

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 3 March 2025 at 6.00 pm

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

Membership:

Chairman:

Cllr P Canavan

Vice Chairman:

Cllr L Dedman

Cllr J Edwards

Cllr H Allen

Cllr D Farr

Cllr M Gillett

Cllr C Matthews

Cllr J Richardson

Cllr J Salmon

Cllr P Slade

Cllr A-M Moriarty

All Members of the Health and Adult Social Care Overview and Scrutiny Committee are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to view the live stream of this meeting at the following link:

<https://democracy.bcpCouncil.gov.uk/ieListDocuments.aspx?MIId=6328>

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

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

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

GRAHAM FARRANT
CHIEF EXECUTIVE

21 February 2025

**DEBATE
NOT HATE**



Available online and
on the Mod.gov app



Maintaining and promoting high standards of conduct

Declaring interests at meetings

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

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



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

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

Bias Test

In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?

Predetermination Test

At the time of making the decision, did the decision maker have a closed mind?

If a councillor appears to be biased or to have predetermined their decision, they must NOT participate in the meeting.

For more information or advice please contact the Monitoring Officer
(janie.berry@bcpcouncil.gov.uk)

Selflessness

Councillors should act solely in terms of the public interest

Integrity

Councillors must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships

Objectivity

Councillors must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

Accountability

Councillors are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

Openness

Councillors should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

Honesty & Integrity

Councillors should act with honesty and integrity and should not place themselves in situations where their honesty and integrity may be questioned

Leadership

Councillors should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

AGENDA

Items to be considered while the meeting is open to the public

1. Apologies

To receive any apologies for absence from Councillors.

2. Substitute Members

To receive information on any changes in the membership of the Committee.

Note – When a member of a Committee is unable to attend a meeting of a Committee or Sub-Committee, the relevant Political Group Leader (or their nominated representative) may, by notice to the Monitoring Officer (or their nominated representative) prior to the meeting, appoint a substitute member from within the same Political Group. The contact details on the front of this agenda should be used for notifications.

3. Declarations of Interests

Councillors are requested to declare any interests on items included in this agenda. Please refer to the workflow on the preceding page for guidance.

Declarations received will be reported at the meeting.

4. Minutes

To confirm the Minutes of the meeting held on 2 December 2024.

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a) Action Sheet

To check on any outstanding actions.

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5. Public Issues

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

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

The deadline for the submission of public questions mid-day on Tuesday 25 February 2025 [mid-day 3 clear working days before the meeting].

The deadline for the submission of a statement is midday Friday 28 February 2025 [mid-day the working day before the meeting].

The deadline for the submission of a petition is Friday 14 February 2025 [10 working days before the meeting].

ITEMS OF BUSINESS

6. The Transformation of UHD Hospitals

To receive a presentation on the transformation of UHD Hospitals

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7. Public health disaggregation: progress and overview of decisions	41 - 48
The report provides an overview of the progress with disaggregating the shared public health service and establishment of two separate public health teams by 1 April 2025 which was considered by Cabinet on 5 February 2025.	
8. Adult Social Care Strategy 2025-28	49 - 68
To provide background information on the development and consultation of the new Adult Social Care Strategy 2025-28.	
9. ASC Fulfilled Lives Programme – Programme update and Self-Directed Support	69 - 84
The Fulfilled Lives Transformation Programme in Adult Social Care comprises of four interdependent projects:	
<ol style="list-style-type: none"> 1. How We Work 2. Self-Directed Support 3. Short-Term Support 4. Support at Home 	
The How We Work and Self-Directed Support projects are the most advanced, with Short-Term Support and Support at Home having now commenced the 'delivery stage' of the programme.	
A Fulfilled Lives Programme progress report was presented at Cabinet on 15 January 2025.	
This paper provides a further update about:	
<ol style="list-style-type: none"> 1. the Self-Directed Support project, and 2. Benefits tracking, including links to the Future Care (Urgent and Emergency Care) Programme. 	
10. Portfolio Holder Update	
To receive a verbal update from the Portfolio Holder for Health and Wellbeing.	
11. Work Plan	85 - 128
The Overview and Scrutiny (O&S) Committee is asked to consider and identify work priorities for publication in a Work Plan.	

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

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

Minutes of the Meeting held on 02 December 2024 at 6.00 pm

Present:-

Cllr P Canavan – Chairman

Cllr L Dedman – Vice-Chairman

Present: Cllr J Edwards, Cllr H Allen, Cllr D Farr, Cllr M Gillett,
Cllr C Matthews, Cllr J Richardson, Cllr J Salmon and Cllr A-
M Moriarty

Also in Cllr D Brown
attendance:

39. Apologies

There were none.

40. Substitute Members

There were no substitute members.

41. Declarations of Interests

Cllr J Salmon advised of a disclosable pecuniary interest as he worked for Dorset Healthcare.

Hazel Allen advised of a disclosable pecuniary Interest in agenda Item 7 - Health and Social Care for the Homeless as they managed the homeless health team at the Royal Bournemouth Hospital.

42. Minutes

The minutes of the meeting held on 24 September were approved as a correct record.

43. Action Sheet

The action Sheet was noted

44. Public Issues

There were no public questions or petitions. One public statement was received from Mrs Susan Stockwell and was circulated to Committee Members prior to the meeting and read out by the Democratic Services Officer as follows:

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Could the work plan please include considering the health implications of licensing Bournemouth's two sex shops including likelihood of injury to health mental and physical using items sold, risk of transmission of infection, risk of damage to fertility, whether items for consumption are MHRA licensed or food labelling compliant as appropriate, whether items sold are ISO 3533 compliant to reduce risk of injury. Also to consider the health implications of sexual offences committed in the BCP area with a view to reducing them by refusing to license sex establishments. Also to liaise with Dorset Crime Panel to lobby for sexual harm prevention orders to include not attending licensed sex establishments and with licensing to include conditions not to admit people subject to these orders in order to protect performers from injury.

The Chair advised that this would be considered under the Work Plan item.

45. Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2023-2024

The Independent Chair of the BCP Safeguarding Adults Board presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The BCP Safeguarding Adults Board (SAB) published an Annual Report each year and was 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 Committee considered the report for the year April 2023 to March 2024. The report had been agreed at the September meeting of the BCP Safeguarding Adults Board (SAB). The BCP SAB had successfully worked together with the Dorset SAB with joint meetings over the year. Two separate Annual Reports, one for each of the Boards had been published as they were separately constituted. Throughout 2023/24 the BCP SAB had delivered against all priorities which were set out in the annual work plan. The Committee were informed that the Annual Report provided a summary of what the Board has achieved. The Committee discussed a number of issues related to the annual report including:

- The Assisted Dying Bill – The Committee asked about implications from this for the SAB. It was thought that the main regulator would be the Care Quality Commission, and this would need to be processed through regulations before this is known. The most significant issue around assisted dying was assessment of mental capacity.
- Engagement between SAB and CSP – previously the Chair's of the CSP and CSP met quarterly to share any issues, however this was no longer in place but it was expected these would be re-established in the new year. Business officers for the bodies were in contact with each other.
- Right Care right person – This was regularly on the Board's agenda, the next report was due in March and this would consider if there was an impact on capacity of Social Services and Health Services but at present there was no data on this. It was noted that this may be reported

separately within Adult Social Care. The Director of Adult Social Care advised that a steering group had also been established to look at this.

RESOLVED that 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 2023-2024 be noted.

Voting: Nem. Con.

46. Health & Social Care for the Homeless

The Principal Programme Lead, NHS Dorset presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book. The Committee was advised that following the recent publication of [Healthwatch Dorset report](#) looking at health inequality for people experiencing homelessness NHS Dorset and BCP Council welcomed the opportunity to consider how current systems through existing services seeks to address inequality for people experiencing or at risk of homelessness. A number of areas of concern and enquiry had been raised. The Committee was informed that the services available across the BCP area were varied to address this issue. In response to the recommendations within the research, the report described how services, their interactions, together with how emerging plans and opportunities, were developing to address these themes. The Committee discussed a number of issues including:

- The timeline for reconsideration of contracts – It was noted that most of the contracts were out of date in terms of the current situation. It was noted that there had been slow progress on this but discussion had been taking place and just before September the commissioning intentions for it went to Dorset Healthcare for consideration as part of a new contract.
- Wound Care – At present there was no forward plan to address this other than improving the access to primary care and it was agreed that this should be something which was picked up in future.
- Service delays - Services were overstretched in terms of housing and the Committee questioned whether this was the case in delivery of health services. It was noted that people who were homeless rarely considered health as a priority, and it was therefore important to build rapport with people and have a degree of flexibility in services. It was noted that sometimes the inability to access housing may be due to a person's complex situation, but it could also be just a lack of available accommodation.
- Housing Strategy – The Committee wanted to follow up on some of the issues raised and it was noted that a housing strategy was being developed which would be taken to Cabinet and would be considered by the Environment and Place Overview and Scrutiny Committee.
- Mental Health – In response to a query it was explained that the Homeless Health Service had both physical and mental health practitioners and the whole partnership was important in providing a joined-up offer.

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- Integrated Care Board – The Committee enquired as to whether this issue had been previously considered by the Board and it was noted that it was going to its Prevention, Quality and Outcomes sub-committee and then it was thought to be coming to the Board in January.

The Committee expressed concerns about the current situation and suggested that there should be a more joined up offer in terms of service provision to homeless people. It was felt that there needed to be better ways to address the needs of people who did not have a local connection but who were homeless in the area and to address the significant housing shortage which currently existed within BCP. It was noted that the Integrated Care Partnership had membership from a range of areas which was working with housing health and social care.

The Committee gave further consideration to recommendations which it would like to make.

RESOLVED: That the Health Overview and Scrutiny Committee Recommend that Cabinet discuss the issues caused by a lack of funding for rough sleepers with no local connection and those without an identified priority need with a view to developing solutions in partnership with other local authorities and key stake holders such as the Integrated Care Board and relevant ministers to create a robust system that does not fail our most vulnerable or unfairly place the responsibility for caring for these people on local particular local authorities, with a view to getting something in place before the new strategy.

Voting: Nem. Con.

47. Transforming Urgent and Emergency Care Services

The Director of Adult Social Care and the Corporate Director for Wellbeing presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book. The Committee was informed that a system-wide transformation programme to transform and improve urgent and emergency care services for Dorset residents was underway. The programme involved health and care partners, and was anticipated to take 2 years to deliver and should substantially reduce the number of people admitted into hospital when better outcomes could be achieved elsewhere and should result in fewer people waiting in hospital to be discharged while ongoing care was arranged. Work had now progressed and in parallel with other health and care organisations across Dorset the Council must consider whether to participate in the next phase of the programme. Issues raised by the Committee in discussion of this item included:

- Key areas of the Programme Partnership Agreement – It was close to being signed off and was going through all of the different partners. It was expected there may be further minor amendments to the

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agreement. There would also be further legal consideration of the item. The programme operated on a fee guarantee. The Partnership agreement set out that the BCP share of the fee would be proportionate to the Council's share of the benefits. In July 2025 the programme would be reviewed to ensure confidence in making the share of costs and benefits work.

- Oversight of the Programme - There were mechanisms in place to address how the Council would monitor this as a system. The operational mechanism behind this was that there would be 6 workstreams and each of these work streams would have an SRO, and each of the work streams would be very clear about the diagnostic work that was undertaken with Newton's support.
- External Partner involvement - It was noted that there were many different factors impacting on this and it would not be possible to work through this as an individual organisation. It needed to be done in partnership with a systems-based approach. There would be much greater impact and improved outcomes for individuals if this was done as a partnership. There were governance and monitoring plans in place. Concern was raised regarding the involvement of Newton in an extremely complex process as it appeared that they hadn't delivered on this scale previously. The Committee felt that it would be good to see more robust evidence for them being the right partner to take this forward. The Committee was advised that Dorset Council was the lead partner and BCP were involved in the initial decision to bring in Newton to work on the diagnostic. The Corporate Director confirmed that Newton did have significant experience in this area. Other local authorities were already engaged in similar work which was being delivered through Newton and assurance had been received on how the programme had progressed. Measures of success – The Committee questioned what success would look like for this programme. It was explained that this would be based on the outcomes of people's experience, for example a reduction in the need for acute hospital beds and improved short term interventions.
- Fulfilled Lives Programme – The Committee questioned how the programme would be separated. It was noted that the fulfilled lives programme is broader and less directed. The reablement strand of the programme was the area with synergies with this programme.
- Financial implications – The Committee asked about the savings which would be generated through the programme. Assessed the extent of the cashable benefits and looked at £3.6 million by 27/28 being able to be included within the balance sheet for the BCP budget.

The Committee requested that the issues which the Committee had raised be communicated to Cabinet. The Committee wanted BCP to achieve the outcomes which the programme was seeking to achieve. The Committee suggested that there should be an opportunity to check progress prior to the time of the Mid-year review and that Cabinet should ensure that all options, including not using a partner to deliver the programme and keeping it as an inhouse project, had been fully considered. It was noted that the basis for the partnership agreement was on a share of costs and benefits

and there was a fee guarantee which was set out in the agreement. Newton would be an ongoing partner in the programme and there had been robust negotiations around fees and benefits.

RESOLVED that the Committee supported the following recommendations to Cabinet:

- (a) Notes the summary of the diagnostic review, including improved outcomes for residents and financial benefits for the Council.**
- (b) Notes that under the draft Partnership Agreement with Dorset health and care partners, anticipated benefits are significantly in excess of costs to the Council.**
- (c) Delegates to the Corporate Director for Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and the Director of Finance, authority to enter into the Partnership Agreement to undertake the proposed transformation programme.**

Voting: Nem. Con. happy with recs an Chair will make comments to Cabinet.

48. Adult Social Care – Compliments, Complaints and Learning Annual Report 2023/24

The Director of Adult Social Care presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book. The Director and the Head of Transformation and Integration gave a presentation to the Committee which outlined the key aspects of the annual report. The Committee was informed that Adult Social Care had a statutory responsibility to produce an annual report on complaints received, issues that have been raised and any action that has been taken to improve services. Adult Social Care encourages feedback from a range of sources including complaints, compliments, comments. The report provided a summary of complaints and compliments, including learning, for BCP Council Adult Social Care from 1 April 2023 to 31 March 2024.

The Committee asked how the complaints team dealt with complaints that spanned more than just the Adult Social Care service area and it was explained that the complaints team were really experienced and had formed productive relationships with other areas of the Council and sometime a joint response would be required. There was also a joint working protocol with Health partners. However, it was acknowledged that it was complex and often difficult to manage people's expectations.

The Committee congratulated the service on receiving so many compliments as it was felt that this was fairly unusual with complaints being much more common.

The Chairman asked the Committee to consider any actions or issues arising from the report and either raise these during the Work Plan item or contact the Chairman after the Committee meeting.

49. Adult Social Care Waiting Times

This report was provided for information the Committee was requested to note and respond, as appropriate to the update provided, with a recommendation that a further update be presented in twelve months (December 2025). The report provided an update to the Committee on the Adult Social Care (ASC) demand management of the waiting times for individuals who have requested a Care Act Assessment (CAA) from BCP Council.

50. Gender Identity Disorder (GID)

This report was provided for information at the request of a Committee Member. The Committee was informed that the CASS Review undertaken in 2022 had led to a new model of care for Gender Identity Disorder Services with a move away from one specialist provider to specialist regional centres which will continue to be commissioned by NHS England. A total of six specialist regional centres would be operational by 2026. Two were currently live with one further centre based in Bristol due to be operational in November 2024.

Local processes had been developed and aligned with national requirements as a means of supporting the safe transition of those waiting to access specialist support. This had entailed the offer of assessment to all those waiting along with a conversation and development of a support plan where needed. In the future all referrals to the specialist regional centres would solely be via local CYP mental health or paediatric services.

51. Portfolio Holder Update

The Portfolio Holder for Health and Wellbeing provided a verbal update which included his work around the items which had been discussed at the meeting.

He advised that he had visited the construction of the new COAST building at the Royal Bournemouth Hospital. Which was the catering operations and specialty treatment building. The building included catering operations for the whole site as well as 4 floors of wards. It was due to be ready for operation by next autumn/winter.

He had also attended the Health Inequalities Conference and met with a number of colleagues which had been really useful. A positive Adult Social Care colleagues' event had taken place with over 300 social care staff and there had been opportunities for really good communication.

Discussions had been taking place concerning budgets and the latest information from central government. It was also noted that there were a number of new senior members of staff to be appointed including a new Director of Public Health.

52. Work Plan

The Chairman presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'E' to these Minutes in the Minute Book. The Overview and Scrutiny (O&S) Committee was asked to consider and identify work priorities for publication in a Work Plan. The Chairman referred to the public statement received at the beginning of the meeting and advised that the suggestion could be added to the list of items for the Committee to give further consideration to. Issues concerning the request and the relationship to the Council's licensing function were raised and it was noted that these would need to be given further thought to ascertain if it was appropriate for the Committee to consider these issues.

The Chairman reminded the Committee that it was due to receive an informal briefing on Mental Health at its briefing session in February.

It was noted that the Clinical Services Strategy should be added to the Work Plan for the Committee meeting in March. The Committee also asked that a meeting with the new Director of Public Health be arranged when they were in post.

RESOLVED that the Work Plan be noted and updated as outlined and the Chairman in consultation with officers give consideration to the priority of further items.

The meeting ended at 8.45 pm

CHAIRMAN

ACTION SHEET FOLLOWING 2 DECEMBER 2024 – BOURNEMOUTH, CHRISTCHURCH AND POOLE HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Committee meeting – 25 September 2023				
20	National Suicide Prevention Strategy	<p>Decision Made: The Board was advised that Public Health was unsure of the amount which would be allocated to the BCP area, as the closing dates for bids had not yet happened, however bids were being worked on and once any funding was known, the Committee could be informed.</p> <p>Action – Public Health aware</p> <p>Decision Made: The Chair advised it was important for the Committee to keep this issue under review and further scrutiny of the planed refresh of local action plans should be bought back to the Committee at the appropriate time in 2024.</p> <p>Action – Officers aware and added to Forward Plan with date to be allocated.</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
21	Access of GP Practices in BCP Area	<p>Decision Made: In response to a concern regarding the methodology of the data presented within the report and the need for more interactive data, the Committee was advised that Officers would take this away and consider how to present data in the future.</p> <p>Action – Officers aware.</p> <p>Decision Made: In response to a query regarding the PCN Improvement plans, the Committee was advised that the business plans were not publicly available however all 18 PCNs had their plans signed off by the ICB, so it was anticipated that all of them should meet the needs of their residents. The Deputy Chief Officer advised that further consideration should be given to the publication of business plans due to the use of public funding and that NHS Dorset would consider it further.</p> <p>Action – NHS Dorset aware.</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
22	Closure of Winton Health Centre: Review of Process and Outcomes	<p>Decision Made: The Committee was advised of the mapping work which had been undertaken and ensuring that all residents could still access a GP local to them who had capacity to take on the patients. It was acknowledged that some feedback could be collected from patients including how many had moved since September.</p> <p>Action – NHS Dorset aware.</p> <p>Decision Made: A Committee Member expressed concern regarding patients being moved to Winton Health Centre from Leybourne Surgery due to its closure and then being moved again and requested consideration regarding engagement with those patients regarding the impact it had on them.</p> <p>Action – NHS Dorset aware.</p>		
Actions arising from Committee meeting – 27 November 2023				

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
	Dorset and Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2022-2023	<p>Decision Made: That next year's Annual Report would include data for self-neglect as a separate entity.</p> <p>Actioned – Chair of SAB aware.</p> <p>Decision Made: Further consideration be given about how the Committee would like to see the data presented and broken down in the next Annual Report.</p> <p>Actioned – to be considered by Officers and Committee.</p>	To be removed	
	Annual Adult Social Care Complaints Report	<p>Decision Made: Core data used to formulate report be shared confidentially with the Committee.</p> <p>Action – Director of Adult Social Care aware.</p>		
Actions arising from Committee meeting – 15 January 24				
	Health Inequalities –	Decision Made:		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
	background briefing	In response to queries regarding the projected data around childhood obesity and NHS Dorset's aim to prevent 55,000 children from becoming obese by 2040, the Committee was advised of the link between areas of deprivation and obesity in children and how the figure of 55,000 was reached. The Director of Public Health advised he would check with NHS Dorset for clarity over how that figure was reached. Action – Director of Public Health aware.		
Actions arising from Committee meeting – 4 March 24				
	BCP Council's Adult Day Opportunities Strategy	Decision Made: To feedback concerns regarding the consultation to the team. Action – Officer aware.		
Actions arising from Committee meeting – 20 May 24				
	The Future of Public Health in BCP	Decision Made: That the resolution agreed be considered by the Corporate Director of Wellbeing and that a further report come to Committee at the next meeting.	To enable the Committee to input and help shape	

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		Action – Officers aware and added to Forward Plan	the role of the BCP Director of Public Health	
	Update on Home First (Intermediate Care) Development	Decision Made: That the Better Care Fund report going to BCP Health and Wellbeing Board be circulated to the Committee for their information. Action – Officers aware		
	Forward Plan	Decision Made: That the Portfolio Holders update be circulated to the Committee outside of the meeting: Actioned – email sent on 21 May 24 Decision Made: Add the Future of Public Health in BCP to the meeting in July. Actioned – added to Forward Plan. Decision Made: Add Gender Identity Services to the Forward Plan. Action – to be considered in forward planning session.		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Committee meeting – 15 July 24				
	Adult Social Care Transformation Business Case	Decision Made: That key risks and Key Performance Indicators be included in future reports regarding the Transformation Programme Action – Officers aware	To enable the Committee to have this information when scrutinising	
	Tricuro Business Plan: Delivery Progress	Decision Made: To provide the Committee with statistics regarding the number people using its services to a future meeting. Action – Tricuro Director and Officers aware	To provide the Committee with this information	
	Items for Information	Decision Made: Any questions or comments regarding the University Hospitals Dorset (UHD) Maternity paper be sent to the Chair to arrange responses by 22 July 2024 Action – Committee aware of deadline Decision made: Pass congratulations on toe UHD for the reduction to zero vacancies in its midwife team. Action – Director of Adult Social Care to pass on		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Committee meeting – 24 September 24				
33.	Fulfilled Lives programme – approach to scrutiny	<p>Decision made: In response to a request for more information regarding micro providers, it was agreed that this fell under the strand of 'Self Directed Support' which would come to a future Committee.</p> <p>Action: Add to Work Plan</p> <p>Decision made: The Overview and Scrutiny Specialist suggested that time to scrutinise the different elements of the Fulfilled Lives Programme be plotted into the Committee's Work Plan to ensure capacity.</p> <p>Action: Add to Work Plan</p>		
34.	Adult Social Care Budget Presentation	<p>Decision made: In response to a query regarding the activities and outcomes of the Live Well Dorset programme, the Committee was advised that it had managed to reach those living in the most deprived areas of BCP and that access could potentially be provided to the dashboard for the Committee to see the output.</p> <p>ACTION</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		Decision made: A Committee Member requested the positives of the separation of the Public Health function be reported back to Committee at an appropriate time. Action: Add to Work Plan.		
38.	Work Plan	Decision made: The Committee was advised of the proposed items for the next meeting and was informed that a key lines of enquiry form would be circulated to scope out the ASC waiting times scheduled. ACTION Decision made: The Chair advised of the addition of Healthcare for the Homeless for the December meeting. It was agreed that a key lines of enquiry form would also be circulated for this item. ACTION.		
Actions arising from Committee meeting – 2 December 24				
46.	Health and Social Care for the Homeless	Decision Made: That the Health Overview and Scrutiny Committee Recommend that Cabinet discuss the issues		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>caused by a lack of funding for rough sleepers with no local connection and those without an identified priority need with a view to developing solutions in partnership with other local authorities and key stake holders such as the Integrated Care Board and relevant ministers to create a robust system that does not fail our most vulnerable or unfairly place the responsibility for caring for these people on local particular local authorities, with a view to getting something in place before the new strategy.</p> <p>ACTION – passed to Cabinet for further consideration</p>		
49.	Adult Social Care Waiting Times	<p>Decision made: To add this item to the work plan for monitoring in December 2025.</p> <p>ACTION – add to Forward Plan</p>	To enable the Committee to monitor waiting times.	
52.	Work Plan	<p>Decision made: That further consideration be given to the public statement heard at the meeting.</p> <p>ACTION – Dem Services have sent a scrutiny request form to the member of public to enable it to be considered in the usual democratic process.</p>		

The Transformation of our Hospitals

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Improving care for the people of Dorset (and Hampshire!)



