

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



Date: Tuesday, 19 May 2026 at 6.00 pm

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

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## Membership:

### Chair:

To be elected

### Vice Chair:

To be elected

Cllr P Canavan  
Cllr L Northover  
Cllr H Allen  
Cllr J Bagwell

Cllr L Dedman  
Cllr M Dower  
Cllr C Matthews  
Cllr J Richardson

Cllr P Slade  
Cllr S Armstrong

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

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

<https://democracy.bcpCouncil.gov.uk/ieListDocuments.aspx?MIId=6474>

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

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

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

AIDAN DUNN  
CHIEF EXECUTIVE

11 May 2026

**DEBATE  
NOT HATE**



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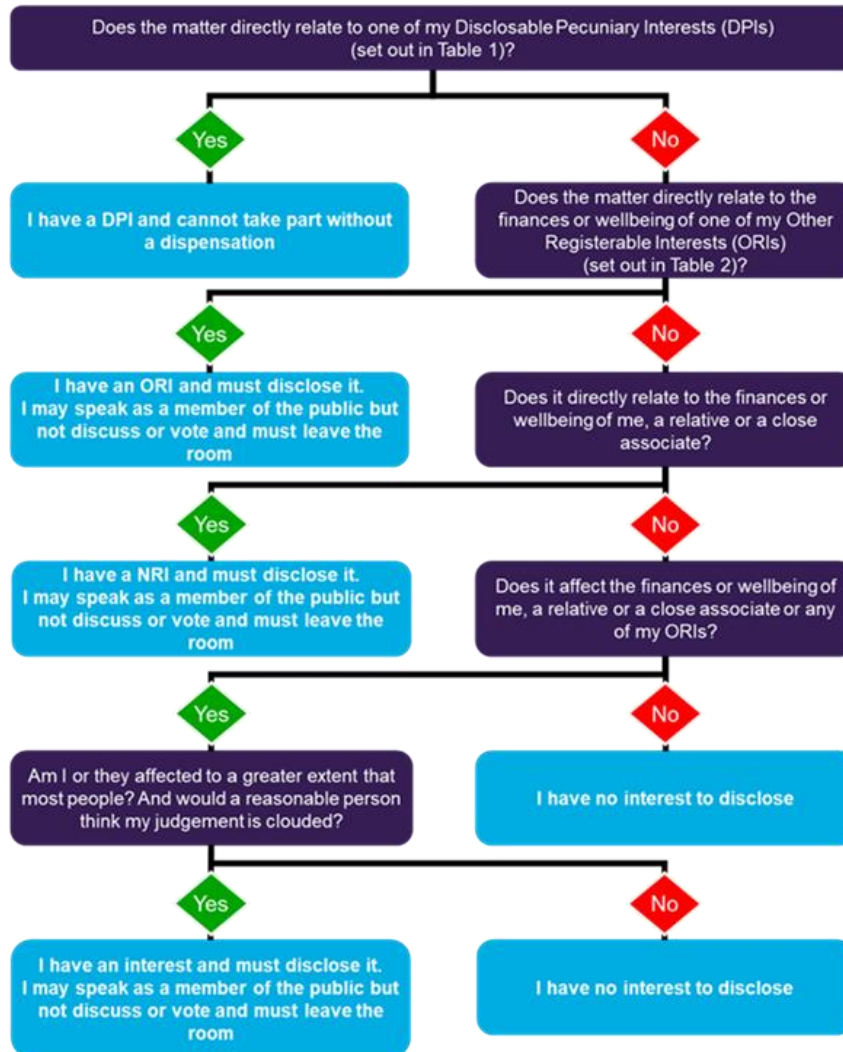
The Modern.Gov app logo, which includes a document icon, the Apple logo, and the Android logo.

## Maintaining and promoting high standards of conduct

### Declaring interests at meetings

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

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



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

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

#### Bias Test

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

#### Predetermination Test

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

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

For more information or advice please contact the Monitoring Officer

### Selflessness

Councillors should act solely in terms of the public interest

### Integrity

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

### Objectivity

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

### Accountability

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

### Openness

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

### Honesty & Integrity

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

### Leadership

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

# AGENDA

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

**1. Apologies**

To receive any apologies for absence from Councillors.

**2. Substitute Members**

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

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

**3. Election of Chair**

To elect the Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2026/27 Municipal Year.

**4. Election of Vice Chair**

To elect the Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2026/27 Municipal Year.

**5. 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.

**6. Minutes**

To confirm the Minutes of the meeting held on 2 March 2026.

7 - 12

**7. Recommendation Tracker**

To consider any outstanding recommendations or actions.

13 - 52

**8. 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:-

[BCP Council Constitution - Part 4 - Procedure Rules](#)

The deadline for the submission of public questions is midday on Wednesday 13 May 2026 (3 clear working days before the meeting).

The deadline for the submission of a statement is midday on Monday 18

May 2026 (the working day before the meeting).

The deadline for the submission of a petition is on Friday 1 May 2026 (10 working days before the meeting).

### ITEMS CIRCULATED BETWEEN MEETINGS

- 9. Quarter 3 Corporate Performance Report** 53 - 80  
Circulated to the Committee by email on 13 February 2026.

### ITEMS OF BUSINESS

- 10. Work Plan** 81 - 96  
The Health and Adult Social Care Overview and Scrutiny (O&S) Committee is asked to consider and confirm work priorities as plotted on the draft Work Plan.
- 11. BCP Suicide Prevention Action Plan** 97 - 110  
This document provides an updated draft Suicide Prevention Action Plan for Bournemouth, Christchurch & Poole. The plan is based on an evidence-based framework and includes actions for council colleagues, as well as shared priorities that will be taken forward through pan-Dorset partnership working.
- 12. Draft Health & Wellbeing Strategy** 111 - 168  
This report and associated documents provides;  
  - 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
- 13. Update on Public Health Disaggregation including plans for future contracts** 169 - 176  
This report updates 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 sets out the proposed future direction for how Public Health functions and services will be delivered and commissioned, including where joint working between the two councils should continue.  
The Health and Social Care Overview & Scrutiny Committee is 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

#### **14. Portfolio Holder Update**

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

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

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

Minutes of the Meeting held on 02 March 2026 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Cllr L Northover – Vice-Chair

Present: Cllr H Allen, Cllr J Bagwell, Cllr L Dedman, Cllr J Richardson,  
Cllr P Slade and Cllr A Keddie

50. Apologies

Apologies were received from Councillors Michelle Dower and Sara Armstrong. Councillor Chris Matthews joined online this evening forgoing any voting rights.

51. Substitute Members

Councillor Alasdair Keddie substituted for Councillor Sara Armstrong on this occasion.

52. Declarations of Interests

Cllr Hazel Allen declared a personal interest as she works with the Health Bus for the Environment and Place Overview and Scrutiny Recommendation regarding the Homelessness and Rough Sleeping Strategy.

53. Minutes

The Committee confirmed the Minutes of the meeting held on 1 December 2025 as an accurate record.

54. Recommendation Tracker

The Scrutiny Officer introduced the recommendation tracker, outlining its purpose as an audit trail of recommendations, responses, and implementation progress. The Committee noted the latest updates to the Recommendation Tracker and considered any outstanding actions.

The Committee was encouraged to invite officers or members every six months to provide an update on an item from the Recommendation Tracker.

55. Public Issues

There were no public issues on this occasion.

56. FutureCare Programme – Impact analysis and finance update

The Programme Director – FutureCare Programme from Newton Impact 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.

It was highlighted that while it focused on outcomes for people, the report set out an analysis of the benefits delivered so far by the FutureCare Programme against the targets set in the FutureCare Diagnostic.

The report noted that fewer people were being admitted into hospital beds, more people were receiving care at home and the length of time people were spending in intermediate care beds had reduced by an average of 5.5 days.

However, it was reported that more work was still required to deliver all of the benefits anticipated in the FutureCare Diagnostic and in particular to reduce the length of time people spend in UHD hospitals waiting to be discharged with a short-term care package.

Recognising that there were still 5 months remaining to deliver the first phase of the programme (anticipated completion: June 2026), there was still confidence that anticipated benefits would be delivered.

Positively, since the December update to the Committee, despite the impact of seasonal pressures on overall programme benefits, the cumulative benefits delivered to BCP had moved from a negative position of -£32,000 in October to a positive position of £55,000 at the beginning of February.

There was also increasing confidence that the anticipated benefits in 2026/27 for BCP Council would be greater than forecast, though some of these were being offset by increasing demand pressures across the wider ASC budget.

The Committee considered the report, including:

- The programme continued to reduce hospital admissions and reduce length of stay in intermediate care beds, although challenges remained around patients with no criteria to reside.
- Discharge delays were attributed to limited availability of commissioned care packages and discharge planning beginning too late in the acute sector. Early discharge planning was highlighted as an area requiring continued improvement.
- Members queried whether additional steps would be taken to reduce average delays from medical fit to discharge; it was confirmed that system partners were already undertaking targeted work.
- The programme's financial contribution from BCP Council (£912,000 due from January 2026) had been agreed previously and was included within the Medium Term Financial Plan.

**RESOLVED that the Committee recognise the progress that continues to be made in delivering positive outcomes for Dorset residents and in achieving operational benefits for the Dorset health and care system.**

Voting: Nem. Con

57. University Hospitals Dorset - Developing our clinical strategy 2025-2035

The Chief Strategy & Transformation Officer for University Hospitals Dorset (UHD) gave a presentation regarding 'Developing our clinical strategy 2025-2035' and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

The presentation included:

- Emerging themes aligned with the NHS 10-year plan: prevention, digital transformation, and care closer to home.
- Positive engagement with recent patient and public regarding NHS service expectations. Further consultation would take place once emerging themes become visible from the clinical engagement exercise.
- Major hospital developments include Poole Hospital becoming the UK's largest planned care hospital by 2027 and Royal Bournemouth Hospital becoming the county's emergency care centre in 2026, improving capacity and patient flow.
- Key organisational priorities for 2026–27 included outpatients transformation, fundamentals of care, digital roll-out (HealthSet), and workforce optimisation, supporting delivery of the Patient First strategy.

The Committee discussed the presentation, including:

- Members queried when the public would experience service improvements, including digital access and strengthened community-based care. UHD advised that major digital improvements were expected by 2028 through a single patient portal.
- Concerns were raised about staff wellbeing, workload and recruitment. UHD confirmed staffing pressures remained, but recruitment and retention had improved.
- Members questioned how integrated care between primary and secondary services would be achieved; UHD highlighted progress on shared care records and neighbourhood team development. Additionally, ambient voice technology was promised to improve efficiency for GPs for patient appointments.

**It was REVOLVED that the Committee note the update from University Hospitals Dorset.**

Voting: Nem Con

58. Adult Social Care Fulfilled Lives Transformation Programme

The Head of Service/Programme Lead for the Fulfilled Lives Transformation Programme presented a report, a copy of which had been circulated to each Member a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

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

The programme was made up of four inter-dependent projects:

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

The programme entered its delivery phase in January 2025 and progress reports were presented to Committee in January, March, July and September.

The report provided a further update for the programme overall to reflect the achievements to date, the current challenges, and the next steps to be taken over the following six months.

The Committee considered the report, including:

- Implementation of the Three Conversations model across all operational teams, with associated Mosaic system changes.
- Improvements within the Adult Social Care Hub, including new telephony and safeguarding triage processes.
- Positive outcomes from the community-based reablement pilot, with reduced long-term service requirements.
- Progress on self-directed support, individual service funds (ISFs) and the development of community micro-enterprises.
- Members queried the pace of ISF uptake; officers confirmed provider capacity challenges but anticipated expansion following the new framework tender.
- Members highlighted the importance of investment in early intervention, preventative work and reablement.
- The Committee discussed the management of complex needs and the role of multidisciplinary approaches, including work with probation and drug and alcohol teams.

**RESOLVED that the Committee note the current work-in-progress with the Adult Social Care Fulfilled Lives Programme.**

Voting: Nem Con

59. Work Plan

The Scrutiny Specialist introduced the item and the Committee was asked to consider and identify work priorities for publication in a Work Plan. A copy of the tracker appears as Appendix 'D' in these Minutes.

The Committee considered:

- Members were reminded to complete the work planning prioritisation tool by the end of the week.
- The Committee agreed to include Health and Social Care for People Experiencing Homelessness as a future scrutiny item, following a recommendation from Environment & Place Overview and Scrutiny.
- The Committee supported the establishment of a joint working group with Children's Services Overview and Scrutiny for Children's Wellbeing Strategy.

**RESOLVED that the Committee:**

- **Review, update and confirm the Work Plan by using the survey tool.**
- **Accept the Environment & Place Overview and Scrutiny recommendation to consider the Homelessness and Rough Sleeping Strategy in the Committee's work planning.**
- **Establish a joint working group for Children's Wellbeing Strategy.**

Voting: Nem Con

60. Portfolio Holder Update

The Portfolio Holder delivered a verbal update on:

- Current consultations on the Health and Wellbeing Strategy 2026–2031 and the Learning Disability Big Plan.
- Engagement with the new Integrated Care Board (ICB) cluster and the need to maintain strong BCP representation.
- CQC engagement undertaken in December.
- Workforce developments across public health.

Updates on Adult Social Care transformation, voluntary sector engagement and preparation for the new place-based partnership arrangements.

61. Corporate Monitoring Report (Q2)

This report has been circulated to Members for information only and a copy of it appears as Appendix 'E' in these Minutes.

