clinics
- We are one of largest hip and knee replacement centres in Europe
- We are the largest non-surgical cardiac unit in the UK
- We deliver the 14th highest number of cancer treatment pathways in England
- Over 3,900 of our patients have been recruited to 37 different research studies via our UHD Research Hub
- We support the training of 100s of students each year via partnerships with Bournemouth University and other local Higher Education Institutions

## ...and planning our future

Over the next three years we will progress towards our goals. This will be assisted by working with partners to complete:

- Our service reconfiguration, delivering our planned and emergency hospitals.
- Our digital system upgrade by 2028.
- Embedding Patient First continuous improvement methodology across our organisation.

We will become a very different organisation, so we are taking time to review our long term vision. Work with patients, volunteers, public, staff and partners will develop the next chapter of our clinical strategy.

This work is informed by the government's [10 Year Health Plan for England](#). This describes the three major shifts needed in how we deliver healthcare:

**1** From hospital to community: developing our neighbourhood health services.

**2** From analogue to digital: delivering power in the patient's hands.

**3** From sickness to prevention: giving people the power to make the healthy choices.

We will pull these together as a draft clinical strategy by spring 2026. This will be overseen by our Board and our Council of Governors. This will then inform our next stage of engagement.

### To get involved:

- [Become a member of our UHD Foundation Trust](#)
- [Volunteer at UHD](#)
- Contact a UHD governor via [uhd.company.secretary-team@nhs.net](mailto:uhd.company.secretary-team@nhs.net)
- Or send us your comments via [uhd.communications@nhs.net](mailto:uhd.communications@nhs.net)

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## We are already delivering our strategy

### Population and systems

- Our Beach moves are enabling better maternity, emergency and critical care
- Numbers on our waiting lists are down and waits for appointments have reduced
- Access to our diagnostics have improved
- Reduced unnecessary stays in hospital
- We support our Veteran community
- We have improved support for our global majority patients



### Great place to work

- We shine a spotlight on colleagues working hard improve their services
- We celebrate Team UHD at our annual UHD Staff Awards
- Our wellbeing service supports colleagues to Thrive
- We have more permanent staff with less reliance on temporary agency staff



### Patient experience

- Cancer patients rate our services much better than others
- We have improved patient parking and promote sustainable transport
- We are leading the way in stroke research



### Safety

- Our Patient Safety Incident Response Framework promotes compassionate conversations
- Our mortality rates are better than expected
- Our maternity safety programme is complete
- We have introduced new beds and mattresses



### Sustainability

- We have lived within our means for all five years since UHD started
- We have cut carbon and energy costs e.g. £1.3m solar panel funding awarded to University Hospitals Dorset
- We have one of the most improved productivity results in the NHS



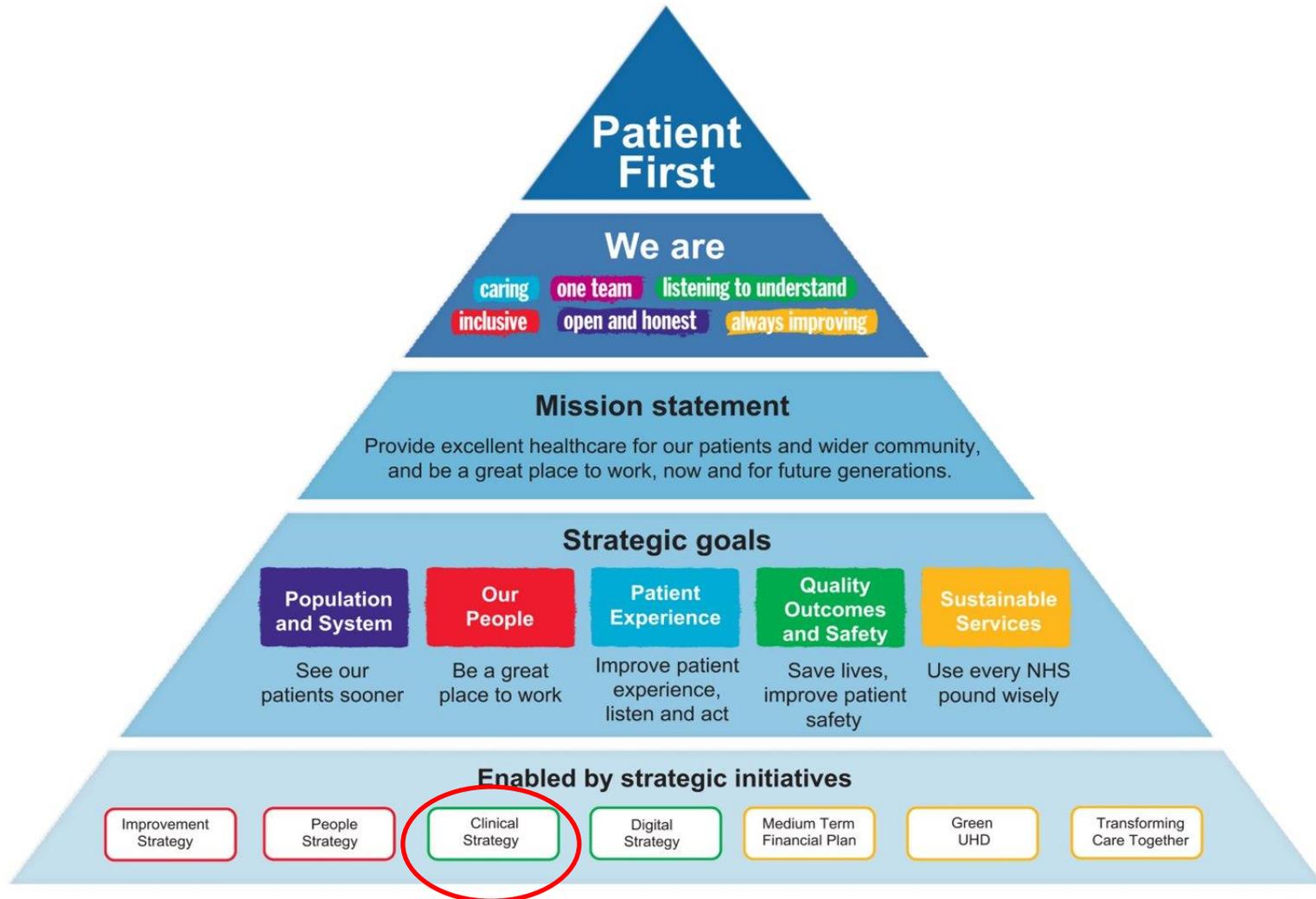
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# Developing UHD's

## Clinical Strategy

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# Our refreshed strategy triangle...



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We are caring one team listening to understand open and honest always improving inclusive

# Our Vision & Goals, linked to our 26/7 key targets

Strategic Goal	Vision <i>LONG TERM: 7-10 years</i>	Strategic Goal <i>MEDIUM TERM: 3 - 5 YEARS</i>	Breakthrough Objective <i>SHORT TERM: ~1 YEAR</i>	Driver metrics AND TARGETS
<b>POPULATION AND SYSTEM</b> <i>Chief Operating Officer</i>  "See our patients sooner"	Consistently delivering timely, appropriate, accessible care as part of a wider integrated care system for our patients.	Meeting the patient national constitutional standards for Planned and Emergency care, reducing inequalities in outcome and access and improving productivity and value	<ul style="list-style-type: none"> <li>To achieve shorter waiting times and improved outcomes for patients as measured by achievement of access trajectories within the operational plan (Planned, UEC, Diagnostics and Cancer).</li> </ul>	<ul style="list-style-type: none"> <li>82% of <i>emergency department attendances admitted, transferred or discharged within four hours</i></li> <li>7% improvement in <i>patients waiting 18 weeks or less for elective treatment (18 week RTT)</i></li> <li>80% of <i>patients treated for cancer within 62 days of referral</i></li> </ul>
<b>OUR PEOPLE</b> <i>Chief People Officer</i>  "Be a great place to work"	To be a great place to work, attracting and retaining the best talent, as measured by the Trust being in the upper quartile for all 7 elements of the People Promise.	<ul style="list-style-type: none"> <li>To develop a sustainable workforce measured against the 3 components of staff morale: improving retention, staff feeling supported with sufficient resources, and respected and trusted to do their work</li> </ul>	<ul style="list-style-type: none"> <li>To improve permanent staff availability across all professions as measured by the reduction in temporary staffing spend.</li> </ul>	<ul style="list-style-type: none"> <li>To have favourable <i>variance of WTE against the budgeted establishment</i></li> <li>To reduce <i>premium (bank) spend</i> by 15%</li> </ul>
<b>PATIENT EXPERIENCE</b> <i>Chief Nursing Officer</i> 75  "Improve patient experience listen and act"	All patients at UHD receive quality care which results in a positive experience for them, their families and carers. Every team is empowered to make continuous improvement by engaging with patients in a meaningful way, using their feedback to make change.	<ul style="list-style-type: none"> <li>Rated as Outstanding by CQC as Caring</li> <li>Over 80% of our employees see patient care as a top priority for UHD</li> <li>In the top 20% of NHS Acute Hospital Trusts on the 'overall experience' section in all CQC national surveys</li> </ul>	<ul style="list-style-type: none"> <li>To understand the experience of our patients by actively listening to feedback and using it to inform change in the way we deliver care in a timely way.</li> </ul>	<ul style="list-style-type: none"> <li>90% of <i>total complaints to be closed within 35 days</i></li> <li>95% for % of <i>good/very good recorded on FFT for all areas</i></li> </ul>
<b>QUALITY OUTCOMES AND SAFETY</b> <i>Chief Medical Officer</i>  "Save lives, improve patient safety"	To be rated the safest Trust in the country and be seen by our staff as an outstanding organisation for effectiveness (Hospitalised Standardised Mortality Ratios – HSMR) and patient safety (Patient Safety Incidents - PSIs).	<ul style="list-style-type: none"> <li>In the top 20% of trusts in country for Hospitalised Standard Mortality Ratios (HSMR)</li> <li>Rated as Outstanding by CQC for Safety</li> <li>Decrease severe/moderate harm Patient Safety Incidents (as a ratio of all incidents) by 30%</li> <li>Over 80% of employees believe the Trust promotes a safety culture</li> <li>Digital integration across all clinical and operational workflows</li> </ul>	<ul style="list-style-type: none"> <li>To improve mortality and morbidity across the trust as measured by a 5% reduction in hospitalised standardised mortality rate through an improvement in key morbidity metrics.</li> </ul>	<ul style="list-style-type: none"> <li>95% <i>compliance on VTE prescribing within 24 hours of admission</i></li> <li>To reduce the number of <i>hospital acquired e Coli infection</i> by 20%</li> <li><i>Uptake of ICE filing</i> – improved % sign off on a monthly rolling basis</li> </ul>
<b>SUSTAINABLE SERVICES</b> <i>Chief Finance Officer</i>  "Use every NHS pound wisely"	To maximise value for money enabling further investment and sustainability in our services to improve the timeliness and quality of care for our patients, and the working lives of our staff.	<ul style="list-style-type: none"> <li>Return to recurrent financial surplus from 2028/29</li> <li>Rated as Outstanding by the CQC for our Use of Resources</li> <li>Achieve our Green UHD goals of sustainability for people and planet, and 80% carbon reduction by 2030</li> </ul>	<ul style="list-style-type: none"> <li>To operate within the approved budget, including delivering the budgeted Efficiency Improvement Programme target, with at least 60% achieved recurrently.</li> </ul>	<ul style="list-style-type: none"> <li>To have favourable <i>Forecast Outturn Variance to Budget</i></li> <li>To achieve 60% <i>Forecast EIP Recurrent Delivery</i></li> </ul>

# Codeveloping a clinical strategy

We already have good quality, recent patient & public engagement data on the public's expectations for future NHS services in Dorset which we are utilising to help inform the themes for our strategy. This includes **Dorset ICS 100 conversations, Dorset & SW region NHS 10YHP consultation results.**

We also have at organisation and service level **UHD Friends and family test data, Patient complaints and feedback, Results of patient surveys and other engagement activity.**

Engagement in Autumn 2025:

- Agreed to use existing feedback/insight to maximum effect as we develop the strategy themes
- Consult again with our patients and public once emerging themes become visible from the clinical engagement exercise, (likely April-June 2026).

# Writing a clinical strategy:

## The story so far

- ✓ Task & Finish Group have worked with the Dorset Patient Engagement Group and UHD Governors to develop and agree the process of how we develop a clinical strategy at UHD.
- ✓ To help ensure patient's priorities for services are at the heart of the trust's new clinical strategy findings from recent consultations with patients and public undertaken as part of development of the NHS 10-year health plan and the 100 conversations project and patient views on current services inform our work including development of the template for clinical teams to complete.
- ✓ 6 key themes were identified that would help UHD deliver progress against trust goals
- ✓ Each of our clinical specialties are completing a template: what do patient say about your service? SWOT. Horizon scan. 60/30/10 value add. Current initiatives etc This included relative priorities against the 6 themes

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# Writing a clinical strategy: Current work & Next steps



As templates are returned, thematic analysis is beginning to identify key priorities for inclusion in organisation wide clinical strategy;

- Suggest priorities to be further refined through a workshop between lead clinicians and the trust execs.
- The strategies content and structure will be further developed through a wider task and finish group comprised of senior medical, nursing and allied health professional leads from across the trust.
- Strategy checked for alignment to other trust / system strategies. Check *clear links to the PF triangle, strategic goals, other enabling strategies.*
- **Further feedback on draft will be obtained through series engagements with our partners and community before expected publication in Spring 2026.**
- Governors and patient representatives already engaged and supporting the process.

