Notice of Health and Wellbeing Board

Date: Monday, 6 October 2025 at 2.00 pm

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

Membership:

Chair:

Cllr D Brown	Portfolio Holder for Health and Wellbeing

Vice-Chair:

Patricia Miller	NHS Dorset
Aidan Dunn	Chief Executive
Rob Carroll	Director of Public Health
Peter Browning	Dorset Police
Brad Stevens	Dorset & Wiltshire Fire and Rescue Service
Glynn Barton	Chief Operations Officer
Cllr R Burton	Portfolio Holder for Children and Young People
Cllr K Wilson	Portfolio Holder for Housing and Regulatory Services
Cathi Hadley	Corporate Director – Children's Services
Matthew Bryant	Dorset HealthCare University NHS Foundation Trust
Dawn Dawson	Dorset Healthcare Foundation Trust
Louise Bate	Healthwatch
Karen Loftus	Community Action Network Bournemouth, Christchurch and Poole
Betty Butlin	Director of Adult Social Care
Siobhan Harrington	University Hospitals Dorset NHS Foundation Trust
Cllr S Moore	Portfolio Holder for Communities

All Members of the Health and Wellbeing Board 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?MId=6207

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

Press enquiries should be directed to the Press Office: Tel: 01202 454668 or email press.office@bcpcouncil.gov.uk
This notice and all the papers mentioned within it are available at democracy.bcpcouncil.gov.uk

AIDAN DUNN
CHIEF EXECUTIVE

26 September 2025

DEBATE NOT HATE

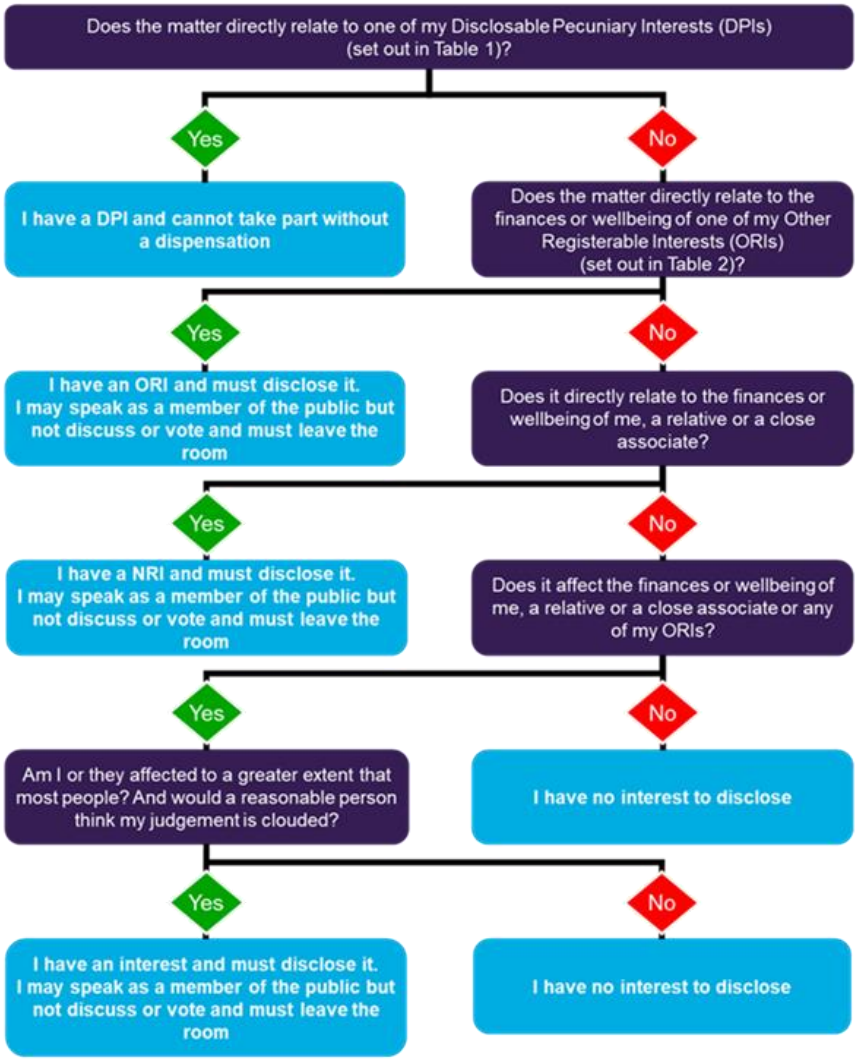
Available online and on the Mod.gov app

Maintaining and promoting high standards of conduct

Declaring interests at meetings

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

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



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

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

Bias Test	Predetermination 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?	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. Confirmation of Minutes 7 - 14

To confirm and sign as a correct record the minutes of the Meeting held on 9 June 2025.

4. 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.

5. Public Issues

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

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

The deadline for the submission of public questions is 12:00 noon on Tuesday 30 September.

The deadline for the submission of a statement is 12.00 noon on Friday 3 October 2025.

The deadline for the submission of a petition is Friday 19 September 2025.

ITEMS OF BUSINESS

6. Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Board Annual Report 2024-2025 15 - 56

The BCP Safeguarding Adults Board (SAB) publishes an Annual Report each year and is required, as set out in the Care Act 2014, to present this to the Council's Health & Wellbeing Board.
Many Councils also request that the report is presented to Scrutiny as the report

enables a discussion on the work of the Safeguarding Adults Board.

The attached report is for the year April 2024 to March 2025.The report was agreed at the September meeting of the BCP Safeguarding Adults Board (SAB).

The BCP SAB has successfully worked together with the Dorset SAB with joint meetings over the year.

We publish 2 separate Annual Reports, one for each of the Boards as they are separately constituted. Throughout 24-25, BCP SAB has delivered against all priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved.

7. BCP Safeguarding Children Partnership Annual Report 2024/2025 57 - 102

This report for the period April 2024-March 2025 sets out that since the dissolution of the 'Pan-Dorset Safeguarding Children Partnership', the new BCP Safeguarding Children Partnership has focussed on implementing new arrangements to fulfil the statutory responsibilities of the three statutory safeguarding partners who have joint responsibility and accountability for the multi-agency safeguarding arrangements in the BCP geographical area. The three statutory safeguarding partners are BCP Council, NHS Dorset ICB and Dorset Police. Within this period of significant change, partners have maintained a focus on safeguarding children and through the new arrangements have gained insights on the effectiveness of how well partners work together to safeguard local children and young people, and areas to be developed. Full details of the multi-agency safeguarding arrangements can be seen here.

The report provides an account of:

- What we have done as part of our local arrangements, including any child safeguarding practice review
- Impact of learning from local and national reviews
- How we have applied independent scrutiny to review and challenge our safeguarding practice
- How education partners are engaged with
- Future improvements that can be made as to the effectiveness of local safeguarding arrangements.

This report will be submitted to the Child Safeguarding Practice Review Panel by 30 September 2025 and will be published on the BCP Safeguarding Children Partnership website.

8. Better Care Fund 2025-2026 Quarter 1 Report: 103 - 106

This report provides an overview of the Quarter 1 Report of the Better Care Fund (BCF) for 2025-26.

The BCF is a key delivery vehicle in providing person-centred integrated care with health, social care, housing, and other public services, which is fundamental to maintaining a strong and sustainable health and care system.

The report is a part of the requirements set by the Better Care Fund 2025-26 Policy Framework. The report must be jointly agreed and signed off by the Health and Wellbeing Board as one of the planning requirements.

9. Pharmaceutical Needs Assessment 107 - 224

The Bournemouth, Christchurch and Poole (BCP) Health and Wellbeing Board, and the Dorset Health and Wellbeing Board, are both required to publish a

Pharmaceutical Needs Assessment (PNA) every three years. A new PNA has been developed as a single document covering both areas as agreed during transition and is scheduled for publication in October 2025.

The Steering Group reviewed current population needs, future population growth, and current pharmaceutical services. They concluded that, although there have been changes since the last PNA, these are unlikely to significantly affect access to, or the provision of, pharmaceutical services. Therefore, no gaps in pharmaceutical service provision have been identified.

The Steering Group now seeks approval from the Health and Wellbeing Board to proceed with publication of the new PNA.

A statutory consultation was carried out to support the development of the PNA. Consultation responses were considered, and where appropriate, amendments were made to the PNA (see Appendix 1).

10. BCP Health and Wellbeing Board Strategy (Draft) 225 - 242

This report and associated documents provides;

- An update on the progress towards the development of the Health and Wellbeing Board Strategy for the Bournemouth, Christchurch and Poole area
- A draft strategy for comments and considerations from the Board
- Proposals for further stakeholder engagement on the strategy prior to finalisation

11. Work Plan 243 - 246

To consider the Board's Work Plan.

12. Dates of future meetings

For the Board to note the dates of future meetings as follows:

- 12 January 2026 at 2.00pm
- 9 March 2026 at 2.00pm

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 WELLBEING BOARD

Minutes of the Meeting held on 09 June 2025 at 2.00 pm

Present:-

Cllr D Brown – Chair

Patricia Miller – Vice-Chair

Present: Glynn Barton, Cllr R Burton, Cllr K Wilson, Graham Farrant, Cathi Hadley, Karen Loftus and Cllr S Moore

Also in attendance: Patricia Miller joined the meeting virtually

1. Apologies

Apologies were received from Peter Browning, Bradley Stevens, Betty Butlin, Dawn Dawson and Siobhan Harrington.

2. Substitute Members

Betty Butlin was being substituted by Tim Branson, Dawn Dawson was being substituted by Ellie Lindop and Siobhan Harrington was being substituted by Lizzy Warrington.

3. Election of Chair

RESOLVED that Cllr David Brown be elected as the Chair of the Health and Wellbeing Board for the 2025/26 Municipal Year.

4. Election of Vice Chair

RESOLVED that Patricia Miller be elected as the Vie Chair of the Health and Wellbeing Board for the 2025/26 Municipal Year.

5. Confirmation of Minutes

RESOLVED that the minutes of the Health and Wellbeing Board held on 23 March 2025 be confirmed as an accurate record and signed by the Chair.

6. Declarations of Interests

There were no declarations of interest on this occasion.

7. Public Issues

There were no public issues on this occasion.

8. Integrated Care Board (ICB) Update

The Chair advised the Board that given the urgency and pace of change within the Integrated Care Board, he had asked the Deputy Chief Executive Officer, NHS Dorset, to come to the Board and provide an update.

The presentation included information regarding:

- The changing context – the scale of change
- A new model – model ICB blueprint
- The changing health and care landscape
- Strategic commissioning – what does it mean?
- How strategic commissioning would help focus on the longer view, on value and on early help & prevention
- Why this approach?
- The need for change
- Operational, target-driven focus misses the big picture opportunity
- Cluster arrangements: pre-cursor to merger and devolution
- Thinking about devolution…
- Still to come: the 10-year plan for health
- Next steps & timelines

During the presentation, the Board was updated on national changes to Integrated Care Boards (ICBs), which included a 50% reduction in running costs and significant job losses. The Board was advised that Dorset ICB was expected to lose 200–250 staff. The plan was for a cluster to be formed with Somerset and Bath and NE, Somerset, Swindon and Wiltshire (known as BSW) ICBs, transitioning to a shadow single ICB by April 2026, with a full merger anticipated by April 2027.

The Chief Executive, NHS Dorset, highlighted that some original ICB cluster proposals did not align with devolution boundaries, prompting pushback from central government. The Board was advised that alignment would likely be required as the transition progressed and confirmed that the proposals were under review by the Secretary of State for Health and Social Care.

The Chief Executive, NHS Dorset, also raised concerns about the local impact of national NHS workforce reductions, with Dorset expecting to lose up to 250 staff. Combined with local authority reductions, this posed risks to local employment and economic growth. She warned that insufficient re-employment opportunities could increase pressure on health inequality services due to reduced household income.

The Board discussed the presentation and in response to queries, was advised:

- The pace of change presented both professional and personal challenges for those involved, particularly whilst maintaining business as usual during the transition.

- The current safeguarding arrangements across Dorset and BCP were already resource-intensive, and there were concerns about how these would be managed under a shadow ICB structure before legislative changes were implemented.
- It was noted that concerns had been raised in both adults' and children's social care, with the hope that messages around capacity would be supported across the system.
- Multiple reforms were underway, particularly in children's social care, and there were questions about whether there was sufficient capacity and understanding to deliver the required multi-agency responses.
- No additional capacity had been provided to health colleagues to support the transformation, and this was acknowledged as a significant issue.
- Directors of Public Health across the new cluster area were meeting regularly to consider how they could support the ICB's population health responsibilities.
- The wider system's capabilities would be important in light of expected headcount reductions across all ICBs, and there was a commitment to collaborative working.
- Nationally mandated changes were not subject to local scrutiny committee approval, but the ICB remained committed to keeping partners informed and was willing to attend scrutiny meetings to provide updates.
- Once the cluster proposals were approved by NHS England, an equality impact assessment would be undertaken and shared with the ICB Board at a future public meeting. **ACTION.**

9. Children and Young People's Partnership Plan 2025 to 2030

The Corporate Director for Children's Services presented the Children and Young People's Partnership Plan 2025 to 2030 to the Board.

The Board was advised that the Children and Young People's Partnership Plan 2025–2030 had been officially launched with partners at a presentation event. The plan had been developed collaboratively with stakeholders, including the voluntary sector, key partners, and most importantly, with input from children and young people themselves.

The plan set out a shared vision for children and identified five main priorities that young people wished to see delivered through multi-agency and system leadership. It included achievements to date, captured the voice of young people, and reflected aspirations that were universally relatable and grounded in fairness and opportunity.

The Board was advised that key performance indicators would be developed to measure progress against the five priorities, and that the plan had been aligned with strategic plans across health, education, and other sectors. A dedicated website and logo were available for use by all

partners, reinforcing that this was a collective initiative, not solely the work of BCP Council.

The Board was further advised that a governance structure would be established to oversee delivery of the plan, chaired by the Chief Executive.

The Board discussed the presentation and in response to queries, was advised:

- It was essential for all partners to continue referring to the plan and embedding it into their day-to-day work.
- The plan had evolved over time, with each iteration reflecting further development and refinement, demonstrating that it had been built upon collaboratively.
- The plan had been well received, particularly by young people, and that its clarity and accessibility were key strengths. It was also noted that the plan was written in plain language, with an easy-read version also available, making it inclusive and understandable for a wide audience.
- In response to a query, the Board was advised that the plan was data-informed, clearly set out priorities, and demonstrated how partners could work together to deliver them.
- The plan had been co-produced with local children and young people and included a strong focus on health and well-being, as well as wider determinants such as green spaces, housing, community safety, inclusion, and mental health.
- The simplicity of the plan's presentation, including the use of visuals, contributed to its strength and impact.
- The ICB's contribution to delivering the plan would be most effective through place-based work, supported by a refreshed Health and Wellbeing Board strategy.

10. Better Care Fund 2024-2025 End of Year Report

The Commissioning Manager and Senior Lead - Operations, NHS Dorset, 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.

NHS England (NHSE) required the Health and Wellbeing Board (HWB) to approve all BCF plans, this was one of the national conditions within the Policy Framework. This included planning documents at the beginning of a funding period, and template returns reporting progress against the plans quarterly.

The report provided an overview of the End of Year Report of the Better Care Fund (BCF) for 2024-25.

The BCF was a key delivery vehicle in providing person centred integrated care with health, social care, housing, and other public services, which was fundamental to having a strong and sustainable integrated Heath and Care System.

The report was a part of the requirements set by the Better Care Fund 2023-25 Policy Framework. The report needed to be jointly agreed and signed off by the Health and Wellbeing Board as an element of the planning requirements.

The Board discussed the report and in response to queries, was advised that:

- Small, non-clinical interventions, such as addressing hoarding, could significantly improve hospital discharge outcomes and patient safety at home.
- Hoarding had emerged as a key barrier to safe discharge, prompting the formation of a new working group to address the issue collaboratively.
- Real-life examples, such as the impact of the Disabled Facilities Grant, demonstrated how targeted support could enhance independence and reduce reliance on care packages or residential care.
- While delays in hospital discharge had occurred, responsive action had been taken to reallocate resources and implement care packages swiftly once referrals were made.
- The Future Care Programme was critical to ensuring system-wide efficiency and continuity, particularly during periods of structural change within the Integrated Care Board.
- Maintaining focus on strategic transformation programmes, such as Future Care, was essential to sustaining effective hospital discharge and admission avoidance.
- Emergency hospital admissions due to falls remained off-track, and a commitment was made to investigate this further in the context of ongoing transformation and prevention strategies.
- NHS Dorset was developing Integrated Neighbourhood Teams (INTs) with a focus on falls prevention, including strength workshops for at-risk individuals.
- The Future Care Programme included a workstream on alternatives to admission, aiming to support patients at the hospital front door or post-assessment with community-based care options.

RESOLVED that the Health and Wellbeing Board approve the Better Care Fund 2024-25 End of Year Report.

Voting: Nem. Con.

11. Health and well-being strategy into action and place based partnership update

The Director of Public Health and Communities, Head of Communities, Partnerships and Community Safety, BCP Council and the Deputy Director of Modernisation and Place, NHS Dorset, provided a verbal update accompanied by a presentation which covered the following:

- Role of the Health and Wellbeing Board,
- Draft Principles including workshop output and the Poverty Truth Commission Principles
- H&W Board priority areas – 2025
- Health and Wellbeing Board Drive Actions
- Our Dorset – Strategy into Action
- Future Horizons – ICB Blueprint and NHS 10 year plan focus
- Opportunities for place based partnerships
- Next Steps

The Board discussed the presentation and in response to queries, was advised:

- That social infrastructure referred to community buildings, spaces for people to gather, opportunities for community leadership, and access to essential services such as food outlets.
- The absence of social infrastructure, such as green spaces and community-led initiatives, could hinder progress in addressing community needs.
- The loss of local amenities, such as supermarkets, had a negative impact on community health and wellbeing, particularly in deprived areas.
- It was important to ensure that children and young people were considered across all priority areas, not just within the dedicated children's strand.
- It was highlighted that a whole-family approach should be adopted, recognising that many issues affect both children and adults and should be addressed holistically.
- Health and wellbeing strategies should avoid being siloed by organisational structures and instead ensure that priorities are integrated across all age groups.
- The inclusion of drive actions and measurable outcomes would help the Board track progress and demonstrate impact.
- The updated strategy presentation helped bring the priorities to life and would be revisited at the October meeting for further progress updates.

The Chair thanked the Officers for the update and looked forward to receiving an update at the next meeting of the Board.

12. Work Plan

The Chair referred to the Work Plan and highlighted the items already due for consideration at the next meeting and advised of the addition of the Pharmaceutical Needs Assessment (PNA) 2025 -2028. The Director of Public Health and Communities provided the Board with some background information to the PNA and the Healthwatch representative advised of engagement Healthwatch had undertaken with regards to this item.

The Head of Communities, Partnerships & Community Safety advised that the Annual Report of the Community Safety Partnership could come to the Board in January and also advised of some upcoming domestic abuse strategies which would be going to Cabinet should the Board wish to consider them at one of its meetings.

The Interim Director of Commissioning requested the Prevention Strategy come to the Board potentially at its January meeting.

13. Dates of future meetings

The dates of future meetings were noted.

The meeting ended at 3:35pm.

CHAIR

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Health and Wellbeing Board

Report subject	**Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Board Annual Report 2024-2025**
Meeting date	6th October 2025
Status	Public Report
Executive summary	The BCP Safeguarding Adults Board (SAB) publishes an Annual Report each year and is required, as set out in the Care Act 2014, to present this to the Council's Health & Wellbeing Board. Many Councils also request that the report is presented to Scrutiny as the report enables a discussion on the work of the Safeguarding Adults Board. The attached report is for the year April 2024 to March 2025.The report was agreed at the September meeting of the BCP Safeguarding Adults Board (SAB). The BCP SAB has successfully worked together with the Dorset SAB with joint meetings over the year. We publish 2 separate Annual Reports, one for each of the Boards as they are separately constituted. Throughout 24-25, BCP SAB has delivered against all priorities which are set out in the annual work plan; this Annual Report summarises what the Board has achieved.
Recommendations	**It is RECOMMENDED that:** **Members note the report which informs how the SAB has carried out its responsibilities to prevent abuse, harm and neglect of adults with care and support needs during 2024-2025.**
Reason for recommendations	1. In setting out how the SAB has delivered against the strategic plan during the year, this Annual Report also acknowledges the contribution each of the board partners has made to implementing its strategy. The Strategic Plan for this current year is set out on Page 8. 2. The safeguarding data for Bournemouth, Christchurch & Poole is shown on Page 7 of the Annual Report. 3. It is a statutory requirement that the Annual Report provides a summary of any Safeguarding Adults Reviews (SARs) which were published within the year. These are statutory reviews

	commissioned by the Board, where someone with care and support needs has died or suffered significant harm and where agencies could have worked better together. An outline of SAR Edward is shown on Page 12.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Betty Butlin, Director of Adult Social Care
Report Authors	Siân Walker-McAllister Independent Chair, Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards
Wards	All
Classification	Recommendation

Background

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

1.1 Members are advised that BCP Council hosts the Business Team for the Dorset & BCP SABs. Income is received from BCP Council, Dorset Council, NHS Dorset and Dorset Police.

1.2 The BCP SAB works closely with the pan-Dorset Safeguarding Children Partnership and the Bournemouth, Christchurch & Poole Community Safety Partnership, especially in relation to statutory reviews e.g., SARs, Domestic Homicide Reviews (DHRs) and the learning deriving from them. This ensures efficient working of the statutory boards and where there is an overlapping agenda, for example, where other reviews have identified adult safeguarding, we have been able to ensure there is joined up work and importantly joined up learning across professional disciplines.

1.3 The Board has a duty to include details of any Safeguarding Adults Reviews, published during the year. Members will note SAR Edward was published during this year. Work continues with other Safeguarding Adults Reviews across Dorset and BCP and any published in 2025-2026 will be included in the next year's annual report.

Options Appraisal

2. Not Applicable

Summary of financial implications

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

Summary of legal implications

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

Summary of human resources implications

5. Not applicable

Summary of sustainability impact

6. Not applicable

Summary of public health implications

7. Not applicable

Summary of equality implications

8. None identified

Summary of risk assessment

9. None applicable

Background papers

None

Appendices

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

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Bournemouth, Christchurch & Poole Safeguarding Adults Board

ANNUAL REPORT 2024-2025

Safeguarding is everybody's business

Contents

Foreword

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

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

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

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

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

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

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

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

Siân Walker McAllister, Independent Chair BCP Safeguarding Adults Boards

The role of a Safeguarding Adults Board

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

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

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

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

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

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

Our Statutory Partners

BCP Council

Dorset Council

Dorset Police

NHS Dorset

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

Our Board Member Organisations

NHS Dorset HealthCare University NHS Foundation Trust

NHS Dorset County Hospital NHS Foundation Trust

NHS University Hospitals Dorset NHS Foundation Trust

Volunteer Centre Dorset

NHS England

NHS South Western Ambulance Service NHS Foundation Trust

Dorset & Wiltshire Fire and Rescue

healthwatch Dorset

Department for Work & Pensions

CAN Community Action Network

Probation Service

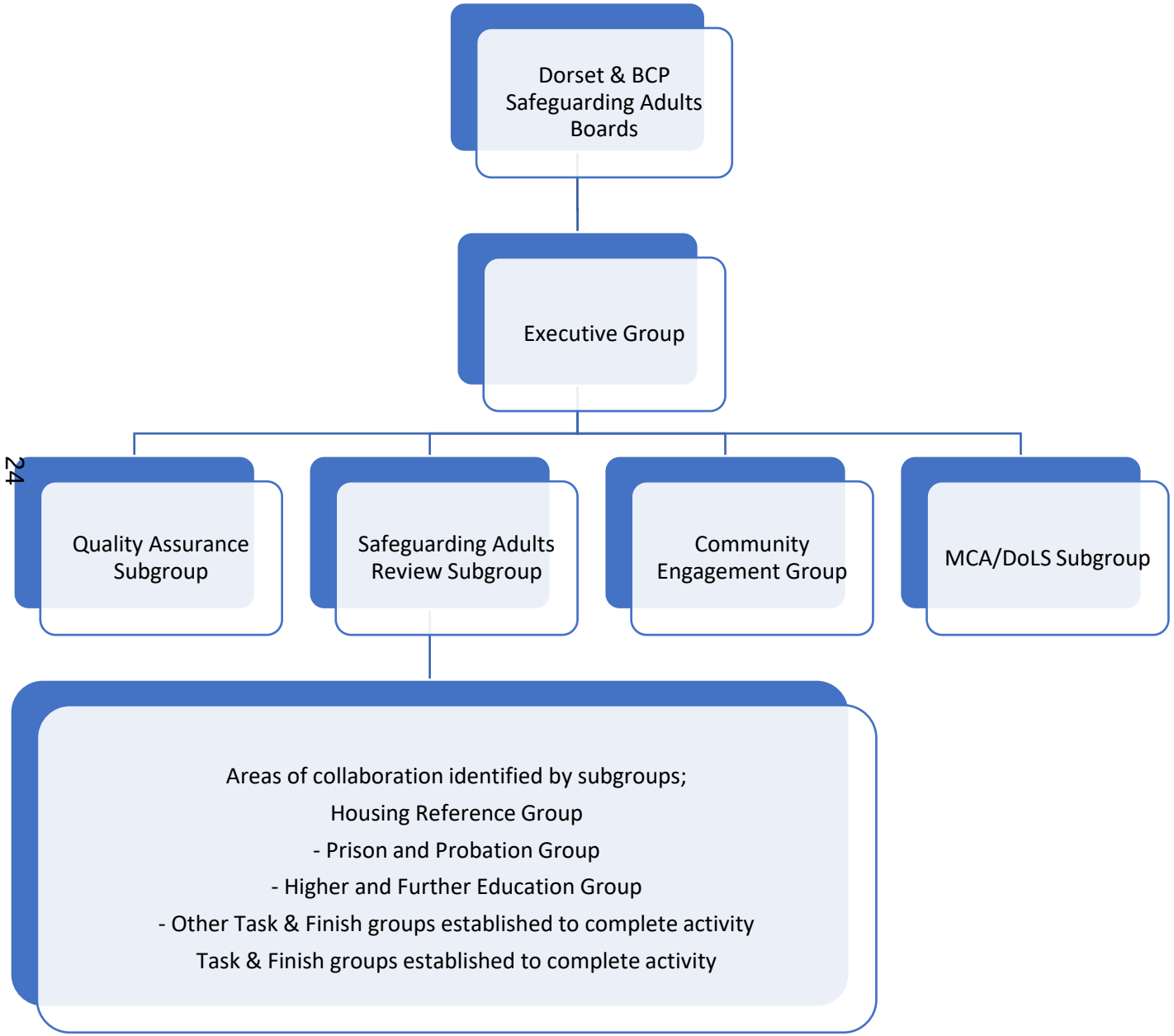
HM Prison Service – Public Sector Prisons

HMP Guys Marsh

HMP Portland

HMP The Verne

Structure of the Dorset & BCP Safeguarding Adults Boards



Budget 2024-2025

Dorset & BCP SABs maintain a working budget to enable them to undertake their work, and the priorities identified in the strategy and business plan. Each year, contributions are received from statutory partners to support this work.
During 2022-2023 the two Boards merged the Business Units and subsequently the budgets

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

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

BCP Council Safeguarding activity in 2024-2025

Concerns received S42.1	
Numbers received	6,291

Progressed to a Sec 42.2 Enquiry	
Numbers received	1,381

Breakdown of CONCLUDED Sec 42.2 Enquiries

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

Outcome of the Sec 42.2 Enquires (when risk identified)

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

Gender & Age

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

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

Strategic Plan 2023-2026

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

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

Key achievements in 2024-2025

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

Subgroup Chairs reports 2024-2025

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

Subgroup Chairs reports 2024-2025

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

BCP Safeguarding Adult Reviews (SARs) published 2024-2025:

SAR Edward (published February 2025)
BCP SAB Safeguarding Adults Review Edward SAR Edward 7-minute learning

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

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

Key Learning Points:

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

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

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

Partner assurance

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

BCP Council Adult Social Care, Commissioning and Operational Services

Achievements during 2024-2025

Adult Social Care (ASC) – Services

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

ASC – Commissioning

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

Challenges to effective safeguarding adults

ASC – Services

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

ASC – Commissioning

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

BCP Council Adult Social Care, Commissioning and Operational Services

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

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

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

Dorset Police

Achievements during 2024-2025

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

Challenges to effective safeguarding adults

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

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

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

NHS Dorset

Achievements during 2024-2025

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

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

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

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

NHS Dorset

System Level achievements

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

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

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

Challenges to effective safeguarding adults

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

NHS Dorset

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

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

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

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

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

Dorset & Wiltshire Fire and Rescue Service

Achievements during 2024-2025

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

Challenges to effective safeguarding adults

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

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

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

South Western Ambulance Service Trust (SWAST)

Achievements during 2024-2025

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

Challenges to effective safeguarding adults

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

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

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

Dorset HealthCare

NHS
Dorset HealthCare University
NHS Foundation Trust

Achievements during 2024-2025

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

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Challenges to effective safeguarding adults

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

Dorset HealthCare

Dorset HealthCare University
NHS Foundation Trust

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

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

Main areas of focus within 2024-2025 have been:

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

Dorset County Hospital

NHS
Dorset County Hospital
NHS Foundation Trust

Achievements during 2024-2025

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

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Challenges to effective safeguarding adults

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

Dorset County Hospital

Dorset County Hospital
NHS Foundation Trust

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

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

University Hospitals Dorset

University Hospitals Dorset
NHS Foundation Trust

Achievements during 2024-2025

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

Challenges to effective safeguarding adults

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

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

University Hospitals Dorset (UHD)

University Hospitals Dorset
NHS Foundation Trust

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

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

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

Department for Work and Pensions

Department for Work & Pensions

Achievements during 2024-2025

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

Challenges to effective safeguarding adults

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

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

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

Probation Services

HM Prison & Probation Service

Achievements during 2024-2025

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

Challenges to effective safeguarding adults

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

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

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

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

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

HMP Guys Marsh

HM Prison & Probation Service

Achievements during 2024-2025

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

Challenges to effective safeguarding adults

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

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

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

HMP The Verne

HM Prison & Probation Service

Achievements during 2024-2025

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

Challenges to effective safeguarding adults

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

Housing Reference Group

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

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

Reflections on good practice during 2024-2025 included;

✓ Successful engagement with a person – previous failed attempts now working with them and have ongoing support in place.

✓ Developed a productive and improved working relationship with Bournemouth Police.

✓ Vulnerable gentleman struggling in current accommodation, supported to move to a care setting

✓ A Homeless person supported to settle into accommodation

✓ Moved a couple into supported accommodation. Addressing complex Mental Health issues, now in safe and better suited accommodation

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

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

Personal Safeguarding Story

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

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

The following action was taken:

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

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

Personal Safeguarding Outcome

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

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

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

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

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

Good news stories

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

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

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

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

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

Good news stories

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

"I want to reflect my compliment that you managed to work with S in trauma informed way emphasising on pretreatment which involved pre-engagement, engagement, and currently contracting and understanding his values and goes.
You have helped with his cultural needs with also looking at promoting safety to facilitate change.

Good piece of work…."

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

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

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

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

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

Safeguarding Adults

- Safeguarding adults is about protecting the rights of people with care and support needs to live in safety, free from abuse, harm and neglect.

- If you are concerned about a person who is over the age of 18 years, who has care and support needs, and you feel they are being abused or at risk of abuse from another person, you should seek help for them.

- **To report a safeguarding concern in the BCP Council area contact: 01202 123654**

During evenings and weekends, telephone 0300 1239895

Thank you for reading our Bournemouth, Christchurch and Poole Safeguarding Adults Board Annual Report 2024-2025

If you would like to get in touch, please do so by the following contact details :

dsab@dorsetcouncil.gov.uk bcpsafeguardingadultsboard@bcpcouncil.gov.uk Tel: 01202 794300

BCP SAB Website

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Safeguarding is everybody's business

HEALTH AND WELLBEING BOARD

Report subject	**BCP Safeguarding Children Partnership Annual Report 2024/2025**
Meeting date	6 October 2025
Status	Public Report
Executive summary	This report for the period April 2024-March 2025 sets out that since the dissolution of the 'Pan-Dorset Safeguarding Children Partnership', the new BCP Safeguarding Children Partnership has focussed on implementing new arrangements to fulfil the statutory responsibilities of the three statutory safeguarding partners who have joint responsibility and accountability for the multi-agency safeguarding arrangements in the BCP geographical area. The three statutory safeguarding partners are BCP Council, NHS Dorset ICB and Dorset Police. Within this period of significant change, partners have maintained a focus on safeguarding children and through the new arrangements have gained insights on the effectiveness of how well partners work together to safeguard local children and young people, and areas to be developed. Full details of the multi-agency safeguarding arrangements can be seen here. The report provides an account of: • What we have done as part of our local arrangements, including any child safeguarding practice review • Impact of learning from local and national reviews • How we have applied independent scrutiny to review and challenge our safeguarding practice • How education partners are engaged with • Future improvements that can be made as to the effectiveness of local safeguarding arrangements. This report will be submitted to the Child Safeguarding Practice Review Panel by 30 September 2025 and will be published on the BCP Safeguarding Children Partnership website.
Recommendations	**It is RECOMMENDED that:** The establishment of the new BCP Safeguarding Children Partnership, the multi-agency safeguarding arrangements in place, identification of its effectiveness to date and areas to be developed

	are to be noted by the Board
Reason for recommendations	The BCP Safeguarding Children Partnership is required to report on its progress and future improvements.
Portfolio Holder(s):	Cllr Richard Burton Portfolio Holder for Children and Young People, Education and Skills
Corporate Director	Cathi Hadley
Report Authors	Anita McGrath, BCP Safeguarding Children Partnership Manager
Wards	Council-wide
Classification	For information

Background

1. Following the dissolution of the Pan Dorset Safeguarding Children Partnership in July 2024, BCP Safeguarding Children Partnership was set up in accordance with Working Together (2023) statutory guidance to fulfil the statutory responsibilities of the three statutory safeguarding partners who have joint responsibility and accountability for implementing multi-agency safeguarding arrangements in the Bournemouth, Christchurch and Poole geographical area.
2. Working Together to Safeguard Children 2023, sets out that each Local Safeguarding Children Partnership is required to report on the activity undertaken in a 12month period and make the report publicly available.

Options Appraisal

3. None

Summary of financial implications

4. None

Summary of legal implications

5. None

Summary of human resources implications

6. None

Summary of sustainability impact

7. None

Summary of public health implications

8. None

Summary of equality implications

9. None

Summary of risk assessment

10. None

Background papers

None

Appendices

Appendix 1 - BCP Safeguarding Children Partnership Annual Report 2024-2025

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BCP SAFEGUARDING CHILDREN PARTNERSHIP

Bournemouth, Christchurch & Poole Safeguarding Children Partnership Yearly Report

2024/25

BCP SAFEGUARDING CHILDREN PARTNERSHIP

Yearly Report 2024/25

Contents

Introduction

Welcome to the Bournemouth, Christchurch and Poole Safeguarding Children Partnership yearly report 2024-2025.

This report provides an account of the work we have completed or progressed to:

- establish the BCP SCP to ensure the new partnership has strong foundations from which to lead a multi-agency approach to safeguarding children and young people and ensure all agencies fulfil their safeguarding responsibilities
- maintain safeguarding as a priority for all partners as evidenced in the quality of engagement and support to keep local children at the heart of our work
- test the effectiveness of multi-agency safeguarding practice and promote a culture of learning and challenge to achieve good standards.

Following the dissolution of the Pan-Dorset Safeguarding Children Partnership, the new Bournemouth, Christchurch and Poole Safeguarding Children Partnership (BCP SCP) partnership was established in July 2024; publishing its multi-agency safeguarding arrangements in December 2024.

The creation of the BCP SCP fulfils the statutory duties set out in Working Together to Safeguard Children 2023 to have three statutory safeguarding partners who have joint responsibility and accountability for implementing multi-agency safeguarding arrangements.

The three statutory partners are:

- Bournemouth, Christchurch and Poole Council
- NHS Dorset (Integrated Care Board)
- Dorset Police

Our shared vision: The shared vision of BCP Safeguarding Children Partnership is for every child and young person to be and feel safe, enjoy good physical, emotional and mental health, have pride in their unique identities, feel that they belong and have opportunities to thrive.

Our shared responsibilities: Collaborative leadership and timely decision making are crucial to the effectiveness of multi-agency working and to identify and address system issues. Protecting children from abuse, neglect and exploitation requires multi-agency join up and co-operation at all levels and local organisations and agencies who work with children and families play a significant and often statutory role when it comes to safeguarding children. This means:

- Having a clear, shared vision for how to improve outcomes for children locally across all levels of need and all types of harm
- There is a prompt, appropriate and effective response to a child who is identified as suffering or likely to suffer significant harm to ensure the protection and support of the child
- Organisations and agencies are challenged appropriately, effectively holding one another to account
- The voice of children and families combined with the knowledge of experienced practitioners and insights from data provides a greater understanding of the areas of strength and/or improvement within arrangements and practice
- Information is sought, analysed, shared, and broken down by protected characteristics to facilitate more accurate and timely decision-making for children and families, and to understand outcomes for different communities of children
- There is effective collection, sharing and analysis of data, enables early identification of new safeguarding risks, issues, emerging threats, and joined-up responses across relevant agencies
- Senior leaders promote and embed a learning culture which supports local services to become more reflective and implement changes to practice, and have a good knowledge and understanding about the quality of local practice and its impact on children and families.

The past year has been a period of positive change and we'd like to thank everyone involved in making those changes happen. We would also like to thank all partners and practitioners for the work they do each day to support and safeguard children, young people and their families.

Lead Safeguarding Partners

Graham Farrant, CEO, BCP Council

Patricia Miller, CEO, NHS Dorset ICB

Amanda Pearson, Chief Constable, Dorset Police

Delegated Safeguarding Partners

Cathi Hadley, Director Children's Services, BCP

Pam O'Shea, Chief Nurse, NHS Dorset ICB

Mark Callaghan, Assistant Chief Constable, Dorset Police

Implementation of the BCP Safeguarding Children Partnership

The Bournemouth, Christchurch & Poole Safeguarding Children Partnership implementation has developed out of the previous pan-Dorset safeguarding children partnership arrangements which allowed for continuity of business whilst also providing an opportunity to scope what was needed for the local area. We have ensured that both strategic needs and enablement of line of sight to operational practice and standards are reflected in our structure.

The main objective of the partnership arrangements is to gain assurance that the local safeguarding arrangements are working effectively; both as individual organisations and collectively in partnership, to support and safeguard children in our area.

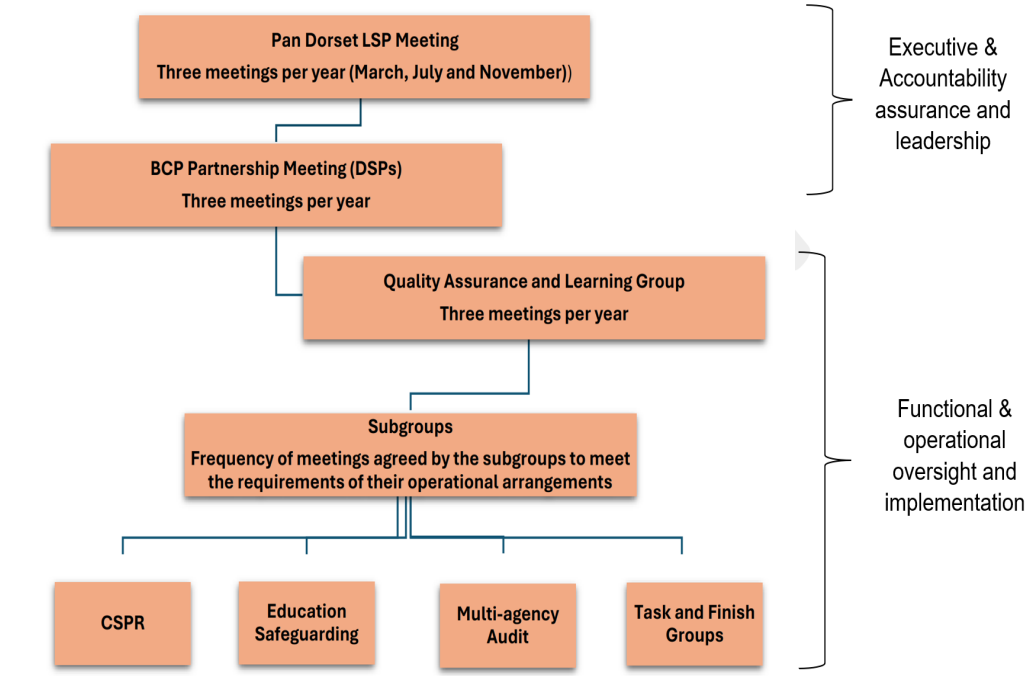
Each group has a clear purpose and terms of reference which enable us to collaborate, scrutinise, assure and drive forward improvements: details can be seen in the published multi-agency safeguarding arrangements here. A focus on the identified priority areas and securing evidence of impact on the lives of children and young people using facilitative discussion and partnership insights and data is central to the work of each group.

Executive and accountability assurance and leadership

The lead safeguarding partners (LSP)

The 'Pan-Dorset' LSP meeting, brings together the executive leaders of the statutory safeguarding agencies: BCP Council, Dorset Police and NHS ICB Dorset (the latter two cover both Dorset and BCP areas). They are responsible for holding each other and their own agencies to account on safeguarding children matters and the discharge of their statutory duties. The LSP provides highest-level leadership focussing on system level effectiveness performance and demonstrating a commitment to strong partnership relationships, policy and resourcing.

Our structure and operational arrangements



The Delegated Safeguarding Partners (DSP)

The DSP are appointed by the Lead Safeguarding Partners, to represent and speak on behalf of their agency and can hold their agency to account, the DSPs are -

- BCP Council, Director of Children's Services
- NHS Dorset, Integrated Care Board, Chief Nurse
- Dorset Police, Assistant Chief Constable

The BCP DSP Partnership Meeting 24/25

The BCP DSP convenes the delegated partners plus senior representative of the education sector and the relevant agencies. Accountability for the performance of the safeguarding arrangements remains with the DSPs but with partners shared responsibility for the delivery and monitoring of the effectiveness of our local arrangements sits with this group. This is achieved with -

- Setting the priorities, agreeing core policy and procedures (in line with published arrangements)
- Promote and enable close partnership engagement with the education sector and other agencies
- Ensure good information and data sharing facilitates high quality analysis of local needs and emerging trends
- Ensure delivery of high-quality local reviews, including rapid reviews
- Enable provision of scrutiny and assurance activity, including independent scrutiny and local multi-agency audit
- Provide safeguarding training and dissemination of learning and key messages – both at organisation level and through multi-agency training
- Promote and enable the voice of children and their families, and practitioners about their experiences and use this to continually assess and improve.

Delegated Safeguarding Partners Chairing arrangements 24/25

During 2024/25 (from July 2024), the DSP was chaired by the BCP Council Director of Children's Services, Cathi Hadley.