BCP Council adopted 'A shared vision for Bournemouth, Christchurch and Poole 2024-28' in May 2024. The shared vision is the corporate strategy which sets out the council's vision, priorities and ambitions as well as the principles which underpin the way the council works as it develops and delivers its services. Incorporated in the vision is a set of measures of

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY  
COMMITTEE  
02 March 2026

progress for achieving the vision, priorities and ambitions. This is the performance monitoring report for Quarter Two 25-26, presenting an update on the progress measures. The council's delivery against its priorities and ambitions can also be monitored through the performance dashboard which is available on the council's website providing up-to-date real time information on the progress measures.

The meeting ended at 8.10 pm

CHAIR

## RECOMMENDATIONS AND ACTIONS TRACKER – OVERVIEW AND SCRUTINY FUNCTION

### OVERVIEW AND SCRUTINY BOARD

UPDATED: 17.04.2026

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

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Agenda Item 7

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

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

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

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|----|---|---|---------------------------|----------|--|
| 78 | <b>Pay and Reward Progress Update</b>   | RESOLVED that Cabinet be recommended to approve option 2 of the proposed process flowchart (Appendix 1 of the report) and the commencement of collective consultation under s188 of the Trade Union and Labour Relations (Consolidation) Act 1992 ('TULRCA'), which is a statutory obligation where an employer is proposing to dismiss 20 or more employees. | Cabinet, 10 December 2024 | Accepted | Negotiations with the pay and reward progress have continued and a new offer had been made to the unions. A ballot was now taking place with the recognised trade unions and an outcome was expected by the end of June 2025. This report was brought to O&S Board and Cabinet   |
| 79 | <b>Housing Delivery Council Newbuild Housing and Acquisition Strategy (CNHAS) update and Harbour Sail acquisition</b> | RESOLVED that the Overview and Scrutiny Board recommend that Cabinet support the recommendations as set out in the Cabinet report: <a href="#">Housing Delivery Council Newbuild Housing and Acquisition Strategy CNHAS update and Harbour Sail a.pdf</a>   | Cabinet, 10 December 2024 | Accepted | The recommendation from Cabinet has not been put before Council because the purchase of Harbour Sail has not proceeded. This was due to timing of the purchase which affected the ability to use the grant for the purchase (which without this grant the scheme was no longer financially viable) and that title restrictions could not be altered to allow flexibility of tenure that was required. The grant has been reallocated to other property acquisitions. |

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| 81  | <b>BCP Council Libraries – Update on Library Strategy Development</b> | RESOLVED that the Overview and Scrutiny Board recommend that Cabinet support the recommendations as set out in the Cabinet report: <a href="#">BCP Council Libraries Update on Library Strategy Development.pdf</a>   | Cabinet, 10 December 2024                       | Accepted           | The Library strategy is expected to be considered by the Overview and Scrutiny Board and Cabinet in August and September 2025  |
| <b>Recommendations from Board meeting – 6 January 2025</b>  |   |   |   |                    |  |
| 90  | <b>Devolution</b>   | Recommended to the Leader that:<br><br>a: The Leader arranges an emergency Full Council Meeting at the earliest opportunity to enable a vote of ALL of the available options<br><br>b: An evidence-based piece of work be undertaken on the pros and cons of a devolution arrangement with both the Solent deal AND Wessex deal, including exploring a public referendum for BCP residents. | Leader of the Council                           | Partially accepted | Full Council meeting was arranged for 15 January 2025.<br><br>The Council meeting considered the options of both the Solent deal and the Wessex deal, further information was brought to the Council meeting and Council voted to participate in the priority programme and to move forward with the Wessex proposal.  |
| <b>Recommendations from Board meeting – 13 January 2025 – No recommendations made at this meeting</b> |   |   |   |                    |  |
| <b>Recommendations from Board meeting – 3 February 2025</b>   |   |   |   |                    |  |
| 106.  | <b>Council Budget Monitoring 2024/25 at Quarter 3</b>                 | RESOLVED that the O&S Board recommend to the Audit and Governance Committee that it instigate an investigation on the Carters Quay development.   | Audit and Governance Committee 27 February 2025 | Accepted           | Update provided to the A&G Committee at its meeting on 29 May. Chief Executive agreed that a report of the governance and process could be produced for the 24 July. It was also agreed to circulate by email the updated provided by the Director, Investment and Development together with the advice previously provided by the Monitoring Officer. <a href="#">Carters Quay - Update.pdf</a> A further report will be taken to Cabinet |
| <b>Recommendations from Board meeting – 4 March 2025</b>  |   |   |   |                    |  |

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

|      |  |  |                       |          |   |
|------|--|--|-----------------------|----------|---|
|      |  | RESOVLED that the O&S Board recommend to Cabinet that the draft recommendations of the Task and Finish Group relating to Throop and Holdenhurst (E) be recommended to Council, for approval for publication and consultation, without amendment.   |                       | Accepted |   |
|      |  | RESOLVED that the O&S Board recommend to Cabinet that the draft recommendations of the Task and Finish Group relating to Redhill and Northbourne (G) be recommended to Council, for approval for publication and consultation, without amendment   |                       | Accepted |   |
| 116. | <b>Bournemouth Development Company LLP Business Plan</b> | RESOLVED that the O&S Board recommend to Cabinet that a decision to extend the Winter Gardens site 'Option Execution Date' is deferred by Cabinet until the new BDC Partnerships Business Plan has been approved by Cabinet.   | Cabinet, 5 March 2025 | Rejected | The Cabinet did amend a recommendation as follows: Agrees the principle of an extension of the Winter Gardens site "Option Execution Date", with details to be agreed to be delegated to the Chief Operations Officer acting in consultation with the Leader of the Council, or until Cabinet have had the opportunity to review a revised partnership business plan including the site development plan for the revised Winter Gardens scheme." It was not able to agree a deferment of this decision as this would stop progress on the Winter Gardens development. |
| 117. | <b>Strategic Community Infrastructure Levy (CIL)</b>     | RESOLVED That the Board recommended to Cabinet:<br><br>1. That the spending priorities for Strategic CIL as set out in Option 2 of the paper over the period 2024/25 to 2029/30 be agreed provided CIL income is as forecast; and<br><br>2. That the report be updated annually for Cabinet and Council. | Cabinet, 5 March 2025 | Accepted | Accepted by Cabinet and spending priorities agreed for 2024/25 to 2029/30 for CIL.  |

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| 11. | <b>Blue Badge Update</b>        | The Chair requested that the matter also be raised with the Local Government Association particularly regarding the cost of administering the Blue Badge scheme and the limitations of the current data system  | Cabinet Portfolio Holder for Customer, Communication and Culture | Unknown  | Update on this issue awaited – no deadline date   |
| 12. | <b>Arts and Culture Funding</b> | Recommended to Cabinet:<br><br>1. That the O&S Board recognise the value of the NPOs funded by BCP to Health and well-being youth and the local economy and urge Cabinet to protect the funding BCP currently provides.<br>2. That Cabinet endorse the work that's been done with schools by the NPOs and recommends that Cabinet take action to encourage all schools to take part.<br>3. To explore whether it would be a benefit for a Councillor to be appointed as a member of the Board on any or all of the NPO organisations, and<br>4. That it ensures that the arts by sea festival goes ahead next year. | Cabinet, 13 May 2025   | Accepted | 1: The cultural funding remains in the MTFP so there is no change in that position as of the moment.<br>2: The Portfolio Holder is working with the Cultural Hub to encourage this.<br>3: The Portfolio Holder has spoken to the NPO and they respectfully suggested that this would not be helpful. The Portfolio Holder agreed with this especially as they would likely be a PH and the Portfolio Holder already had very close links with all of them.<br>4: We are planning for ABTS next year and awaiting funding news from ACE. |

**Recommendations from Board meeting – [9 June 2025](#)**

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| 22. | <b>Bournemouth Air Festival</b>                                 | The Overview and Scrutiny Board agreed with the recommendation that Cabinet agrees to Option 4 as set out in the report, which acknowledges the ongoing process for new events to come forward and stops any further work on an Air Festival for 2026 onwards.   | Cabinet, 18 June 2025 | Accepted | Recommendation accepted and confirmed that further work on the Air Festival for 2026 had been discontinued.   |
| 23. | <b>Bournemouth Development Company - Winter Gardens Project</b> | 1. The Overview and Scrutiny Board supported the following recommendations to Cabinet:<br><br>(c) Cabinet approves the BDC Partnership Business Plan for 2025 – 2030.<br>(c) Cabinet confirms the extension of the Site Option Execution Date to September 2028, allowing Muse as the Private Sector Partner in the BDC to fund the first stage of work on the new Winter Gardens scheme, resulting in a new Site Development Plan.<br>(c) Cabinet approves proceeding on the understanding that public parking will not be included in a new scheme design. | Cabinet, 18 June 2025 | Accepted | The development plans are due to come forward for consideration in December 2025 and it was proposed by the Leader that these would go to full Council. |

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|  |  | <p>2. The Overview and Scrutiny Board welcomed the development of the Town Centre Vision for Bournemouth and requested to scrutinise the regeneration visions for the 3 Towns in the BCP Area as these are redeveloped.</p> |  |                                   |   |
|  |  | <p>3. The Overview and Scrutiny Board welcomed the development of the Town Centre Vision for Bournemouth and requested to scrutinise the regeneration visions for the 3 Towns in the BCP Area as these are redeveloped.</p> |  | <p>Accepted – update provided</p> | <p>We are developing the narrative across the three towns identifying key strengths and uniqueness to build upon the vision set out in the Corporate Strategy : vibrant places, where healthy people and nature flourish, with a thriving economy in a healthy natural environment. To support this we've made good progress by the establishment of a Citizen's Panel and the Growth Board. The Citizen's Panel comprises of residents with a focus on the town centre which is helping to provide insight into how residents feel and engage within the space. The Growth Board is a newly established steering group which is comprised of representatives from key sectors within the BCP conurbation including Business Improvement District, education, manufacturing, Starts up and the volunteering sector. These perspectives are helping to shape our vision for BCP as a place which can thrive, for residents to feel civic pride and a destination for visitors to enjoy. The conversation at the O&amp;S focussed on how Winter Gardens fits into the wider context of the Town Centre and committee members asked for that to form part of any proposals from BDC. There is an existing Town Centre Vision which forms part of the Local Plan, and the intention is for BDC to review this to support a future planning application, ensuring it reflects the nature of the development proposals in</p> |

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|     |   |   |                       |  | the absence of a formal planning policy framework.   |
| 24. | <b>Leisure Services Presentation and Discussion</b> | The Overview and Scrutiny Board recommended that Cabinet be urged to put in place an "Access to Leisure" scheme across the whole BCP area as soon as possible, recognising that people in Poole have lost this facility and with particular emphasis on ensuring accessibility for people with disabilities | Cabinet, 18 June 2025 | Accepted – update from Portfolio Holder Provided | The Portfolio holder has asked that officers explore options around a renewed access to leisure facility and bring forward options, including but not limited to; how that would be managed, financial implications, and meeting the recommendation as requested by the Overview and scrutiny board. |

**Recommendations from Board meeting – [15 July 2025](#)**

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| 31. | <b>Enhancement to Pay and Reward Offer</b> | The Overview and Scrutiny Board supported the following recommendations to Council within the Cabinet report:<br>a) Agree the additional costs associated with enhancing the proposed Pay and Reward offer.<br>b) Agree the additional savings proposals outlined in Appendix 1 to ensure the cost implications of the proposal remain consistent with the February 2025 endorsed Medium Term Financial Plan.<br>c) Agrees the details of the enhanced offer shown in Appendix 4 and 5 that will form the basis of the signed collective agreement with our recognised trade unions.<br>d) Approves the recommended implementation date of 1 December 2025. | Cabinet, 16 July 2025 | Accepted | Agreed by Council on 22 July 2025. Work underway to achieve implementation for December 2025. |
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| 32. | <b>Scrutiny of Budget Related Cabinet reports – MTFP update report</b> | The Overview and Scrutiny Board endorsed the work of Members and Officers around SEND as set out in recommendation C of the report as follows:<br>In respect of the SEND deficit, note the update and acknowledges the action taken by the Leader and the Director of Finance | Cabinet, 16 July 2025 | Accepted |  |
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**Recommendations from Board meeting - [22 September 2025](#)**

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

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|  |  | 3. That the O&S Board support the recommendations as set out in the Cabinet report.   |                           |          |  |
| <b>Recommendations from Board meeting – 17 November 2025 – No recommendations made at this meeting</b> |  |   |                           |          |  |
| <b>Recommendations from Board meeting – <a href="#">8 December 2025</a></b>                            |  |   |                           |          |  |
| 79.  | <b>Medium Term Financial Plan (MTFP) Update</b>      | RESOLVED that the O&S Board advise Cabinet of its support for all recommendations as outlined in the Cabinet report.  | Cabinet, 17 December 2025 | Accepted | Cabinet noted the support for the recommendations within the report.   |
| <b>Recommendations from Board meeting – <a href="#">5 January 2026</a></b>                             |  |   |                           |          |  |
| 87.  | <b>Regeneration Progress Report</b>                  | That the Overview and Scrutiny Board recommend to Cabinet that, to enable effective lobbying of Government in the future, the draft of the BCP Growth Plan be shared with O&S Board Members when available and that Overview and Scrutiny be embedded in the plan's development and approval process.   | Cabinet, 14 January 2026  | Accepted | Extract from Cabinet minutes: The Leader thanked Councillor Salmon and the Board for bringing their recommendation to Cabinet and advised that she was minded to accept the recommendation and that a formal response would be provided to the Board.  |
| <b>Recommendations from Board meeting – <a href="#">9 February 2026</a></b>                            |  |   |                           |          |  |
| 95.  | <b>Budget 2026/27 and Medium-Term Financial Plan</b> | The Overview and Scrutiny Board recommend to Cabinet that the questions asked in the budget consultation be reviewed to ensure that they are relevant to the choices which need to be made in the 2027/28 budget setting.   | Cabinet, 11 February 2026 | Accepted | Extract from Cabinet minutes: Cabinet acknowledged the recommendation from the Overview and Scrutiny Board and in relation to this the Leader confirmed that the Cabinet accepted the recommendation and advised that they would collaborate with the Chair and the Board to explore ways in which the questions could be improved for the following year. |
| <b>Recommendations from Board meeting – <a href="#">23 February 2026</a></b>                           |  |   |                           |          |  |
| 103.   | <b>Consultation Framework Working Group Report</b>   | <ol style="list-style-type: none"> <li>1. That the Overview and Scrutiny Board recommend to Cabinet that it adopts the Code of Good Practice – see the following link to the draft document: <a href="#">Code of Good Practice</a></li> <li>2. That the Overview and Scrutiny Board recommend to Cabinet that all members should be notified of consultations at least 1 week in advance of going live, providing summary detail of the topic for consultation.</li> <li>3. That the Overview and Scrutiny Board endorse the ongoing work to produce an internal</li> </ol> | Cabinet, 4 March 2026     | TBC      | Extract from Cabinet minutes: The Leader thanked Councillor Salmon and the committee for all their work and for bringing their recommendations to Cabinet and further to this advised that a response would be provided directly to the Board once Cabinet had had the opportunity to consider the recommendations in detail.                              |