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# "You said" Themes

A future NHS should be  
Safe , Effective and  
Efficient

Patients need to be listened to,  
trusted and included in  
discussions and decisions  
around care

Services should focus on  
providing easier and earlier  
access to support

Services need to work together  
so that carers don't have to  
keep telling the same story

Services need to provide appropriate  
information, tools and techniques to  
empower people to self-manage their  
own conditions

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# Potential Opportunities

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# Suggested % effort by theme

	Opportunity Area	Medical Care Group (n=7/12)	Surgical Care Group (n=8/14)	WCCSS Care Group (n=8/11)	UHD (n=23/37)
1	<b>Further develop our core services at UHD</b> , making the most of reconfiguration and the resources we have	33% 1st	35% 1st	22% 2nd	<b>30%</b>
2	<b>Digital Transformation</b> : Transition from analogue to digital, enhancing accessibility and efficiency in healthcare delivery	18% 3rd	22% 2nd	27% 1st	<b>22%</b>
3	Moving care <b>from hospital to community settings</b> developing the neighbourhood health service to better meet patients' needs	16% 2nd	13% =3rd	17% 3rd	<b>15%</b>
4	Realising the <b>benefits of our university status</b> for education and research	14%	13% =3rd	11%	<b>12%</b>
5	Working with partners to <b>focus on prevention</b> supporting people to make the healthy choices and work together to reduce health inequalities	11% 4th	9%	12% 4th	<b>11%</b>
6	<b>Expanding/networking</b> (including via Dorset NHS provider collaborative) to attract new specialist tertiary work	8%	11%	11%	<b>10%</b>
	Total effort	100%	100%	100%	100%

# Further develop our core services

- Make the most of creating UK's largest planned care hospital
- Make the most of the emergency services being set up to succeed

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- "You said" key actions

Specific projects for 26/7

- Outpatients
- Future Care and & Emergency patient flow
- Fundamentals of care



# Poole becoming UK's largest planned care hospital by 2027

- 10 new operating theatres
- Ward refurbishments
- Brand new Endoscopy unit
- Additional diagnostic capacity
- Enhanced post-op care



## Keeping local services:

- 24/7 Urgent Treatment Centre for 111 and walk ins (as now)
- Clinics, diagnostics & Dorset's cancer centre.



## Benefits include:

Improved Patient pathway and experience

Reduced cancellations, shorter waiting times

Improved day case & inpatient environment

Significant reduction in estates backlog

Specialist rehabilitation environments

We are caring one team listening to understand open and honest always improving inclusive

## Royal Bournemouth Hospital Major Emergency Site 2026

New BEACH building  
(Births, Emergency care, And Critical  
care and child Health)

1,000+ beds inc. new build & refurbishments

Haematology & Oncology Unit

Surgical Admissions Unit

COAST building 4 new wards & Catering

Expansion of Frailty and Acute Admission Units

Same-day emergency care units including:

Acute Medical

Frailty

Surgical

Haematology and Oncology

Trauma and Orthopedics



### New main entrance, patient & visitor centre including:

- Patient liaison, spiritual centre, charity & volunteers, retail.
- Staff changing, showering, resident doctors mess, meeting rooms & hot desk space.



### New Pathology Hub opened

- AI & digital working
- Flexible workspaces
- Networked solutions

# Transforming Stroke and Cardiology Services:

Enhancing patient care through reconfiguration

- 1 CONTEXT**  
Stroke and Cardiology bed based services at University Hospitals Dorset combined in April 2023 onto the Royal Bournemouth Hospital site. This reconfiguration has brought significant improvements in patient care.
- 2 THE NEED FOR CHANGE**
  - A growing elderly population with changing health needs in Dorset
  - Variable quality of care out of hospital
  - Inconsistent quality in hospital-based care
  - Staffing challenges in specialist services
  - Financial pressures with a projected £200m funding gap by 2026/27
- 3 EXPECTED OUTCOMES**
  - Saving 17 to 29 lives annually through quick access to treatment for NSTEMI (Non-ST segment elevation myocardial infarction) patients
  - Financial savings: approximately £1.2m via bed closure alone
  - Improved patient outcomes: reduced mortality, lower risk of subsequent heart attacks and strokes, enhanced patient experience
- 4 PATIENT BENEFITS**
  - Shorter times to treatment
  - Reduced length of stay in hospital
  - Greater access to diagnosis and treatment services
  - Improved out-of-hours consultant cover



- 5 INNOVATION IN STROKE SERVICES**
  - Better utilisation of MDT (multidisciplinary team) workforce resources
  - Upskilling of stroke recovery unit team leading to reduction in cross-site medical cover
  - Implementation of key performance indicators and critical time standards
  - Reduced length of stay by eliminating cross-site transfers
  - Consolidated expert workforce and staffing efficiencies
  - Improved co-location of facilities



**Length of stay savings:**

- Average reduction of 0.5 bed days (Jun 2023 - Mar 2024)
- Total discharges: 1,373
- Estimated savings: £190k

**6 INNOVATION IN CARDIOLOGY SERVICES**

- Improved out-of-hours cover
- Shorter time to treatment
- Reduced length of stay (LOS)
- Standardisation of pathways and treatment protocols
- Ready access to clinical expertise, diagnosis, and treatment services



- Continued decrease in LOS (length of stay) at Poole Hospital Acute Medical Unit (AMU)
- Identifying opportunities in over £500k per annum spend on maintenance contracts
- Cardiac ward savings: £314k



## Phase 1: Completed

- **Cardiac, Stroke, Haematology:** Teams combined on single site: faster care, better outcomes, lives saved.
- **One Dorset Pathology:** cutting edge facilities, AI services, more cost effective, staff attract & retain
- **Catering:** more choice & quality, lower cost, spare capacity to serve others, net zero facilities
- **Cross site working:** more resilient services, reduced agency & turnover
- Overall UHD costs growing more slowly than other acute Trusts, whilst getting more productive



**We are caring one team listening to understand open and honest always improving inclusive**

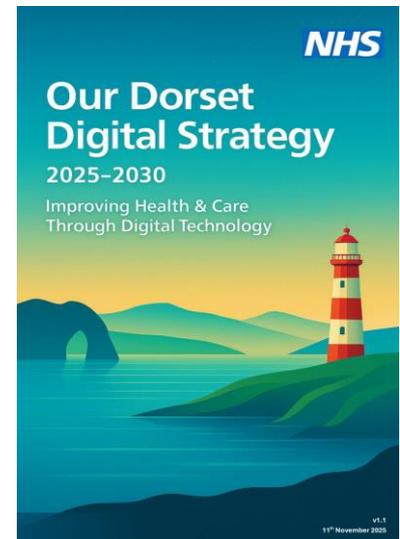
# Digital transformation

## Our Dorset Digital Strategy

- Health Set - shared electronic health record reducing need to repeat stories
- Ambient voice technology
- Hospital at Home
- Remote monitoring
- Expanded Teleconsultation
- Outpatients transformation

Key theme so far for:

Child health(30%), therapies (top ranked), critical care (30%), pre-operative medicine (30%), obstetrics/maternity (30%), gynaecology (25%)



# From Hospital to Community

- Increased focus on keeping patients safely at home - better joined up working with community and primary care, and care-coordination hubs
- Integrated virtual wards – Hospital at Home
- Increased work in the community incl SDEC (Same Day Emergency Care)
- Greater focus on community based child health

Key theme so far for:

Trauma & orthopaedics (50%), Older Peoples Services(40%), Child Health (30%)

# Focus on Prevention

- Proactive screening for frailty in association with primary and community colleagues
- Further support for aging well
- Improved falls prevention
- Better osteoporosis management
- Improved access to specialist advice to benefit all patients

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Key theme so far for:

Older Peoples Services(30%), Obstetrics & Maternity (25%)

# University Status

- Develop further training opportunities supporting entry and further development in both clinical and non-clinical career pathways
- Potential future medical school
- Further joint research and trials, benefiting Dorset residents

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Key theme so far for:

Theatres (30%), Research Dept (30%), Ophthalmology

# Expanding / networking

- Specialist services – working with Dorset County Hospitals and other partners to develop county wide services with improved access for patients and resilience for staff
- Enable better access to specialist expertise from acute hospital staff to patients and carers out of hospital via primary care & community colleagues

Key theme so far for:

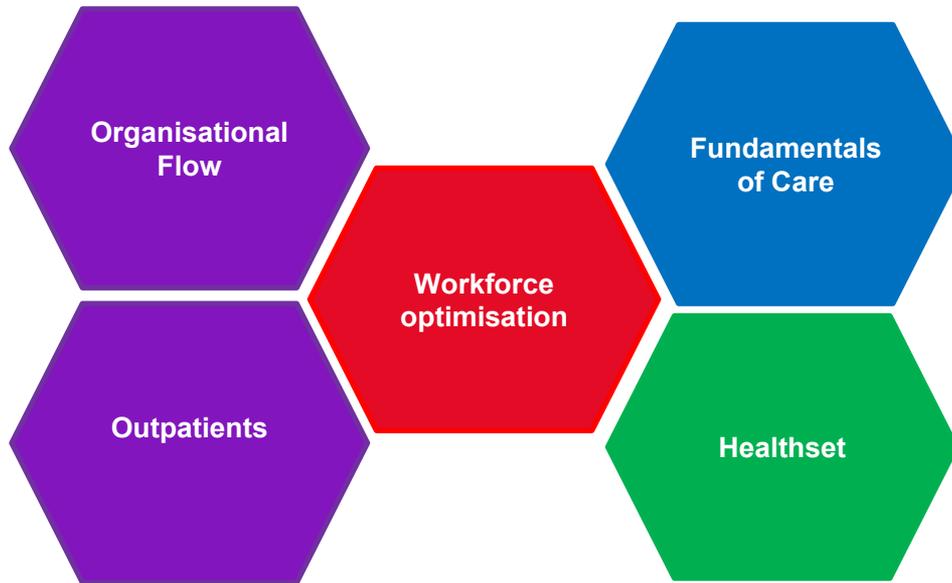
Breast, endocrine & skin surgery (25%), Urology (15%), Gastroenterology (15%)

# Corporate Projects 2026 -27



**START & FINISH** Organisational wide, complex projects. They need to deliver within 1 to 2 years, are critical to our success, progress our strategy of Patient First, require improvement effort, and need the focus of the whole organisation.

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*The colouring of the hexagon indicates just the lead theme*

# What to look out for in 2026

## What's changed so far

### New MPCC Ward in Poole

On 22 January, we opened a new Medical Patient Continuing Care (MPCC) Ward at Poole Hospital. Lulworth Ward became a dedicated ward for patients who are medically fit but have complex needs.

These patients were previously cared for across A4, A5 and Durlston. Bringing them together in one place will help improve patient flow and support timely discharge.

As part of this change, Durlston is now an



acute gastroenterology ward. A4 is now a respiratory ward with nine endocrinology beds, and A5 has been vacated for refurbishment.

## We got the keys!

On 30 January, our new oncology build was officially handed over to UHD by our contractor, IHP. The new ward is now fully accessible to the Oncology Team as they prepare to move in later this month.



## Yet to come

### Oncology inpatient services moving to RBH

From **23 February 2026**, oncology inpatient services and the Oncology Assessment Unit (Oncology SDEC) will move to the Royal Bournemouth Hospital from Poole Hospital. From this date, all Oncology and Haematology ward admissions will take place at RBH.

Radiotherapy services will remain at Poole Hospital. Outpatient and chemotherapy



appointments will continue at both sites. Read more about this change on the 'latest news' page on our website [here](#).

## Proposals for new MRI and CT scanning facility close to Poole Hospital

Come and see the plans, as well as give your feedback, on the appearance of the proposed new MRI and CT scanning facility that would replace the Shaftesbury House building on Shaftesbury Road, opposite Poole



## RBH ward names are changing

From Tuesday 3 March, ward names at our RBH site will change to their new location identifier. For example, 'Ward 1' will be known as 'Ward A13L'.

### What happens to the IT systems?

New system codes have been created that now identify the ward by its function, or speciality, and will then replace the existing code on all impacted IT systems, like eCamis, HOTW, ICE/Graphnet, EPR etc on the date of change over. For example, the code for Ward 1 is currently 'RB01', meaning 'RBH - Ward 1' however a new code for this ward has been generated which is 'RBGAS1' which stands for 'RBH - Medical Gastroenterology 1'.

### Why is this happening?

This change aligns ward identities and system codes to ward function, meaning wards can move location within the site without needing a code change.

### Who will this impact?

This change will impact 19 wards at RBH. Support will be available on 3 March to ensure all devices move over to the new ward codes. All wards will also receive new Emergency Action Cards, advising what to state when raising emergency calls following the name change.

**Further detailed communications and direct support will be provided ahead of the change and contact [uhd.strategyandtransformation@nhs.net](mailto:uhd.strategyandtransformation@nhs.net) if you have any queries.**

**RBH Surgical SDEC and SAU relocation** This month, our Surgical Same Day Emergency Care (SDEC), Surgical Admissions Unit (SAU) and Emergency Gynaecology Assessment teams at RBH will move into the newly refurbished areas on the first floor of the BEACH. This will provide improved facilities for patients and staff.

Surgical SDEC and the Emergency Gynaecology Assessment Unit will move on **Sunday 15 February**, with Surgical SDEC reopening on **Monday 16 February**. The SAU will move on **Wednesday 18 February**.

# Summary

- Our strategy is very much nested in the Dorset wide strategy development
- We need to live within available funding, which requires change, especially in emergency care
- Operational pressures are taking priority, so engagement is not perfect, but we are building on work already done, and looking to April-June to share our draft clinical strategy.
- Our 26/7 delivery plan is agreed, and this fits the emergency clinical strategic direction

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# Discussion and feedback



**HEALTH AND ADULT SOCIAL CARE  
OVERVIEW & SCRUTINY COMMITTEE**

Report subject	<b>Adult Social Care Fulfilled Lives Transformation Programme</b>
Meeting date	02 March 2026
Status	Public
<b>Executive summary</b>	<p>In July 2024, BCP Cabinet and Full Council agree to support a four-year transformation programme called Fulfilled Lives, approving a total investment of £2.9m spanning the first three years.</p> <p>The programme is made up of four inter-dependent projects:</p> <ul style="list-style-type: none"> <li>• How We Work</li> <li>• Short-Term Support</li> <li>• Self-Directed Support</li> <li>• Support At Home</li> </ul> <p>The programme entered its delivery phase in January 2025 and progress reports were presented to Committee in January, March, July and September.</p> <p>This report provides a further update for the programme overall to reflect the achievements to date, the current challenges, and the next steps to be taken over the following six months.</p>
<b>Recommendations</b>	<p><b>It is RECOMMENDED that Committee:</b></p> <ol style="list-style-type: none"> <li>1. Notes the current work-in-progress with the Adult Social Care Fulfilled Lives Programme</li> </ol>
<b>Reason for recommendations</b>	<p>Delivery of the Fulfilled Lives programme will improve outcomes for adults and their families within the BCP Council area through enhanced person-centred practice, and the provision of effective and efficient support solutions. It will ensure that the Council continues to meet its statutory duties, despite ongoing demand pressures and economic uncertainty, leading to recurrent annual savings of c.£3.5m by the end of the programme.</p>
Portfolio Holder(s):	Councillor David Brown – Health and Wellbeing

Corporate Director / Directors	Laura Ambler, Corporate Director for Wellbeing Betty Butlin, Director of Adult Social Care (DASS) Zena Dighton, Interim Director of Adult Social Care Commissioning
Report Authors	Tim Branson, Transformation Lead for Fulfilled Lives Programme Harry Ovník, Programme Manager for Wellbeing
Wards	Council-wide
Classification	For Recommendation

## Background

1. In July 2024, BCP Cabinet and Full Council approved the business case for an adult social care 'Fulfilled Lives' transformation programme which will address the risk to its ability to fulfil statutory responsibilities and maintain a balanced budget in the face of continually rising demographic and economic pressures.
2. This business case outlined the opportunities available to deliver true transformation and innovation within adult social care, whilst creating sustainable change to support future demand, and achieve financial and service quality benefits.
3. Total investment of £2.9m to support the Fulfilled Lives programme was agreed by Cabinet and Full Council in July 2024, with an initial investment of £1.79m to establish the programme and its governance structure, recruit to the project teams, complete the scoping, initiation and approve business cases for each project.
4. The programme moved into Delivery Phase from January 2025 with regular reporting to the Health and Adult Social Care Overview & Scrutiny Committee and received approval of a further £1.11m to support its progress in July 2025.
5. The programme remains within budget with service quality improvements continuing to be achieved as planned, although some challenges have more recently impacted the timeline for the realisation of specific financial benefits, further details of which are outlined later in this paper.