Functions of Partnership Chair role as set out in Working Together 2023

- To develop strategic links, support and hold to account all LSPs in fulfilling their safeguarding duties for children.
- Ensure that local arrangements are designed to work collaboratively and effectively by encouraging and supporting the development of partnership working between the LSPs, DSPs, independent scrutiny role and Multi-Agency Safeguarding Arrangements sub-groups.
- Chair the meetings of the DSPs, including any additional meetings convened as a response to specific and exceptional circumstances, with the help of the business manager and independent scrutiny role.
- Offer appropriate challenge to ensure that the partners are accountable, and that the local arrangements operate effectively.

Children and young people in BCP area

In Bournemouth, Christchurch and Poole -

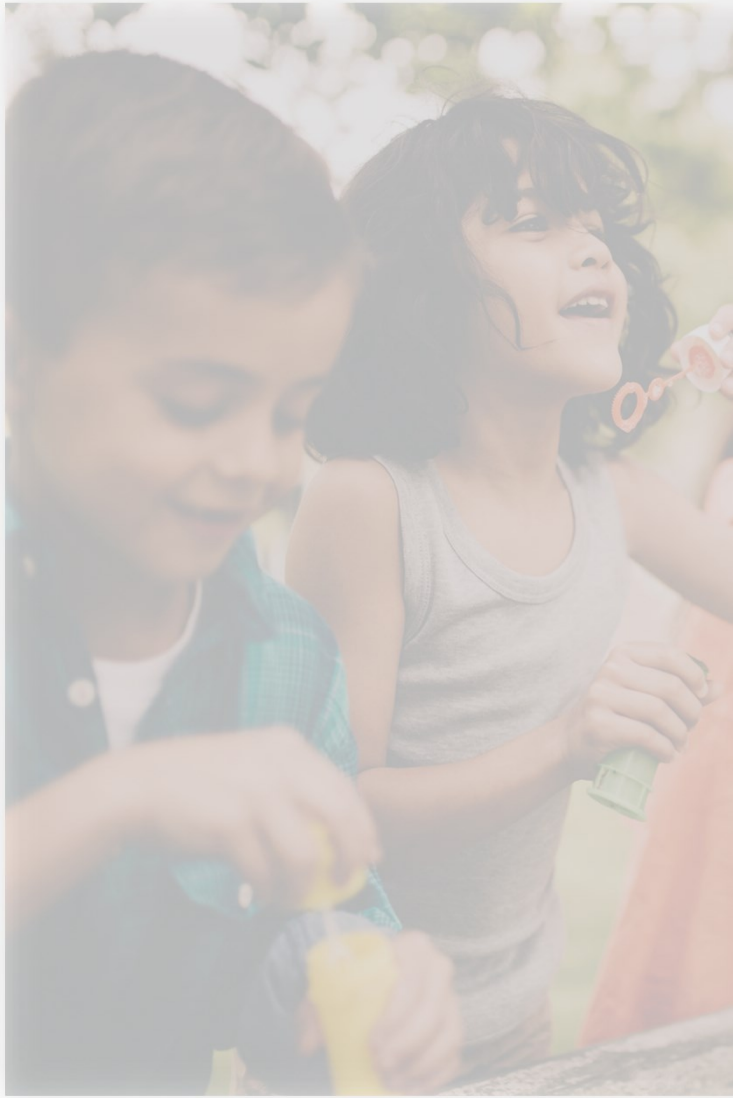
98% of early years settings are rated 'good' by OfSTED

74,285 children and young people aged 0-17 years

26% of children are from Black, Asian and minority ethnic families

135 different languages are spoken

68 primary, 13 secondary, 1 all-through, 13 independent & 8 special schools



Children and young people in BCP area

Areas of deprivation

While the BCP area is sometimes seen as a prosperous area, wealth is not evenly spread, and significant inequalities and pockets of deprivation exist.

Given the strong association between deprivation and poorer outcomes, it is important to understand where these neighbourhoods lie to target services and resources effectively.

5,350 children and young people aged 0-25 in BCP (5% of the population) live in the 10% most deprived areas in England.

This increases to 15,035 (13%) when we look at the number living in the 20% most deprived areas.

Deprivation categories :

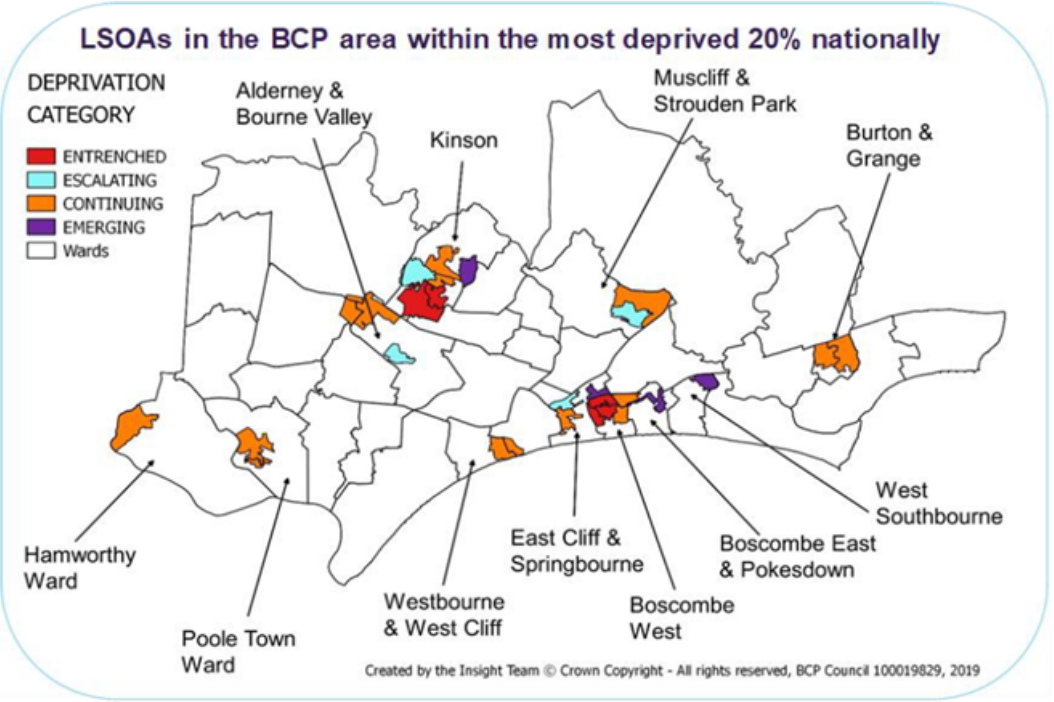
'ENTRENCHED' areas of deprivation are LSOAs whose ranking has remained in the most deprived 10% nationally, over both time periods 2015 and 2019.

'ESCALATING' areas of deprivation are LSOAs whose ranking has deteriorated and moved them into the most deprived 10% in 2019.

'CONTINUING' areas of deprivation are LSOAs in the most deprived 11-20% nationally in 2019.

'EMERGING' areas of deprivation are LSOAs whose ranking has moved them into the most deprived 11-20% during 2019.

LSOAs in the BCP area within the most deprived 20% nationally



25.2% live in poverty
(after housing costs are deducted)

20% are eligible for free school meals

safeguarding needs

When children, young people and their families need help and support, in the period April 2024 to March 25, what we know that:

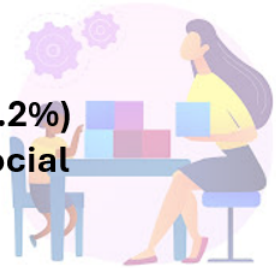
247 families / 564 children were living in temporary accommodation

25,426 contacts made to children's social care, 14% were referred for further social work help

95% of assessments carried out by children's services were in line with statutory time scales

4,000 children needed an Education, Health and Care Plan

There were 2,370 (3.2%) of children had a social worker



Around 300 children had a Child in Need Plan and 494 had a Child Protection Plan

Ambulance or other emergency contacts made to the MASH[1] on about 2,000 occasions, with about 8% referred for further social work

Of the 721 cases were heard at MARAC[2], 466 had children linked to those cases (65%)
Of 5309 domestic abuse flagged crimes, 73 were 16 years old and 86 were 17 years old

561 were Children in Care[3], with about 800 entitled to 'care leaver' support services

1. MASH—Multi-Agency Safeguarding Hub, a team of social workers, police officers and health professionals working together to decide on help needed for a child, young person and their families
2. MARAC—multi-agency risk assessment conference, a specialist panel to hear cases of domestic abuse and how to keep victims safe
3. A child in care means that a child is not living with their family, but might, for example live with a foster family and the local authority is responsible for the standard of their care

Multi-Agency Safeguarding Hub - Core Data

During this reporting period, safeguarding referrals submitted to MASH shows a continued rate of need and are within expected levels across the different sectors.

The December 2024 OfSTED inspection of the BCP area MASH, noted: "*The MASH prioritises its response to new contacts and referrals effectively, ensuring prompt triage and matching most families to appropriate services. Consent to gather more information is sought from families and dispensed with only when necessary. Managers sign off contacts after ensuring a comprehensive triage is completed and provide thorough and timely review following triage. Thresholds are well understood and consistently applied. As a result, appropriate decisions are made about the right services to support children, at the right level*".

Indicator	Area	2021/22 Q4	2024/25 Q1	2024/25 Q2	2024/25 Q3	2024/25 Q4	National	South West	Good / Outstanding
Rate of children in need (CIN)	BCP	387.3	345.3	332.6	331.8	318.8	342.7	311.9	376.4
Rate of children with child protection plans (CPP)	BCP	50.9	65.8	64.3	66.1	66.5	43.2	40.2	43.6
Rate of children in care (CIC)	BCP	65.2	72.7	72.8	76.1	75.5	71.0	63.0	71.3
Rate of referrals to CSC	BCP	172.0	113.9	128.0	135.7	107.8	136.1	123.9	139.9
Police (percentage of total volume)	BCP	22.9%	23.9%	29.0%	28.7%	24.2%	28.8%	25.9%	29.1%
Schools (percentage of total volume)	BCP	26.0%	28.6%	23.1%	27.8%	28.5%	20.1%	22.3%	20.0%
Health Services (percentage of total volume)	BCP	18.7%	16.0%	15.7%	11.9%	14.5%	14.4%	13.6%	14.3%
Individuals (percentage of total volume)	BCP	8.7%	7.6%	7.7%	9.3%	9.5%	8.3%	9.7%	7.9%
Rate section 47 investigations completed	BCP	68.8	46.2	59.5	80.2	66.6	47.9	44.0	49.6
Percentage of second or subsequent child protection plans	BCP	20.4%	19.2%	20.1%	21.8%	34.2%	23.6%	24.3%	22.7%
Percentage of CIC who are UASCs	BCP	11.4%	7.6%	7.8%	8.3%	7.0%	9.0%	9.0%	11.0%
Number of Referrals to LADO	BCP	31	177	127	163	188			

Where children's needs require a child protection plan, the inspection noted: "*Child protection investigations are comprehensive, and reports for conferences are detailed, presenting strengths and risks, and recommending appropriate, necessary actions. Conferences are well attended.*

As a core means of protecting children in most need of protection it is essential that the multi-agency network around the child is well engaged. For example: during 24/25 Dorset Police report

- Child Abuse Investigation Team (CAIT) resources are now aligned along local authority boundaries in order to allow more effective partnership working
- Increased the skill levels in the MASH staff in order to be able to respond to high demand within the different demands such as Police Protection Notices, strategy meetings and case conferences
- With 100% report submission compliance for initial child protection conferences.

Our partnership priorities 2024/25

Priority 1

Violence and exploitation experienced by children and young people : including

A) Sexual violence and abuse, online abuse and exploitation **B)** Domestic violence and abuse **C)** Physical violence and knife crime

Priority 2

Children's mental health and emotional well-being

Priority 3

Child neglect

These priorities were agreed for the period 2023-25 by the previous Pan-Dorset Safeguarding Children Partnership, previous years reports can be found here

Our partnership priorities 2024/25

It was agreed that the safeguarding priorities would stay the same during the transition from the previous pan-Dorset safeguarding partnership to the new BCP SCP. Our priorities will be reviewed in Autumn 2025.

Review of our progress

- During this period, the level of partnership working across these priority areas shows a good level of collaborative working at both strategic and operational areas
- The progress on these priorities demonstrates how core policy and practice areas have been reviewed and developed. This report acknowledges that this is an essential step towards improving the effectiveness of partnership working and achieving consistency and quality of practice across multi-agency working
- Raising awareness of these priority safeguarding areas through regular communication and dissemination, as well as learning continues to be prioritised – both within each of the three statutory partners but also at multi-agency level
- There is also good use of internal review/audit systems to check the standards being achieved – more information on multi-agency quality assurance is shown at chapters 6 and 7.

Areas to be developed

While the new partnership structures have enabled good partnership working, there are under-developed areas such as:

- Achieving evidence of impact – this report acknowledges that the evidence of impact is an area for the partnership to develop, including identifying the evidence which it has available across the partnership and the way we will then utilise this
- Data – similar to above, whilst core data related to priorities is being monitored, strengthening and systemising our data collection around the priorities and relevant associated data is likely to deepen our quality of analysis
- Feedback from children, families and professionals – it is evident from single agency activity that progress has been made to capture feedback from different interaction and engagement points with children and families and professionals, through this report we recognise the need to harness that system feedback to provide an aggregate analysis to help the partnership understand and evidence impact of its work.

Priority 1
Violence & Exploitation

Sexual violence and abuse, on-line abuse and exploitation — our work this year

- The Extra Familial Harm Strategy has been agreed
- A new MET (Missing Exploitation & Trafficked) panel has been created ensuring that we now know and agree as a multi-agency children at high risk of exploitation
- Established High Risk of Harm meetings, chaired by Head of Service for those high-risk young people
- Introduced a new exploitation tool, CERAF (Child Exploitation Risk Assessment Form) – which allows us to identify and measure risk to children of all types of exploitation, but also of any change and impact on the child whilst we are working with them
- The MET (Missing, Exploited & Trafficked) multi-agency panel enables information to be shared in relation to exploitation—though violence and knife crime sits within the Community Safety partnership
- We have used Turnaround programme funding to employ a worker into the early help space and delivered work within the YJS space to work with our young people early when they begin to become involved with criminality
- A new Harmful Sexual Behaviour Framework has been developed in consultation with local education partners and all safeguarding partners, this work has been led by the BCP Community Safety Partnership
- A new Public Protection Notice form (Police generated to share safeguarding concerns about a child) contains a mandatory voice of the child section which ensures officers/staff completing the form obtain this
- University Hospital Dorset are active partners at the MET Panel, flag high risk children at hospital system and have driven forward use of CERAF tool for use
- Dorset Police, Paedophile Online Investigation Team (POLIT) team review all referrals regarding on-line abuse to ensure safeguarding advice is required and the appropriate action taken
- Dorset Police participates with Op Hydrant the national programme that supports child protection and abuse investigation issues and is engaging with the national recommendations around group organised CSE.

What has been the impact ?

- Children's social care has driven forward the partnership approach to improve the understanding of the level of risk our CYP are at from Extra Familial harm.
- Valuable time was spent not only creating the MET (Missing Exploitation & Trafficked) panel and ensuring we know our children well, but also developing out IT systems to cater for this- the new Exploitation tool (CERAF) took a considerable period to be added to MOSAIC (child recording system).
- Once achieved training was held with partners in relation to the new tool to achieve consistency of practice.
- We have also ensured National Referral Mechanism is within the process, and this has enabled a much better response and identification of risks of exploitation.
- There is focus around our unaccompanied asylum seeking young people potential trafficking and exploitation, ensuring the new tool is completed to help consider and identify any concerns.
- Active learning events were held in partnership and attended by the children's services workforce as part of Missing Exploited & Trafficked Children month in March
- Flagged children at Hospital promotes early response and information sharing.

Domestic violence and abuse - our work this year

- Children's social care continues to participate and be a partner in all subgroups in relation to the Community Safety partnership.
- Domestic abuse training to all frontline police staff has included the importance of capturing the voice of the child and their wider safeguarding needs.
- Domestic abuse Scrutiny Panels review our response to domestic abuse and the Force is also a member of a Wessex domestic abuse Joint Interoperability Group with the CPS to identify good practice and areas for improvement.
- Op Encompass is now well established and is a crucial tool in alerting schools when additional support may be needed for a student
- At University Hospital Dorset, Paragon DA Advocates help support people affected by domestic abuse

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Priority 1 Violence & Exploitation

What has been the impact so far...

- The partnership working between children's social care and the community safety partnership has facilitated an increasing culture of challenge including the raising concerns about MARAC and the impact it makes, as well as process for re-referring (this is particularly low in BCP, but we also know we do not have a consistent approach to re-refer, as a partnership). As a result, this work will now be reviewed within the Community Safety Partnership.
- Dorset police have become more effective at using and enforcing bail conditions, civil orders and Domestic Violence Protection Notice in order to lessen the emotional impact of domestic abuse on children within the household.
- In 2024 142 requests were made under Sarah's Law legislation
- Hospital based DA advocates supported families with child victims of DA (53%), 5% of families included an unborn child and 1% involved older young people experiencing domestic abuse

Physical violence and knife crime - our work this year

- The Dorset Police Safeguarding Hubs incorporate knife crime and physical violence when considering exploited children. Those identified as being high-risk will be 'managed' in conjunction with the local authorities.
- A community safety partner sits on the BCP SCP delegated safeguarding partner meeting and there are close working relationships with the community safety partnership
- University Hospital Dorset contributed to the Dorset Knife Crime Awareness Campaign: **The true impact of knife crime**

What has been the impact so far...

- This approach driven forward by policing partners, will help all partners identify and understand the safeguarding needs of children including those initial presented as offenders. More work will be developed to assess the impact

Children's Mental Health & Emotional Wellbeing — our work this year

Priority 2
Children's
Mental Health &
Emotional
Wellbeing

- Children's Social care are currently working alongside NHS colleagues in relation to MH services and considering a holistic approach within Early Help initially.
- Dorset Police seek to minimise the occasions young people are arrested and taken to a custody environment and will use voluntary attendance where possible.
- The Force has kept safeguarding children central in how it uses bail conditions, civil orders and Domestic Violence Protection Notices .
- Dorset Police monitors the use of Police Protection Orders to ensure officers are making use of the power and using it appropriately and liaising with out of hours/ children's social care when used.
- Dorset Health Care University Trust is fully involved with the two commissioner led transformation programmes - *Your Mind Your Say* (Children Young People and Families Mental Health) transformation. And the *Neuro Developmental - All-Age Autism Review*.

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What has been the impact

- Children's social care work with NHS colleagues has directly shaped The Trauma Informed learning programme is underway as part of the Children's Services Practice Framework.
- The police approach taken to minimise the occasions children and young people means that - if arrested, there is an increased focus to ensure they are dealt with quickly and effectively and will be screened for achieving a 'reachable moment'.
- The health provision within the BCP MASH continues to be provided to ensure an informed response to CYP mental health concerns is provided
- The approach taken on how bail conditions, civil orders and domestic violence protection notices are used helps lessen the emotional impact of domestic abuse on children within the household.

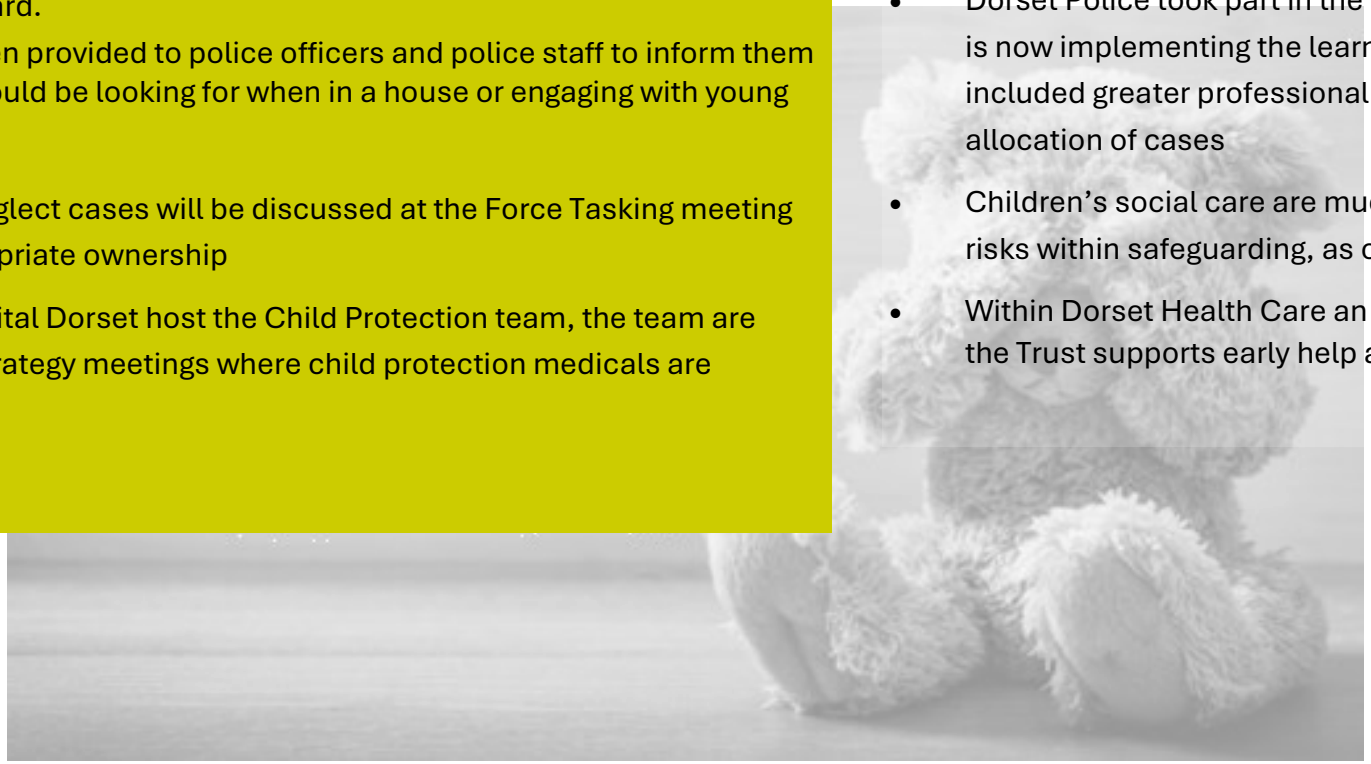
Priority 3
Child
Neglect

Child Neglect — our work this year

- Independent scrutiny was completed with recommendations used to shape the neglect strategy
- The partnership agreed its child neglect strategy identifying objectives for the partnership to focus on
- The partnership held its first annual safeguarding conference on child neglect
- A focussed project group undertook a review of neglect toolkit with the aim of making this more accessible and usable for practitioners alongside families, as well as strengthening the evidence-based elements.
- A partnership neglect task and find group has been established to take the objectives forward.
- Training has been provided to police officers and police staff to inform them of what they should be looking for when in a house or engaging with young people
- Allocation of neglect cases will be discussed at the Force Tasking meeting to ensure appropriate ownership
- University Hospital Dorset host the Child Protection team, the team are involved with strategy meetings where child protection medicals are considered.

What has been the impact so far...

- A range of partners attended the neglect conference helping to raise awareness of child neglect
- Following the review of the neglect toolkit the partnership is more informed on the steps to take to introduce a partnership neglect screening tool and a neglect assessment tool.
- Dorset Police took part in the Neglect Scrutiny Panel and is now implementing the learning identified which included greater professional curiosity and helps inform allocation of cases
- Children's social care are much stronger in recognising risks within safeguarding, as outlined within the ILACs.
- Within Dorset Health Care an advice line for staff within the Trust supports early help and prevention



Safeguarding partners improvement and progress

The BCP SCP can report on how each of the three statutory safeguarding partners has improved their understanding and approach to safeguarding children:

BCP Council Children's Services

Achieved 'good' from Ofsted reflecting the improvements made for outcomes for children and showing improvement in practice. We now write to the child, and our performance data is strong.

There were many positives identified within the ILACs report (published January 2025) that rated Children's Services as 'good' including safeguarding children, management oversight, and the care we show our children. Young carers and Reunification were particularly highlighted, and we know a number of things we are doing are innovative. Writing to the child was viewed positively as Ofsted could see the real difference this made and ensured our children remain at the forefront of our thoughts and practice.

We have also:

- Established strong foundation for Early Help and partnership working, including early help strategy, Early Help Strategic Partnership, and early help assessments strengthening our community response to needs and support, as well as creating clear pathways
- We have actively participated in the BCP Community Safety Partnership, maintaining our role as lead over children's safeguarding but partnering with other work that impacts on the community and bringing curiosity around the impact we make
- We have used Turnaround programme funding to employ a worker into the early help space and delivered work within the YJS space to work with our young people early when they begin to become involved with criminality.

- **NHS Dorset Integrated Care Board**
- **Dorset Health Care University NHS Foundation Trust (DHC)**
- **University Hospital Dorset (UHD)**

NHS frontline staff, working in a wide range of professions across a wide range of organisations, play a critical role in safeguarding children and young people.

NHS Dorset Integrated Care Board is a statutory partner of the partnership. During the year, NHS Dorset continued to collaborate with partners and NHS providers to ensure that local multi-agency procedures protect children and young people from harm. NHS Dorset continued to oversee the governance arrangements for the NHS provider organisation in BCP. Safeguarding professionals at NHS Dorset chaired several Rapid Reviews and Child Safeguarding Practice Reviews (CSPRs) during the year, helping to ensure learning reached frontline staff. Within NHS Dorset, governance of safeguarding continued to be monitored through a Safeguarding Assurance Group which reports to the Chief Nursing Officer.

Primary care GP services are provided through a range of GP practices across BCP. A team of Named GPs at NHS Dorset support the safeguarding leads in the practices, providing training, supervision and information bulletins. During the year, the Named GPs contributed to the development of a new care pathway to ensure the optimum coordination of care between maternity and primary care services for families who lose a baby at a late stage of pregnancy.

University Hospitals Dorset NHS Foundation Trust provides general and specialist hospital at three hospitals in Bournemouth, Poole and Christchurch.

During the year, hospital staff continued to play an active role in multi-agency procedures to protect children and young people who were at risk of being missing, exploited or trafficked. The safeguarding team continued to collaborate with a third sector provider which provides domestic abuse advocacy to patients in the hospitals, ensuring that children exposed to domestic abuse in their families are safeguarded from harm.

During the year, the Named Doctor for Safeguarding contributed to a video campaign to raise awareness of the dangers of knife crime to school-aged children. University Hospitals Dorset continued to host a child protection team, contributing to strategy meetings about children and young people who were at risk of abuse or neglect and providing medicals where required.

The Named Midwife continued to work closely with local authority colleagues to ensure safeguarding risks to unborn children were recognised and addressed. During the year, the Named Doctor for Children in Care supported work to improve the timeliness of the delivery of health assessments for children coming into care.

Dorset HealthCare University NHS Foundation Trust is the main provider of NHS mental health, learning disability and community-based physical health care services in BCP.

The safeguarding team at Dorset HealthCare is responsible for safeguarding children, adults, Prevent, Multi-Agency Public Protection Arrangements (MAPPA) and Mental Capacity Act (MCA) improvement work. During the year, Dorset HealthCare continued to provide the health function within the Multi-Agency Safeguarding Hub (MASH).

The Named Nurse for Safeguarding Children continued to lead collaboration with the partnership, ensuring the statutory functions of 'Working Together' were met. The safeguarding team at Dorset HealthCare continued to provide an internal advice line, providing staff with advice about safeguarding concerns, early help and prevention. Dorset HealthCare continued to participate in sub-groups of the partnership and in task and finish groups making improvements to local safeguarding procedures.

During the year, Dorset HealthCare contributed to commissioner-led transformation programmes in children, young people and family's mental health and a neuro-developmental all-age autism review.

Dorset Police

A force review, supported by the HMICFRS inspection highlighted that workloads for CAIT officers were very high. This supported the recruiting of additional staff which will improve the wellbeing of the existing team, allow us to respond to incidents in a timelier manner and improve the service we deliver to victims.

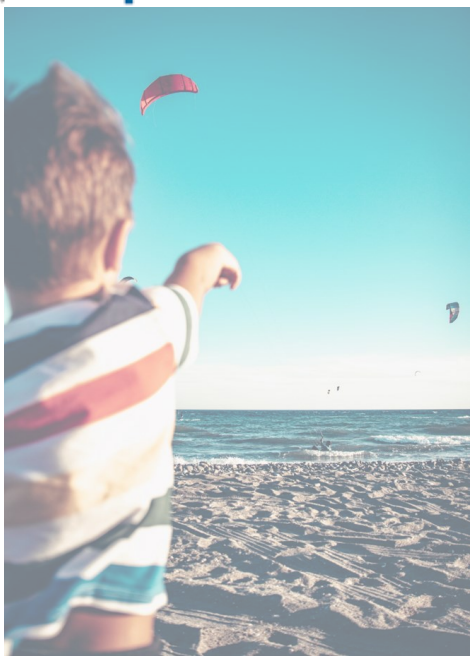
Child Abuse Investigation Team (CAIT) resources are now aligned along local authority boundaries in order to allow more effective partnership working and has continued to see high levels of demand and is therefore investing in additional staff (4 officers/staff)

Structures have aligned to Dorset Families First Pathfinder with regular monitoring in place. Dorset Police attend national Pathfinder meetings which illustrate the progress Dorset has been able to make compared to some areas. This learning will be applied to the BCP area also.

The Dorset Police PEEL inspection found the MASH to be effective and identified a need to increase the multiple-skill levels in the MASH staff in order to be able to respond to high demand such as Police Protection Notices, strategy meetings and case conferences.

Other areas of progress include:

- The Force has improved links between our Intelligence Bureau and High Harm unit to ensure reports received regarding concerning behaviours of individuals can be investigated. This follows learning from an investigation of physical and sexual abuse committed by a male who health had previously reported to the Police
- On average the MASH process 1200 Child Public Protection Notices a month, sharing this information to relevant partners to support safeguarding of children
- On average the MASH is collating 110 strategy discussions a month
- For each initial child protection conference (ICPC) that has taken place in this period, Dorset Police have ensured that a police report has been available at every ICPC.



The work of the safeguarding partnership sub-groups

During 24/25, the BCP SCP had the following principal sub-groups. Each of these groups worked around the partnership priorities (see above). It is important to also acknowledge that each of these groups have had to take time to become established and therefore the outcome of their work may not yet be evidenced. Nonetheless, during this period of transition, partners demonstrated great commitment to prioritise safeguarding as demonstrated with their engagement in forming these groups and collaborating in the work.

The principal group is the

- Quality Assurance & Learning Group (QALG)

The following groups reporting to the QALG

- Child Safeguarding Practice Review Group
- Education sub-group
- Multi-agency audit sub-group
- Task and Finish Sub-Groups:
  - Neglect
  - Harmful Sexual Behaviour

Quality Assurance & Learning Group

The purpose of the Quality Assurance and Learning Group (QALG) is to act on behalf of the BCP Safeguarding Children Partnership to oversee, monitor and provide assurance on the effectiveness of the implementation and progress of the partnership multi-agency safeguarding arrangements and strategic priorities.

The membership of the group is established and has included a representative from the education sector.

The QALG scrutinises the activities undertaken by the other sub-groups, through progress reports that are reviewed at the 3 times yearly meetings. A quality assurance report including issues to escalate is submitted to each Delegated Safeguarding Partners meeting.

What has the group worked on?

During this reporting period, the group has ensured that the learning from the reviews has been shared across the partnership and is strengthening the processes to seek assurances of the impact of the learning for children, young people and their families.

The QALG scrutiny is supported by an agreed dataset which has prompted curious questions around practice that has led to further exploration and assurance from partners, such as, the reasons for the high number of child protection registrations.

The group has been active in shaping the multi-agency learning offer, ensuring it reflects the current priorities and is accessed by partners.

Quality Assurance & Learning Group continued

How the partnership benefits from single agency audit/review activity

Children's Services have continued to build on Practice Weeks.

These highlight and explore key lines of enquiry using a variety of quality assurance methodologies as well as observations of practice, feedback from experts by lived experience and lunch and learn sessions. They are also increasingly including multi-agency partners. Being involved in quality assurance activity for a group of practitioners that might not ordinarily undertake systematic quality assurance supports professional CPD – which has the potential to influence the overall stability and confidence of the local workforce. Within these 12 months period we have held practice weeks within the following service areas: MASH and assessment, PLO and Court, Kinship Care, Children with Disabilities and the Targeted Support Service.

Alongside this activity, focused reviews are a comprehensive overview of practice within a particular area of interest. Learning from these reviews has informed process, policy and practice. Within this year focussed reviews have been delivered regarding: Children in care, Assessment and planning, Care Experience Young people (accommodation and extended offer).

Dorset police Investigative Standards Team have been commissioned to complete audited reviews of crimes, stop search forms, PPN's and other material generated in dealing with young people.

The reviews include whether the voice of the child has been captured.

Future direction for the group:

Further work is in progress to ensure that

- Data is consistently provided by partners, systematically reviewed alongside thorough and pertinent analysis to ensure that the QALG can fulfil its scrutiny and assurance functions
- The QALG will implement a new multi-agency quality assurance framework to provide guidance and direction to the work of the group, embedding the child-centred focus it has developed and strengthen evidence of impact and improvement; including how child and family feedback shapes the work of the partnership
- It will improve its multi-agency view on communications and engagement activity with children and families and frontline professionals to ensure it has a good reach to the frontline and routes for system feedback
- The group will review its role in Joint Thematic Area Inspection readiness – to ensure the partnership is well prepared should a JTAI take place, this will be done through improving the overall co-ordination of information held and regular reporting.

Child Safeguarding Practice Review Group

The purpose of the Child Safeguarding Practice Review Group (CSPRG) is to act on behalf of the BCP Safeguarding Children Partnership (the Partnership) in fulfilling its statutory responsibility to identify improvements that can be made to safeguard and promote the welfare of children through local child safeguarding practice reviews (CSPR).

This group is chaired by NHS Dorset (ICB), Designated Nurse and reports to the quality assurance group where is there is scrutiny around progress of actions from any Rapid Reviews or CSPRs undertaken.

The chair provides a quarterly report highlighting positives and challenges to progressing and learning or actions. The panel is well established, and this space provides an opportunity to explore ideas and ensure learning from national reviews or wider learning from external reviews are considered in the context of BCP.

An example of this is the CSPR subgroup sought assurance from partners that the learning from the Theo review is embedded in practice in BCP. Assurance statements were sought from partners to ensure this.

What has the group worked on?

During this period the following activity related to safeguarding reviews has taken place:

- 0 CSPR commissioned
- 1 child safeguarding report was published
- 1 rapid review was completed
- 3 local reviews took place or were finalised.

Each review has identified learning points which are disseminated across the partnership and included within the multi-agency safeguarding training offer: as both specific learning events and woven into core training content. Equally learning from national reviews is disseminated

What are the future steps

- Review the SPR process ensuring it is robust and enables effective decision making around reviews, that it links well with other relevant processes such the CDOP
- Review and update the means of assuring ourselves that learning has been applied to practice with the development and introduction of an assurance tool. This will need to be developed in partnership for each partner to complete, reflect on what they have done with aggregate insights to assess overall impact.

Child Safeguarding Practice Review Group

Reviews undertaken in this reporting period

CSPR – "Daniel & Sarah" - This review concerned the death and injuries sustained to a 7 weeks old baby and older injuries sustained by sibling 'Sarah' aged under two at the time of 'Daniels' death.

- As a result of the CSPR Daniel and Sarah, CSPR, NHS Dorset has led on implementing ICON across the NHS and introduced to children's social care to ensure that parents and carers receive consistent messages regarding responding to crying babies.
- NHS Dorset has led on revising the Non-Mobile Baby and child protocol and the unborn baby protocol
- The review's recommendations have been included within the neglect task and finish group; specifically relating recognition of neglect and tools to assess child neglect.

Learning from this review has been further enhanced by the completion of a multi-agency baby audit with particular focus on the presentation of non-mobile babies at emergency departments and the quality of partnership working. Learning has also been deepened through a multi-agency physical abuse audit and learning events.

The report and 7 point briefing were published.

⇒ DANIEL-AND-SARAH-FINAL-REPORT-JULY-2024.pdf

⇒ Daniel & Sarah 7minute briefing

Rapid Review – Child "Alex"

This review involved the online grooming of a (then) 13-year-old child and the subsequent sexual and physical abuse suffered by the victim by a paedophile. The report to the national safeguarding panel was submitted and the panel agreed that no CSPR was required.

Learning and recommendations have been taken forward and we will seek further assurance statements from all agencies involved to assess how the learning has been applied. Additionally

- The CSPR group will co-ordinate assurance statement responses from agencies involved and monitor progress
- The partnership has introduced a new and revised online safety training package.

Child Safeguarding Practice Review Group

Local reviews

During this reporting period, two children were referred to the child safeguarding practice review group, neither case met the requirement to issue a serious incident notification but the partnership believed there was learning to be shared. Local reviews are carried out to the same stand as child safeguarding reviews but might apply different methodologies.

Child 1,

This review concerned a child who had experienced extreme tooth decay and deterioration with the cause linked to the child's severe sensory needs. A seven-minute briefing has been prepared and a learning programme is to be developed for delivery during the next reporting period.

Young Person 2,

This review concerned a care leaver who had turned 18 prior to their death by suicide.

The local review was completed and identified a number of learning themes around access and assessment of supported housing for care leavers, quality of plans to enable greater impact for the young person, understanding needs of older children transitioning to adult safeguarding services and impact of domestic abuse as a factor for this young person suicide.

A domestic abuse related death review which is being led by a neighbouring community safety partnership. Relevant actions are in progress and learning programme to be developed.

"Amy"

This review concerned the death by suicide of an older young person who was a care leaver and young parent whose children were subject to child protection plans.

The local review was completed under the previous partnership arrangements with the learning finalised during this reporting period.

Sadly, 'Amy' was also the victim of domestic abuse and a domestic abuse related death review has been commissioned by the BCP community safety partnership. Relevant actions are in progress and learning programme to be developed.

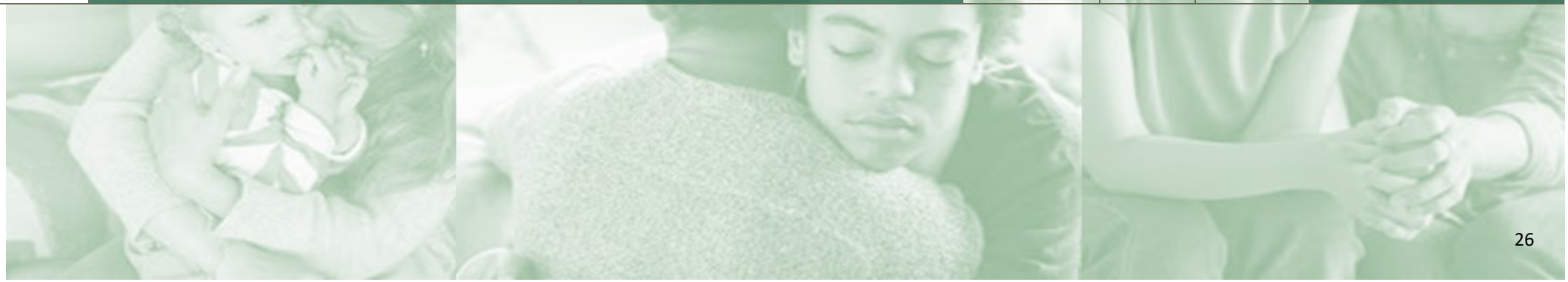
⇒ **'Amy' 7-point briefing**

Child Safeguarding Practice Review Group

Learning themes from reviews

Each case will identify learning for the partnership. Here we look at the common themes from the reviews conducted during this reporting period. We use these insights to plan future training, inform the partnerships strategic priorities and address system issues through improvement in policy or procedure.

	Poor understanding of the lived experience of the child/young person	Long term mental health needs	Domestic Abuse and/ or sexual violence or exploitation victim	Lack of joint working	Poor information / analysis sharing	Lack of Trauma informed practice	Late identification of support needs incl. SEND	Neglect	Physical abuse or violence	Extra Familial Harm incl. online	Transitional Safeguarding & care leaver
"Daniel & Sarah"	■		■	■	■	■		■	■		
"Alex"			■						■	■	
Child 1		■					■				
Young Person 2	■	■	■	■	■	■	■	■	■	■	■
"Amy"	■	■	■	■	■	■	■	■	■	■	■



Multi-Agency Audit Group

Multi-agency practice audits are central to the BCP SCP quality assurance and learning framework for supporting continuous improvement in safeguarding practice and systems. This group co-ordinates multi-agency audits arising from BCP Partnership strategic priorities, local and national learning reviews.

What has the group worked on?

During this period, the emphasis has been to:

- establish the group, agree terms of reference and membership
- draft a multi-agency audit programme
- finalise the learning from the multi-agency baby audit
- undertake a multi-agency audit on physical abuse (Under11 years old)
- change of chair to BCP Council Children's Services Principal Social Worker – which came into effect in August 2024.

What are the future steps

- Key learning has been identified about the audit process itself, including understanding the capacity of partners involved and the number of cases available to review and access to agency information - the group will seek to apply this learning to improve future multi-agency audits
- Ensure that there is a range of activity to assess and test multi-agency practice such as practice learning events and observations
- Continually review the timetable for audit activity over the next 12 months to be responsive to need, capacity and priorities
- Assess options to digitise Section11 audit process and general audits to improve ways to secure learning insights at both organisation and aggregate levels to inform the system level needs of the partnership.

Education Sub-Group

In partnership with local education partners and providers, the BCP SCP and the Department for Education, a development session was held to develop the aims and ambitions for the education sub-group. This session took place in summer 2024, with the first meeting held in November 2024 and as such the group is still to establish a full engagement and delivery programme which is being developed.

The purpose of the subgroup is to act on behalf of the BCP Partnership (the Partnership) to create an environment which enables local schools, (including independent schools and academy trusts), colleges, early years and other education and childcare providers to be fully engaged, involved and included in the Partnership multi-agency safeguarding arrangements. The group has a strategic purpose for contributing to the Partnership priorities and for ensuring the effectiveness of safeguarding practice and systems in education settings.

What has the group worked on?

- The development workshop brought together education sector leads to establish the local strategic needs and connection to the safeguarding partnership
- Terms of reference have been agreed and membership established
- Senior education representatives have been appointed as chair and deputy chair

What are the future steps

- Stabilise the group and establish its work plan aligned to KCSIE updates and locally identified needs as evidenced from reviews, data and audit returns
- Assess opportunities to improve S175 process and analysis.

Task & Finish Groups

Harmful Sexual Behaviour (HSB)

NHS Dorset Integrated Care Board presented a paper, in January 2024, to inform the place-based delivery arms of the Pan Dorset Safeguarding Childrens Partnership about the Harmful Sexual Behaviour progress. There was also qualitative feedback from schools and professionals working with children at a multi-agency sexual offences workshop and keeping our Young People Safer conference in Autumn/Winter 2023. BCP Safeguarding Childrens Partnership continued with this work with a view to sharing the outputs with colleagues in Dorset.

What has the group worked on?

A multi-agency working group was formed in BCP to move the work on and to create a HSB framework that would provide a consistent approach on dealing with HSB, provide opportunities to keep children and young people from the criminal justice system where relevant and to provide schools and other groups working with young people support and guidance.