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|   |  | <p>consultation toolkit, which should provide clear guidance on confidentiality.</p> <p>4. That the Overview and Scrutiny Board recommend to Cabinet that it endorses an approach to every consultation which clearly outlines that it is not a referendum.</p> <p>5. That the Overview and Scrutiny Board recommend to Cabinet that funding for the establishment of a citizens panel is built into future budgets for Consultations.</p>   |                        |     |   |
| 103.  | <b>Consultation Framework Working Group Report</b> | <p>1. That the Overview and Scrutiny Board recommend that the Chief Executive bring the Consultation Forward Plan to Group Leaders Meetings on a quarterly basis in order to raise awareness with members. As well as informing of forthcoming consultations the update should provide guidance on confidentiality and expectations for member engagement.</p> <p>2. That the Overview and Scrutiny Board recommend to officers that greater clarity be provided around why particular consultation methods were chosen and also clarity on the reason why a consultation is taking place and how the results of the consultation will be used.</p> <p>3. That the Overview and Scrutiny Board recommend that officers give consideration to the most robust consultation process available, recognising that sample surveys tend to be more robust and consider the additional costs involved with this</p> | Officers               | TBC |   |
| <b>Recommendations from Board meeting – 23 March 2026</b> |  |  |                        |     |   |
| 113.  | <b>Parking Around Schools</b>                      | <p>1. That the parking enforcement team be asked to circulate information to all educational settings and councillors with general guidance around the limitations and responsibilities of parking enforcement officers and the police including suitable contact details.</p> <p>2. That a Communications campaign be organised through the 'safer routes to schools' team regarding an emphasis on enforcement going forwards and that consideration be given</p>  | Cabinet, 26 March 2026 | TBC | Extract from minutes: The Leader thanked Councillor Salmon for their discussion and debate on this item and for bringing the recommendations to Cabinet. In relation to this the Leader advised that a formal response would be provided directly to the Committee by the Portfolio Holder for Climate Response, Environment and Energy, Councillor Andy Hadley once the Cabinet had had the opportunity to |

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|      |  | <p>to using specific information related to educational settings, e.g. levels of fines within a specific area in order to encourage a decrease in the instances of parking infringements to reduce the overall amount of fines.</p> <ol style="list-style-type: none"> <li>2. That the relevant Portfolio Holder write to the DfT emphasising the need to increase fines to help with dangerous parking outside schools.</li> <li>3. That the 'safer routes to schools' team be asked to review if any free resources are available for educational settings, to share with parents to help create a shift in parent driving behaviour including exploring whether Op Relentless Community Funding from Dorset Police could be used for this.</li> <li>4. That it notes the Board's support for the good work already underway from the Parking Team to look at funding options for camera parking enforcement on school zigzags and the Board's support for the Parking Team's work to increase availability of enforcement officers at key times for school parking issues.</li> <li>5. That it supports the current review by the Transport Team of road markings at educational settings to ensure that the most appropriate markings are in place.</li> <li>7. That it agrees that when planning applications are submitted for schools the 'safer routes to schools' team be informed.</li> </ol> |                        |     | consider the recommendations in detail.   |
| 114. | <b>Key Lines of Enquiry (KLOE) relating to parking pressure in high season</b> | <ol style="list-style-type: none"> <li>1. That, in the development of the Local Plan and/or parking strategy, consideration is given to the provision of parking spaces for people to park overnight and sleep, including travellers, van lifers and holiday makers, ensuring that the communities affected are appropriately consulted.</li> <li>2. That, in the development of the local plan consideration is given to the provision of camp sites within BCP.</li> </ol>  | Cabinet, 26 March 2026 | TBC | Extract from minutes: The Leader thanked Councillor Salmon for their discussion and debate on this item and for bringing the recommendations to Cabinet. In relation to this the Leader advised that a formal response would be provided directly to the Committee by the Portfolio Holder for Climate Response, Environment and Energy, Councillor Andy Hadley once the Cabinet had had the opportunity to consider the recommendations in detail. |

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|  |  | 3. That within the Local Transport Plan the provision of park and ride options are given full consideration. |  |  |  |
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## OUTSTANDING ACTIONS

| Minute number   | Item  | Action*<br>*Items remain until action completed.  | Benefit  | Updates   |
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| <b>Actions from Board meeting – 12 May 2025</b>       |   |   |  |   |
| 10.   | <b>BCP Complaints Policy</b>                        | RESOLVED that the Board further examine the role of councillors in the complaints process, particularly in relation to ward issues and casework.  | To ensure the effectiveness of both the Councils complaints process and work of Ward Councillors                     | Work underway - Cllr S Aitkenhead as rapporteur |
| <b>Actions from Board meeting – 22 September 2025</b> |   |   |  |   |
| 38.   | <b>Commercial Operations</b>                        | Portfolio Holder to provide an update on the current situation in 6 months-time with a view to scheduling further scrutiny when appropriate.  | To monitor and receive updates on this area of the Council   | Update due to the Board in March.               |
| <b>Actions from Board meeting – 20 October 2025</b>   |   |   |  |   |
| 57.   | <b>BCP Council Library – Draft Library Strategy</b> | A potential item be included on the O&S work programme on a review of income generation opportunities within the library service, including commercialisation options and partnership models.   | TBC  |   |
| <b>Actions from Board meeting – 5 January 2026</b>    |   |   |  |   |
| 87.   | <b>Regeneration Progress Report</b>                 | That a small group be convened including Cllrs J Beesley, P Canavan and K Salmon to scope draft Key Lines of Enquiry on a number of the issues raised for future scrutiny in preparation of the O&S Work Programming process.   | To ensure that the issues raised are given due consideration and ensure that the work planning process can continue. |   |
| <b>Actions from Board meeting – 23 February 2026</b>  |   |   |  |   |
| 103.  | <b>Consultation Framework Working Group Report</b>  | The Board also asked officers to review whether the framework (Code of Good Practice) should more explicitly reference the need for meaningful, decision- relevant consultation questions. Officers agreed to thoroughly check through the Code and make adjustments if required. | To ensure that this is taken into consideration when the Code of Good Practice is adopted.                           |   |

## ENVIRONMENT AND PLACE OVERVIEW AND SCRUTINY

UPDATED: 17.03.26

| Minute number   | Item  | Recommendation made<br>*items remain for monitoring until implementation is complete or committee agree to remove.  | Recommended to<br>*name of receiving body/ Officer, and date received | Outcome<br>*accepted/ partially accepted/ rejected/ unknown. | Implementation updates   |
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| <b>Recommendations from Committee – <a href="#">15 May 2024</a></b>       |   |   |   |  |  |
| 28  | <b>Improvement of the environment in Poole Park through a trial closure of a park entrance to motor traffic</b> | Cabinet refer the matter to Full Council for decision.  | Cabinet, 22 May 2024  | <b>Rejected</b>  | <p>Extract from Cabinet minutes:</p> <p>'Cabinet members questioned the benefit of taking the report to full council for further debate and felt that the decision should be made.'</p> <p>Decision made:<br/> <b>RESOLVED that Cabinet: -</b><br/>                     (a) Agrees that the current trial closure, of the Whitecliff entrance and exit point to motor vehicles, is made permanent in Poole Park.<br/>                     (b) Agrees that current arrangements are retained, and motor vehicles can still access Poole Park and its facilities.'</p> |
| <b>Recommendations from Committee – <a href="#">11 September 2024</a></b> |   |   |   |  |  |
| 15  | <b>Plant-based and reduced meat and dairy diets: discussion paper</b>   | RESOLVED that<br>a. the Environment & Place Overview & Scrutiny Committee considered the information presented in the discussion paper and gave their views on possible approaches Cabinet may wish to take in relation to the promotion of plant-based and reduced meat and dairy diets. These proposals will then be subject to further evidence-gathering and consultation.<br>b. To support the treaty and do more work outside the committee on the position statement.<br>c. The draft position statement be brought back to the Committee for further consideration with information | Portfolio Holder and Officers   | <b>Accepted</b>  | A revised position statement with measurable objectives was returned to the committee for further scrutiny in October 2025.  |

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

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

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

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| 49 | <b>Recommendations from the Safer</b> | Recommendations to Cabinet | Cabinet date, 26 November 25 | Agreed | 1. The proposed Safe Accommodation Strategy delivery plan includes a number of actions around communication, training and specialist |
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| <p><b>Accommodati<br/>on Strategy<br/>Working<br/>Group</b></p> | <p>1. That as part of the Safe Accommodation Strategy development, officers consider an awareness campaign and/or guidance materials on the different types of financial support that are available to support those fleeing domestic abuse, in particular in relation to different types of housing tenure (e.g. shared tenancies, joint mortgages), in order to break down a significant barrier to survivors accessing support to end their abuse.</p> <p>2. That the engagement plan for the Safe Accommodation Strategy should ensure that the voices of those with lived experience are heard and reflected within the Strategy.</p> <p>3. That an all councillor briefing session be added to the Safe Accommodation Strategy engagement plan, to ensure members are adequately informed about the strategy and able to contribute views, and to enable them to fulfil their role within the community by communicating the benefits of the Safe Accommodation Strategy to residents.</p> <p>4. a) that the provision of safe accommodation and associated commissioning process be reviewed, b) that scrutiny members be invited to review and input into this review, prior to the commencement of commissioning, through an additional meeting of this working group.</p> <p>5. That the use of temporary accommodation be continuously reviewed and specific KPIs be established for monitoring the success of the new safe accommodation model, including occupancy rates, length of stay, outcomes for survivors (e.g., successful move-on to permanent housing), and survivor satisfaction. These KPIs should be reviewed regularly by the relevant scrutiny committee to ensure accountability and transparency.</p> <p>6. That Cabinet, with the support of the council's Corporate Management Board, be requested to take a</p> |  |  | <p>advice that will ensure any household receives correct and clear information. Please see attached strategy delivery plan.</p> <p>2. Public consultation on the three domestic abuse strategies (Prevention of Domestic Abuse, Safe Accommodation and Perpetrator Strategies) has been completed, alongside several sessions on the Safe Accommodation Strategy with our established experts by experience group, including a dedicated session on the delivery plan. We will continue working with this group to monitor implementation, which includes actions to train and support experts by experience so they can actively participate in the commissioning and procurement of domestic abuse services.</p> <p>3. An all councillor briefing will be arranged in due course.</p> <p>4. The Safe Accommodation Strategy will be submitted with a commissioning plan for scrutiny and review.</p> <p>5. The proposed Safe Accommodation Strategy delivery plan sets out several actions that will contribute to this recommendation including the following:</p> <p>2.1.3 We will minimise the use of temporary accommodation and where this is provided, as a last resort, specialist Domestic Abuse support will be offered until the household can move into safe accommodation.</p> <p>5.1.1 Set up a task and finish group under the governance of the Domestic Abuse Strategy Group to agree future data monitoring across commissioned services, BCP Homes, BCP Council Housing, Adult Social Care and Children's Social Care.</p> <p>6. The Safe Accommodation Strategy will be submitted with a commissioning plan which will set out the procurement intentions for the next 3 years.</p> |
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|  |  | view on forthcoming decisions that may be of significant or contentious public impact, regardless of decision-making thresholds, and an all councillor briefing be held before any such decisions are made, to enable all councillors, and particularly ward councillors, to be properly informed.                             |   |                    |  |
| <b>Recommendations from Committee – 14 May 2025 – No recommendations made at this meeting.</b> |  |  |   |                    |  |
| <b>Recommendations from Committee – <a href="#">9 July 2025</a></b>                            |  |  |   |                    |  |
| 17   | <b>Local Area Energy Plan</b>  | It is RECOMMENDED that:<br><br>1) The recommendation as outlined in the report be approved by Cabinet.<br>2) Cabinet add as an external stakeholder, the community to be represented in all stakeholder engagement, including any panels, meetings or focus groups.  | Cabinet   | Partially accepted | Cabinet approved the recommendations in the report and so accepted recommendation 1 from O&S.<br><br>Cabinet were silent on recommendation 2 from O&S – seek an update.  |
| 18   | <b>Email and Document Storage Retention – Impact Analysis on Costs and Environmental Factors &amp; Recommendations</b> | It is RECOMMENDED to cabinet that:<br><br>as per Option (B), the Committee supports the continuation of activity already underway, as part of the Councils Data and Innovation Programme, to re-assess and profile Microsoft 365 end-user licensing requirements, moving colleagues to lower-costs licenses where appropriate. | Cabinet   | Unknown            | Cabinet did not address this recommendation at the meeting<br><br>The committee may wish to seek an update on this recommendation response, although the recommendation itself shows support for continued work within the council and so would require noting by Cabinet and not consideration. |
| <b>Recommendations from Committee – <a href="#">8 October 2025</a></b>                         |  |  |   |                    |  |
| 26   | <b>Plant-based and reduced meat and dairy diets: draft position statement and action plan</b>                          | RESOLVED that:<br><br>a) All mentions of the word vegan be replaced with Plant-Based throughout the paper.<br>b) Switching the target from 20% for plant-based concessions to 25%.<br>c) That Council adopt the position statements and strategy for plant based diets in BCP Council with the amendments above.               | Received by Cabinet, 29 October 2025.<br><br>Then deferred by Cabinet for consideration at 26 November 2025 meeting | Unknown            | Awaiting response from Portfolio Holder  |