## Strategic case for change

6. The Fulfilled Lives Programme aligns with the [Adult Social Care Strategy 2025-28](#) and our co-produced vision "*Supporting people to achieve a fulfilled life, in the way that they choose, and in a place where they feel safe*".

## Summary of programme progress

7. The Fulfilled Lives Programme has four inter-dependent projects, as follows:
  - **How We Work** – to implement the Three Conversations approach, embedding strengths and relational-based practice to connect and support

residents, focusing on prevention. A second key workstream has a focus on making improvements to our First Response function.

- **Self-Directed Support** – ensuring more people are in control of their support by developing more community-based options via direct payments or Individual Service Funds, reducing the need for more traditional ‘off the shelf’ services at higher cost.
- **Short-Term Support** – improving access to reablement services directly from the community, ensuring that people can appropriately maximise their safety, wellbeing and independence, and reduce their need for long-term services.
- **Support At Home** – developing and implementing a new Support At Home provision, enabling people to keep well and remain in their own home, reducing the need for residential care home admission.

## How We Work

8. All operational teams with responsibility for assessment and arranging care services for people under the Care Act 2014 are now following Three Conversations (3Cs) principles. The Hospital Social Work Teams located within Royal Bournemouth and Poole General Hospitals were the final teams to launch in January 2026, marking the completion of the 3Cs implementation phase.
9. This is a significant milestone which has required lengthy and intensive work to develop our Mosaic IT system, creating new workflows for certain teams and streamlining processes for all to enable more proportionate record-keeping and maximise practitioner time for face-to-face contact. This has been an iterative process, taking account of user acceptance testing and practitioner feedback throughout.
10. Recognising the large scale cultural and mindset shift that we required from our practitioners, we have now moved into the embedding phase of Three Conversations where a period of quality audits will be undertaken to identify practice areas where teams require further support and ensure that the changes we have made are sustained for the long-term.
11. We continue to receive positive feedback from people who have experienced a Three Conversations approach. Please see **Appendix One** for an example.
12. The changes to our First Response function are progressing and remain on target. The second of our three Long-Term Conditions (LTC) teams transferred a group practitioners in late January to the ASC Hub, with the final team’s group due to transfer at the end of February. This enhances the ASC Hub’s ability to respond more quickly and resolve more requests without the need for LTC Team involvement.
13. We have already seen a positive impact, with the percentage of requests resolved at the ASC Hub steadily increasing from 39.4% to 55.2% between January and

December 2025. We can reasonably expect further improvement as the final stages of staff transfers complete and bed in.

14. There has also been a positive impact on the numbers of new requests for support that result in a person receiving long-term services. When we compare the 12-month baseline period prior to the start of the Fulfilled Lives Programme with the following 12-months, the conversion rate of new requests for support to long-term services fell from 12% to 10%.
15. Our most significant challenge currently, however, is the ability to provide data to accurately show the financial impact of this lower conversion rate. This is due to a lack of integration between the Mosaic case management system and the finance modules.
16. The solution to address this issue is to create a new data lake that will combine the relevant data to allow accurate financial impact reporting. Data and analytics colleagues are actively engaged in this process which is highly complex and involves an extremely large volume of data. This requires a significant amount of testing, however, once complete, it will provide the ability to demonstrate financial impact to a much greater level of detail and accuracy. This work is being given the highest priority with frequent updates to the How We Work Project Board and Fulfilled Lives Programme Board.
17. Since the launch of the ASC Hub in October, it has been easier for people to directly contact the team or practitioner that has been assigned to them, avoiding the need to call via the ASC Hub. This has reduced the number of unnecessary calls, allowing an improved response rate for the calls where the hub can genuinely add value.
18. In November 2603 calls were received with 66% answered; December saw 2265 calls (81% answered), and January had 1488 calls (80% answered).
19. A trial of a new way of handling safeguarding concerns received into the ASC Hub has showed positive results with a reduction in the number of unnecessary handoffs to the Safeguarding Adults First Response team. Before the trial, 98% of contacts to the Hub were passed to SAFR on average over seven months. Since the trial began, the average over six months has reduced to 61.8%. This helps the SAFR team to focus the time on those referrals that need more detailed examination.
20. Phase three of our First Response improvements has now started, focusing on further skills development, back-office process harmonisation, website information, the use of e-forms for safeguarding and Mental Health Act requests, and leveraging systems capacity to further improve data capture and reporting functionality.

## **Self-Directed Support**

21. Work has commenced on developing recommendations for improving the use and uptake of direct payments as an alternative to traditional commissioned services,

allowing individuals greater choice over the design and delivery of support which supports more tailored, and often more cost-effective, solutions.

22. Linked to this, is work to expand the options for people for whom a direct payment might not be the most appropriate solution, but where more bespoke alternatives to commissioned services is still preferred. The use of Individual Service Funds (ISFs) is a proven way to support this and represents a significant change in the way that service providers work with individuals to additionally help them to utilise their personal budget.
23. Work to develop our provider market to prepare for ISFs is progressing with one provider now actively working to transfer appropriate packages to ISFs. Further work is happening to engage the broader market to increase numbers of packages to meet anticipated savings, but it is expected that we will fall short of the 2025/26 target of £78k by £23K. Work is also continuing to raise awareness of ISFs and further training will build momentum in the transition of providers to becoming an ISF provider.
24. The development of Community Micro-Enterprises (CMEs) has continued to grow with six providers having completed the accreditation process, and another 17 currently going through the development programme. We anticipate reaching our first-year target of 23 CMEs by the end of March, significantly expanding options for people to access tailored day opportunities.

## **Short-Term Support**

25. The dedicated community reablement service pilot launched in mid-September and reached its 180 hours per week maximum capacity as planned by the end of December.
26. Flow through the service is closely monitored with weekly meetings where each person's progress towards their reablement goals is tracked.
27. Early results for the 33 people who completed reablement in the first three months of the pilot showed that:
  - 13 people regained full independence
  - 14 people required long-term care
  - 1 person needed residential care
  - 5 people became unwell and needed hospital admission
28. Of the 14 people who needed long-term care:
  - Five people (36%) needed fewer hours of support than they did at the start of their reablement
  - Six people (43%) needed the same level of support
  - Three people (21%) needed more support
29. Practitioner guidance has been produced to ensure that the most appropriate candidates for reablement are referred for support.

30. Further promotion of the Pilot will continue, with examples of the positive impact the service has had for individuals as well as the wider health and care system. Next steps will be planning for evaluation of the service to understand what we need to procure in the future.
31. Tricuro is finalising the collation of comprehensive data that will track all service activity over time and identify key information influencing the achievement of KPI's.
32. The Reablement App, supplied via the FutureCare Transformation project has launched, enabling the logging of reablement goals and oversight of "real time" goal tracking and progress. This helps to ensure that the reablement hours supplied by Tricuro are utilised to maximum efficiency and effectiveness.

### **Care and Support at Home**

33. The Care and Support at Home Strategic Plan<sup>1</sup> has now been fully developed and has successfully progressed through the governance process, receiving approval from all members of the Adult Social Care Senior Management Team (ASC SMT). This plan sets out a clear long-term vision for how home-based care and support will be commissioned, delivered, and monitored across the locality. It provides a structured framework for achieving person-centred, outcome-focused services that support adults to live independently in their own homes for as long as possible.
34. Alongside the strategic plan, an initial draft of the supporting Strategic Action Plan has been produced. This action plan translates strategic intent into a detailed programme of activities, milestones, and accountable leads, ensuring that implementation is well-sequenced and measurable.
35. A new combined Care and Support at Home Framework has been developed and formally approved, marking a significant step forward in standardising and strengthening the commissioning of home-care services for adults aged eighteen and above. The framework also includes a waking-night assessment service.
36. To ensure that individuals with more complex, high-need, or specialist conditions receive tailored and expert provision, specialist and complex care will be commissioned separately through a dedicated Disabilities Framework.
37. The Care and Support at Home procurement process is due to commence by 1 March 2026.
38. The Care and Support at Home tender will be open to receive bids for a six-week period from the date of publication, with the tender evaluations scheduled for April 2026. The implementation of the new combined Care and Support at Home Framework remains on schedule, with a planned go-live date of October 2026.

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<sup>1</sup> Available at: [Home Care and Support Strategic Plan | BCP](#)

39. Minimum Criteria for Care and Support at Home providers will include:

- The requirement to have a local office registered within the BCP conurbation or no further than 10 miles from BCP; and
- Providers who submit a tender must be rated as Good or Outstanding by the Care Quality Commission.

### **Summary of legal implications**

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

### **Summary of financial implications**

47. The total investment over a 3-year period is £2.9m to achieve recurring savings of approx. £3.5m. Whilst there has been some in-year delays within certain elements of the programme delivery, we are confident the combined impact of all projects will achieve the projected savings by the time the programme concludes.

48. The savings attributed to the Fulfilled Lives programme are in addition to those that have been identified via the FutureCare programme, which focuses on Urgent and Emergency Care in the acute hospitals across Dorset. Whilst both programmes of work have dependencies and will naturally complement each other, they will seek to achieve separate savings.

### **Summary of human resources implications**

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

### **Summary of sustainability impact**

51. There are no sustainability implications within this report.

### **Summary of public health implications**

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

### **Summary of equality implications**

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

### **Summary of risk assessment**

55. It has already been acknowledged in earlier reports and the preceding business case that, by doing nothing, the Council is holding significant risk, against a backdrop of continually rising demographic and economic pressures, in its ability to fulfil its statutory responsibilities towards adults and their families within the available budget. These risks are mitigated by the Fulfilled Lives Business Case and Transformation Programme.
56. Programme risks have been identified and mitigations put in place, with robust monitoring, an established formal governance structure and clear escalation processes for each workstream. There is regular reporting to the Corporate

Management Board and scrutiny by the Health and Adult Social Care Overview and Scrutiny Committee.

### **Recommendations**

57. It is recommended that Cabinet:

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

### **Background Papers**

58. Cabinet 17 July 2024 – [Adult Social Care Transformation Business Case](#)

59. Cabinet 17 July 2024 – [Adult Social Care Transformation Delivery Plan](#)

## Appendix One

### Story of Difference (please note that personally identifiable details have been changed to maintain confidentiality)

Mrs M is a carer for her adult son with disabilities. She is dyslexic and her former experience of adult social care had not been as positive as she would have liked, leaving her fearful of how subsequent contacts would go. She recently received a visit from a social worker, Simon, working in a team that has adopted the Three Conversations approach. Simon's visit was primarily focused on Mrs M's own needs as a carer.

The following comments were collected as part of our routine for seeking feedback. Comments are typically collected in a variety of ways, and on this occasion was through a telephone call from one of our policy officers.