There were several aims of this work:

- The agreed definition to work from is recommended as Hackett's.
- Workforce training for all professionals working with Children and Young People, available from Lucy Faithful, NSPCC, or any other approved body that recognises Hackett's definition of HSB.
- An HSB framework and toolkit for professionals and parents/carers to be fully developed.

The framework has been developed and has been reviewed by educational providers at an event in March 2025. Feedback from the consultation has been used to refine the framework. The framework aims to provide a consistent approach to managing harmful sexual behaviour for schools and other settings working with young people. The framework will include a list of service providers and resources available to schools, with annual refresher training sessions planned.

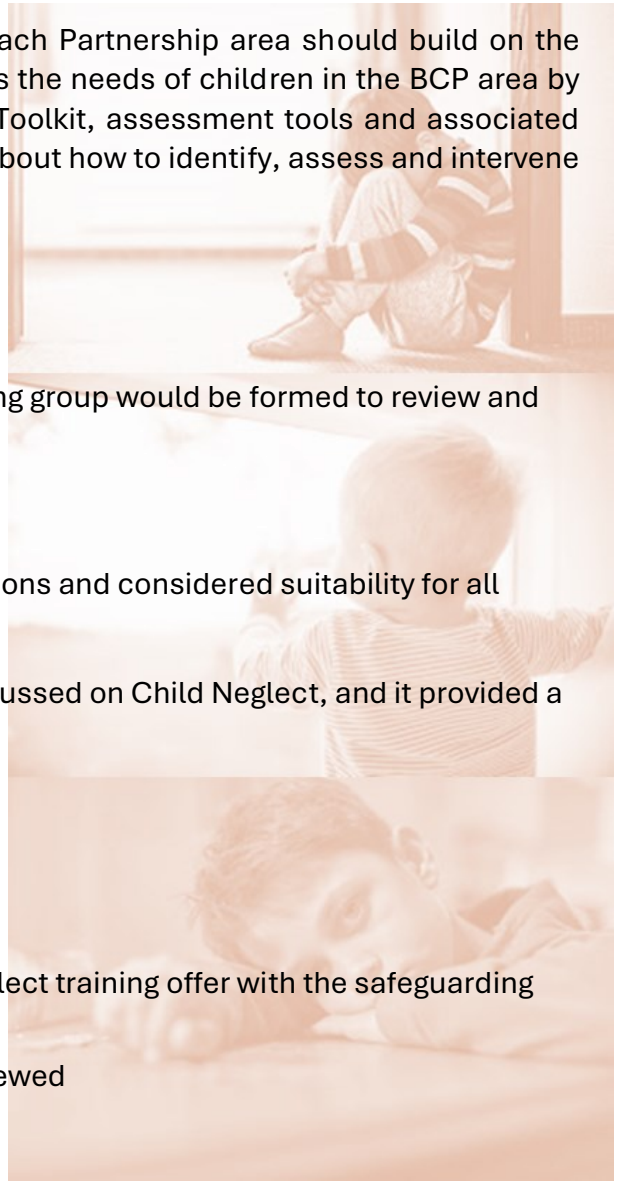
Next steps

- Free training workshops are taking place in the summer months. Exploring the differences between normal sexual behaviour and harmful sexual behaviour, delivered by a local training provider.
- The framework is expected to be finalised and ready for implementation and circulation to schools by October 2025.
- The goal is to provide practical support and guidance to schools and other organisations to manage harmful sexual behaviour effectively.

Task & Finish Groups

Child Neglect

The Pan Dorset Neglect Scrutiny Report May 2024 suggested the following actions. A working group for each Partnership area should build on the positive work achieved through this scrutiny exercise. Develop a Neglect Strategy which adequately address the needs of children in the BCP area by formulating, and publishing, an action plan to accompany the revised Strategy. The Neglect Assessment Toolkit, assessment tools and associated guidance should be reviewed and rationalised to provide a clear set of documents that guide professionals about how to identify, assess and intervene with neglect.



What has the group worked on?

Following on from the BCP Safeguarding Children Partnership meeting in July 2024 it was agreed that a working group would be formed to review and update the neglect strategy and toolkit.

In December 2024 the BCP Safeguarding Children Partnership Neglect Strategy was agreed and published

A scoping exercise took place to research toolkits and screening tools; the working group reviewed these options and considered suitability for all multiagency professionals.

In March 2025 the annual BCP Safeguarding Children Partnership Conference took place, the conference focussed on Child Neglect, and it provided a muti-agency response to inform the Neglect Action plan for 2025 – 2027 which runs alongside the strategy

Next steps

- A proposal to select a neglect assessment tool and screening tool
- Toolkit /screening tool to be developed and agreed with the partnership and incorporated within the Neglect training offer with the safeguarding training team
- The strategy runs from March 2025 – March 2027 after which the implementation and impact will be reviewed

7

Independent scrutiny and assurance

This report acknowledges that because the emphasis of partnership activity has been on establishing the core structures to support our multi-agency safeguarding arrangements: including setting up new groups, terms of reference and programmes for the partnership – there has been a limited amount of multi-agency scrutiny and audit activity in this reporting period. Nonetheless the partnership has completed the following and has identified opportunities to improve.

Equally it is important to note that single agency safeguarding assurance activity has continued as usual.

Independent scrutiny – child neglect

Under auspices of the previous Pan-Dorset SCP child neglect had been identified as a priority area for the period 2023-2025.

Independent scrutiny of partnership work on child neglect was commissioned, with the final outcome applied to the BCP SCP work during this reporting period.

This was a significant piece of independent scrutiny, and it covered three primary areas:

- To examine the quality and effectiveness of the multi-agency response to child neglect when concerns have reached a threshold of actual, or likely, significant harm, and whether agencies are working together to identify and act on child neglect.
- To examine whether practitioners have the knowledge, confidence, and capacity to identify and act on neglect.
- To capture information which provides insights into children and families experiences of working with professionals, when neglect has been identified, and the impact in improving children's lives.

The methodology agreed included a focus on BCP area neglect performance data, engagement of professionals working with families in the BCP area and an audit of cases of children living in the BCP area.

Published in May 2024 the findings have been applied to our work in the following ways:

- Shaping the priorities and objectives of the BCP SCP Child Neglect Strategy (agreed in Dec 2024).
- Informing the commissioning of the multi-agency neglect training offer
- Driving the BCP SCP Neglect task and finish group's work plan.

Multi-agency audit physical abuse (children under 11 years old)

A multi-agency audit on the response to physical abuse in children under 11 years was completed.

This activity was in line with Priority 1 for the partnership and would reflect the learning raised because of the Daniel and Sarah CSPR.

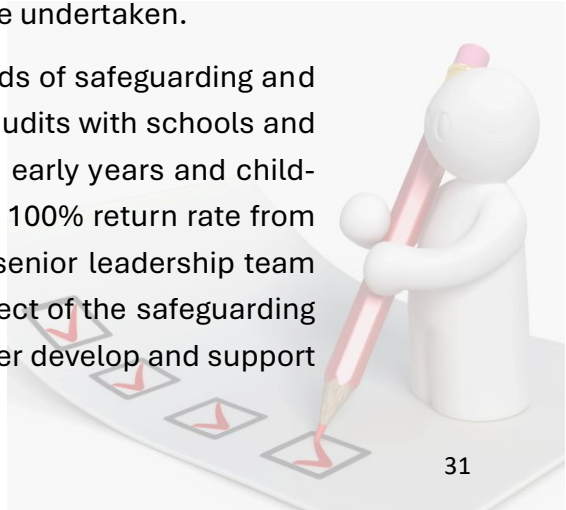
The aim of the audit was to gain further insight into practice across the multi-agency spectrum when physical abuse was the primary factor of concern for children under 11, providing additional insight into how policies, procedures and toolkits support multi-agency practitioners to provide effective and appropriate support to children and families.

The outcomes from this audit have been disseminated to the partnership with a bitesize learning event as well a report sharing. This enabled not only for insights to be shared but also offers space for reflection with multi-agency colleagues and explore the importance of peer challenge and support. Future audits will continue to apply this learning dissemination. 25/26 will see an increase in how independent scrutiny is employed to inform and assess the effectiveness of multi-agency practice and safeguarding arrangements. The partnership will further develop this approach in the next reporting period.

Section 11 and Section 175

Section 11 of the Children Act 2004 places a duty on certain organisations to assess the standard of their functions and services are discharged to safeguard and promote the welfare of children. During this reporting period, no Section 11 audit activity has been completed, however under the previous Pan-Dorset SCP, all three statutory partners completed Section 11 audit within the previous two years of this reporting period. Under the new partnership arrangements, a review of how Section 11 audit activity is completed with be undertaken.

Section 175 of the Education Act 2002 sets the safeguarding duties of schools governing bodies to assess the standards of safeguarding and welfare of children within their organisation. BCP council safeguarding in education service co-ordinates Section 175 audits with schools and has secured high compliance rates for this activity. Education Safeguarding Advisers work extensively with education, early years and child-care settings. During this the service have improved the impact of the Education 175 audit process and we received a 100% return rate from schools. Advisers are in the process of analysing the 175 outcome for each school and visits to discuss this with the senior leadership team have started. The service are also now providing advice and guidance to the BCP Council Commissioning Team in respect of the safeguarding aspect of the Alternative Provider Framework and approval process. As noted above, the education sub-group will further develop and support the education sector to develop Section 175 activity and how the insights can be applied strategically.



Multi-agency safeguarding training

Pan-Dorset (covering BCP and Dorset council areas) training offers a core safeguarding training provision with focus on a multi-agency workforce accessed by a wide range of agencies. The administration and co-ordination of the training is paid by income generation. Our aim is to offer a full multi-agency experience to attendees which will build understanding of the distinct roles and frame of reference, ensuring closer working relationships with the child/ young Person at the centre.

The safeguarding training team is a trusted and dependable provider ensuring that organisations meet their safeguarding training requirements. Courses are commissioned through the Learning and Development Framework and meet the specific quality control and contract compliance.

Summary of the training offer 2024-2025

PDSCP Training offer	Number	£	
Safeguarding L2 Foundation	4 (1 on a Saturday)	£55.00	Mandatory
WT (Working Together) Initial	42 (2 on a Saturday)	£82.00	Mandatory
WT update (working Together)	50 (2 on a Saturday)	£55.00	Mandatory
Neglect	3	£82.00	Priority
Safer Recruitment	5	£82.00	Mandatory
Safer Recruitment update	4	£55.00	Mandatory
Managing Allegations	4	£55.00	Dorset Council
Online Safety	2	£55.00	Linked to YP
Missing Exploited Trafficked Children (MET)	3	£85.00	Mandatory
Child Exploitation Basic Awareness Covers IFSA/EFSA Intro for 24/25 programme	3	£55.00	Linked to CSPR
NEW TIP (trauma informed practice) Introduction	4	£55.00	T&F Group
NEW IFCSA Training programme of five course offer (1 & 5 - 2 courses. 2, 3 and 4 - 1 course)	7	£82.00/£55.00	Linked to CSPR
NEW DA	4	FREE	Linked to CSPR

Incorporated to the existing training offer:

When changes to local and national legislation or guidance is known, the information is shared to all relevant training providers to up-date their training content where required for example:

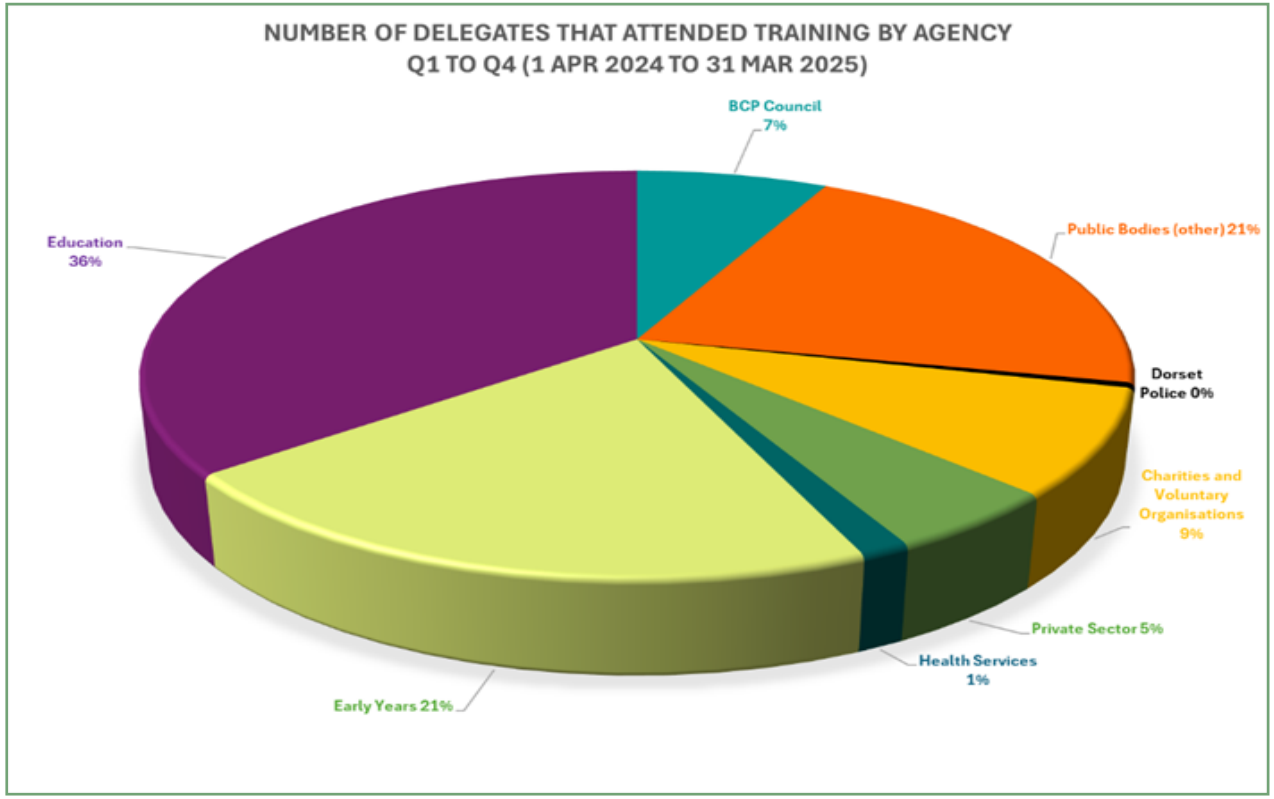
- 7-point briefing – Non-Mobile Babies
- Protocol and tool – Linked to the AS CSPR
- Neglect – Linked to Daniel & Sarah CSPR
- Working together 2023 – Changes to the Safeguarding Partnerships

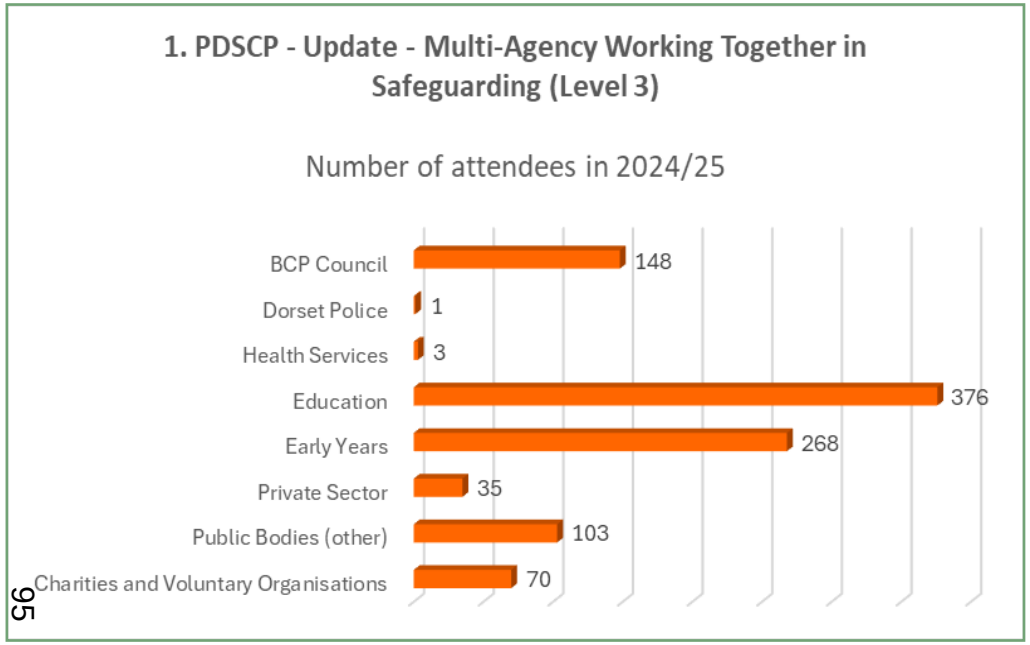
Attendance

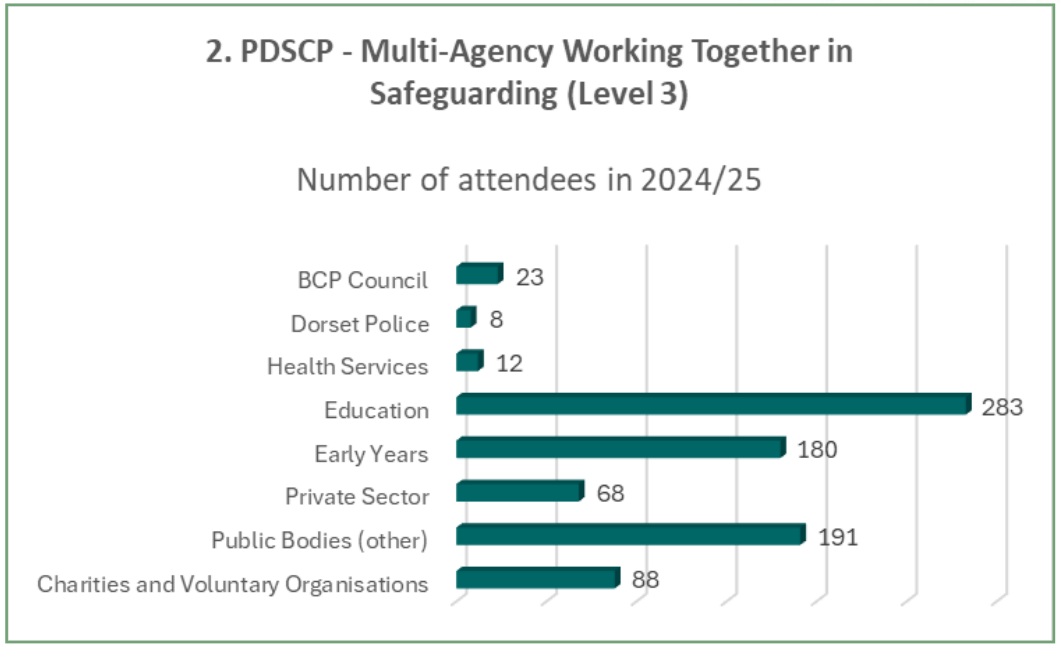
The following charts show the attendance by organisation or sector where known.

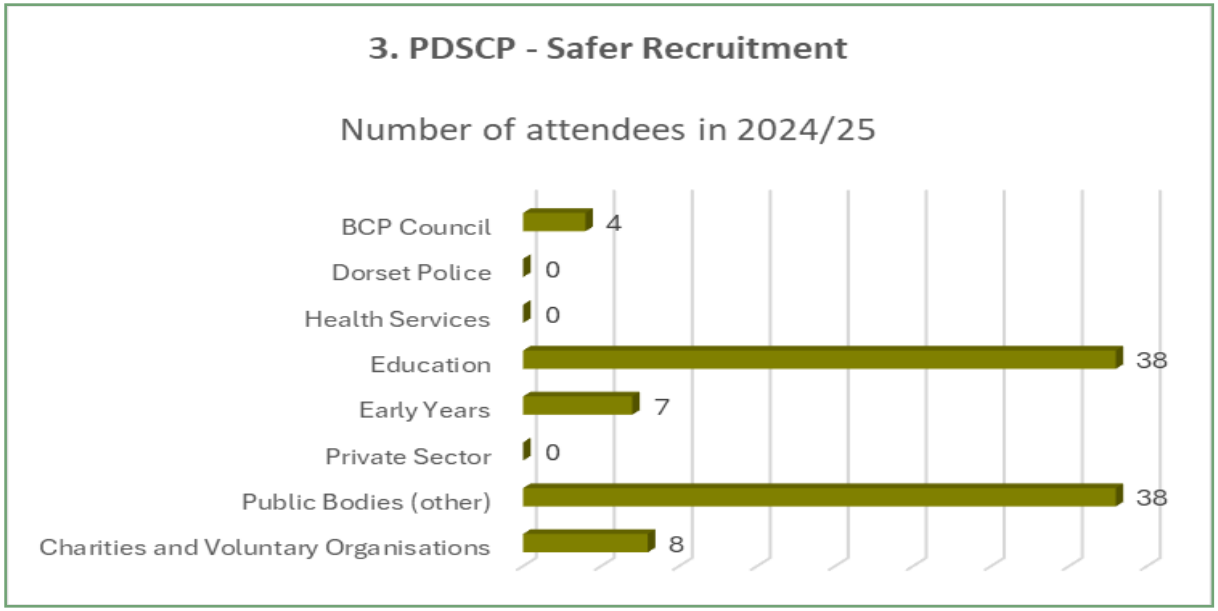
It should be noted that the multi-agency training offer is designed to complement all single agency and sector specific training.

For example, each of the three accountable safeguarding partners have specific safeguarding training available to support the specialisms to roles and legislation required of them.




1. PDSCP - Update - Multi-Agency Working Together in Safeguarding (Level 3)
Number of attendees in 2024/25
BCP Council 148
Dorset Police 1
Health Services 3
Education 376
Early Years 268
Private Sector 35
Public Bodies (other) 103
Charities and Voluntary Organisations 70


2. PDSCP - Multi-Agency Working Together in Safeguarding (Level 3)
Number of attendees in 2024/25
BCP Council 23
Dorset Police 8
Health Services 12
Education 283
Early Years 180
Private Sector 68
Public Bodies (other) 191
Charities and Voluntary Organisations 88


3. PDSCP - Safer Recruitment
Number of attendees in 2024/25
BCP Council 4
Dorset Police 0
Health Services 0
Education 38
Early Years 7
Private Sector 0
Public Bodies (other) 38
Charities and Voluntary Organisations 8

Three Month Impact Survey Summary

The use of three month impact survey has recently begun and is a useful way to track ways learning has been applied to practice, including confidence levels as well as knowledge gained.

Examples of how the learning has been applied is shown on the next page.

3 Month Impact Survey Results	
Total number of responses received for staff working in the BCP Council area:	
83	
Course Attended Around 3 Months Ago	**Number of Delegates**
Foundation in Safeguarding Children (former L2 course)	1
Introduction to Intrafamilial Child Sexual Abuse	2
Multi-Agency Working Together in Safeguarding	37
Safer Recruitment	1
Update - Multi-Agency Working Together in Safeguarding	42

Agency BCP Council Area	**Number of Delegates**
Charities and Voluntary Organisations	6
Early Years/Pre-School	14
Education	32
Local Authority	27
Police/Probationary Service	1
Private Sector	3
On the below scale how would you rate your confidence level in being able to apply what you learnt since attending this session, in your day-to-day role?	
Confident	37
Fairly Confident	10
Very Confident	36
On the below scale how would you rate your knowledge level in being able to apply what you learnt since attending this session, in your day-to-day role?	
Basic Knowledge	1
Extensive Knowledge	18
Fair Knowledge	6
Good Knowledge	58

Have you applied any changes in practice within your organisation since attending this training?	
Yes	52
No	31
Examples of how the training has changed practice within the delegate's organisation:	
We reviewed and updated our policy to ensure that it is in line with current legislation	
When running Parenting Programmes I am more aware of what could be happening for the child in the family and some of the reasons for behaviour.	
I have been more vigilant after attending the course and documented more concerns to our DSL.	
Mindful of toolkits and applying them to evidence worries and strengths	
Using the continuum of need for triaging concerns	
Has your learning impacted the children, young people or the families you work with?	
Yes	64
No	19
Examples of how the training has impacted the children, young people and/or the families the delegate works with:	
For me, I am new to the area so having a good knowledge of the local agencies was very useful.	
Learning about the continuum of need on the training has helped me recognise which support, agencies etc are needed to support the families I work with.	
Having more knowledge has allowed me to support the students and have a much better understanding on how to support but also how to talk to them.	
The update refresher course helps to remind you to keep policies and procedures up to date and to upskill staff continuously to safeguard children and families better.	
Having more awareness means I can support in the best way I can and recognise potential issues in certain situations.	

Are you using the toolkits?	
BCP Child Exploitation Toolkit	25
Neglect Toolkit	24
Domestic Abuse Toolkit	16
Working with Parents/Carers with Substance Mis-use Issues Toolkit	10
Mental Health Toolkit	15
None	33
Would you recommend this course to a colleague?	
Yes	83
No	0

9

Local Authority Designated Officer summary for 24/25

The BCP LADO service is responsible for managing allegations against adults who work with children.

In 2024/25 referrals significantly increased to 655 from 213 in 2023/24, with a 12% increase in the number of consultations also undertaken. There is stability in the situations where threshold is met, and allegation meetings are held which evidences a more confident and consistent service. The education sector remains the largest referrer to LADO, increasing year on year. Referrals from several agencies and cohorts have also increased in referrals year on year, such as NHS, early years, foster carers and police. This is partly attributable to increased awareness and training for partners as well as the improvements in the robustness and transparency of the LADO process within BCP Children's Services.

An increase in establishment to 2 permanent full-time LADOs has meant the service has been able to meet the rise in demand whilst providing a safe and good quality service. The improvements to the LADO referral process and case management system have continued to result in a safer and more robust way of working which partner agencies are familiar with. LADOs have good working relationships with partner agencies with advice and guidance given increasing from 21 (although under recorded) to 152 occasions in this last year. In August 2024, Islington, as an improvement partner to BCP local authority, undertook a thematic audit on the LADO service which concluded LADO work was safe and timely.

In June 2024, BCP's Education/Early Years Safeguarding Advisors (ESAs) moved to be overseen by the same Head of Service as the LADO team to align their work. This change has proved to be beneficial, strengthening the link between LADO, education and early years leading to stronger joined up working and information sharing. ESAs and LADOs attend DSL forums and Head Teacher briefings.

Child Death Overview Panel summary for 24/25

The child death overview panel is the joint responsibility of the local authority and the ICB covering that area. It is a multi-agency panel that reviews all deaths of children. For the Bournemouth, Christchurch and Poole area, there is a joint arrangement with Dorset and Somerset, with the Dorset Council hosted CDOP co-ordinator serving the BCP area.

- CDOP annual report to be published summer 2025 providing full details of the year's activity and statistics.
- Annual Report data will continue to provide local authority level comparative data which was introduced in 2023-2024.
- Successful learning event co-hosted with Somerset on 06 March 2025.
- The Pan Dorset Child Death Co-ordinator has settled well and providing support to Designated Doctors and the Panel.
- Review of strategic governance of the Pan Dorset and Somerset CDOP processes has commenced with the aim to review and highlight system opportunities, challenges and formalise future governance processes. This will progress further once new ICB structures has been formalised

Financial information

Under the previous Pan-Dorset safeguarding arrangements the budget was managed by Dorset Council on behalf of the BCP area. The budget for 24/25 shared here is a headline summary

Partner	Contribution 2024-2025 (£)
Bournemouth, Christchurch & Poole Council	80,800.00
NHS Dorset	37,892.50
Dorset Police	37,892.50
Dfe Working Together 2023 grant (carry over)	47,300.00
Total	203,885.00

Contact us:

safeguardingchildrenpartnershipBCP@BCPcouncil.gov.uk

BCP SAFEGUARDING CHILDREN PARTNERSHIP

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HEALTH AND WELLBEING BOARD

Report subject	**Better Care Fund 2025-2026 Quarter 1 Report:**
Meeting date	6th October 2025
Status	Public Report
Executive summary	This report provides an overview of the Quarter 1 Report of the Better Care Fund (BCF) for 2025-26. The BCF is a key delivery vehicle in providing person-centred integrated care with health, social care, housing, and other public services, which is fundamental to maintaining a strong and sustainable health and care system. The report is a part of the requirements set by the Better Care Fund 2025-26 Policy Framework. The report must be jointly agreed and signed off by the Health and Wellbeing Board as one of the planning requirements.
Recommendations	**It is RECOMMENDED that:** **The Health and Wellbeing Board retrospectively approve:** • **Better Care Fund 2025-2026 Quarter 1 Report**
Reason for recommendations	NHS England (NHSE) require the Health and Wellbeing Board (HWB) to approve all BCF plans, this is one of the national conditions within the Policy Framework. This includes planning documents at the beginning of a funding period, and template returns reporting progress against the plans quarterly.

Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Report Authors	Scott Saffin, Commissioning Manager – Better Care Fund and Market Management Becky Whale, Deputy Director, UEC and Flow - NHS Dorset
Wards	Council-wide
Classification	For Decision

Background

1. This report is a covering document for the content of the Better Care Fund Quarter 1 Report. The report is made up of a single document template. The template was provided by NHS England and completed collaboratively by officers from BCP Council and NHS Dorset.

2. The document details the following:
    - Confirmation of National Conditions agreed by partners
    - Q1 Performance of Better Care Fund metrics
    - Expenditure update

3. The BCF is a Programme spanning both the NHS and Local Government which seeks to join-up health and care services, to promote people's ability to manage their own health and wellbeing and live independently in their communities for as long as possible.

4. The BCF pooled resource is derived from existing funding within the health and social care system such as the Disabled Facilities Grant and additional contributions from Local Authority or NHS budgets. In addition, short-term grants from Government have been paid directly to Local Authorities i.e. Local Authority Better Care Grant, which is used for meeting adult social care needs, reducing pressures on the NHS, and ensuring that the social care provider market is supported. The Adult Social Care Discharge Fund is also now wrapped up as part of the BCF and is subject to quarterly reporting against spend and activity.

5. In Bournemouth, Christchurch, and Poole - the Better Care Fund totals £79,272,349 for the year 2025/26.

6. A mid-year update on all schemes and metrics of the Better Care Fund will be provided at the next Health & Wellbeing Board meeting, when the Better Care Fund Quarter 2 report will be presented, which is currently a work in progress for submission on 7th November.

Better Care Fund 2025-26 Quarter 1 Report

1. The planning requirements sheet dictate that this document is presented to the Health & Wellbeing Board on Monday, October 6th, for approval.

2. The health and social care landscape continues to present performance challenges; however, BCP Council are currently on track to meet 2025/26 targets for:

    - Emergency admissions to hospital for people aged 65+ per 100,000 population
    - Average length of discharge delay for all acute adult patients
    - Long-term support needs for people aged 65+ met by admission to residential and nursing care homes, per 100,000

3. All schemes are being implemented as outlined in the BCF Planning Template 25/26 that was approved at the 24th March 2025 Health & Wellbeing Board meeting.

Summary of Financial Implications

4. The Better Care Fund Group comprising of members from BCP Council and NHS Dorset continue to monitor BCF budgets and activity for 2025-26 Plan.

5. The previously approved plan provides a very granular breakdown of the spending by scheme type, source of funding and expenditure (See Appendix 2). A high-level view of this is detailed in the table below:

Source of Funding	Planned Income
DFG	£4,365,654
Minimum NHS Contribution	£40,466,631
Local Authority Better Care Grant	£16,578,901
Additional LA Contribution	£2,182,000
Additional NHS Contribution	£15,679,163
Total	**£79,272,349**

Summary of Legal Implications

6. New Section 75 agreements, (in accordance with the 2006 National Health Service Act), will be put in place as prescribed in the planning guidance for each of the pooled budget components in the fund.

Summary of human resources implications

7. The services funded under the BCF are delivered by a wide range of partners some of whom are employed by BCP Council and many who are commissioned by BCP to deliver these services. There are no further human resources implications to note.

Summary of sustainability impact

8. Services are only sustainable as long as funding is available.

Summary of public health implications

9. The BCF is a key delivery vehicle in providing person-centred integrated care with health, social care, housing, and other public services, which is fundamental to maintaining a strong and sustainable health and care system.

Summary of equality implications

10. An Equalities Impact Assessment was undertaken when the Better Care Fund schemes were implemented and there have been no changes. Additional EIAs will be undertaken if there are any proposed future changes to policy of service delivery.

Background papers:

Better Care Fund policy framework 2025 to 2026 - GOV.UK

Appendices:

Appendix 1 - BCP Council BCF 2025-26 Q1 Report v2

Appendix 2 - BCP Council BCF 2025-26 Planning Template v1.5

BCP COUNCIL Health and Wellbeing Board

Report subject	**Pharmaceutical Needs Assessment**
Meeting date	6th October, 2025
Status	Public Report
Executive summary	The Bournemouth, Christchurch and Poole (BCP) Health and Wellbeing Board, and the Dorset Health and Wellbeing Board, are both required to publish a Pharmaceutical Needs Assessment (PNA) every three years. A new PNA has been developed as a single document covering both areas as agreed during transition and is scheduled for publication in October 2025. The Steering Group reviewed current population needs, future population growth, and current pharmaceutical services. They concluded that, although there have been changes since the last PNA, these are unlikely to significantly affect access to, or the provision of, pharmaceutical services. Therefore, no gaps in pharmaceutical service provision have been identified. The Steering Group now seeks approval from the Health and Wellbeing Board to proceed with publication of the new PNA. A statutory consultation was carried out to support the development of the PNA. Consultation responses were considered, and where appropriate, amendments were made to the PNA (see Appendix 1).
Recommendations	**It is RECOMMENDED that the Board:** • **Note the outcome of the consultation** • **Approve the new Pharmaceutical Needs Assessment for publication by October 2025.**
Reason for recommendations	To ensure that the Health and Wellbeing Board fulfils its statutory duty to publish a new Pharmaceutical Needs Assessment three years after the previous PNA, published October 2022.

Portfolio Holder(s):	Councillor David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Glynn Barton, Chief Operations Officer
Report Authors	Dr Rohan Mongru (Specialist Registrar in Public Health) and Lee Robertson (Senior Public Health Analyst) – supervised by: Dr Jane Horne, Consultant in Public Health, Dorset Council jane.horne@dorsetcouncil.gov.uk and Paul Iggulden, Public Health Consultant, BCP Council Paul.Iggulden@bcpcouncil.gov.uk
Wards	All wards
Classification	For: Recommendation

Background

1. A Pharmaceutical Needs Assessment (PNA) is a statement of the need for pharmaceutical services of an area. PNAs are used by the NHS to aid in the consideration of applications to join the pharmaceutical list for the area under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. The national legislations and regulations, and key concepts and definitions are outlined in Chapter 2 of the PNA: Introduction, along with the commissioning organisations involved in the development of this PNA. The localities developed for the PNA together with the process of creating the PNA are described in Chapter 3 of the PNA: Development of the PNA.

   Both councils have low levels of ethnically diverse residents, (discussed in Chapter 4 of the PNA: Local Context), with 82.4% (BCP) and 93.9% (DC) identifying as white British, compared to 73.5% for England and Wales. The highest proportion of BCP Council's ethnically diverse population is classified as “White Other” at 40%, while Dorset Council's highest proportion is also “White Other” at 40%.

   Currently there are a total of 132 community pharmacies within the Dorset area (66 in BCP Council and 66 in Dorset Council), and 3 distance selling pharmacies (1 in BCP Council and 2 in Dorset Council) all of which provide essential services, and some of which provide advanced and enhanced services, as defined in Chapter 5 of the PNA: Current services. Also detailed in this chapter are services from 3 dispensing appliance contractors (2 in BCP council and 1 in Dorset council) and locally commissioned services in the area and details on other services that could impact community pharmacy.

   This chapter uses information on current services to determine whether there is, or is likely to be, during the lifetime of this PNA, a gap in pharmaceutical service provisions for this area. It also identifies areas where improvements could be made. The analysis considers factors such as accessibility in terms of location and opening hours, choice of provider, and housing growth. Driving time has been chosen as the key measure of accessibility.

   In Chapter 7 of the PNA: Conclusion, it states that there is appropriate provision for the population that this PNA covers, with no current gaps and no future gaps

identified over the three-year lifespan of this document. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within local areas rather than through the opening of additional pharmacies.

Options Appraisal

2. While no formal alternatives were considered for the overall development of this report, the Steering Group explored different approaches in two key areas of the PNA process: the definition of a gap in pharmaceutical provision and the geographical units used for analysis. We asked about the definitions used in the PNA report during the consultation and if there were any other alternatives suggested.

   Definition of a Gap:

   The 2013 regulations require PNAs to identify necessary pharmaceutical services but do not define what constitutes a "gap." To address this, the Steering Group developed criteria focused on accessibility, including a consistent 20-minute drivetime for both urban and rural areas. They also considered pharmacy opening hours in relation to GP Enhanced Access times. These criteria were tested through consultation, and feedback supported their use. "Necessary services" were defined as dispensing, essential services, and accessibility within the agreed travel time.

   Geographical Areas:

   The Steering Group considered alternative geographical units for analysis. Initially, Integrated Neighbourhood Team (INT) Areas were used instead of Primary Care Networks (PCNs) to simplify the complex and overlapping PCN catchments. These INT Areas, based on 2022 ward boundaries, were later consolidated from 15 to 9 to improve planning and reflect local health needs more effectively. As the definition of INT boundaries evolved, the PNA localities were redefined to remain ward-based, ensuring consistency and better alignment with service access patterns across urban and rural populations. This approach was informed by data availability and shaped by feedback received during the statutory consultation, with adjustments made where appropriate (see Appendix 1).

Summary of financial implications

3. NHS Dorset Integrated Care Board (ICB), as the local commissioner of health services, may use the PNA to inform planning and resource allocation for community pharmacy services. In addition, Dorset Council and BCP Council may draw on the PNA to support commissioning and budgetary decisions related to public health and locally commissioned pharmaceutical services.

Summary of legal implications

4. The Pharmaceutical Needs Assessment (PNA) has been developed in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, which require Health and Wellbeing Boards to publish a PNA every three years. The Dorset and Bournemouth, Christchurch and Poole (BCP)

Health and Wellbeing Boards have exercised their legal right under Section 198 of the Health and Social Care Act to produce a joint PNA.

A statutory 60-day consultation was completed between June and August 2025, fulfilling legal obligations for stakeholder engagement. The PNA will inform NHS Dorset's commissioning decisions and regulatory assessments.

Summary of human resources implications

5. This report identifies no gaps in current pharmaceutical service provision, and therefore no changes to staffing, roles, or ways of working are anticipated. There are no implications for redundancy, resourcing, or training, and no Equality Impact Assessment is required. As no service transfers or contractual changes are proposed, TUPE does not apply, and there is no impact on personal data, payroll, or pensions.

Summary of sustainability impact

6. The development and publication of the Pharmaceutical Needs Assessment (PNA) is not expected to have a direct impact on the natural environment, climate, or ecology. However, by informing the commissioning and delivery of pharmaceutical services, the PNA may support sustainability goals through promoting environmentally responsible practices, such as the safe disposal of medicines and reducing unnecessary travel through accessible service provision.

Summary of public health implications

7. The Pharmaceutical Needs Assessment (PNA) has direct relevance to the health and well-being of residents across Dorset and BCP. It provides a strategic overview of pharmaceutical service provision, identifying current access, potential gaps, and future needs. This enables commissioners to make informed decisions that support equitable access to essential medicines, public health services, and health advice through community pharmacies.

   The PNA contributes to improved health outcomes, supports preventative care, and aligns with the priorities of the Joint Health and Wellbeing Strategy and the Integrated Care System. It also helps reduce health inequalities by ensuring services are responsive to local population needs.

Summary of equality implications

8. An Equalities Impact Assessment is not required as there have been no significant changes from the last PNA published in 2022.

Summary of risk assessment

9. HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

   Current Risk: Low

   Residual Risk: Low

Background papers

None

Appendices

Appendix 1 – PNA 2025-28 Consultation Report
Appendix 2 - PNA 2025-28 Post Consultation Draft

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Appendix 1: PNA 2025-28 Consultation Report

This report summarises responses to the formal consultation on the draft Pharmaceutical Needs Assessment (PNA) for Dorset. The formal consultation was open from 10th June 2025 to 14th August 2025, following the statutory requirements set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The Steering Group would like to thank all respondents to the consultation for taking the time to review the documentation and share their views.

Consultation Process

The draft PNA 2025 report and supporting locality data profiles were made available via the Dorset Council "Citizen space" consultation site from 10th June to 14th August 2025. An online form was provided to submit responses. Details on how to request paper copies and contact details for questions were also included on the webpage. The consultation was also signposted on the Bournemouth, Christchurch and Poole "Have Your Say" consultation site during the same period.

The online survey included some set questions around the accuracy of information and views on the recommendations and gap analysis, as well as opportunities to submit free text comments.

In line with the PNA regulations the consultation information was sent via email to the following organisations and stakeholders:

- Local Health and Wellbeing Board Members
- Neighbouring Authority Health and Wellbeing Boards
- Local Pharmaceutical Committee
- Local Medical Committee
- Local Healthwatch
- Local NHS trusts
- The Integrated Care Board and Integrated Care Partnership
- Local Pharmacies
- Local General Practice and Dispensing surgeries
- NHS England and NHS Improvement

The consultation was also promoted through several communication channels, including Dorset Council Public Health social media channels, and partner organisations newsletters.

Responses to the consultation were collated and analysed by the Public Health team in Dorset Council. All responses were considered, reviewed and the PNA amended as appropriate. A summary of the responses received, and any corresponding responses or actions taken are shown below.

As the PNA was produced on behalf of both Dorset Health and Wellbeing Board, and Bournemouth, Christchurch and Poole Health and Wellbeing Board, consultation respondents were asked if they were commenting on both areas, or one area only.

The analysis subsequently presents responses according to the area respondents were commenting on.

Consultation Responses

A total of 46 responses were received as part of the formal consultation. Forty-three were via the online consultation form, and 3 responses were submitted via email. Responses were received from the following stakeholders and organisations via the online form.

Table 1: Number of responses via the online consultation form

Respondent type:	Commenting on:		
	Both areas	BCP Only	Dorset Only
Personal view as member of the public	1	22	7
Community pharmacist or pharmaceutical provider	1	3	
GP surgery/dispensing surgery or federation			5
Neighbouring Health and Wellbeing Board			1
Representing the views of a business	1		
Representing the views of a community group, charity or social enterprise			1
Personal view as an employee of a Council		1	
Totals	3	26	14

The following sections summarise responses to the online form (43 respondents). Comments from email responses are incorporated into the text analysis.

1. Purpose and scope of the PNA

Thirty-seven respondents felt that the purpose and scope of the PNA were clear, 3 did not. There were no comments about the purpose and scope of the PNA.

Table 2: Online responses to the question 'Is the purpose and scope of the PNA clear?'

Is the purpose and scope of the PNA clear?	Both areas	BCP only	Dorset only	Total
Yes	3	22	12	86%
No		2	1	7%
Don't Know		2	1	7%

2. PNA Localities

Twenty-eight respondents felt that the PNA localities used presented an appropriate division of the area, and 5 respondents did not.

Table 3: Online responses to the question 'Are the PNA localities an appropriate division of the area, to provide an overview of the need for pharmaceutical services?'