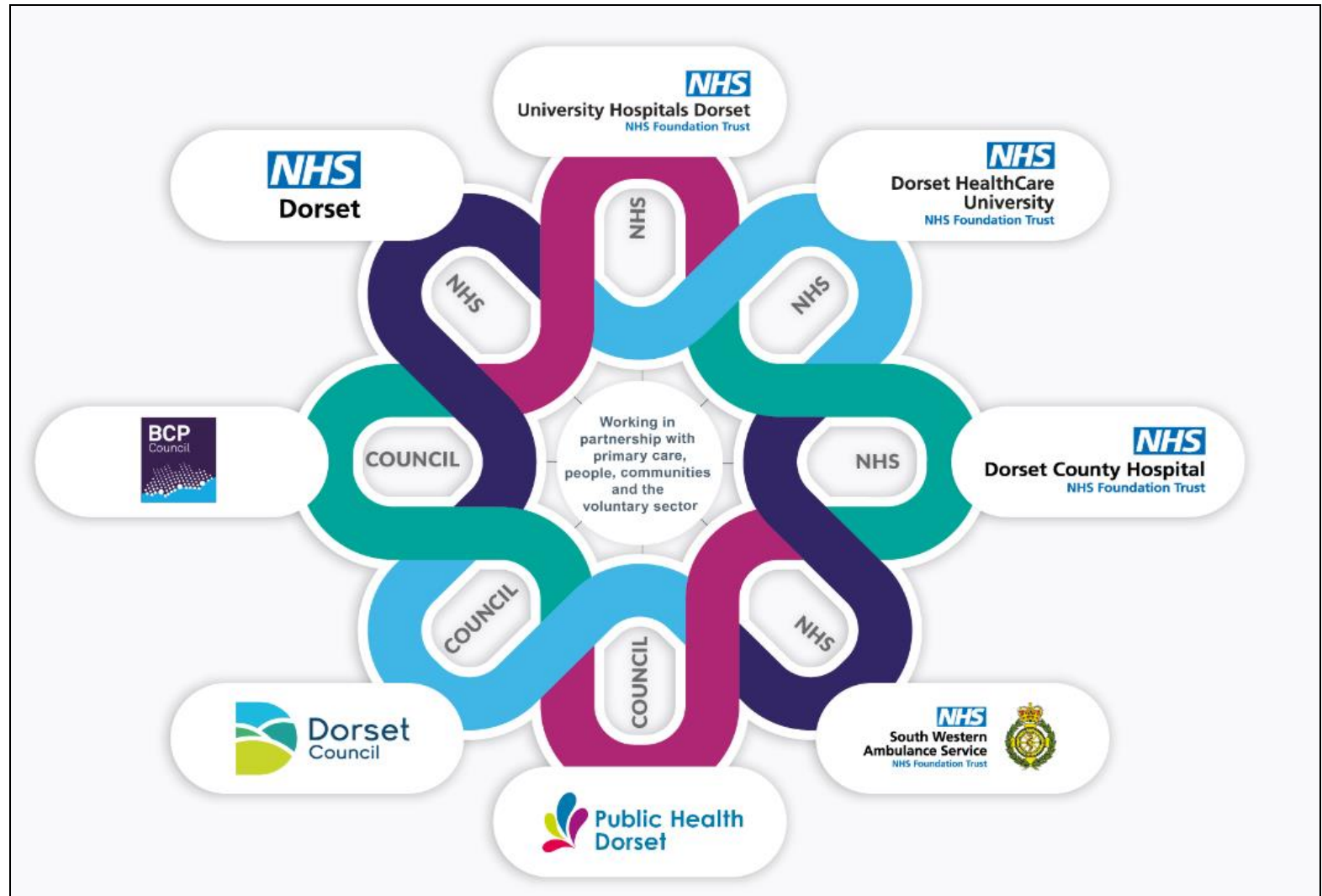
Agenda Item 6

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

Proud to be part of Our Dorset

“NHS Dorset will listen to people and communities across Dorset, see things from their perspective, and co-design the services that people really need going forward, so that we can support people to live healthy and happy lives from cradle to old age.”

²⁴ Jenni Douglas-Todd
Chair, NHS Dorset



Dorset's vision: to be the healthiest place in England....



We will **improve** the lives of **100,000** people impacted by poor **mental health**.



We will prevent **55,000 children** from becoming **overweight** by 2040.



We will **reduce the gap** in healthy life expectancy from 19 years to **15 years** by 2043.



We will **increase** the percentage of older people living well and **independently** in Dorset.



We will add **100,000** healthy **life years** to the people of Dorset by 2033.

Healthcare in Dorset is changing

- We are improving and reconfiguring our services
- We want to deliver high-quality, safe and sustainable care for our patients across our system, now organised by the Integrated Care Board
- 26 • This has been a clinically led process, redesigning pathways of patient care following a Clinical Services Review launched in October 2014 to examine how health and care organisations could be more effective
- Next few years will see major change in how and where care is delivered in Dorset

The NHS in Dorset has to change

We currently have good NHS services in Dorset. But we know we need to make significant changes to ensure you continue to have high quality, safe and affordable care both now and in the future. We want as many people as possible to live healthier lives for longer.

Our health needs are changing

The number of people living in Dorset is growing. And we'll have more people living longer with more long-term conditions like diabetes and dementia. This will increase demand for, and pressure on our health services.

At the same time fewer of us are suffering heart attacks, strokes or major accidents and if we do, we are more likely to survive. This is a good thing but puts pressure on the health and social care system.

Quality of care varies

Most patients generally receive good care but we know there are variations in quality. For example in 2014/15 we failed to meet the national standard for a maximum two-week wait for first outpatient appointment for patients referred urgently for suspected cancer by a GP.

We need to address this, so that everyone gets the same level of care. National quality standards are rising, we have to do more to make sure we continue to meet them.



Over 31,000 staff are employed in health and social care in Dorset but we face challenges in recruiting GPs, mental health nurses and emergency medical consultants. This shortage of staff could mean changes for some services.

Increasing numbers of people living with long term conditions



60% increase in registered diabetes patients aged 17+ in Dorset

2016 2020

Access to care

Most of the GP practices in Dorset have core opening hours between 8am and 6.30pm. Availability of extended hours appointments is highly variable with a large number of practices only providing extended hours on a 'one day or part week basis' and most practices are closed at weekends.

The money available for healthcare

The amount of money we have to spend on healthcare is increasing, but both demand and the cost of providing services is increasing faster. In Dorset we run the risk of overspending by around £433,000 every day by 2020/21.

It is important that we spend the money that we have more effectively. We want the biggest health gain for local people from every pound we spend.

£433,000 is roughly one third of the amount spent every day on running three acute hospitals.



Prevention is important

We also know that it will become increasingly important for people to stay well, avoid ill-health and better manage long-term conditions. To allow them to do this, we will need to make sure they have the right information and support in place. We have been working with our partners across Dorset to support the integration of health and social care, and direct increased funding towards early intervention and care planning.

This will be strengthened by integrated working across primary, community and hospital based services, multi-disciplinary team working, improving access to GPs, and delivering more care closer to home. To see what this would look like go to www.dorsetsvision.nhs.uk.

What will happen if we do nothing?

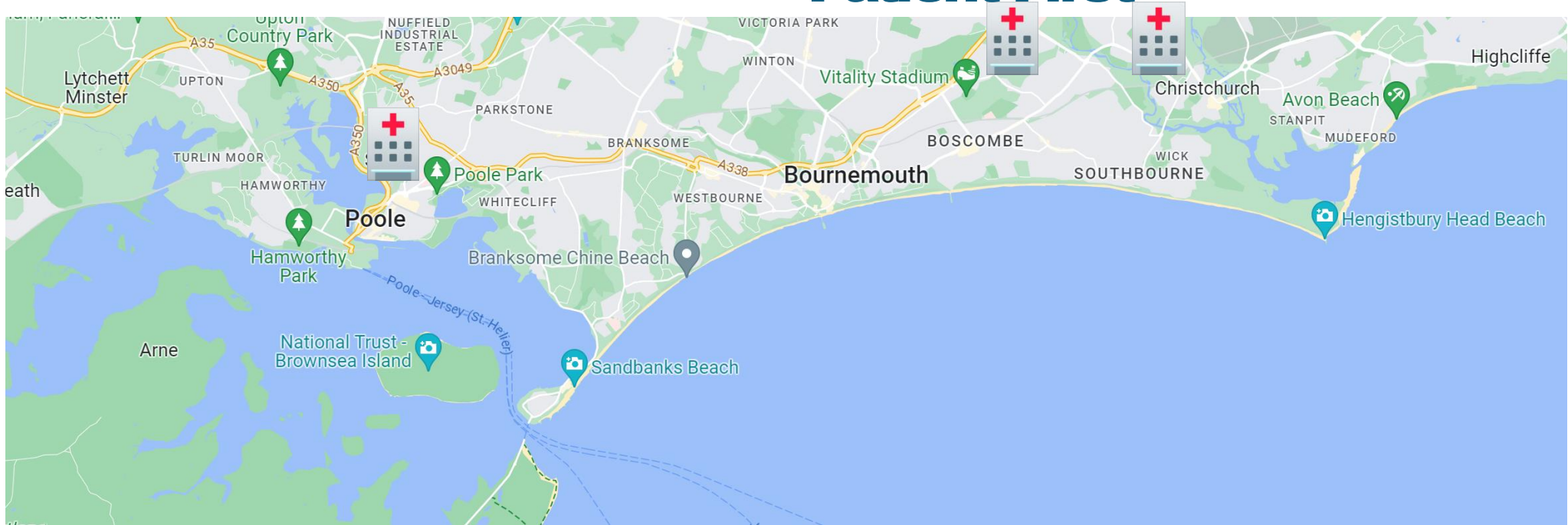
Staying as we are is not an option if we are to continue providing safe, high quality care for local people.

If we don't plan to do things differently then, because of staff shortages and insufficient money it is likely that local people will have more problems getting appointments, see an increase in demand but no increase in bed space, increasing number of sick patients but no increase in the number of staff to care for them, more operations being cancelled and potentially much more.

Most importantly, it would mean worsening health outcomes and survival rates. You can watch a short video explaining what will happen if we fail to change Dorset's health and care system on our website www.dorsetsvision.nhs.uk.

University Hospitals Dorset

- Improving care for patients
- Patient First



27

1100+ beds 

9,800 staff 

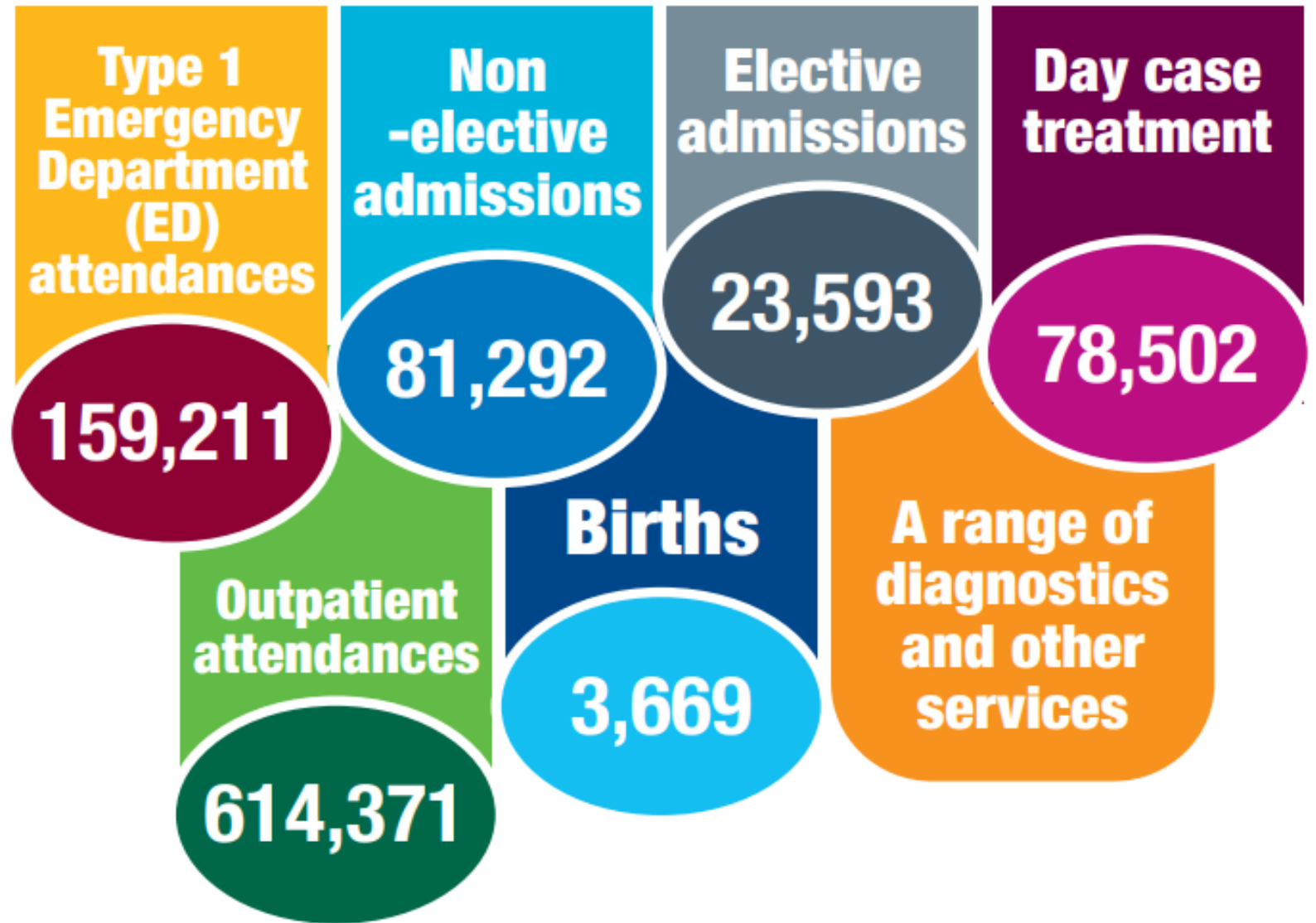
£840m 

University Status 

700k population 

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

Last year UHD cared for...



Alongside caring for over 1100 people in hospital beds - 24/7, 365 days of the year

Already Achieved

Apr-May 23

Cardiology and stroke consolidated at Bournemouth

Jun 23

Poole 'bam' theatres open

Oct 23

Interim catering model at RBH
Diagnostics – Beales

Feb/Mar 24

New ward catering at RBH

Early moves complete

Phase 1

Mar 24

Pathology Hub opens

May/Jun 24

TIU, haem, surgical wards and stroke ward opens

Phase 1 complete

Planned & Emergency Separation Q3/4 25/26 (TBC) – Wards, modular and interim EPOC Complete
Bournemouth - Emergency Site
Poole - Planned Care Site

2024

Jun-Aug 2024

- Stour building complete
- Doctor's Mess complete

2025

Jan 25

- New access road - RBH

Jan-Mar 2025

- BEACH orientation & simulation training

Mar 25

- New Main Entrance and patient Visitor centre complete

BEACH complete

Q1 2025

4 Mar – RBH Radiology

25 March – RBH Critical Care move

2 April – Maternity/NICU move

14 May – RBH ED move

Oct 2025

Endoscopy
Diagnostic Hub complete – PHT

Nov 2025

Oncology & surgical
SDEC complete

Dec 2025

Shelley dining and staff area complete

2026

Q3 2026

Children's OP - RBH

Q2 2026 – Q2

2027

- Post-Op Surgical, EPOC, UTC - PHT
- AMU/RACE - RBH

2027

Reconfiguration Complete

Q2 – Q3 26/27

Poole Surgical Hub: 6 more theatres, admission & recovery complete

Reconfiguration Phases

Phase 2

BEACH

Mar-May 25

- BEACH Building
- Maternity, RBH ED and RBH CC

Phase 3

Planned & Emergency Separation

Q3/4 25 (TBC)

- Major Reconfiguration
- ED, Paeds - BEACH
- Medical - Modular wards
- Temporary EPOC

Phase 4

Reconfiguration Complete

Q3-Q4 26/27

- Theatres completion
- Final EPOC
- Final ward moves
- Electronic Health Record

Q1-2 2026

New ward catering at PHT

Electronic Health Record

- 2025- Business Case
- 2026/2027-Migration and Go-Live

Benefits of the Planned and Emergency Hospitals

Poole - Planned care hospital

- ✓ Focus on elective surgery, in improved theatre and recovery environment and efficient patient pathways.
- ✓ Fewer cancellations
- ✓ Shorter time to treatment
- ✓ More community diagnostics
- ✓ +Urgent treatment centre (UTC) 24/7

30
**Across
UHD**

- ✓ Better patient environments
- ✓ More sustainable services
- ✓ Recruit, retain and train staff
- ✓ More research & development

RBH - Emergency care hospital

- ✓ Full range of emergency services, 24/7, on one site
- ✓ Better quality and faster access to care
- ✓ Fewer patient transfers
- ✓ More same-day emergency care
- ✓ New maternity & children's units

**Across
NHS**

- ✓ Joining up information
- ✓ Co-ordinating teams
- ✓ More resilience for challenges now and for the future

Poole becoming UK's largest planned care hospital by 2026

- 10 new operating theatres
- Ward refurbishments
- Brand new Endoscopy unit
- New diagnostics
- Enhanced post-op care

Keeping local services:

- 24/7 Urgent Treatment Centre for 111 and walk ins (as now)
- Clinics, diagnostics and cancer care