Asked about the difference in experience following her visit from Simon, Mrs M commented

*'Previously I went into very deep crisis, and no-one helped me. I read about the 3 conversations style and thought I would see how it goes – I thought it was excellent [because] it allows me to say what I needed to say. Previously the form didn't encourage the social worker to record what was important to me.'*

*'The council weren't listening as you were focused on what the form needed. For example, I have dyslexia but was told the forms don't work that way. I love the 3Cs style – I think it's fantastic. I'm now at the centre, not the IT system. I really felt the carers assessment was about me, not the IT system. Before, I didn't have the assurance that what I had said was recorded. It is for me to decide what I want to talk about - and that is brilliant.'*

When Mrs M was asked what impact she felt from the Three Conversations approach, she said

*'I feel I have peace of mind about the future. I'm not scared anymore, I now feel confident for my son's review because of the 3 Conversations style and Simon's work with me. How we are treated on the day carries over into the rest of our lives and how we feel about any future dealing with the council. It's important to remember that - it can create a lot of worry.'*

## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	<b>Work Plan</b>
Meeting date	2 March 2026
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.
<b>Recommendations</b>	<b>It is RECOMMENDED that:</b>  <b>the Overview and Scrutiny Committee review, update and confirm the Work Plan.</b>
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. The Committee may wish to consider if it wishes to prioritise the updating of the toolkit.**

## 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 17 February 2026

## 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
<b>Meeting Date: 2 March 2026</b>				
	<b>Clinical Services Strategy for UHD. Up to 10 years forward look.</b> Received from UHD	Presentation	Richard Renaut, Chief Strategy and Transformation Officer, UHD	Agreed as one of the top priorities from work planning in Autumn 2024
	<b>FutureCare Update 'NEW'</b>	Committee Report	Robin Vickers, Programme Director - FutureCare Programme and Betty Butlin, Director of Adult Social Care	Agreed at Committee on 1 December to come back with further information
	<b>Fulfilled Lives Programme Update 'NEW'</b>	Committee Report	Betty Butlin, Director of Adult Social Care	Agreed to come to O&S for regular updates
<b>30 March Informal Briefing – Topic TBC</b>				

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
<b>Meeting Date: 19 May 2026</b>				
	CQC Inspection update 'NEW'	Committee Report and presentation	Betty Butlin, Director of Adult Social Care	Agreed at Committee on 1 December
	FutureCare Programme completion report? TBC	Committee Report and presentation		
<b>8 June Informal Briefing – Topic TBC</b>				
<b>Meeting Date: 20 July 2026</b>				
	ASC Learning Disability Strategy	Committee Report	Kathryn Hay	Added by Officers and Chair agreement in January 2026 prior to consideration at Cabinet
<b>17 August Informal Briefing – Topic TBC</b>				
<b>Meeting Date: 22 September 2026</b>				
<b>2 November Informal Briefing – Topic TBC</b>				

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
<b>Meeting Date: 30 November 2026</b>				
	<b>Safeguarding Adults Board Annual Report</b>	Committee Report		Comes to Committee every Autumn for consideration
	<b>Adult Social Care Complaints and Quality assurance annual report</b>	Committee Report		Comes to Committee every Autumn for consideration
<b>25 January 2027 Informal Briefing – Topic TBC</b>				
<b>Meeting Date: 1 March 2027</b>				
Top 5 priorities chosen by the Committee in annual work programming in 2024.				
<b>1.</b>	Adult Social Care Transformation programme (Fulfilled Lives) Received from ASC	TBC	Laura Ambler, 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.
<b>2.</b>	Community Mental health services transformation, including the new Access to Wellbeing Hubs and	Presentation	Rachel Small, Interim Chief Operating Officer, Dorset Healthcare UHD	Large service change – would be good to have overview of the changes,

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	change to community mental health teams  Received from Public Health			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.  Received in Dec 25
5.	End of life services  Received from NHS Dorset	TBC	Dean Spencer, NHS Dorset	These services will impact on residents of the local authority. The aim of the new service model is to enable those who wish to die at home.  Received in Dec 25
Items with Dates to be allocated				

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

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

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	The 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 2025.
	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 <b>'NEW'</b>		Rachel Small, Interim Chief Operating Officer, Dorset Healthcare UHD	To receive future KPIs regarding the impact of the new model at an appropriate time.  Added at Committee on 19 May 2025.
	The impact of the UK government's proposed £5bn cuts to disability and sickness benefits on BCP Council residents, particularly those reliant on Personal Independence Payments (PIP) and Universal Credit. <b>'NEW'</b>	TBA	TBC	Added at Committee on 19 May 2025 following consideration of scrutiny request from Cllr Salmon.
	Examine the scale of and connected risks linked to the use of unregistered health and social	TBA	TBC	Added at Committee on 19 May 2025 following consideration of scrutiny

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	care providers by BCP Council, with a specific focus on Lifeways and similar providers 'NEW'			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.
	Health and Social Care for the Homeless 'NEW'	TBC	TBC	Agreed at Committee on 1 December
	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)				
	<b>Safeguarding Adults Board Annual Report</b> 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.
	<b>Adult Social Care Complaints and Quality assurance annual report</b>  Received from ASC	To receive an annual report every Autumn.		
Working Groups				
	None currently scheduled			

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

	<b>Subject and background</b>	<b>How will the scrutiny be done?</b>	<b>Lead Officer/Portfolio Holder</b>	<b>Report Information</b>
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.
	Electronic Health Record for Dorset and Somerset system.  Received from UHD			Major change to service, and large system wide investment.  Timetable subject to approvals process, running 2024-2027.

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

	<b>Subject and background</b>	<b>How will the scrutiny be done?</b>	<b>Lead Officer/Portfolio Holder</b>	<b>Report Information</b>
	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.

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**CABINET**



Report subject	<b>Corporate Performance Report - Q2</b>
Meeting date	17 December 2025
Status	[Public / Exempt] Report
Executive summary	<p>BCP Council adopted 'A shared vision for Bournemouth, Christchurch and Poole 2024-28' in May 2024.</p> <p>The shared vision is the corporate strategy which sets out the council's vision, priorities and ambitions as well as the principles which underpin the way the council works as it develops and delivers its services.</p> <p>Incorporated in the vision is a set of measures of progress for achieving the vision, priorities and ambitions.</p> <p>This is the performance monitoring report for Quarter Two 25-26, presenting an update on the progress measures.</p> <p>The council's delivery against its priorities and ambitions can also be monitored through the <a href="#">performance dashboard</a> which is available on the council's website providing up-to-date real time information on the progress measures.</p>
Recommendations	<p><b>It is RECOMMENDED that Cabinet:</b></p> <p><b>a) Consider the Quarter Two performance</b></p> <p><b>(b) Note that work continues to expand the data available on the interactive performance dashboard</b></p> <p><b>(c) Note the positive activities highlighted in the report</b></p>
Reason for recommendations	<p>Our shared vision for Bournemouth, Christchurch and Poole sets out the priorities and ambitions against which the council's performance will be judged, and as such is a vital component of the council's performance management framework.</p> <p>An understanding of performance against targets, goals and objectives helps the council to assess and manage service delivery and identify emerging business risks</p>

Portfolio Holder(s):	Councillor Millie Earl, Leader of the Council
Corporate Director	Aidan Dunn, Chief Executive
Service Director	Isla Reynolds, Director of Marketing, Communications and Policy
Report Authors	Chris Shephard, Head of Policy. Strategy and Partnerships Liz Orme, Policy & Strategy Officer Pippa Quinton, Policy Apprentice Performance leads across the council
Wards	Council-wide
Classification	For Information

## Background

1. BCP Council adopted 'A shared vision for Bournemouth, Christchurch and Poole 2024-28' in May 2024 which was developed following a process of stakeholder engagement from June to October 2023.
2. The vision includes a comprehensive set of progress measures that track performance against the ambitions and focus areas of activity.
3. Since the vision was adopted, work has been carried out to establish and evolve baseline data, targets and intervention levels for the progress measures.
4. A performance dashboard has been created which we have been using successfully to support the monitoring of our progress towards the council's vision, using technology to enhance transparency and support data-driven decisions. This dashboard is updated by performance officers across the council, providing real-time information as it's available and is accessible on the council's website. The dashboard continues to be updated and evolved.
5. The Corporate Strategy Delivery Board meeting allows officers to meet monthly to monitor delivery of the council's vision at a strategic level. This also allows the board to conduct delivery deep dives and risk reviews, allowing for areas of concern to be addressed in a timely manner and best practice can be celebrated and shared. The board also allows the Council to prioritise key areas of activity.

### **An interactive performance dashboard to monitor performance**

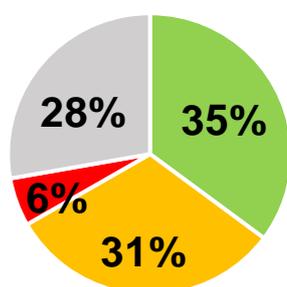
6. A live and interactive [performance dashboard](#) is available alongside quarterly reports, providing a real-time tracking tool that effectively addresses Cabinet's previous concerns regarding the timeliness of the reports. This is because quarterly performance reports are static snapshots of performance, often two to three months out of date by the time they reach Cabinet.
7. The performance dashboard supports the council's approach towards data-driven decision-making and continuous improvement in organisational performance.

8. Furthermore, transparency and accountability is enhanced through the public-facing live performance dashboard, accessible at all times by residents, councillors and officers.
6. The dashboard's purpose is to maintain a strategic perspective of overall council performance, and it is reviewed regularly with directors to ensure the best data is provided. Cabinet also has the flexibility to introduce additional measures if necessary for more detailed performance monitoring.
7. The dashboard is developing in phases, with further plans to enhance data availability, links to other dashboards and data sources and provide various lenses to view the data eventually replacing the need for a paginated performance report.
8. The dashboard was reviewed for accessibility and usability and changes to the design and content are being made as a result.
9. Links have been made to a [sustainability dashboard](#) demonstrating further information on the council's advancements towards achieving our net zero targets.
10. Subsequent phases will include:
  - a. Progress on strategic programmes of work,
  - b. Analysis of the latest data regarding the health of the people and places within the BCP area,
  - c. Sharing an overview of corporate risks.

### Summary of Quarter Two Performance

11. Quarter Two data shows some significant changes in performance (Figure 1) explained by most annual and bi-annual measures being moved to pending (grey). The percentage of measures that are on target (green) has moved from 58% in Quarter One to 35% in Quarter Two. The percentage of pending measures has increased from 4% in Quarter One to 28% in Quarter Two. These measures are now showing as pending (grey) because data is not yet available so there is no data to report in this quarter. Where performance is being monitored (amber), the percentage has moved from 36% in Quarter One to 31% in Quarter Two. The percentage of those measures requiring action (red) has moved from 2% in Quarter One to 6% in Quarter Two.

Figure 1: Quarter Two Performance Summary



12. Appendix A has more detail for each measure including the latest performance compared to the target and the baseline, and an updated commentary.

13. The direction of travel for each measure is also provided in Appendix A. This shows whether performance is improving, declining or remains the same level compared to the previous update. For Quarter Two, there are fewer measures showing a positive direction of travel compared to Quarter One with 20 measures showing a positive direction of travel (20 compared to 27), 7 fewer measures showing a negative direction (13 compared to 20), and 2 more measures have stayed the same (6 compared to 4).

14. It is important to note the excellent performance in the following measures:

- The number of available Council and public Electric Vehicle (EV) chargers has increased to 265 in the latest Government figures.
- We are seeing a strong increase the number of Fixed Penalty Notices (FPNs) served for fly tipping and littering offences with 1428 issued including 8 PSPO offences, 17 for fly-tipping, 3 for waste duty of care and 1400 for litter. This is up on last quarter (760) and up on target (840).
- Footfall across the 3 town centres is up, 22.54m from 21.74m last quarter and over target (20m).
- We are improving from 95% to 96% the timeliness of assessments to determine the child's needs is conducive with offering the right service at the right time to children, young people and their families. This is consistently high performing (8 consecutive quarters), higher than the national benchmark (85%) and comparator authorities.
- There has been a strong reduction in the number of secondary school aged children excluded from school with 7 permanent exclusions (0.067%), from 35 (0.137%) in the spring term.
- There is a marked reduction in the percentage of children and young people returning to early help within 12 months from 13% to 10%.
- number of current council employees supported to undertake apprenticeships has increased from 123 to 126.
- We have achieved 6 successful grant applications, a 100% success rate. These are:
  - £95,000 awarded by Environment Agency for Debris Screen Health and Safety Works.
  - £6,222,000 awarded by Environment Agency for Poole Bridge to Hunger Hill Flood Defences.
  - £1,501,000 awarded by Arts Council England for Museum Estate and Development Fund.
  - £73,000 awarded by Veolia for Queens Park Play Area.
  - £376,000 awarded by Arts Council England for Poole Museum.
  - £93,000 awarded by DEFRA for King Charles III England Coast Path.

15. There are more details in the positive exception reports in Appendix 2. There are some without exception reports. This is due to officers in those areas being fully

immersed in inspections, the implementation of Pay and Reward, or other major projects.

16. There are also those measures that are doing less well and are areas of focus. Some of these for Quarter Two are:
- The percentage of all major planning applications determined on time has fallen from 88% in Quarter One to 69% in Quarter Two.
  - The percentage of waste diverted from landfill fell to 86.25%, below Quarter One, target and intervention level.
  - The number of homeless households in bed & breakfast has increased from 44 in Quarter One to 65 in Quarter Two.
  - The number of people rough sleeping has increased from 49 in Quarter One to 66 in Quarter Two.
  - We continue to see a significant downward trend on 'Increase the percentage of Education Health Care Plans issued within 20 weeks', from 58.54% to 24.60%.
17. There are more details in the exception reports at Appendix 3 including an exception report included relating to the Residents Survey which was requested by Cabinet at the review of Quarter One performance. There are some without exception reports. This is due to officers in those areas being fully immersed in inspections, the implementation of pay and reward and other major projects.
18. It is also interesting to note two new measures relating to the Corporate Strategy ambition of "Our inclusive, vibrant and sustainable economy supports our communities to thrive". These are to "Increase non-financial support given to BCP-based businesses" and to "Increase in the creation of new business enterprises".
- These replace the measure "Increase the number of jobs created and/or safeguarded through Government and/or external funding", which helped deliver the Corporate Strategy ambition of "Employment is available for everyone and helps create value in our communities". This change is due to the external funding that was driving this measure, ending. The changes ensure performance relating to job creation through entrepreneurship, and business support, continues to be measured, just under a different ambition. This change has been approved by Corporate Strategy Delivery Board at November's meeting.
19. Performance continues to be monitored by services and by the Corporate Strategy Delivery Board to ensure appropriate mitigations are in place and actions being taken.

### **Summary of financial implications**

20. There are no financial implications as this is a performance monitoring report for the corporate strategy. The corporate strategy is an important document to identify and establish project priorities for council budget-setting and contains programmes of work aimed at improving strategic finance, under the Our Approach priority.

### **Summary of legal implications**

21. There are 3 measures that require action in Quarter Two. Any potential risks and mitigations have been and will continue to be assessed by the relevant service area and reviewed by the Corporate Strategy Delivery Board.

### **Summary of human resources implications**

22. One of the key strategies linked to delivery of the corporate strategy - the people and culture strategy - aims to foster a high-performance culture. Through a performance framework, colleagues understand their roles and contribution to BCP Council's vision and ambitions. It includes regular 1:1s, SMART objectives, and annual reviews. Personal objectives are linked to corporate ambitions in the shared vision for Bournemouth, Christchurch and Poole. A dashboard is being developed with ICT to provide council leadership teams with performance insights, enhancing alignment to performance reporting. Additionally, programmes under Our Approach priority aim to positively impact human resources.

### **Summary of sustainability impact**

23. The programmes of work underpinning the Place and Environment priority of the corporate strategy are designed to have a positive impact on sustainability outcomes.

### **Summary of public health implications**

24. The programmes of work underpinning the People and Communities and Our Approach priorities in the corporate strategy are designed to have a positive impact on public health outcomes.

### **Summary of equality implications**

25. The work programmes supporting the corporate strategy aim to positively impact protected groups. Equality impact assessments are conducted for these programmes, particularly under the People and Communities and Our Approach priorities.