Are the PNA localities an appropriate division of the area, to provide an overview of the need for pharmaceutical services?	Both areas	BCP only	Dorset only	Total
Yes	3	16	9	68%
No		3	2	12%
Don't Know		7	1	20%

Two comments were made about the locality alignment to Primary Care Network (PCN) or Integrated Neighbourhood Team (INT) areas. In this assessment, Integrated Neighbourhood Team (INT) Area boundaries were used in place of Primary Care Networks (PCNs) to simplify the complex and overlapping catchment areas of the 18 PCNs. During the development of the PNA, the definition of INT boundaries evolved—from being ward-based to aligning with PCN boundaries. However, the PNA Localities presented in this report remain ward-based and therefore differ from the current PCN-based INT boundaries. This distinction is important due to the inherent complexity and overlap within PCN catchment areas. Clarifying information has been added to the main report.

One respondent commented that locality areas contain both affluent and areas experiencing deprivation. Another respondent felt that the approach to the PNA is complex.

3. Information about the currently available pharmaceutical services

Twenty-five respondents felt the information was correct and 6 did not.

Table 4: Online responses to the question 'Is the information included about the currently available pharmaceutical services correct?'

Is the information included about the currently available pharmaceutical services correct?	Both areas	BCP only	Dorset only	Total
Yes	2	16	7	61%
No	1	1	4	15%
Don't Know		8	2	24%

Respondents highlighted several corrections or amendments, which have been reviewed and amended through the document where necessary. However, we note that as the PNA is a static document published once every 3 years information will always be in the form of a snapshot. Supplementary statements may be published from time to time to update what the PNA says about availability of pharmaceutical services. Once issued these become part of the PNA.

One respondent commented that it was not clear which pharmacies offer services like Covid Vaccines. There was also a comment about the availability of Pfizer vaccine for older people. The Pharmaceutical Needs Assessment (PNA) provides a strategic overview of pharmaceutical service provision across Dorset and BCP, including essential, advanced, and enhanced services. However, it does not list individual pharmacies or the specific services they offer, such as COVID-19 vaccinations. The COVID vaccine that is offered to different population cohorts is a national policy and is not set locally.

One respondent commented that including the Pharmacy Faculty workforce work was helpful.

4. Current or anticipated pharmaceutical service needs

Twenty respondents felt that current or anticipated needs were considered adequately. Ten felt that there were needs that had not been considered in the PNA.

Are any current or anticipated pharmaceutical service needs not considered in the draft PNA?	Both areas	BCP only	Dorset only	Total
Yes		4	7	26%
No	3	11	6	47%
Don't Know		11	1	28%

One respondent commented about the incorporation of future developments such as community pharmacy being mentioned extensively in the NHS 10-year plan, and upcoming changes to legislation around the responsible pharmacist mandate.

The Pharmaceutical Needs Assessment (PNA) is a statutory document that must be published every three years, following a defined timeline and consultation process. It provides a snapshot of pharmaceutical service provision and identifies potential gaps based on the best available information at the time of writing.
We recognise that service developments and commissioning decisions may continue to evolve after the PNA is finalised. There is scope within the PNA legislation to review changes as we are notified of them. We are aware of the focus on opening hours and dispensing in the 10-year plan. The potential impact on skill mix is noted. The document is intended to support strategic planning and inform future decisions, rather than to reflect real-time service changes.

Any significant developments that occur after publication will be considered through supplementary statements or future updates, in line with national guidance.

One respondent made suggestions around raising awareness of Pharmacy First and exploration of digital inclusion. These recommendations have been noted.

Current or anticipated needs in the Dorset area

Three respondents made comments about the consideration of housing development in the Dorset area within the PNA analysis, with specific areas of development mentioned including Blandford, Wimborne and Swanage. Two comments related to the location and choice of pharmacies within Wimborne Town Centre.

The PNA highlights projected population growth and housing development over the lifetime of the PNA. Overall, there is no indication that this will substantially change the driving time access maps across Dorset. An increased population is likely to mean increased dispensing activity, although this will be determined by the demographics of people moving into new housing developments. Where comments have highlighted specific locations, the analysis has been reviewed and confirmed that the stated housing developments have been included in the gap analysis. However, their size did not meet the threshold for specific mention within the PNA document. A clarification of the threshold level has been included in section 4.7.

The most important factor in whether existing pharmacies can meet any increased need is staffing capacity and skill mix within the pharmacy. The pharmacist workforce and skill mix has been highlighted within the PNA.

One respondent stated that the PNA needed to consider proposed pharmacy consolidation applications, and impact of this on future access.

The PNA analyses and comments on the current pharmaceutical services in the local area, at the time the PNA is written. Information on applications in progress at the time of production are not included, as these are subject to a consultation process and panel assessment to grant or decline them. We are consultees of any applications, and as part of our response we review the PNA analysis to assess the impact of a proposed consolidation.

Since the formal consultation period on the draft PNA, the commissioners circulated their decision that the application referenced was granted. The date of the consolidation has not been confirmed prior to publication. If formal notices and applications are granted after the publication of the PNA, supplementary statements may be published to update what the PNA says about availability of pharmaceutical services. Once issued these become part of the PNA statement of need.

One respondent commented on the complexity of population need in the Preston area, and ability to travel to the larger supermarkets in the area for weekend or lunch time hours when closer pharmacies are closed.

There are a variety of delivery arrangements made by community pharmacies and dispensing doctors to help people who are unable to collect their medicines, but these are not formally commissioned services. Online services can provide a valuable alternative for some people but will not be appropriate for everyone. There are also options available for prescriptions to be printed and collected by a family member or carer. Out-of-hours provision is covered in section 5 of this document.

Current or anticipated needs in the BCP area

One respondent asked about prescriptions that cannot be filled due to stock issues with pharmaceutical companies.

Whilst we acknowledge the impact of supply disruptions on service delivery, medicine supply issues are managed nationally and fall outside the formal scope of the Pharmaceutical Needs Assessment (PNA), which focuses on the provision and accessibility of pharmaceutical services. The Department of Health and Social Care (DHSC) and NHS England oversee supply chain resilience through mechanisms such as Serious Shortage Protocols (SSPs), national monitoring, and guidance to pharmacy teams.

One respondent commented on the use of community pharmacy for drug treatment services.

Pharmacies can provide additional services outside of those deemed essential in this PNA. One example of these are community health improvement services commissioned by Public Health teams. Pharmacies who provide these services play a crucial role in providing care for individuals who use substances, by acting as an accessible community hub for life-saving support through supervised consumption services in combination with specialist support provide to the person via substance use treatment services.

5. Criteria for the identification of gaps

Twenty-three respondents felt that the criteria to define 'necessary services' is appropriate to support gap identification. Nine respondents felt they were not, and suggested amendments or alternative criteria.

Are the criteria used to define 'necessary services' appropriate, to support the 'identification of gaps'?	Both areas	BCP only	Dorset only	Total
Yes	3	14	6	55%
No		4	5	21%
Don't Know		8	2	24%

Themes from comments

Drive time criteria

Four comments were received relating specifically to the Dorset area, highlighting concerns around the appropriateness of drive-time criteria for frail/elderly individuals and/or those unable to drive in rural areas with scarce public transport. One respondent noted that not all pharmacies offer delivery services, further limiting access.

One comment, specific to the BCP area, emphasised the need to consider individuals who rely on buses and public transport more widely.
Another respondent, commenting on both areas, raised concerns about traffic and the increasing number of people who do not drive.

The 20-minute drive time is a practical and achievable distance for most people, used consistently in the 2018 and 2022 PNAs to ensure access to essential pharmaceutical services. In section 4.8 it is noted that 81% of BCP Council households and 86% of Dorset households have access to a car or van. Areas with low car ownership are near pharmacies, allowing easy access by walking, cycling, or public transport. Older residents are also conveniently located near pharmacies or have accessible transport options.

A 20-minute walk time was considered for urban areas, revealing gaps in north-east Bournemouth, north Poole, and a tourist caravan park on the west coast. These low-density areas, including the airport and industrial buildings, have good transport links and higher car ownership. The walk time covers 96% of Dorset's population over 65. Thus, a single measure was used in this report." People who are less likely to own a car live mostly in urban areas with good transport links, or are within walking distance of a pharmacy.

Residents of the most sparsely population rural areas are eligible to access dispensing services from dispensing doctors. They can also access community pharmacies in larger villages or towns where they go to shop or work.

There are a variety of delivery arrangements made by community pharmacies and dispensing doctors, particularly in more rural areas, to help people who are unable to collect their medicines, but these are not formally commissioned services. Online services can provide a valuable alternative for some people but will not be appropriate for everyone.

Service efficiency
Two respondents commented that the PNA should consider the efficiency of pharmacy services and waiting time for patients.

The Pharmaceutical Needs Assessment (PNA) is a statutory document focused on assessing the availability and accessibility of pharmaceutical services — such as location, opening hours, and service types — rather than operational performance or individual contractor efficiency. Pharmacy efficiency (e.g. stock management, repeat prescription readiness) is important to patient experience and addressed through other means e.g. performance monitoring, service quality frameworks and patient feedback.

Out of hours provision

There were 2 comments related to considering out of hours/ weekend provision in the criteria.

While opening hours are not pharmaceutical services per se, the statutory requirements for PNAs do require consideration of access, including temporal access. Out-of-hours and weekend provision is relevant where prescriptions are issued by services without dispensing, such as NHS 111 or urgent care settings. The Steering Group have agreed that out of hours usage would more likely be due to an emergency where journey times and location e.g. seen in A&E are more flexible.

We acknowledge that applying a 30-minute drive time threshold, as used in Wiltshire, may highlight gaps in rural areas like south of Shaftesbury. As drive time thresholds are not prescribed in legislation, they must be applied with local context in mind: Dorset's approach balances accessibility with service viability, but we will consider whether further analysis or supplementary statements are warranted to address potential gaps in out-of-hours provision by bringing the comments to the attention of the Steering Group and HWBs.

Other services
One respondent commented on the availability of travel vaccine services.

Some travel vaccines are available free on the NHS through GP practices, including hepatitis A, typhoid, polio, and cholera. These are provided when required for travel and cannot be charged for.

Other travel vaccines—such as yellow fever, hepatitis B, rabies, and Japanese encephalitis—are not covered by the NHS and must be accessed privately. These are offered by private travel clinics, some GP practices, and community pharmacies.

6. Conclusions of the PNA

Dorset area
Nine respondents agreed with the conclusion of no current gaps in the Dorset area and 8 with the conclusion of no future gaps in Dorset. Seven disagreed with both statements.

Opinion on statement "the draft PNA does not identify any current gaps in the provision of pharmaceutical services in Dorset Council area"?	Both areas	Dorset only	Total
Agree	2	7	53%
Disagree	1	6	41%
Don't Know		1	6%
Opinion on statement "the draft PNA does not identify any future gaps in provision, if current service remain open"	Both areas	Dorset only	Total
Agree	2	6	47%
Disagree	1	6	41%
Don't Know		2	12%

Themes from comments about the Dorset area

Three respondents commented that the statements don't account for the impact of short-notice closures in the Dorset area, specifically experienced in Shaftesbury, and Swanage at weekends with no local service on Sunday.

The PNA is reflective of the formal notifications of any closures, market entries or alteration to operating hours that are received through the commissioners. However, if formal notification of closures are received after the publication of the PNA, we can issue a supplementary statement. Supplementary statements become part of the formal assessment of need once published. We have used supplementary statements in the past to update the PNA where there have been changes to pharmacy service provision. Under the legislation, quality issues are out of scope of the PNA. Service quality is the remit of the commissioner, and they work with any pharmacies affected by short notice closures.

One respondent commented that they needed to drive to larger towns to access services after 6pm and this might prohibit those without transport.

We acknowledge the inconvenience of driving longer distances or using public transport, but these areas are well-served during the day. There is at least one pharmacy in every locality open until at least 6:30 p.m. on weekdays, except in Dorset West PNA, where the pharmacy closes at 6 p.m. Additionally, every locality has at least one pharmacy open on Saturdays, and most localities also have at least one pharmacy open on Sundays.

Pharmaceutical services in the out-of-hours period are principally supported by 100-hour pharmacies. Although, in practice, these 100-hour pharmacies may have applied to reduce their core opening hours to between 72 and 100 hours.

One respondent commented on the choice of provision in Wimborne, with no location within the town square/centre due to a previous closure, and an increase in housing development.

Two respondents commented on medicine stocks and experiences with prescriptions being unfilled.

While the PNA does not directly influence national medicine supply chains, it plays a key role in identifying local impacts of supply issues and informing commissioning decisions. Healthwatch Dorset has highlighted similar concerns, noting that medicine shortages and sourcing challenges are affecting pharmacy workloads and patient access. Recommendations can be made via the HWB to representatives of - for example - NHS Dorset, the Local Pharmaceutical Committee, and GP practices.

One respondent commented that they agree with the statement on no future gaps, feeling it is an evidence-based and well-founded conclusion. They stated a preference for the extension of opening hours in areas of high population demand.

BCP area

Seventeen respondents agreed with the conclusion of no current gaps in the BCP area and 14 with the conclusion of no future gaps in BCP. Six disagreed with the statement on current gaps, and 4 the statement on future gaps.

Opinion on statement "the draft PNA does not identify any current gaps in the provision of pharmaceutical services in the BCP area"?	Both areas	BCP only	Total
Agree	2	15	59%
Disagree	1	5	21%
Don't Know		6	21%
Opinion on statement "the draft PNA does not identify any future gaps in provision, if current service remain open	Both areas	BCP only	Total
Agree	2	12	52%
Disagree	1	3	15%
Don't Know		9	33%

Themes from comments about the BCP area

One respondent agreed that the Poole locality is well serviced by a range of providers and that the service provision is adequate for the life of the forthcoming PNA.

Some respondents re-iterated comments about drug treatment services, and service efficiency issues which have been addressed in the previous sections.
Two respondents commented about the availability of medication stock from pharmaceutical companies, and the pressures this puts on pharmacies to source items that have been prescribed, which is also addressed above.

Two respondents made comments about funding arrangement for pharmacies, suggesting that they should be funded for providing services outside of 9-5 or to open for longer hours to address increases in demand from growing population need.

The PNA does not directly control funding but plays a statutory role in identifying gaps in access to pharmaceutical services, including those related to opening hours. Where limited hours restrict access—especially for working populations—the PNA can recommend improvements or highlight areas where extended hours would secure better access.

Comments relating to both areas

One respondent agreed with the acknowledgment of ongoing workforce challenges which could affect service sustainability and quality. They suggested including recommendations for ongoing workforce monitoring and resilience planning.

One respondent commented that whilst opening hours are generally adequate, some areas have limited evening or weekend access and the PNA might consider recommending flexible commissioning or rotational extended hours. They felt that embedding pharmacies into care pathways could be highlighted further in the PNA.

One respondent mentioned consideration of potential future changes such as introduction of integrated neighbourhood teams and increase in Pharmacy First provision.

A comment was submitted about changes to public transport in the Mudeford area meant pharmacies across the eastern Local Authority boundary were not accessible by bus.

A comment was also received that Local Authorities should provide funding to pharmacies, which is addressed in the previous section.

Public Health Dorset
Pharmaceutical Needs Assessment
2025 – 2028 Draft

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Contents

1. Executive summary

A Pharmaceutical Needs Assessment (PNA) is a statement of the need for pharmaceutical services of an area. PNAs are used by The NHS to aid in the consideration of applications to join the pharmaceutical list for the area under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. The national legislations and regulations, and key concepts and definitions are outlined in Chapter 2 Introduction, along with the commissioning organisations involved in the development of this PNA. The localities developed for the PNA together with the process of creating the PNA are described in Chapter 3 Development of the PNA.

Both councils have low levels of ethnically diverse residents, (discussed in Chapter 4 Local Context), with 82.4% and 93.9% respectively identifying as white British, compared to 73.5% for England and Wales. The highest proportion of BCP Council's ethnically diverse population is classified as “White Other” at 40%, while Dorset Council's highest proportion is also “White Other” at 40%.

Currently there are a total of 132 community pharmacies within the Dorset area (66 in BCP Council and 66 in Dorset Council), and 3 distance selling pharmacies (1 in BCP Council and 2 in Dorset Council) all of which provide essential services, and some of which provide advanced and enhanced services, as defined in Chapter 5 Current services. Also detailed in this chapter are services from 3 dispensing appliance contractors (2 in BCP council and 1 in Dorset council) and locally commissioned services in the area and details on other services than could impact community pharmacy.

This chapter uses information on current services to determine whether there is, or is likely to be, during the lifetime of this PNA, a gap in pharmaceutical service provisions for this area. It also identifies areas where improvements could be made. The analysis considers factors such as accessibility in terms of location and opening hours, choice of provider, and housing growth. Driving time has been chosen as the key measure of accessibility.

In Chapter 7 Conclusion, the PNA states that there is appropriate provision for the population that this PNA covers, with no current gaps and no future gaps identified over the three-year lifespan of this document. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within local areas rather than through the opening of additional pharmacies.

2. Introduction

This chapter introduces the PNA and examines national legislation and regulations, along with key concepts and definitions that define the PNA's scope.

This document has been produced by the Public Health and Communities Team at BCP Council and the Public Health and Prevention Team at Dorset Council for Bournemouth, Christchurch and Poole (BCP) Health and Wellbeing Board, and Dorset Health and Wellbeing Board. When referring to both geographical areas as one whole, the name Dorset will be used. When discussing commissioning organisations within these areas, they will be referred to by their full titles, such as BCP Council, Dorset Council, Our Dorset, NHS Dorset, or Public Health Dorset. Further discussion of these organisations can be found in Chapter 4.

2.1 Purpose of a pharmaceutical needs assessment (PNA)

The purpose of the PNA is to assess and outline how pharmaceutical services can meet the health needs of the population within a Health and Wellbeing Board's area for up to three years. It closely links to the Joint Strategic Needs Assessment (JSNA), which focuses on the general health needs of the Our Dorset Integrated Care System. The PNA specifically addresses how these health needs can be met by pharmaceutical services commissioned by the NHS.

If a pharmacy or dispensing appliance contractor (DAC) wants to provide pharmaceutical services, they must apply to the ICB - via Primary Care Support England (PCSE) - to be included in the pharmaceutical list for the Health and Wellbeing Board's area where they wish to have premises. Generally, their application must offer to meet a need identified in the relevant PNA. However, there are exceptions for applications offering unforeseen benefits not anticipated when the PNA was published.

The PNA may also identify the need for additional premises, additional services, or improvements to existing services. These needs, improvements, or better access could be current or arise within the PNA's lifetime.

Whilst the PNA is primarily a document for the NHS to use in making decisions about pharmacies entering the market and other commissioning processes, it may also be utilised by local authorities to inform their own commissioning activities. With Integrated Care Boards (ICBs) taking responsibility for community pharmacy commissioning arrangements, supported by regional commissioning hubs, there may be changes over time in how ICBs and community pharmacies collaborate.

2.2 HWB duties in respect of the PNA and pharmaceutical services

The legislation containing a HWB's specific duties in relation to PNAs can be found in Appendix 2: Legislation Relating to PNAs. In summary, a HWB must:

- Produce a PNA that complies with regulatory requirements.
- Have published their first PNA by 1 April 2015.
- Publish subsequent PNAs on a three-year basis or as directed by amended regulations. In 2021, the need for an updated PNA was moved to October 2022 due to the COVID-19 pandemic.
- Publish a subsequent PNA sooner if it identifies significant changes in the need for pharmaceutical services, unless doing so would be a disproportionate response.
- Produce supplementary statements in certain circumstances.

Given their role in developing the PNA, HWBs will also be consulted when pharmacies make applications to the NHS to:

- Provide pharmaceutical services from new provider premises.
- Move the location of their existing provider premises.
- Consolidate two or more pharmacies on one site.

The HWB will be informed of other changes where pharmacies are only required to give notice:

- Closure of a pharmacy (unless it is part of a consolidation application).
- Change of ownership.

Although Section 128A of the NHS Act 2006 required that each HWB publish a PNA, Section 198 of the Health and Social Care Act allowed two or more HWBs to make joint arrangements in how they discharge their functions. The 2015, 2018 and 2022 PNAs were all developed and published as a single PNA to cover the Dorset ICS in accordance with the statutory provisions. The Dorset HWB and the BCP HWB both agreed in 2024 that the 2025 PNA would again be developed and published as a single PNA document to cover the Dorset Integrated Care System.

2.3 Contractors within the scope of the PNA

The NHS must keep lists of contractors who provide pharmaceutical services around the HWB. The principal types of contractors are:

2.3.1 Pharmacy contractors

Pharmacy contractors can be individual pharmacists (sole traders), partnerships of pharmacists, or companies operating pharmacies. The Medicines Act 1968 governs

who can be a pharmacy contractor. All pharmacists and pharmacy premises must be registered with the General Pharmaceutical Council. Within this group, there are:

Community pharmacies – these provide in-person services from locations such as high street shops, supermarkets, and adjacent to doctors' surgeries. They dispense medicines and can sell non-prescription medicines under a pharmacist's supervision. They may also dispense appliances, though it is not mandatory. Community pharmacies operate under national terms of service as specified in Schedule 4 of the 2013 regulations and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Local pharmaceutical services (LPS) contractors – A small number of community pharmacies operate under locally agreed contracts. These contracts always include the dispensing of medicines but can also cover a broader or narrower range of services, including those not traditionally associated with pharmacy. This flexibility allows services to be tailored to the specific needs of the area they serve.

Distance-selling pharmacies (DSPs) – These pharmacies cannot provide most services face-to-face. They operate under the same terms of service as community pharmacies, providing essential services and participating in the clinical governance system. However, they must provide these services remotely. For example, patients may post their prescriptions to a DSP, which will then dispense the item and deliver it to the patient's address by post or courier. DSPs interact with customers via telephone, email, or a website, delivering dispensed items to the preferred address. They are required to provide services to anyone in England and cannot limit their services to specific patient groups.

2.3.2 Dispensing appliance contractors (DACs)

DACs supply appliances such as stoma and incontinence aids, dressings, and bandages. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service as set out in Schedule 5 of the 2013 regulations and the 2013 directions.

2.3.3 Dispensing doctors

Medical practitioners authorized to provide drugs and appliances in designated rural areas known as "controlled localities." Dispensing doctors can only dispense to their own patients. They operate under national terms of service as set out in Schedule 6 of the 2013 regulations.

2.4 Services within the scope of the PNA

The services that a PNA must include are defined in the NHS Act 2006 and the 2013 regulations.

Unlike GPs, dentists, and optometrists, The NHS does not hold contracts with most pharmacy contractors, except for Local Pharmaceutical Services contractors. Instead, these contractors provide services under terms set out in legislation.

Pharmacy contractors provide three types of services that fall within the definition of pharmaceutical services and may choose to supply appliances (see section 2.5 for appliance services).

For this PNA, 'necessary' services are defined as essential services. All other advanced, enhanced, and locally commissioned services are not considered necessary but secure improvements or better access to pharmaceutical services.

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24 is the NHS's latest statement on what is expected of pharmacies providing NHS services. It supports the delivery of the NHS Long Term Plan and outlines schemes to support quality and sustainability. A revised framework from 24/25 is still in negotiation.

2.4.1 Essential Services

All pharmacies must provide these services:

- **Dispensing of prescriptions:** Supplying medicines and appliances ordered on NHS prescriptions (electronic and non-electronic), along with information and advice for safe and effective use by patients and carers. This includes maintaining records and the urgent supply of drugs or appliances without a prescription at the request of a prescriber.
- **Repeat Dispensing Service (including eRD):** Managing NHS repeat dispensing prescriptions, including electronic Repeat Dispensing (eRD), which allows patients to receive repeat supplies for up to 12 months without needing a new prescription each time, subject to clinical checks. Pharmacy teams ensure each supply is needed and assess whether the patient should be referred back to their GP.
- **Disposal of unwanted drugs:** Accepting unwanted medicines for safe disposal from households and individuals.
- **Promotion of healthy lifestyles:** Providing opportunistic healthy lifestyle and public health advice to patients with specific conditions and participating in national/local public health campaigns.
- **Signposting:** Offering information and referrals to other health and social care providers or support organizations when further support, advice, or treatment is needed.
- **Support for self-care:** Advising and supporting patients and their families to care for themselves, including advice on over-the-counter medicines and lifestyle.
- **Discharge medicines service:** Referring patients to community pharmacies upon discharge with information about medication changes made in the hospital to support patient outcomes, prevent harm, and reduce readmissions.
- **Healthy Living Pharmacies framework:** Meeting Level 1 requirements, which include workforce development, local engagement, and factors related to pharmacy premises to promote health within the community.

Note: If a pharmacy contractor chooses to supply appliances as well as medicines, they must also meet the requirements for dispensing appliance contractors (see section 2.5).

Pharmacies may also enhance essential services with:

- **Dispensing of electronic prescriptions (EPS):** Receiving prescription details electronically from GP surgeries. EPS Release 1 involved paper prescriptions with a bar code for retrieving electronic copies, while EPS Release 2 involves fully electronic prescriptions sent directly from the GP surgery to the nominated pharmacy.
- **Access to the NHS Summary Care Record:** Accessing an electronic summary of key clinical information about a patient, including medicines, allergies, and adverse reactions, to support care and treatment. This can confirm that a patient requesting an emergency supply of a medicine has been prescribed that medicine before.

2.4.2 Advanced Services

Advanced services are optional for pharmacies that meet required standards. These include:

- **New Medicines Service (NMS):** Provides early support to patients prescribed new medications for long-term conditions, aiming to reduce problems and side-effects while enabling lifestyle changes and self-management.
- **Influenza Vaccination Service:** Annually commissioned to provide flu vaccinations to designated cohorts, such as people aged 65 and over and at-risk adults, to increase access and uptake.
- **Hepatitis C Testing Service:** Focuses on point-of-care testing for hepatitis C antibodies in people who inject drugs and are not in treatment for drug use. Initially ran until 31st March 2022 and extended until 31st March 2023.
- **Pharmacy First:** Launched in January 2024, this replaces the Community Pharmacist Consultation Service (CPCS). It enables community pharmacies to manage minor illness consultations and urgent repeat medication requests, relieving pressure on GP and urgent care services. Referrals can come from NHS 111, general practices, and other healthcare settings.
- **Hypertension Case-Finding Service:** Started in October 2021, improves access to blood pressure checks and refers patients with high blood pressure to general practice.
- **Stoma Appliance Customisation Service:** Customizes stoma appliance parts for proper use, comfortable fitting, and improved duration based on patient measurements.
- **Appliance Use Review Service (AUR):** Enhances patient knowledge, concordance, and use of appliances through one-to-one consultations.
- **Pharmacy Contraception Service (PCS):** An Advanced Service enabling community pharmacists to initiate and continue the supply of oral contraception, including via confidential consultations.

2.4.3 Enhanced Services

The 2013 directions contain a list of enhanced services that The NHS may commission, describing the purpose of each one (see Appendix 3: Enhanced Service List).

The NHS may commission enhanced services from all or selected pharmacies to meet specific health needs, developing appropriate service specifications if necessary. Some services may be specifically commissioned for the NHS Dorset area. Currently, these include:

- Pharmacy First Service: Launched nationally on 31 January 2024, this advanced service enables community pharmacists to provide NHS-funded consultations and treatment for seven common conditions (e.g. sore throat, sinusitis, uncomplicated UTIs in women) either via referral or walk-in.
- Community Pharmacy PERT Service: Commissioned from 1 November 2024 in response to national shortages of Pancreatic Enzyme Replacement Therapy (PERT), this service enables four designated community pharmacies in Dorset to dispense imported PERT stock against electronic FP10 prescriptions issued by Dorset GP practices.
- Independent Prescribing Community Pharmacy Pathfinder Service: NHS Dorset is participating in the national Pathfinder Programme, which commissions selected community pharmacies to deliver clinical services incorporating independent prescribing. This initiative supports the development of future commissioning frameworks and expands the clinical role of pharmacists in primary care.

The local authority may also commission services that do not fall under the definition of 'pharmaceutical services' within the legislation or for the purposes of the PNA. These are considered in section 5.7.

2.4.4 Clinical Governance

Underpinning the provision of all these services is the requirement for each pharmacy to participate in a system of clinical governance, as set out in the 2013 regulations. This system includes:

- Patient and public involvement programme: Producing a leaflet outlining services and conducting patient questionnaires.
- Clinical audit programme.
- Risk management programme.
- Clinical effectiveness programme.
- Staffing and staff programme.
- Information governance programme.
- Premises standards programme.

The Pharmacy Quality Scheme (PQS) supports the NHS Long Term Plan and rewards community pharmacy contractors meeting quality criteria in clinical effectiveness, patient safety, and patient experience. Community pharmacies and DSPs are eligible, but not Local Pharmaceutical Services.

The Pharmacy Access Scheme started in January 2022, supporting patient access to isolated, eligible pharmacies based on dispensing volume and distance from the next nearest pharmacy. Contractors do not need to apply to be eligible.

2.5 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, The NHS does not hold contracts with DACs. Their terms of service are set out in Schedule 5 of the 2013 regulations and in the 2013 directions. Pharmacy contractors may also choose to supply appliances, in which case these services and relevant requirements will also apply to them.

2.5.1 Services Provided by All DACs

DACs provide the following pharmaceutical services:

- **Dispensing of prescriptions:** Supplying appliances ordered on NHS prescriptions (electronic and non-electronic) along with advice and appropriate referrals if unable to supply. Urgent supply without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions:** Managing and dispensing repeatable NHS prescriptions for appliances in partnership with patients and prescribers.
- **Home delivery service:** Delivering certain appliances to the patient's home discreetly.
- **Supply of appropriate supplementary items:** Providing additional items such as disposable wipes and disposal bags.
- **Provision of expert clinical advice regarding appliances:** Offering advice to help patients choose and manage their appliances effectively.
- **Signposting:** Referring patients to other providers if the appliance ordered is not supplied.
- DACs may also receive **electronic prescriptions** through the Electronic Prescription Service (EPS) when nominated by a patient.

2.5.2 Advanced Services

DACs or pharmacy contractors supplying appliances may choose to provide advanced services. If they do, they must meet specific requirements and comply with terms of service and clinical governance.

- **Stoma Appliance Customisation Service:** Modifying multiple identical parts based on patient measurements to ensure proper use and comfort.
- **Appliance Use Review (AUR) Service:** Improving patient knowledge and appliance use through one-to-one consultations.

2.5.3 Clinical governance

As with pharmacies, DACs are required to participate in a system of clinical governance as set out in the 2013 regulations. It is the same as the pharmacy contractor clinical governance framework except that there is no requirement for a premises standards programme.

2.6 Pharmaceutical Services Provided by Dispensing Doctors

The 2013 regulations allow doctors in rural areas to dispense to eligible patients where pharmacy access is difficult. Dispensing occurs in a dispensary, not usually registered with the General Pharmaceutical Council, and is done by doctors or trained dispensing assistants to NVQ2 or NVQ3 level.

2.6.1 Eligibility

Dispensing doctors can only dispense to patients who:

- Are registered with them,
- Live in a designated rural area (controlled locality),
- Live more than 1.6 kilometres from a community pharmacy, and
- Are in an area for which the doctor has either historic rights to dispense or outline consent, and meet the relevant eligibility criteria.

2.6.2 Services

Dispensing doctors may supply NHS-prescribed medicines and appliances to eligible patients. They cannot sell over-the-counter medicines unless prescribed.

If participating in the Dispensary Services Quality Scheme (DSQS), they provide dispensing reviews (DRUMs) and meet quality standards.

2.6.3 Clinical Governance

Dispensing doctors can join the voluntary DSQS, which includes requirements for staff qualifications, training, operating procedures, risk management, clinical audits, patient information, and DRUMs.

2.7 Opening hours

Opening hours arrangements vary for different types of contractors and may be divided into core hours and supplementary hours.

2.7.1 Pharmacy Contractors

Community pharmacies must open for at least 40 hours per week, known as core opening hours. Many pharmacies choose to open for longer, referred to as supplementary opening hours.

Between April 2005 and August 2012, some contractors could open new premises under the condition of operating for 100 core hours per week (100-hour pharmacies), requiring them to remain open 100 hours per week, 52 weeks a year, with exceptions for bank or public holidays and Easter Sunday. Although the exemption for establishing new 100-hour pharmacies no longer applies, those with existing 100-hour contracts have retained their status. However, under The NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023, Integrated Care Boards (ICBs) contractors may apply to reduce their core opening hours to a range between 72 and 100 hours, provided they meet certain opening-hours requirements.

2.7.2 DACs

Dispensing Appliance Contractors (DACs) are required to open for at least 30 hours per week, known as core opening hours. Similar to pharmacy contractors, they may choose to open for longer, referred to as supplementary opening hours.

2.7.3 Dispensing doctors

GPs can determine their dispensary opening hours. If they participate in the DSQS, they must notify The NHS of these hours as part of the DSQS assessment.

Pharmacies or DACs can apply to The NHS to change their core opening hours, usually submitting applications 90 days in advance. The NHS assesses these applications against the needs of the HWB area as set out in the PNA.

For changes to supplementary opening hours:

- **Pharmacies** must notify NHS England. If reducing supplementary hours, they are required to give at least five weeks' notice, with no provision for a shorter notice period. If increasing supplementary hours, they may do so without a formal notice period, but must still inform the commissioner.

- **Dispensing Appliance Contractors (DACs)** must give at least three months' notice. However, the commissioner may agree to a shorter notice period if appropriate.

Dispensing doctors do not need approval or advance notice for changes to their opening hours.

2.8 National Context

In January 2019, the NHS published the NHS Long Term Plan, outlining healthcare priorities for the next decade. By 2025, significant progress has been made in implementing its key objectives, although challenges remain. Integrated Care Systems (ICS) are now fully established across England, fostering collaboration between health and care services to address local population needs. The five major advances in the NHS service model continue to guide improvements:

- Boosting hospital care to dissolve the divide between primary and community health services.
- Redesigning emergency hospital services to reduce pressure.
- Providing more personalised care to help people gain greater control over their health.
- Enabling digitally enabled primary and outpatient care.
- Focusing on population health and local partnerships through ICS.

ICS have had a transformative impact on health services, including pharmaceutical services. The NHS Long Term Plan's implications for pharmaceutical services have seen varied progress:

- NHS 111 now routinely books GP appointments and refers callers to community pharmacies for self-care support.
- Pharmacy Connection Schemes have expanded to assist patients not requiring primary medical services.
- The Enhanced Health in Care Homes model has been widely adopted, with pharmacist-led reviews improving care for residents.
- Primary Care Networks have increased the number of clinical pharmacists in general practices and care homes.
- Community pharmacists play a greater role in engaging patients and supporting medication adherence, addressing the issue of up to 50% of patients not taking medicines as intended.
- Pharmacists in general practice continue to alleviate pressure on GPs and support care homes, reducing medicines-related hospital admissions among the elderly.

3. Development of the PNA

This chapter describes the process of developing this PNA, taking account of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. We have also made use of guidance for HWBs. This has no statutory standing but is used to support local authorities interpret and implement their duty with regards to PNAs.

3.1 PNA Steering Group

Previous Dorset PNAs were published in 2015, 2018 and 2022, led by a PNA Steering Group on behalf of the two HWBs. The Steering Group was re-established in August 2024, with revised membership that included:

- Consultant in Public Health
- Chief Officer, Local Pharmaceutical Committee
- Community Pharmacy Integration Clinical Lead, NHS Dorset
- Community Pharmacy Team Representative, NHS Dorset
- Manager, Healthwatch Dorset
- Team Leader and Data Analysts from Health Intelligences, Public Health Dorset
- Health Programme Advisor, Public Health Dorset

3.2 PNA development timeline

August 2024	Steering Group established
August 2024	PNA development process and delegated authority to DPH agreed with Dorset Council HWB
August 2024	PNA development process and delegated authority to DPH agreed with Bournemouth, Christchurch and Poole HWB.
September 2024	Steering Group meeting virtual and in-person
October 2024	Initial data specification and collation
October 2024	Patient and public engagement
November 2024	Steering Group meeting virtual and in-person
November 2024 to January 2025	Further data collation and visualisation
February 2025	Steering Group virtual and in-person
February to March 2025	Updated narrative and preparation for consultation
April 2025	Steering Group via email
April to June 2025	Formal Consultation
July 2025	Steering Group via email
October 2025	Final PNA published

3.3 Localities

In this assessment, Integrated Neighbourhood Team (INT) Area boundaries were used in place of Primary Care Networks (PCNs) to simplify the complex and overlapping catchment areas of the 18 PCNs. Based on established 2022 ward boundaries, INT Areas were designed to better reflect the specific health and social care needs of local communities. Initially, there were 15 INT Areas across Dorset and BCP Councils, but these were later consolidated into 9 to streamline planning and improve the effectiveness of population health interventions.

During the development of the PNA, the definition of INT boundaries evolved—from being ward-based to aligning with PCN boundaries. However, the PNA Localities presented in this report remain ward-based and therefore differ from the current PCN-based INT boundaries. This distinction is important due to the inherent complexity and overlap within PCN catchment areas.

For this current report, and as a response to these changing areas, they have been redefined into PNA localities which reflect the differences between urban and rural populations and dispersal of services. There are six localities defined for Dorset and four for BCP: they are illustrated in figure 1.

Figure 1a. Dorset PNA Localities

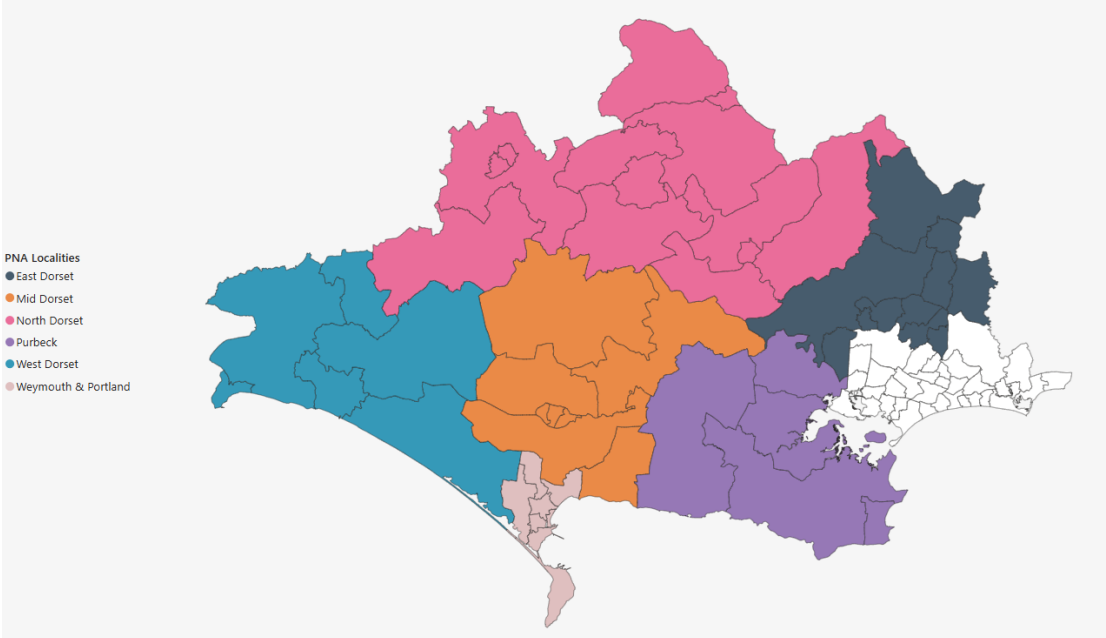
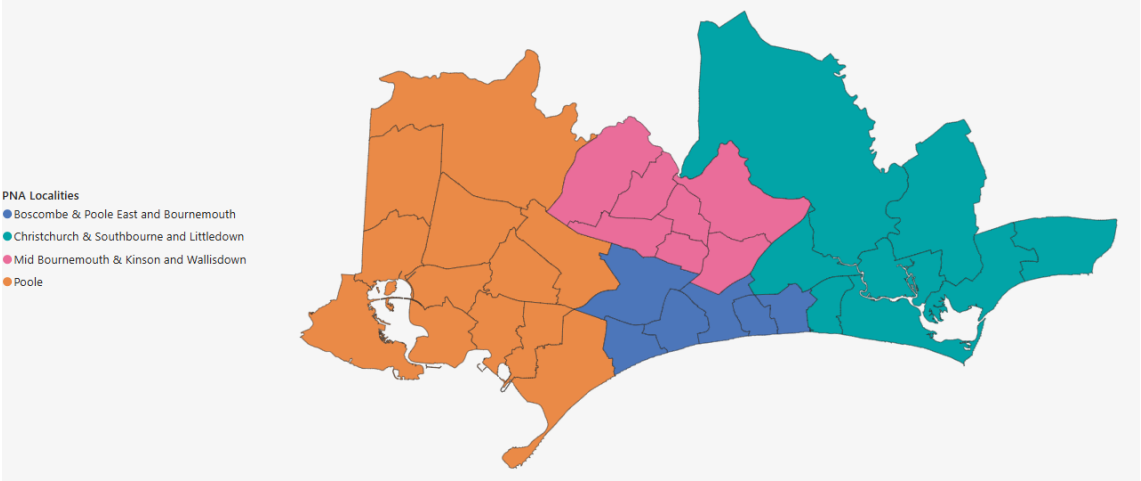


Figure 1b. BCP PNA Localities



3.4 Data collation and mapping

Data from the Census, ONS population estimates, and planning information on known housing developments within the lifetime of the PNA, were collated to help identify population size and characteristics (e.g. age, ethnicity).

The Joint Strategic Needs Assessment, Dorset Intelligence and Insight Services (DIIS) data, Public Health Dorset Intelligence data, OHID public health data, ONS mortality data, and ONS mid-year estimate populations were used to identify health needs of the population of Dorset and the local areas.

Information regarding current service provision, was obtained from OHID, NHSEI and NHS Business Services Authority (NHSBSA). In addition to this, data on locally commissioned services was provided by the commissioners at Public Health Dorset and NHS Dorset. This data was uploaded into the PNA mapping tool developed by the Public Health Dorset Intelligence Team.

This mapping tool involved integrating multiple technologies to create an interactive and user-friendly web application. It was built using Python, Folium and Streamlit, the tool provides a seamless interface for users to generate isochrones based on travel time minutes, travel mode (driving, walking, cycling, and rush-hour driving), area type (rural or urban), and day type (Weekday, Saturday, or Sunday). The core functionality relies on the Mapbox API, which computes isochrones by analysing real-world travel data, factoring in road networks, traffic patterns, and mode-specific constraints. To visualize the results dynamically, the tool leverages Folium, rendering interactive maps that display the computed isochrone polygons. Users can select parameters through the Streamlit UI, which fetch and display travel-time-based accessibility areas. This tool enhances spatial analysis capabilities, enabling users to assess accessibility to pharmaceutical services to enable assessment for any gaps in the provision of services by location and opening times.

3.5 Data Limitations

Whilst every effort has been made to make the data included in this PNA accurate and timely, there are some limitations to the data that need to be considered:

- Data was collated during September 2024 – February 2025. The data provides a snapshot in time only.
- Pharmacy service data may be inaccurate. For some services, provision of the service has been used as a proxy for a pharmacy being accredited for a service. This will not give an accurate picture of service availability. For example, a pharmacy who has undergone a change in ownership will not have service delivery activity although they may now be accredited to provide the service.
- Pharmacy contracts that have undergone a change of ownership may provide a different set of services.
- Pharmacy services may not be openly commissioned. By this we mean that the commissioner may limit the number of pharmacies providing the service. Gaps in these services are created by the commissioner rather than gaps being created by lack of pharmacy provision.