| Recommendations from Committee – <a href="#">19 November 2025</a> |   |  |                           |                    |   |
|---|---|--|---------------------------|--------------------|---|
|   | <b>Waste Strategy for Bournemouth, Christchurch and Poole Council 2026-2036</b> | <p>RESOLVED that the committee supported the recommendations as set out in the report to Cabinet including Option 1 regarding the removal of current separate kerbside battery collections but requested an additional point be included in respect of this option to read:</p> <p>(ii) and to develop a convenient battery recycling scheme with local businesses to create more easily accessible drop off points</p> <p>and in addition, requested the strategy at appendix 1 be amended to include the following: -</p> <p>(a) Paragraph 5.1 of Appendix 1 'A Waste Strategy for BCP Council 2026-2028' be amended to include '<i>and incineration</i>' so that the paragraph reads '<i>5.1 Tendering waste disposal contracts that embed the waste hierarchy and minimise the use of landfill and incineration</i>'; and</p> <p>(b) Paragraph 5.3 of Appendix 1 'A Waste Strategy for BCP Council 2026-2028' be amended to include '<i>whilst also considering the carbon footprint of the type of disposal</i>' so that the paragraph reads '<i>5.3 Prioritising waste site proximity where possible, so waste travels only as far as it needs to and reduces the significant carbon impact of transporting waste whilst also considering the carbon footprint of the type of disposal</i>'.</p> | Cabinet, 17 December 2025 | Partially accepted | <p>Extract from Cabinet minutes:</p> <p>The Portfolio Holder thanked the Environment and Place Overview and Scrutiny Committee for their consideration of the report and their recommendations. In relation to this the Portfolio Holder advised that he felt the additional recommendation of (ii) was not necessary as people would be signposted to available organisations, and that this would include those who offered a postal collection of batteries which would assist those unable to access those in shops. In addition, the Portfolio Holder advised that any shops selling batteries were required to provide a collection of used batteries.</p> <p>Further to this the Portfolio Holder advised that the recommendations raised in relation to paragraph 5.1 and 5.3 would be included within the tendering priorities and that he was happy to accept both of those recommendations. The seconder advised that they were also content with these.</p> |
| Recommendations from Committee – 25 February 2026                 |   |  |                           |                    |   |
| 9   | <b>Homelessness and Rough Sleeping Strategy 2026-2031 Update</b>                | <p>i) The committee endorse the Homelessness and Rough Sleeping Strategy 2026–2031 and consider any further improvements ahead of consideration at Cabinet in May 2026</p> <p>ii) supports the co-production of the Delivery Plan with people who have lived experience and through a working group of Homelessness Delivery Board members.</p>  | Cabinet, 4 March 2026     | TBC                | <p>Extract from Cabinet minutes: The Leader thanked Councillor Rigby and the committee for all their work and for bringing their recommendations to Cabinet. In relation to this the Leader thanked the Committee for their endorsement of the strategy and advised that a response would be provided directly to the Committee once Cabinet had had the opportunity to consider the recommendations in detail.</p>   |

**Recommendations from Committee – 20 May 2026**

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**Recommendations from Committee – 15 July 2026**

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**Recommendations from Committee – 9 September 2026**

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**Recommendations from Committee – 18 November 2026**

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**Recommendations from Committee –**

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33

**OUTSTANDING ACTIONS**

| Minute number                    | Item | Action*<br>*Items remain until action completed. | Benefit | Updates |
|----------------------------------|------|--|---------|---------|
| <b>No current agreed actions</b> |      |  |         |         |
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## CHILDREN'S SERVICES OVERVIEW AND SCRUTINY

UPDATED: 18.03.26

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

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

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

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

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

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

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

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

**Recommendations from Committee – [25 November 2025](#)**

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

**Recommendations from Committee – 27 January 2026**

|          |  |  |                          |     |   |
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| 37<br>55 | <b>Invest to Save Budgets in the High Needs Block of the Dedicated Schools Grant (DSG)</b> | RESOLVED that the Committee agreed the following recommendations and that they be passed to Cabinet:<br>a.) Note the current High Needs Block (HNB) position and the impact and cost avoidance of the initiatives implemented to date including the increased supply of specialist places, the early years inclusion model (Dingley's Promise) and the positive impact of the Portage Service.<br>b.) Endorse the invest-to-save programme and the establishment of the High Needs Block Deficit Recovery Plan Board, including its role in approving a benefits-measurement framework to evidence cost avoidance and prevent double-counting across initiatives.<br>c.) Support the progression of the following priority initiatives: <ul style="list-style-type: none"> <li>• Digitalisation of High Needs funding processes (integrated with the SCM upgrade)</li> <li>• Synergy Case Management (SCM) upgrade to go-live (target May–June 2026)</li> <li>• Pre-EHCP targeted funding model (subject to affordability and governance)</li> </ul> | Cabinet, 4 February 2026 | TBC | Extract from Cabinet minutes: The Leader thanked Councillor Carr-Brown and the Committee for bringing their recommendations to Cabinet and further to this the Portfolio Holder for Children's Services, Councillor Richard Burton advised that he would attend a future meeting of the Committee to formally respond to the recommendations. |
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| 56 | <b>Family Hubs Working Group Final Report</b> | The Committee agreed the Working Group's recommendations to Officers:<br>1. Continue to build on the strong foundations of community engagement, with a focus on inclusivity and responsiveness.<br>2. Explore ways to support staff wellbeing that are informed by staff experiences and feedback.<br>3. Develop clear measures of effectiveness relating to Family Hubs, with key performance indicators focused on reach, inclusivity and responsiveness to evolving community needs, supported by improved data collection and feedback. | Officers                 |     |   |
| 56 | <b>Family Hubs Working Group Final Report</b> | The Committee agreed to make Cabinet aware that the Working Group recommended Cabinet:<br>1. Notes the scrutiny that has been undertaken on Family Hubs and the Working Group's finding of the strong staff commitment to community engagement.<br>2. Endorses continued support for Family Hubs, with future priorities to include investment in staff capacity, professional development and enhanced tools to evidence impact.  | Cabinet, 4 February 2026 | TBC | Extract from Cabinet minutes: The Leader thanked Councillor Carr-Brown and the Committee for bringing their recommendations to Cabinet and further to this the Portfolio Holder for Children's Services, Councillor Richard Burton advised that he would attend a future meeting of the Committee to formally respond to the recommendations. |

38

**Recommendations from Committee – 10 March 2026 - No recommendations made at this meeting.**

**Recommendations from Committee – 16 June 2026**

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**Recommendations from Committee – 14 September 2026**

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**Recommendations from Committee – 24 November 2026**

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**Recommendations from Committee – 26 January 2027**

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**Recommendations from Committee – 9 March 2027**

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**OUTSTANDING ACTIONS**

| Minute number     | Item  | Action*<br>*Items remain until action completed.   | Benefit | Updates                                      |
|-------------------|---|--|---------|--|
| 11 March 2025     |   |  |         |  |
| 69                | <p><b>SEND Improvement Update</b></p> <p><a href="#">SEND Improvement Update.pdf</a></p>  | <p>Decision made:<br/>The officers agreed to share the full review of the DSG finances as well as the SEND improvement board's response to the review.</p> <p><b>Action – Officers aware</b></p> <p>The Committee requested an update on the ongoing work regarding education outside of school and home education and asked that it be shared with the Committee.</p> <p><b>Action – Officers aware</b></p> |         |  |
| 15 September 2025 |   |  |         |  |
| 25                | <p><b><u>Alternative Provision Improvement Plan</u></b></p> <p><a href="#">Alternative Provision Improvement Plan Final.pdf</a></p> | <p>Decision Made:<br/>The Committee discussed the routes into AP, including exclusions and EHCPs, and officers agreed to provide further data on this breakdown.</p> <p><b>Action – Officers aware</b></p>   |         | To be incorporated into new SEND/AP Strategy |
| 27 January 2026   |   |  |         |  |
| 51                | <p><b><u>Recommendation Tracker</u></b></p>   | <p>Members agreed to review the tracker in more depth around June 2026.</p> <p><b>Action – Committee aware</b></p>   |         |  |
| 53                | <p><b><u>Members of Youth Parliament Update</u></b></p>   | <p>The mental health training video would be shared with Members when available, and officers would confirm whether it would be appropriate to present the video at a future Committee meeting or to circulate it outside the meeting.</p> <p><b>Action – Officers aware</b></p>   |         |  |

| Minute number | Item   | Action*<br>*Items remain until action completed.  | Benefit | Updates |
|---------------|--|---|---------|---------|
| 54            | <u>Housing for Care Experienced Young People</u>   | The Committee was advised that Youth Homelessness Board data is reported regularly, and it was agreed that officers would provide the Committee with a summary of these metrics, including information on repeat homelessness and outcomes for care experienced young people.<br><br><b>Action – Officers aware</b> |         |         |
| 55            | <u>Invest to Save Budgets in the High Needs Block of the Dedicated Schools Grant (DSG)</u> | Officers agreed to circulate information on the Portage service to Members and, if helpful, arrange a short briefing session on the service.<br><br><b>Action – Officers aware</b>  |         |         |

## HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE

UPDATED: 18.03.26

| Minute number  | Item  | Recommendation made<br><small>*items remain for monitoring until implementation is complete or committee agree to remove.</small>   | Recommended to<br><small>*name of receiving body/ Officer, and date received</small> | Outcome<br><small>*accepted/ partially accepted/ rejected/ unknown.</small> | Implementation updates  |
|--|---|---|--|---|---|
| <b>Recommendations from Committee meeting – <a href="#">20 May 2024</a></b>  |   |   |  |   |   |
| 11   | <b>Data Working Group Final Report</b>                | <p>The Committee recommend to the O&amp;S Board:</p> <ul style="list-style-type: none"> <li>that a similar [data] toolkit be developed for all O&amp;S committees to reflect the relevant data and policy landscape within the remit of these committees. This to be added to the O&amp;S Action Plan.</li> <li>that the Data Use Toolkit be highlighted within the O&amp;S annual report to Council.</li> </ul>  | Overview and Scrutiny Board (16 July 2024).  | <b>Recommendations accepted.</b>  | <p>Toolkit development for all O&amp;S committees has been added to the O&amp;S Action Plan.</p> <p>Toolkit for the Children’s O&amp;S Committee is near completion. All others are yet to start and will be developed when resources allow.</p> <p>The Data Use Toolkit was highlighted within the 2023/24 O&amp;S annual report to Council.<br/>(Update by O&amp;S Specialist, 24/4/25)</p>   |
| <b>Recommendations from Committee meeting – <a href="#">15 July 2024</a></b> |   |   |  |   |   |
| 21   | <b>Adult Social Care Business Transformation Case</b> | <p>The Committee recommend that Cabinet recommends that Council:</p> <p>a) Approves the business case for a new adult social care transformation delivery model to improve outcomes for residents and to achieve financial efficiencies and savings enabled by investment.</p> <p>b) Agrees to the establishment of a formal transformation programme; ‘Fulfilled Lives’.</p> <p>c) Agrees to the proposed investment of £2.9M, with Corporate Management Board being provided 6-monthly stage reviews on the progress of the transformation programme.</p> | Cabinet (17 July 24) and Council (23 July 24)  | <b>Recommendations partially accepted at both Cabinet and Council</b>       | <p>The final decision of Council was different from the committee recommendation as follows:</p> <p>Resolved that Council:</p> <p>(a) Approves in principle the business case for a new adult social care transformation delivery model to improve outcomes for residents and to achieve financial efficiencies and savings enabled by investment of up to 2.9M;</p> <p>(b) Agrees to the establishment of a formal transformation programme; ‘Fulfilled Lives’;</p> <p>(c) Agrees to an initial 12-month investment of 1.79M, with an interim report to Cabinet on progress of the design phase in January 2025 and a full report by July 2025, with recommendations for further investment; and</p> |