Improved patient
pathway and
experience

Reduced
cancellations,
shorter waiting
times

Improved day case
& inpatient
environment

Significant
reduction in
estates backlog

Specialist
rehabilitation
environments

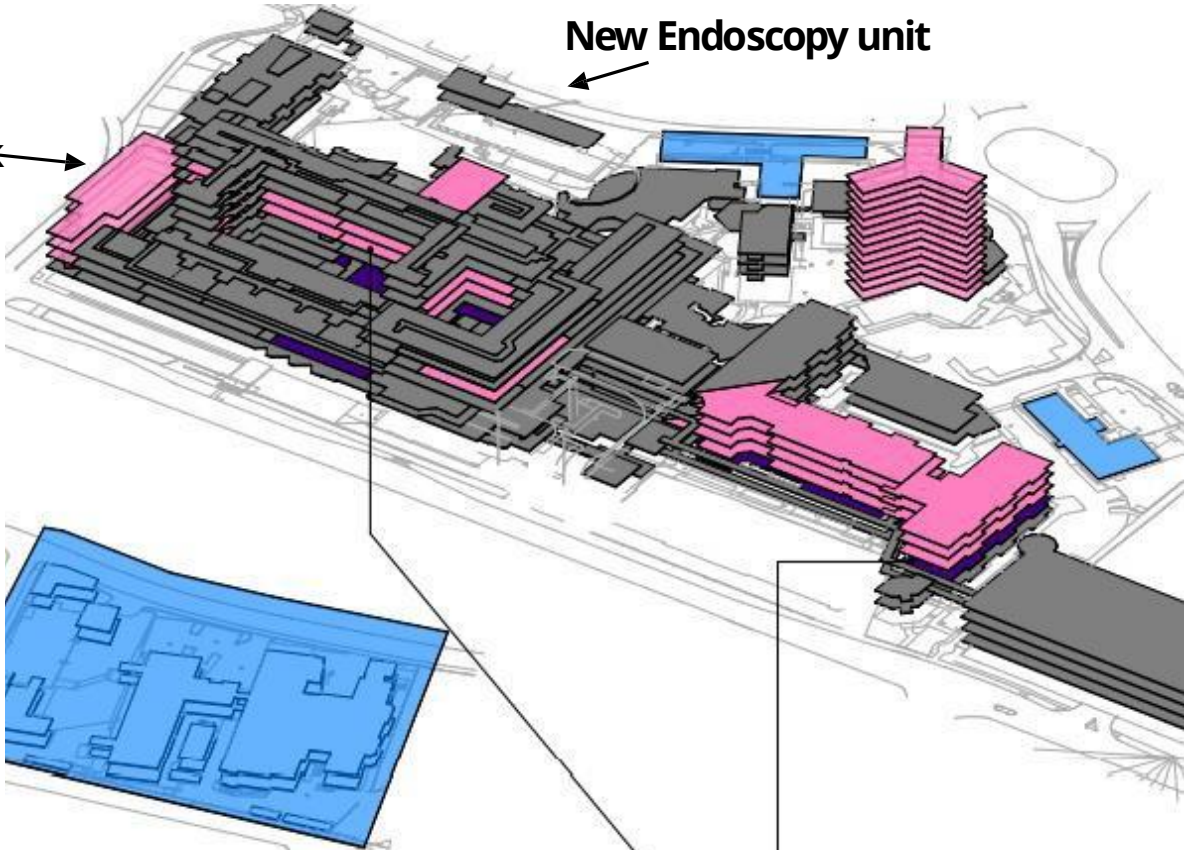
We are caring one team listening to understand open and honest always improving inclusive

Poole end state: Planned hospital



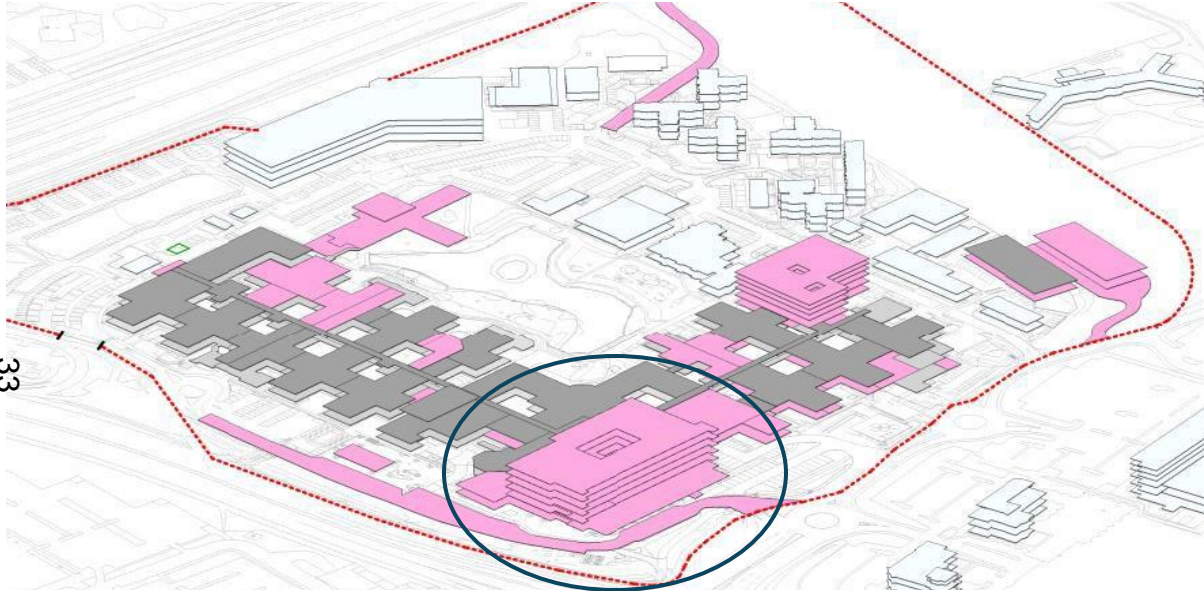
32

The new barn theatres - completed



Royal Bournemouth – The BEACH building

Standing for **B**irths, **E**mergency, **A**nd **C**ritical care, children's **H**ealth.



Emergency Hospital benefits include:

Quicker access to
24/7 expertise

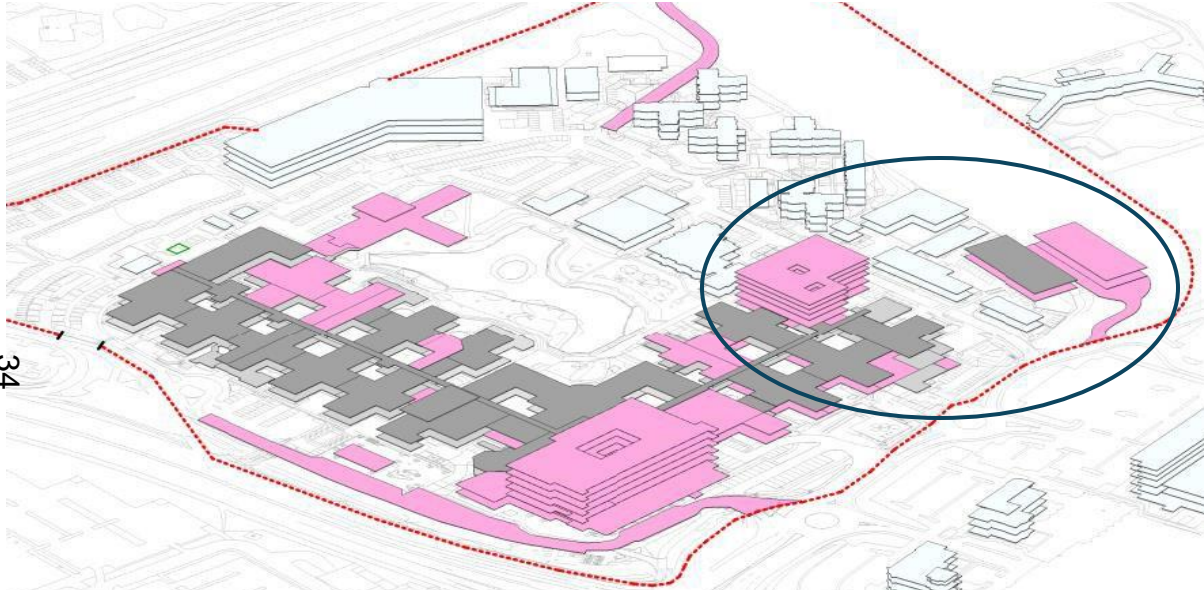
Better Same Day
Emergency Care

Better outcomes
for patients

Better patient
and staff facilities

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

Royal Bournemouth – new ward building and pathology hub



New ward building - built
using modular construction
methods

Pathology hub bringing all
services for Dorset together
in one space



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

*******Opening soon*******

Inside the BEACH (photos taken on 3 February)

- Babies will be born in the BEACH from April!
- Equipment is being delivered
- Inside the building is Almost finished
- Colleagues are undergoing sim training etc.
- Keys will be Handed to UHD in the next week or so



Exciting news for expecting parents - new maternity and neonatal unit at RBH

- A brand-new maternity and neonatal unit is set to open at the Royal Bournemouth Hospital's BEACH building.
- This state-of-the-art unit will replace the current facility at Poole Hospital, bringing the latest amenities and exceptional care to expecting parents in east Dorset.

We've launched a new marketing campaign, **'Born at the BEACH'**, to keep the public informed leading up to the opening in April 2025.



What to Expect:

- A new modern maternity unit - spacious rooms, with wonderful views over Dorset
- Large antenatal clinic - vaccinations for pregnancy can be given on site.
- Bigger cot spaces on NICU - larger than in the current building
- Extra maternity triage assessment rooms - creating a more stream-lined service
- Mainly with side-rooms - meaning a support person will be able to stay on site 24/7.
- Infant feeding rooms - available throughout the hospital for staff and families.
- Improved facilities - the BEACH will have a large multi-faith area as well as shop and coffee bar for treats and refreshments

Our exciting future is underway...

Million pound upgrade for stroke services



- Our enhanced stroke unit now has a 20% capacity increase, with 43 beds
- Consolidating services in one location has improved staff flexibility, efficiency, and treatment times
- Patients from Poole and Purbeck are receiving life-saving care about three times faster, with notable improvements already seen

New cardiology hub - boosting care, saving lives



- All inpatient cardiology services now centered at the Royal Bournemouth
- Changes are improving patient care, reducing heart attack and stroke risk, and saving lives - quicker treatment is potentially saving 17 to 29 lives each year
- Cardiology consultants and some outpatient services will remain at Poole Hospital

Building for the future

As our transformation progresses and we enter a busy new year, we look forward to exciting developments across our hospital sites. This £500m investment will ensure that patients receive the right care, in the right place, at the right time.

We recognise that delivering these improvements while maintaining high-quality care is a significant challenge. Thank you to all our staff for your dedication, flexibility, and support in ensuring services continue to run smoothly throughout this period of change.

Key milestones in 2025

January/February

- Wessex Way access road to RBH completes. Taking traffic volumes away from local roads and improving access to the site for pedestrians and cyclists.



February

- BEACH Building 'keys' handed over to UHD.
- The Coast Building reaches its 'topping out' milestone. A £91m state-of-the-art ward and catering block, that will expand patient capacity and services.



March

- RBH Radiology ED Hub relocates to the BEACH Building (4 March).
- RBH Critical Care Unit moves into the BEACH Building (25 March). Starting the move of our clinical teams into our new facility.



April

- Maternity and Neonatal teams move into the BEACH Building (2 April). Replacing the current maternity facility at Poole Hospital the new unit will offer everything parents need for a smooth journey from pregnancy to birth and beyond.
- The new RBH main entrance, retail, and multi-faith areas open.
- Inter-site shuttle bus between Poole and RBH begins.



Spring 2025

- Expansion of the Outpatient Assessment Centre at the Dolphin Centre, Poole (subject to business case approval).
- New car park operator introduces an Automatic Number Plate Recognition system, along with an improved staff parking permit system. Enhancing security, reducing unauthorised parking, and streamlining staff access for a smoother experience.

May

- RBH Emergency Department relocates to the Beach Building (14 May).
- Potential move of RBH Ward 18.



Winter 2025

- RBH Shelley Restaurant and new staff dining area completed.
- The Coast Building fully completed.
- Planned and emergency services separation: Emergency care moves to RBH, while Poole becomes the planned care hospital, including the Elective Surgical Hub.



Summer 2025

- Work begins on upgrades to the RBH Acute Medical Unit (AMU), Medical and Frailty Same Day Emergency Care (SDEC), and Older Persons Assessment Unit (OPAU).

Autumn 2025

- Endoscopy Diagnostic Hub at Poole completed. Enabling us to treat more patients, reduce waiting times and enhance patient experiences.
- Surgical Same Day Emergency Care (SDEC) and Surgical Admissions Unit (SAU) completed at RBH.
- New Haematology and Oncology wards completed at RBH.



“ In 2025, our new buildings will come to life as we welcome the first patients.

“ The opening of the Maternity Unit in the Beach Building at RBH and the new Endoscopy Diagnostic Hub at Poole mark key steps in our journey to improve patient care.

“ All developments planned this year support our long-term strategy to separate emergency and planned treatments, enhancing services for both staff and patients across all our sites.

“ Thanks you for your commitment to delivering excellent care while we are building for the future. ”



Dr Isabel Smith
Medical Director, Strategy
and Transformation



In summary...

- This is an exciting time for staff and patients across Dorset, as we work together to take forward our transformation journey
- All our plans are part of the vision for improving services and outcomes for local residents, outlined in the Dorset Clinical Services Review
- These are hugely complex projects and we are trying to minimise disruption to current services during the construction phase - we are grateful for the investment and support of our colleagues and patients at this time
- The change in the way services are provided will be beneficial to the public, saving lives and delivering better care in improved facilities, future-proofing healthcare for the expanding population of Dorset

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CABINET



Report subject	Public health disaggregation: progress and overview of decisions
Meeting date	5 February 2025
Status	Public
Executive summary	The report provides an overview of the progress with disaggregating the shared public health service and establishment of two separate public health teams by 1 April 2025.
Recommendations	<p>It is RECOMMENDED that Cabinet:</p> <ul style="list-style-type: none"> (a) Recognises and supports the work done out in partnership with Dorset Council to disaggregate the shared service following BCP Council's decision to terminate the agreement in April 2024. (b) Endorses the decisions that the steering group is proposing to take, set out at para 12 below and Appendix A, recognising the pragmatic approach taken in order to maintain positive working relationships, financial stability and service provision to residents. (c) Notes that the programme is on track to have two separate public health teams place from 1 April.
Reason for recommendations	To ensure continued provision of equitable and effective public health services for both Councils, in line with the Health and Social Care Act 2012. This contributes to the delivery of BCP Council's vision and ambitions around health and wellbeing in the Corporate Strategy.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director for Wellbeing
Report Authors	Jillian Kay, Corporate Director for Wellbeing Sam Crowe, Director of Public Health, BCP Council and Dorset Council
Wards	Council-wide
Classification	Recommendation

Background

1. Public Health Dorset operates under a shared service agreement between BCP Council and Dorset Council. Dorset Council is the lead authority under the agreement. The agreement, which was put in place by Dorset's three upper tier local authorities when public health transferred into local government in 2013, was to exercise public health functions under the Health and Social Care Act 2012 on shared basis to 'better discharge the functions in their respective areas than if the parties were operating independently'. The shared service agreement remained in place following local government reorganisation however with two unitary councils serving similar sized populations, but with differences in public health priorities, a different approach is timely.
2. On 10 April, Cabinet decided to terminate the shared service agreement, in order to place public health more strongly at the heart of the Council's corporate structures, with an embedded public health team and separate Director of Public Health. Following Cabinet, BCP Council's Chief Executive wrote to Dorset Council, giving notice of termination by 1 April 2025.

Progress since April 2024

3. A programme was established between the two Councils, with Public Health Dorset, to plan the transition to separate public health arrangements. The programme is operating under the following principles, approved by Cabinet:
 - a. Delivery of each Council's priorities for public health
 - b. Effective, equitable and efficient delivery of mandated services via the grant
 - c. Effective arrangements for public health advice to the NHS
 - d. Affordability and value for money
 - e. Fairness to staff and effective consultation
4. A steering group was created for the programme, co-chaired by Aidan Dunn, Executive Director, Corporate Development at Dorset Council and Jillian Kay, Corporate Director, Wellbeing, BCP Council. The joint Director of Public Health, Sam Crowe is the professional advisor to the programme.
5. The Regional Director of Public Health, Justin Varney, has been kept informed of the approach to disaggregation and the plans in each council. A formal assurance visit will take place later in the year which will include ensuring appropriate and sustainable use of the public health grant under the new arrangements.

Approach to disaggregation

6. Each Council committed to appoint a Director of Public Health, to be in post by 1 April 2025. Following dialogue with the Health and Adult Social Care Overview and Scrutiny Committee, BCP Council has created a new role, Director of Public Health and Communities. Dorset Council created the role of Director of Public Health and Prevention. Both Councils have appointed candidates to their roles, who will take up the posts as planned from 1 April, with existing arrangements remaining until then.
7. The programme adopted a clear division approach to disaggregation, under which the existing pan-Dorset public health team is divided into two smaller teams to sit within each council. The aim is to ensure that both authorities retain

a balance of the quality, value, knowledge, expertise and experience of the current service.

8. The financial approach to disaggregation is based on an agreed ratio that reflects the respective contributions to the shared service budget of the two councils. BCP Council has contributed around 55% of the total cost of the shared service, and Dorset Council 45%. This ratio is being used to determine contributions from each council to maintain existing contracts, until they are due for review. This ratio also determines the notional budget for staffing.
9. Following engagement with Trade Unions in both councils, a change management consultation with staff took place between 9 December and 29 January. Responses to the consultation are being reviewed, before moving into the preferencing and selection process. The intention is for teams to be in place in their respective councils by 1 April 2025. The new Directors will work with their teams to design roles, programmes and services as a public health service embedded in a local authority, informed by the corporate strategy and established in the corporate structure.
10. A low-risk approach has been adopted to contracts for services. All shared contracts will remain in place on day 1, with a forward plan for future treatment of contracts aligned with the re-procurement timetable. Both Directors will collaborate on this work in line with their respective corporate plans and budgets.
11. This pragmatic and straightforward method enables a stable platform from which to consider future design and integration of the public health service within each local authority. It also allows for time to embed and align public health with future corporate plans and ambitions. Both teams will collaborate as required to ensure smooth transition establishing the new services and to consider any continuing shared arrangements.

Decisions for Cabinet

12. There are a number of decisions where it would be helpful to have Cabinet endorsement. Under the shared service agreement, Cabinet members were involved in decision making about the use of the budget and service performance through the Joint Public Health Board. However, this was disbanded once a decision to separate was taken. In the absence of the Joint Public Health Board both Cabinets are being asked to ratify the following recommendations:
 - **That LiveWell Dorset remains a pan-Dorset service, hosted by Dorset Council.** This is in recognition of the expertise, scale reach and impact of the service that has been built over the past 9 years, and its brand recognition among partners. The service supports around 10,000 people per year to quit smoking, and adopt a healthier approach to weight, physical activity and alcohol. They are an important service to deliver targeted health checks (mandated by DHSC) as well as helping to achieve current targets for smoking cessation. While the service will continue to be hosted by Dorset Council, BCP Council will set clear commissioning intentions to ensure the service is targeted to best effect across Bournemouth, Christchurch and Poole. It should be noted that the service will make a 5% efficiency saving in 24/25 to enable the contract value to reduce for 25/26, recognising financial pressures facing both councils.
 - **That the contracts set out in Appendix 1 should be extended to maintain continuity of service.** These are contracts where the public health assessment is that the service is currently working well and are of relatively low value.

Summary of financial implications

13. The separation is based on a financial ratio of 55% (BCP Council) and 45% (Dorset Council), which aligns to the respective contributions of each Council to the 24/25 shared service budget so provides for continuity into 25/26.
14. Under the shared service agreement, any redundancy costs are shared between the two councils. Steps have been taken throughout the programme to minimise the risk of redundancy and the Public Health Dorset reserve has been maintained to cover any related costs. Before the reserve is disaggregated this risk must be fully understood and costed.
15. A Memorandum of Understanding is being developed to capture key agreements between the councils relating to contract approaches, transfer of staff, maintenance of staff terms and conditions etc to further mitigate financial risks.

Summary of legal implications

16. The changes to the delivery of Public Health for BCP Council as proposed in this report will require the Monitoring Officer to update the Council's Constitution, in particular a review of the Scheme of Delegation and the potential review of terms of reference for some committees. Any proposed amendments to the Constitution will require the approval of Council.

Summary of human resources implications

17. As the lead Council under the shared services agreement, Dorset Council is the employer of Public Health Dorset staff.
18. The Head of Paid Service in BCP Council will be required to amend the Council's establishment to include the post of Director of Public Health and will determine clear reporting lines to the Corporate Director for Wellbeing.

Summary of sustainability impact

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

Summary of public health implications

20. Wellbeing and health implications arising from the change are predicted to be minor and transitory. This is because of the approach taken to contracts in order to maintain delivery and financial stability. There could be positive implications from having public health teams more embedded within each council – able to exert a greater influence for population health and prevention.

Summary of equality implications

21. There are no equality implications arising from this report. However, an equality impact assessment will be undertaken as part of developing and delivering the new arrangements. An EIA is also being carried out as part of the employee consultation process.

Summary of risk assessment

22. The approach taken to disaggregation and the recommendations in this report mean the risk to service delivery, finances and public health associated with these decisions are low.

Appendices

Appendix 1 – Summary of shared contracts to be extended

Public health disaggregation – Appendix 1

Contracts and shared arrangements

Members of the contracts workstream have reviewed all the contracts and related financial commitments that Public Health Dorset currently have in place and have identified several which need a decision prior to the 1st April 2025.

We wish to highlight the following contracts and commitments and our recommendations to allow service continuity as we transition into two new teams.

1. The Breastfeeding Network:

The Breastfeeding Network currently delivers a non-clinical peer support breastfeeding support service for mothers in Bournemouth, Christchurch and Poole and Dorset.

The service works with maternity, health visiting, early help and family hubs to deliver. The service includes support for mothers least likely to continue breastfeeding, including those aged under 25 years. The initial 3-year contract period comes to an end on 31st May 2025, where there is an optional extension for a further 2 years (1+1 year). We need to give the Breastfeeding Network our decision about whether to extend the contract by end of February 2025 at the latest. The annual contract value is currently £40,000. There is some indication that there may need to be a small level of uplift to meet pressure of national living wage commitment for this charity but we will need to engage in negotiation to understand this.

A review and options appraisal has been carried out to inform the decision about whether we extend the contract for this service. Given the quantitative and qualitative evidence and impact presented, alongside the positive service user feedback demonstrating the difference the service is making to the lives of mothers who are breastfeeding; the recommendation is for the service contract to be extended for the remaining 2 years of the contract period as a key Public Health intervention. The recommended option will ensure stability of service provision and support for women and families whilst the two new Public Health teams get established within the Local Authorities and allow time for commissioning decisions to be well informed that will best fit with future public health commissioning arrangements and intentions.