3.6 Public and Pharmacy engagement

In November 2023, Healthwatch England surveyed 1,650 people across the country about their experiences with pharmacy services in England. The findings revealed that while community pharmacies are highly valued, medicine shortages and both permanent and temporary pharmacy closures continue to impact access. These closures were more prevalent in rural areas, regions with older populations, and areas with fewer GPs per head. Additionally, there is a lack of public awareness about the services offered through the Pharmacy First initiative.

In October 2024, Healthwatch Dorset conducted a public pharmacy survey to gather patient feedback for the local Pharmaceutical Needs Assessment. This survey was based on questions used by other local Healthwatch organizations and informed by the Healthwatch England survey.

The Healthwatch Dorset team collaborated with Public Health, NHS Dorset, the GP Alliance, and Community Pharmacy Dorset to promote the survey through their websites, social media, physical posters, Facebook adverts, Healthwatch eNewsletters, press releases, radio interviews, and community contacts.

The survey was launched at the end of September and ran until the end of October, collecting a total of 907 responses.

Key messages:

- 29% of respondents use an online pharmacy, with mostly positive feedback.
- People find their local pharmacy easy to access when it is within walking distance, has parking, friendly staff, and convenient opening hours.

- 38% of respondents experienced problems getting their medication. Medication shortages left people feeling helpless, frustrated, and at risk of harm.
- 7% of respondents with disabilities are not receiving the reasonable adjustments they need.
- Most respondents receive free prescriptions, but 26 people reported delaying getting their medicine due to cost or only affording medicines for some family members.
- 63% of respondents had not heard of Pharmacy First.
- Pharmacy closures and changes to opening hours are affecting access for people in rural Dorset.

3.7 Other sources of information

Information was gathered from NHS Dorset and the regional commissioning hub, the NHS Business Services Authority, Community Pharmacy Dorset, Public Health Dorset, BCP Council and Dorset Council regarding:

- Services provided to residents of Dorset HWB's area and BCP HWB's area, whether provided from within or outside of that area
- Known housing developments within the lifetime of the PNA and any other developments which may affect the need for pharmaceutical services

Dorset JSNA documents and the public health intelligence team provided background information on the health needs of the population.

3.8 Identifying gaps

Although the 2013 regulations require the PNA to include a statement of those pharmaceutical services that are identified as being necessary to meet the need for pharmaceutical services, there is no definition of this term within the regulations. Therefore, in developing the PNA the Steering Group considered a range of criteria that it could use to assess whether pharmaceutical services met the health needs of the population, identifying desirable improvements and optimising access.

A key challenge for Dorset is our mix of rural and urban areas, therefore accessibility was a key consideration. Although there are online services that can be accessed, our initial engagement found that most people use local services, with most driving or walking to get there. The steering group discussed the possibility of setting different travel times for urban and rural areas within BCP Council and Dorset Council. While a 15-minute walking time was considered for urban areas in BCP, the steering group ultimately decided that a 20-minute drivetime would be appropriate for both urban and rural areas.

The Steering Group also considered the issue of opening hours and how this might impact access at different times. Most prescriptions are issued in general practice. Although the GP contract specifies core hours of 8am to 6:30pm Monday to Friday, there is no requirement for the practice to be open the entire time. GP practices

working together as a Primary Care Network (PCN) now provide enhanced access appointments between 6:30pm and 8pm on weekday evenings and 9am to 5pm on Saturdays, as part of the Enhanced Access Service introduced on October 1, 2022. This service aims to standardize access across the country and includes a blend of appointment modes, such as face-to-face, telephone, and digital consultations. The Steering Group considered that aligning GP opening hours with pharmacy opening hours would be beneficial. While the use of 100-hour pharmacies was initially seen as a helpful proxy, the availability of enhanced access plans now provides clearer guidance for matching service hours to patient needs. The Steering Group did not feel there was a need for 24/7 access given the times when most prescriptions are issued.

The Steering Group therefore agreed that to support 'the identification of gaps', for the purposes of this PNA 'necessary services' are defined as:

- dispensing of medicines and appliances
- the other essential services in relation to both medicines and appliances
- is accessible to the Dorset population within a 20-minute drive time

Other criteria were viewed as aids in assessment, rather than as rigid tools, and interpreted in the context of the socio-demographic and health profile of the population and consultation responses, with other services, better opening hours, and accessibility of facilities, considered as potential improvements or better access.

3.9 Equality and safety impact assessment

BCP Council and Dorset Council use equality analysis to ensure all groups can access services without disadvantage. Equality impact assessments (EIAs) are conducted when developing and reviewing policies, strategies, procedures, functions, and services. Staff complete a template with prompts to consider promoting equality and avoiding unlawful discrimination, covering the nine protected characteristics:

- Gender reassignment
- Race
- Disability
- Age
- Sex
- Sexual orientation
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership

During the formal consultation, we will ask if any recommendations needed consideration to avoid adverse impacts on specific groups. Comments will be incorporated into a first-stage Equality Impact Assessment (EQIA) for the PNA. As the PNA has not identified any gaps, there is no need for a fuller EQIA.

3.10 Formal Consultation

Regulations require that a draft PNA is made available for consultation for a period of at least 60 days prior to the of the final Assessment.

Consultation on the draft PNA commenced on 10 June 2025 and remained open until 14 August. Following the consultation period, a consultation report was drafted highlighting responses and themes from comments received, and the response from the Steering Group. The report can be seen at appendix 5.

The PNA was updated to reflect these responses prior to publication. The PNA is valid for three years from 1st October 2025 to 30th September 2028, when an updated PNA will be produced.

3.11 Review and Supplementary statements

After the publication of the PNA, it will be reviewed periodically. If there are major initiatives, health requirements, or population changes that could significantly impact the assessment, the Steering Group will decide whether a revised PNA is required.

A Supplementary Statement explaining changes to the availability of pharmaceutical services may be issued instead of a revised PNA, in the following cases:

a) There has been a change to the availability of pharmaceutical services relevant to granting applications to open or relocate a pharmacy, or provide additional services;

b) The HWB is satisfied that publishing a revised PNA would be a disproportionate response or is already in the process of updating the PNA but needs a supplementary statement to prevent significant detriment to the provision of pharmaceutical services.

These Supplementary Statements will be factual and will not assess the impact of the change on the need for pharmaceutical services within an area. Once issued, a supplementary statement becomes part of the PNA.

4. Local Context

This chapter outlines the local NHS and public health organisations that have a role in community pharmacy in Dorset. It also outlines the demographics and the health needs of the local population that access these services.

4.1 Dorset Council and BCP Council

Dorset Council and Bournemouth, Christchurch and Poole (BCP) Council were created as two new unitary councils on 1 April 2019, replacing six borough and district councils, a county council, and two previous unitary councils. As unitary councils, they are responsible for a wide range of services, including social care, housing, and planning in their respective areas.

Dorset Council has around 4,500 employees serving a local population of approximately 380,000 residents. The council works closely with local communities across small rural villages, market towns, and popular coastal destinations to make Dorset a great place to live, work, and visit. Over half of the area is designated as an Area of Outstanding Natural Beauty and is home to the only natural UNESCO World Heritage Site in England, the Jurassic Coast. The council has the largest proportion of people aged over 65 of any unitary or county council in the country.

BCP Council employs more than 5,000 people and provides services to around 400,000 residents in predominantly urban areas from Hamworthy in the west to Highcliffe in the east. The council focuses on vibrant communities with an outstanding quality of life for the diverse population they serve. This includes an ageing population in the east and a younger demographic in the west. There is a large Polish and Jewish community, a variety of faith groups, and an established LGBT community. Bournemouth hosts a university and a large language school, contributing to a significant student population. The area also hosts Bourne Free, an annual festival to celebrate diversity.

4.2 Public Health Dorset

Public Health Dorset are a public health service supporting BCP Council and Dorset Council. It is a shared service across both councils that aims to help as many people as possible stay healthier for longer. This is achieved through commissioning and provision of public health services, as well as work with partners to influence the development and delivery of wider prevention work. Services commissioned or provided through Public Health Dorset include:

- Drug and Alcohol Treatment Services
- LiveWell Dorset
- NHS Health Checks
- Sexual Health Services
- Children's public health nursing

- Community health improvement services such as weight management, smoking cessation and access to long-acting reversible contraception. Where these services are provided by community pharmacies this is covered in section 5.7.

The split of Public Health Dorset into separate teams for BCP Council and Dorset Council in April will likely lead to more localised and tailored approaches to public health services. This change will allow each council to address the specific needs of their populations, but could also introduce challenges in maintaining consistency and efficiency across shared services. Key areas such as drug and alcohol treatment, sexual health services, and community health improvement programs may see adjustments in delivery models, with each council independently managing priorities and resources to meet their unique public health goals.

4.3 NHS Dorset

NHS Dorset is the name of the NHS Dorset Integrated Care Board (ICB), established on 1 July 2022. NHS Dorset undertakes the statutory responsibilities of the former Clinical Commissioning Group (CCG) and continues to plan and meet the healthcare needs of people and communities in Dorset as an Integrated Care Board (ICB). The commissioning of primary medical care services, including GP practices and Primary Care Networks (PCNs), delegated by the NHS to the CCG, has now transitioned to the ICB. This includes initiatives to increase the number of community pharmacists within GP practices, expanding their roles in managing medicines in primary care. NHS Dorset, in collaboration with NHS England and regional commissioning hubs, is actively exploring further delegation of additional primary care services, such as Pharmaceutical Services. Delegated primary care functions are governed through a Primary Care Commissioning Committee, ensuring robust oversight and alignment with national healthcare priorities.

NHS Dorset also employs a Medicines Optimisation Team that collaborates with partners in Dorset to ensure that prescribing, dispensing, and other issues relating to medicines are addressed in a coordinated manner to meet people's needs.

The establishment of NHS Dorset provides more opportunities for all local partners across the NHS and local authorities to work together, building and developing the existing Dorset integrated care system, Our Dorset.

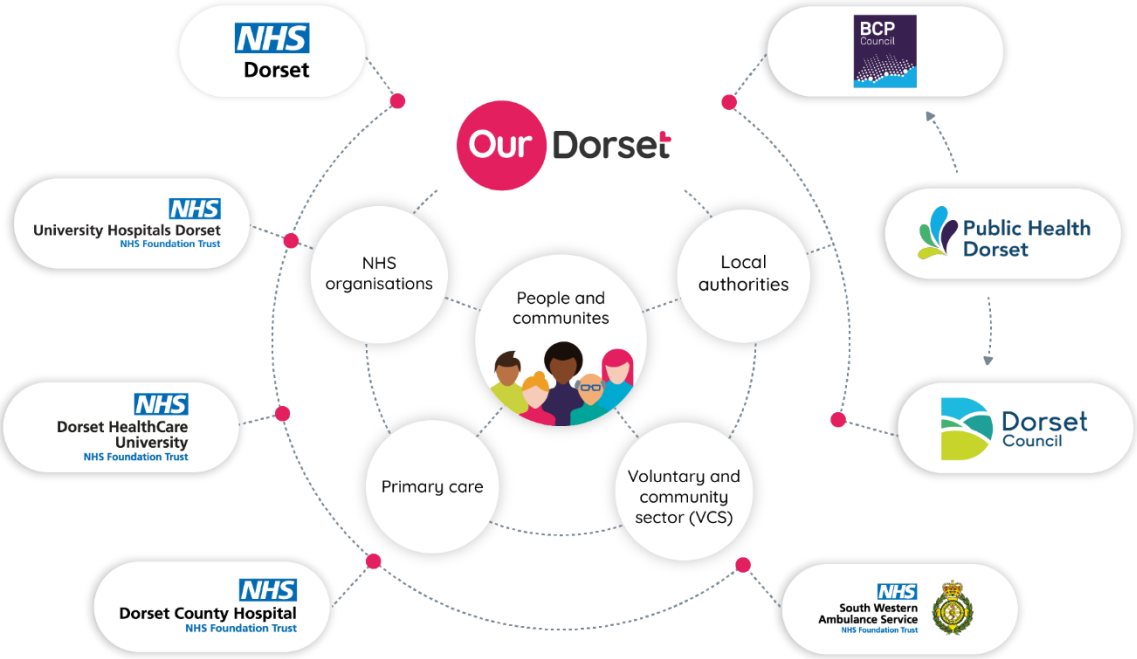
4.4 Our Dorset

The Dorset Integrated Care System (ICS), known as "Our Dorset," is a partnership of Dorset Council, BCP Council, NHS services, and the community and voluntary sector. They work together to address local health, wellbeing, quality, and financial challenges across the county. The vision remains that everyone will start, live, and age well, and die with dignity, regardless of their circumstances.

Dorset became one of England's first pilot ICSs in 2018. With changes to legislation in 2022, this way of working is now replicated across the country, providing more opportunities for local collaboration. The focus of the ICS is on removing traditional barriers between services and ensuring that people can access the support and care they need when they need it.

Each Integrated Care System has two integral parts: an Integrated Care Board (NHS Dorset) and a Health and Care Partnership established on 1 July 2022. NHS Dorset, the Integrated Care Board (ICB), the Dorset Health and Care Partnership, and the Integrated Care Partnership (ICP) make up the two parts of Our Dorset.

Figure 2. Our Dorset ICS Partners



The partnership is a statutory function supporting integrated working across the county. It complements the activities of the existing Health and Wellbeing Boards by promoting integration from place level to system level. Responsibilities include:

- Addressing inequalities in health and wellbeing outcomes and ensuring better access to health services.
- Bringing together people and organisations involved in wider issues like employment, education, housing, and crime to support healthier communities.
- Improving the life chances and health outcomes of babies, children, and young people.
- Supporting communities to live more independent, healthier lives for longer.

Community pharmacies are recognized as a vital part of local communities, offering a range of services to support people's health and well-being. There is also a national and local drive to integrate pharmacy and clinical pharmaceutical skills into

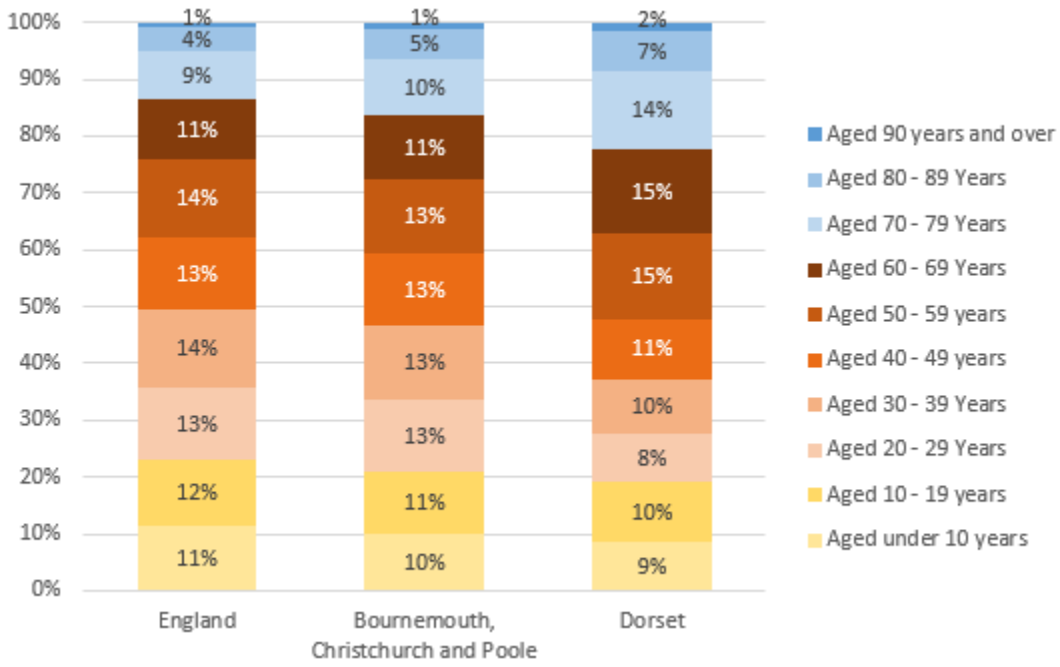
patient pathways through closer collaboration between PCNs and community pharmacies and expanded roles for community pharmacists in different settings.

4.5 Local Demographics

According to the Census 2021 figures, the population of BCP Council is 400,192, and the population of Dorset Council is 379,578. Both BCP Council and Dorset Council populations have a higher percentage of older persons (aged 70 plus) and a lower percentage of younger persons (aged under 20 years) than the England average. Dorset especially has a much higher older population, making up 23% of the population compared to the England average of 14%.

Changes in these population figures are shaped by both natural change (births and deaths) and by migration into and out of the area.

Figure 3. Population breakdown by 10-year age bands for England, BCP Council, and Dorset Council. ONS Census 2021



The populations of both BCP Council and Dorset Council have increased since the previous Census in 2011, BCP Council by 5.7% and Dorset Council by 4.0%. According to Office for National Statistics (ONS) mid-year population estimates data this is expected to continue with a predicted 2% population increase for BCP Council and a predicted 4% population increase for Dorset Council between 2019-2029. For both populations, growth is driven primarily by those aged 65+.

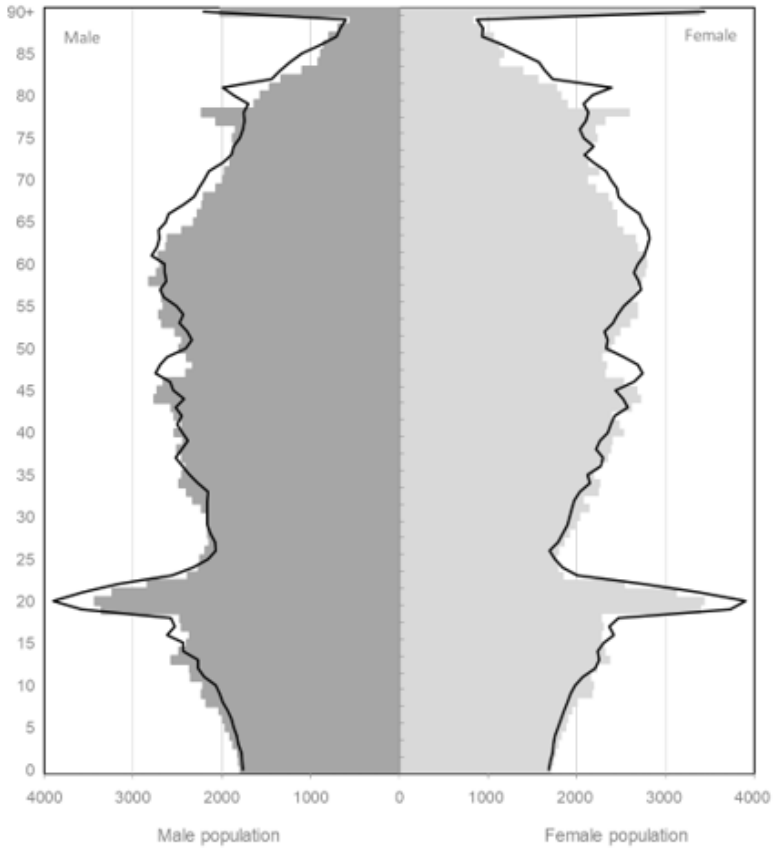
Population Forecast summary BCP Council
Over the next 3 years from 2025-28 population projections suggest the population of the BCP area overall will increase by 2,600 (0.7%). This growth is driven by increases

in the population aged over 65, with the number of children and young people (aged 0-16) projected to decrease.

The number of over 65s are projected to increase by over 5,200 thousand (6%) to 2028, compared to a decrease of around 2,600 (-4%) of children and young people. The working age population is forecasts to remain roughly unchanged. By 2028 those aged 65 and over will account for 24% of the overall population.

Migration is driving population growth, with more people arriving than leaving the area. Natural change (births-deaths) is projected to reduce growth with an increasing number of deaths, due to the rise in the older population, and a fall in the number of births.

Figure 4. BCP population pyramid 2025 and 2028 compared, ONS 2018 Based sub-national population projections



Population Forecast summary Dorset Council

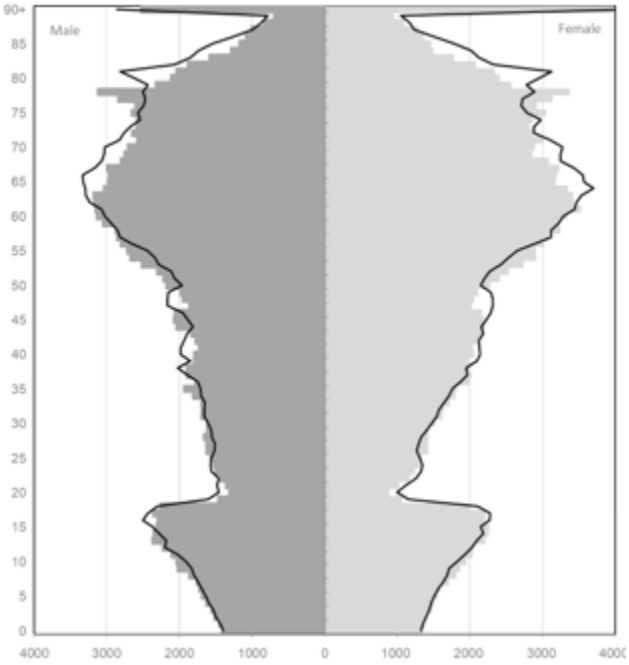
Over the next 3 years from 2025-28 population projections suggest the population of Dorset overall will increase by 4,300 (1.1%). This growth is driven by increases in the population aged over 65, with the number of children and young people (aged 0-16), and working age population projected to decrease.

The number of over 65s are projected to increase by almost 8,200 thousand (7%) to 2028, compared to a decrease of around 1,900 (-3%) for children and young people

aged 0-16. The working age population is forecasts to decline by just under 2,000 (-1%). By 2025 those aged 65+ will account for a third of the overall population.

Migration is driving population growth, with more people arriving than leaving the area. Natural change (births-deaths) is projected to reduce growth with an increasing number of deaths, due to the rise in the older population, and a fall in the number of births.

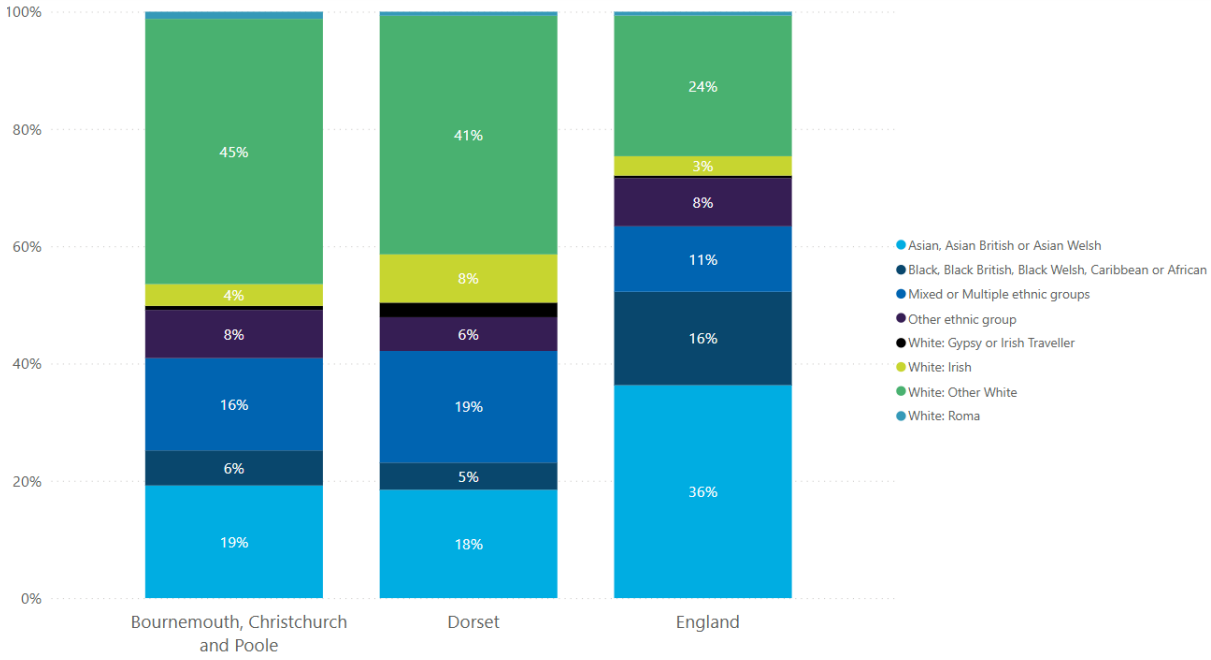
Figure 5. Dorset Council population pyramid 2025 and 2028 compared, ONS 2018 Based sub-national population projections



According to the 2021 Census BCP Council and Dorset Council have low levels of ethnically diverse residents with 82.4% and 93.9% respectively identifying as White British, compared to 73.5% for England and Wales. Figure 6 visualises the ethnic composition of BCP Council and Dorset Council in comparison to the England and Wales average.

The ethnic diversity of both BCP Council and Dorset Council populations have increased since the previous Census in 2011, BCP Council by 6% and Dorset Council by 1.7%.

Figure 6. Ethnicity in BCP Council, Dorset Council, and England and Wales according to the 2021 census



The highest proportion of BCP Council's and Dorset Council's ethnically diverse population are classified as 'White: Other White' (45.2% and 40.7% respectively). This classification includes people who identify as White but who do not have UK national identity (English, Welsh Scottish, Northern Irish and British) and are also not Irish. An example would be Polish or Romanian.

Deprivation is an important factor of health and well-being for communities and individuals. Where there are higher levels of deprivation, there are consistent associations with poorer health outcomes across a range of measures that represent a major cause of inequalities in health and well-being. 0 and 0 visualise the most and least deprived LSOAs in their respective areas. In Dorset, there are 11 LSOAs in the most 20% deprived in the country. The Dorset Council areas of deprivation are largely located in the most urban areas, in particular Weymouth and Portland, but many of Dorset's rural communities could also be considered deprived in terms of barriers to housing and essential services.

BCP Council has 26 LSOAs in the most 20% deprived in the country. BCP areas of deprivation are also largely located in the most urban areas, in particular areas around the town centres of Bournemouth and Poole.

Figure 7. BCP Council and deprivation

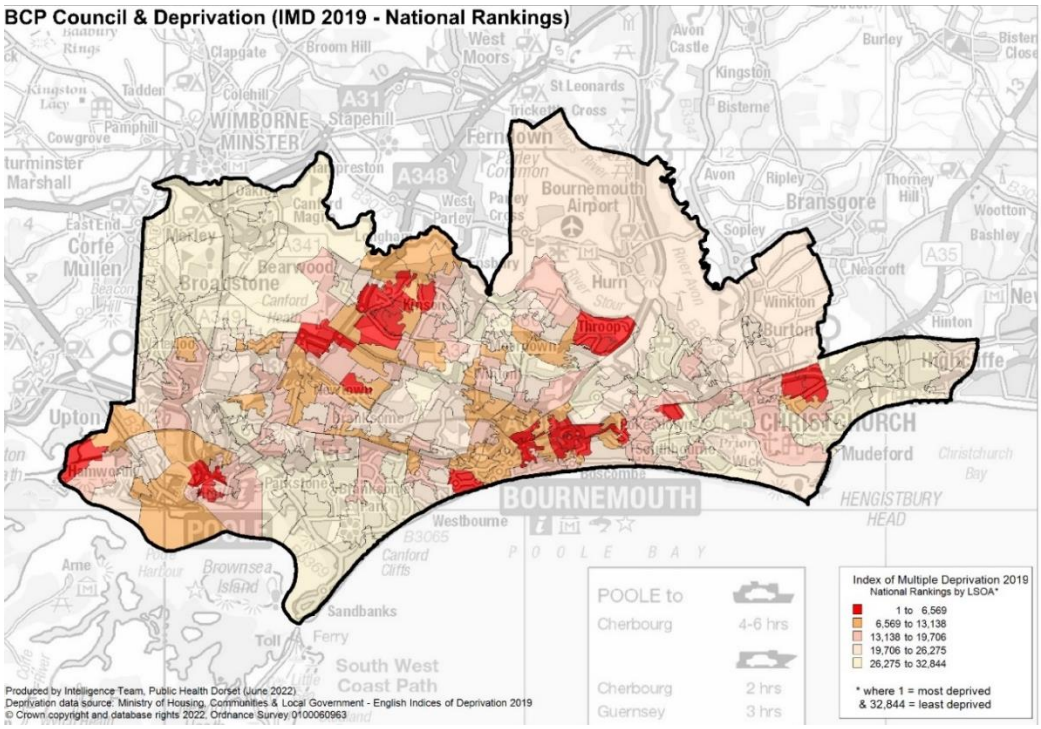
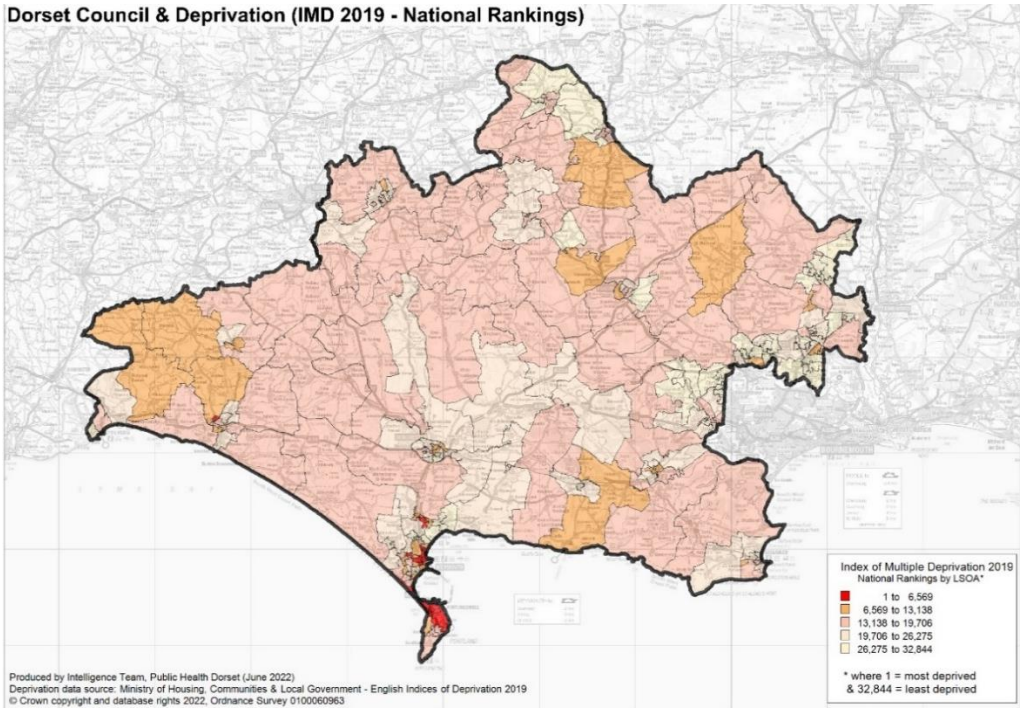


Figure 8. Dorset Council and deprivation



4.6 Our Dorset Joint Strategic Needs Narrative

Our Dorset Joint Strategic Needs Assessment (JSNA) is a process used to support Dorset Council and BCP Council Health and Wellbeing Boards to identify key issues and develop their Joint Health and Wellbeing Strategies in response to these.

The JSNA narratives are spilt into 3 sections

- Thriving Communities (Our population and wider determinants of health)
- Healthy Lives (Health conditions and behaviours, opportunities for prevention and early help)
- Health and Care (How services work together)

Some of the key issues around thriving communities include

- There is a social gradient in life expectancy between the most deprived and least deprived areas. In Dorset – 5.2 years for men and 4.6 years for women and in BCP – 6.9 years for men and women. Circulatory related deaths, cancer and respiratory disease are the main contributors to this inequality gap.
- The impacts of **poverty**, **deprivation** and the **cost-of-living crisis**. In BCP, there has been a notable increase in **clients aged 65+ seeking support** for a variety of issues from Citizen's Advice services. In Dorset, 22.9% of the working age population are economically inactive – this includes people who are temporarily or long-term sick, or away from the workforce for other reasons.
- **Homelessness** is associated with severe poverty and poor health outcomes. There is a high demand for homelessness support - households being owed a homelessness reduction act duty is above the national average (12.6 per 1,000 in BCP, 11.7 per 1,000 in England).
- The percentage of children achieving a good level of development at 2.5 years in both Dorset and BCP is above the England average. However, there are needs around **communication skills, fine motor skills** and **personal social skills**.
- **Pupil absence** has increased, following national trends – around 7% of sessions were missed in the academic year due to absence. In Dorset nearly 30% of secondary school age pupils were persistently absent in 2021/22 and 28% of BCP pupils.

Some of the key issues around healthy lives include:

- Although levels of **childhood obesity** are better than England, around 1 in 5 Year 6 children are obese in BCP and 1 in 3 are overweight or obese in Dorset. We see variation across the Local Authorities with higher prevalence in Weymouth and Portland, Poole Town and Central Bournemouth.
- The **mental health and emotional wellbeing** of children – the rate of inpatient admissions for mental health conditions (Dorset 128.8 per 100,000 and BCP 143.2 per 100,000) and self-harm (Dorset 601.6 per 100,000 and BCP 706.9 per 100,000) are worse than England.

- The increasing prevalence of **common mental health conditions**, such as depression and anxiety.
- **Social isolation and feelings of loneliness** are higher among some groups such as carers, adult social care users and people with long-term health conditions.
- The percentage of adults who are overweight or obese is similar to England. However, at 65.4% of adults in Dorset and 67.1% in BCP LA this is still high and has been slowly increasing over time (2022/23).
- **Smoking prevalence** has been reducing in both Dorset and BCP – currently 9.1 and 10.1%. However, some vulnerable groups have much higher rates of smoking and those working in manual and routine occupations.
- Nearly 21% of adults in Dorset and 19% of adults in BCP are **physically inactive** – doing less than 30 minutes moderate intensity activity a week. An estimated 49% of children and young people across Dorset are not meeting recommended guidelines of 60 minutes activity per day.
- Generally, our mortality rates are in line with England - however it is important to consider variation by geography and in **deaths considered preventable**. We also compare poorly for some indicators relating to emergency hospital admissions for conditions like hip fractures, COPD and heart disease. There could be more opportunities to encourage prevention, early help and support people to manage their health, especially when someone has multiple long-term conditions and/or are frail.

Some of the key issues around health and care include:

- Whilst the appreciation for NHS services was evident from participants of the 100 conversations project, there was concern that healthcare services are stretched and do not have the time or capacity to listen to patients' concerns.
- People felt that services need to work together in an integrated approach, communicate between each other to discuss patients' needs and adopt a multi-disciplinary approach.
- A need to improve **sharing of patient data** and medical records was also raised – sharing across multiple disciplines means that patients and carers would not have to repeat the same story.
- The need for **local access to services** was a key theme throughout – those with limited access to transport and travel links are adversely impacted when having to travel further distances.
- The interlink between physical and mental health is an important consideration for our services - The Kings Fund report that around **30% of people with a long-term physical health condition also experience poor mental health**, for example depression or anxiety.
- Looking to the future - The 2023 Chief Medical Officer report focuses on **health in an ageing society**. This sets out some of the trends and health needs to consider for this population to maximise independence and minimise time spent in ill health.

Other global and national trends to consider include:

- the increasing adoption of, and demand for, **personalised care**
- the potential of **Artificial Intelligence**
- increasing mental health issues and health inequalities

4.7 Housing Growth

The population of both BCP Council and Dorset Council is growing, with most of the growth driven by those aged over 65 which is likely to impact on future healthcare demand. As such the number of homes within the area is also growing accordingly. Sites with full planning permission and those likely to proceed within, or those that are already under construction between 2025 and 2029 inclusive come to a total of around 7,852 new homes across BCP Council and 8,831 in Dorset Council. These new homes will be built across all localities, but the largest concentrations are as detailed in 0. Each locality profile goes into more depth about local developments and their potential effects on the pharmaceutical service need in the area. Although all developments are included in the total of dwellings, particularly developments are highlighted in the locality profile if the number of dwellings is greater than 50.

Table 1. BCP Council and Dorset Council significant net growth developments

Area	Development	Net dwellings
Canford and Creekmoor	Oakley Lane	466
Canford and Creekmoor	Magna Road & Knighton Lane	464
West Dorset	Bridport, Vearse Farm	420
Mid Dorset	Littlemoor Urban Extension	364
Poole West	Poole Town Centre North	362
North Dorset	Ham Farm	280
Bournemouth Central	Holdenhurst Road	247
East Dorset	West Parley – Phase 1	238
Bournemouth Central	Exeter Road	223

4.8 Car or Van Ownership

Census 2021 data shows that access to a car or van in the household is still less likely in more deprived localities, which are primarily located in urban areas. The overall rate of no access to a car or van for BCP Council is 21.2%, and for Dorset Council, it is 13.8%.

4.9 Identified patient groups

Not all inequality or disadvantage can be seen through a geographical lens. This is particularly relevant when examining health inequalities across different groups in

society. While there may be concentrations of health inequality in the region's low-income communities, individual factors are crucial. This section outlines patient groups who are particularly vulnerable, have specific needs that community pharmacy can help address, or impact demand on community pharmacy services.

4.9.1 Asylum seekers and refugees

There are no accurate figures on the total number of refugees or asylum seekers living in the region. The latest figures from the Migration Observatory suggest that there are approximately 1,329 asylum seekers and refugees in BCP Council and 1,243 in Dorset Council, but this may be below the true size of this community in the region, with many not receiving support or accommodation from the Home Office.

The health needs of refugees and asylum seekers are well-documented and include untreated communicable diseases, poorly controlled chronic conditions, maternity care, and mental health and specialist support needs. Additionally, a sizeable minority continue to experience physical injuries and trauma from mistreatment and torture.

Asylum seekers and refugees often face additional barriers to accessing or receiving suitable health care due to language barriers, poverty, the impact of existing trauma, or having no recourse to public funds in the UK.

4.9.2 Ethnic Minorities

The 2021 Census data shows that both BCP Council and Dorset Council have a relatively low level of diversity, ethnically diverse people representing 17.6% of the population in BCP Council, and only 6.1% of the population in Dorset Council. There are well documented links between ethnic origin and health, where people from different ethnic communities have higher levels of illness for some diseases compared to the general population. In addition, differences in cultural background, first language and residence time in a new country may impact on the access and utilisation of health care services.

4.9.3 Disabilities

Defining the specific number of individuals with some form of physical disability is problematic, due to the range and type of conditions that may be considered a 'physical disability'. According to the 2021 Census approximately 7.3% of the population of BCP Council and 6.5% of Dorset Council reported having a limiting long-term illness or disability that limited day to day activities a lot. 10.5% of the population of BCP Council and 11.0% of Dorset Council reported having a limiting long-term illness or disability that limited day to day activities a little.

4.9.4 People with Learning Disabilities

People with learning disabilities are one of the most vulnerable groups in society. They are known to experience inequalities in health and as a result suffer poorer health outcomes compared to the general population. In March 2025, 0.6% of the Dorset GP registered populations were recorded as having a learning disability although this is likely to be an under representation as not everyone is registered.

4.9.5 Sex Workers

While there are no accurate local figures, it is estimated that there are more than 70,000 sex workers in the UK. Sex workers are at increased risk of ill-health, experiencing violence and substance misuse, and can face additional barriers in accessing health care due to fear or discrimination.

4.9.6 People who are Homeless or Sleeping Rough

According to MHCLG in 2024 there were 676 households in BCP Council and 757 households in Dorset Council either homeless or at risk of being so. Dorset Council has seen a large increase of increase of households being homeless or at risk of being so. Homeless people, especially those alone, are more at risk of complex health needs including inter-related mental health, drug misuse and alcohol dependency challenges. They are also at increased risk of injury, pneumonia, tuberculosis, dental problems, and hypothermia.

4.9.7 Gypsies, Travellers, and Roma Groups

There are six local authority-supported sites, several privately owned sites, and further unauthorized encampments that support Gypsies and Travellers. The transient nature of some of these groups can mean they sometimes experience difficulty registering with a GP practice; however, some groups are recognized to move around within the area as well as in and out of the local area.

4.9.8 Prisoners

People in prison are more likely to experience multiple, sometimes more complex physical and/or mental health conditions compared with the overall population. These issues are often further complicated by wider health determinants such as homelessness, unemployment, financial problems or insecurity, social isolation, and poor access to health services appropriate to their needs. Dorset has three prisons: Guys Marsh in Shaftesbury, and the Verne and Portland Prison on Portland. Each has a dispensary for their prison population.

4.9.9 Students

BCP Council is home to Bournemouth University, Arts University Bournemouth (AUB) and Health Services University with around 18,000 students studying at

Bournemouth University, around 4,000 at AUB and 1,185 at AECC each academic year. This significantly affects the population make-up of the surrounding wards.

4.9.10 Tourists

As a popular tourist destination, Dorset sees a large number of UK and overseas visitors each year. The latest figures show there were approximately 4,162,000 trips to the area between 2017-2019. As such, some of these visitors are likely to utilize the local pharmaceutical services.

4.9.11 Military

Army camps each have their own dispensaries, using Ministry of Defence (MOD) prescriptions. There are two army camps in Dorset: Bovington Camp and Blandford Camp. Dorset has a significant military presence, with over 6,500 serving personnel across four bases.

5. Current Services

5.1 Health needs that can be met by pharmaceutical services

Community pharmacists and their teams are ideally placed to provide expertise in health advice and prevention, tackling health inequalities, supporting long-term conditions and the treatment of self-limiting common clinical conditions. As such they play an important role in meeting the health needs of the Dorset population.

The most obvious health need that can be met via pharmaceutical services is the need for appropriate drugs and appliances to be dispensed safely with expert advice available. Furthermore, the safe collection and disposal of unwanted or out of date dispensed drugs.

As well as supply medicines for the treatment of both mental and physical health problems, pharmacies can provide accessible and comprehensive information and advice to carers about what help, and support is available to them. This is part of the signposting essential service.

The specific services that are offered at pharmacies within Dorset are detailed in section 5.4 to 5.7, between them they contribute to addressing health needs in long-term conditions, sexual health, teenage pregnancy, smoking, seasonal influenza, alcohol and drug usage, palliative care, and related conditions.

Although deprivation is not such a significant issue across all of Dorset there are areas of higher deprivation. Deprivation is a key component of health inequalities; as such, appropriate accessible services on the front line of primary care, such as those provided by community pharmacy, are key to ensuring that people across all communities can have their prescriptions dispensed and benefit from a range of associated services as part of the NHS.

5.2 Number of Pharmacies and Access

There are a total of 138 contractors providing pharmaceutical services within the Dorset area (69 in BCP Council and 69 in Dorset Council). Of these:

- 132 are community pharmacies (66 in BCP Council and 66 in Dorset Council)
- 3 are distance selling pharmacies (1 in BCP Council and 2 in Dorset Council)
- 3 are dispensing appliance contractors (2 in BCP Council and 1 in Dorset Council)

The majority of community pharmacies operate 40-hour contracts. However, there are 10 100-hour pharmacies within the Dorset area (7 in BCP Council and 4 in Dorset Council), shown with blue crosses in Figure 9.