### **Summary of risk assessment**

26. There are 3 measures from Quarter Two that require action, and 17 that require monitoring. Potential risks and mitigations are assessed by the relevant service area and are regularly reviewed by Corporate Strategy Delivery Board

### **Background papers**

- [A shared vision for Bournemouth, Christchurch and Poole](#)
- [BCP Council Corporate Performance Dashboard](#)

### **Appendices**

Appendix 1: Quarter Two - Corporate Performance Report – Overview of Q2 Performance

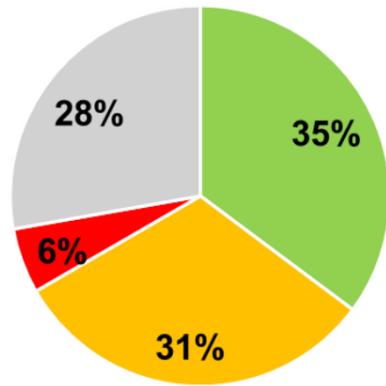
Appendix 2: Positive Exception Reports

Appendix 3: Exception Reports

## Quarter 2 2025-26 - Overview of performance

This report provides an update of quarter two in the 2025/26 year on the progress measures in the council's shared vision for Bournemouth, Christchurch and Poole.

More detail is available in the [performance dashboard](#).

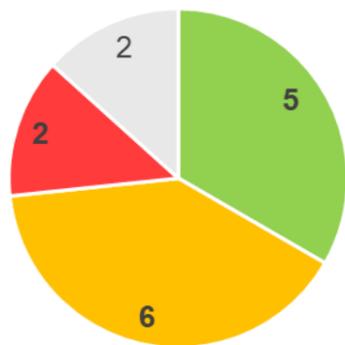


### Q2 Overall

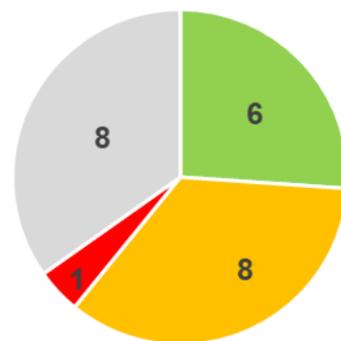
- 19 Measures are on target (green)
- 17 measures require monitoring (amber)
- 3 measure requires action (red)
- 15 measures are pending a RAG rating (grey) mostly due to these being annual or bi-annual measures

Across the three corporate priority areas, this breaks down into:

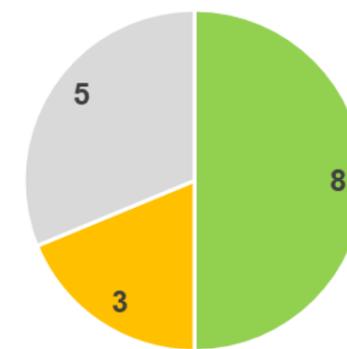
#### Our Place and Environment



#### Our People and Communities



#### Our Approach



More detail about each measure is set out in the following tables.

## Explanation of performance tables

- **Frequency:** How often new data is available
- **High or low figure is better:** Whether good performance is a higher figure or a lower figure.
- **Baseline figure:** A reference point from which the latest progress can be monitored. The time period the baseline data relates to is noted.
- **Target:** The performance level (goal) the council is aiming to achieve. Rationale for target levels are provided in the performance dashboard.
- **Direction of travel & RAG:** This column shows whether performance is improving, declining or remaining at the same level compared to the previous update. This is indicated by a directional arrow.

Whether the Q2 data is on target is shown by the RAG rating:

- **Red:** Performance has not met its target and has reached a level of intervention at which action is required to improve performance.
  - **Amber:** Performance is not on target but has not reached a level at which action is needed. This requires monitoring to ensure performance stays on track.
  - **Green:** Performance has met or exceeded its target.
  - **Pending:** RAG rating not set. This could be because more data is needed to set targets to know if performance is on track, or new data is not yet available, such as with annual or biannual measures.
- **Commentary:** Provides further detail on performance.

# Our Place and Environment

There are currently fifteen measures that sit under the six ambitions of 'Our Place and Environment' priority. Two of these are measured **annually** and two measured **biannually** and are shaded grey unless being reported in Q2, and eleven are measured **quarterly**.

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
<b>People and places are connected by sustainable and modern infrastructure</b>								
PE1A.1	Increase the total number of sustainable passenger trips in the BCP area per year	Quarterly	High	24.85M (June 2025)	27.71M (March 2026)	24.84M (September 2025)	↔	The number of bus passenger trips shows a very slight decline from the previous quarter. The increase in the national fares cap from £2 to £3 is affecting bus patronage and lack of noticeable growth in the national economy is also a factor.
PE1A.2	Increase the number of publicly available Electric Vehicle (EV) charge points	Quarterly	High	220 (June 2025)	240 (September 2025)	265 (September 2025)	↑	The number of council and public electric vehicle (EV) chargers has increased to 265, exceeding the target. Earlier delays were caused by procurement and contract issues, but these have now been resolved and site programming is underway.  The Local Electric Vehicle Infrastructure (LEVI) bid secured 1,100 charging sockets and six rapid charging hubs, with the first hub now set to be operational in early 2026 and more to follow. A homeowner charging gully trial is also starting imminently, supported by £93,000 in grant funding. Despite previous setbacks, these developments provide a strong foundation for delivering EV infrastructure across the area.
<b>Our communities have pride in our streets, neighbourhoods and public spaces</b>								
PE2B.1	Increase the number of Fixed Penalty Notices (FPNs) served for fly tipping and littering offences	Quarterly	High	760 (June 2025)	844 (September 2025)	1.43K (September 2025)	↑	1428 fixed penalty notices issued including: <ul style="list-style-type: none"> <li>• 8 PSPO offences</li> <li>• 17 flytipping</li> <li>• 3 waste duty of care</li> <li>• 1400 litter</li> </ul> The increase in FPNs issued this quarter is due to additional mobile resource to support visitor influx.
PE2D.1	Reduce levels of police recorded antisocial behaviour (ASB)	Quarterly	Low	2,370 (June 2025)	1,775.5 (September 2025)	2,573 (September 2025)	↓	There is a slight rise in anti-social behaviour (ASB) data for the last quarter compared to the same quarter last year. There is joint work currently being done between the Police and BCP Council around writing an ASB strategy and a new strategic ASB group is being formed.
PE2D.2	Increase enforcement outcomes relating to street-based antisocial behaviour (ASB)	Quarterly	High	1,475 (June 2025)	1,926 (September 2025)	1,069 (September 2025)	↓	Street based enforcement stats Q2: Number of CSAS incidents attended: 632 Number of alcohol seizures: 22 Number of dispersals: 344 Early intervention notices: 10 Support referrals:34 Community Protection Warnings (CPW) – 23 Community Protection Notices (CPN) – 1 Anti-Social Behaviour Injunctions (ASBI) – 1

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								Closure – 2 We have seen an overall year-on-year reduction in anti-social behaviour statistically and a quarterly reduction in the new metrics being tracked over the summer period, which bucks the previous years' trends. As such individual engagements and enforcement will be lower.
PE2A.1	Increase the percentage of residents who are satisfied with their local area as a place to live	Biannual	High	75% (March 2025)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.
PE2B.2	Increase residents' satisfaction with street cleaning	Biannual	High	48% (March 2025)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.
<b>Our inclusive, vibrant and sustainable economy supports our communities to thrive</b>								
PE3A.1	Increase the number of businesses in the BCP area	Annual	High	15,495 (December 2024)	15,500 (December 2025)	15,600 (September 2025)	↑	The number of enterprises measure tracks the size of the business stock in the BCP Council area and is Office of National Statistics (ONS) data (UK Business Counts).
PE3B.1	Increase non-financial support given to BCP-based businesses	Quarterly	High	0	475 (March 2026)	280 (September 2025)	↑	The businesses supported is a new measure, agreed at the Corporate Strategy Performance Board on 11 November 2025 and tracks the number of BCP based businesses that are supported. Support includes enquiries received and responded to, and attendance at events.
PE3C.1	Increase in the creation of new business enterprises	Quarterly	High	0	30 (March 2026)	9 (September 2025)	↑	The new enterprises measure is new, agreed at the Corporate Strategy Performance Board on 11 November 2025, and tracks the number of new enterprises (businesses) set up following our UKSPF funded 'Ignite' business start-up courses. There are courses for both BCP residents and BCP based university students.
<b>Revitalised high streets and regenerated key sites create new opportunities</b>								
PE4A.1	Increase footfall across our three town centres	Quarterly	High	21.74M (June 2025)	20M (September 2025)	22.54M (September 25)	↑	As expected, the summer season delivered a strong footfall performance, amounting to 22.5 million visits to Bournemouth, Christchurch, and Poole town centres in Q2, reflecting the area's enduring appeal as a summer destination. This represents a significant improvement compared to the Q1 figures with an additional 2 million visitors. The growth is particularly positive given that town centre footfall has generally faced static or declining trends post-Covid, driven by changing consumer habits, increased online shopping, and economic pressures. Achieving sustained growth in this metric is challenging, making these results a positive indicator of the resilience of BCP's visitor economy.
PE4B.1	Increase the percentage of all major planning applications determined on time	Quarterly	High	88% (June 2025)	80% (September 2025)	69% (September 2025)	↓	Planning application determination data is sourced from central government and provides year-to-date quarterly performance updates. 32 major planning applications were determined in Q2, although throughput and total number of decisions is high in terms of the number of

								decisions issued in time, performance has dipped in Q2. This has been in part due to issuing decisions on a number of older applications where the applicant had been unwilling to agree to an extension of time. Other factors which have influenced this is staff sickness which reduced capacity to handle and determine major planning applications.  This has been highlighted to the planning team and the team managers will be working closely with the senior planning officers to ensure performance increases in Q3.
PE4B.2	Increase the percentage of all non-major planning applications determined on time	Quarterly	High	83% (June 2025)	92% (September 2025)	88% (September 2025)	↑	Performance has increased in Q2 and remains strong in this area. Staff recruited earlier in the year have now had time to establish themselves within the team and the department is seeing the benefits of a period of stability. It is anticipated that performance will continue to improve and meet targets.
<b>Climate change is tackled through sustainable policies and practice</b>								
PE5E.1	Increase the percentage of waste diverted from landfill	Quarterly	High	89.07% (June 2025)	90% (March 2026)	86.25% (September 2025)	↓	A temporary decrease in our landfill diversion rate is due to a decision made by our waste contractors to send residual waste to landfill rather than to Energy from Waste (EfW) facilities. This decision was taken during a period when EfW facilities were undergoing scheduled maintenance resulting in a shortage of available capacity. We will monitor this situation although we believe Q3 & Q4 will show some improvement.
PE 5A.1	Reduce the tonnes of greenhouse gas emissions from our vehicles and buildings (tCO2e).	Annual	Low	12,911 (October 2024)	Carbon Neutral by 2045	13.4% reduction in 2024/25 against annual reduction in 23/24	↑	Progress has been made during 2024/25, showing an overall reduction in emissions by 13.4%, this has been achieved by retrofit investment on the corporate estate, increased purchase of Hydrotreated Vegetable Oil, investment in the electric vehicle fleet and more accuracy in the revised staff travel survey.
<b>Our green spaces flourish and support the wellbeing of both people and nature</b>								
Measures under discussion with Green Space and Conservation team.								

## Our People and Communities

There are twenty three measures that sit under the seven ambitions of 'Our People and Communities' priority. Eight are measured **annually**, twelve are measured **quarterly**, two are **termly** and one is collected **every two years**. Annual/biannual measures are shaded grey unless being reported in Q2.

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
<b>High quality of life for all, where people can be active, healthy and independent</b>								
PC1A.2	Increase the percentage of people with a learning disability living independently in settled accommodation	Quarterly	High	81.2% (June 2025)	80% (March 2026)	79.7% (September 2025)	↓	We have maximised opportunities to de-register residential homes i.e., to support the transition of individuals – particularly those with learning disabilities (LD) or mental

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
								<p>health (MH) needs – into settled, supported accommodation.</p> <p>Commissioning is refocusing on developing appropriate supported accommodation to divert people away from residential care. A Working Age Adult Framework is to be tendered Spring 2025 to maximise procurement opportunities for supported living. Ongoing work with Housing to develop a Strategic Housing Plan to inform specialist housing development. Work continues to address updating the records of people with an unknown accommodation status. Strategic Housing Plan now completed by PPL (Private Public Ltd) and subgroups being set up by Housing to take forward specific developments by primary support groups. Framework due out this year to provide the care and support against each property.</p> <p><b>Supported Housing</b></p> <p>Commissioning is currently working with housing and development to increase specialist accommodation capacity through the specialist housing strategy. We have a development due in March 2026 which will provide 13 MH and 13 LD one bed (2 person) flats. Allowing us to nominate either for one person or couples.</p> <p>We are also working through a consultation pre planning on another development that will provide an additional 12 one bed flats for LD. Planning to go in 2026.</p>
PC1A.3	Increase the percentage of people with a mental health issue living independently in settled accommodation	Quarterly	High	70.8% (June 2025)	70% (September 2025)	70% (September 2025)	↔	<p>We have maximised opportunities to de-register residential homes i.e., to support the transition of individuals – particularly those with learning disabilities (LD) or mental health (MH) needs – into settled, supported accommodation.</p> <p>Commissioning is refocusing on developing appropriate supported accommodation to divert people away from residential care. A Working Age Adult Framework to be tendered in Spring 2025 to maximise procurement opportunities for supported living. Ongoing work with Housing to develop to a Strategic Housing Plan to inform specialist housing development. Work continues to address updating the records of people with an unknown accommodation status. Strategic Housing Plan now completed by PPL (Private Public Ltd) and subgroups being set up by Housing to take forward specific developments by primary support groups. Framework due out this year to provide the care and support against each property.</p> <p><b>Supported Housing.</b></p> <p>Commissioning is currently working with housing and development to increase specialist accommodation capacity through the specialist housing strategy. We have a development due to come online March 2026 which will</p>