Recommendation 1: Extend the current contract on 1+1year basis from June 2025

2. Healthy Homes Dorset Programme

Public Health Dorset currently commissions £50k per year to support the Health Homes Dorset programme, which is a partnership between Public Health Dorset, Dorset Council and BCP Council. The Public Health Dorset funding commissions Healthy Homes programme management resource, including funding bid applications and administration of the programme from Dorset Council officers under a Memorandum of Understanding. This also provides some funding which can be used to match fund or supply interventions where not covered by other source. The programme is overseen by a steering group comprising BCP, Dorset and Public Health officers and is chaired by the Deputy Director of Public Health. The successful partnership between DC, BCP & PHD within Healthy Homes Dorset has led to the successful bidding for significant amounts of national funding. Healthy Homes

Dorset delivery has been commissioned from Ridgewater Energy to provide advice and interventions to improve homes in BCP & Dorset using government funding including Home Upgrade Grant 2 (HUGS2) This is a 4 year contract which commenced April 2024 at the value of circa £5 million. Commissioning period of 2+1+1 year.

In addition it should be noted that in November 2024 Healthy Homes Dorset, with agreement from BCP, DC and PHD submitted an Expression of Interest for the upcoming Warm Homes Local Grant scheme. If successful this could generate £13m to treat 1,000 homes over the 3 years, equally split between Dorset and BCP councils. All Eols will be assessed by DESNZ, and the final allocations will be communicated in January or February 2025.

In view of this established and very successful arrangement it is recommended that the strategic steering group supports the ongoing resourcing of the Healthy Homes Dorset programme from 1st April 2025 to match the duration of the contract with Ridgewater Energy. This will allow transitional arrangements to be worked through as part of phase 2 development with the two Public Health teams.

Recommendation 2: Continuation of the shared commissioning of the Healthy Homes Dorset programme through a revision of the existing MOU to cover the time period of the contract with Ridgewater Energy; and with oversight through a joint steering group with representation from both Local Authorities housing and Public Health teams.

3. Targeted NHS Healthchecks through Livewell Dorset.

There has been a two year pilot of Livewell running targeted health checks. The recent evaluation has indicated that this has worked well and recommends that this approach is continued through Livewell from April 2025.

Recommendation 3: Targeted Healthcheck provision through Livewell Dorset continue for 2025/26.

4. Treating Tobacco Dependency (TTD) Contract Options

Dorset Council currently holds contracts with each of the local NHS Trusts for Treating Tobacco Dependency.

From late 21/22 each Clinical Commissioning Group (now Integrated Care Board) received specific funding to support TTD. There was agreement at that time for Public Health Dorset to receive the funding and contract with Trusts. With changes in the ICB and the separation of Public Health Dorset work is in progress to return these contracts to NHS Dorset, the Integrated Care Board. All three providers, NHS Dorset and Public Health Dorset are working together to agree the best way forward.

For **University Hospitals Dorset**: The current Dorset Council contract ends on 31 March 2025. Termination will be by passage of time. NHS Dorset is working through a gateway process, with the expectation of picking up the contract from 1 April 2025. UHD are aware.

For **Dorset HealthCare** and **Dorset County Hospital**: The current Dorset Council contracts extend to 31 December 2025. NHS Dorset and PHD colleagues are currently working through the 3 potential options for managing the transition with the preference being either a

novation of the remaining period of the contract from Dorset Council to NHS Dorset, or an early termination by mutual consent so the contract ends with Dorset Council but is then picked up by NHS Dorset. Details are being worked through with NHS Dorset with the aim of having this clarified and resolved prior to 1st April 2025.

Recommendation 4: The Treating Tobacco Dependency programme contracts with the 3 NHS provider Trusts in Dorset are picked up and managed through NHS Dorset. To note the work going on to identify the most appropriate mechanism to arrange this between Public Health Dorset and NHS Dorset prior to 1st April 2025.

5. Adult Weight management

As part of the weight management pathway offer through Livewell Dorset, Public Health Dorset commission weight management vouchers for access to weight management groups provided by Second Nature and Slimming World. This is a cost and volume contract so we have included the budget allocation within the spreadsheet but recognise that this may be impacted by activity levels which will continue to be reviewed with the service as per contract management arrangements. The contract for these two providers needs review by 28th March 2025 to meet the 3 month minimum notice period for the contract ending 30th June 2025. There is an option for a remaining 1 year extension for this contract which will take the contract to end June 2026. Following a review of the service through Livewell Dorset it is recommended that this contract is extended for the additional and final year of the contract from June 2025.

Recommendation 5: Extension of the Adult Weight management schemes for final year of contract period from June 2025

Licenses & Financial commitments

In addition to the contract for services, Public Health Dorset have also had other financial commitments for services on behalf of the wider Dorset system. The operational workstream will be considering a range of these arrangements in a separate paper, however it makes sense to highlight the financial element of these in this paper. There are two key elements which need conformation prior to 1st April 2025 as they are important and integral to delivery of key programmes of work.

1. PharmOutcomes

PharmOutcomes is a tool for allowing data sharing with Pharmacies through the Community Health Improvement (CHIS) contracts. It is currently mandated in CHIS contract specifications for community pharmacies to use for data collection and payment processes.

Public Health Dorset currently purchase PharmOutcomes on behalf of Pharmacies and other providers on an annual basis in March a year in advance. It is a vital part of the basis for processing activity and payments for these services. This will be considered in more detail as part of the transition and data and intelligence workstreams.

Recommendation: This is a requirement for ongoing services provisions so recommend that license is jointly funded and bought in March 2025 on behalf of pharmacies and providers for 2025/26.

2. MOSAIC

Public Health Dorset currently purchases MOASAIC, which is a population segmentation and profiling dataset on behalf of organisations within the Dorset system, including both Local Authorities and NHS Dorset. This tool is used extensively across the intelligence teams within the Local Authorities and the DiiS team. The purchase of the license for a number of organisations allow for a discounted price. Consideration of how to continue with this arrangement after 1st April 2025 is contained within the transition workstream. However we thought important to highlight this as a financial commitment within this paper.

Recommendation: MOSAIC is purchased for the Dorset system in March 2025 for 2025/26 as per existing annual license agreement whilst transition arrangements are worked through as part of phase 2 beyond 1st April 2025.

January 2025

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Adult Social Care Strategy 2025-28
Meeting date	03 March 2025
Status	Public Report
Executive summary	To provide background information on the development and consultation of the new Adult Social Care Strategy 2025-28.
Recommendations	The new ASC Strategy 2025-28 is linked to the Corporate Vision and supports corporate priorities under ‘Our People and Communities.’ This report is to seek comments from the committee prior to finalisation and publication.
Reason for recommendations	Adult Social Care require a clear public facing strategy that encompasses our vision and ambitions for the next 4 years. Having consulted within the Directorate and completed a public consultation, we are assured that this is the right strategic approach for ASC.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director for Wellbeing Betty Butlin, Director of Adult Social Care
Contributors	Lead: Nicky Mitchell – Head of Transformation & Integration ASC Services & Commissioning Senior Management Team
Wards	All
Classification	For Information & Approval

Background

1. The current Adult Social Care can be found here - [ASC Strategy](#) – and will end in March 2025.
2. The new Strategy has been linked to the Corporate Vision and supports the corporate priorities under 'Our People and Communities'.
3. The new ASC Areas of Focus have been aligned to the priority areas within the Fulfilled Lives Transformation Programme -

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.

4. ASC Services and Commissioning staff consulted on Strategy at directorate engagement event and feedback provided.
5. As part of preparing our draft Adult Social Care Strategy 2025-28 'Supporting People to Live a Fulfilled Life', we ran a consultation from 18 November 2024 to 5 January 2025 asking for opinions and feedback on our proposed vision, areas of focus and ambitions, as well as other comments and suggestions about the strategy.
6. The consultation was available at haveyoursay.bcpccouncil.gov.uk/fulfilled-lives. The consultation information and surveys were available online and in paper format. Information was displayed and available in libraries and promoted through council contacts. In addition, Easy Read information and surveys were available in paper and online. Large print versions were also available.
7. There were 11 face to face public engagement events across Bournemouth, Christchurch and Poole.
8. Engagement highlights included -
 - a. 302 surveys were completed (23 of which were Easy Read)
 - b. 1212 views of the consultation page
 - c. 33000 people reached by social media
9. The Portfolio Holder and Council Leaders were also engaged via our Performance and Quality Improvement Board meetings.

10. The Strategies Vision and Areas of Focus were greatly supported and 84% of people agreed with Our Vision - ***Supporting people to achieve a fulfilled life, in the way that they choose, and in a place where they feel safe.***

11. Changes have been made to the strategy document to reflect the feedback received from the public and staff to ensure it is understood and accessible for all.

We have adapted our language to make ourselves clearly understood and accountable.

We have increased the representation and mention of our carers, aligning their importance to the people we support, as people felt they were not mentioned enough.

12. Strategic Delivery Plans will now be formulated to ensure the directorate progress the strategy.

13. The Strategy has been provided as an appendix to this report. The design of the document is still in its final stages of completion in preparation for Cabinet approval, but the content of the document has been finalised.

Summary of financial implications

14. The ASC Strategy will be delivered within budgetary constraints. The gross ASC budget for 2022/23 was £190.6m and the gross budget for 2024/25 is £244.5m

Summary of legal implications

15. The Care Act 2014 establishes the statutory duty to provide information and advice. The main reference is in section 4: (1) A local authority must establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers.

This ASC Strategy demonstrates our commitment to this duty.

Summary of human resources implications

16. None

Summary of environmental impact

17. None

Summary of public health implications

18. None

Summary of equality implications

19. None

Summary of risk assessment

20. None

Background papers

21. None

Appendices

Appendix 1 – Strategy February 2025

Appendix 2 – Consultation Summary

Our Adult Social Care Strategy



BCP Council Adult Social Care

‘Supporting People to Live Fulfilled Lives’

Welcome to our BCP Council Adult Social Care Strategy 2025-28.

This strategy sets out our direction for Adult Social Care over the next four years, outlining an ambitious plan where we will work to transform the services we provide.

We will work in collaboration with partner organisations including health, housing, the voluntary and community sector and our independent care providers, as well as people and carers who currently use services, their families and communities.

BCP Councils strategy (right) sets out the council’s direction, focusing on ‘Our Place and Environment’ and ‘Our People and Communities’. This Adult Social Care Strategy builds upon this and focuses on what we want to achieve for the people, carers and families we support.



Our areas for focus have been widely influenced by national changes. Evidence from our quality assurance and performance work has highlighted the areas where we need to improve. We have also consulted with residents, stakeholders and our staff to understand their views.

The vision, areas of focus and ambitions of the strategy were shared as part of its consultation. More than 4 out of 5 people supported our vision and almost 9 out of 10 people agreed with our areas of focus.

ASC is responsible for carrying out duties under legislation such as the Care Act 2014 and we are inspected by the Care Quality Commission (CQC).

Specific action plans will ensure we deliver the outcomes set out in this document and it is further supported by other strategic plans such as the ASC Workforce Development Strategy, Carers Strategy and Our Strategic Approach to EDI.

Co-production in action: A key ambition in this strategy is to enlist the support of the community, including those we work with, to achieve our vision through our areas of focus. We have utilised projects, stakeholder groups, forums and engagement events to shape the strategy, ensuring the voices of those who this strategy is designed to support, are understood and the how we deliver on our ambitions is mindful, appropriate and effective.

ASC Strategy Consultation – You Said, We Did!

We have adapted our language to make ourselves clearly understood and accountable. We have increased the representation of our carers, aligning their importance to the people we support. We have also recognised the importance of choice to people and carers. These changes are reflected in our areas of focus and ambitions and will be continuously considered in our delivery plans.



Our Vision

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

What does a fulfilled life mean to people?

A fulfilled life is different for everyone. It may mean being able to live independently in your own home, building social connections or getting access to support. How this is achieved is different for everyone too. It might be help with dressing or shopping, being introduced to local groups or more structured support like residential care.

Our teams utilise a 'strength based' approach and work with people and carers to understand what is important to them, what a fulfilled life looks like for them and how we can support them to achieve that.



"She promoted my strengths, made me feel capable and stronger. She was very positive"

Thank you for all your help, you have made our lives so much more manageable

I have found the service caring, professional and thorough. The intent continues to be a partnership approach with my daughters positive quality of life being at the heart of how we engage.

Our Areas of Focus

How we will achieve the vision

Our Journey So Far

We have already begun to transform our services and develop the way we work with people to improve the way we meet outcomes, and this will allow us to work within the budget we have been allocated.

We are embedding strength and relational based practice by completing the implementation of the 3 Conversations approach, focusing on prevention.

We are improving community access to reablement services, ensuring anyone with reablement goals has the best possible chance to achieve and maximise their independence.

We want more people to have control of their own support by increasing the range of community based options accessed by the creative use of Direct Payments or Individual Service Funds.



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.

Your Voice Network

We have established our 'Your Voice Network' so people can be involved in work we do and ensure we understand what is important to them. We know that people's views, experiences and ideas are vital to continuously improve the work we do and the difference we can make.

As well as being kept up to date with ASC news, the network:

- join adult social care engagement and consultation activities
- co-design and review adult social care information factsheets
- join interview panels to ensure that we choose the right person for the role
- drive policy changes
- co-produce adult social care projects such as the recent care technology project.

Our Ambitions

Putting Our Areas of Focus to Work



Putting people, carers and their families first

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



Living in a place called home

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



Developing how we work

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

Our Measures of Success

Understanding the impact of our work



Peoples Views



ASCOF



Performance Data



Compliments &
Complaints



Workforce Data /
Feedback

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

The Care Quality Commission assess Adult Social Care against their duties under the Care Act.

Peoples views and feedback are integral in understanding how we are performing, and we use several methods to obtain these.

The Adult Social Care Outcomes Framework (ASCOF) measures how well our care and support services achieve the outcomes that matter most to people. We report into the ASCOF to provide transparency and accountability and can track our progress against other local authorities in the South-West and nationally.

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

We complete internal audits to further analyse the quality of our services and share the findings with all staff to harbour best practice ways of working.

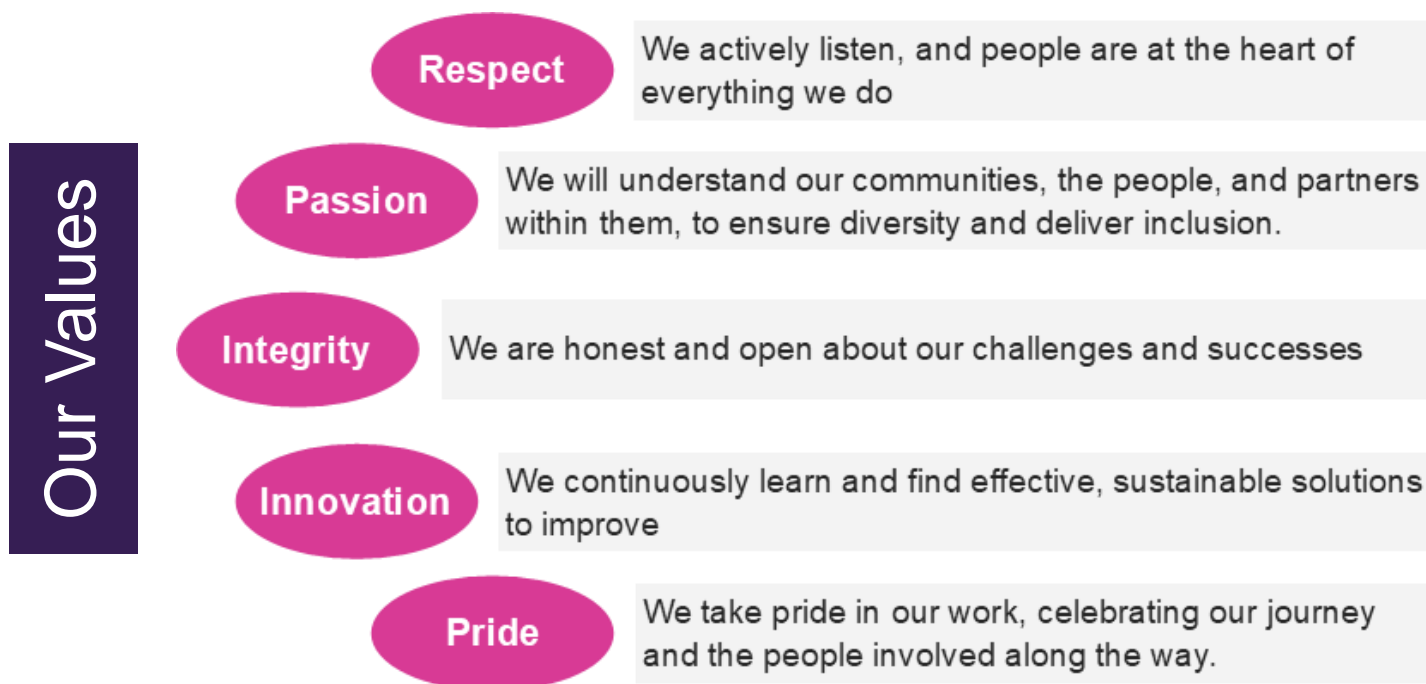
We gratefully receive compliments and complaints as a way of understanding quality and driving change.

Workforce data and staff satisfaction measures help us understand our workforce and ensure they are supported to do their work.

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

Our Values and Behaviours

Putting it into Practice



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

We would also be interested to hear about your experience of service or what you would like to see improved. To let us know e-mail comments.adultsocialcare@bcpcouncil.gov.uk

This information is issued by BCP Council

Contact us: nicky.Mitchell@bcpcouncil.gov.uk

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BH2 6DY

Published April 2025

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Fulfilled Lives Consultation Summary Report

1. Introduction

As part of preparing our draft Adult Social Care Strategy 2025-28 'Supporting People to Live a Fulfilled Life', we ran a consultation from 18 November 2024 to 5 January 2025 asking for opinions and feedback on our proposed vision, areas of focus and ambitions, as well as other comments and suggestions about the strategy.

2. Methodology

The consultation was available at haveyoursay.bcpCouncil.gov.uk/fulfilled-lives. The consultation information and surveys were available online and in paper format. Information and all formats displayed and available in libraries and promoted through council contacts. In addition, Easy Read information and surveys were available in paper and online. Large print versions were also available.


BCP Council

Back to our Homepage Q Search Site Admin

Have your say

Adult Social Care Strategy Consultation

Share your thoughts on our vision, areas of focus and ambitions



Home / Fulfilled Lives - Shaping our Adult Social Care Strategy

Fulfilled Lives - Shaping our Adult Social Care Strategy

We are preparing our draft Adult Social Care Strategy 2025-28 'Supporting People to Live a Fulfilled Life'. This sets out our direction over the next four years, where we will continuously develop the services we provide.


Bournemouth, Christchurch and Poole (BCP) Council's Adult Social Care service support vulnerable young people and adults, people with disabilities, their carers, and a growing number of older people across our communities.

We would really appreciate your opinions and feedback on our proposed vision, areas of focus and ambitions, so please take the time to give your views.

We have been working with [Social Care Future](#) to develop our vision for adult social care and we want to support people to achieve a fulfilled life, in the way that they choose and, in a place where they feel safe.

Our areas for focus have been widely influenced by national adult social care changes. Evidence from our quality improvement work has highlighted the areas where we need to do things differently. We have also engaged with residents, stakeholders and our staff to understand their views.

To achieve our ambitions, we will work in collaboration with partner organisations including health, housing, the voluntary and community sector and our independent care providers, as well as people and carers who currently use services, their families and communities.



3. Meetings

DOTs Disability held two meetings to get in depth views from disabled people from across the impairment groups with various experiences of and/or access to Adult Social Care. A separate report has been prepared by DOTs Disability.

The strategy was discussed at a People First Forum meeting with people with learning disabilities in January. The group completed some questions from the Easy Read Survey using show cards. The feedback from the People First Forum has been combined with the Easy Survey results in a separate report.

4. Communication

The consultation was promoted widely through a variety of channels including council's e-newsletters, social media channels, posters and information in all libraries, staff newsletters, Councillors and local media coverage.

Adult social care colleagues promoted the consultation and shared resources to Integrated Care System colleagues, community and voluntary sector partners, people who use adult social care services, members of the public as well as Adult Social Care networks and groups.

5. Drop ins

To promote the consultation and offer people the opportunity to speak to adult social care colleagues, drop-in sessions were held at 12 BCP Council libraries and Tricuro day centres. A stand was also set up at two Covid drop ins at the Spire in Poole in December 2024, where people had an opportunity to talk to staff about the consultation.

6. The Survey

The survey asked for respondents views about the Vision, the Areas of Focus and Ambitions. Personal questions were also asked to understand the profile of respondents and its representativeness.

The survey included several open-ended questions which allowed respondents to provide free-text responses to explain their answers. All free-text responses were read and thematically analysed. Any proposed changes to the strategy have been reported in the survey report. The full set of comments has been provided to Adult Social Care to use in the development of the Strategy and Action Plan, as well as any lesson learned for service planning and delivery.

7. Response

302 people completed an online or paper survey. Of these, 94% responded as individuals and 6% responded on behalf of an organisation.

Of the individuals, 81% are BCP Council residents, 30% are a carer or family member of someone who receives Adult Social Care, 12% work in the BCP Council area, 11% work for BCP Council and 10% use Adult Social Care Services.

In addition, 23 Easy Read forms were completed. Some of these were completed at the People First Forum meeting in January 2025.