Figure 9a. 40 hour and 100-hour pharmacies across Dorset Council

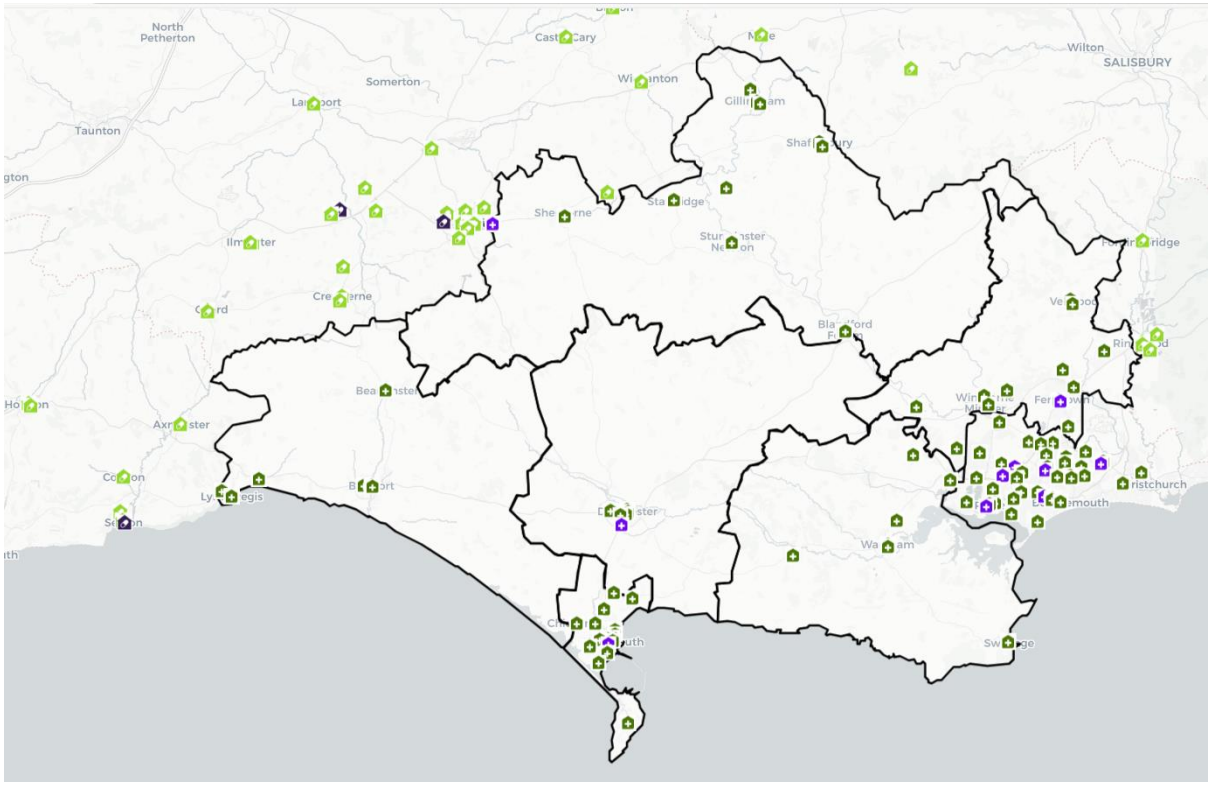
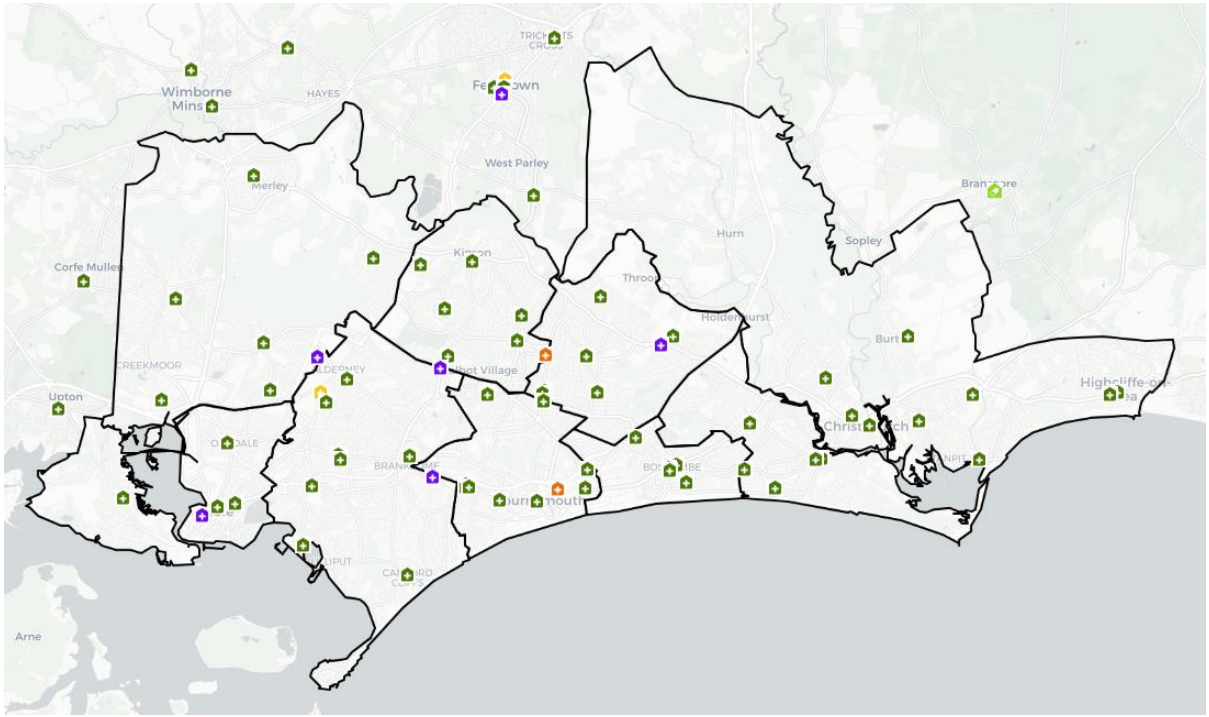


Figure 9b. 40 hour and 100-hour pharmacies across BCP

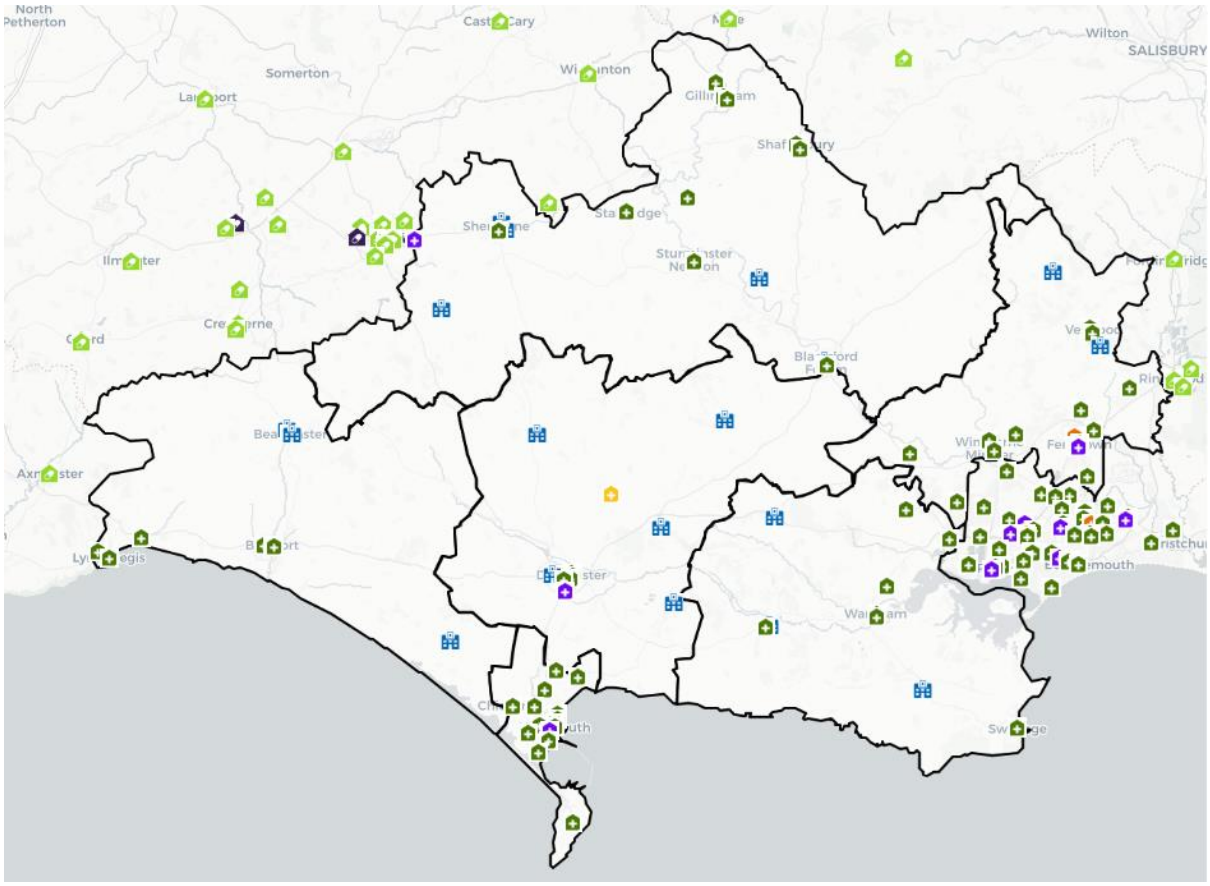


5.3 Dispensing GPs

Dispensing GP practices provide a dispensing service during their core hours from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices.

As of January 2025, there were 16 dispensing practices across 19 sites, all in the Dorset Council area. Figure 10 displays their locations on a map.

Figure 10. Dorset pharmacies and dispensing practices



5.4 Essential Services

Essential services are provided by all community pharmacies across Dorset as detailed in 2.4.1.

5.5 Advanced Services

The advanced services provided by pharmacies across Dorset are detailed in 2.4.2. Table 2 details how many pharmacies in BCP Council and Dorset Council were signed up to deliver each of the advanced services as of January 2025. The hypertension case finding service and stop smoking service are both relatively new and pharmacies are continuing to sign up for these.

Table 2. Pharmacies signed up to deliver advanced services in Dorset

	Pharmacy First	New Medicines Service	Flu	Hypertension case-finding service	Smoking Cessation

BCP Council	64	68	56	58	68
Dorset Council	65	67	57	61	67
Total	129	135	113	119	135

	Appliance Usage Review	Stoma Appliance Customisations	Contraception Services	Lateral Flow service
BCP Council	3	9	53	48
Dorset Council	1	2	50	53
Total	4	11	103	101

5.6 Enhanced services

The potential enhanced services that can be commissioned are detailed in Appendix 3: Enhanced Service list and section 2.4.3. The NHS currently commissions the following enhanced service in Dorset:

- Pharmacy Urgent Repeat Medication (PURM), of which 105 pharmacies are signed up to deliver.

5.7 Locally commissioned services

Locally commissioned services are commissioned by Public Health Dorset, Dorset Council or BCP Council and include:

- Emergency Hormonal Contraception (EHC) and Chlamydia
  - Describe the availability of emergency contraception, especially among young people.
  - Improve access to Emergency Hormonal Contraception (EHC) and sexual health advice for women who have had unprotected sex.
  - Effectively administer EHC with users and help contribute to a reduction in the number of unplanned pregnancies.
  - To signpost service users who may have been at risk of Chlamydia to access online Chlamydia testing services.
  - To provide free condoms to the service user as part of the consultation.
  - To increase awareness of and where appropriate refer to the integrated sexual health service for service users' contraceptive or STI needs.
  - To reduce women's repeated reliance on EHC through behaviour change interventions and effective referral for contraception.

- Needle Exchange
  - Provide sterile injecting equipment
  - Provide information and advice around changing lifestyles
  - Provide basic information on minimising the complications associated with drug misuse
  - To signpost support services for people who use alcohol or other drugs

- Supervised Consumption
  - Appropriately supervise the consumption of prescribed medicines, ensuring that the dose has been administered and consumed as required by the prescription, to the patient.
  - Provide direct input to promote harm reduction, including recognising people with physical health problems or severe mental health problems and signposting them to appropriate services.
  - Actively encourage Service Users to access hepatitis B immunisation and to complete the course.
  - Emphasise the risks of overdose, strategies to reduce those risks and to respond to overdose (including polydrug use and alcohol misuse).
  - Advise on safer sex, sexual health, HBV immunisation and HBV, HCV and HIV testing.

- NHS Health Checks
  - Identify people at risk of cardiovascular disease using a structured approach as part of the national NHS Health Check programme
  - Support clients to take action to reduce their risk as far as possible

- Smoking Cessation
  - Reduce smoking related illnesses and deaths by helping clients to give up smoking or reducing the harm caused by smoking tobacco.
  - Improve the health of the population by reducing exposure to second-hand smoke, promoting smokefree homes and cars (especially cars carrying children).
  - Reduce health inequalities by offering individual, flexible support through a range of delivery methods (including face to face and telephone), that is sensitive to the needs of high priority groups e.g. routine and manual workers, clients with mental health issues and/or long-term medical conditions.
  - Support clients to access additional behavioural and lifestyle support by promoting or signposting to Live Well Dorset.

- Palliative care service
  - The palliative care service, which supports end-of-life care by ensuring access to specific medicines urgently required to help patients remain at home if they wish, is now considered an enhanced service. This service is provided by a small number of community pharmacies in key locations, chosen based on their accessibility and, where possible, extended opening hours. Some of these pharmacies operate for 100 hours a week. With NHS Dorset now taking responsibility for commissioning primary care services, this enhanced service aligns with their broader role in ensuring equitable access to essential healthcare services across the region.

5.8 Access to pharmaceutical services on public and bank holidays

NHS Dorset has a duty to ensure that residents of the Health and Wellbeing Board's area can access pharmaceutical services every day through its responsibility for planning and commissioning healthcare services. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so.

The NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open all or part of these days to ensure adequate access.

5.9 Other Services

The following services affect the need for pharmaceutical services within its area:

- Hospital pharmacies – Hospitals are increasingly adopting the Electronic Prescription Service (EPS), which enables prescriptions to be sent electronically to community pharmacies. However, rather than significantly increasing the workflow for community pharmacies, EPS is more likely to have a streamlining effect. A substantial volume of FP10s is already issued via Emergency Departments (EDs), and even if an EPS interfacing system were implemented, it is unlikely to result in a noticeable change in prescription volume for community pharmacy colleagues. That said, with the planned merger of ED departments in early 2026, some activity may shift eastwards. Currently, outpatient prescriptions are dispensed through contracts outsourced by University Hospitals Dorset NHS Foundation Trust (UHD) for Bournemouth and Poole, while Dorset County Hospital NHS Foundation Trust (DCH) manages outpatient prescriptions in-house via a wholly owned subsidiary. The implementation of EPS is expected to refine these processes and may still require adjustments to ensure seamless integration with community pharmacy services.

  UHD provides acute, elective, and specialist healthcare across two main hospital sites, Bournemouth Hospital and Poole Hospital, as well as some community-based services out of Christchurch Hospital. DCH provides acute, elective, and specialist healthcare. Dorset Health Care University Foundation Trust provides community and mental health services across over 300 sites, ranging from village halls and GP surgeries to mental health inpatient hospitals and community hospitals - as well as in people's homes.
- Weymouth Hospital Urgent Treatment Centre - services at this centre will affect the need for pharmaceutical services, in particular the dispensing of prescriptions across the opening hours.
- Prison pharmacies – Where prescriptions written in prisons are dispensed in prison pharmacies the demand for the dispensing essential service may be reduced; however, in some areas, local pharmacies are used.
- Hospices - there is one hospice in Poole, the Forest Holme hospice which is part of the University Hospitals Dorset NHS Trust. There is an independent hospice in Dorchester, Weldmar Hospice, care which also provides support to

people at home in the west, south and north of Dorset. These generate a very small number of prescriptions that are dispensed by community pharmacies.

- Drugs and Alcohol services support those experiencing issues with substance misuse including alcohol to improve their health, wellbeing, and employability, and includes specialist prescribing of substitution therapies for those who need it, with close links to community pharmacies. In the Dorset Council area this is provided by Reach - a partnership between EDP Drug and Alcohol Services (EDP), and Avon and Wiltshire Mental Health Partnership Trust, and in the BCP council area by We Are With You.
- Additional roles in PCNs – Increasing numbers of clinical pharmacists and pharmacy technicians are now working in Primary Care Networks with and alongside the general practice teams, taking on expanded roles which may be patient-facing or based more on technical skills and audit.
- Extended GP access – each PCN is currently developing plans to ensure that more of their patients can access routine GP appointments in the early evenings and at weekends, providing more options for those who are working. Therefore, demand for prescriptions at extended opening times may be needed.
- South Western Ambulance Services Trust (SWAST) provide emergency response.

6. Gap Analysis

The purpose of this analysis is to ascertain if there is a gap or potential future gap in the provision of community pharmacy in Dorset. Based on the necessary services definition (defined in section **Error! Reference source not found.**) the following criteria form the basis of the analysis:

- All parts of the population should have general access to a physical community pharmacy or be within range of a dispensing GP practice. Industrial and trading estates are not residential areas so will not form part of the gap analysis.
- Pharmacies located outside the borders of Dorset can qualify as providers of access if Dorset providers do not suffice in certain areas.
- In all areas the population should be within 20 minutes driving time of at least one of the above providers.
- All community pharmacies should dispense medicines and appliances and provide the other essential services in relation to both medicines and appliances.

The above criteria are considered both for the current population and the potential population as based on planned housing developments in Dorset.
Further factors that would not signify a gap in provision, but that are considered to contribute to improvements are:

- Accessibility of the service for identified patient groups.
- A choice of service providers.

6.1 Access to Pharmaceutical Services in Dorset

Nationally, a common aim is for access to a pharmacy for 99% of the population (including those living in the most deprived areas) to be possible within 20 minutes by car.

Accordingly, the Steering Group has chosen 20 minutes by car to any community pharmacy or dispensing practice. As can be seen in Figure 12, much of Dorset Council has a low population density due to how rural the area is. In Figure 11 it can be seen that although parts of BCP Council have a higher population density, the area is well supplied with pharmacies.

The 20-minute drive time is a practical and achievable distance for most people, used consistently in the 2018 and 2022 PNAs to ensure access to essential pharmaceutical services. In section **Error! Reference source not found.** it is noted that 81% of BCP Council households and 86% of Dorset households have access to a car or van. Areas with low car ownership are near pharmacies, allowing easy access by walking, cycling, or public transport. Older residents are also conveniently located near pharmacies or have accessible transport options.

A 20-minute walk time was considered for urban areas, revealing gaps in north-east Bournemouth, north Poole, and a tourist caravan park on the west coast. These low-density areas, including the airport and industrial buildings, have good transport links and higher car ownership. The walk time covers 96% of Dorset's population over 65. Thus, a single measure was used in this report.

Responses to the Healthwatch Dorset questionnaire provide the following insights into accessing pharmacies.

- 98% had used a local pharmacy in the past 12 months
- 67% find access to their preferred pharmacy very easy or easy
- People responded they find their local pharmacy easy to access when it's within walking distance or has parking, has friendly staff and when it's opening hours suit them.

Figure 11. BCP Council pharmacies by population density

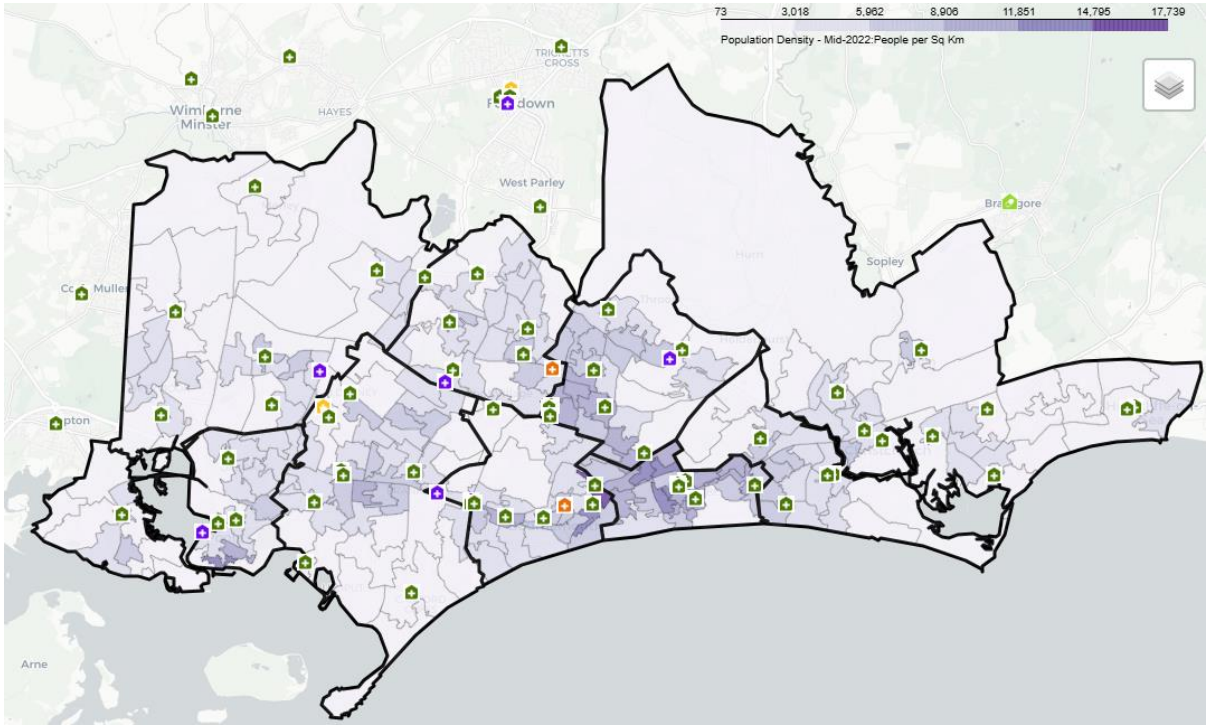


Figure 12. Dorset Council pharmacies by population density

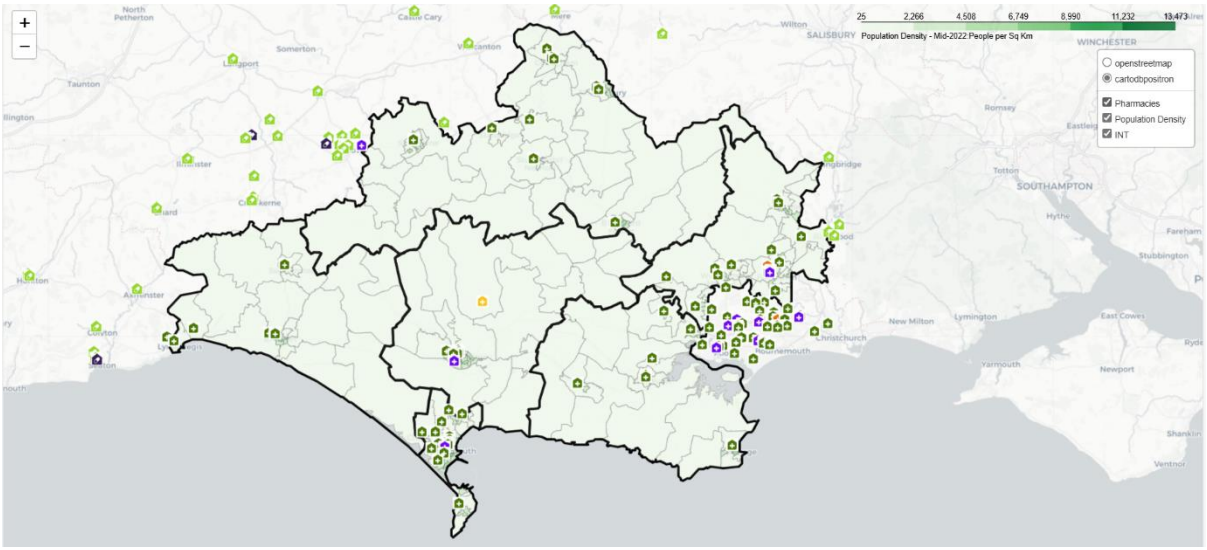
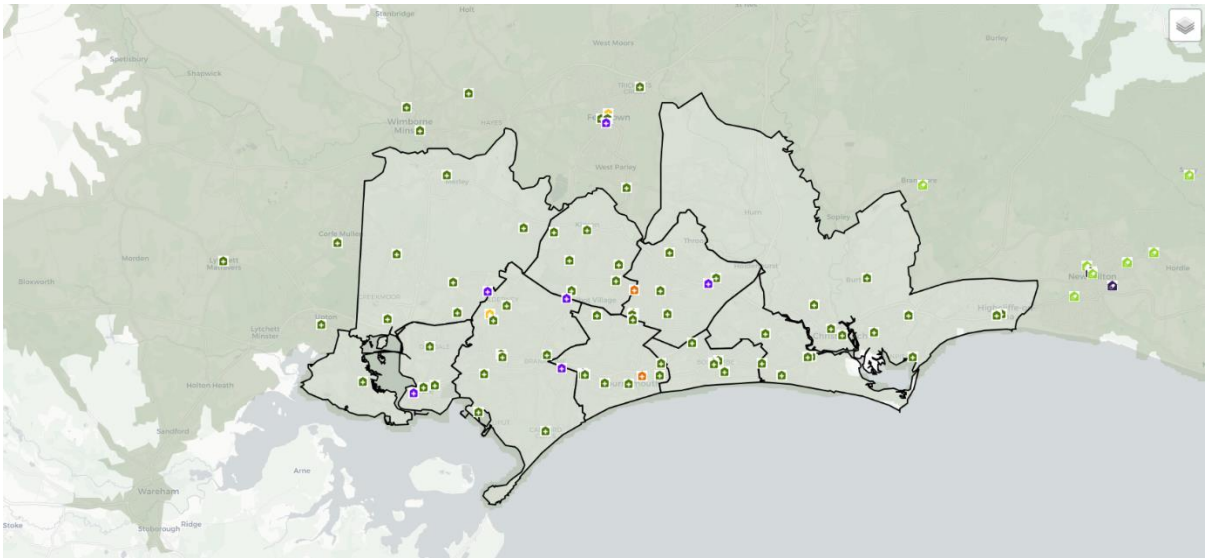
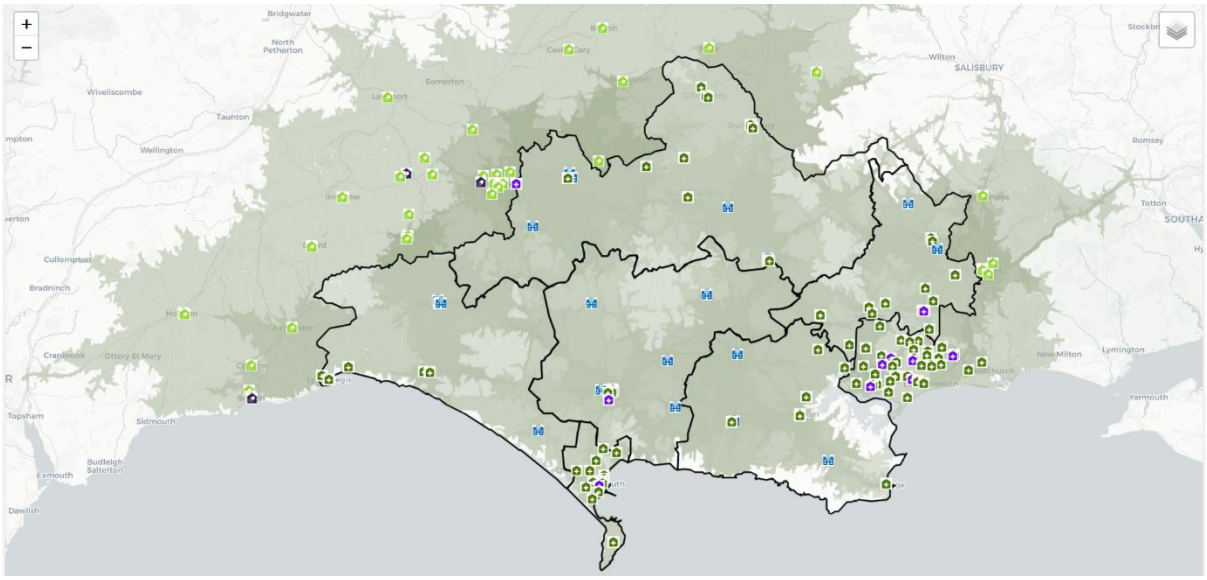


Figure 13 shows that residents within BCP would be able to access a pharmacy within a 20-minute drive time. Neighbourhood Areas such as Kinson & Wallisdown, Boscombe and Poole West where the most deprived areas are situated, there is a very high proportion of residents living within a 20-minute drive of a pharmacy.



Mapping 20-minute drive times in Dorset show that no location is more than a 20-minute drive from a pharmacy during a weekday during the day. The GP practices in these areas are dispensing practices and all the patients in these very rural areas are eligible to access dispensing services from these practices; once these are included, all residents can access appropriate provision within a 20-minute drive time. This is mapped in Figure 14.



According to this analysis, the current population of Dorset can access a physical community pharmacy or is within range of a dispensing GP practice as set out in the criteria at the start of this chapter, as such no gaps have been identified.

6.2 Opening Hours

Detailed opening times of all pharmacy contractors in Dorset are shown in Appendix 6: List of community pharmacies and opening times. Earliest opening times and latest closing times are recorded for each Neighbourhood Area in the locality profiles.

In summary there are 122 40-hour community pharmacies and 10 100-hour community pharmacies in Dorset. There are 3 DACs and 3 distance-selling pharmacies that also operate a minimum of 40 hours.

There is at least one pharmacy in every locality open until at least 6:30 p.m. on weekdays, except in Dorset West PNA, where the pharmacy closes at 6 p.m. Additionally, every locality has at least one pharmacy open on Saturdays, and most localities also have at least one pharmacy open on Sundays.

Pharmaceutical services in the out-of-hours period are principally supported by 100-hour pharmacies. It is worth noting that, in practice, these 100-hour pharmacies may have applied to reduce their core opening hours to between 72 and 100 hours. Together, the current 100-hour contract pharmacies offer the local population good access to pharmaceutical services during evenings, weekends and bank holidays. Drive times shown in Figure 13 may be optimistic in periods of heavy traffic but are realistic late at night and on Sundays when the services would be required.

Regarding opening hours across Dorset, all localities have good provision during office hours, and at least provision until 6:30 p.m. on an evening and during Saturday daytimes. As it stands, no gaps in provision have been identified.

6.3 Choice of service provision

Patients can choose where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. As a result, some of the prescriptions written for Dorset registered patients are dispensed outside the area.

Generally, the demand for pharmaceutical services by the population registered to GP practices within Dorset is met by pharmacies from within the two HWB areas, with pharmacies outside of the Dorset area providing a small amount of dispensing, likely due to ease of access. These include pharmacies in the neighbouring local authorities Somerset, Wiltshire, Hampshire and Devon.

According to the Healthwatch survey, 71% of responders preferred to access their pharmacy in-person, and 5% preferred online access solely. The remaining people used a combination of methods. Fewer than 12% of responders stated it was difficult or very difficult to access their preferred pharmacy.

Distance-selling pharmacies made up around 2% of dispenses between April to October 2024. There are three distance selling pharmacies within Dorset, and a further 407 nationally, any one of which residents can choose to use.

DACs are specialist services for the dispensing of medical appliances of which there are three in Dorset, and many others operating nationally that Dorset residents can access.

In summary the choice of pharmaceutical services in Dorset is reasonable. The population of Dorset access pharmacies in different ways. Typically, in the rural areas, people will access a range of services through their local GP and pharmacies in their local market town. In addition, supermarket or out-of-town retail areas offer other ways of accessing pharmaceutical services. In the urban areas of Bournemouth and Poole, the population have a greater choice of pharmacies. Changing technology also offers access to internet pharmacy services, which may be based anywhere in the UK. Therefore, the level of choice available in Dorset meets the appropriate criteria and no gaps have been identified.

6.4 Meeting the needs of specific populations

Section 4.9 identifies vulnerable groups and communities that may have specific health needs that should be recognised by community pharmacy in Dorset. As well as an awareness of these populations and their health needs, there are services and facilities that can be put in place to ensure their needs are met.

First and foremost, all pharmacies are required to be compliant with the Equalities Act. This legislates against direct discrimination against any person for the supply of goods or services. Pharmacy contractors are required to make reasonable adjustments to accommodate any person with a disability both on their premises and in terms of service, for example, wheelchair access and ramps. Wherever possible, provision of disabled-friendly services (wheelchair accessible consulting rooms,

provision for those with visual or hearing difficulties, etc.) should be considered an important aspect of good service provision.

Considering the number of residents who are from an ethnic minority (section 4.5), the number of those unable to speak English are likely to be small; however, where this occurs it creates a barrier to access. Community pharmacies in Dorset must be able to signpost people to language access services. All pharmacies in Dorset can utilize the NHS interpretation and translation services, although in the past not all pharmacies were aware of how or where to access help with translation in such situations. NHSE have clarified that services can access help through the NHS local office when required, however this can take time to arrange and may not be immediately available. Working with language interpreters and translators helps provide optimal patient care as it can reduce communication barriers between practitioner and patient. It has been shown to improve safety with respect to diagnosis and prescription.

Homeless people can register with a General Practice and then access community pharmacies for dispensing medication. In addition, anybody who is homeless can also access advice and support from a community pharmacy without GP registration or the need to provide an address.

6.5 Community pharmacy workforce

The community pharmacy workforce was not one of the criteria considered by the gap analysis. We know that there have been difficulties in community pharmacy recruitment in Dorset for some years, which has been highlighted further with the development of additional and expanded roles for pharmacists and technicians. The issue also came through very strongly in the community engagement survey and in the formal consultation.

Pharmacy leaders in Dorset continue to face workforce shortages, with vacancy rates rising—pharmacist vacancies have increased from 7% in 2021 to 18% in 2023, and technician vacancies persist. While various initiatives have been in place since 2019, measurable improvements have only recently emerged. The number of trainee pharmacists has increased, with multisector placements rising from 20% (2024/25) to 56% (2025/26), and funding has expanded integrated Pre-registration Trainee Pharmacy Technician (PTPT) training across multiple sectors. Workforce development remains a priority for the Dorset Pharmacy Workforce Faculty, which supports collaboration across organizations. Local teams continue to work closely with workforce leads, the Dorset People Committee, and previously with NHS England to secure funding and enhance workforce development, with a growing focus on recruitment and retention strategies to sustain the local pharmacy workforce.

The Our Dorset Pharmacy Workforce Faculty Review (January 2025) highlights key areas requiring further attention. Expanding independent prescribing training for community pharmacists is essential to support primary care recovery, though this will require increased supervision capacity. Cross-sector partnerships have grown significantly, strengthening workforce pipelines and improving community pharmacy recruitment. Funding has also supported integrated PTPT training across multiple

sectors, alongside additional financial support for pharmacy technician apprenticeships.

Despite these efforts, workforce vacancies remain a concern. In the NHS-managed sector, the most significant gaps are in junior pharmacist and senior pharmacy technician roles. In community pharmacy, pharmacist vacancies have risen sharply, and technician vacancies persist. While trainee pharmacist numbers have improved, further efforts are needed. Primary care must also focus on joint recruitment of trainee pharmacists and PTPTs within PCNs to support system-wide sustainability. Additionally, the creation of more Band 6 roles is crucial to retaining newly qualified pharmacists within Dorset.

7. Conclusion

Throughout this PNA the provision of pharmaceutical services across Dorset has been considered in conjunction with the demography and health needs of the population. Analysis has been conducted as to whether the current provision meets the needs of the population, both as a whole and at a locality level (see individual locality profiles), and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

Considering the range of information considered within this needs assessment, including current provision of services across the area, the results of the public survey, and the formal consultation it can be concluded that there is appropriate provision of pharmaceutical services in Dorset.

The anticipated increase in housing developments in each locality area over the next three-year period until 2025 will not have a significant impact on the overall provision of pharmaceutical services and at present it is not anticipated that additional pharmacy facilities will be required.

7.1 BCP Council necessary services – current provision

For this PNA, the Steering Group has agreed that necessary services are:

- dispensing of medicines and appliances
- the other essential services in relation to both medicines and appliances
- is accessible to the Dorset population within a 20-minute drive time

Based on the information available at the time of developing this PNA no current gaps in the provision of necessary services have been identified in any of the localities across BCP Council.

7.2 BCP Council necessary services – future provision

Based on the information available at the time of developing this PNA no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities across BCP Council.

7.3 BCP Council other relevant services - current provision

For the purposes of this pharmaceutical needs assessment, the Steering Group has agreed that other relevant services are the locally commissioned advanced and enhanced services.

Based on the information available at the time of developing this PNA no gaps in the current provision of other relevant services or in specified future circumstances have been identified in any of the localities across BCP Council.

7.4 BCP Council improvements and better access – gaps in provision

Based on the information available at the time of developing this PNA no gaps have been identified in essential services, advanced services, or enhanced services that if provided either now or in the future would secure improvements, or better access, to essential services in any of the localities. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within local area service rather than through the opening of additional pharmacies.

7.5 Dorset Council necessary services – current provision

For this PNA, the Steering Group has agreed that necessary services are:

- dispensing of medicines and appliances
- the other essential services in relation to both medicines and appliances
- is accessible to the Dorset population within a 20-minute drive time

Based on the information available at the time of developing this PNA no current gaps in the provision of necessary services have been identified in any of the localities across Dorset Council.

7.6 Dorset Council necessary services – future provision

Based on the information available at the time of developing this PNA no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities across Dorset Council.

7.7 Dorset Council other relevant services - current provision

For the purposes of this pharmaceutical needs assessment, the Steering Group has agreed that other relevant services are the locally commissioned advanced and enhanced services.

Based on the information available at the time of developing this PNA no gaps in the current provision of other relevant services or in specified future circumstances have been identified in any of the localities across Dorset Council.

7.8 Dorset Council improvements and better access – gaps in provision

Based on the information available at the time of developing this PNA, future improvements and better access are best managed through working with existing contractors and improving integration with other services and within Primary Care Networks rather than through the opening of additional pharmacies.

No other gaps have been identified in essential services, advanced services, or enhanced services that if provided either now or in the future would secure improvements, or better access, to essential services in any of the localities.

7.9 Our Dorset – local recommendations

Following consultation on the draft PNA, further recommendations are:

- Pharmacy Workforce Resilience: The challenge of recruiting and retaining a skilled pharmacy workforce remains a critical priority. This includes evolving the skill mix—such as expanding the role of pharmacy technicians—establishing contingency arrangements to manage short-notice pharmacy closures, and supporting the broader development of community pharmacy roles.

- Targeted Health Campaigns: Potential health campaigns over the next three years should focus on promoting responsible medicine use and increasing public awareness of the Pharmacy First service.

8. Appendices

Appendix 1: Acronyms and definitions

A&E	Accident and Emergency
AUR	Appliance Use Review
BCP	Bournemouth, Christchurch and Poole
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
DAC	Dispensing Appliance Contractor
DRUM	Dispensing review of the use of medicines
DSP	Distance-Selling Pharmacy
DSQS	Dispensary Services Quality Scheme
EHC	Emergency hormonal contraception
EIA	Equality impact assessment
EPS	Electronic Prescription Service
HIV	Human immunodeficiency virus
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian, gay, bisexual and transgender
LPS	Local Pharmaceutical Services
LSOA	Lower layer super output area
NMS	New medicine service
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office for National Statistics
PCSE	Primary Care Support England
PNA	Pharmaceutical Needs Assessment
STI	Sexually transmitted infections
UK	United Kingdom

Appendix 2: Legislation relating to PNAs

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health powers to make regulations.

Section 128A Pharmaceutical needs assessments

(1) Each Health and Well-being Board must in accordance with regulations--
(a) assess needs for pharmaceutical services in its area, and
(b) publish a statement of its first assessment and of any revised assessment.

(2) The regulations must make provision--
(a) as to information which must be contained in a statement;
(b) as to the extent to which an assessment must take account of likely future needs;
(c) specifying the date by which a Health and Well-being Board must publish the statement of its first assessment;
(d) as to the circumstances in which a Health and Well-being Board must make a new assessment.

(3) The regulations may in particular make provision--
(a) as to the pharmaceutical services to which an assessment must relate;
(b) requiring a Health and Well-being Board to consult specified persons about specified matters when making an assessment;
(c) as to the manner in which an assessment is to be made;
(d) as to matters to which a Health and Well-being Board must have regard when making an assessment.

The regulations referred to are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, in particular Part 2 and Schedule 1.
Part 2: Pharmaceutical needs assessments

3. Pharmaceutical needs assessments

(1) The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a "pharmaceutical needs assessment".

(2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—
(a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
(b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or

(c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

4. Information to be contained in pharmaceutical needs assessments

(1) Each pharmaceutical needs assessment must contain the information set out in Schedule 1.

(2) Each HWB must, in so far as is practicable, keep up to date the map which it includes in its pharmaceutical needs assessment pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement).

5. Date by which the first HWB pharmaceutical needs assessments are to be published
Each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.

6. Subsequent assessments

(1) After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.

(2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—
(a) the number of people in its area who require pharmaceutical services;
(b) the demography of its area; and
(c) the risks to the health or well-being of people in its area,
unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

(3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—
(a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
(b) the HWB—
(i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or
(ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

(4) Where chemist premises are removed from a pharmaceutical list as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application—
(a) to meet a current or future need for pharmaceutical services; or
(b) to secure improvements, or better access, to pharmaceutical services,
the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its pharmaceutical needs assessment

7. Temporary extension of Primary Care Trust pharmaceutical needs assessments and access by the NHSCB and HWBs to pharmaceutical needs assessments

(1) Before the publication by an HWB of the first pharmaceutical needs assessment that it prepares for its area, the pharmaceutical needs assessment that relates to any locality within that area is the pharmaceutical needs assessment that relates to that locality of the Primary Care Trust for that locality immediately before the appointed day, read with—
(a) any supplementary statement relating to that assessment published by a Primary Care Trust under the 2005 Regulations or the 2012 Regulations; or
(b) any supplementary statement relating to that assessment published by the HWB under regulation 6(3).

(2) Each HWB must ensure that the NHSCB has access to—
(a) the HWB's pharmaceutical needs assessment (including any supplementary statement that it publishes, in accordance with regulation 6(3), that becomes part of that assessment);
(b) any supplementary statement that the HWB publishes, in accordance with regulation 6(3), in relation to a Primary Care Trust's pharmaceutical needs assessment; and
(c) any pharmaceutical needs assessment of a Primary Care Trust that it holds, which is sufficient to enable the NHSCB to carry out its functions under these Regulations.

(3) Each HWB must ensure that, as necessary, other HWBs have access to any pharmaceutical needs assessment of a Primary Care Trust that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on pharmaceutical needs assessments

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—
(a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
(b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
(d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
(e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
(f) any NHS trust or NHS foundation trust in its area;
(g) the NHSCB; and
(h) any neighbouring HWB.