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
								provide 13 MH and 13 LD one bed (2 person) flats. Allowing us to nominate either for one person or couples. We are also working through a consultation pre planning on another development that will provide an additional 12 one bed flats for LD. Planning to go in 2026.
PC1B.1	Increase the number of registrations from people in the most deprived areas accessing health and wellbeing support (LiveWell Dorset)	Quarterly	High	257 (June 2025)	267 (September 2025)	222 (September 2025)	↓	The service continues to reach clients living in our most deprived neighbourhoods. Registration numbers are below that of Q2 2024/25, however the proportion reached – 30% – is higher than Q2 2024/25 and is above our 25% target of registrations from clients living in our most deprived neighbourhoods. Q2 2024/25 had a greater number of registrations which has set a higher target for this quarter. Reasons for a reduction in registration numbers includes the loss of the ability to direct targeted marketing and communication campaigns via social media, the loss of the Public Health Dorset website and the organisation's social media account no longer being used. To resolve this, a number of campaigns are planned through targeted marketing and alternative social media advertising. LiveWell Dorset has changed the basis on which the indicator is constructed, now looking at the 20% most deprived neighbourhoods locally when previously it was looking at the 20% most deprived neighbourhoods nationally, which increases the target audience quite significantly.
PC1A.4	Increase the percentage of Adult Social Care users who are satisfied with the care and support they receive	Annual	High	59% (March 2025)	62% (December 2025)	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new information is available. New information should be available in March 2026.
PC1A.1	Increase the percentage of residents who have a good satisfaction with life	Annual	High	70% (March 2025)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.
PC1C.1	Increase the percentage of physically active adults	Annual	High	71.50% (June 2025)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. When new national averages are released, we will be able to set our target.
PC1C.2	Increase the percentage of physically active children and young people	Annual	High	61% (March 2025)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. When new national averages are released, we will be able to set our target.
PC1A.5	Increase the percentage of carers who are satisfied with the care and support they receive	Biannual	High	36% (March 2024)	38% (March 2026)	-		This is a biannual measure not reported at Q2 so it has been marked as 'pending' until new data is available. New data should be available in spring 2026.
<b>Working together, everyone feels safe and secure</b>								

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Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
PC2A.1	Reduce levels of police recorded serious violent crime	Quarterly	Low	333 (June 2025)	313 (September 2025)	363 (September 2025)	↓	The figures were slightly higher in July than last year (137 to 122) but almost identical figures for August and September. The highest volume of serious violence is still sexual violence, and some work is being done to monitor public place sexual violence in a more comprehensive manner. The partnership structure for managing serious violence is changing also with a new Serious Violence Multi-Agency action group being formed with a police officer leading which is a change from our current serious violence delivery group structure.
PC2B.1	Increase the percentage of residents who feel safe in their local area during the day	Annual	High	87% (March 2025)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.
PC2B.2	Increase the percentage of residents who feel safe in their local area after dark	Annual	High	54% (March 2025)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.
<b>Those who need support receive it when and where they need it</b>								
132 PC3C.1	Increase the number of individuals entering drug treatment	Quarterly	High	3,195 (March 2025)	3,127 (June 2025)	3,156 (June 2025)	↓	Q2 actual figures will not be available until end of November (the verified data via central government is about 8 – 12 weeks after the end of the quarter). Drugs activity can only be reported via verified data which is in the public domain  Due to the government time lag in finalising publicly available figures, quarterly reporting for this measure will be one quarter behind. Since verification, we can now report that the actual Q1 figure is 3,156 adults in treatment. Q2 figures will be reported in full at Q3 and will be updated as soon as available on the live Corporate Performance dashboard.
PC3A.1	Increase the percentage of Education Health Care Plans issued within 20 weeks	Quarterly	High	58.54% (June 2025)	70% (September 2025)	24.60% (September 2025)	↓	Since September 2024, we have been unable to resource the Educational Psychology (EP) team sufficiently to keep up with the number of requests for Education Health and Care Needs Assessments and Plans. BCP are showing an increase in the rate of Initial Requests per 10,000 population (0-25) between 2020 and 2024 with a rate of 105.7 in 2024 compared to 41.3 in 2020. BCP are above all the comparators in 2024 (Eng 88.1, SW 95.9 and SN 93.4).  In 2024 our 20-week timeliness improved as a result of a cash injection to resource the EPS at the level which was required for them to meet the demand for EP assessments. Once this resource was spent, it has contributed to, but is not wholly accountable for, the extended timescales seen with the 20-week process more recently. From August 2025 the EP Team are prioritising assessments for children based on vulnerability factors

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
								weighed against enough new requests to enable the ECHP process to be completed in line with national average performance. The notable dip in performance in Q2 may be attributed in part to previous prioritisation of EP assessments which focussed only on a child's vulnerability factors. There were also some delays with BSO functions which are now resolved. Another factor is historic turbulence in staff turnover at EHCCO level which is now stabilising.
PC3B.1	Reduce the attainment gap and improve learning outcomes for children and young people in receipt of free school meals	Annual	Low	50.1 (Sept 2024)	35 (March 2026)	50.60 (September 2025)	↔	Provisional data collected locally is provided, national data will be published in the Autumn term, and the measure will be updated accordingly when available. BCP Council schools are significantly above national, regional and SN benchmarks from the previous year. However, we are unable to provide a direct comparison until the 2024/25 national benchmarking data is released by the Department for Education. There is a slight improvement on the previous year, based on the BCP Council provisional data.
PC3D.1	Ensure that the timeliness of assessments to determine the child's needs is conducive with offering the right service at the right time to children, young people and their families	Quarterly	High	95% (June 2025)	85% (March 2026)	96% (September 2025)	↑	This performance is significantly above national benchmarks (85%) and has remained consistently higher than all comparator authorities for an incredible eight consecutive quarters. Such positive performance is a direct reflection of the commitment of staff to children and families, and the clear processes in place to ensure consistency and timely assessments.
<b>Good quality homes are accessible, sustainable and affordable for all</b>								
PC4B.1	Reduce the number of homeless households in bed and breakfast	Quarterly	Low	44 (June 2025)	40 (September 2025)	65 (September 2025)	↓	Households in bed & breakfast have increased in the past quarter, with the Housing service experiencing the highest level of demand during this period in the past 5 years. Homelessness demand has increased by 9% over the past year, with more recent drivers coming from no-fault evictions from the private rented sector. The impact of the future legislative changes in this market are forecast to continue to have a homelessness impact. Additional central Government grant resources will be focused on supporting the homelessness prevention agenda, with targeted interventions supporting household most likely to be at risk.
PC4A.1	Reduce the number of people rough sleeping	Quarterly	Low	49 (June 2025)	50 (September 2025)	66 (September 2025)	↓	The overall prevalence of rough sleeping continues to show reductions from the same period last year with an 11% reduction. Whilst seasonality continues to influence the total count, the profile of those rough sleeping has seen a marked change. There are 75% fewer people rough sleeping long term. Those new to rough sleeping are only seen a few times before they are helped into alternative accommodation, meaning that people are staying on the street for a shorter time. There are fewer people on the street now who are long term rough sleepers due to a concentrated effort by the council and

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
								partners to find them the homes and support they need to prevent the risk of returning to the street.
PC4C.1	Increase the number of both completed new affordable and social rented homes	Quarterly	High	0 (June 2025)	100 (March 2026)	2 (September 2025)	↑	100 homes completed by end of March 2026 on target. 2 new homes completed this quarter at Craigmoor Avenue. 7 new homes at Grants Close, Bournemouth and High Street Christchurch due for completion in November 2025. Further build completions expected at Hillbourne and Templeman House in early 2026. 152 affordable homes currently under construction.
<b>Local communities shape the services that matter to them</b>								
PC5A.1	Increase the percentage of residents who feel they can influence decisions affecting their local area	Annual	High	30% (March 2025)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.
<b>Employment is available for everyone and helps create value in our communities</b>								
PC6A.2	Increase the uptake of supported employment for those with learning disabilities	Quarterly	High	4.6% (June 2025)	4.5% (March 2026)	4.7% (September 2025)	↑	<p>The Supported Employment Review has been agreed as one of the six priorities of the co-produced Day Opportunities Strategy. Our Fulfilled Lives, strengths-based approach in Adult Social Care ensures that employment is explored with those people who are able to work. Dorset Work Matters is a joint project between Dorset HealthCare and Dorset Mental Health Forum and helps people who are accessing mental health services to find paid employment. Employment specialists have been working with people to reconnect them with their passions, interests, and skills, and use this as a focus for them to find employment. The employment specialists are skilled at working with employers to negotiate personalised reasonable adjustments and to ensure that the right support is in place to sustain work.</p> <p>The individual placement support workers have received an expansion in their funding over the next 5 years. The funding will include an extra 5 Individual Placement and Support (IPS) workers and a new team lead.</p>
PC6A.3	Increase the uptake of supported employment for those with mental health issues	Quarterly	High	2.6% (June 2025)	2.6% (March 2026)	2.4% (September 2025)	↓	<p>The Supported Employment Review has been agreed as one of the six priorities of the co-produced Day Opportunities Strategy. Our Fulfilled Lives, strengths-based approach in Adult Social Care ensures that employment is explored with those people who are able to work. Dorset Work Matters is a joint project between Dorset HealthCare and Dorset Mental Health Forum and helps people who are accessing mental health services to find paid employment. Employment specialists have been working with people to reconnect them with their passions, interests, and skills, and use this as a focus for them to find employment. The employment specialists are skilled at working with employers to negotiate personalised</p>

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Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
								reasonable adjustments and to ensure that the right support is in place to sustain work. The individual placement support workers have received an expansion in their funding over the next 5-years. The funding will include an extra 5 Individual Placement and Support (IPS) workers and a new team lead.
<b>Skills are continually developed, and people can access lifelong learning</b>								
135 PC7B.1	Reduce the number of primary school aged children excluded from school	Termly	Low	0.012% (March 2025)	0.01% (March 2026)	0.012% (September 2025)	↔	<p>Data from Summer 2025 is currently latest available, showing 0.012%, which is in line with national averages and equivalent to 3 permanent exclusions, the same as the Spring term.</p> <p>It should be noted that the low number of children that are excluded from primary school can result in this indicator fluctuating greatly when in reality the number of children does not significantly change.</p> <p>Analysis of primary aged children excluded in the 2024/25 academic year highlighted that:</p> <ul style="list-style-type: none"> <li>- 92% (11 of 12) children either had an EHC Plan or were in the process of being assessed for one.</li> <li>- 92% (11 of 12) children were open to or had been referred to Children's Social Care or Targeted Family Support Services, however, only 38% of those referred accepted the offer of support.</li> </ul> <p>This demonstrates that children with additional support needs are more likely to be excluded and suggests that sufficiency issues and current challenges assessing the needs of children with special educational needs may be a factor in the increase of primary aged children being excluded.</p> <p>The following actions have been taken to address the rise in primary aged children being excluded.</p> <ul style="list-style-type: none"> <li>- Additional funding has been secured to commission The Difference, a nationally respected organisation that has successfully supported schools and Local Authorities to reduce exclusions, to work with our schools to develop inclusive practice that will reduce exclusions.</li> <li>- A three-tier alternative provision model, that focuses on early intervention and preventing exclusion is being co-designed with schools and other stakeholders.</li> <li>- An Alternative Provision Panel at which schools can request additional resources to support children that are at risk of exclusion has been established.</li> </ul>
PC7B.2	Reduce the number of secondary school aged children excluded from school	Termly	Low	0.137% (March 2025)	0.082% (March 2026)	0.067% (September 2025)	↑	<p>Data from the Summer 2025 is currently latest available, showing 0.067%, equivalent to 7 permanent exclusions, a decrease from 0.137% (35 permanent exclusions) in the Spring term.</p> <p>Although this indicator suggests improvement, data for the full academic year 2024/25 would indicate the BCP rate of</p>

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
								<p>exclusion from secondary schools continue to remain high and significantly above the national average. 53% of exclusions in 2024/25 were of children with identified special education needs. There was a 48% increase between 2023/24 and 2044/25 of the number of children being excluded for drug and alcohol-related issues.</p> <p>The following actions have been taken to prevent children from being excluded.</p> <ul style="list-style-type: none"> <li>- We have commissioned 50 places for school leaders on 'The Difference's' Inclusion Leadership Programme. The Difference are a national education charity, which works with MATs and LAs to reduce lost learning.</li> <li>- A three-tier alternative provision model, that focuses on early intervention and preventing exclusion is being co-designed with schools and other stakeholders.</li> <li>- An Alternative Provision Panel at which schools can request additional resources to support children that are at risk of exclusion has been established.</li> </ul>

## Our Approach

There are sixteen measures that sit under the seven principles of 'Our Approach' priority. Six are measured **annually** and are shaded grey unless being reported in Q2 and ten are measured **quarterly**.