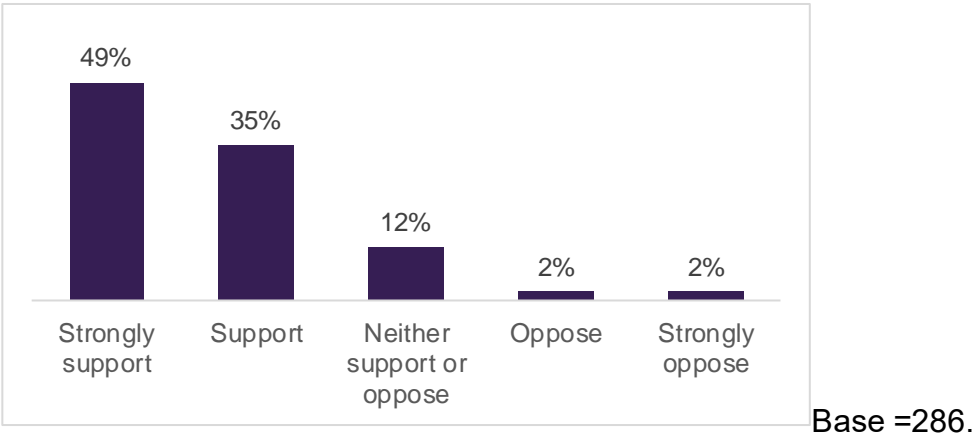
8. Respondent profile

Those aged over 55, females, those living with a disability and those of White British heritage are overrepresented in the consultation when compared to 2021 census figures for BCP. 75% in the survey are aged 55 or over compared to 41%, 67% are female compared to 52%, 34% are living with a disability compared to 21% and 95% are White British compared to 83%.

9. The Vision

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

There is strong support for the vision, with 84% of respondents strongly supporting or supporting the vision. 4% oppose the vision, with 2% opposing it strongly.

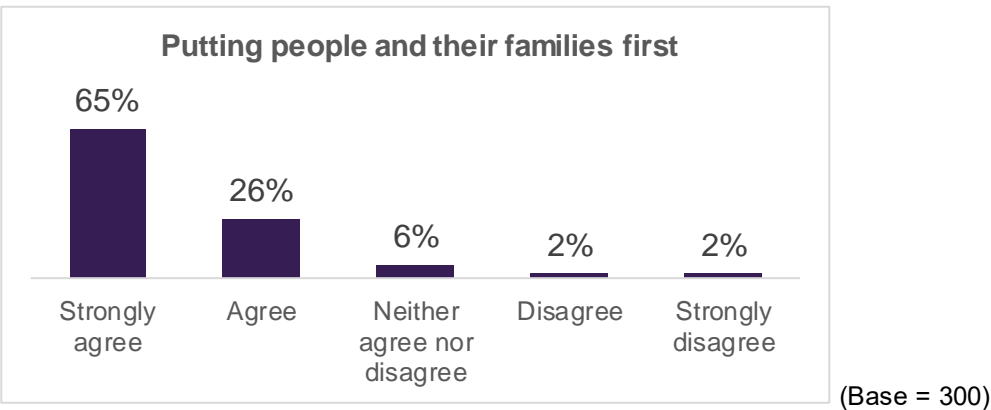


Comments about the vision included suggested wording changes, more mention of carers in the strategy, concerns about the implementation of the vision, which also links with financial and resource concerns. Suggestions were also made, including changes to services, complaints, working with partners and monitoring the strategy.

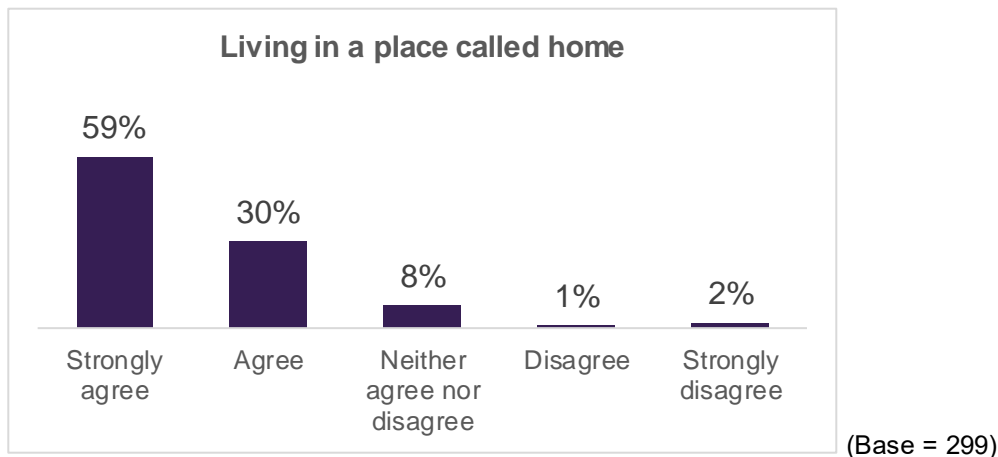
10. Areas of Focus

There are high levels of agreement with our proposed areas of focus:

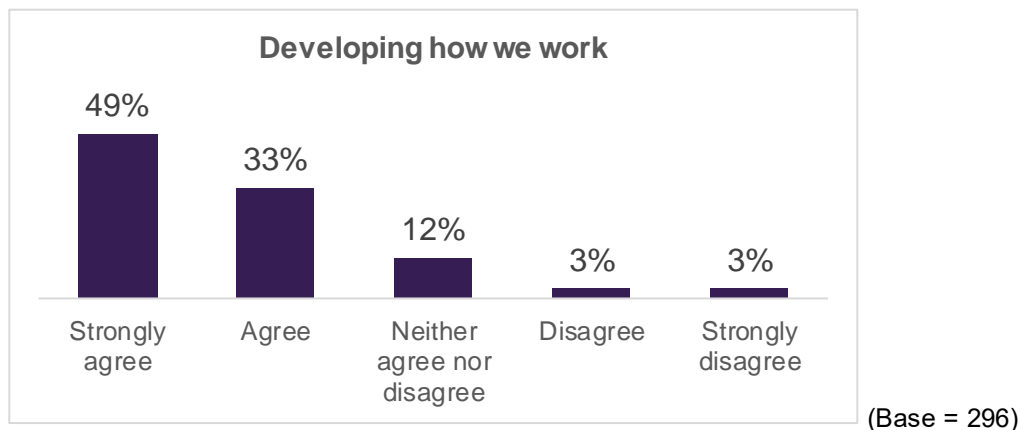
- 91% agree with ‘Putting people and their families first’, with 4% disagreeing.



- 89% agree with '*Living in a place called home*'. 3% disagree.



- 82% agree with '*Developing how we work*'. 6% disagree.



Respondents made comments on the areas of focus. These have been included in the Consultation Report and shared with Adult Social Care.

11. Comments

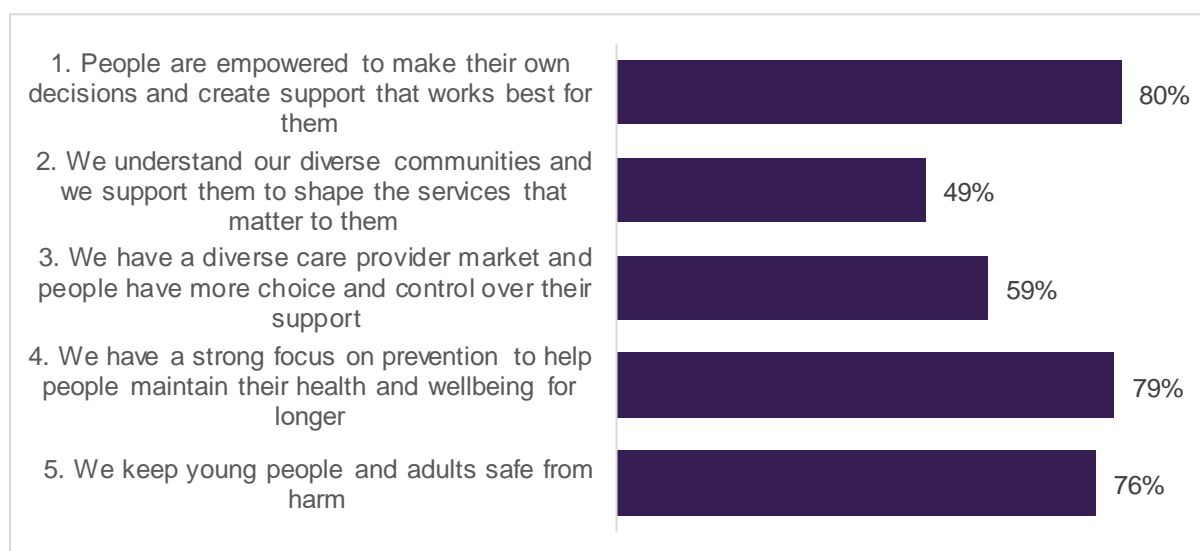
112 respondents wrote a comment about the Areas of Focus. The comments were coded into the three areas of focus and comments that were related to the draft strategy were included in the presentation, some of these included suggested changes to the wording for the areas of focus. A few comments related to monitoring the strategy. The other comments (89) have been provided to Adult Social Care in a separate document for review.

12. Ambitions

Respondents were asked to select which of the ambitions they felt were important under each of the three Areas of Focus. They could also tell us whether they think anything needs adding, changing or deleting from the ambitions. The survey report summarises the suggestions respondents made.

Putting people and their families first

The importance of ambitions under *'Putting people and their families first'* range between 49% and 80%, with *'People are empowered to make their own decisions and create support that works best for them'* receiving the highest importance (80%), followed by *'We have a strong focus on prevention to help people maintain their health and wellbeing for longer'* (79%).



(Base = 294)

Living in a place called home

The importance of ambitions under *'Living in a place called home'* range from 59% to 77%, with 77% of respondents rating *'We will continue to invest in valuing and supporting carers, and to deliver the outcomes from our Carers Strategy'* as important.



(Base = 293)

Developing how we work

'We have the right staff with the right skills, working with people at the right time' was rated the most important (86%) under *'Developing how we work'*. This was followed by *'We offer people helpful information and advice that is easy to find, including those that fund their own care'* (77%).



(Base = 288)

13. Other comments

Respondents were asked to tell us anything else they would like to share about Supporting People to Live a Fulfilled Life, including any suggestions about what actions are needed to achieve our ambitions.

142 respondents wrote a comment. The comments were coded and sorted into themes. Many of these comments more general. These comments have been provided in a separate report for Adult Social Care Services to review for use in the Strategy Fulfilled Lives Action Plan and for service improvements.

14. How did you find out about the consultation?

41% of respondents found out from an email, 28% from BCP Council newsletter and 8% from council social media. BCP Council employees (5%), BCP Council website (5%), libraries (6%) and other social media (4%) were also sources.

15. Information about Your Voice

37% would like to be sent information about 'Your Voice' and how they can get involved in Adult Social Care. 95 people provided an email address and will be sent information.

16. Consultation reports

The following reports will be available at haveyoursay.bcpccouncil.gov.uk/fulfilled-lives:

- Consultation Report
- Easy Read Survey Report (including feedback from representatives of People First Forum)
- DOTs Disability Report

In addition, all the comments have been made available to Adult Social Care Services for use in the development of the Fulfilled Lives Strategy Action Plan and to review for service improvements and lessons learned.

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Health and Adult Social Care Overview & Scrutiny Committee Report

Report subject	ASC Fulfilled Lives Programme – Programme update and Self-Directed Support
Meeting date	03 March 2025
Status	Public
Executive summary	<p>The Fulfilled Lives Transformation Programme in Adult Social Care comprises of four interdependent projects:</p> <ol style="list-style-type: none"> 1. How We Work 2. Self-Directed Support 3. Short-Term Support 4. Support at Home <p>The How We Work and Self-Directed Support projects are the most advanced, with Short-Term Support and Support at Home having now commenced the 'delivery stage' of the programme.</p> <p>A Fulfilled Lives Programme progress report was presented at Cabinet on 15 January 2025.</p> <p>This paper provides a further update about:</p> <ol style="list-style-type: none"> 1. the Self-Directed Support project, and 2. Benefits tracking, including links to the Future Care (Urgent and Emergency Care) Programme.
Recommendations	The Committee is invited to review the contents of the report and provide any recommendations.
Reason for recommendations	When approving the establishment of the Fulfilled Lives programme and business case in July 2024, Cabinet invited the Health and Adult Social Care Overview and Scrutiny Committee to provide regular scrutiny of progress towards benefits and sustainable change.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director:	Jillian Kay, Corporate Director for Wellbeing
Report Authors:	<p>Tim Branson (Head of Service/Programme Lead)</p> <p>Kate Garner (Commissioning Manager for Personnalisation)</p> <p>Harry Ovnik (Programme Manager)</p>

Wards:	Council-wide
Classification:	Update

Background

1. In January 2024 BCP Adult Social Care embarked on a detailed 3-month period of analysis and diagnostic assessment of the current position of service delivery within the department. The aim was to identify opportunities for transformation and changes that could enhance our service model to improve residents' experiences of accessing adult social care, better manage current and future demand, and explore potential for financial savings.
2. During this period, in addition to our own detailed assessment, we considered other areas of previous activity undertaken in 23/24:
 - The development of a detailed self-assessment as part of the Council's preparation for CQC inspection arrangements.
 - An LGA peer challenge to test the Council's self-assessment and offer recommendations on areas to focus attention.
 - An LGA financial review to support a greater understanding of the financial challenges and opportunities.
 - A bespoke safeguarding review undertaken by Partners in Care and Health.
 - Reviews of evidence from other local authorities and sector led reports on priorities for transformation including [ADASS - Time to Act](#).
3. This detailed evidenced-based assessment period between January 24 and April 24, informed a strategic case for change within ASC, culminating in a transformation business case and delivery plan being set out to Cabinet and Council in July 2024.
4. This business case outlined the opportunities available to deliver true transformation and innovation within ASC, whilst embedding sustainable change which will support future demand, and achieve financial and service quality benefits through a transformation programme called 'Fulfilled Lives'.

5. The 4-year programme of work has four interlinked projects as shown in figure 1:

A reminder - Four projects that form the programme



1	How we work	To implement the 3 conversations approach, building on innovation sites, embedding strengths-based ways of supporting residents, focusing on prevention. How we work will also focus on making improvements within our First Response function.
2	Short-term support	Improve community access to reablement services, ensuring that all appropriate individuals are able to maximise their goals and have the best possible chance at independence – reducing the need for long term services .
3	Self-Directed Support	We will ensure more people are in control of their own support by developing more community-based options for people via Direct Payments or Individual Service Funds. Reducing the need for more traditional services at a higher cost.
4	Support at Home	Develop and implement a new Support at Home provision, enabling people to stay as independent as possible in their own home and reducing the need for residential placements .



Figure 1 – representing the 4 projects that make up the Fulfilled Lives programmes and a high-level description.

6. The transformation business case and accompanying delivery plan set out the anticipated achievements against the four projects, with a total investment of £2.9m required to enable the delivery of the full programme, and total anticipated savings of £3.5m recurring.
7. In July 24, Cabinet and Council agreed to support the transformation programme and approve the release of £1.79m for the first year of the programme. Cabinet asked for a progress report, which was presented in January 2025, focused on the 'design and scope' stage of the programme, with a further more detailed report to be presented to Cabinet in July 2025 covering progress and recommendations for the subsequent remaining years of the programme.
8. Cabinet also invited the Health and Adult Social Care Overview and Scrutiny Committee to provide regular scrutiny of progress towards the realisation of benefits and sustainable change. The Committee has agreed an approach to scrutiny as part of their work plan over the next 18 months. A briefing session was held on 4 November which focussed on the How We Work project and the risks and opportunities of data.
9. This report focuses on the Self-Directed Support project and an update on benefits realisation tracking.

Self-Directed Support Project Update

10. Enabling people to self-direct their support and putting in place the resources they will need to do this, aligns with the strategies agreed by the council, and is the approach adopted by councils across the country. Strengths-based practice, choice in how clients direct their personal budgets, and a diverse provider marketplace all bring benefits and are the national direction of travel for social care.
11. The workstreams within the Self-Directed Support project provide solutions that contribute to the success of the How We Work project and the 3 conversations approach. The activity within the workstreams create more choice and control for

people, by developing personal budget options and developing a diverse range of community-based support.

12. Self-Directed Support and How We Work projects resonate strongly with the Gloriously Ordinary Lives¹ movement, which wants to see people who need additional support living good lives whether they are doing something mundane or a special activity.

13. Summary of Self-Directed Support workstreams shown in figure 2:

Workstream	Delivery partner	Current Position	Impact in the next 6 – 12 months
Individual Service Funds (ISFs)	Self-Directed Futures	<ul style="list-style-type: none"> Provider pilot under – 5 providers involved Draft ISF specification has been co-produced ISF Task & Finish group is informing the pilot development 	<ul style="list-style-type: none"> Our first ISF providers will have joined our ISF framework. Clients will be able to choose an ISF and an ISF provider as a way to use their personal budget. ISF holders will have more control in how they use their budget and more choice in what they use it for. ISF providers will use the opportunity of the ISF and working closely with their client to optimise their support.
Trusted Reviewers Programme	Community Action Network	<ul style="list-style-type: none"> 100 conversations with people at day centres and their families 50 taster sessions for people at day centres to try out 10 people moving to alternative daytime activities 	<ul style="list-style-type: none"> More people will have taken part in taster sessions and pilot activities and decided if they would like an alternative activity in the long term. Our social care practitioners will be supported by the Trusted Reviewers to find the right activities for the new clients they are working with. There will be more easy-to-access information about daytime activities available for clients and their families.
Community micro-enterprises (CMEs) development programme – focussing on daytime support	Community Catalysts	<ul style="list-style-type: none"> CME development programme live and being promoted across BCP Community Catalyst change group established 3 potential CME's currently going through the development programme. 	<ul style="list-style-type: none"> CMEs will have completed the development programme and be offering their services to their local community. There will be more choice in support options for Direct Payment holders. There will be more choice in support for people who are self-funders.

Figure 2 – representing the 3 key workstreams across the self-directed project, the delivery partner, the current workstream position as at Feb 2025 and impact over the next 6-12 months.

14. Current examples of new alternative daytime activities include The Filo Project which supports older people – perhaps with early-stage dementia – in small groups within a Filo host's home, and an organisation that supports young adults who have an interest in the creative arts to develop their independence and a healthy lifestyle and to connect with their local communities.
15. A community micro-enterprise (or CME) is a very small enterprise or venture (with no more than 8 staff and volunteers) offering flexible and person-centred services or support. Local people help other local people and anybody can start one. CMEs can offer a range of different services and supports to people in their area including providing daytime activities, accompanying someone to an activity or providing the transport for someone.
16. The ongoing review and development of Direct Payments (DPs) is strongly aligned to the Self-Directed Support project, particularly the Community Micro-Enterprise (CME) development. DPs are the primary personal budget route for council-supported clients to pay for CME- provided services.

¹ Gloriously Ordinary Lives available at: <https://www.gloriouslyordinarylives.co.uk>

17. Individual Service Funds (ISFs) will add to the options available to clients to self-direct their personal budgets and will complement the DP offer. If a client chooses an ISF as the way to self-direct their personal budget, they will work closely with their ISF provider. The providers hold the client's personal budget in a treasury management system and co-produce their support plan with them. This makes it easier than a DP for people to manage, enables them to have choice and control over how their budget is spent, and provides flexibility in what it is used for.
18. All the workstreams are designed to support people to increase and widen their connections to their communities, and this principle is integral to someone having choice and control over their support. ISF providers are required to build a network of community-based groups around the people they are supporting, the Trusted Reviewers connect people who might go to one day centre into community activities, and our CMEs will work in a hyper-local way with a deep understanding of the place they are in.
19. There is oversight of and involvement in the development of the community micro-enterprise development programme through the Community Catalyst Change Group. The Group has a diverse membership of colleagues across the council, family carers and other stakeholders. It will meet regularly to receive updates on progress with the programme and advise on any areas that may need reviewing to create the greatest benefit.
20. It is important that clients and families are supported to make informed decisions and choices when finding and working with new CMEs. Our approach will build on the support we offer to Direct Payment holders who are using their personal budget either to pay for services or to employ someone to support them. We will develop a set of resources linked to the CME programme that contain advice, guidance and links to other sources of support.
21. The CMEs that graduate from the development programme will have provided evidence that they have achieved the Community Catalyst quality standards. They will be supported to connect with each other and create peer networks, which have proven effective elsewhere in supporting the CMEs to maintain their quality and develop their services. ASC Commissioning is exploring options for its own proactive and positive approach to quality checking CMEs, e.g. through people from within the voluntary and community sector who have experience of drawing on support. Options will be coproduced to develop the approach that will best suit us.

Fulfilled Lives Benefits Tracking

22. The programme has made good progress in relation to measuring and determining benefits and savings tracking throughout the programme.
23. The original programme business case and delivery plan set out the high-level key performance indicators that the programme will look to deliver against (Appendix A). These high-level programme indicators are now in place and will form a wider range of benefit and savings measures that are under development and will be in place from April 2025. An example of the wider performance measures under development can be found in Appendix B.
24. These measures will be developed into dashboards with an ability to regularly review ongoing performance and achievement against savings that have been set out.
25. Additional qualitative data will be collected by directly capturing feedback from people and families who contact the Adult Social Care Contact Centre or receive

support from other ASC Teams following adoption of the Three Conversations approach.