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|  |  | d) Invites the Health and Adult Social Care Overview and Scrutiny Committee to provide regular scrutiny of progress towards benefits and sustainable change. In particular, the Committee be invited to review the progress against the four priority areas of the Fulfilled Lives programme and the risks and opportunities of data with ASC transformation  |                           |  | (d) Invites the Health and Adult Social Care Overview and Scrutiny Committee to provide regular scrutiny of progress towards benefits and sustainable change. In particular the Committee be invited to review the progress against the four priority areas of the Fulfilled Lives programme and the risks and opportunities of data with ASC transformation.<br><br>Implementation update required on a)-c) above.<br><br>Implementation update on d) above:<br><br>The Health & ASC O&S Committee now receives regular reports on the Fulfilled Lives programme to provide opportunity for ongoing scrutiny of the transformation delivery.<br>(Update by O&S Specialist, 24/4/25) |
| <b>Recommendations from Committee meeting – 24 September 2024 –</b> No recommendations made at this meeting. |  |   |                           |  |  |
| <b>Recommendations from Committee meeting – <a href="#">2 December 2024</a></b>                              |  |   |                           |  |  |
| 46   | <b>Health and Social Care for the Homeless</b> | The Committee recommend that Cabinet:<br><br>Discuss the issues caused by a lack of funding for rough sleepers with no local connection and those without an identified priority need with a view to developing solutions in partnership with other local authorities and key stakeholders such as the Integrated Care Board and relevant ministers to create a robust system that does not fail our most vulnerable or unfairly place the responsibility for caring for these people on local particular local authorities, with a view to getting something in place before the new strategy. | Cabinet, 10 December 2024 | Acceptance <b>unknown</b> – recommendation received by Cabinet with advice that it would be considered at a future meeting of the Cabinet. | Cllr Kieron Wilson is responding by email to this recommendation.  |

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| 47   | <b>Transforming Urgent and Emergency Care Services</b> | <p>The Committee recommend that Cabinet recommends to Council:</p> <p>a) Notes the summary of the diagnostic review, including improved outcomes for residents and financial benefits for the Council.</p> <p>b) Notes that under the draft Partnership Agreement with Dorset health and care partners, anticipated benefits are significantly in excess of costs to the Council.</p> <p>c) Delegates to the Corporate Director for Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and the Director of Finance, authority to enter into the Partnership Agreement to undertake the proposed transformation programme.</p> | Cabinet (10 December 2024) and Council (10 December 2024) | Recommendations <b>accepted</b> at both Cabinet and Council                                  |  |
| <b>Recommendations from Committee meeting – <a href="#">3 March 2025</a></b>   |  |  |   |  |  |
| 61   | <b>Adult Social Care Strategy 2025-28</b>              | <p>The Committee recommend to Cabinet:</p> <ul style="list-style-type: none"> <li>the inclusion of some clear targets ideally linked to the Adult Social Care Outcomes Framework (ASCOF) within the Adult Social Care Strategy; and</li> <li>the inclusion of an overview of how to better integrate performance and activity data with finance data in the Adult Social Care Strategy.</li> </ul>   | Cabinet (2 April 2025)                                    | Response <b>unknown</b> – recommendations 'welcomed' by Cabinet but no clear response given. | <p>The final decision of Cabinet did not reflect the recommendations made by the committee, and was as follows:</p> <p>'Resolved that the new ASC Strategy 2025-28 is linked to the Corporate Vision and supports corporate priorities under 'Our People and Communities.'</p> <p>Update required. Committee may wish to seek a response from relevant Portfolio Holder back into committee.</p> |
| <b>Recommendations from Committee meeting – <a href="#">19 May 2025</a></b> No recommendations made at this meeting. |  |  |   |  |  |
| <b>Recommendations from Committee meeting – <a href="#">14 July 2025</a></b>   |  |  |   |  |  |
| 20   | <b>Adult Social Care Fulfilled Lives</b>               | <p>The HASC O&amp;S Committee:</p> <p>1. Supports the recommendation to Cabinet that Council approves the request</p>  | Cabinet 26 July 2025                                      | Accepted   | Cabinet and Council approved the release of the remaining £1.1m as outlined at part 1 of the recommendation.   |

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|   | <b>Transformation Programme</b>                         | for the release of the remaining £1.11m funding that was previously agreed to allow the Fulfilled Lives Programme to reach completion and realisation of the benefits; and<br>2. Continues to monitor this four-year programme in particular around self-directed support and support at home that will enable people to stay independent.  |                        |          |   |
| <b>Recommendations from Committee meeting – <a href="#">23 September 2025</a></b>                       |   |   |                        |          |   |
| <b>30</b>   | <b>Get Dorset &amp; BCP Working Plan - GD&amp;BCPWP</b> | The Committee RECOMMENDS that:<br>1) The recommendations as outlined in the report be approved by Cabinet.<br><br>2) That Cabinet agree for the Get Dorset & BCP Working Plan to return to an Overview and Scrutiny Committee at an appropriate stage for further scrutiny, to enable Members to review its delivery, assess its impact in supporting individuals to return to work, and consider whether intended outcomes are being achieved. | Cabinet 1 October 2025 | Accepted | Report recommendations agreed by Council.                               |
| <b>Recommendations from Committee meeting – <a href="#">1 December 2025</a></b>                         |   |   |                        |          |   |
| <b>44</b>   | <b>FutureCare Programme – Mid Programme Review</b>      | RESOLVED that the Committee requests the programme return to its next meeting on 2 March 2026 with detailed financial and impact data to scrutinise.  | Officers               | Accepted | Coming back to Committee on 2 March with further information requested. |
| <b>Recommendations from Committee meeting – 2 March 2026 – No recommendations made at this meeting.</b> |   |   |                        |          |   |
| <b>Recommendations from Committee meeting – 19 May 2026</b>   |   |   |                        |          |   |
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**Recommendations from Committee meeting – 20 July 2026**

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

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

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

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**OUTSTANDING ACTIONS**

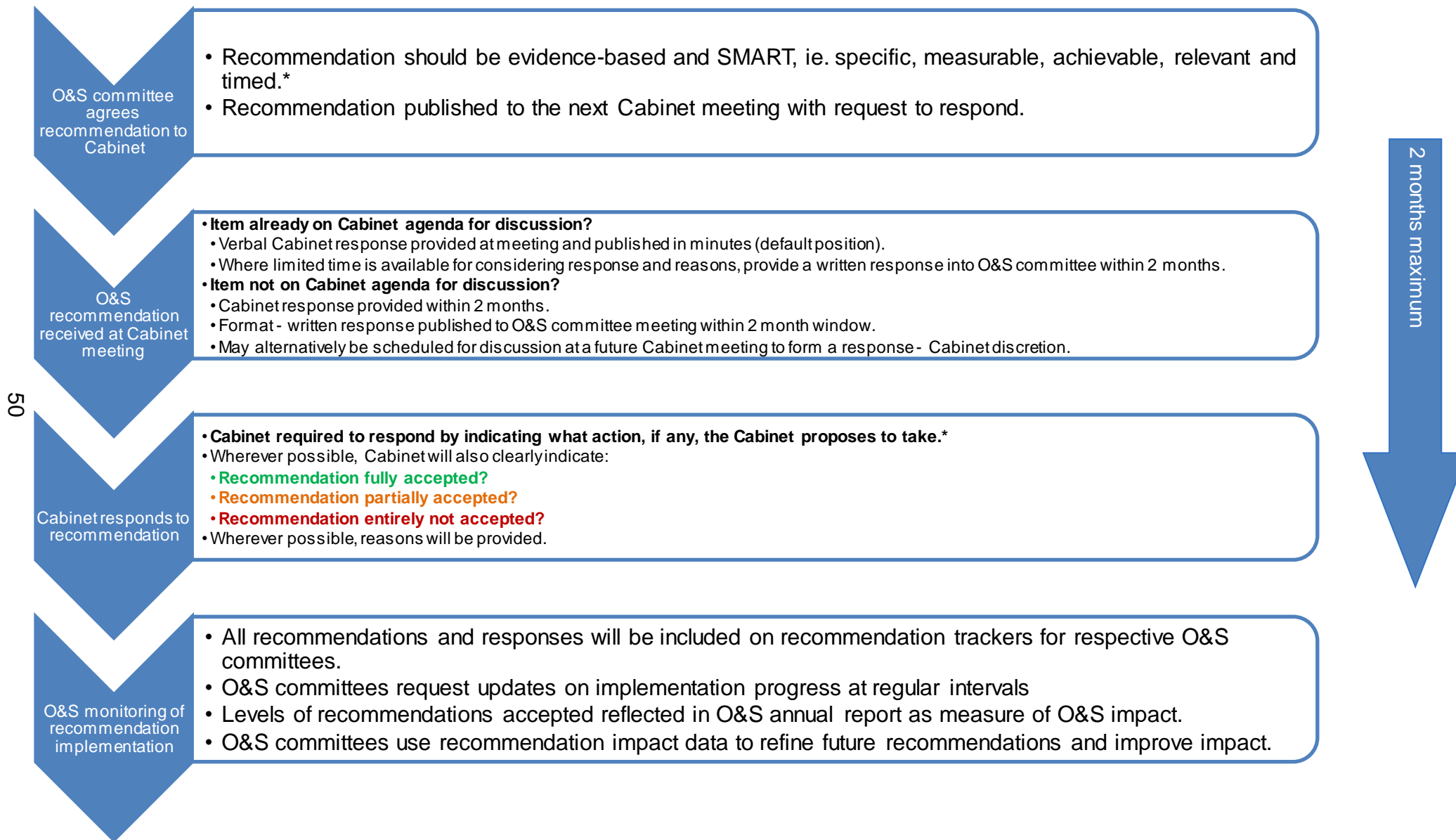
| Minute number   | Item  | Action*<br>*Items remain until action completed.   | Benefit  | Updates |
|---|---|--|--|---------|
| <b>Actions arising from Committee meeting – 25 September 2023</b> |   |  |  |         |
| 20  | <b>National Suicide Prevention Strategy</b>           | Decision Made:<br>The 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.<br><br><b>Action – Public Health aware</b>  |  |         |
| <b>Actions arising from Committee meeting – 15 July 24</b>        |   |  |  |         |
| 47  | <b>Adult Social Care Transformation Business Case</b> | Decision Made:<br>That key risks and Key Performance Indicators be included in future reports regarding the Transformation Programme<br><br><b>Action – Officers aware</b>   | To enable the Committee to have this information when scrutinising |         |
| <b>Actions arising from Committee meeting – 24 September 24</b>   |   |  |  |         |
| 34.   | <b>Adult Social Care Budget Presentation</b>          | Decision made:<br>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.<br><br><b>Action: to be considered further</b> |  |         |
| <b>Actions arising from Committee meeting – 3 March 25</b>        |   |  |  |         |

| Minute number  | Item   | Action*<br>*Items remain until action completed.   | Benefit | Updates   |
|--|--|--|---------|---|
| 59.  | The Transformation of UHD Hospitals                        | Decision Made:<br>That the Director of Adult Social Care be the contact for any Cllrs wishing to visit the new facilities<br><br><b>ACTION – Director and Cllrs aware.</b>   |         |   |
| 64.  | Work Plan  | Decision Made:<br>As requested by the Overview and Scrutiny Board, the Committee will monitor the proposed increase of block booked beds for long-term care and that an update on progress against this be provided at an appropriate time.<br><br><b>ACTION – added to the work plan with no date yet identified.</b>   |         | An update requested under budget presentation in September 2025 |
| <b>Actions arising from Committee meeting – 19 May 25</b>  |  |  |         |   |
| 11   | FutureCare Programme Update                                | Decision Made:<br>That the Committee receive data regarding bed capacity and workforce numbers at an appropriate time.<br><br><b>Action – Officers aware</b><br><br>Decision Made:<br>That the Committee receive data around benefits tracking and monitoring to be reported to a meeting at a future date.<br><br><b>Action – Officers aware and added to the work plan</b><br><br>Decision Made:<br>That the Committee receive further information regarding capacity within secondary care to fulfil the future need.<br><br><b>Action – Officers aware</b> |         |   |
| <b>Actions arising from Committee meeting – 14 July 25</b> |  |  |         |   |
| 20.  | Adult Social Care Fulfilled Lives Transformation Programme | Decision Made:<br>That the Committee receive quantitative data about the impact in future reports.   |         |   |

| Minute number   | Item  | Action*<br>*Items remain until action completed.   | Benefit   | Updates                                   |
|---|---|--|---|---|
|   |   | <b>Action – Officers aware</b>   |   |   |
| <b>Actions arising from Committee meeting – 23 September 25</b> |   |  |   |   |
| 31.   | <b>Tricuro: Business Plan Review and Objectives 2025-26</b> | <p>Decision Made:<br/>The Committee requested data on service capacity, particularly at the Moordown centre. Officers confirmed that capacity data is available via dashboards and would be circulated to the Committee.</p> <p><b>Action – Officers aware</b></p> <p>Decision made:<br/>The Committee was advised of the officer's commitment to ongoing engagement and agreed that progress updates should be provided between formal planning cycles to support continued collaboration and oversight</p> <p><b>Action – Officers aware</b></p> |   |   |
| <b>Actions arising from Committee meeting – 1 December 2025</b> |   |  |   |   |
| 44.   | <b>FutureCare Programme – Mid Programme Review</b>          | <p>Decision Made:<br/>The importance of tracking savings through to tangible outcomes, such as reduced home care hours and improved reablement was highlighted, and the Chair requested detailed data analysis at a future meeting.</p> <p><b>Action – added to work plan for 2 March 2026</b></p>   | To enable the Committee to fully scrutinise the impact of the programme in terms of tangible outcomes and savings | Coming back to Committee on 2 March 2026. |
| 45.   | <b>Integrated Neighbourhood Teams (INTs) Update</b>         | <p>Decision Made:<br/>The Committee requested the programme DiS dashboard be shared with them to consider further.</p> <p><b>Action – Officers aware.</b></p>  |   |   |