(2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—
(a) must consult that Committee before making its response to the consultation; and
(b) must have regard to any representations received from the Committee when making its response to the consultation.

(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

(6) If a person consulted on a draft under paragraph (2)—
(a) is treated as served with the draft by virtue of paragraph (5); or
(b) has been served with copy of the draft in an electronic form,
but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—
(a) the demography of its area;
(b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
(c) any different needs of different localities within its area;

(d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—
(i) the need for pharmaceutical services in its area, or
(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
(e) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (d)) which affect—
(i) the need for pharmaceutical services in its area, or
(ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—
(a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
(b) having regard to likely changes to—
(i) the number of people in its area who require pharmaceutical services,
(ii) the demography of its area, and
(iii) the risks to the health or well-being of people in its area.

Schedule 1: Information to be contained in pharmaceutical needs assessments

1. Necessary services: current provision
A statement of the pharmaceutical services that the HWB has identified as services that are provided—
(a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

2. Necessary services: gaps in provision
A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—
(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

3. Other relevant services: current provision
A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—
(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

4. Improvements and better access: gaps in provision
A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—
(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

5. Other NHS services
A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—
(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
(b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

6. How the assessment was carried out
An explanation of how the assessment has been carried out, and in particular—
(a) how it has determined what are the localities in its area;
(b) how it has taken into account (where applicable)—
(i) the different needs of different localities in its area, and
(ii) the different needs of people in its area who share a protected characteristic; and
(c) a report on the consultation that it has undertaken.

7. Map of provision
A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

Finally, specifically in relation to controlled localities, regulation 39 provides:
39. Process of determining controlled localities: formulation of the NHSCB's decision
…
(2) Once it has determined whether or not an area is or is part of a controlled locality, the NHSCB must—
(a) if it determines that the area is to become or become part of a controlled locality, or is to cease to be part of a controlled locality—
(i) delineate precisely the boundary of the resulting controlled locality on a map,

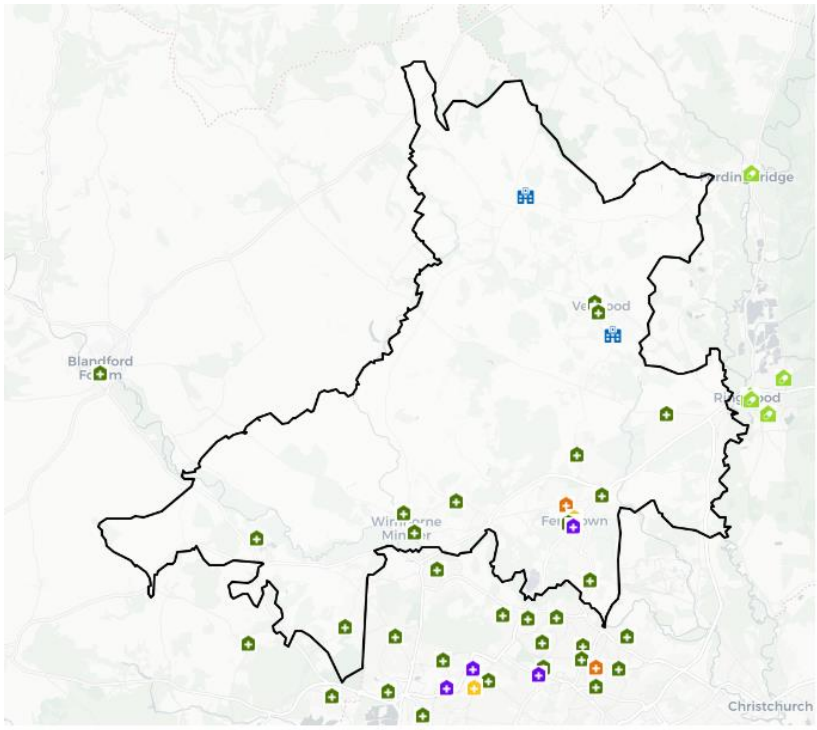
(ii) publish that map, and
(iii) make that map available as soon as is practicable to any HWB that has all or part of that controlled locality in its area;
…
(4) A HWB to which a map is made available under paragraph (2)(a)(iii) must—
(a) publish that map alongside its pharmaceutical needs assessment map (once it has one); or
(b) include the boundary of the controlled locality (in so far as it is in, or part of the boundary of, the HWB's area) in its pharmaceutical needs assessment map (once it has one).

Appendix 3: Enhanced Service list (2025)

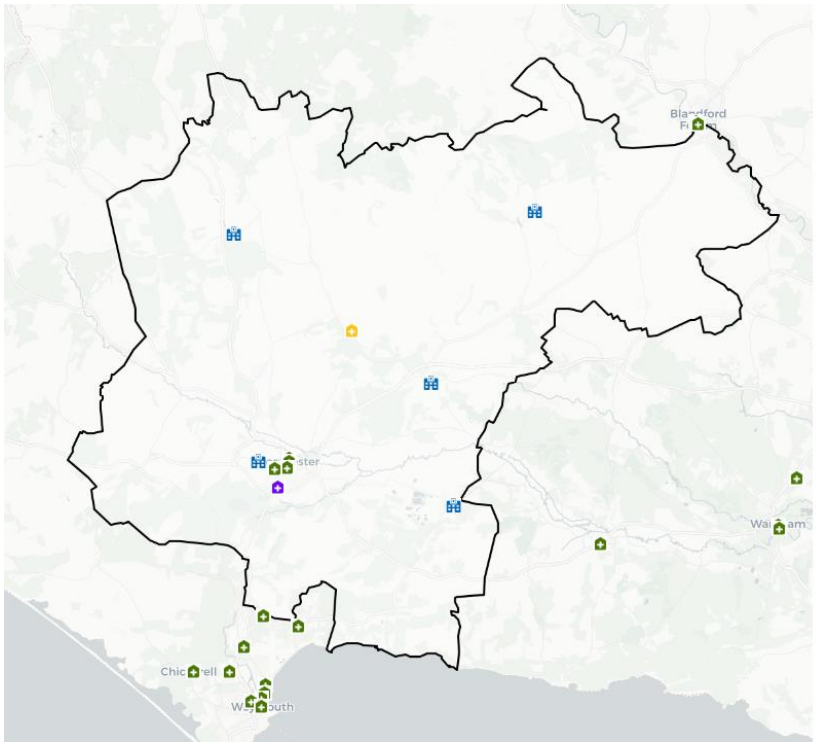
- Antiviral collection service
- Anticoagulation monitoring
- Care home service
- Disease-specific medicines management service
- Emergency supply service
- Gluten-free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service
- COVID-19 vaccination service (added as a National Enhanced Service)

Appendix 4: Maps of PNA localities

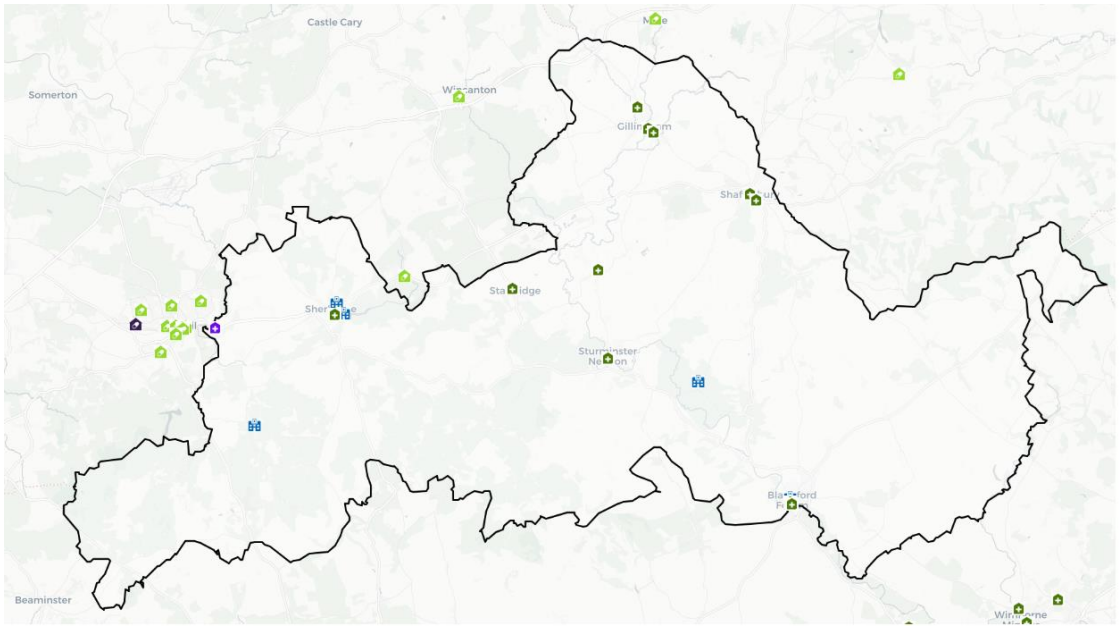
Dorset East PNA locality



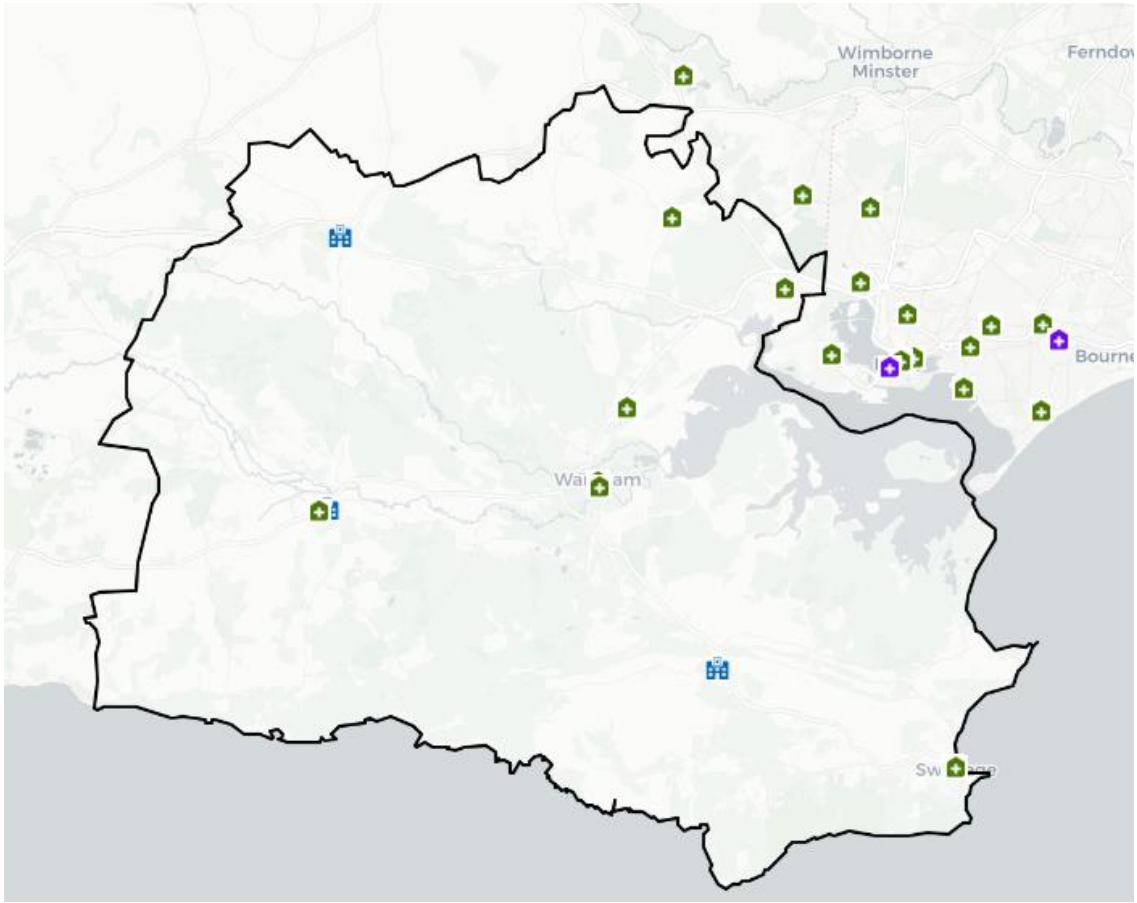
Dorset Mid PNA Locality



Dorset North PNA Locality

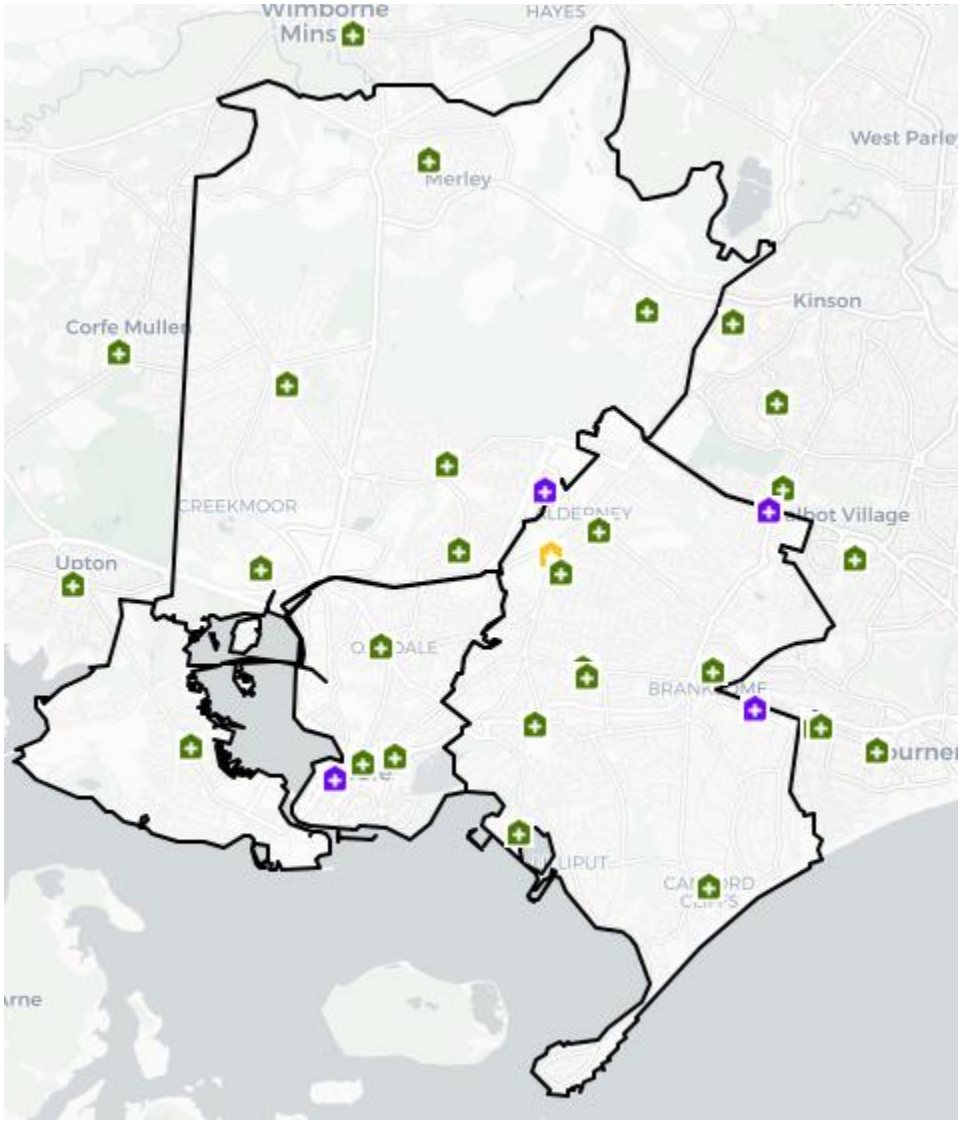


Purbeck PNA Locality

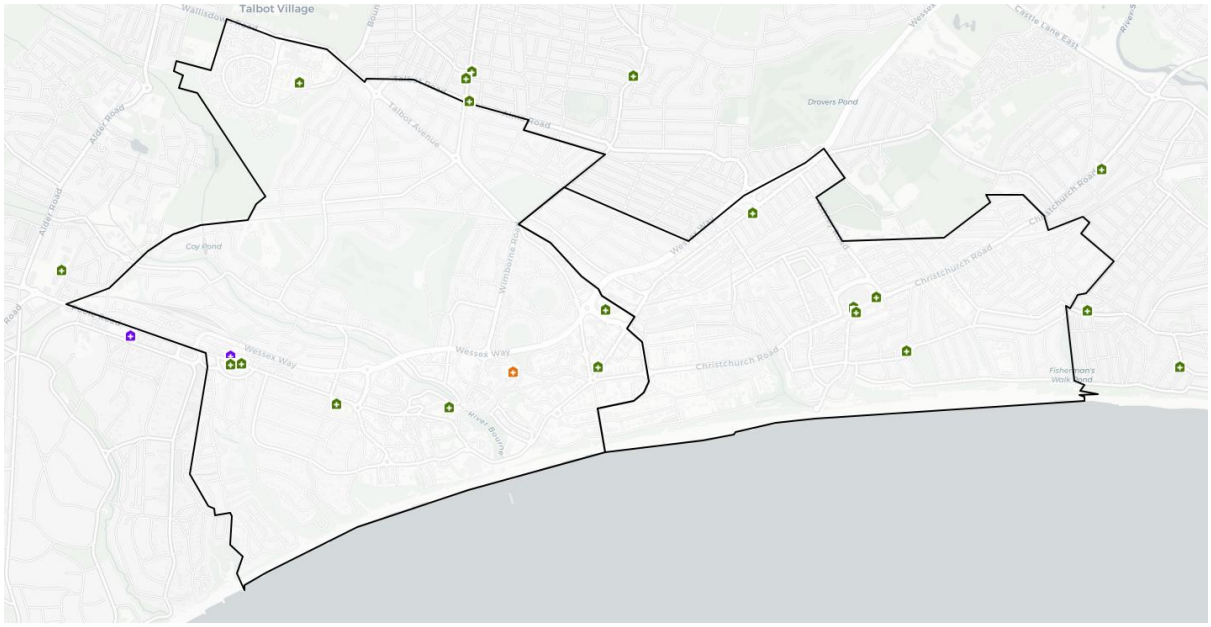


Weymouth & Portland PNA Locality

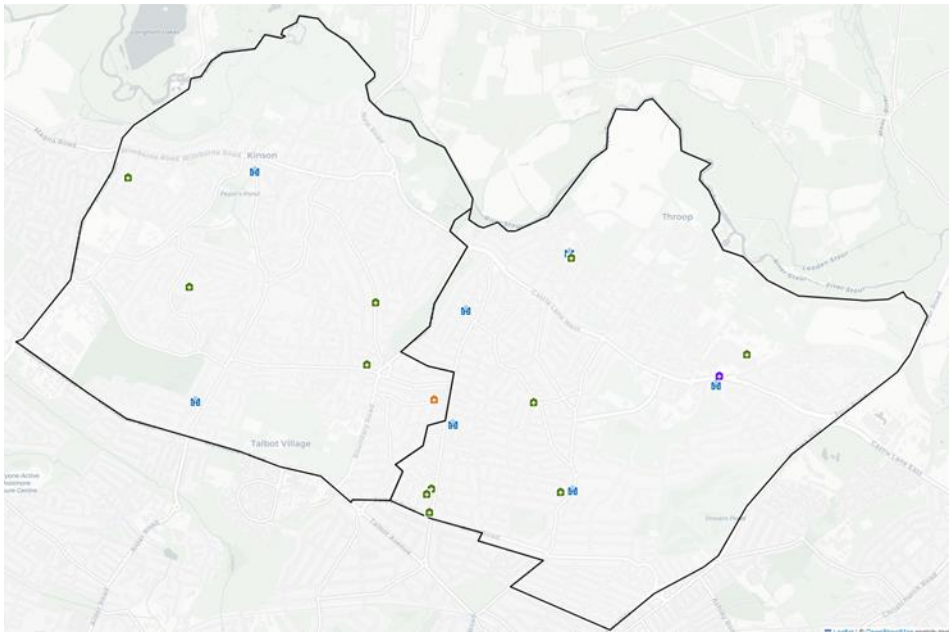
Poole PNA Locality



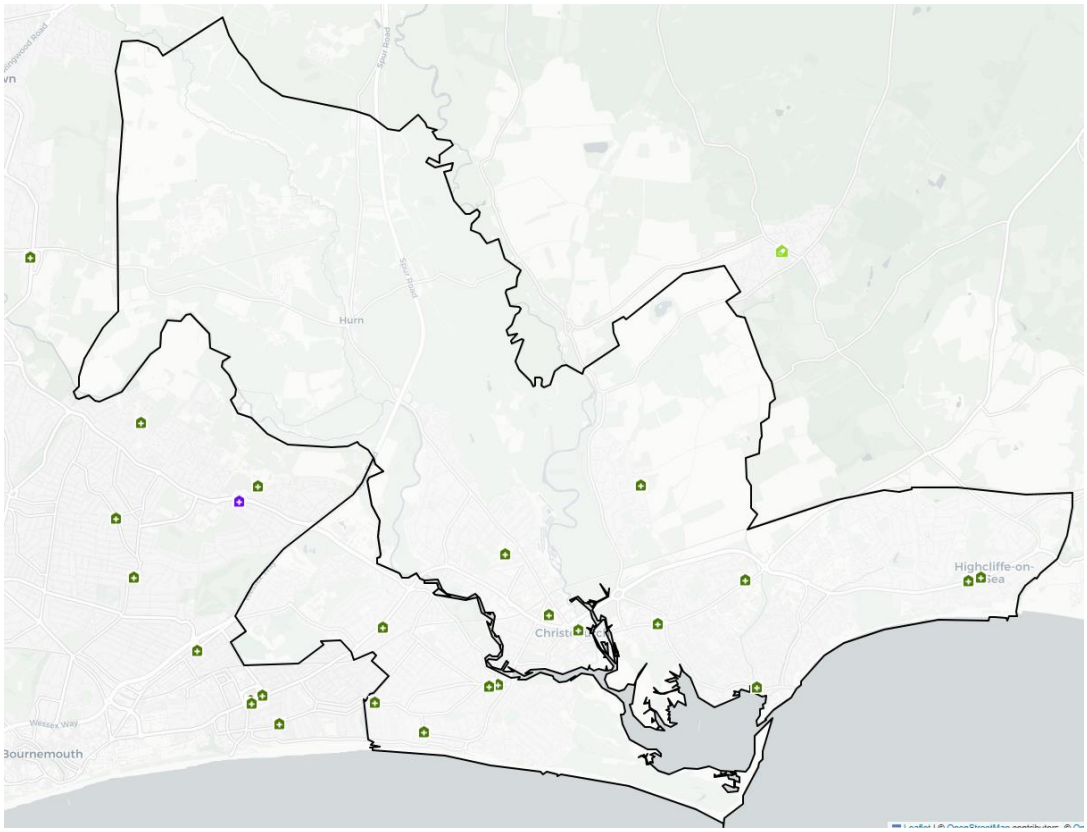
Bournemouth Central & Boscombe PNA Locality



Mid Bournemouth and Kinson & Wallisdown PNA Locality



Southbourne and Littledown & Christchurch PCN



Appendix 5: Consultation report

This report summarises responses to the formal consultation on the draft Pharmaceutical Needs Assessment (PNA) for Dorset. The formal consultation was open from 10th June 2025 to 14th August 2025, following the statutory requirements set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The Steering Group would like to thank all respondents to the consultation for taking the time to review the documentation and share their views.

Consultation Process

The draft PNA 2025 report and supporting locality data profiles were made available via the Dorset Council "Citizen space" consultation site from 10th June to 14th August 2025. An online form was provided to submit responses. Details on how to request paper copies and contact details for questions were also included on the webpage. The consultation was also signposted on the Bournemouth, Christchurch and Poole "Have Your Say" consultation site during the same period.

The online survey included some set questions around the accuracy of information and views on the recommendations and gap analysis, as well as opportunities to submit free text comments.

In line with the PNA regulations the consultation information was sent via email to the following organisations and stakeholders:

- Local Health and Wellbeing Board Members
- Neighbouring Authority Health and Wellbeing Boards
- Local Pharmaceutical Committee
- Local Medical Committee
- Local Healthwatch
- Local NHS trusts
- The Integrated Care Board and Integrated Care Partnership
- Local Pharmacies
- Local General Practice and Dispensing surgeries
- NHS England and NHS Improvement

The consultation was also promoted through several communication channels, including Dorset Council Public Health social media channels, and partner organisations newsletters.

Responses to the consultation were collated and analysed by the Public Health team in Dorset Council. All responses were considered, reviewed and the PNA amended as appropriate. A summary of the responses received, and any corresponding responses or actions taken are shown below.

As the PNA was produced on behalf of both Dorset Health and Wellbeing Board, and Bournemouth, Christchurch and Poole Health and Wellbeing Board, consultation respondents were asked if they were commenting on both areas, or one area only.

The analysis subsequently presents responses according to the area respondents were commenting on.

Consultation Responses

A total of 46 responses were received as part of the formal consultation. Forty-three were via the online consultation form, and 3 responses were submitted via email. Responses were received from the following stakeholders and organisations via the online form.

Table 1: Number of responses via the online consultation form

Respondent type:	Commenting on:		
	Both areas	BCP Only	Dorset Only
Personal view as member of the public	1	22	7
Community pharmacist or pharmaceutical provider	1	3	
GP surgery/dispensing surgery or federation			5
Neighbouring Health and Wellbeing Board			1
Representing the views of a business	1		
Representing the views of a community group, charity or social enterprise			1
Personal view as an employee of a Council		1	
Totals	3	26	14

The following sections summarise responses to the online form (43 respondents). Comments from email responses are incorporated into the text analysis.

1. Purpose and scope of the PNA

Thirty-seven respondents felt that the purpose and scope of the PNA were clear, 3 did not. There were no comments about the purpose and scope of the PNA.

Table 2: Online responses to the question 'Is the purpose and scope of the PNA clear?'

Is the purpose and scope of the PNA clear?	Both areas	BCP only	Dorset only	Total
Yes	3	22	12	86%
No		2	1	7%
Don't Know		2	1	7%

2. PNA Localities

Twenty-eight respondents felt that the PNA localities used presented an appropriate division of the area, and 5 respondents did not.

Table 3: Online responses to the question 'Are the PNA localities an appropriate division of the area, to provide an overview of the need for pharmaceutical services?'

Are the PNA localities an appropriate division of the area, to provide an overview of the need for pharmaceutical services?	Both areas	BCP only	Dorset only	Total
Yes	3	16	9	68%
No		3	2	12%
Don't Know		7	1	20%

Two comments were made about the locality alignment to Primary Care Network (PCN) or Integrated Neighbourhood Team (INT) areas. In this assessment, Integrated Neighbourhood Team (INT) Area boundaries were used in place of Primary Care Networks (PCNs) to simplify the complex and overlapping catchment areas of the 18 PCNs. During the development of the PNA, the definition of INT boundaries evolved — from being ward-based to aligning with PCN boundaries. However, the PNA Localities presented in this report remain ward-based and therefore differ from the current PCN-based INT boundaries. This distinction is important due to the inherent complexity and overlap within PCN catchment areas. Clarifying information has been added to the main report.

One respondent commented that locality areas contain both affluent and areas experiencing deprivation. Another respondent felt that the approach to the PNA is complex.

3. Information about the currently available pharmaceutical services

Twenty-five respondents felt the information was correct and 6 did not.

Table 4: Online responses to the question 'Is the information included about the currently available pharmaceutical services correct?'

Is the information included about the currently available pharmaceutical services correct?	Both areas	BCP only	Dorset only	Total
Yes	2	16	7	61%
No	1	1	4	15%
Don't Know		8	2	24%

Respondents highlighted several corrections or amendments, which have been reviewed and amended through the document where necessary. However, we note that as the PNA is a static document published once every 3 years information will always be in the form of a snapshot. Supplementary statements may be published from time to time to update what the PNA says about availability of pharmaceutical services. Once issued these become part of the PNA.

One respondent commented that it was not clear which pharmacies offer services like Covid Vaccines. There was also a comment about the availability of Pfizer vaccine for older people. The Pharmaceutical Needs Assessment (PNA) provides a strategic overview of pharmaceutical service provision across Dorset and BCP, including essential, advanced, and enhanced services. However, it does not list individual pharmacies or the specific services they offer, such as COVID-19 vaccinations. The COVID vaccine that is offered to different population cohorts is a national policy and is not set locally.

One respondent commented that including the Pharmacy Faculty workforce work was helpful.

4. Current or anticipated pharmaceutical service needs

Twenty respondents felt that current or anticipated needs were considered adequately. Ten felt that there were needs that had not been considered in the PNA.

Are any current or anticipated pharmaceutical service needs not considered in the draft PNA?	Both areas	BCP only	Dorset only	Total
Yes		4	7	26%
No	3	11	6	47%
Don't Know		11	1	28%

One respondent commented about the incorporation of future developments such as community pharmacy being mentioned extensively in the NHS 10-year plan, and upcoming changes to legislation around the responsible pharmacist mandate.

The Pharmaceutical Needs Assessment (PNA) is a statutory document that must be published every three years, following a defined timeline and consultation process. It provides a snapshot of pharmaceutical service provision and identifies potential gaps based on the best available information at the time of writing.
We recognise that service developments and commissioning decisions may continue to evolve after the PNA is finalised. There is scope within the PNA legislation to review changes as we are notified of them. We are aware of the focus on opening hours and dispensing in the 10-year plan. The potential impact on skill mix is noted. The document is intended to support strategic planning and inform future decisions, rather than to reflect real-time service changes.

Any significant developments that occur after publication will be considered through supplementary statements or future updates, in line with national guidance.

One respondent made suggestions around raising awareness of Pharmacy First and exploration of digital inclusion. These recommendations have been noted.

Current or anticipated needs in the Dorset area

Three respondents made comments about the consideration of housing development in the Dorset area within the PNA analysis, with specific areas of development mentioned including Blandford, Wimborne and Swanage. Two comments related to the location and choice of pharmacies within Wimborne Town Centre.

The PNA highlights projected population growth and housing development over the lifetime of the PNA. Overall, there is no indication that this will substantially change the driving time access maps across Dorset. An increased population is likely to mean increased dispensing activity, although this will be determined by the demographics of people moving into new housing developments. Where comments have highlighted specific locations, the analysis has been reviewed and confirmed that the stated housing developments have been included in the gap analysis. However, their size did not meet the threshold for specific mention within the PNA document. A clarification of the threshold level has been included in section 4.7.

The most important factor in whether existing pharmacies can meet any increased need is staffing capacity and skill mix within the pharmacy. The pharmacist workforce and skill mix has been highlighted within the PNA.

One respondent stated that the PNA needed to consider proposed pharmacy consolidation applications, and impact of this on future access.

The PNA analyses and comments on the current pharmaceutical services in the local area, at the time the PNA is written. Information on applications in progress at the time of production are not included, as these are subject to a consultation process and panel assessment to grant or decline them. We are consultees of any applications, and as part of our response we review the PNA analysis to assess the impact of a proposed consolidation.

Since the formal consultation period on the draft PNA, the commissioners circulated their decision that the application referenced was granted. The date of the consolidation has not been confirmed prior to publication. If formal notices and applications are granted after the publication of the PNA, supplementary statements may be published to update what the PNA says about availability of pharmaceutical services. Once issued these become part of the PNA statement of need.

One respondent commented on the complexity of population need in the Preston area, and ability to travel to the larger supermarkets in the area for weekend or lunch time hours when closer pharmacies are closed.

There are a variety of delivery arrangements made by community pharmacies and dispensing doctors to help people who are unable to collect their medicines, but these are not formally commissioned services. Online services can provide a valuable alternative for some people but will not be appropriate for everyone. There are also options available for prescriptions to be printed and collected by a family member or carer. Out-of-hours provision is covered in section 5 of this document.

Current or anticipated needs in the BCP area

One respondent asked about prescriptions that cannot be filled due to stock issues with pharmaceutical companies.

Whilst we acknowledge the impact of supply disruptions on service delivery, medicine supply issues are managed nationally and fall outside the formal scope of the Pharmaceutical Needs Assessment (PNA), which focuses on the provision and accessibility of pharmaceutical services. The Department of Health and Social Care (DHSC) and NHS England oversee supply chain resilience through mechanisms such as Serious Shortage Protocols (SSPs), national monitoring, and guidance to pharmacy teams.

One respondent commented on the use of community pharmacy for drug treatment services.

Pharmacies can provide additional services outside of those deemed essential in this PNA. One example of these are community health improvement services commissioned by Public Health teams. Pharmacies who provide these services play a crucial role in providing care for individuals who use substances, by acting as an accessible community hub for life-saving support through supervised consumption services in combination with specialist support provide to the person via substance use treatment services.

5. Criteria for the identification of gaps

Twenty-three respondents felt that the criteria to define 'necessary services' is appropriate to support gap identification. Nine respondents felt they were not, and suggested amendments or alternative criteria.

Are the criteria used to define 'necessary services' appropriate, to support the 'identification of gaps'?	Both areas	BCP only	Dorset only	Total
Yes	3	14	6	55%
No		4	5	21%
Don't Know		8	2	24%

Themes from comments

Drive time criteria

Four comments were received relating specifically to the Dorset area, highlighting concerns around the appropriateness of drive-time criteria for frail/elderly individuals and/or those unable to drive in rural areas with scarce public transport. One respondent noted that not all pharmacies offer delivery services, further limiting access.

One comment, specific to the BCP area, emphasised the need to consider individuals who rely on buses and public transport more widely.
Another respondent, commenting on both areas, raised concerns about traffic and the increasing number of people who do not drive.

The 20-minute drive time is a practical and achievable distance for most people, used consistently in the 2018 and 2022 PNAs to ensure access to essential pharmaceutical services. In section 4.8 it is noted that 81% of BCP Council households and 86% of Dorset households have access to a car or van. Areas with low car ownership are near pharmacies, allowing easy access by walking, cycling, or public transport. Older residents are also conveniently located near pharmacies or have accessible transport options.

A 20-minute walk time was considered for urban areas, revealing gaps in north-east Bournemouth, north Poole, and a tourist caravan park on the west coast. These low-density areas, including the airport and industrial buildings, have good transport links and higher car ownership. The walk time covers 96% of Dorset's population over 65. Thus, a single measure was used in this report." People who are less likely to own a car live mostly in urban areas with good transport links, or are within walking distance of a pharmacy.

Residents of the most sparsely population rural areas are eligible to access dispensing services from dispensing doctors. They can also access community pharmacies in larger villages or towns where they go to shop or work.

There are a variety of delivery arrangements made by community pharmacies and dispensing doctors, particularly in more rural areas, to help people who are unable to collect their medicines, but these are not formally commissioned services. Online services can provide a valuable alternative for some people but will not be appropriate for everyone.

Service efficiency
Two respondents commented that the PNA should consider the efficiency of pharmacy services and waiting time for patients.

The Pharmaceutical Needs Assessment (PNA) is a statutory document focused on assessing the availability and accessibility of pharmaceutical services — such as location, opening hours, and service types — rather than operational performance or individual contractor efficiency. Pharmacy efficiency (e.g. stock management, repeat prescription readiness) is important to patient experience and addressed through other means e.g. performance monitoring, service quality frameworks and patient feedback.

Out of hours provision

There were 2 comments related to considering out of hours/ weekend provision in the criteria.

While opening hours are not pharmaceutical services per se, the statutory requirements for PNAs do require consideration of access, including temporal access. Out-of-hours and weekend provision is relevant where prescriptions are issued by services without dispensing, such as NHS 111 or urgent care settings. The Steering Group have agreed that out of hours usage would more likely be due to an emergency where journey times and location e.g. seen in A&E are more flexible.

We acknowledge that applying a 30-minute drive time threshold, as used in Wiltshire, may highlight gaps in rural areas like south of Shaftesbury. As drive time thresholds are not prescribed in legislation, they must be applied with local context in mind: Dorset's approach balances accessibility with service viability, but we will consider whether further analysis or supplementary statements are warranted to address potential gaps in out-of-hours provision by bringing the comments to the attention of the Steering Group and HWBs.

Other services
One respondent commented on the availability of travel vaccine services.

Some travel vaccines are available free on the NHS through GP practices, including hepatitis A, typhoid, polio, and cholera. These are provided when required for travel and cannot be charged for.

Other travel vaccines—such as yellow fever, hepatitis B, rabies, and Japanese encephalitis—are not covered by the NHS and must be accessed privately. These are offered by private travel clinics, some GP practices, and community pharmacies.

6. Conclusions of the PNA

Dorset area
Nine respondents agreed with the conclusion of no current gaps in the Dorset area and 8 with the conclusion of no future gaps in Dorset. Seven disagreed with both statements.

Opinion on statement "the draft PNA does not identify any current gaps in the provision of pharmaceutical services in Dorset Council area"?	Both areas	Dorset only	Total
Agree	2	7	53%
Disagree	1	6	41%
Don't Know		1	6%
Opinion on statement "the draft PNA does not identify any future gaps in provision, if current service remain open"	Both areas	Dorset only	Total
Agree	2	6	47%
Disagree	1	6	41%
Don't Know		2	12%

Themes from comments about the Dorset area

Three respondents commented that the statements don't account for the impact of short-notice closures in the Dorset area, specifically experienced in Shaftesbury, and Swanage at weekends with no local service on Sunday.

The PNA is reflective of the formal notifications of any closures, market entries or alteration to operating hours that are received through the commissioners. However, if formal notification of closures are received after the publication of the PNA, we can issue a supplementary statement. Supplementary statements become part of the formal assessment of need once published. We have used supplementary statements in the past to update the PNA where there have been changes to pharmacy service provision. Under the legislation, quality issues are out of scope of the PNA. Service quality is the remit of the commissioner, and they work with any pharmacies affected by short notice closures.

One respondent commented that they needed to drive to larger towns to access services after 6pm and this might prohibit those without transport.

We acknowledge the inconvenience of driving longer distances or using public transport, but these areas are well-served during the day. There is at least one pharmacy in every locality open until at least 6:30 p.m. on weekdays, except in Dorset West PNA, where the pharmacy closes at 6 p.m. Additionally, every locality has at least one pharmacy open on Saturdays, and most localities also have at least one pharmacy open on Sundays.

Pharmaceutical services in the out-of-hours period are principally supported by 100-hour pharmacies. Although, in practice, these 100-hour pharmacies may have applied to reduce their core opening hours to between 72 and 100 hours.

One respondent commented on the choice of provision in Wimborne, with no location within the town square/centre due to a previous closure, and an increase in housing development.

Two respondents commented on medicine stocks and experiences with prescriptions being unfilled.

While the PNA does not directly influence national medicine supply chains, it plays a key role in identifying local impacts of supply issues and informing commissioning decisions. Healthwatch Dorset has highlighted similar concerns, noting that medicine shortages and sourcing challenges are affecting pharmacy workloads and patient access. Recommendations can be made via the HWB to representatives of - for example - NHS Dorset, the Local Pharmaceutical Committee, and GP practices.

One respondent commented that they agree with the statement on no future gaps, feeling it is an evidence-based and well-founded conclusion. They stated a preference for the extension of opening hours in areas of high population demand.

BCP area

Seventeen respondents agreed with the conclusion of no current gaps in the BCP area and 14 with the conclusion of no future gaps in BCP. Six disagreed with the statement on current gaps, and 4 the statement on future gaps.

Opinion on statement "the draft PNA does not identify any current gaps in the provision of pharmaceutical services in the BCP area"?	Both areas	BCP only	Total
Agree	2	15	59%
Disagree	1	5	21%
Don't Know		6	21%
Opinion on statement "the draft PNA does not identify any future gaps in provision, if current service remain open	Both areas	BCP only	Total
Agree	2	12	52%
Disagree	1	3	15%
Don't Know		9	33%

Themes from comments about the BCP area

One respondent agreed that the Poole locality is well serviced by a range of providers and that the service provision is adequate for the life of the forthcoming PNA.

Some respondents re-iterated comments about drug treatment services, and service efficiency issues which have been addressed in the previous sections.
Two respondents commented about the availability of medication stock from pharmaceutical companies, and the pressures this puts on pharmacies to source items that have been prescribed, which is also addressed above.

Two respondents made comments about funding arrangement for pharmacies, suggesting that they should be funded for providing services outside of 9-5 or to open for longer hours to address increases in demand from growing population need.

The PNA does not directly control funding but plays a statutory role in identifying gaps in access to pharmaceutical services, including those related to opening hours. Where limited hours restrict access—especially for working populations—the PNA can recommend improvements or highlight areas where extended hours would secure better access.

Comments relating to both areas

One respondent agreed with the acknowledgment of ongoing workforce challenges which could affect service sustainability and quality. They suggested including recommendations for ongoing workforce monitoring and resilience planning.

One respondent commented that whilst opening hours are generally adequate, some areas have limited evening or weekend access and the PNA might consider recommending flexible commissioning or rotational extended hours. They felt that embedding pharmacies into care pathways could be highlighted further in the PNA.

One respondent mentioned consideration of potential future changes such as introduction of integrated neighbourhood teams and increase in Pharmacy First provision.

A comment was submitted about changes to public transport in the Mudeford area meant pharmacies across the eastern Local Authority boundary were not accessible by bus.

A comment was also received that Local Authorities should provide funding to pharmacies, which is addressed in the previous section.