26. Whilst it is widely acknowledged that measuring the financial benefits of practices that are designed to prevent or delay the need for long-term care services is notoriously difficult, we have also now designed an appropriate methodology to evidence these within the programme. This has been developed with advice from Partners4Change, who supported our initial Three Conversations innovation sites, based on their experience of working with other Local Authorities.
27. The methodology involves analysing existing client profiles based on three factors: age, gender, and Primary Support Reason (PSR). A Profile Matrix will then be created that allows comparison between the average weekly cost of existing client profiles with outcomes for new people who match the same profile but will have been subject to our new ways of working. The necessary work to develop this reporting functionality is currently in-progress with our colleagues in IT, with the expectation that we will have a fully functioning reporting mechanism in place ahead of 1 April. Appendix C and D represents the draft framework methodology that will be used alongside the profile matrix.
28. A savings and benefits subgroup has now been established within the programme. This group is responsible for ensuring that appropriate methodology is in place to capture benefits and savings, that reporting is available, and benefits and savings are validated and confirmed. It will feed into the Fulfilled Lives programme board with performance and savings updates, allowing the board to fully understand the progress of the programme.
29. Work has been undertaken over recent weeks to determine links with the system wide 'Future Care Programme'. Several workshops have now taken place whereby a deep dive of both programmes has been completed, with a focus not only on the task deliverables, but the savings and benefits that have been set out. This is still a developing piece, and both the Fulfilled Lives programme and Future Care programme are committed to ensuring clarity on delivery, dependencies and a joined-up approach, where each programme will complement each other given the close links.
30. Through the initial engagement sessions with the Future Care programme, it has been evidenced that whilst both programmes are seeking to achieve savings via transformative approaches, the Future Care programme is focused on achieving these via directly improving outcomes for residents who interact with urgent and emergency care services, whilst the Fulfilled Lives programme is exploring new ways of working that can better support residents in the community. It is anticipated that each programme can provide support to one another. Ongoing engagement across both programmes will continue through the period of delivery and closure, with further targeted engagement sessions planned.

Summary of financial implications

31. As outlined in the July 2024 Transformation Business case, the programme has been provided with the first-year funding of £1.79m.
32. As set out in this report, this funding has allowed key fixed term recruitment to be achieved to mobilise the programme. The total investment over a 3-year period is £2.9m to achieve recurring savings of approx. £3.5m. These savings are currently on track for being met.
33. The savings attributed to the Fulfilled Lives programme are in addition to those that have been identified via the Urgent and Emergency Care (UEC) programme,

and whilst both programmes of work have dependencies and will naturally complement each other, they will seek to achieve separate savings.

Summary of legal implications

34. The Council is required by law to provide and hold direct accountability for the effectiveness, availability and value for money of Adult Social Care services. The functions are set out in legislation including the Care Act 2014 (legislation.gov.uk)
35. In particular, the Care Act 2014 and associated statutory guidance imposes a general duty to promote the wellbeing of individuals when carrying out their care and support functions, and to safeguard adults with care and support needs from experiencing or being at risk of abuse or neglect. At the same time, the Act requires that care and support is tailored to a person's individual needs and preferences, and Local authorities are encouraged to support individuals in making their own choices and taking risks that are part of everyday life. This approach aims to empower individuals and enhance their independence and quality of life
36. The Care Act 2014 sets out key responsibilities for local authorities regarding market shaping to create a responsive and stable care market that can adapt to the needs of the local population. This includes ensuring a diverse, sustainable, and high-quality market for adult care and support services. The Act also stresses the importance of giving individuals and their carers choice and control over how their needs are met. This includes stimulating a range of care and support services to meet diverse needs.
37. Statutory roles are required to be held by the Council, and this includes a Director of Adult Social Services (DASS) and a Principal Social Worker (PSW).
38. The quality of ASC services is inspected by the Care Quality Commission (CQC) against a quality assurance framework.
39. The recommendations of the previous business case will improve the Council's ability to discharge all these duties more effectively.

Summary of human resources implications

40. Human Resources processes will be followed, as required, during recruitment of resources for delivery.

Summary of sustainability impact

41. There are no sustainability implications within this report.

Summary of public health implications

42. Relationships with Public Health partners will be improved with transformed ways of operating ASC services, particularly around prevention and population health.

Summary of equality implications

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

Summary of risk assessment

45. It has already been acknowledged in the previous business case that by doing nothing, the Council is holding significant risk in relation to its ability to deliver statutory responsibilities within the available budget to adults and their families

who require support. These risks are mitigated by these ASC Transformation plans and Business Case.

46. Robust risk management processes are embedded into the programme's approach, with risks and mitigation strategies reviewed on a regular basis via the Fulfilled Lives governance structures.

Background Papers

[Fulfilled Lives Progress Update Report – January 2025 Cabinet](#)

Appendix A - Programme Performance & Benefits

Workstream	Key performance indicator	Baseline BCP performance	England average (where known)	What does good look like (benefits)
Programme	Gross current expenditure on adult social care per adult aged 18 and over	557.18	523.95	BCP Council spends more on ASC support in comparison to other local authorities (6.3% more than the England average in 2022/23).
	Spend on long term care per person, aged 18-64	269.21	264.46	Current spend is slightly higher than England average, aim should be to bring at least in line with England average
	Spend on long term care per person, aged 65+	1039.39	872.83	Current spend is significantly higher than England average, aim should be to bring at least in line with England average
How we work	Average number of people per month referred to LTC locality teams for care act assessment	290 of which 35% (102) receive an assessment and 9% (27) receive a service	Not available	Aim for reduced number of referrals for assessment and 90% of those referred receiving an assessment (any of C1,C2 and C3)
	Average number of people per month receiving a service from LTC teams	27 per month	Not available	Aim to reduce the number of people prescribed a service by Long Term Conditions teams (which accounts for 50% of all services prescribed)
	% people offered technology enabled care as an alternative to other types of long-term support	Not currently measured	Not available	Aim to increase the % of people offered technology enabled care as part of C1 or C2 who don't go on to need other services.
Better Short-term support	% people still at home 91 days after discharge from hospital into reablement	71.60%	82.30%	Data from 2022/23 ASCOF returns show BCP performance as 139th nationally. Aim to bring in line with England average
	% people offered reablement support following discharge from hospital	1.30%	2.90%	Aim to bring in line with England average, but also monitor access to reablement from community teams
	% of people receiving a long-term service who received reablement support first	12%	Not available	Local data shows very low use of reablement before long term support is provided. Six steps to managing demand analysis suggests this figure should preferably be more than 70%
	Spend on short term care per person, aged 65+	1.42	69.43	Spend on short term care per older person is significantly lower than the England average
Self-Directed support	% of overall ASC expenditure spent on traditional services	85% of ASC spend on care costs spent on traditional services (care homes, dom care and day care)	Not available	% spend on non-traditional services should be tracked as an indicator of the success of efforts to
Support at home	% of people who receive less than 10 hours of domiciliary care a week (as a proportion of all older people receiving dom care)	41%	Not available	Six steps to managing demand analysis suggests this figure should preferably be no more than 15%

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<div> <div></div> <div>FULFILLED LIVES PROGRAMME</div> <div>Evaluation Metrics Proposal</div> <div> <div>VERSION 2.0</div> <div>14 JAN 2025</div> </div> </div>			<div> <div>Key Performance Indicator</div> <div>Creation RAG</div> <div>Priority Wave</div> </div>	
Domain	Metric Ref	Description		
Demand - First Response	FLP-D01	Number of contacts received into Contact Centre.		2
	FLP-D01a	Subset: Trend analysis of number of Telephone contacts.		2
	FLP-D01b	Subset: Trend analysis of number of Email contacts.		2
	FLP-D01c	Subset: Trend analysis of number of Online Contact Us Form contacts.		2
	FLP-D02	Number of MOSAIC 'Contact Form (ASC)' Worksteps completed.		1
	FLP-D02a	Subset: Trend analysis by number completed by Contact Centre.		1
	FLP-D02b	Subset: Trend analysis by number completed by Hospital Social Work Team.		1
	FLP-D02c	Subset: Trend analysis by number completed by Other Teams.		1
	FLP-D03	Percentage of received contacts entered onto MOSAIC.		2
Pathways - First Response	FLP-P04	Number of ASC Website traffic.		2
	FLP-P05	Percentage of contacts dealt with at First Response.		1
	FLP-P05a	Subset: Trend analysis of No Further Action contacts by Contact Centre.		1
	FLP-P05b	Subset: Trend analysis of No Further Action contacts by Hospital Social Work Team.		1
	FLP-P05c	Subset: Trend analysis of No Further Action contacts by Other Teams.		1
	FLP-P06	Number of Contact Centre contacts connected to Locality Teams.		1
	FLP-P07	Locality Team connected contacts (from Contact Centre) that are NFA.		2
	FLP-P08	Contact Centre connected contacts that received iSTS [interim Short-Term Support]		2
	FLP-P08a	Subset: Trend analysis of iSTS contacts that subsequently were NFA (did not require LTS).		2
	FLP-P08b	Subset: Trend analysis of iSTS contacts that subsequently required LTS.		2
	FLP-P09	Contact Centre connected contacts that received LTS [Long-Term Support]		2
	FLP-P09a	Subset: Trend analysis of LTS contacts that did not receive iSTS.		2
	FLP-P09b	Subset: Trend analysis of LTS contacts that also received iSTS.		2
Three Conversations	FLP-TC10	3Cs New People: Proportion of completed interventions ended at C1.		1
	FLP-TC10a	Subset: Timeliness analysis; avg days to complete intervention, avg days to start C1 [wait] etc.		1
	FLP-TC10b	Subset: Trend analysis of when it was the Contact Centre that connected the NFA C1.		1
	FLP-TC11	3Cs New People: Proportion of completed interventions ended at C2.		1
	FLP-TC11a	Subset: Timeliness analysis; avg days to complete intervention, avg days to start C1/C2 [wait] etc.		1
	FLP-TC11b	Subset: Trend analysis of C2's that did not receive iSTS.		1
	FLP-TC11c	Subset: Trend analysis of C2's that did receive iSTS.		1
	FLP-TC12	3Cs New People: Proportion of completed interventions ended at C3.		1
	FLP-TC12a	Subset: Timeliness analysis; avg days to complete intervention, avg days to start C1/C2/C3 [wait] etc.		1
	FLP-TC12b	Subset: Trend analysis of C3's that did not receive iSTS at C2.		1
	FLP-TC12c	Subset: Trend analysis of C3's that did receive iSTS at C2.		1
	FLP-TC13	3Cs New People: Proportion of completed C3's that lead to LTS.		1
	FLP-TC14	3Cs New People: Proportion of all interventions that ended with LTS.		1
	FLP-TC14a	Subset: Timeliness analysis; avg days to complete intervention, avg days to start C1/C2/C3 [wait] etc.		1
	FLP-TC15	3Cs New People: Initial Cost (£) of LTS following a Conversation 3.		2
	FLP-TC15a	Subset: Cost (£) analysis of LTS when person did not receive iSTS at C2 prior to C3.		2
	FLP-TC15b	Subset: Cost (£) analysis of LTS when person did receive iSTS at C2 prior to C3.		2
	FLP-TC16	3Cs New People: Repeat interventions within 3 months.		2
	FLP-TC17	3Cs Known People: Total Reviews completed.		3
	FLP-TC17a	Subset: Timeliness to complete reviews.		3
	FLP-TC17b	Subset: Completed reviews where there was no change to the Package of Care following the review.		3
	FLP-TC17c	Subset: Completed reviews where there was an <u>increase</u> to the Package of Care following the review.		3
	FLP-TC17d	Subset: Completed reviews where there was a <u>decrease</u> to the Package of Care following the review.		3
	FLP-TC17e	Subset: Completed reviews where all Long Term Support was ended following the review.		3
	FLP-TC18	3Cs Known People: Average change in Package of Care cost post review.		3
<div> <div>'Metric Ref' explanation:</div> <div> <div> <div>Fulfilled Lives Programme</div> <div>Sequential numbering</div> <div>FLP - X 00 x</div> <div> <div>Domain reference</div> <div>Subset ref [if applicable]</div> </div> </div> <div> <div>This Key Performance Indicator can demonstrate that all 'Conversation 1' are being dealt with by the Contact Centre. Therefore the outcome target for this KPI will be zero, as connected contacts to Locality Teams should lead to interim Short-Term Support and/or Long-Term Support being provided - thus Locality Teams should not need to No Further Action (NFA) connected contacts from the Contact Centre.</div> <div>[any connected contacts that withdraw their request for support, have died, or move away within the process will be removed from the calculations]</div> </div> </div> </div>				
<div> <div>Creation RAG:</div> <div> <div>= Data sources available.</div> <div>= Data sources require investigation.</div> <div>= Data sources not available [MOSAIC development dependent]</div> </div> </div>				
<div> <div>Priority Waves:</div> <div> <div>1 = PowerBI Reports developed by end Jan 2025.</div> <div>2 = PowerBI Reports to be developed Feb-Apr 2025.</div> <div>3 = Apr-Jul 2025 [caution: MOSAIC development dependent]</div> </div> </div>				

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#2 INDICATOR NAME: "The average change in care package cost per person per week per review"

RATIONALE

This indicator measures for **known people only** the average change in long-term care costs per person (per week, per review). The purpose of it is to show the cost impact of interventions with known people ("reviews") by calculating an average result, taking into account all the increases, decreases and review with no changes. In a single number, the indicators shows whether review conversations are cost-neutral, leading to savings or a lower rate of increase in expenditure.

It excludes any spend during the conversation (intervention) itself, for example if a temporary increase in support was provided as part of Conversation 2 but no changes were made to the ongoing long-term support. The idea is that any increases in long-term costs will greatly exceed any expenditure made in Conversation 2 that results in no long-term change being needed.

Net reductions in expenditure here are difficult to achieve, so it may be a lower rate or lower level of increase that demonstrates success against a comparison group (which might be the same team working in the old way over the same period of time).

ASSUMPTION: the change in package cost following a review is lower under 3Cs than under old practice

NUMERATOR

The net total change in weekly costs of the ongoing (long-term) support for each intervention with known people (each person reviewed). All the changes in weekly costs are added up - positive, negative and no change. The costs are checked one week prior to the innovation (the prior period could vary but should be at least one day before the innovation starts) and four weeks after the innovation ends (again, the period could be changed but should be long enough for any changes to have been implemented on the system but not so long that other, unrelated changes may have occurred such as inflationary uplifts – see Data Quality section below). Shouldn't matter if you always value at current cost.

Changes in costs where the amount appears to start at £0 (i.e. the cost of care before review is apparently zero) or where the amount is measured as £0 after the review are often excluded. This usually happens if the person dies during the follow-up period or where the person is in hospital with a suspended care package before or after review.

Zero cost care will be excluded when it is because of;

- Deceased people (based on date of death)
- Continuing Care or another body taking on funding
- Person in hospital

Where care costs have dropped to zero because someone has been supported to become more independent, these instances will be included.

DENOMINATOR

The total number of interventions with known people (reviews of existing clients) completed during the period where there was a definite cost measurement (all ambiguous records with zero costs are removed).

WORKED EXAMPLE

With 10 reviews taking place in our innovation site, the following changes in weekly costs were observed;

0 (no change)

+£150

+£50

-£200

0

0

-£150

0

0

-£75

The sum of these changes is -£225

There were 10 interventions, so the average change in weekly cost per person per review is

-£22.50

In other words, the average review done by innovators results in a reduction of £22.50 to the long-term costs of care per week. This should be compared to a baseline, which may reveal there was previously a net cost increase per review. Large numbers of reviews completed using Three Conversations may add up to large savings, or lesser increases in expenditure over time.

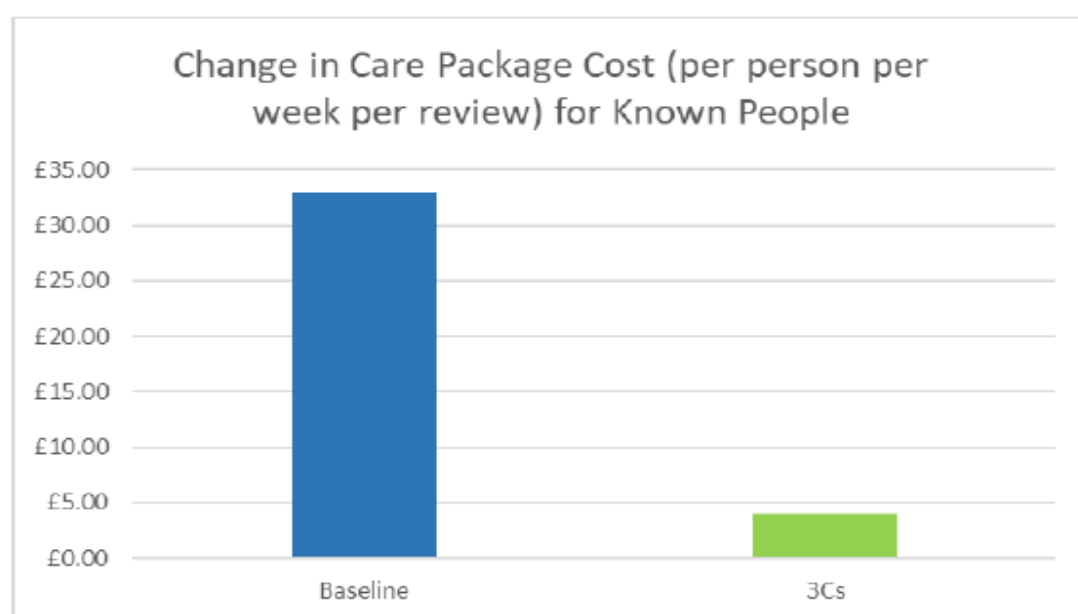
To fully interpret this result, it should be compared against a baseline. Taking the same period of time (suggested 4+ months) for the same team working pre/post introduction of Three Conversations may give a very good comparison if it's largely the same people working with the same sorts of people with similar social care needs.

DATA QUALITY

If a large percentage of reviews have zero costs associated with them, the result may be less representative. Typically, people moving in and out of hospital may affect the system's reporting of the actual costs of care prior to the review. Removing the zero cost packages will possibly cause an issue for innovation sites based at a hospital or who support people coming out of hospital. Manual checking of package costs may be needed to support these sites, or the cost of care checks made before the review starts may need to be extended so that for the majority of people their care package was active prior to their admission to hospital. In all cases reviews where people subsequently die or move to NHS Continuing Care should not be included as a "saving" (because we want to discover whether 3Cs is helping people become more independent – deaths and Continuing Care would have happened anyway, without 3Cs)

VISUALS

There are a number of ways this could be visualised, showing the relative rates of increase in care package costs between different innovation sites.



#4 INDICATOR NAME: "The average cost of new Interventions (during & for up to 3 months after)"*

(*there are two possible versions of this indicator that have been explored with different local authorities. The first is more accurate, the second is probably easier to calculate)

RATIONALE

This indicator measures the average total cost (for **new people only**) of support provided over a period of time both during the conversations and for 3 months follow-up after the conversations end. It doesn't include staff costs but does include temporary and one-off support provided in C1 and C2. The spend in C1 and C2 does add up, so the point of the measure is to test that if Conversation 1 and 2 work well, the higher costs associated (especially with C2) are still lower than the previous way of working when averaged *per intervention*.

It measures the average cost of supporting every new person who requests support.

In the previous way of working it may have been that more interventions led to long term support via a Care Act assessment, the equivalent of Conversation 3. Although hopefully far fewer conversation 3s take place now and fewer people get Care Act eligible support, to what extent are the cost benefits of this offset by the higher spending in C1 and C2 ?

Follow-up: X must be large enough any Care Act eligible support has been put in place and the initial costs of that support can be captured from the system.

ASSUMPTION: a small increase in costs at Conversations 1&2 should reduce the overall intervention cost per person

VERSION A – Accurate but more complex

NUMERATOR

The total non-staffing costs of all interventions completed in the period, during all Conversation steps (e.g. credit card spend in Conversation 1, short term services arranged in Conversation 2, Care Act eligible support arranged following Conversation 3) for all people who were New at the beginning of the intervention, followed up for X months after the end of each intervention, i.e. when the final conversation step is completed. For example, for an intervention progressing to Conversation 3, the Care Act eligibility of the person is recorded and the step is signed off/finalised on the system, ending the intervention.

DENOMINATOR

The count of all interventions for new people completed in the period.

WORKED EXAMPLE

Focussing on one innovation site that ran for 12 weeks, a follow-up period ("X") was also set at 12 weeks. The innovation site completed 300 interventions for new people during the 12 weeks. To allow 12 weeks of follow-up after each intervention, the results cannot be calculated until more than 24 weeks have passed since the innovation site started (i.e. 3 months after the last intervention concluded).

Repeat interventions (a second or subsequent conversation starting up not connected to the original conversation) for people during the innovation period are included.

To take one person as an example, Mr H had two interventions during the three-month period. The first was at Conversation 1 only and there was £75 of credit card spend associated. The total cost of that intervention was £75 (staffing costs are ignored).

The second intervention (still during the 12 week innovation period) had no spend in C1 but went to Conversation 2 and involved short term services for 4 weeks at a total cost of £1000. Following this a Conversation 3 resulted in Care Act eligible support. After this was signed off, the 12-week follow-up included £200/week of support which started at the beginning of week 2. This continued until the start of week 10, when care increased to £300/week, until the end of week 12 when the follow-up ends.

The costs are worked out as;

$£1000 + £200 \times 8 + £300 \times 3 = £3500$ for this intervention.

So far we have two interventions (on the same person) adding up to;

$£75 + £3500 = £3575$ (average cost per intervention = £1787.50)

These would then be added to the costs of all the other interventions for new people during the initial 12 weeks and during the 12-week follow-up.

The average cost of all these interventions is then taken, to give the *average cost of intervention*. To fully interpret this result, it should be compared against a baseline.