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
<b>Working closely with partners, removing barriers and empowering others</b>								
A1A.1	Increase the number of assets transferred to communities	Annual	High	1 (March 2025)	6 (March 2026)	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. New data should be available in March 2026.
<b>Providing accessible and inclusive services, showing care in our approach</b>								
A2B.1	Raise the proportion of interactions that come from online platforms	Quarterly	High	71% (June 2025)	85% (March 2026)	78% (September 2025)	↑	Now that the new Dynamics platform is in place with improved functionality to support the roll out of self-serve options, the aim is to actively channel shift activity away from phone lines and on to self-serve options. A programme is being put together to deliver these changes. This will form part of the Customer Strategy refresh, which is currently being scoped now that the transformation programme has delivered the technological advances to the underlying systems. A deep dive is taking place into all aspects of the contact centre, a proportion of which will focus on increasing self-service.
A2A.1	Increase the proportion of people who use care services who find it easy to find information about services	Annual	High	68% (March 2025)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. New data and a new target should be available in March 2026.
A2A.2	Increase levels of trust in the council	Annual	High	48% (March 2025)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.
<b>Using data, insights and feedback to shape services and solutions</b>								
A3B.1	Increase satisfaction with the way the council runs things	Annual	High	41% (December 2023)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.
A3A.1	Reduce percentage of upheld Ombudsman complaints per 100,000 of the population	Quarterly	Low	0.25% (March 2025)	0.25% (September 2025)	0.21% (September 2025)	↑	During the last quarter the Ombudsman made 16 decisions relating to BCP complaints. Of these, 15 were not upheld, leaving one case which was upheld. This equals the same number that was upheld in the previous quarter meaning performance has not changed. The low number of upheld complaints reflects improved complaint handling at stage 1, and the commitment to a more centralised approach to complaints training
<b>Intervening as early as possible to improve outcomes</b>								

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
A4A.1	Decrease the percentage of Children and Young People returning to Early Help (targeted support) within 12 months	Quarterly	Low	13% (June 2025)	15% (March 2026)	10% (September 2025)	↑	The most common closure reasons preceding re-referral in Q2 were the Level 1 and Level 4, which suggests that both early closure and escalating needs are key drivers of re-referral, which has remained consistently low. The focus remains on the wider Early Help network to continue to provide intervention, therefore Level 1 closures may indicate that some children's needs were underestimated or support ended too soon/ was not effective, while Level 4 step-ups reflect children and families whose needs intensified needing a higher level of support/ intervention. We are strong performers in this area indicating that our level 3 support works well and meets the needs of most families.
<b>Developing a passionate, proud, valued and diverse workforce</b>								
A5B.2	Increase the percentage of equality monitoring data collected from staff	Quarterly	High	64.49% (June 2025)	70% (September 2025)	65.56% (September 2025)	↑	Slight increase in overall completion rates.  People and culture have now devised a way to import Equality, Diversity and Inclusion (EDI) information captured on the Recruitment System to Dynamics F&O which should ensure no data provided by colleagues is missed going forward. Director of People and Culture to emphasise to DSG members the importance of encouraging colleagues within their service to complete their EDI data.  Overall completion rate: 65.56%  Disability completion rate: 76.75% of colleagues have provided this data Ethnicity completion rate: 76.54% of colleagues have provided this data Marriage/Civil Partnership completion rate: 50.23% of colleagues have provided this data Gender Identity completion rate: 51.25% of colleagues have provided this data Religion completion rate: 69.16% of colleagues have provided this data Sexual Orientation completion rate: 69.43% of colleagues have provided this data
A5C.1	Increase the number of successful candidates from underrepresented groups for council jobs	Quarterly	High	4.8% (June 2025)	6% (September 2025)	3.92% (September 2025)	↓	Out of the 3,897 applicants who responded this quarter, 11.03 % declared a disability (430 applicants). Out of those applicants successful in the recruitment process, the % of candidates declaring a disability is 14.95 % (16 applicants). The differential between overall applicants and successful candidates for this underrepresented group remains a positive figure for the last quarter.
A5B.1	Increase levels of employee engagement	Annual	High	60% (March 2024)	62% (September 2025)	63% (September 2025)	↑	Employee engagement continues to trend upward, exceeding our target for 2025. Starting from a baseline of 60% in 2024, we set an ambitious goal of 62% and achieved 63%, reflecting a sustained improvement in engagement levels across the organisation. This progress is thanks to the hard work of services across the Council, which have focused on improving engagement. Individual data shows

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Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q2 Data	Direction of travel & RAG	Commentary
								significant improvement, largely attributed to the rollout of the new Performance Framework and the associated impact of creating dedicated time for discussions around Learning and Development opportunities. In addition, the certainty and successful delivery of the Pay and Reward Programme is believed to have played a vital role in contributing to this increase, reinforcing confidence and fairness across the workforce.
<b>Creating an environment for innovation, learning and leadership</b>								
A6B.1	Increase the number of current council employees supported to undertake apprenticeships	Quarterly	High	123 (June 2025)	126 (September 2025)	126 (September 2025)	↑	In the last quarter, 11 existing colleagues successfully completed their apprenticeships and 4 withdrew from their programmes, which accounts for the slightly lower increase to normal, although we remain on target.
A6B.2	Increase the number of newly recruited colleagues into apprenticeship posts	Quarterly	High	39 (June 2025)	40 (September 2025)	39 (September 2025)	↔	The number of apprentices employed since the last reporting period has not changed and remains on target.
<b>Using our resources sustainably to support our ambitions</b>								
A7A.2	Increase the percentage of successful grant applications	Quarterly	High	100% (June 2025)	92% (September 2025)	99.64% (September 2025)	↔	Total of 6 bids, all successful. £95,000 awarded by Environment Agency for Debris Screen Health and Safety Works. £6,222,000 awarded by Environment Agency for Poole Bridge to Hunger Hill Flood Defences. £1,501,000 awarded by Arts Council England for Museum Estate and Development Fund. £73,000 awarded by Veolia for Queens Park Play Area. £376,000 awarded by Arts Council England for Poole Museum. £93,000 awarded by DEFRA for King Charles III England Coast Path.
A7A.3	Increase the percentage of business rates collected	Quarterly	High	31.65% (June 2025)	49% (September 2025)	57.04% (September 2025)	↑	This remains on target.
A7A.4	Increase the percentage of council tax collected	Quarterly	High	27.25% (June 2025)	49% (September 2025)	52.9% (September 2025)	↑	The % collected at the end of quarter 2 is slightly less than last year, but in excess of any intervention level.
A7A.1	Increase the percentage of residents who think the council provides value for money	Annual	High	33% (March 2025)	-	-		This is an annual measure not reported at Q2 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.

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### Positive Exception Performance Report:

Please use this report to highlight outstanding performance during the last quarter, the factors that drove the good performance, and the reason it is important. This report will make up part of the overall corporate performance report presented to Cabinet.

#### Indicator Description (taken from performance scorecard):

***Increase the number of publicly available Electric Vehicle (EV) charge points***

**2025/26 Q2 outturn: 265**

**Quarterly Target: 240**

#### Reason for level of performance (what drove success?):

The number of available Council and public Electric Vehicle (EV) chargers has increased to 265 in the latest Government figures. As soon as we commence the Local Electric Vehicle Infrastructure Work, which is imminent, we will exceed targets.

It took longer than expected to meet the target this quarter as procurement took much longer than expected due to staffing issues at the time. The procurement of local electric vehicle infrastructure grant (LEVI) was delayed and although we have made the award three months late, we still needed to iron out the contract amendments between both parties. The programming of sites ready for delivering is on-going.

The outcome of the local electric vehicle infrastructure grant (LEVI) bid was excellent news for BCP Council moving forward, we had set a minimum of 750 7kw charging sockets and the winning bidder Connected kerb came in at 1100 charging sockets, 550 dual charger bollards for streets without off-street parking.

The six charging hubs have been delayed due to the supplier, the first of these was finalised last week (Littledown) with more hubs following very soon. These will be multiple rapid charging locations with their own substation (when required) including Seldown which will power the two new electric buses arriving at the end of this financial year for route one.

The homeowner chargers that will be installed through the charging gully programme trial is about to commence, this was held up by waiting for the grant funding that we now have of £93,000, awarded last Thursday 30<sup>th</sup> Oct. We can use £1,200 towards each installation. We are starting with a ten-gully trial, which we hope to expand out after an agreed timescale. After all the various delays, we now have a great foundation to deliver on all fronts.

**Completed by: Martin Jolly**

**Date: 13<sup>th</sup> November 2025**

**Service Unit Head approval: John McVey**

**Date: 13<sup>th</sup> November 2025**

## Exceptional Performance Report

Please use this report to explain the reasons for performance meeting or exceeding target, what was achieved, why did it happen, and what the next steps are/could be. This report will make up part of the overall corporate performance report presented to Cabinet.

### Indicator Description (taken from performance scorecard):

***Increase the number of Fixed Penalty Notice's served for fly tipping and littering offences***

2025/26 Q2 outturn: 1428

Quarterly Target: 844

### Reason for level of performance:

The summer months see an increase in visitor numbers and anecdotal concerns regarding litter in key locations such as beaches and open spaces. As such, Public Protection and Wise Ltd work together to ensure maximum resourcing in Q2 to ensure litter enforcement was robust. This year WISE Ltd also supported enforcement of the Coastal Public Spaces Protection Order for issues such as urination and fires.

### Actions/Next steps:

Public Protection and Wise Ltd will continue to monitor footfall trends to ensure robust enforcement of environmental crime. There is also a communications campaign in progress to educate around the impact and enforcement in relation to flytipping

### Learnings to share:

Planned resourcing that is scaled up based on predicted demand

Completed by: Sophie Sajic

Date: 19/11/25

## Exceptional Performance Report

Please use this report to explain the reasons for performance meeting or exceeding target, what was achieved, why did it happen, and what the next steps are/could be. This report will make up part of the overall corporate performance report presented to Cabinet.

### Indicator Description (taken from performance scorecard):

***Increase footfall across our three town centres***

2025/26 Q2 outturn: 22.54m

Quarterly Target: 18m

**Reason for level of performance:**

The summer season has delivered a strong footfall performance across Bournemouth, Christchurch, and Poole, reflecting the area's appeal as a summer destination. Quarterly figures show significant improvement in what is typically a challenging metric.

This success is underpinned by targeted interventions from the Economic Development team, including:

- Strategic Support: Continued backing for the four Business Improvement Districts (BIDs) and proactive engagement with key stakeholders such as Legal & General, Savills, and a broad network of independent businesses.
- Branding Initiatives: The "Support Local" campaign has reinforced town centre identity and demonstrated the Council's commitment to local businesses.
- Events and Community Empowerment: By supporting third-party events and enabling communities to develop their own, the Events team has fostered a sense of ownership and vibrancy. Groups such as Powerhouse, Poole Quay Events Forum, and Christchurch Chamber are advancing plans with Council support.

These combined efforts have strengthened town centre resilience and contributed to a positive visitor experience.

**Actions/Next steps:**

Sustaining strong footfall across Bournemouth, Christchurch, and Poole during the festive season while mitigating weather-related risks is a big focus and concern but key interventions have been put in place to help with mitigation.

**Festive Activities**

- The launch and promotion of Christmas lights in all three town centres to attract visitors
- Supporting seasonal events to create a festive atmosphere and increase dwell time

**Events**

- Collaboration with community groups and BIDs to curate festive events
- Ensure event calendars are widely promoted across Council channels and partner networks

**Small Business Saturday (6<sup>th</sup> Dec)**

- Delivery of a public-facing campaign highlighting local businesses and asking the public to identify their favourite shops and local experiences
- Provide further 'Support Local' stickers to amplify reach

**Learnings to share:**

Working together works - Partnering with BIDs, local businesses, and community groups makes events and interventions stronger and more successful

Consistent messaging helps - The "Support Local" campaign showed that clear, joined-up marketing brings more awareness to town and district centres

Events bring people in - Seasonal events are key for footfall. Planning early and promoting well makes a big difference

Data helps us react quickly - Tracking footfall means we can change plans and target marketing if needed

Weather matters - Bad weather can reduce footfall, good weather helps us as a conurbation. Having consistent online messaging helps keep people engaged

**Completed by: Hannah Porter**

**Date: 13.11.25**

## Positive Exception Performance Report:

Please use this report to highlight outstanding performance during the last quarter, the factors that drove the good performance, and the reason it is important. This report will make up part of the overall corporate performance report presented to Cabinet.

### Indicator Description (taken from performance scorecard):

***Ensure that the timeliness of assessments to determine the child's needs is conducive with offering the right service at the right time to children, young people, and their families.***

<b>2024/25 Q4 outturn:</b> 94%	<b>2025/26 Q1 outturn:</b> 96%	<b>2025/26 Q1 target:</b> 85%
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### Reason for level of performance (what drove success?):

The dedication and professionalism of our social work teams continue to shine through in our assessment timeliness, with an outstanding 96% of assessments completed within the statutory 45 working day timeframe. This performance is not only significantly above national benchmarks (85%) it has remained consistently higher than all comparator authorities for an incredible seven consecutive quarters. Such sustained excellence is a direct reflection of an unwavering commitment to children and families, and an ability to deliver timely, high-quality interventions even in the face of complex and demanding caseloads.

Quarter 1 has seen further improvement, with the average time to complete assessments reduced to just 21 working days—two days faster than the previous quarter and four days quicker than the same period last year. This remarkable progress is a testament to the relentless focus on efficiency and the ability to adapt and refine practice to meet the needs of the community. It speaks volumes about the skill, energy, and determination of our social work teams, who continue to go above and beyond to ensure that every child receives the support they need without delay.

Most impressively, 59% of assessments were completed within 20 working days—an extraordinary achievement that places us 28.8 percentage points above the national average of 30.2%. This result is not just a number; it represents the real impact of teams that are deeply committed to safeguarding and early intervention. Their hard work, resilience, and passion for making a difference are driving transformative outcomes for children and families across the directorate. We are immensely proud of their achievements and grateful for their continued excellence.

### Reason for significance:

These improvements in assessment timeliness are profoundly important to the children and families in Bournemouth, Christchurch, and Poole (BCP), as they directly impact the speed and quality of support provided during critical moments in their lives. When assessments are completed quickly and efficiently, it means that children experiencing vulnerability or risk are identified sooner, and the right interventions can be put in place without delay. This can be life-changing—ensuring safety, stability, and access to services that promote wellbeing and development.

**Completed by: Nigel Burton**

**Date: 10/09/2025**

## Exceptional Performance Report

Please use this report to explain the reasons for performance meeting or exceeding target, what was achieved, why did it happen, and what the next steps are/could be. This report will make up part of the overall corporate performance report presented to Cabinet.

**Indicator Description (taken from performance scorecard): *Decrease the percentage of Children and Young People returning to Early Help (targeted support) within 12 months***

**2025/26 Q2 outturn:** 10%

**Quarterly Target:** 15%

### **Reason for level of performance:**

The Early Help and Targeted Intervention Service (EH&TIS) place resilience and empowerment at the heart of their work with families. This can be evidenced in the robust performance shown against the percentage of children and young people being re-referred into BCP Early Help Services. We can see from the data that the majority of re-referrals in Q2 are families that are returning for support at least 2 years after their initial referral, with some coming back 3 and 4 years later. This indicates that the reasons for re-presentation are likely to be novel ones rather than a repetition of prior support needs which would be expected, given the fluctuating needs of some families, however 10% re-referrals is testament to the majority of families being supported to build resilience, strong networks and that have learnt the extent of their own capability.

It is also worth noting the improvement in performance between Q1 and Q2, where re-referral rates have dropped by 4percentage points from 14% in Q1 to 10% in Q2. This is further evidence of the ability of the EH&TIS to maintain performance over time in an area that evidences sustainable change for the families we work with.

There are several contributory factors to the consistent performance of EH&TIS against the decrease in % of children and young people returning to EH&TIS within 12 months:

The right help at the right time:

EH have strong processes in relation to their practice standards and graduated response. This allows sound decisions to be reached in relation to threshold, ensuring that families are receiving the correct service for their needs, with minimal points of handover or duplication. Once families are allocated to a lead professional, Early Help Support Workers (EHSW) build discussions on closure in from the very start of the work, ensuring that families have the opportunity to share what success looks like for them and can then work with us to not only reach their goals, but to develop the resilience to achieve the same result without our support.