Appendix 6: List of community pharmacies and opening times

ODS CODE	Contractor Name	Postcode	Health and Wellbeing Board	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Opening Hours Sunday
FKT39	Hillview Pharmacy Ltd	BH9 1SE	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-14:30	Closed
FWH91	Riverside (Bournemouth) Ltd	BH9 2AB	Bournemouth, Christchurch & Poole (BCP)	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
FXP11	Westcliff Medicines Ltd	BH2 5QR	Bournemouth, Christchurch & Poole (BCP)	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed	Closed

FP298	Wessex Pharmacies Ltd	BH23 4AS	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
FVA67	AA & OO Ltd	BH12 5BU	Bournemouth, Christchurch & Poole (BCP)	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-19:00
FT722	Pratapsingh Jaysingh Chouhan	BH4 9BB	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
FR043	Tuckton Pharmacy Ltd	BH6 3JX	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FR035	Medicine Clinic Ltd	BH23 2FQ	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed

FHE41	Tesco Stores Ltd	BH12 1AU	Bournemouth, Christchurch & Poole (BCP)	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00
FCG62	Tesco Stores Ltd	BH12 4NX	Bournemouth, Christchurch & Poole (BCP)	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00
FVY74	Superdrug Stores Plc	BH1 4AN	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
FAR75	Superdrug Stores Plc	BH9 2AQ	Bournemouth, Christchurch & Poole (BCP)	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	Closed
FGD30	Pope Kyrellos Ltd	BH23 3QG	Bournemouth, Christchurch & Poole (BCP)	09:00-13:15 14:15-17:30	09:00-13:15 14:15-17:30	09:00-13:15 14:15-17:30	09:00-13:15 14:15-17:30	09:00-13:15 14:15-17:30	09:00-13:15	Closed

FLC78	Shore Medicines Ltd	BH14 0DJ	Bournemouth, Christchurch & Poole (BCP)	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FQQ97	L Rowland & Co (Retail) Ltd	BH10 5BG	Bournemouth, Christchurch & Poole (BCP)	08:30-13:00 13:20-17:30	08:30-13:00 13:20-17:30	08:30-13:00 13:20-17:30	08:30-13:00 13:20-17:30	08:30-13:00 13:20-17:30	09:00-12:00	Closed
FGC36	L Rowland & Co (Retail) Ltd	BH15 2PG	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-12:00	Closed
FEH72	L Rowland & Co (Retail) Ltd	BH15 3DH	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-12:00	Closed
FM001	L Rowland & Co (Retail) Ltd	BH17 7XW	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-12:00	Closed

FF719	L Rowland & Co (Retail) Ltd	BH21 1SQ	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-12:00	Closed
FHE81	L Rowland & Co (Retail) Ltd	BH23 1EU	Bournemouth, Christchurch & Poole (BCP)	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	09:00-12:00	Closed
FAP03	Charminster Pharmacy Ltd	BH8 9QR	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-12:00	Closed
FM738	L Rowland & Co (Retail) Ltd	BH9 3RE	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 13:20:17:30	09:00-13:00 13:20:17:30	09:00-13:00 13:20:17:30	09:00-13:00 13:20:17:30	09:00-13:00 13:20:17:30	09:00-12:00	Closed
FKH46	Medi Innovation Ltd	BH8 8BL	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed

FM668	Poole Bay Pharmacy Ltd	BH4 9HJ	Bournemouth, Christchurch & Poole (BCP)	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	10:00-14:00
FRW74	Click Solutions Ltd	BH14 8UB	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FW563	Premoden Ltd	BH12 4HY	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
FE870	LP SD Ninety Seven Limited	BH10 5EY	Bournemouth, Christchurch & Poole (BCP)	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:45-12:00	Closed
FJH06	LP SD Fifty Limited	BH12 3HF	Bournemouth, Christchurch & Poole (BCP)	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	Closed	Closed

FAA53	Jaspers Health Ltd	BH10 4DZ	Bournemouth, Christchurch & Poole (BCP)	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed
FE765	Waremoss Ltd	BH1 4BH	Bournemouth, Christchurch & Poole (BCP)	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	Closed
FNC83	Sutton Chase Ltd	BH23 5ET	Bournemouth, Christchurch & Poole (BCP)	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed
FKA59	Sutton Chase Ltd	BH23 5EY	Bournemouth, Christchurch & Poole (BCP)	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:30	Closed
FRN27	Holdenhurst Serivces Ltd	BH8 8EH	Bournemouth, Christchurch & Poole (BCP)	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed

FHC79	FRANSIL Ltd	BH6 3LA	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00	Closed
FJ896	Bear Cross Pharma Ltd	BH11 9HS	Bournemouth, Christchurch & Poole (BCP)	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
FRN49	Day Lewis PLC	BH12 5BF	Bournemouth, Christchurch & Poole (BCP)	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed
FRW86	Day Lewis PLC	BH13 7LP	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FME91	Day Lewis PLC	BH14 8EE	Bournemouth, Christchurch & Poole (BCP)	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	Closed	Closed

FT397	Day Lewis PLC	BH5 1LX	Bournemouth, Christchurch & Poole (BCP)	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	Closed
FA612	Castle Point (UK) Ltd	BH8 9UD	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-20:00
FWN53	Pharmastar Ltd	BH6 3DB	Bournemouth, Christchurch & Poole (BCP)	08:45-13:00 14:00-17:45	08:45-13:00 14:00-17:45	08:45-13:00 14:00-17:45	08:45-13:00 14:00-17:45	08:45-13:00 14:00-17:45	Closed	Closed
FQ306	Pharmastar Ltd	BH7 6BW	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
FCE37	Shalli Ltd	BH14 0AD	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-14:00	Closed

FMA26	Sibanda Pharma Ltd	BH18 8DP	Bournemouth, Christchurch & Poole (BCP)	08.30-17:30	08.30-17:30	08.30-17:30	08.30-17:30	08.30-17:30	09:00-14:00	Closed
FV796	Boots UK Ltd	BH1 4BP	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	10:00-16:00
FAX44	Boots UK Ltd	BH12 1DN	Bournemouth, Christchurch & Poole (BCP)	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	10:00-16:00
FC009	Boots UK Ltd	BH15 1SX	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
FL016	Lawton Pharmacy Consultants Ltd	BH15 4JQ	Bournemouth, Christchurch & Poole (BCP)	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed

FA406	Lawton Pharmacy Consultants Ltd	BH17 8SA	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
FH405	Boots UK Ltd	BH18 8DP	Bournemouth, Christchurch & Poole (BCP)	08:45-12:30 13:30-18:00	08:45-12:30 13:30-18:00	08:45-12:30 13:30-18:00	08:45-12:30 13:30-18:00	08:45-12:30 13:30-18:00	08:45-12:30 13:30-17:30	Closed
FQ299	Boots UK Ltd	BH2 5NL	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	10:30-16:30
FHC47	Boots UK Ltd	BH23 1QB	Bournemouth, Christchurch & Poole (BCP)	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed
FV785	Boots UK Ltd	BH23 1QU	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed

FQ519	Boots UK Ltd	BH4 9DZ	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	Closed
FXM71	Boots UK Ltd	BH6 3RA	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:00	Closed
FWN86	Boots UK Ltd	BH8 9UB	Bournemouth, Christchurch & Poole (BCP)	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-18:00	10:30-16:30
FM254	Boots UK Ltd	BH9 2HE	Bournemouth, Christchurch & Poole (BCP)	09:00-14:00 15:00-17:30	09:00-14:00 15:00-17:30	09:00-14:00 15:00-17:30	09:00-14:00 15:00-17:30	09:00-14:00 15:00-17:30	10:00-14:00 15:00-17:00	Closed
FP470	Avicenna Retail Ltd	BH10 4BX	Bournemouth, Christchurch & Poole (BCP)	08:00-18:30	08:00-20:00	08:00-18:30	08:00-20:00	08:00-18:30	08:00-12:00	Closed

FJH73	Avicenna Retail Ltd	BH11 8DU	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FLG28	Avicenna Retail Ltd	BH11 9TW	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	Closed
FM329	Asda Stores Ltd	BH15 1JQ	Bournemouth, Christchurch & Poole (BCP)	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	10:00-16:00
FHC36	Asda Stores Ltd	BH8 8DL	Bournemouth, Christchurch & Poole (BCP)	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	11:00-17:00
FE379	Arrowedge Ltd	BH17 9DW	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-11:30	Closed

FJG24	Arrowedge Ltd	BH18 8DP	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
FE691	Arrowedge Ltd	BH4 9DZ	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
FPN51	Weymouth Pharma Ltd	DT4 0AE	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
FXF11	Wessex Pharmacies Ltd	DT4 7JJ	Dorset	09:00-13:00 14:15-17:30	09:00-13:00 14:15-17:30	09:00-13:00 14:15-17:30	09:00-13:00 14:15-17:30	09:00-13:00 14:15-17:30	09:00-13:00	Closed
FCM76	Wessex Pharmacies Ltd	DT4 9DJ	Dorset	09:00-13:00 14:15-17:30	09:00-13:00 14:15-17:30	09:00-13:00 14:15-17:30	09:00-13:00 14:15-17:30	09:00-13:00 14:15-17:30	09:00-13:00	Closed
FRL80	Wellbeing (United Kingdom) Ltd	BH21 4AY	Dorset	09:00-18:00	09:00-18:00	09:00-13:00	09:00-18:00	09:00-18:00	Closed	Closed
FE320	Bestway National Chemists Ltd	BH19 1AE	Dorset	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed

FQ123	Bestway National Chemists Ltd	BH19 1AF	Dorset	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	Closed	Closed
FGD60	Bestway National Chemists Ltd	DT4 0LX	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FJV68	Bestway National Chemists Ltd	DT4 7BX	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FGD26	Bestway National Chemists Ltd	DT4 9PQ	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FN020	Layade Pharma Ltd	DT4 9SS	Dorset	09:00-13:00 14:00-17:45	09:00-13:00 14:00-17:45	09:00-13:00 14:00-17:45	09:00-13:00 14:00-17:45	09:00-13:00 14:00-17:45	09:00-12:00	Closed
FK141	Bestway National Chemists Ltd	DT6 3LF	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FPA91	Bestway National Chemists Ltd	DT9 3BA	Dorset	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-13:00	Closed
FCP93	Aunpharma Ltd	DT1 2LW	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FXG05	Pharmland Ltd	BH31 6DW	Dorset	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	09:00-16:00	Closed
FTT38	Tout Ltd	DT1 1QR	Dorset	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-15:30	Closed
FVR30	Everyou Healthcare Ltd	BH21 1NL	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed

FWL38	Avicenna Retail Ltd	SP8 4XS	Dorset	09:00-13:30 14:30-18:30	09:00-13:30 14:30-18:30	09:00-13:30 14:30-18:30	09:00-13:30 14:30-18:30	09:00-13:30 14:30-18:30	Closed	Closed
FL223	Flagship (Dorset) Ltd	DT9 3BA	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-14:00	Closed
FM887	Tesco Stores Ltd	BH22 9TH	Dorset	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-18:00	10:00-16:00
FMG47	Tesco Stores Ltd	DT1 2RY	Dorset	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00
FN247	Superdrug Stores Plc	DT1 1BS	Dorset	08:30-14:00 14:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	Closed
FAW80	MB Stalbridge Ltd	DT10 2LL	Dorset	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
FGJ07	Everyou Healthcare Ltd	BH20 7AX	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
FHA62	Ferndown Healthcare Ltd	BH22 9HB	Dorset	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	09:00-12:00	Closed
FWV19	L Rowland & Co (Retail) Ltd	DT3 6LD	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed

FAL73	L Rowland & Co (Retail) Ltd	DT3 6NQ	Dorset	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-12:00	Closed
FN115	Aunpharma Ltd	DT1 2FD	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	Closed
FHC80	Avicenna Retail Ltd	SP8 4FA	Dorset	09:00-13:00 14:00-18:15	09:00-13:00 14:00-18:15	09:00-13:00 14:00-18:15	09:00-13:00 14:00-18:15	09:00-13:00 14:00-18:15	Closed	Closed
FPE70	Medicine Clinic Ltd	BH22 8EB	Dorset	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
FPT55	Wm Morrisons Supermarkets Plc	BH31 6UQ	Dorset	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-18:00	10:00-16:00
FMK10	Wm Morrisons Supermarkets Plc	DT3 5AX	Dorset	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-18:00	10:00-16:00
FL781	Apharm Ltd	BH22 0HX	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
FRP28	Rosepharm Ltd	DT10 1PU	Dorset	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-12:30	Closed

FN499	Everyou Healthcare Ltd	BH16 6BG	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
FM216	LP SD Fifty Limited	DT4 7AW	Dorset	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-12:00	Closed
FCV51	LP SD Fifty Limited	DT6 5BN	Dorset	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:30-12:00	Closed
FM042	LP SD Eight Limited	DT7 3LS	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	Closed
FG146	LP SD Nine limited	SP7 8DH	Dorset	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-12:00	Closed
FTE44	Avicenna Retail Ltd	SP8 4AG	Dorset	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-11:30	Closed
FFE58	Ferndown Pharmacy Ltd	BH22 9AG	Dorset	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-13:00 17:00-21:00	10:00-14:00
FWV11	Day Lewis PLC	BH20 4LR	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
FQD14	Day Lewis PLC	BH23 7JN	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FX758	Day Lewis PLC	DT3 4DT	Dorset	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	Closed	Closed

FLX51	Medicine Clinic Ltd	BH21 2SE	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
FYM76	FG Lock Ltd	DT6 6PX	Dorset	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
FV817	Boots UK Ltd	BA21 5BT	Dorset	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	10:00-16:00
FFA03	Boots UK Ltd	BH19 1AB	Dorset	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	10:00-16:00
FD255	Dharita and Piyush Ltd	BH20 4AF	Dorset	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed
FQA35	Boots UK Ltd	BH20 6EJ	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-16:30	Closed
FQN44	L Rowland & Co (Retail) Ltd	BH16 5NJ	Dorset	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	09:00-12:00	Closed
FME62	QJP Ltd	BH21 1AP	Dorset	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	08:30-17:00	Closed
FAM12	Boots UK Ltd	BH21 3LN	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed

FMA93	Boots UK Ltd	BH22 9AL	Dorset	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	08:30-13:00 14:00-17:30	10:00-16:00
FDA03	Boots UK Ltd	DT1 1BQ	Dorset	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed
FCJ53	Boots UK Ltd	DT10 1AS	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-16:00	Closed
FKN07	Boots UK Ltd	DT11 7AR	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	Closed
FXK56	Weymouth pharma Ltd	DT11 7DX	Dorset	09:00-13:15 14:15-17:30	09:00-13:15 14:15-17:30	09:00-13:15 14:15-17:30	09:00-13:15 14:15-17:30	09:00-13:15 14:15-17:30	09:00-16:00	Closed
FF509	Boots UK Ltd	DT4 8LY	Dorset	08:30-13:30 14:30-17:30	08:30-13:30 14:30-17:30	08:30-13:30 14:30-17:30	08:30-13:30 14:30-17:30	08:30-13:30 14:30-17:30	08:30-13:30 14:30-17:30	10:00-16:00
FVN62	Boots UK Ltd	DT4 9BG	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FQF92	Boots UK Ltd	DT5 1BX	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed
FXH34	Boots UK Ltd	DT6 3QJ	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	Closed
FHG74	SNJ Health Ltd	DT7 3QF	Dorset	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:00	Closed

FQK43	Boots UK Ltd	DT9 3BA	Dorset	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	Closed
FPC33	Boots UK Ltd	SP7 8JE	Dorset	09:00-13:30 14:30-17:30	09:00-13:30 14:30-17:30	09:00-13:30 14:30-17:30	09:00-13:30 14:30-17:30	09:00-13:30 14:30-17:30	09:00-13:30 14:30-17:30	Closed
FFW83	Flagship (Dorset) Ltd	DT8 3AA	Dorset	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-11:30	Closed
FWH67	Super Happy Wing Ltd	BH24 2HP	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FHC86	Asda Stores Ltd	DT4 8JQ	Dorset	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	09:00-12:30 13:00-16:30 17:00-21:00	10:00-16:00

Appendix 7: List of distance selling pharmacies and opening times

ODS CODE	Contractor Name	Postcode	Health and Wellbeing Board	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Opening Hours Sunday

FAE92	Automeds Pharmacy Ltd	BH12 3PG	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
FXL79	P & D Cards Ltd	BH22 9HU	Dorset	09:00-12:30 13:00-17:30	09:00-12:30 13:00-17:30	09:00-12:30 13:00-17:30	09:00-12:30 13:00-17:30	09:00-12:30 13:00-17:30	Closed	Closed
FRD44	Automeds Pharmacy Ltd	DT2 7UA	Dorset	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	Closed	Closed

Appendix 8: List of dispensing appliance contractors and opening times

ODS CODE	Contractor Name	Postcode	Health and Wellbeing Board	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Opening Hours Sunday

FWP06	Salts Healthcare Ltd	BH1 1HF	Bournemouth, Christchurch & Poole (BCP)	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed
FCY62	Fittleworth Medical Ltd	BH9 2RE	Bournemouth, Christchurch & Poole (BCP)	09:00-1500	09:00-1500	09:00-1500	09:00-1500	09:00-1500	Closed	Closed
FMK11	Respond Healthcare Ltd	BH22 9NG	Dorset	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed

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HEALTH AND WELLBEING BOARD

Report subject	**BCP Health and Wellbeing Board Strategy (Draft)**
Meeting date	6 October 2025
Status	Public Report
Executive summary	This report and associated documents provides; • An update on the progress towards the development of the Health and Wellbeing Board Strategy for the Bournemouth, Christchurch and Poole area • A draft strategy for comments and considerations from the Board • Proposals for further stakeholder engagement on the strategy prior to finalisation
Recommendations	**It is RECOMMENDED that:** 1. That the Board note the progress made to date with the development of the draft strategy and approve further engagement with stakeholders. 2. That the Board approve that the Strategy comes back to the Health & Wellbeing Board in January 2026 for approval.
Reason for recommendations	1. To ensure that appropriate engagement has been undertaken with stakeholders to inform the development of the Strategy. 2. To ensure that the Board meets its statutory requirements under the Health and Social Care Act 2022 to develop a strategy to address local health and social care needs, improve health outcomes, and reduce health inequalities

Portfolio Holder(s):	Portfolio holder for Health and Wellbeing
Corporate Director	Glynn Barton, Chief Operations Officer
Report Authors	Rob Carroll, Director for Public Health and Communities; Paul Iggulden, Public Health Consultant (Place); Mark Harris, Deputy Director of Modernisation and Place, NHS Dorset. Cat McMillan, Head of Communities, Partnerships and Community Safety;
Wards	Council-wide
Classification	For decision

Background

1.1 It is a statutory requirement in England under the Health and Social Care Act 2022 for Health and Wellbeing Boards to produce a Joint Local Health and Wellbeing Strategy to address local health and social care needs, improve health outcomes, and reduce health inequalities.

Progress to date

1.2 During December 2024 Board Members were asked to give their views of the priorities for the Health and Wellbeing Board following a review of the latest data contained within the Joint Strategic Needs Assessment (JSNA). This was then presented to the Health and Wellbeing Board in January 2025, where the following priorities themes were agreed:

- Children and Young People
- Community Mental Health Transformation
- Supporting Adults to Live Well and Independently
- Housing
- Cost of Living and Poverty

These have subsequently been refined as:

- Starting Well
- Mental Wellbeing
- Living & Ageing Well
- Healthy Places & Communities

In addition, the Board also wanted to have a better understanding of the work taking place around these priorities across the system, with a view to ensuring that the function of the Board brings additional benefits, rather than increasing reporting or duplicating effort where it is not needed. To facilitate this, Board members were asked to complete a mapping exercise over the summer of 2025 to capture the current or emerging activity and a good response has been received.

NHS 10 Year Plan and Neighbourhood Health Programme

1.3 Alongside this, the government published the NHS 10-year plan and invited expressions of interest for the Neighbourhood Health Programme, the collective intention being:

- **Shift to Community Care**: More services delivered locally via Neighbourhood Health Centres, reducing reliance on hospitals.
- **Digital First**: NHS App becomes the main access point for care; unified patient records and AI tools improve efficiency.
- **Focus on Prevention**: Emphasis on early intervention, healthy lifestyles, and personalised medicine.
- **Workforce Reform**: New career paths, flexible working, and better staff wellbeing support.
- **Smarter Funding**: Move to value-based payments, multi-year budgets, and increased productivity.
- **Transparency & Innovation**: Public data on care quality, faster access to new treatments, and expanded clinical trials.

In addition, the work to develop Integrated Neighbourhood Teams across BCP continues, linking to the ambitions of the 10-year plan and Neighbourhood Health Programmes and the move to more community-based models of delivery that better meet the needs of communities.

Proposed next steps

1.4 The draft strategy is attached as Appendix 1 and has been developed based upon the work outlined in sections 1.1 to 1.3. Board members are asked to review the draft strategy in advance of the Board meeting with a view to agreeing the following next steps for its development.

A Health and Wellbeing Board workshop will be held in the Autumn of 2025 to review and explore the findings from the 2025 Joint Strategic Needs Assessment update and to review and further inform the draft strategy. It is proposed that further engagement will take place with key stakeholders to help refine the strategy and then bring the strategy to the Health and Wellbeing Board in January 2026 for approval.

Options Appraisal

Option 1- proceed with the next steps detailed above to ensure we meet our statutory requirements.

Option 2- do nothing- this is not an option as it is a statutory requirement to produce a strategy for the Health and Wellbeing Board.

Summary of financial implications

None.

Summary of legal implications

It is a statutory requirement to produce a strategy to address local health and social care needs, improve health outcomes, and reduce health inequalities in the BCP area.

Summary of human resources implications

None

Summary of sustainability impact

The Sustainability Impact assessment will be undertaken once the strategy has been finalised.

Summary of public health implications

The purpose of the strategy is to address local health and social care needs, improve health outcomes, and reduce health inequalities in line with Public Health functions.

Summary of equality implications

The Equality Impact Assessment will be undertaken once the strategy has been finalised using the latest data from the Joint Strategic Needs Assessment.

Summary of risk assessment

The current recommendations are low risk.

Background papers

None.

Appendices

Appendix 1- Draft BCP Health and Wellbeing Board Strategy September 2025

Bournemouth, Christchurch and Poole's Health and Wellbeing Strategy 2025-2030

Contents

1. Background

BCP Health and Wellbeing Board

The BCP Health and Wellbeing Board is a statutory partnership and formal committee of the Council where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities.

The Health and Wellbeing Board is made up of elected members and council officers, local NHS representatives, representatives from the voluntary and community sector and representatives from police and the fire and rescue service. The Board holds regular meetings which can be observed by the public. The Health and Wellbeing Board also works closely with the BCP Community Safety Partnership, Safeguarding Adults Board and the Safeguarding Childrens Board. The Health and Wellbeing Board uses development sessions, workshops and formal business meetings to identify strategic priorities and to drive work forward.

The Health and Wellbeing Board has a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) and a joint Health and Wellbeing Strategy to improve the health and wellbeing of the local population and to reduce health inequalities.

In January 2025, the Health and Wellbeing Board agreed a three-layered approach to the development of a new Health and Wellbeing Strategy:

- Adopt the Dorset Integrated Care Partnership Strategy – 'Working Better Together' as the framework for a Bournemouth, Christchurch and Poole Health and Wellbeing Strategy
- Ensure that the Health and Wellbeing Strategy contributes to the delivery of the Council's Corporate Strategy to deliver the corporate vision and ambitions for our local communities
- Ensure that the Health and Wellbeing Strategy contributes to the delivery of the NHS Joint Forward Plan

Health and Wellbeing Board members re-affirmed the following role of the Health and Wellbeing Board:

- Identify strategic priorities that we can champion, monitor and drive forward
- Convene system partners to share work programmes that progress and contribute to local health and wellbeing
- Support the inclusion of health and wellbeing in all policies
- Consider relevant data and metrics to monitor progress

- Focus on working together and co-production
- Sponsor the work of a Place Based Partnership and champion integration of services in local neighbourhoods

1.1 BCP Placed Based Partnership

BCP started establishing a Place Based Partnership in October 2024 to drive strategy into action. The partnership confirmed its intention to act as an officer executive delivery group to drive delivery of the Health and Wellbeing Board's priorities. A workshop was held in February 2025 to shape the partnership and obtain a commitment to finalise membership and set up monthly partnership meetings by the end of the calendar year.

At the workshop it was agreed that the Place Based Partnership should:

- Add value and not duplicate existing governance
- Help to shape the forward plan for the Health and Wellbeing Board alongside the statutory functions
- Connect the Health and Wellbeing Board to neighbourhoods and communities
- Support a 'wellbeing' in all policies approach
- Work towards becoming a formal partnership which can receive and allocate delegated funding, shape integrated commissioning strategies and drive action

2. Strategic Context

The Health and Wellbeing Strategy sits alongside the accompanying strategies, action plans and evolving workstreams that are being delivered across the BCP place to improve health and wellbeing.

Key strategies and plans this Health and Wellbeing Strategy compliments and builds upon include:

2.1 Dorset Integrated Care Strategy

The Dorset Integrated Care Strategy "Working Better Together" is a collaborative plan to improve the health and wellbeing of the county's residents by integrating health and care services and provides the foundation for our place based Health and Wellbeing Strategy. Guided by the three overarching principles of prevention and early help, thriving communities, and working better together, the integrated strategy emphasises co-designing services with people and communities, building on community assets, reducing inequalities, and strengthening partnerships between the NHS, local government, and the voluntary sector. The overarching goal is to enable people to live healthier lives by providing more accessible, personalized, and equitable care.

2.2 BCP Corporate Strategy - A Shared Vision for Bournemouth Christchurch and Poole 2024-28

The BCP corporate strategy sets out the Councils vision to create a BCP area *'Where people, nature, coast and towns come together in sustainable safe and healthy communities'*. It provides a single set of priorities for the whole council and sets the direction for the Council's policy and strategy development, service planning, budget setting and service delivery.

The strategy includes two priorities:

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

These priorities are underpinned by a series of ambitions, focus areas and progress measures which are reported on a performance dashboard A shared vision for Bournemouth, Christchurch and Poole | BCP

2.3 NHS Joint Forward Plan

Dorset's NHS Joint Forward Plan sets out the key health priorities that local health partners are working together to achieve. It is framed around five strategic pillars that provide a framework for making Dorset the healthiest place to live:

- Improve the lives of 100,000 people impacted by poor mental health
- Prevent 55,000 children from becoming overweight by 2040
- Reduce the gap in healthy life expectancy between the most and least deprived areas from 19 years to 15 years by 2043
- Increase the percentage of older people living well independently in Dorset
- Add 100,000 healthy life years to the people of Dorset by 2033

2.4 BCP Children and Young People's Partnership Plan

The BCP Children and Young People's Partnership Plan sets out a vision where Bournemouth, Christchurch and Poole are great places to live, where all children and young people have the best possible opportunities in life and are supported by the community to flourish and grow in order to succeed.

This plan outlines how partners will work together to help children and young people have the best chances in life and be supported by the community to grow and succeed in living their best lives.

The plan contains five main priorities for our children and young people:

- Feeling happy – Feeling at your best mentally, physically and emotionally
- Being safe - Having a safe place to live, study, work and play
- Feeling supported - Having people to turn to for help
- Being included - Being actively involved in the world and activities around you

- Feeling fulfilled - Being proud of yourself and feeling really happy with what you are doing in life

2.5 BCP Adult Social Care Strategy 2025-2028

The BCP Adult Social Care Strategy sets out BCP Council's direction for Adult Social Care over the next four years, outlining an ambitious plan where we will work to transform the services we provide, working in collaboration with partner organisations including health, housing, the voluntary and community sector and independent care providers, as well as people and carers who currently use services, their families and communities. The strategy sets out a vision of 'supporting people to achieve a fulfilled life, in the way that they choose, and in a place where they feel safe'.

The BCP Adult Social Care Strategy outlines 3 key areas of focus:

- Putting people, carers and families first - We will listen and build good relationships with people, so we understand what matters to them
- Living in a place called home - We will help people to connect with their family, friends and community, in a place where they feel safe and at home
- Developing how we work - We are creative and innovative with solutions and resources. We understand and measure the impact we are having

2.6 BCP Adult Social Care Prevention Strategy 2025-2030

This strategy outlines BCP Council's plan to developing a sustainable preventative approach in adult social care. It emphasises early intervention, the promotion of wellbeing, and collaboration with key partners to not only prevent the development of long-term needs, but also to enhance the overall quality of life for people living in Bournemouth, Christchurch, and Poole. The strategy includes 5 strategic priorities:

1. A change in culture
2. Living and ageing well
3. Individual resilience to build wellbeing
4. Supporting the workforce
5. Connecting Communities

2.7 Adult Social Care Transformation- Fulfilled Lives

The Fulfilled Lives programme has four priority projects aimed at improving outcomes for adults and their families within the BCP area through enhanced person-centered practice, and the provision of effective and efficient support solutions.

1. **How We Work** - To embed strengths and relational-based practice by implementing and embedding the 3 Conversations (3C's) approach, building on recent innovation sites and focusing on prevention. 3C's supports practitioners to think more preventatively and creatively in our work with people, moving from a

mindset of 'assessing for services' towards a deeper understanding what matters most to people for them to lead a fulfilled life.

2. **Better short-term support** – Improving community access to reablement services, ensuring that anyone with reablement goals has the best possible chance to achieve them and maximise their independence- reducing their need for long-term support services.
3. **Self-directed support** - We will ensure more people have control of their own support by increasing the range of options for them to access their personal budget, including the creative use of Direct Payments or Individual Service Funds, reducing the need for more costly traditional services.
4. **Care and Support at Home** - Develop and implement a new Support at Home provider framework, enabling people to stay as independent for as long as possible in their own home and reducing the need for admission to a residential care home.

2.8 BCP Community Safety Partnership Strategy

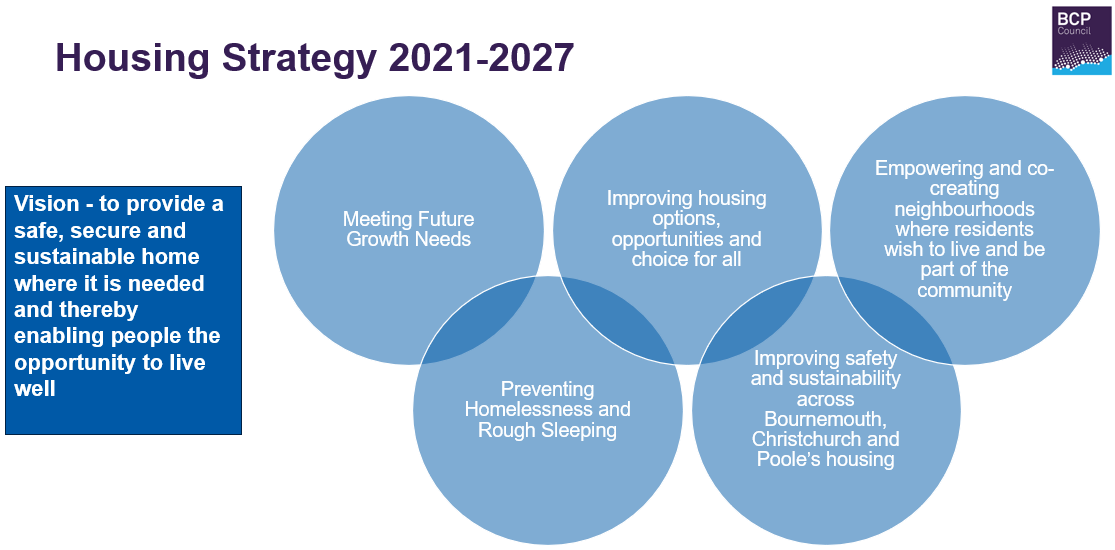
Safer BCP is the statutory Community Safety Partnership (CSP) for the BCP area. The Community Safety Partnership Strategy sets out the strategic priorities for the partnership using an evidence-based approach. These are:

- Tackle violent crime in all its forms.
- Keep young people and adults-at-risk safe from exploitation, including online risks.
- Work with communities to deal with antisocial behaviour (ASB) and crime hotspots, including ASB linked to substance misuse.
- Tackle issues relating to Violence Against Women and Girls (VAWG)

The CSP also leads on the duties under the Serious Violence Act, Domestic Abuse Act and Contest (Counter terrorism strategy), with associated strategies and partnership plans outlining roles and responsibilities.

2.9 BCP Housing Strategy 2021-2027

The BCP Council Housing Strategy (2021–2026) sets out a clear vision to make Bournemouth, Christchurch, and Poole one of the best coastal places to live, work, invest, and play. It focuses on delivering affordable, high-quality homes, promoting equality, and ensuring housing services meet the diverse needs of local communities. Central to this strategy is a commitment to improving health and wellbeing by addressing the wider determinants of health through safe, secure, and sustainable housing. This aligns closely to the Health and Wellbeing Strategy.



2.10 Homelessness and Rough Sleeping Strategy 2021-2025

The BCP Council Homelessness and Rough Sleeping Strategy (2021–2025), developed in collaboration with the Homelessness Partnership, sets out a bold vision to end homelessness across Bournemouth, Christchurch, and Poole by ensuring everyone has a safe and secure place to call home. The strategy emphasises prevention, rapid rehousing and person-centred support, recognising that homelessness is a complex issue intertwined with health, wellbeing, and social care. Through multi-agency collaboration—including health services, housing providers, and voluntary organisations—the strategy promotes early intervention and trauma-informed approaches to help individuals rebuild their lives. Health and wellbeing are central to its delivery, with initiatives such as supported emergency accommodation, multidisciplinary teams and lived experience groups ensuring that services are responsive, inclusive, and focused on long-term recovery and resilience. The Strategy is currently under review and will be complete by March 2026.

2.11 Homewards

BCP Council is one of six trailblazer regions participating in *Homewards*, a transformative five-year programme led by Prince William and The Royal Foundation, aimed at ending homelessness by making it rare, brief and unrepeated. Locally led and rooted in collaboration, the BCP Homewards Coalition brings together over 90 organisations- including businesses, charities, and educational institutions- to co-design and deliver innovative solutions. The initiative complements BCP's Homelessness and Rough Sleeping Strategy by enhancing prevention, expanding access to housing, and supporting employability, particularly for young people and those with care experience. It also aligns with the Council's Health and Wellbeing Strategy by addressing the social

determinants of health, promoting stability, and fostering resilience through secure housing, meaningful employment, and community engagement.

2.12 NHS 10 Year Plan

Our Health and Wellbeing Strategy reflects the recent publication of 'Fit for the Future' – the government's 10 Year Health Plan for England which sets out an ambition to reinvent the NHS through 3 radical shifts

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

Development and implementation of neighbourhood health services lies at the heart of the plan that embodies prevention as a primary principle and promotes care in settings as close to home as can be.

2.13 Principles of working

The Health and Wellbeing Board has agreed to adopt the following Poverty Truth Commission Access to Services Principles to underpin its work:

- Consistent and connected services from cradle to grave
- A whole person and a whole community approach
- Services when and where people need them that everyone can access
- Dependable and supportive relationships
- Everyone is treated with dignity and humanity.

3. BCP's Health and Wellbeing Strategy 2025-2030

BCP's Health and Wellbeing Strategy sets out how the Health and Wellbeing Board will work together to promote wellbeing, prevent ill health and reduce health inequalities across the BCP Council area. The strategy has been informed by the Joint Strategic Needs Assessment (JSNA) and shaped by consultation and engagement activity.

3.1 Strategic Priorities

Following a survey of members the Health and Wellbeing Board identified five themed areas of focus for the strategy:

- Children and Young People
- Community Mental Health Transformation
- Supporting Adults to Live Well and Independently

- Housing
- Cost of Living and Poverty

These themes areas of focus have subsequently been developed into the four Strategic Priorities:

1. Starting Well
2. Mental Wellbeing
3. Living and Ageing Well
4. Healthy Places and Communities

Our strategic priorities are high-level and informed by local data and evidence. These priorities seek to improve health and wellbeing for everybody but with a focus on narrowing inequalities for those with greatest need.

3.2 A targeted approach

If we are to reduce health inequalities, the actions we take must be implemented proportionately to the needs of different communities, with those most in need receiving the greatest support. In doing this, we recognise that these communities are at risk of poorer outcomes because of unfair social systems and the circumstances in which they live, not because of who they are or individual biological and/or lifestyle factors.

One mechanism for supporting proportionate delivery is Core20PLUS5, an NHS approach to reducing healthcare inequalities. The approach defines a target population, with the “Core20” being the most disadvantaged 20% of the population and “PLUS” groups being defined according to local need..

3.3 Strategic Priority 1 – Starting Well

Ensuring that Children and Young People have the best start in life and are supported to achieve their potential.

Proposed Actions:

- Champion the delivery of BCP Children and Young People's Partnership Plan and Families First Programme
- Champion the delivery of the BCP SEND improvement plan
- Promoting good mental wellbeing in children, young people and families and reducing self-harm
- Reducing inequalities in the uptake of child and adolescent vaccinations
- Reducing dental decay in young children
- Reducing childhood excess weight and obesity

- Reducing risky behaviours in children and young people, including the use of tobacco, vaping, drugs and alcohol

3.4 Strategic Priority 2 – Mental Wellbeing

Helping people to stay mentally well, improving access to services and reducing rates of suicide and self-harm.

Proposed Actions:

- Promote a shift to early help and prevention through greater connectivity into wider social determinants of poor mental wellbeing
- Promote approaches which tackle physical, mental and social wellbeing together especially the use of physical activity and green spaces to improve wider health and wellbeing
- Tackling stigma and making mental wellbeing everyone's business
- Improve access and uptake of community mental health support services
- Improve public mental health and reducing rates of suicide and self-harm
- Support people with mental health problems to connect to work
- Support the creation of mental health promoting communities through community development, training and peer support
- Promote approaches which enhance physical, mental and social wellbeing together such as active use of green spaces

3.5 Strategic Priority 3 – Living and Ageing Well

Adults and older people will be supported to live and age well and to stay connected and independent for as long as possible.

Proposed Actions:

- Increase the number of BCP residents in our most deprived communities accessing LiveWell support and increase the uptake of NHS Health Checks
- Reduce the harm caused by tobacco, drugs, alcohol and harmful gambling
- Reduce inequalities in the uptake of NHS screening and immunisation programmes
- Reduce avoidable hospital admissions through increased primary and secondary prevention activities

- Support the delivery of the Fulfilled Lives and Future Care Programmes
- Champion the delivery of a Prevention Strategy for Adult Services
- Achieve World Health Organisation Age friendly communities status

3.6 Strategic Priority 4 – Healthy Places and Communities

The places where we live and work will make it easy to be healthy and happy, with opportunities for better health and wellbeing in our neighbourhoods and local communities.

Proposed Actions:

- Support our thriving voluntary and community sector to deliver impactful programmes and services that contribute to reducing health inequalities
- Reduce social isolation and loneliness by creating more connected communities
- Reduce serious violence, including violence against women and girls, and improve community safety
- Work together to reduce poverty and the impact of the cost of living on our most vulnerable communities
- Improve access to sustainable and healthy food
- Support the development of Integrated Neighbourhood Teams and Neighbourhood Health Services
- Reduce homelessness and ensure BCP residents have access to good quality homes and environments that promote health and wellbeing
- Address the impacts of climate change, minimise air pollution and promote active travel

4. Measuring Impact

The Public Health Outcomes Framework, the proposed new Local Government Outcomes Framework and the BCP Corporate Strategy provide a comprehensive list of desired outcomes and indicators that can help to measure how well public health and wellbeing is being improved and protected in an area. The Health and Wellbeing Board will focus on a selection of these indicators that a) require the most improvement and b) will best indicate progress towards the strategic priorities in this strategy. Progress against these measures will be reported to the Health and Wellbeing Board on an annual basis.

Strategic Priority	Measures		
Overarching	Healthy Life Expectancy at birth	Slope index of inequality in life expectancy at birth	
Starting Well	Population vaccination coverage – MMR for one dose (2 years old)	Child health: Percentage achieving good level of development at 2-2.5 year review (Fingertips)	Oral health: Percentage of 5-year-olds with experience of visually obvious dental decay
	Obesity: Year 6 obesity prevalence	Children in low-income families	Under 18 conception rate
Mental Wellbeing	Depression recorded prevalence	Hospital admissions as a result of self-harm age 15-19 years, crude rate per 100,000 (persons)	Emergency hospital admissions for intentional self-harm
	Suicide Rate (persons)	Alcohol related hospital admissions per 100,000	
Living and Ageing Well	Smoking prevalence in adults in routine and manual occupations (aged 18 to 64)	Physical inactivity: Percentage of adults who are physically inactive (Fingertips)	Drugs and alcohol: Rate of alcohol specific mortality (directly standardised rate (per 100,000)
	Alcohol related hospital admissions (per 100,000)	The proportion of new clients accessing the Live Well Service who live in the most deprived areas (BCP Corporate Strategy)	Hospital admissions due to falls in those aged 65 and over
Healthy Places and Communities	Deaths attributable to particulate air pollution (Fingertips)	Homelessness: households owed a duty under the Homelessness Reduction Act.	Proportion of Social Housing in BCP area deemed decent
	Proportion of Private Rented Sector accommodation	Violent crime – hospital admissions for violence (including	Winter Mortality Index

	in BCP area deemed decent	sexual violence)	

5. How will we make this happen?

The Health and Wellbeing Board will be responsible for assuring delivery of the actions set out within the strategy, connecting into other existing partnerships and delivery boards where relevant. The Health and Wellbeing Board will provide additional focus and offer strategic direction to ensure that **Drive Actions** are co-ordinated and driven forward with delivery co-ordinated by a BCP Place Based Partnership. Owners of these actions will be required to give more regular updates to allow the Board to monitor progress and shape delivery.

Accountability for the delivery of the strategy sits across all members of the Health and Wellbeing Board which will:

- Meet regularly as a board and hold each other and wider partners to account
- Develop a forward plan to ensure all elements of the strategy are progressed and reported on
- Receive reports on progress in delivering against the strategic priorities outlined in the strategy
- Constructively challenge and support each other in relation to delivery, ensuring that all opportunities to improve the health and wellbeing are maximised
- Ensure a performance monitoring framework is in place to enable the board to assure itself of delivery
- Produce a JSNA Annual Report, which will focus on progress against our key measures and inequalities across the BCP area
- Review progress, emerging needs and strategic priorities on an annual basis

BCP Health and Wellbeing Board - Work Plan

Updated: 25 September 2025

	Subject and background	Anticipated benefits and value to be added by HWB engagement	How will the scrutiny be done?	Lead Officer	Report Information
6 October 2025					
	Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2024/2025	To consider the SAB Annual Report	Committee Report	Siân Walker-McAllister, Chair, SAB	Received annually in the Autumn
	BCP Children's Safeguarding Annual Report	To consider the Annual Report	Committee Report	Anita McGrath, Children's Safeguarding Partnership Manager	Requested by Rachel Gravett by email on 9 May 2025
	Health and well-being strategy into action place based partnership work		TBC	Rob Carroll and Cat McMillan	
	Public Health Dorset Pharmaceutical Needs Assessment 2025 - 2028	To consider and approve before submission	Committee Report	Rob Carroll, Director of Public Health	

	Subject and background	Anticipated benefits and value to be added by HWB engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Better Care Fund 2025-26 Quarter 1 Report		Committee Report	Scott Saffin, Commissioning Manager – Better Care Fund and Market Management	
12 January 2026					
	Health and well-being strategy into action place based partnership work		TBC	Rob Carroll and Cat McMillan	
	Annual Report of the Community Safety Partnership		TBC	TBC	
	Better Care Fund Q2 Report		Committee Report	Scott Saffin, Commissioning Manager – Better Care Fund and Market Management	

	Subject and background	Anticipated benefits and value to be added by HWB engagement	How will the scrutiny be done?	Lead Officer	Report Information
9 March 2026					
	Health and well-being strategy into action place based partnership work		TBC	Rob Carroll and Cat McMillan	
	Better Care Fund Q3 and 26/27 plan		Committee Report	Scott Saffin, Commissioning Manager – Better Care Fund and Market Management	
Future items to be allocated to meeting dates					
Changes to hospitals, role of hospitals and responding to the needs of Communities		To consider the changes going on in local hospitals to include significant changes in mental health provision.		TBC – highlighted by Richard Renaut	Consider whether update to Board or possible Council wide briefing?
Fuel Poverty due to withdrawal of allowance		To monitor this issue	Committee Report	TBC	Suggested by SC Update – date tbc

Better Care Fund	To receive a mid year progress update	Committee Report	TBC	TBC
Update from the Urgent Emergency Care Board	To receive an update	Committee report	TBC	Requested at meeting on 13/1/25
Community Safety Partnership work	To receive an update	Committee report	TBC	Suggested at meeting on 13/1/25
ASC Prevention Strategy	TBC	Committee report	TBC	Suggested at meeting on 9 6 25

Dates for the 2026/27 Municipal Year

- 29 June 2026 at 2pm
- 12 October 2026 at 2pm
- 11 January 2027 at 2pm
- 5 April 2027 at 2pm