DATA QUALITY

Obviously, long term care arrangements may continue for much longer than 12 weeks or end quickly. The aim of setting “X” at 12 weeks is not to capture the entire costs of care over someone’s lifetime but instead to give an idea of how much expenditure is involved and how this compares to a fair comparison group. The measure is something like the “initial cost of intervention” associated with all new people. The measure isn’t intended to give a precise measurement of cost-avoidance, though it gives a clearer idea of whether any cost avoidance may actually be taking place. Any subsequent interventions (when the person is “known”) and subsequent changes to their care package can be picked up in the measures on known people, to follow in this document.

If the previous way of working used for the comparison group involved long delays in people receiving support following a Care Act assessment then a 12-week follow-up window may be too short to pick up any initial costs of that long term care, which might make the average costs per intervention look low in the comparison group and much higher in the 3Cs group (that is working more quickly to put in what’s needed).

Choosing a suitable follow-up period is therefore very important and may prevent this measure being used if “X” needs to be longer than a few months. If X is too large, costs not necessarily associated with the initial intervention will start to be captured, e.g. in response to a carer breakdown or if the person has a fall. It would be better if these costs were captured in the measures for known people rather than this one.

Care must be taken in determining whether someone should be counted as “new” or “known”. We are only interested in interventions for new people.

VERSION B – Less Accurate but more straightforward

We can use the ‘Conversion Rate’ (Measure #2 in this document) to estimate possible cost avoidance if we combine it with;

- The number of requests for support in the period
- The average cost of long-term care in the period

CALCULATION METHOD GIVEN IN WORKED EXAMPLE

This example uses a full year of data although shorter periods can be used.

Last year there were 1000 calls (requests) through our front door team and our conversion rate was 30% - i.e. 300 people received Care Act eligible support.

This year there were 1500 calls (requests) – the team has been so much busier!

The conversion has dropped though to 15% (so 225 people going on to get long term care)

The average cost of support per week this year is £300 per person, so our total spend (taken as 6 months of funding, as some people would receive most of a full year, some people very much less)

The spend is estimated as;

$£300 \times 225 \times 26 = £1.755m$

Cost avoidance is based on if those 1500 new people who showed up this year had still been subject to a 30% conversion rate (the pre-3Cs rate).

If we hadn’t implemented 3Cs presumably nothing would have changed and we would still be operating with a 30% conversion rate – $0.3 \times 1500 = 450$ people

$£300 \times 450 \times 26 = £3.51m$ (in today’s money)*

So, our estimated cost avoidance for a full year is $3.51 - 1.7565 = £1.75m$

**N.B. don’t use last year’s average costs - you want to include inflationary uplifts, changes in the market etc. to give a truer like for like result*

DATA QUALITY

There are some crude assumptions and limitations in this calculation that we need to be aware of and comfortable with:

1. This option doesn’t take account of the costs incurred in C1 or C2
2. It assumes the team was working with people with similar needs in the comparison period and during innovation
3. It does not account for deaths or other reasons why services might end early

It uses a crude 6 months of funding for everyone. Whilst some people go on to receive services for many years, other people might end their services after a week. The assumption is that the calculation will roughly balance by assuming an average of 6 months’ support. You could tweak this if you have local evidence of a typical service duration relating more specifically to the innovation site.

Although this approach only gives a rough estimate of cost-avoidance, it is drawn from real data directly linked to the 3 Conversations and should reassure managers that the approach is financially sustainable. For the best results, this approach should use current average costs as using inflationary uplifts, changes in the market etc. will give a better like for like result.

Care must be taken in determining whether someone should be counted as “new” or “known”. We are only interested in interventions for new people in this measure.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Work Plan
Meeting date	3 March 2024
Status	Public Report
Executive summary	The Overview and Scrutiny (O&S) Committee is asked to consider and identify work priorities for publication in a Work Plan.
Recommendations	<p>It is RECOMMENDED that the Overview and Scrutiny Committee:</p> <ul style="list-style-type: none"> • review, update as necessary and adopt the draft Work Plan at Appendix B, which is based on recent annual work programming activity and reaffirm its commitment to informal briefings. • Consider the recommendation from the Overview and Scrutiny Board detailed at Appendix E
Reason for recommendations	The Council's Constitution requires all Overview and Scrutiny Committees to set out proposed work in a Work Plan which will be published with each agenda

Portfolio Holder(s):	N/A – O&S is a non-executive function
Corporate Director	Graham Farrant, Chief Executive
Report Authors	Lindsay Marshall, Overview and Scrutiny Specialist
Wards	Council-wide
Classification	For Decision

Background –

1. All Overview and Scrutiny (O&S) bodies are required by the Constitution to consider work priorities and set these out in a Work Plan. When approved, this should be published with each agenda.
2. It is good practice for the Work Plan to be kept under regular review by the Committee. Between meetings O&S Chairs and Vice Chairs, in consultation with officers, suggest updates to the Work Plan to ensure proposed topics remain timely, fit for purpose and allow sufficient time for report preparation as appropriate. The Committee is now asked to review, update and/ or confirm the latest Work Plan update. See the **draft** Work Plan attached at Appendix B to this report.
3. The draft Work Plan at Appendix B has been fully refreshed based on recent annual work programming activity undertaken by the Committee. This included a workshop held in summer 2024 to refresh work programming good practices and explore potential work areas, followed by survey consultation to establish the committee's priorities. The priorities emerging from this work have been drawn together in Appendix B for the committee's consideration and formal adoption.

O&S Framework and Lens

4. The committee's work programme is based on [a framework](#) developed by scrutiny members and the Centre for Governance and Scrutiny (CfGS) to reflect good scrutiny practices and assist BCP scrutiny committees in their approach to work programming.
5. The framework outlines that scrutiny work will be divided into three categories of:
 - Proactive scrutiny
 - Reactive scrutiny
 - Pre-decision scrutiny.

Information only items should be received in other ways, reserving committee and working group capacity for value-added scrutiny. The Committee's Work Plan at Appendix B is structured to reflect this.

6. O&S statutory guidance recommends that a 'lens' or key set of priorities be established by O&S committees, to clearly communicate their role and how they will add value to the work of the organisation. The lens also clarifies the role of the committee to the public. Through annual work programming activity, the Committee agreed the following lens to be applied to its work:

The **Health and Adult Social Care O&S Committee** will approach work through a lens of **EQUALITY OF ACCESS TO PERSON CENTRED INTEGRATED CARE**.

7. Established lenses for each O&S committee provide a tool to assist O&S members in work programming, to sift suggestions for work and to provide an angle by which to approach scrutiny topics. The lens should be referred to throughout the year as arising suggestions for work are made. The establishment of a lens does not preclude the committee from using the full extent of its scrutiny powers where appropriate.

O&S Data Toolkit

8. During 2024, the O&S Committee adopted a [Data Use Toolkit](#), which brings together the data and policy landscape relevant to the remit of the committee, with advice on how to approach this data. The aim of the toolkit is to provide a mechanism for councillors to readily access data and enhance the evidence base used in scrutiny work. The committee is encouraged to proactively access the toolkit on a 'self-serve' basis to enhance scrutiny of individual topics and to draw suggestions for scrutiny items.

Principles of Good Scrutiny

9. The Constitution requires that the Work Plan of O&S committees shall consist of work aligned to the principles of the function. The BCP Council O&S function is based upon six principles:
 - Contributes to sound decision making in a timely way by holding decision makers to account as a 'critical friend';
 - A member led and owned function – seeks to continuously improve through self-reflection and development;
 - Enables the voice and concerns of the public to be heard and reflected in the Council's decision-making process;
 - Engages in decision making and policy development at an appropriate time to be able to have influence;
 - Contributes to and reflects the vision and priorities of the Council;
 - Agility – able to respond to changing and emerging priorities at the right time with flexible working methods.

Process for agreeing Work Plan items

10. An O&S committee may take suggestions from a variety of sources to form its Work Plan. This may include suggestions from members of the public, officers of the Council, Portfolio Holders, the Cabinet and Council, members of the O&S Committee, and other Councillors who are not on the Committee.
11. The Constitution requires that all suggestions for O&S work will be accompanied by detail outlining the background to the issue suggested, the proposed method of undertaking the work and likely timescale associated, and the anticipated outcome and value to be added by the work proposed. No item of work shall join the Work Plan of the O&S Committee without an assessment of this information.

12. Any councillor may request that an item of business be considered by an O&S Committee. Councillors are asked to complete a form outlining the request, which is appended to this report at Appendix C. The same process will apply to requests for scrutiny from members of the public.
13. A copy of the most recent Cabinet Forward Plan will be supplied to O&S Committees at each meeting for reference when determining items of pre-decision scrutiny. The latest version is supplied as Appendix D to this report.

Resources to support O&S work

14. The Constitution requires that the O&S Committees take into account the resources available to support their proposals for O&S work. This includes consideration of councillor availability, officer time and financial resources. Careful and regular assessment of resources will ensure that there is appropriate resource available to support work across the whole O&S function, and that any work established can be carried out in sufficient depth and completed in a timely way to enable effective outcomes.
15. It is good practice for O&S Committees to agree a maximum of two/ three substantive agenda items per meeting. This will provide sufficient time for Committees to take a 'deep dive' approach to scrutiny work, which is likely to provide more valuable outcomes. A large amount of agenda items can lead to a 'light touch' approach to all items of business, and also limit the officer and councillor resource available to plan for effective scrutiny of selected items.
16. O&S Committees are advised to carefully select their working methods to ensure that O&S resource is maximised. A variety of methods are available for O&S Committees to undertake work and are not limited to the receipt of reports at Committee meetings. These may include:
 - Working Groups;
 - Sub-Committees;
 - Tak and finish groups;
 - Inquiry Days;
 - Rapporteurs (scrutiny member champions);
 - Consideration of information outside of meetings – including report circulation/ briefing workshops/ briefing notes.

Further detail on O&S working methods are set out in the Constitution and in Appendix A – Terms of Reference for O&S Committees.

Options Appraisal

17. The O&S Committee is asked to review, update and confirm its Work Plan, taking account of the supporting documents provided and including the determination of any new requests for scrutiny. This will ensure member ownership of the Work Plan and that reports can be prepared in a timely way. Should the Committee not confirm its forthcoming priorities, reports may not be able to be prepared in a timely way and best use of the meeting resource may not be made.

Summary of financial implications

18. There are no direct financial implications associated with this report. The Committee should note that when establishing a Work Plan, the Constitution requires that account be taken of the resources available to support proposals for O&S work. Advice on maximising the resource available to O&S Committees is set out in paragraphs 14 to 16 above.

Summary of legal implications

19. The Council's Constitution requires that all O&S bodies set out proposed work in a Work Plan which will be published with each agenda. The recommendation proposed in this report will fulfil this requirement.

Summary of human resources implications

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

Summary of sustainability impact

21. There are no sustainability resources implications arising from this report.

Summary of public health implications

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

Summary of equality implications

23. There are no equality implications arising from this report. Any councillor and any member of the public may make suggestions for overview and scrutiny work. Further detail on this process is included within Part 4 of the Council's Constitution.

Summary of risk assessment

24. There is a risk of challenge to the Council if the Constitutional requirement to establish and publish a Work Plan is not met.

Background papers

None.

Appendices

Appendix A – Overview and Scrutiny Committees Terms of Reference

Appendix B - Current Health & Adult Social Care O&S Committee Work Plan

Appendix C – Request for consideration of an issue by Overview and Scrutiny

Appendix D – Current Cabinet Forward Plan

Appendix E – Recommendation from the Overview and Scrutiny Board

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BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

OVERVIEW AND SCRUTINY BOARD / COMMITTEES TERMS OF REFERENCE

Overview and Scrutiny (O&S) is a statutory role fulfilled by Councillors who are not members of the Cabinet in an authority operating a Leader and Cabinet model. The role of the Overview and Scrutiny Board and Committees is to help develop policy, to carry out reviews of Council and other local services, and to hold decision makers to account.

PRINCIPLES OF OVERVIEW AND SCRUTINY

The Bournemouth, Christchurch and Poole Overview and Scrutiny function is based upon six principles:

1. Contributes to sound decision making in a timely way by holding decision makers to account as a 'critical friend'.
2. A member led and owned function – seeks to continuously improve through self-reflection and development.
3. Enables the voice and concerns of the public to be heard and reflected in the Council's decision-making process.
4. Engages in decision making and policy development at an appropriate time to be able to have influence.
5. Contributes to and reflects the vision and priorities of the Council.
6. Agile – able to respond to changing and emerging priorities at the right time with flexible working methods.

MEETINGS

There are four Overview and Scrutiny bodies at BCP Council:

- Overview and Scrutiny Board
- Children's Services Overview and Scrutiny Committee
- Health and Adult Social Care Overview and Scrutiny Committee
- Environment and Place Overview and Scrutiny Committee

Each Committee meets 5 times during the municipal year, except for the Overview and Scrutiny Board which meets monthly to enable the Board to make recommendations to Cabinet. The date and time of meetings will be set by full Council and may only be changed by the Chairman of the relevant Committee in consultation with the Monitoring Officer. Members will adhere to the agreed principles of the Council's Code of Conduct.

Decisions shall be taken by consensus. Where it is not possible to reach consensus, a decision will be reached by a simple majority of those present at the meeting. Where there are equal votes the Chair of the meeting will have the casting vote.

MEMBERSHIP

The Overview and Scrutiny Board and Committees are appointed by full Council. Each Committee has 11 members and the Board has 13 members. No member of the Cabinet may be a member of the Overview and Scrutiny Committees or Board, or any group established by them. Lead Members of the Cabinet may not be a member of Overview and Scrutiny Committees or Board. The Chair and Vice-Chair of the Audit and Governance Committee may not be a member of any Overview and Scrutiny Committees or Board.

The quorum of the Overview and Scrutiny Committees and Board shall be one third of the total membership (excluding voting and non-voting co-optees).

No member may be involved in scrutinising a decision in which they been directly involved. If a member is unable to attend a meeting their Group may arrange for a substitute to attend in their place in accordance with the procedures as set out in the Council's Constitution.

Members of the public can be invited to attend and contribute to meetings as required, to provide insight to a matter under discussion. This may include but is not limited to subject experts with relevant specialist knowledge or expertise, representatives of stakeholder groups or service users. Members of the public will not have voting rights.

Children's Services Overview and Scrutiny Committee - The Committee must statutorily include two church and two parent governor representatives as voting members (on matters related to education) in addition to Councillor members. Parent governor membership shall extend to a maximum period of four years and no less than two years. The Committee may also co-opt one representative from the Academy Trusts within the local authority area, to attend meetings and vote on matters relating to education.

The Committee may also co-opt two representatives of The Youth Parliament and, although they will not be entitled to vote, will ensure that their significant contribution to the work of the Committee is recognised and valued.

Environment and Place Overview and Scrutiny Committee - The Committee may co-opt two independent non-voting members. The selection and recruitment process shall be determined by the Environment and Place Overview and Scrutiny Committee.

FUNCTIONS OF THE O&S COMMITTEES AND O&S BOARD

Each Overview and Scrutiny Committee (including the Overview and Scrutiny Board) has responsibility for:

- Scrutinising decisions of the Cabinet, offering advice or making recommendations
- Offering any views or advice to the Cabinet or Council in relation to any matter referred to the Committee for consideration
- General policy reviews, and making recommendations to the Council or the Cabinet to assist in the development of future policies and strategies
- Assisting the Council in the development of the Budget and Policy Framework by in-depth analysis of policy issues
- Monitoring the implementation of decisions to examine their effect and outcomes
- Referring to full Council, the Cabinet or appropriate Committee/Sub-Committee any matter which, following scrutiny a Committee determines should be brought to the attention of the Council, Cabinet or other appropriate Committee
- Preparation, review and monitoring of a work programme
- Establishing such commissioned work as appropriate after taking into account the availability of resources, the work programme and the matter under review

In addition, the Overview and Scrutiny Board has responsibility for:

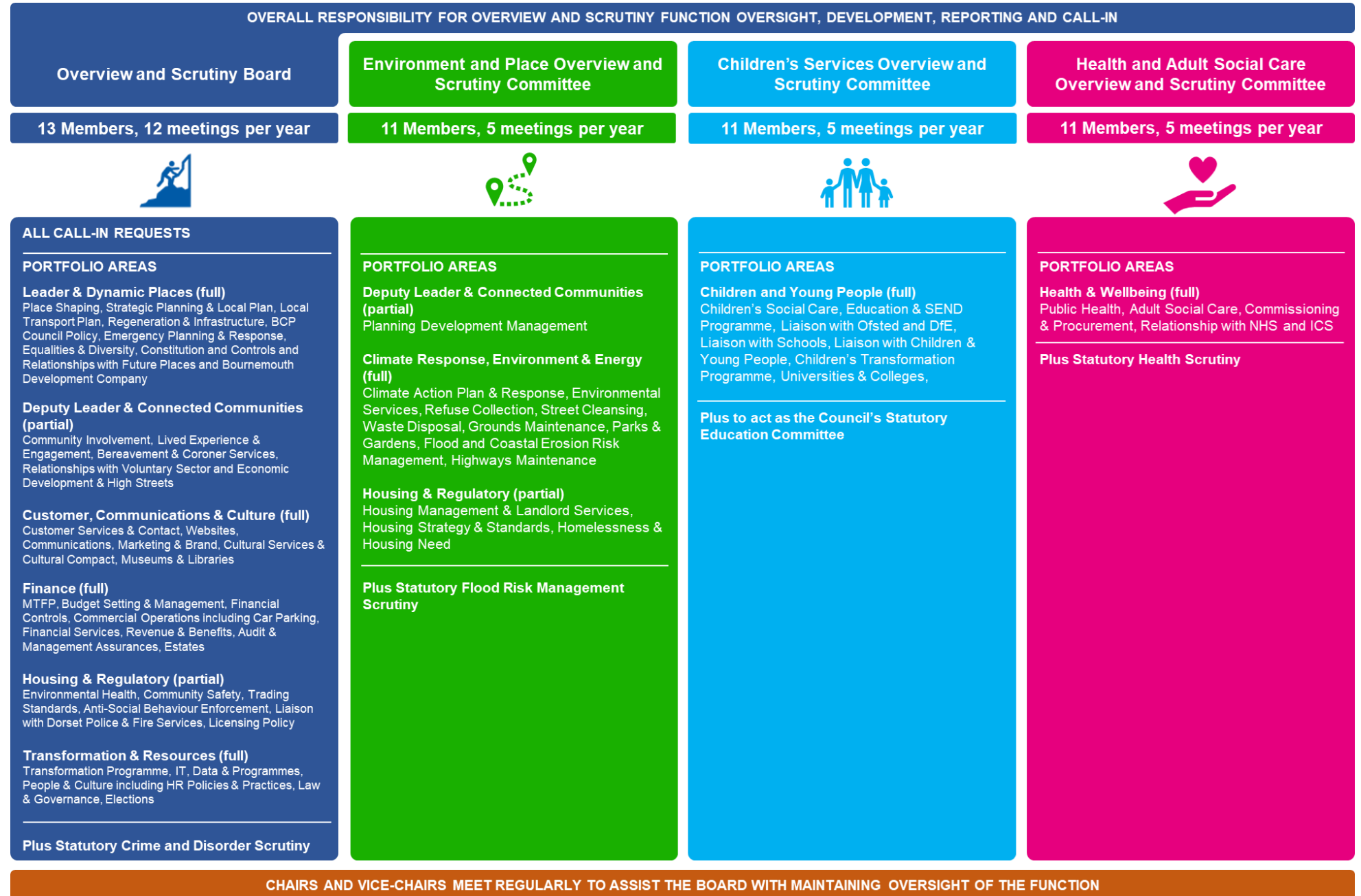
- Considering decisions that have been called-in
- Undertaking scrutiny of the Council's budget processes
- Carrying out the Council's scrutiny functions relating to crime and disorder, and discharging any other statutory duty for which the O&S function is responsible, other than those that relate to Flood Risk Management, Health, Adult Social Care, Children's Services and Education
- Overseeing the Council's overall O&S function including oversight of the work plans and use of resource across all O&S bodies
- Keeping the O&S function under review, suggesting changes as appropriate to ensure that it remains fit for purpose
- Reporting annually to Full Council on the output of the O&S function
- Maintaining oversight of the training needs of the whole O&S function.

Figure 1 below provides an outline of the responsibilities of each Committee.

The remit of the Overview and Scrutiny Board and Committees is based on the division of Portfolio Holder responsibilities. Portfolio Holders may report to more than one Overview and Scrutiny body.

Portfolio Holder responsibilities are changeable and from time to time it may be necessary to modify the designation of functions across the four Overview and Scrutiny bodies.

Figure One –Overview and Scrutiny Structure



COMMISSIONED WORK

In addition to Committee meetings, the Overview and Scrutiny Board and Committees may commission work to be undertaken as they consider necessary after taking into account the availability of resources, the work programme and the matter under review.