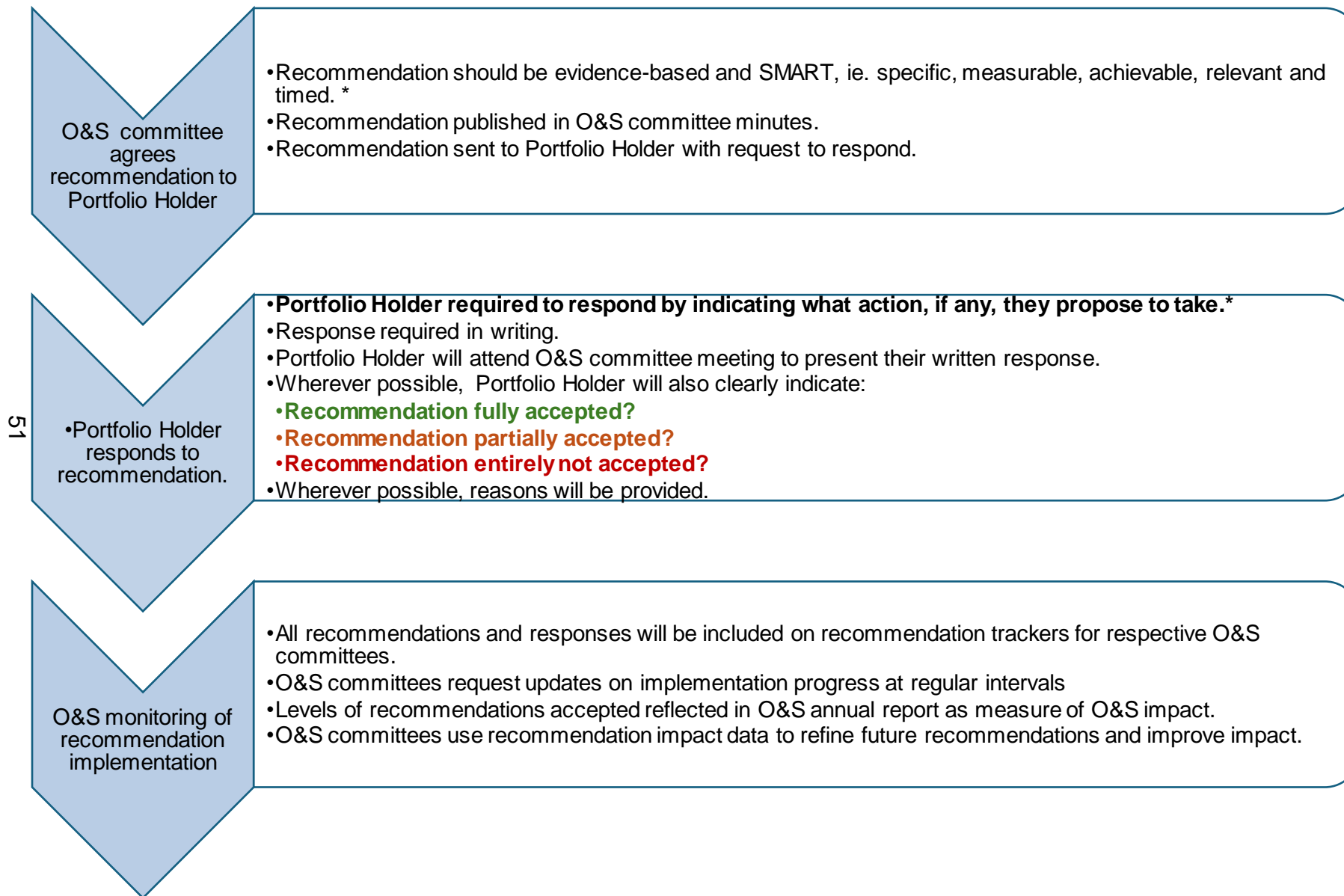
## O&S Recommendations / Executive response process

### Cabinet process:



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

## Portfolio Holder process



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**CABINET**



|                            |   |
|----------------------------|---|
| Report subject             | <b>Corporate Performance Report - Q3</b>  |
| Meeting date               | 4 March 2026  |
| Status                     | Public Report   |
| Executive summary          | <p>BCP Council adopted ‘A shared vision for Bournemouth, Christchurch and Poole 2024-28’ in May 2024.</p> <p>The shared vision is the corporate strategy which sets out the council’s vision, priorities and ambitions as well as the principles which underpin the way the council works as it develops and delivers its services.</p> <p>Incorporated in the vision is a set of measures of progress for achieving the vision, priorities and ambitions.</p> <p>This is the performance monitoring report for Quarter Three 25-26, presenting an update on the progress measures.</p> <p>The council’s delivery against its priorities and ambitions can also be monitored through the <a href="#">performance dashboard</a> which is available on the council’s website providing up-to-date real time information on the progress measures.</p> |
| Recommendations            | <p><b>It is RECOMMENDED that:</b></p> <ul style="list-style-type: none"> <li><b>(a) Consider the Quarter Three performance</b></li> <li><b>(b) Note that work continues to expand the data available on the interactive performance dashboard</b></li> <li><b>(c) Note the positive activities highlighted in the report</b></li> <li><b>(d) Note the performance exception reports relating to areas of underperformance and task the corporate directors to take action to improve performance</b></li> </ul>   |
| Reason for recommendations | <p>Our shared vision for Bournemouth, Christchurch and Poole sets out the priorities and ambitions against which the council’s performance will be judged, and as such is a vital component of the council’s performance management framework.</p> <p>An understanding of performance against targets, goals and objectives helps the council to assess and manage service delivery and identify emerging business risks.</p>   |

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

## Background

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

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

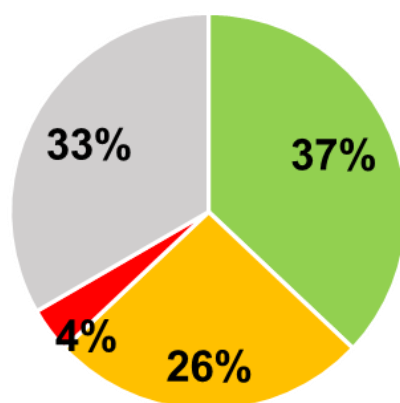
6. A live and interactive [performance dashboard](#) is available alongside quarterly reports, providing a real-time tracking tool that effectively addresses Cabinet's previous concerns regarding the timeliness of the reports. This is because quarterly performance reports are static snapshots of performance,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

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

### Summary of Quarter Three Performance

14. Quarter Three data shows stable and broadly improving performance (Figure 1). The percentage of measures that are on target (green) has moved up from 35% in Quarter Two to 37% in Quarter Three. Where performance is being monitored (amber), the percentage has moved from 31% in Quarter Two to 26% in Quarter Three. The percentage of those measures requiring action (red) has reduced positively from 6% in Quarter Two to 4% in Quarter Three. The percentage of pending measures (grey) has increased from 28% in Quarter Two to 33% in Quarter Three. These are measures where there is no data to report in this quarter.

### 15. Figure 1: Quarter Three Performance Summary



16. **Appendix 1** contains more detail for each measure including the latest performance compared to the target and the baseline, and an updated commentary.
17. The direction of travel for each measure is also provided in Appendix 1. This shows whether performance is improving, declining or remains the same level compared to the previous update. For Quarter Three, there are more measures showing a positive direction of travel compared to Quarter Two with 22 measures showing a positive direction of travel (compared to 20), fewer measures showing a negative direction in Quarter Three (9 compared to 13), and 5 measures have stayed the same compared to 6 in Quarter Two.
18. It is important to note good and improving performance for many of the measures. A highlight is the measure that tracks the percentage of successful grant applications. For 25/26 to date, a total of 10 grant applications were submitted and all were successful, although not every application was awarded the full amount applied for. For Q3 the successful bids awarded were:
  - £37,000 awarded by The Tree Council for Stage 2 of The Trees Outside Woodland Fund application.
  - £51,000 awarded by Environment Agency (WRFFC) for Local Levy bid for Christchurch Harbour Habitat Restoration Feasibility Study.
  - £50,000 awarded by MHCLG for Digital Planning Improvement Fundround 4.2 to become an active member of the Open Digital Planning (ODP) community.
  - £598,000 awarded by DFE for SEND Intervention Support Fund.
19. Following underperformance in Quarter Two it is also important to note the significant improvement made to the determination of major planning applications during Quarter Three. There is more detail about this measure and the actions taken in the positive exception report at **Appendix 2**.
20. Some measures are doing less well and are areas of focus. **Appendix 3** contains exception reports that provide additional detail about the two red rated measures this Quarter, to reduce the number of primary school aged children excluded from school and to reduce the number of homeless households in bed and breakfast accommodation. There is also a report in the measure to increase the enforcement outcomes of street based anti-social behaviour that details current performance and proposed action around future reporting.
21. Performance continues to be monitored by services and by the Corporate Strategy Delivery Board to ensure appropriate mitigations are in place and log actions being taken to improve performance.

### **Summary of financial implications**

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

### **Summary of legal implications**

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

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

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

### **Summary of sustainability impact**

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

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

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

### **Summary of equality implications**

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

### **Summary of risk assessment**

28. There are two measures from Quarter Three that require action, and 14 that require monitoring. Potential risks and mitigations are assessed by the relevant service area and are regularly reviewed by Corporate Strategy Delivery Board.

### **Background papers**

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

### **Appendices**

Appendix 1: Quarter Three - Corporate Performance Report – Overview of Q3 Performance

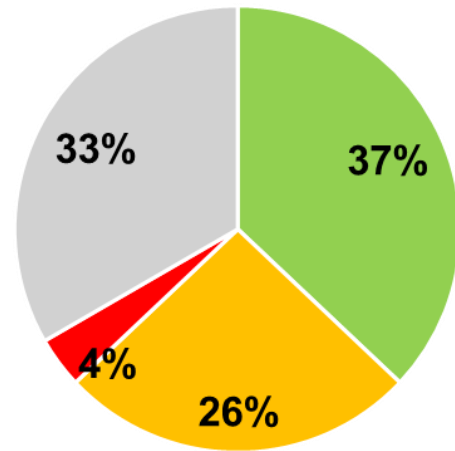
Appendix 2: Quarter Three – Positive Exception Report

Appendix 3: Quarter Three – Performance Exception Reports

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## Quarter 3 2025-26 - Overview of performance

This report provides an update of quarter three in the 2025/26 year on the progress measures in the council's shared vision for Bournemouth, Christchurch and Poole. More detail is available in the [performance dashboard](#).



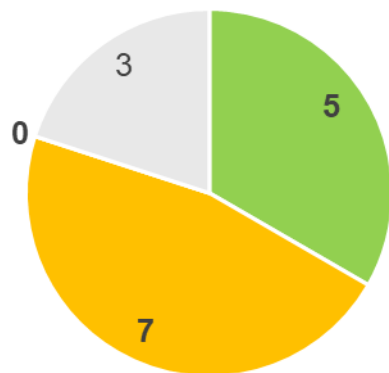
### Q3 Overall

- 20 Measures are on target (green)
- 14 measures require monitoring (amber)
- 2 measures require action (red)
- 18 measures are pending a RAG rating (grey) mostly due to these being annual or bi-annual measures

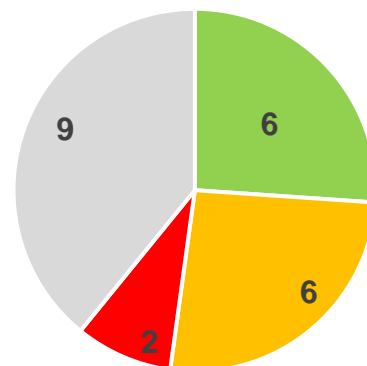
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Across the three corporate priority areas, this breaks down into:

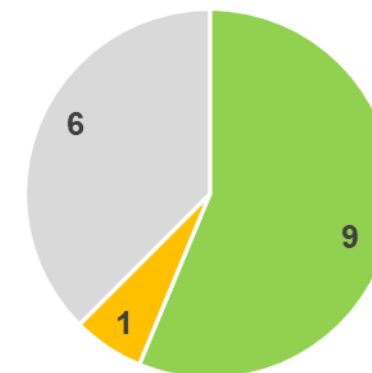
#### Our Place and Environment



#### Our People and Communities



#### Our Approach



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

### Explanation of performance tables

- **Frequency:** How often new data is available

RAG rating: ● Action Required ● Monitor ● On Target ● Pending

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

Whether the Q3 data is on target is shown by the RAG rating:

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

## Our Place and Environment

There are currently fifteen measures that sit under the six ambitions of 'Our Place and Environment' priority. Two of these are measured **annually** and two measured **biannually** and are shaded grey unless being reported in Q3, and eleven are measured **quarterly**.