Strong holistic assessment and planning:

EHSW's work with families to create robust assessments with the child's voice at the centre. Significant effort is put into assessing and analysing family strengths and needs, supporting families to create a plan that involves a network that can be utilised when things become difficult. Families own their assessment and are an integral part of planning and family network meetings. Putting families at the heart of this work ensures that they are invested in their own outcomes and contributes to a lower level of re-referrals.

A passionate workforce:

EHSW's and their management teams are passionate about what they do. There has been significant change within the area of Early Help, with staff teams being reconfigured, new skills being required and new processes to adjust to. Teams have successfully compartmentalised and, in doing so, have ensured

that the tide of change has not affected the high quality and level of service that families receive. EHSW's are passionate advocates of families' autonomy and of their strengths. They ensure their voices are heard and that they have the support that they need around them to truly thrive. When families know that they are capable, they are less likely to experience learned helplessness and require services in the future.

**Strong Partnerships:**

Our EH Strategy focuses on the power of networks, both within families and as professionals. We work with families to build their personal networks of professionals, community, friends and family but we also know the power of our EH Partnership network and where families might benefit from services outside of the EH&TIS. Our Early Help Advice Point is able to effectively triage families being referred into services, whether for the first time or subsequently, and to ensure that they are signposted to the correct service to best meet their needs. These conversations are based upon the families' wishes and feelings and, again, are built on the premise that where a family feels they have choice and are autonomous, they are more likely to engage and have successful outcomes.

**Actions/Next steps:**

These improvements in re-referral numbers are profoundly important to the children and families in BCP, as they reflect that families are receiving the right support at the right time. When re-referral rates are low, we know that families that previously sought support have built resilience and autonomy, that they are advocating for themselves and finding their own solutions without the need for intervention from professionals. This is our goal for all our families, and we will work towards continual improvement in this area to ensure the best outcomes for our families.

**Learnings to share:**

The re-referral numbers are very low and have remained consistently so. The most common closure reasons preceding re-referral in Q2 were closure to Universal services at Level 1 and escalation to services at statutory Level 4. There is not enough data to indicate a trend and further analysis of data over a longer period would be required to assess whether early closure and escalating needs were the drivers of re-referral. It is also worth noting that across our system, we would expect some families to experience challenges beyond the scope of EH that require statutory intervention. Equally, we would expect a number of families to experience some issues 'going it alone' as this is a big step. A pattern in either would be concerning but, at this point and with the data we have, there is no pattern that indicates that there is an issue with the timeliness of closure or a lack of impactful work being delivered.

We will monitor the trends to ensure that any patterns are identified and analysed at the earliest opportunity.

Completed by: **Nina Wilson – Service Manager**

**Date: 13/11/2025**

Service Unit Head approval with date:

**Nigel Burton - Head of Service for MASH, Assessment and Out of Hours Teams**

**Date 13/11/2025**

## Exception Performance Report

Please use this report to explain the reasons for performance not meeting target, the risks this presents in each of the sections and the actions and intervention planned or in place to improve performance and mitigate the risks identified.

This report will make up part of the overall corporate performance report presented to Cabinet.

### Indicator Description (taken from performance scorecard):

**Increase the percentage of all major planning applications determined on time**

**2025/26 Q2 outturn: 69%**

**Quarterly Target: 80%**

### Reason for level of performance:

Planning application determination data is sourced from central government and provides year-to-date quarterly performance updates. 20 major planning applications were determined in Q2, although throughput and total number of decisions is high in terms of the number of decisions issued in time Performance has dipped in Q2. Factors which have influenced this include:

Determining a number of older applications – We have been issuing a number of older applications where the applicant had been unwilling to agree to an extension of time

Staff sickness at the senior planner level – This has reduced capacity to handle and determine major planning applications. We have some officers on long term sick leave, and it has been necessary to re-allocate their case load. This puts pressure on exiting staff and applicants are often unwilling to agree to extensions of time if the application has already gone beyond the decision date.

Biodiversity Net Gain (BNG) – This has been a source of delay for a number of major planning applications, due to the complexity of the matter and the limited resource to provide detailed feedback on BNG (There are only 2 ecologists at the Council). Due to the time it has taken to agree a suitable solution some applicants lost patience and did not agree an extension of time.

Delays in consultee responses – This often leads to applications going beyond the decision date and a number of agents are often unwilling to agree extensions of time in these situations as they are unhappy with the length of time it is taken the consultee to respond.

Reduction in Agency Staff – We have been gradually reducing the number of agency staff which has impacted on our capacity at senior planner level. This results in higher caseloads for the existing staff putting more pressure on them to deliver.

Committee overturns – Some applications were overturned at committee and the time it took to agree reasons for refusal went over the agreed extension of time. Applicants were unwilling to agree a further EOT as app was now being refused.

### Summary of financial implications:

Increased risk of being placed on special measures if government performance targets are not met.

Increased risk of planning fees having to be refunded if the government's planning guarantee is not met.

### Summary of legal implications:

Increased potential for number of appeals due to higher number of refused planning applications

<b>Summary of human resources implications:</b>
Increased/ high workloads for existing staff, could affect staff moral leading to staff looking elsewhere for a job. High workloads could result in increased levels of stress for the team and possible staff sickness
<b>Summary of sustainability impact:</b>
No Impact
<b>Summary of public health implications:</b>
No Impact
<b>Summary of equality implications:</b>
No Impact
<b>Actions taken or planned to improve performance:</b>
<p>Staff training on BNG so they are less reliant on seeking advice from the ecologist thereby reducing delays in the consultee process.</p> <p>New protocol being put into place with regards to procedure for seeking an extension of time to a planning application. Case officer to review an application no later than 6 weeks after receipt, if it looks likely that it will not be possible to determine in time then to seek an EOT at that point. Should an agent decline then to determine the application within the timeframe.</p> <p>A new policy on accepting amended plans has recently been adopted. This sets out a clear procedure for when we will accept amended plans or not. This will enable the case officer to have a clear framework for assessing and determining the planning application. This includes refusing applications which are unacceptable rather than seeking to negotiate a solution which often elongates the process unnecessarily and leading to applications being determined past the decision date.</p> <p>New report templates have been developed to streamline the report writing process and help reduce time spent by case officers writing reports allowing them to focus on issuing decisions.</p>
<p><b>Completed by: Jon Bishop</b>  <b>Date: 05/11/2025</b></p>
<b>Service Unit Head approval with date:</b>

## Exception Performance Report

Please use this report to explain the reasons for performance not meeting target, the risks this presents in each of the sections and the actions and intervention planned or in place to improve performance and mitigate the risks identified.

This report will make up part of the overall corporate performance report presented to Cabinet.

**Indicator Description (taken from performance scorecard):**

Increase the percentage of waste diverted from landfill

**2025/26 Q2 outturn:** 86.25%

**Quarterly Target:** 90%

**Reason for level of performance:**

A temporary decrease in our landfill diversion rate is due to a decision made by our waste contractors to send residual waste to landfill rather than to Energy from Waste (EfW) facilities. This decision was part of their contingency plan to remain within the limits of the Environment Agency site permits. It was necessary during a period when several regional EfW facilities were undergoing scheduled maintenance resulting in a shortage of available capacity. We will continue to monitor this situation and anticipate an improvement in our diversion rate during Q3 and Q4.

**Summary of financial implications:**

The cost to BCP Council remains the same regardless of where our contractors send waste.

**Summary of legal implications:** n/a

**Summary of human resources implications:** n/a

**Summary of sustainability impact:**

While we remain committed to minimising landfill use and promoting sustainable waste management, our ability to influence these decisions is limited by the current contract, which allows our contractors to select the final disposal facility.

**Summary of public health implications:** n/a

**Summary of equality implications:** n/a

**Actions taken or planned to improve performance**

We continue to work closely with our contractors to encourage our landfill diversion rate to be as high as possible. We are pleased to report that waste is once again being processed through the usual Energy from Waste and Mechanical Biological Treatment routes, which is expected to improve our landfill diversion rate in the future.

**Completed by:** Mariana Tomasova, Strategic Waste Officer

**Date:** 31.10.2025

**Service Unit Head approval with date:**



**04/11/2025**

## Exception Performance Report

Please use this report to explain the reasons for performance not meeting target, the risks this presents in each of the sections and the actions and intervention planned or in place to improve performance and mitigate the risks identified.

This report will make up part of the overall corporate performance report presented to Cabinet.

**Indicator Description (taken from performance scorecard):** Increase the percentage of Education Health Care Plans issued within 20 weeks

**2025/26 Q2 outturn:** 24.6%

**Quarterly Target:** 70%

### Reason for level of performance:

Since September 2024, we have been unable to resource the Educational Psychology (EP) team sufficiently to keep up with the number of requests for Education Health and Care (EHC) Needs Assessments and Plans. The rate of Initial Requests per 10,000 population shows that BCP have seen an increase in initial requests between 2020 and 2024 with a rate of 105.7 in 2024 more than double compared to 41.3 in 2020. BCP are above all the comparator groups in 2024 including the national average at 88.1, the regional average at 95.9 and also above statistical neighbours 93.4.

In 2024 our 20-week timeliness improved due to a cash injection to resource the Educational Psychology Service at the level which was required for them to meet the demand for EP assessments. The benefit of this funding was clearly seen in the data, with a period of strong performance (above 70%) between Jun 24 and April 25. Bids to secure funding to resource the Educational Psychology Team at a higher level were unsuccessful and the impact of this was forecast from mid 2024. Several further bids have been made to fund the service at the level required to keep pace with the increased demand in order to comply with our statutory duties –unsuccessfully.

The ceasing of this additional resource contributed significantly to, but is not wholly accountable for, the extended timescales seen with the 20-week process more recently. Some delays were attributed to administrative processes between the Business Support Team and Assistant EHCCO's /EHCCO's. These are now resolved and will need close monitoring.

The Educational Team have been prioritising children for assessment based on vulnerability factors and, enough new requests to enable the ECH process to be completed in line with national average performance. The notable dip in performance in Q2 may be attributed in part to previous prioritisation of EP assessments –until August 2025 -which focussed only on a child's vulnerability factors. Other factors are historic turbulence in staff turnover at EHCCO level which is now stabilising although this may not mean that the timescales will improve as the rise in referrals to the system are increasing year on year.

### Summary of legal implications:

Failure to adhere to statutory timescales as set out in the Children and Families Act a2014 /SEND Code of Practice 2015

### Actions taken or planned to improve performance:

Several bids to resource the Educational Psychology Service at the level required to meet demand have been made through 2024 and 2025. Review current practice of how EP advice for SEND statutory assessments are carried out once the Principal Educational Psychologist is in post later 2025 /early 2026

<p><b>Completed by:</b> Stefanie Gehrig Clark – Head of Performance, Governance &amp; Systems</p> <p><b>Date:</b> 17 October 2025</p>
<p><b>Service Unit Head approval with date:</b></p> <p>Jeanette York, Head of SEND Assessment and Review – 20 October 2025</p> <p>Karen Chester, Interim Head of SEND Strategic – 20 October 2025</p>

**Exception Performance Report**

Please use this report to explain the reasons for performance not meeting target, the risks this presents in each of the sections and the actions and intervention planned or in place to improve performance and mitigate the risks identified.

This report will make up part of the overall corporate performance report presented to Cabinet.

**Indicator Description (taken from performance scorecard):**  
**Increase the percentage of residents who are satisfied with their local area as a place to live**

<b>2024/25 Q4 outturn: 75%</b>	<b>Target: 84%</b>
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**Reason for level of performance:**

The Resident’s Survey is now conducted every 2 years. The last one was done in 2024, and the next one is due in autumn 2026.

The last survey showed that satisfaction with the local area remained consistent between 2023 and 2024 with 78% of respondents satisfied with the local area as a place to live. This was 3% higher than the national benchmark observed through the LGA poll.

Unfortunately, levels of satisfaction didn’t increase to the levels observed in 2021 which saw 84% of respondents satisfied with the local area as a place to live.

These figures must be seen in the context of the world around us including

- international and national events
- the lack of growth in the economy and the continual rise in the cost of living
- continual technological advances such as artificial intelligence
- how we are as a society following the COVID pandemic

And, considered in the context of local challenges that are faced by the Council including:

- The Council’s finances
- Increasing demand for services, especially social care
- A recent history of political change

Additionally, levels of satisfaction with the local area vary across the conurbation and although caution is advised as sample sizes at ward level are very small, some areas across the conurbation are markedly

different. For example, Burton and Grange have very high levels of satisfaction with 96% of respondents saying they are satisfied living in the local area compared to Bournemouth Town Centre where this decreases to 53% satisfied.

**Summary of financial implications:**

The Council's financial position means an inevitable change in service provision. This is unlikely to change soon despite a forecast balanced Medium Term Financial Plan.

**Summary of equality implications:**

The resident's survey is open to everyone in Bournemouth, Christchurch and Poole, with every effort taken to ensure people with any protected characteristics were informed about and able to take the survey. The data therefore reflects the views of those who responded. Further work can be done to analyse the results to establish whether the change in satisfaction is stronger amongst those with one or more protected characteristic.

**Actions taken or planned to improve performance:**

As a Council we continually strive to achieve our ambitions and our shared vision.

Through the Corporate Strategy Delivery Board, senior officers

- review progress every month
- encourage and oversee projects that implement new systems and processes that improve efficiency and deliver better outcomes for residents and visitors
- monitor and review risks and ensure that there are mitigations in place

Successes regularly reported through our quarterly performance report and in other media show that the Council can deliver quality services on the current resource levels, but as demand for services continues to rise and consequently so do costs, to keep at the same level there is a need for more funding.

Unfortunately, Government grant continues to decrease. This means savings need to be found each year which will and already is having an impact on service delivery.

This does not mean we will not continually strive to achieve our ambitions however, as we continually look for ways to improve and be more efficient. In many cases this means utilising technology, working in different ways and innovating new solutions.

The Council has limited ability to change the national or international picture too, but there is continued lobbying of Government through appropriate channels on national issues, and involvement in shaping new policies and partnerships by contributing evidence, data and examples.

**Completed by: Lisa Stuchberry and Carly Hoyle**

**Date: 13.11.25**