BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the Meeting held on 19 May 2026 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Cllr L Northover – Vice-Chair

Present: Cllr L Dedman, Cllr C Matthews, Cllr J Richardson, Cllr P Slade and Cllr S Armstrong

Also in attendance: Cllr M Dower and Cllr H Allen joined virtually

1. Apologies

Apologies for absence were received from Louise Bates. Cllrs Michelle Dower and Hazel Allen joined the meeting virtually forgoing any voting rights.

Cllr Julie Bagwell was absent.

2. Substitute Members

There were no substitute members for this meeting.

3. Election of Chair

The Chairman of the Council who was also a Committee Member presided over this item.

It was proposed and seconded that Cllr Patrick Canavan be elected Chair for the 2026/27 Municipal year. There were no other nominations.

RESOLVED that Cllr Patrick Canavan be elected as Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2026/27 Municipal Year.

4. Election of Vice Chair

It was proposed and seconded that Cllr Lisa Northover be elected Vice Chair for the 2026/27 Municipal year. There were no other nominations.

RESOLVED that Cllr Lisa Northover be elected as Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2026/27 Municipal Year.

5. Declarations of Interests

There were no declarations of interest on this occasion.

6. Minutes

The Minutes of the meeting held on 2 March 2026 were confirmed as an accurate record and signed by the Chair.

7. Recommendation Tracker

The Recommendation Tracker was noted.

8. Public Issues

There were no public issues on this occasion.

9. Quarter 3 Corporate Performance Report

The Quarter 3 Corporate Performance Report was noted.

10. Work Plan

The Chair provided the Committee with an overview of the 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 Health and Adult Social Care Overview and Scrutiny (O&S) Committee was asked to consider and confirm work priorities as plotted on the draft Work Plan.

The Chair advised that information only items would be considered on an item by item basis to ensure maximum effectiveness in that way it was delivered and communicated to the Committee.

RESOLVED that the Committee agree:

a) **the refreshed Work Plan priorities plotted into the draft work plan**
b) **future consideration of any items currently shown on the long list it may wish to prioritise within the Work Plan**
c) **information only items to be delivered in the most effective way**
d) **the Committee's lens of 'Equality of Access to Person Centred Integrated Care'.**

Voting: Nem. Con.

11. BCP Suicide Prevention Action Plan

The Head of Programmes, Public Health and Communities, 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 Report provided an updated draft Suicide Prevention Action Plan for Bournemouth, Christchurch & Poole Council. The plan was based on an evidence-based framework. It was noted that a broader system piece of work is also underway in relation to suicide prevention, led by Public Health and Dorset Healthcare. The action plan being presented primarily focusses on actions for BCP Council alongside shared priorities that will be progressed through pan-Dorset partnership working.

The Committee discussed the report, including:

- Clarification was sought on data relating to suicides, particularly concerning individuals not known to mental health services and whether they were awaiting assessment or had no prior contact.
- It was highlighted that wider awareness across organisations and workplaces was essential, with all sectors having a role in identifying and supporting those at risk.
- Officers confirmed data limitations and identified improving data linkage and real-time surveillance as a key priority to better understand at-risk groups and target interventions.
- It was noted that a range of mechanisms already existed to review cases, including Safeguarding Adults Reviews, coroner processes, and partner reporting systems, which informed learning and prevention work.
- The importance of collective partnership working, including with voluntary organisations such as Samaritans, was emphasised in delivering the suicide prevention action plan.
- Members raised the need for improved support for individuals bereaved by suicide; officers confirmed this was a priority, including mapping existing services, identifying gaps, and incorporating lived experience to shape support.
- Clarification was provided that voluntary and community sector involvement was ongoing, with further organisations welcomed to participate.
- It was acknowledged that lessons from the previous action plan had been reviewed, with a need to better capture and communicate learning and progress.
- Concerns were raised regarding emergency response arrangements at crisis point and it was highlighted that this was identified as an area requiring further review and follow-up.
- Assurance was provided that communications and awareness campaigns would follow evidence-based approaches and avoid

unintended harmful impacts, using targeted messaging and lived experience input.