| Ref  | Measure   | Frequency | High or low figure is better | Baseline figure            | Target                     | Q3 Data                   | Direction of travel & RAG | Commentary   |
|--|---|-----------|------------------------------|----------------------------|----------------------------|---------------------------|---------------------------|--|
| <b>People and places are connected by sustainable and modern infrastructure</b>    |   |           |                              |                            |                            |                           |                           |  |
| PE1A.1   | Increase the total number of sustainable passenger trips in the BCP area per year                 | Quarterly | High                         | 24.84M<br>(September 2025) | 27.71M<br>(March 2026)     | 24.58M<br>(December 2025) | ↔                         | The last quarter of 2025 showed a slight decline in the number of bus passengers compared to the same 3 months in 2024. This consequently affected the updated annual figure. Bus patronage can be affected by weather which was more mixed in the last quarter. Concessionary fares numbers are now showing a slight increase so overall numbers could improve going forwards.  |
| PE1A.2   | Increase the number of publicly available Electric Vehicle (EV) charge points                     | Quarterly | High                         | 265<br>(September 2025)    | 290<br>(December 2025)     | 290<br>(December 2025)    | ↑                         | <p>The third quarter has seen significant progress in getting to the delivery phase with regards to Local Electric Vehicle Infrastructure (LEVI) and working through the charging hubs with legal, but not actual delivery itself. We are now in an excellent position to deliver for the public.</p> <p>We are now into delivery phase for the LEVI contract with Connected Kerb, Dorset and BCP Council. This is fully funded by LEVI central government funding and private sector funding. We need to work through the Traffic Regulation Orders (TROs) for the bays so we have them agreed and make the bays purely for residents and visitors that are charging, giving us enforcement if not.</p> <p>We have liaised with highways and expect the TRO process to take 4-6 months to complete to hit the 50 site target for the 26/27 financial year. For these planned locations, there will be three dual bollard chargers which will provide 300 7kw charging sockets, with a percentage of these being passive to be made live by end of year five as demand increases. We are also still finalising legal work to get five charging hubs installed, expected mid-year in 26/27, adding another 28 rapid charging sockets.</p> |
| <b>Our communities have pride in our streets, neighbourhoods and public spaces</b> |   |           |                              |                            |                            |                           |                           |  |
| PE2B.1   | Increase the number of Fixed Penalty Notices (FPNs) served for fly tipping and littering offences | Quarterly | High                         | 1.43K<br>(September 2025)  | 844<br>(December 2025)     | 1.36K<br>(December 2025)  | ↓                         | <p>1,357 fixed penalty notices issued, including:</p> <ul style="list-style-type: none"> <li>17 PSPO offences</li> <li>3 flytipping offences</li> <li>24 waste duty of care</li> <li>1,313 litter</li> </ul> <p>Additional resource has supported enforcement during key footfall events in the winter period, leading to consistent performance over the quarters.</p>  |
| PE2D.1   | Reduce levels of police recorded antisocial behaviour (ASB)                                       | Quarterly | Low                          | 2,573<br>(September 2025)  | 1,775.5<br>(December 2025) | 1,581<br>(December 2025)  | ↑                         | The numbers of police recorded ASB is down slightly on the same period for last year. A new ASB strategy is being written and a new ASB Forum has commenced at the end of 2025 and a new multi-  |

|  |   |           |      |                           |                           |                           |   |   |
|--|---|-----------|------|---------------------------|---------------------------|---------------------------|---|---|
|  |   |           |      |                           |                           |                           |   | agency group has been formed to deal with ASB, being led by the ASB Manager.  |
| PE2D.2   | Increase enforcement outcomes relating to street-based antisocial behaviour (ASB)               | Quarterly | High | 1,069<br>(September 2025) | 1,926<br>(December 2025)  | 1,181<br>(December 2025)  | ↑ | <p>Street based enforcement stats Q3:<br/> Number of CSAS incidents attended: 720<br/> Number of alcohol seizures: 12<br/> Number of dispersals: 384<br/> Early intervention notices: 16<br/> Support referrals:35<br/> Community Protection Notice Warning – 6<br/> Community Protection Notice – 3<br/> Anti Social Behaviour Injunction – 2<br/> Closure of premise</p> <p>There has been a reduction in staff numbers since this period last year, however, figures for the quarter are strong, showing a robust approach to street related anti-social behaviour. The enforcement outcomes show a lack of escalated behaviours and successful formal warnings being applied, but robust action where required.</p> |
| PE2A.1   | Increase the percentage of residents who are satisfied with their local area as a place to live | Biannual  | High | 75%<br>(March 2025)       | -                         | -                         |   | This is a biannual measure not reported at Q3 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.  |
| PE2B.2   | Increase residents' satisfaction with street cleaning   | Biannual  | High | 48%<br>(March 2025)       | -                         | -                         |   | This is a biannual measure not reported at Q3 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.  |
| <b>Our inclusive, vibrant and sustainable economy supports our communities to thrive</b> |   |           |      |                           |                           |                           |   |   |
| PE3A.1   | Increase the number of businesses in the BCP area   | Annual    | High | 15,495<br>(December 2024) | 15,500<br>(December 2025) | 15,600<br>(December 2025) | ↑ | The annual data on UK Business Count from the Office of National Statistics (ONS) shows that the BCP area has performed better in 2025 than 2024, with an increase of 105 additional businesses recorded over the annual period.  |
| PE3B.1   | Increase non-financial support given to BCP-based businesses                                    | Quarterly | High | 280<br>(September 2025)   | 475<br>(March 2026)       | 440<br>(December 2025)    | ↑ | The rise in number of businesses supported in Q3 was anticipated as autumn is the main season for business networking events to be organised. Events organised to support businesses included National Manufacturing Day, Film Office, Creative Digital and FinTech events and Low Carbon Business support.   |
| PE3C.1   | Increase in the creation of new business enterprises  | Quarterly | High | 9<br>(September 2025)     | 30<br>(March 2026)        | 15<br>(December 2025)     | ↑ | Ignite business start-up courses have been popular with residents and students, with 6 new business enterprises created. 3 further start-up courses to be delivered in Q4 which should lead to further new enterprises being created.   |
| <b>Revitalised high streets and regenerated key sites create new opportunities</b>       |   |           |      |                           |                           |                           |   |   |
| PE4A.1   | Increase footfall across our three town centres   | Quarterly | High | 22.54M<br>(September 25)  | 20M<br>(December 2025)    | 21.85M<br>(December 2025) | ↓ | Footfall for the quarter reached 21.85 million, showing a slight decrease compared to 22.54 million last quarter. This movement is in line with expectations, as the previous period included the peak summer season, which traditionally drives higher visitor numbers in coastal locations. Despite this seasonal shift, the current quarter benefitted from the Christmas trading period and remains within target, reflecting stable performance and sustained engagement across the town centre. Year on year (yoy) data for December shows Bournemouth as a +1% Christchurch is -2%, and Poole is -   |

|  |  |           |      |  |                        |                           |   |  |
|--|--|-----------|------|--|------------------------|---------------------------|---|--|
|  |  |           |      |  |                        |                           |   | 2% yoy and the Coastal average is 0% so overall our town centres are performing above or only slightly behind the national average.  |
| PE4B.1   | Increase the percentage of all major planning applications determined on time          | Quarterly | High | 69%<br>(September 2025)                                      | 80%<br>(December 2025) | 79%<br>(December 2025)    | ↑ | Performance has improved from Q2 and now only 1% below target of 80% A number of older applications were determined end of last quarter and some at the start of Q3 which accounts for the applications which were determined out of time. This is part of the drive to ensure we have no back log and was also due in part to the New Forest Mitigation requirement. Whilst the mitigation strategy was being developed we were unable to determine applications within a certain area of the Borough which resulted in some going over time.   |
| PE4B.2   | Increase the percentage of all non-major planning applications determined on time      | Quarterly | High | 88%<br>(September 2025)                                      | 92%<br>(December 2025) | 88%<br>(December 2025)    | ↔ | Performance has been maintained in Q3, although it is slightly below target it is anticipated it will improve in the next quarter. We have had a number of key staff on extended periods of sick leave in the last quarter. These staff have now returned, and it is anticipated that we will continue to improve performance for the remainder of the year and meet our target.   |
| <b>Climate change is tackled through sustainable policies and practice</b>           |  |           |      |  |                        |                           |   |  |
| PE5E.1   | Increase the percentage of waste diverted from landfill                                | Quarterly | High | 86.25%<br>(September 2025)                                   | 90%<br>(March 2026)    | 88.11%<br>(December 2025) | ↑ | As noted in Q2 and the related exception report produced for the that quarter, the decision made by our waste contractors to send residual waste to landfill rather than to Energy from Waste (EfW) facilities due to scheduled maintenance caused a temporary decrease in our ability to reach target.<br><br>Performance is now getting back on target and the cumulative provisional landfill diversion rate across the first three quarters of 25/26 has shown a slight increase. In line with our ongoing commitment to minimising landfill use, we have implemented a change in how we process residual waste from one of our recycling centres. Previously sent to a landfill site due to its bulky nature, this waste is now redirected to an Energy from Waste facility. We expect this change to continue contributing positively to our diversion targets moving forward. |
| PE 5A.1  | Reduce the tonnes of greenhouse gas emissions from our vehicles and buildings (tCO2e). | Annual    | Low  | 13.4% reduction in 2024/25 against annual reduction in 23/24 | Carbon Neutral by 2045 | -                         |   | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available.   |
| <b>Our green spaces flourish and support the wellbeing of both people and nature</b> |  |           |      |  |                        |                           |   |  |
| Measures under discussion with Green Space and Conservation team.                    |  |           |      |  |                        |                           |   |  |

## Our People and Communities

There are twenty-three measures that sit under the seven ambitions of 'Our People and Communities' priority. Eight are measured **annually**, twelve are measured **quarterly**, two are **termly** and one is collected **everytwo years**. Annual/biannual measures are shaded grey unless being reported in Q3.

| Ref  | Measure  | Frequency | High or low figure is better | Baseline figure        | Target               | Q3 Data               | Direction of travel & RAG | Commentary  |
|--|--|-----------|------------------------------|------------------------|----------------------|-----------------------|---------------------------|---|
| <b>High quality of life for all, where people can be active, healthy and independent</b> |  |           |                              |                        |                      |                       |                           |   |
| PC1A.2   | Increase the percentage of people with a learning disability living independently in settled accommodation                           | Quarterly | High                         | 79.7% (September 2025) | 80% (March 2026)     | 83.3% (December 2025) | ↑                         | <p>As part of the Specialist Strategic Housing Strategy, work is ongoing to identify types of accommodation to meet specific needs of all vulnerable Groups.</p> <p>26/27 (May) will see the introduction of 26 flats – 13 Mental Health and 13 Learning Disability and Autism.</p> <p>These will be homes on assured shorthold tenancies which is effectively a home for Life.</p> <p>A panel is in the process of being formed to agree nominations to the flats which will have low level support with the aim of freeing up spaces in other supported living projects that are intended to be short term with ongoing throughput.</p>                   |
| PC1A.3   | Increase the percentage of people with a mental health issue living independently in settled accommodation                           | Quarterly | High                         | 70% (September 2025)   | 70% (September 2025) | 69.3% (December 2025) | ↓                         | <p>As part of the Specialist Strategic Housing Strategy, work is ongoing to identify types of accommodation to meet specific needs of all vulnerable Groups.</p> <p>26/27 (May) will see the introduction of 26 flats – 13 Mental Health and 13 Learning Disability and Autism.</p> <p>These will be homes on assured shorthold tenancies which is effectively a home for Life.</p> <p>A panel is in the process of being formed to agree nominations to the flats which will have low level support with the aim of freeing up spaces in other supported living projects that are intended to be short term with ongoing throughput.</p>                   |
| PC1B.1   | Increase the number of registrations from people in the most deprived areas accessing health and wellbeing support (LiveWell Dorset) | Quarterly | High                         | 222 (September 2025)   | 267 (December 2025)  | 206 (December 2025)   | ↓                         | <p>LiveWell Dorset has changed the basis on which the indicator is constructed, now looking at the 20% most deprived neighbourhoods locally when previously it was looking at the 20% most deprived neighbourhoods nationally, which increases the target audience quite significantly.</p> <p>Registration numbers are slightly below that of the same quarter of the previous year; however, the service continues to reach clients living in our most deprived neighbourhoods. The proportion reached - 33% is higher than last year's quarter and is above our 25% target of registrations from clients living in our most deprived neighbourhoods.</p> |
| PC1A.4   | Increase the percentage of Adult Social Care users who are satisfied with the care and support they receive                          | Annual    | High                         | 59% (March 2025)       | -                    | -                     |                           | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new information is available. New information should be available in March 2026.  |
| PC1A.1   | Increase the percentage of residents who have a good satisfaction with life  | Annual    | High                         | 70% (March 2025)       | -                    | -                     |                           | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.   |