Each O&S body is limited to one commission at a time to ensure availability of resources.

a) **Working Groups** – a small group of Councillors and Officers gathered to consider a specific issue and report back to the full Board/ Committee, or make recommendations to Cabinet or Council within a limited timescale. Working Groups usually meet once or twice, and are often non-public;

b) **Sub-Committees** – a group of Councillors delegated a specific aspect of the main Board/ Committee's work for ongoing, in-depth monitoring. May be time limited or be required as a long-standing Committee. Sub-Committees are often well suited to considering performance-based matters that require scrutiny oversight. Sub-Committees usually meet in public;

c) **Task and finish groups** – a small group of Councillors tasked with investigating a particular issue and making recommendations on this issue, with the aim of influencing wider Council policy. The area of investigation will be carefully scoped and will culminate in a final report, usually with recommendations to Cabinet or Council. Task and finish groups may work over the course of a number of months and take account of a wide variety of evidence, which can be resource intensive. For this reason, the number of these groups must be carefully prioritised by scrutiny members to ensure the work can progress at an appropriate pace for the final outcome to have influence;

d) **Inquiry Days** – with a similar purpose to task and finish groups, inquiry days seek to understand and make recommendations on an issue by talking to a wide range of stakeholders and considering evidence relating to that issue, within one or two days. Inquiry days have similarities to the work of Government Select Committees. Inquiry days are highly resource intensive but can lead to swift, meaningful outcomes and recommendations that can make a difference to Council policy; and

e) **Rapporteurs or scrutiny member champions** - individual Councillors or pairs of Councillors tasked with investigating or maintaining oversight of a particular issue and reporting back to the main Board/ Committee on its findings. A main Committee can use these reports to facilitate its work prioritisation. Rapporteurs will undertake informal work to understand an issue – such as discussions with Officers and Portfolio Holders, research and data analysis. Rapporteur work enables scrutiny members to collectively stay informed of a wide range of Council activity. This approach to the provision of information to scrutiny members also avoids valuable

Committee time being taken up with briefings in favour of more outcome-based scrutiny taking place at Committee.

These terms of reference should be read in conjunction with the Overview and Scrutiny Procedure Rules outlined in Part 4C of the Council's Constitution.

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BCP Council Health and Adult Social Care Overview and Scrutiny Committee – Work Plan. Updated 11.2.25

Guidance notes:

- 2/3 items per committee meeting is the recommended maximum for effective scrutiny.
- The HASC O&S Committee will approach work through a lens of **EQUALITY OF ACCESS TO PERSON CENTRED INTEGRATED CARE.**
- Items requiring further scoping are identified and should be scoped using the [Key Lines of Enquiry tool](#).

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
Meeting Date: 3 March 2025				
	Public health disaggregation: progress and overview of decisions	To receive the Feb Cabinet report providing an update on this.	Sam Crowe, Director of Public Health	Continues committee's awareness on the disaggregation of public health functions. Cabinet report gives update as of Feb 2025. Officers to update further at the meeting.
	Adult Social Care Strategy 2025-28	To receive the Cabinet report providing an update on this.	Nicky Mitchell, Head of Transformation and Integration	Added by Officers to provide background information together with information on the consultation and design

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	The Transformation of UHD Hospitals	Presentation	Richard Renaut, Chief Strategy and Transformation Officer, UHD.	
	Fulfilled Lives Programme Report theme - Self Directed Support	Committee Report	Siobhan Hann/ Betty Butlin	Chosen from the proactive scrutiny topics. Continues committee's themed oversight of the ASC transformation programme.
7 April Informal Briefing – Data themed briefing (TBC)				
Meeting Date: 19 May 2025				
	Reserved for pre-decision or reactive scrutiny decision or reactive scrutiny consult Cabinet Forward Plan	Scrutiny of Cabinet report prior to Cabinet consideration	TBC	TBC
	Fulfilled Lives Programme Report theme: TBC	Committee report	Jillian Kay	Chosen from the proactive scrutiny topics. Continues committee's themed oversight of the ASC transformation programme.
	Future Care Programme (previously known as Review of Urgent & Emergency Care)	Committee report	Betty Butlin and Dylan Champion	Awaiting confirmation further to email request sent on 10/2

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	Community Mental health services transformation, including the new Access to Wellbeing Hubs and change to community mental health teams	Committee report	Rachel Small, Interim Chief Operating Officer, Dorset Healthcare UHD	Chosen from the proactive scrutiny topics (priority 2)
	Introduction to new Director of Public Health	Verbal Introduction/ chat with Rob Carroll, DPH.	Jillian Kay	TBC
23 June Informal Briefing – Reserve for potential work programming session				
Meeting Date: 14 July 2025				
	Reserved for pre-decision or reactive scrutiny decision or reactive scrutiny consult Cabinet Forward Plan	Scrutiny of Cabinet report prior to Cabinet consideration	TBC	TBC
	Fulfilled Lives Programme Report theme: TBC	Committee report	Jillian Kay	Chosen from the proactive scrutiny topics. Continues committee's themed oversight of the ASC transformation programme.

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	Clinical Services Strategy for UHD. Up to 10 years forward look. Suggestion received from UHD	Presentation	Richard Renaut, Chief Strategy and Transformation Officer, UHD.	Long term strategic thinking.
August Informal Briefing – TBC				
Meeting Date: 23 September 2025				
	Reserved for pre-decision or reactive scrutiny decision or reactive scrutiny consult Cabinet Forward Plan	Scrutiny of Cabinet report prior to Cabinet consideration	TBC	TBC
	Directorate Budget Awareness TBC To receive a presentation on the budget, pressures and assumed savings (to mirror 2024 O&S budget approach)	Presentation and Question and Answer session	Jillian Kay, Corporate Director of Wellbeing	To provide the Committee with information prior to the establishment of a working group
	Fulfilled Lives Programme Report theme: TBC	Committee report	Jillian Kay	Chosen from the proactive scrutiny topics. Continues committee's themed oversight of the ASC transformation programme.
October/November Informal Briefing - TBC				

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
Meeting Date: 1 December 2025				
	Reserved for pre-decision or reactive scrutiny decision or reactive scrutiny consult Cabinet Forward Plan	Scrutiny of Cabinet report prior to Cabinet consideration	TBC	TBC
	Fulfilled Lives Programme	TBC	TBC	TBC
	TBC End of Life Services			See committee priority 5 below.
	Safeguarding Adults Board Annual Report To inform members of the work programme review for 2024/25 for members to scrutinise and make any recommendations for future work.	Committee report.	TBC	Part of statutory reporting cycle. Agreed as a committee item in 2024 rather than info only.
	Adult Social Care Complaints and Quality assurance annual report Received from ASC	To receive an annual report every Autumn.		November 2024. Agreed as a committee item in 2024 rather than info only therefore
	Info only item: Adult Social Care Waiting Times	Info only report.	Betty Butlin	Previously received Dec 2024 and agreed for 12 monthly update reporting.

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
Top 5 priorities chosen by the Committee in annual work programming.				
1.	Adult Social Care Transformation programme (Fulfilled Lives) Received from ASC	TBC	Jillian Kay, Corporate Director for Wellbeing	Subject to approval by Cabinet and Council this would provide ongoing opportunities for proactive scrutiny over the next 3-5 years.
2.	Community Mental health services transformation, including the new Access to Wellbeing Hubs and change to community mental health teams Received from Public Health	TBC	Sam Crowe, Director of Public Health	Large service change – would be good to have overview of the changes, and then a timeline on scrutiny as to whether the new model will be positive for service users. To be received in May 25
3.	Clinical Services Strategy for UHD. Up to 10 years forward look. Received from UHD	TBC	Richard Renaut, Chief Strategy and Transformation Officer, UHD	Long term strategic thinking. To be received in July 25 TBC
4.	Integrated neighbourhood teams Received from NHS Dorset	TBC	Matthew Bryant and Forbes Watson, NHS Dorset	Autumn. This is a significant change to the NHS delivery model in line with the national Fuller review recommendations.

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
5.	End of life services Received from NHS Dorset	TBC	Dean Spencer, NHS Dorset	These services will impact on residents of the local authority. The aim of the new service model is to enable those who wish to die at home.
Items with Dates to be allocated (long list – to be refined by continued annual work programming activity)				
	Safeguarding Adults Board Annual Report To inform members of the work programme review for 2024/25 for members to scrutinise and make any recommendations for future work. Received from ASC	To receive an annual report every Autumn.		Part of statutory reporting cycle November 2024. Agreed as a committee item in 2024 rather than info only. Therefore added to Dec 2025 meeting.
	All ages neurodiversity review Received from NHS Dorset			This is an ICB priority. Waits for children and young people and adults for these services are very long, often leading to incomplete EHCPs.
	Acute services changes in line with the Clinical Services Review (CSR), Changes approved following Judicial Review and Secretary of State Review, but implantation would be aided by scrutiny. Received from UHD			Six monthly updates – key changes April 2025 BEACH building (including maternity); winter 2025/6 for separation of emergency and elective services;

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	<p>The impact of domestic wood burning on air quality and public health across BCP</p> <p>Received from Cllr Canavan</p>			The impact of domestic wood burning on air quality and public health across BCP (particularly during winter).
Working Groups				
	Budget Working Group – TBC	Working group to meet in October	TBC	It is suggested that the Board consider establishing the working group at its September meeting
Information only items and Item suggestions for Briefing Sessions.				
	<p>Tricuro: Strategic Business Plan - 6 monthly progress against delivery plan.</p> <p>Received from ASC</p>	TBC	TBC	Requested by Committee members (March 2025/September 2025)
	<p>Acute Hospital Services transformation programme update</p> <p>Received from ASC</p>			November 2024. Check completed and remove.
	<p>CQC Assurance Adult Social Care Programme update</p> <p>Received from ASC</p>			November 2024. Check completed and remove.

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	<p>Approach to public mental health and suicide prevention that is being agreed via the new MH and LD / Autism delivery board</p> <p>Received from Public Health</p>			<p>Date tbc.</p> <p>Delayed from Dec. 2024 by public health dissemination work.</p>
	<p>New Hospitals Programme – Reconfiguration of University Hospitals Dorset</p> <p>Received from NHS Dorset</p>			<p>Transition into the new building will happen from March 2025. It is important the committee is fully appraised of these changes to the service delivery model and location as agreed in the clinical service review.</p>
	<p>Electronic Health Record for Dorset and Somerset system.</p> <p>Received from UHD</p>			<p>Major change to service, and large system wide investment.</p> <p>Timetable subject to approvals process, running 2024-2027.</p>
	<p>Maternity Services</p> <p>Received from UHD</p>			<p>High profile service. Public awareness and confidence in services</p> <p>Regular item (?6 or 12 months)</p>

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Request for consideration of an issue by Overview and Scrutiny

Guidance on the use of this form:

This form is for use by councillors and members of the public who want to request that an item joins an Overview and Scrutiny agenda. Any issue may be suggested, provided it affects the BCP area or the inhabitants of the area in some way. Scrutiny of the issue can only be requested once in a 12 month period.

The form may also be used for the reporting of a referral item to Overview and Scrutiny by another body of the council, such as Cabinet or Council.

The Overview and Scrutiny Committee receiving the request will make an assessment of the issue using the detail provided in this form and determine whether to add it to its forward plan of work.

They may take a variety of steps to progress the issue, including requesting more information on it from officers of the council, asking for a member of the overview and scrutiny committee to 'champion' the issue and report back, or establishing a small working group of councillors to look at the issue in more detail.

If the Committee does not agree to progress the issue it will set out reasons for this and they will be provided to the person submitting this form.

More information can be found at Part 4.C of the BCP Council Constitution
<https://democracy.bcpCouncil.gov.uk/ieListMeetings.aspx?CommitteeID=151&Info=1&bcr=1>

Please complete all sections as fully as possible

1. Issue requested for scrutiny

2. Desired outcome resulting from Overview and Scrutiny engagement, including the value to be added to the Council, the BCP area or its inhabitants.

3. Background to the issue

4. Proposed method of scrutiny - (for example, a committee report or a working group investigation)

5. Key dates and anticipated timescale for the scrutiny work

6. Notes/ additional guidance

Document last reviewed – January 2022

Contact – democratic.services@bcpcouncil.gov.uk

CABINET FORWARD PLAN – 1 FEBRUARY 2025 TO 31 MAY 2025

(PUBLICATION DATE – 4 February 2025)



What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Budget 2025/26 and Medium Term Financial Plan	To set out for Cabinet's consideration and recommendation to Council the proposed 2025/26 budget and council tax.	No	Cabinet 5 Feb 2025	All Wards			Adam Richens	Open
Council Budget Monitoring 2024/25 Quarter Three	Budget monitoring	No	Cabinet 5 Feb 2025 Council 25 Feb 2025	All Wards	n/a	n/a	Adam Richens	Open

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Housing Revenue Account (HRA) Budget Setting 2025/26	To set out the proposal for charges to council tenants and leaseholders and expenditure on council homes and services.	No	Cabinet 5 Feb 2025	All Wards	Council tenants and leaseholders BCP Homes Advisory Board Cabinet Member for Housing and Regulatory Services	Consultation will be through existing meetings with residents and Advisory Board.	Kelly Deane	Open
Review of the approach to Environmental Crime and Environmental Crime Policy	To consider the review of the approach to Environmental Crime and Environmental Crime Policy	No	Cabinet 5 Feb 2025	All Wards			Sophie Sajic	Open

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Corporate Fleet Replacement Programme - Phase 2	The report seeks ongoing endorsement of Bournemouth Christchurch & Poole Council's Fleet replacement Strategy that will continue to support the council wide Fleet Management De Carbonising and Replacement Programme for the next 3 years, 2025 - 2028 that proposes to continue with the investment in vehicle replacements to ensure a pathway approach that will help to ensure that BCP Council has fit for purpose, safe, reliable, cost effective and carbon reduced vehicles, plant and associated equipment assets, in the right place at the right time and at the right cost to support the strategic, corporate and service objectives of the Council.	No	Cabinet 5 Feb 2025	All Wards			Kate Langdown	Open

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Mainstream Schools Formula 2025/26	To agree the mainstream schools formula funded by the dedicated schools grant	No	Cabinet 5 Feb 2025 Council 25 Feb 2025	All Wards	Schools and Schools Forum in January 2025	January 2025	Nicola Webb	Open
School Admission Arrangements 2026/27	For determination of the arrangements which is an annual requirement of the School Admissions Code.	No	Children's Services Overview and Scrutiny Committee 28 Jan 2025 Cabinet 5 Feb 2025	All Wards			Sharon Muldoon, Tanya Smith	Open
Public health update	To provide an update to Cabinet on the disaggregation of the public health shared service and plans to establish an embedded public health function.	No	Cabinet 5 Feb 2025	All Wards			Jillian Kay	Open

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Community Governance Review - Draft Recommendations	To consider the draft recommendations of the Task and Finish Group and to make a recommendation to Council	Yes	Cabinet 5 Mar 2025 Council 25 Mar 2025	All Wards	Key stakeholders include existing parish and town councils, local community and residents' groups, local representatives and any other interested party.	Any interested party is invited to make submissions as part of Stage 1 of the Community Governance Review process. Participants may make submissions online through the Council's have your say portal, or in paper form through forms available at local libraries, hubs or upon request.	Janie Berry, Richard Jones	Open

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Corporate Performance Report - Q3	Progress update on performance against key measures in the Corporate Strategy	No	Cabinet 5 Mar 2025	All Wards	n/a	n/a	Isla Reynolds	Open
Local Transport Plan Capital Programme 2025/26	Present recommended investment of Department for Transport (DfT) annual Local Transport Plan (LTP) capital grant for transport improvements and maintenance, and to present recommended delegation(s) to facilitate delivery of any approved spend. Intent is to inform recommendation from Cabinet to Council for approval of the recommendations.	Yes	Cabinet 5 Mar 2025	All Wards			Wendy Lane, Richard Pincroft	Open

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Strategic Community Infrastructure Levy (CIL)	To consider priorities and future spend of CIL.	Yes	Cabinet 5 Mar 2025	All Wards			Steve Dring	Open
Bournemouth Development Company LLP Business Plan	To seek approval for the Bournemouth Development Company Business Plan, extend some contractual "Option Execution Dates" in relation to specific sites and provide an update in relation to the independent Local Partnerships Review.	No	Cabinet 5 Mar 2025	Bournemouth Central			Amena Matin	Open

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Bus Service Improvement Plan (BSIP)	To provide an update on the delivery of the current BSIP programme; to accept the £5.7m Bus Service Improvement Plan funding for 2025/26 from the Department for Transport; and to delegate delivery of the Bus Service Improvement Plan 2025/26 funding to the Service Director for Planning and Transport in consultation with the Portfolio Holder for Climate Mitigation, Energy and Environment.	Yes	Cabinet 5 Mar 2025	All Wards			John McVey	Open

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Climate Action Annual Report 2023/24	To inform Cabinet of progress made towards the Council's Climate and Ecological Emergency commitments.	No	Environment and Place Overview and Scrutiny Committee 26 Feb 2025 Cabinet 5 Mar 2025	All Wards	CMB, Environment & Place Overview & Scrutiny Panel		Neil Short	Open
Planning Reforms and new Local Development Scheme	* To brief members on some changes to Government planning policy * To agree an updated Local Development Scheme (LDS) as required by the Deputy Prime Minister within 12 weeks of the publication of the NPPF, i.e. by no later than 6 March 2025.	No	Cabinet 5 Mar 2025				Wendy Lane	Open

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Children's Services Capital Strategy 2025/26-2027/28	To set out the spending priorities for the Children's Services Capital Programme for the next 3 years and seek financial approval for the proposed schemes.	Yes	Children's Services Overview and Scrutiny Committee 28 Jan 2025 Cabinet 5 Mar 2025	All Wards			Sharon Muldoon	Open
Cemetery Rules and Regulations Amendment	To bring back Cabinet a recommended position on section 3.12 of BCP Council's Cemetery Rules and Regulations Exclusive right of burial (grave purchase).	No	Cabinet 2 Apr 2025	All Wards			Kate Langdown, Ian Poultney	Open

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Bournemouth Air Festival	This report provides an update on the progress of the agreed options from the report presented to Cabinet on 2 October 2024, to seek external support to deliver and fund an Air Festival from 2026 onwards and recommends a way forward in relation to the future delivery of the Air Festival.	Yes	Cabinet 2 Apr 2025	All Wards			Amanda Barrie, Helen Wildman	Open
Investment & Development Directorate - Regeneration Programme	To provide a bi-annual update on the progress of the Council's regeneration programme	No	Overview and Scrutiny Board 24 Mar 2025 Cabinet 21 May 2025	All Wards			Amena Matin, Jonathan Thornton	Open

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Corporate Performance Report - Q4	Progress update on performance against key measures in the Corporate Strategy.	No	Cabinet 18 Jun 2025	All Wards	n/a	n/a	Isla Reynolds	Open
Corporate Performance Report - Q1	Progress update on performance against key measures in the Corporate Strategy.	No	Cabinet 3 Sep 2025	All Wards	n/a	n/a	Isla Reynolds	Open

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Community Governance Review - Final Recommendations	To consider the proposals of the Task and Finish Group and to recommend to Council the final recommendations for the review of community governance for Bournemouth, Christchurch and Poole	Yes	Cabinet 1 Oct 2025 Council 14 Oct 2025	All Wards	Existing parish and town councils, local representatives, local community and residents' groups, residents within the areas proposed for any new local councils	This is defined as stage 3 of the process and will include a 12 week consultation period for any interested party to respond using both online and paper forms.	Janie Berry, Richard Jones	Open
Local Transport Plan 4 (LTP4)	To present outputs from Local Transport Plan 4 (LTP4) consultation and to present proposed LTP4 Policy Document complete with Implementation Plan for approval/adoption.	Yes	Overview and Scrutiny Board 17 Nov 2025 Cabinet 26 Nov 2025 Council 9 Dec 2025	All Wards	Residents (BCP and neighbouring authorities), partners, organisations and businesses that operate/exist in BCP area and are impacted by transport.	Exact dates tbc, but 6 to 8 week public consultation required, note: LTP4 engagement was facilitated in Spring 2024.	Wendy Lane, Richard Pincroft	Open

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Corporate Performance Report - Q2	Progress update on performance against key measures in the Corporate Strategy.	No	Cabinet 26 Nov 2025	All Wards	n/a	n/a	Isla Reynolds	Open
Corporate Performance Report - Q3	Progress update on performance against key measures in the Corporate Strategy.	No	Cabinet 4 Mar 2026	All Wards	n/a	n/a	Isla Reynolds	Open
Junction Road Development	To seek approval to develop a section of green space and garage area to provide 4 new affordable rent homes as part of BCP Homes housing stock	Yes	Cabinet Council Dates to be confirmed	Hamworthy			Jonathan Thornton	Open

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DfE SEND review next steps	To consider the DfE review next steps	No	Cabinet Date to be confirmed				Rachel Gravett, Shirley McGillick, Sharon Muldoon	Fully exempt
Children's Services Early Help Offer	Summary of findings and recommendations from an ongoing review of our current Early Help services	No	Cabinet Date to be confirmed	All Wards			Zafer Yilkan	Open

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Adult Social Care Business Case	Adult Social Care services locally and nationally have faced significant challenges in recent years, and as a result the Council is holding significant risk in relation to the ability of the Council to deliver its statutory responsibilities to adults that require support within the available budget. The nature of these challenges means that long term, sustainable change is needed to ensure that BCP Council Adult Social Care services (ASCS) are modern, fit for the future and affordable. This business case sets out a proposal for initial investment in Adult Social Care transformation that will lead to improved outcomes for adults that draw on support in BCP and support the Council to deliver this within the available financial envelope.	Yes	Cabinet Date to be confirmed	All Wards				Open

HEALTH & ADULT SOCIAL CARE O&S COMMITTEE 2 December 2024

Notice of Recommendations from the Overview & Scrutiny Board Meeting held on 18 November 2024, for provision to Health & Adult Social Care O&S Committee meeting of 2 December 2024.

Action required – for consideration by Health & Adult Social Care O&S Committee.

O&S Board Agenda Item 7– ‘O&S Budget Working Groups findings and recommendations’.

The Overview and Scrutiny Board agreed the following recommendation on this item.

1. That the Health & Adult Social Care O&S Committee be asked to monitor the proposed increase of block booked beds for long-term care and request an officer update on progress against this at an appropriate time.

(Unanimous Decision)

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