- It was confirmed that suicide rates for residents were higher than regional and national averages, with key risk factors including domestic abuse, substance misuse, and financial difficulties and it was noted that most incidents occurred in private settings.
- Members discussed raising the profile of the action plan, including potential referral to Cabinet to support wider promotion and communications.
- Agreement was reached to progress the action plan to the Health and Wellbeing Board first, with a subsequent recommendation to Cabinet to enhance visibility and support.
- The Committee noted the update and endorsed the direction of the BCP Council suicide prevention action plan.

RECOMMENDED that, following approval by the Health and Wellbeing Board, the Committee request Cabinet support the Strategy and Action Plan and ensure that the necessary resources are made available for implementation.

RESOLVED that the Committee:

- **notes the Pan-Dorset Suicide Framework, noting that this has been co-produced with organisations across Dorset and aligned to the National Suicide Prevention Strategy.**
- **reviews and provides scrutiny and feedback on the draft Suicide Prevention Action Plan, noting that the action plan is aligned to the priorities within the framework and sets out a clear programme of work for BCP Council.**
- **notes that wider, system-wide suicide prevention activity is underway and running in parallel. This work is jointly led by Public Health and Dorset Healthcare University Hospital Foundation Trust, ensuring a sustained, coordinated approach that strengthens alignment, avoids duplication, and maximises collective impact across the system.**

Voting: Nem. Con.

12. Draft Health & Wellbeing Strategy

The Director of Public Health 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 report and associated documents provided;

- An update on the development of a new Joint Health and Wellbeing Strategy for the Bournemouth, Christchurch and Poole
- An updated draft of the BCP Joint Health and Wellbeing Strategy (version 2) for scrutiny and feedback from the Health and Adult Social

Care Overview and Scutiny Committee to inform policy and strategy development

The Committee considered the report, including:

- In response to a query regarding the consultation feedback which indicated the strategy was strong on ambition but did not provide detail on delivery, outcomes and clear actions, the Committee was advised that further work would be undertaken to develop delivery arrangements, including potential action plans and identifying leads for each priority.
- It was suggested that addressing inequalities required greater emphasis on affordability and access, particularly in relation to housing.
- In response to a statement stressing the importance of embedding public health input across wider council decision-making, including planning, transport and licensing, the Committee was advised that public health was already influencing strategies, policies and planning decisions, with further proactive engagement planned.
- Clarification was provided on performance indicators, noting these were to be agreed by the Health and Wellbeing Board, benchmarked nationally, and supported by baseline and trend data.
- It was noted that many indicators reflected longstanding public health challenges and required sustained partnership action to improve outcomes.
- Members sought assurance on how progress and impact would be measured; officers confirmed monitoring through key indicators, regular reporting, and use of proxy measures where necessary.
- It was emphasised that progress data may lag, requiring careful interpretation alongside other evidence.
- Discussion highlighted housing needs for older people, including downsizing options and the role of specialist and extra care provision, with further details to be obtained from housing colleagues.
- It was noted that supporting independence, prevention and appropriate housing options formed part of wider adult social care and public health work.
- Members commented positively on the ambition of the strategy but raised challenges around influencing behaviour change.
- Officers emphasised that improving health outcomes relied not only on behaviour change but also on addressing wider social, economic and environmental determinants of health.
- It was highlighted that early intervention, particularly for children, and improving life conditions were key to reducing inequalities and improving long-term outcomes.
- Feedback from public consultation was welcomed, particularly in strengthening clarity, accessibility and deliverability of the strategy.

RESOLVED that the Committee:

1. **note the progress made to date with the development of a new Health & Wellbeing Strategy**
2. **note that a public consultation has been completed on the draft strategy and that feedback from both the committee and the public consultation will be used to inform the final draft strategy**
3. **provide scrutiny and feedback on the draft strategy to inform policy and strategy development before a final draft strategy is presented for approval to the Health & Wellbeing Board on the 29 June 2026.**

Voting: Nem. Con.

13. Update on Public Health Disaggregation including plans for future contracts

The Director of Public Health 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 report updated Members on progress following the disaggregation of Public Health Dorset in April 2025 and the establishment of two separate Public Health teams within Dorset Council and Bournemouth, Christchurch and Poole (BCP) Council. It also set out the proposed future direction for how Public Health functions and services would be delivered and commissioned, including where joint working between the two councils should continue.

The Health and Social Care Overview & Scrutiny Committee was asked to consider the report and make recommendations to Cabinet that endorse the progress made to date, agree the proposed principles for future joint commissioning, and support the recommended future direction for Public Health services.

The Committee discussed the report, including:

- In response to a query, it was confirmed that a place-based commissioning approach would be the default, with joint commissioning only pursued where there were clear benefits in quality, performance or value.
- Officers highlighted that commissioning decisions would consider local need, service models and potential economies of scale.
- Members explored opportunities arising from having an in-house public health function, particularly the ability to tailor services more closely to local population needs.
- It was noted that place-based commissioning could better reflect demographic differences and reduce inequalities that might be obscured in wider commissioning arrangements.
- It was highlighted that there were opportunities to strengthen partnership working with the NHS and to increase delegation of commissioning to place level.

- Members emphasised the importance of addressing complex needs of vulnerable groups, including people experiencing homelessness and addiction, through locally responsive services.
- Clarification was provided on the "Live Well" service, confirming it was a public health-led, council-commissioned service delivered via Dorset Council, with NHS partners utilising facilities where appropriate.
- It was noted that Live Well provided services including health checks, stop smoking support, weight management and health coaching, with referrals often made by GP practices and other providers.
- Members queried arrangements where NHS services appeared to be delivered through commissioned services, and Officers clarified this reflected integrated commissioning and delivery models.

RESOLVED that the Committee:

1. **Endorse the work completed to establish the Public Health teams within BCP and Dorset councils and the continued good performance in line with statutory responsibilities for Public Health as set out in the 2012 Health and Social Care Act.**
2. **Agree the proposed principles for the planned joint commissioning of Public Health services where is makes sense to continue to do so to maintain service quality, performance, efficiency and value for money for the residents of Dorset.**
3. **Agree the proposed future direction for the delivery of public health functions and services through the two Public Health teams in Dorset and BCP council.**

Voting: Nem. Con.

14. Portfolio Holder Update

The Portfolio for Health and Wellbeing provided a verbal update to the Committee which included:

- That community health hubs demonstrated effective partnership working between the NHS, voluntary sector, social care and housing services.
- It was noted that co-location of services supported individuals to access multiple forms of support in a single visit, improving outcomes.
- It was emphasised that locating services in accessible community settings, such as shopping centres, improved access and helped reduce health inequalities.
- It was confirmed that consultation on the draft Health and Wellbeing Strategy had been completed and would be reported to the Health and Wellbeing Board.

- It was noted that consultation on the Learning Disability Strategy (2026–2031) had also concluded, with feedback considered by the Learning Disability Partnership Board.
- It was reported that the Safeguarding Adults Board had held a development event to support improvement and partnership working.
- It was noted that World Social Work Day had been well attended and recognised the work of social care staff.
- An update was provided on ongoing engagement with Tricuro through board and governance meetings and Committee Members were encouraged to attend Tricuro open days to better understand service delivery across centres.
- It was acknowledged that Tricuro was continuing to develop following organisational changes, with opportunities to improve services and explore new areas of delivery.
- The departure of the Director of Adult Social Care was highlighted, together with the interim arrangements to maintain organisational continuity and knowledge.

The meeting ended at 7.45 pm

CHAIR