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|--|--|-----------|------|---------------------------|---------------------------|---------------------------|---|---|
| PC1C.1   | Increase the percentage of physically active adults  | Annual    | High | 71.50%<br>(June 2025)     | -                         | -                         |   | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. When new national averages are released, we will be able to set our target.  |
| PC1C.2   | Increase the percentage of physically active children and young people                     | Annual    | High | 61%<br>(March 2025)       | -                         | -                         |   | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. When new national averages are released, we will be able to set our target.  |
| PC1A.5   | Increase the percentage of carers who are satisfied with the care and support they receive | Biannual  | High | 36%<br>(March 2024)       | 38%<br>(March 2026)       | -                         |   | This is a biannual measure not reported at Q3 so it has been marked as 'pending' until new data is available. New data should be available in spring 2026.  |
| <b>Working together, everyone feels safe and secure</b>              |  |           |      |                           |                           |                           |   |   |
| PC2A.1   | Reduce levels of police recorded serious violent crime                                     | Quarterly | Low  | 363<br>(September 2025)   | 313<br>(December 2025)    | 339<br>(December 2025)    | ↑ | The figures for Q3 25/26 are very similar to 24/25. Sexual offences continue to be the biggest proportion of Serious Violence (SV) recorded data. At the end of December 25, government released the much-awaited Violence Against Women and Girls Strategy and the first multi-agency group meeting about the outcomes and requirements is planned for the beginning of February 26.   |
| PC2B.1   | Increase the percentage of residents who feel safe in their local area during the day      | Annual    | High | 87%<br>(March 2025)       | -                         | -                         |   | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.   |
| PC2B.2   | Increase the percentage of residents who feel safe in their local area after dark          | Annual    | High | 54%<br>(March 2025)       | -                         | -                         |   | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.   |
| <b>Those who need support receive it when and where they need it</b> |  |           |      |                           |                           |                           |   |   |
| PC3C.1   | Increase the number of individuals entering drug treatment                                 | Quarterly | High | 3,156<br>(June 2025)      | 3,146<br>(September 2025) | 3,175<br>(September 2025) | ↑ | Due to the government time lag in finalising publicly available figures, quarterly reporting for this measure will be one quarter behind. Since verification, we can now report that the actual Q2 figure is 3,175 adults in treatment. Q3 figures will be reported in full at Q4 and will be updated as soon as available on the live Corporate Performance dashboard.<br>Q3 Target – 3165<br>Intervention - 2374<br>Actual - TBC<br>Q3 actual figures will not be available until end of February (the verified data via central government is about 8 – 12 weeks after the end of the quarter). Verified data on drug treatment activity can only be reported when it is in the public domain. |
| PC3A.1   | Increase the percentage of Education Health Care Plans issued within 20 weeks              | Quarterly | High | 53.4%<br>(September 2025) | 46%<br>(December 2025)    | 52.6%<br>(December 2025)  | ↔ | Quarter 3 reflects the year to date performance from January 2025 to end of December 2025. Quarter 3 performance of 52.6% equates to 416 out of 791 EHC Plans issued within 20 weeks.   |

|  |  |           |      |                           |                       |                        |   |  |
|--|--|-----------|------|---------------------------|-----------------------|------------------------|---|--|
|  |  |           |      |                           |                       |                        |   | <p>20-week timeliness for new assessments (ECHNA) has declined since last year with a year to date performance of 52.8% at the end of December 2025. This remains above the national average of 46.4%, South West region of 25.5%, and statistical neighbours of 31.0%. The increase in service demand means that there is an increased pressure on timeliness with a risk of further decline.</p> <p>Arrangements will be made to prioritise and protect the most vulnerable children i.e. those with an elective home education or known to social care. It should be noted that the SEND service's caseload is now 13% higher than this point last year. This creates pressure on the ability to manage new requests and service the plans already in the service; this is the case for the SEND assessment and review service and the SEND strategic service area; particularly the educational psychology service and appeals and mediation processes and service area.</p> <p>There has been an increase in EHCNA requests with a 13.3% increase in EHCPs from 2024. There have been 1162 EHCNA requests across Jan 25-Dec 25 and we maintain a total of 4965 EHCPs. In Dec 25 there were 593 EHCNA's completed compared to 357 in Dec 24.</p> |
| PC3B.1   | Reduce the attainment gap and improve learning outcomes for children and young people in receipt of free school meals  | Annual    | Low  | 50.60<br>(September 2025) | 35<br>(March 2026)    | -                      |   | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available.   |
| PC3D.1   | Ensure that the timeliness of assessments to determine the child's needs is conducive with offering the right service at the right time to children, young people and their families | Quarterly | High | 96%<br>(September 2025)   | 85%<br>(March 2026)   | 95%<br>(December 2025) | ↔ | Performance in this area remains strong and has done so for the last four quarters. The delays in the completion of the 31 assessments all have management oversight and are generally due to purposeful delays e.g. waiting for specialist assessments and information. We remain in an extremely strong position nationally and with statistical neighbours in terms of our timeliness, enabling services to be offered swiftly to meet the needs of the child and family.   |
| <b>Good quality homes are accessible, sustainable and affordable for all</b> |  |           |      |                           |                       |                        |   |  |
| PC4B.1   | Reduce the number of homeless households in bed and breakfast  | Quarterly | Low  | 65<br>(September 2025)    | 40<br>(December 2025) | 66<br>(December 2025)  | ↔ | Households in B&B have remained stable this quarter, while overall demand for Housing services has reached a five-year high. Homelessness has risen by 9% over the past year, driven mainly by no-fault evictions in the private rented sector. Upcoming legislative changes are expected to create further pressure. Additional Government funding will be directed toward homelessness prevention, with targeted support for households most at risk.  |
| PC4A.1   | Reduce the number of people rough sleeping   | Quarterly | Low  | 66<br>(September 2025)    | 50<br>(December 2025) | 53<br>(December 2025)  | ↑ | Annual rough sleeping count has reduced by 16% to 53 people. A significant reduction has been delivered through focusing upon housing and support solutions for people with multiple disadvantage and who are long term rough sleepers. A multi-agency effort to support solutions continues to deliver effective results. St Mungo's Street Outreach Service were recommissioned to deliver the dedicated service this quarter.   |

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|   |   |           |      |                            |                       |                           |   |   |
|---|---|-----------|------|----------------------------|-----------------------|---------------------------|---|---|
| PC4C.1  | Increase the number of both completed new affordable and social rented homes                          | Quarterly | High | 2<br>(September 2025)      | 100<br>(March 2026)   | 9<br>(December 2025)      | ↑ | 2 further Homes completed at Grants Close in December 2025 and 5 Homes at High Street Christchurch. Next delivery expected: 27 homes at Leedam Close, Bournemouth (Feb 2026) and 110 homes at Hillbourne, Poole (Mar-Jul 2026). 145 Council owned homes under construction.   |
| <b>Local communities shape the services that matter to them</b>                       |   |           |      |                            |                       |                           |   |   |
| PC5A.1  | Increase the percentage of residents who feel they can influence decisions affecting their local area | Annual    | High | 30%<br>(March 2025)        | -                     | -                         |   | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.   |
| <b>Employment is available for everyone and helps create value in our communities</b> |   |           |      |                            |                       |                           |   |   |
| PC6A.2  | Increase the uptake of supported employment for those with learning disabilities                      | Quarterly | High | 4.7%<br>(September 2025)   | 4.5%<br>(March 2026)  | 4.8%<br>(December 2025)   | ↑ | Ongoing challenges with performance of contracts to meet targets with a specific focus on the Community Outreach and Support Team (COAST) in Tricuro where a new project plan is being developed to review and pursue better outcomes.  |
| PC6A.3  | Increase the uptake of supported employment for those with mental health issues                       | Quarterly | High | 2.4%<br>(September 2025)   | 2.6%<br>(March 2026)  | 2.6%<br>(December 2025)   | ↑ | Ongoing challenges with performance of contracts to meet targets with a specific focus on the Community Outreach and Support Team (COAST) in Tricuro where a new project plan is being developed to review and pursue better outcomes.  |
| <b>Skills are continually developed, and people can access lifelong learning</b>      |   |           |      |                            |                       |                           |   |   |
| 67<br>PC7B.1  | Reduce the number of primary school aged children excluded from school                                | Termly    | Low  | 0.012%<br>(September 2025) | 0.01%<br>(March 2026) | 0.019%<br>(December 2025) | ↓ | Data from the Autumn 2025 term (1st September 2025 to 31st December 2025) is currently latest available, showing 0.019%, and equivalent to 5 permanent exclusions, the same as the Autumn 2024 term.<br><br>We are investing in leadership development and inclusive practice across our education system. This includes commissioning places on a nationally recognised Inclusion Leadership Programme and progressing work on our Three-Tier Alternative Provision Delivery Plan. We are strengthening local capacity through specialist workshops, advisory support, and collaborative forums, while promoting best practice through a planned Inclusion Conference in the Summer Term.<br><br>To embed sustainable change, we have introduced dedicated Inclusion Advisors and seconded SENCOs to enhance Ordinarily Available Provision and the Graduated Approach. Work is underway to establish an Education Effectiveness Framework, clarifying roles, responsibilities, and accountability.<br><br>Further initiatives include developing place-based approaches through Head Teacher Forums and progressing towards the establishment of a BCP Education Partnership Board to drive a shared culture and ethos. |
| PC7B.2  | Reduce the number of secondary school aged children excluded from school                              | Termly    | Low  | 0.067%                     | 0.082%                | 0.117%                    | ↓ | Data from the Autumn 2025 term (1st September 2025 to 31st December 2025) is currently latest available, showing  |

|  |  |  |  |                  |              |                 |  |   |
|--|--|--|--|------------------|--------------|-----------------|--|---|
|  |  |  |  | (September 2025) | (March 2026) | (December 2025) |  | <p>0.117%, and equivalent to 30 permanent exclusions, lower than Autumn 2024 term.</p> <p>We are investing in leadership development and inclusive practice across our education system. This includes commissioning places on a nationally recognised Inclusion Leadership Programme and progressing work on our Three-Tier Alternative Provision Delivery Plan. We are strengthening local capacity through specialist workshops, advisory support, and collaborative forums, while promoting best practice through a planned Inclusion Conference in the Summer Term.</p> <p>To embed sustainable change, we have introduced dedicated Inclusion Advisors and seconded SENCOs to enhance Ordinarily Available Provision and the Graduated Approach. Work is underway to establish an Education Effectiveness Framework, clarifying roles, responsibilities, and accountability.</p> <p>Further initiatives include developing place-based approaches through Head Teacher Forums and progressing towards the establishment of a BCP Education Partnership Board to drive a shared culture and ethos.</p> |
|--|--|--|--|------------------|--------------|-----------------|--|---|

## Our Approach

There are sixteen measures that sit under the seven principles of 'Our Approach' priority. Six are measured **annually** and are shaded grey unless being reported in Q3 and ten are measured **quarterly**.

| Ref  | Measure   | Frequency | High or low figure is better | Baseline figure      | Target           | Q3 Data             | Direction of travel & RAG | Commentary  |
|--|---|-----------|------------------------------|----------------------|------------------|---------------------|---------------------------|---|
| <b>Working closely with partners, removing barriers and empowering others</b>    |   |           |                              |                      |                  |                     |                           |   |
| A1A.1  | Increase the number of assets transferred to communities  | Annual    | High                         | 1 (March 2025)       | 6 (March 2026)   | -                   |                           | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. New data should be available in March 2026.  |
| <b>Providing accessible and inclusive services, showing care in our approach</b> |   |           |                              |                      |                  |                     |                           |   |
| A2B.1  | Raise the proportion of interactions that come from online platforms  | Quarterly | High                         | 78% (September 2025) | 85% (March 2026) | 83% (December 2025) | ↑                         | Increase in online activity due to annual renewal of garden waste registrations.  |
| A2A.1  | Increase the proportion of people who use care services who find it easy to find information about services | Annual    | High                         | 68% (March 2025)     | -                | -                   |                           | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. New data and a new target should be available in March 2026.   |
| A2A.2  | Increase levels of trust in the council   | Annual    | High                         | 48% (March 2025)     | -                | -                   |                           | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place. |

| Ref  | Measure  | Frequency | High or low figure is better | Baseline figure         | Target                | Q3 Data                | Direction of travel & RAG | Commentary  |
|--|--|-----------|------------------------------|-------------------------|-----------------------|------------------------|---------------------------|---|
| <b>Using data, insights and feedback to shape services and solutions</b> |  |           |                              |                         |                       |                        |                           |   |
| A3B.1  | Increase satisfaction with the way the council runs things   | Annual    | High                         | 41% (December 2023)     | -                     | -                      |                           | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place.   |
| A3A.1  | Reduce percentage of upheld Ombudsman complaints per 100,000 of the population                                   | Quarterly | Low                          | 0.21% (September 2025)  | 0.25% (December 2025) | 0.25% (December 2025)  | ↓                         | During the last quarter the Ombudsman made 23 decisions relating to BCP complaints. Of these, 21 were not upheld, 1 was partially upheld, and 1 case was fully upheld. This equals a very similar number that was upheld in the previous quarter (1) meaning performance has been slightly worse this quarter, but still within target of 0.25 (previous quarter was 0.21). Although the number of Ombudsman enquiries has slightly risen, along with a marginal increase in complaints upheld, this still reflects improved complaint handling at stage 1, the Service remains within target.  |
| <b>Intervening as early as possible to improve outcomes</b>              |  |           |                              |                         |                       |                        |                           |   |
| A4A.1  | Decrease the percentage of Children and Young People returning to Early Help (targeted support) within 12 months | Quarterly | Low                          | 10% (September 2025)    | 15% (March 2026)      | 13% (December 2025)    | ↓                         | Re-referrals remain low with a small increase compared to the previous quarter. Work continues to strengthen the partnership working to support families closing to the service, by providing consistency to maintain plans and keep re-referral low. The re-referral data shows that while many children exited Early Help at Level 1 with no further needs, a significant proportion later returned, suggesting that some families may require more sustained support or stronger step-down planning with the wider EH partnership.   |
| <b>Developing a passionate, proud, valued and diverse workforce</b>      |  |           |                              |                         |                       |                        |                           |   |
| A5B.2  | Increase the percentage of equality monitoring data collected from staff   | Quarterly | High                         | 65.56% (September 2025) | 70% (December 2025)   | 70.62% (December 2025) | ↑                         | Noticeable increase in overall completion rates. People and Culture Data Team have been reporting non completion rates to services quarterly and chasing for completion. Now meeting original target of 75%. Target to be increased to 75% for next quarter.<br><br>Overall completion rate: 70.62%<br><br>Disability completion rate: 79.45% of colleagues have provided this data<br>Ethnicity completion rate: 79.27% of colleagues have provided this data<br>Marriage/Civil Partnership completion rate: 58.64% of colleagues have provided this data<br>Gender Identity completion rate: 59.44% of colleagues have provided this data<br>Religion completion rate: 73.34% of colleagues have provided this data<br>Sexual Orientation completion rate: 73.60% of colleagues have provided this data |
| A5C.1  | Increase the number of successful candidates from underrepresented groups for council jobs                       | Quarterly | High                         | 14.95% (September 2025) | 6% (December 2025)    | 8.57% (December 2025)  | ↓                         | Out of the (3,203) applicants who responded this quarter, 12.96% declared a disability (415 applicants). Out of those applicants successful in the recruitment process, the % of candidates declaring a disability is 8.57% (6 applicants). The   |

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| Ref  | Measure   | Frequency | High or low figure is better | Baseline figure         | Target                | Q3 Data                | Direction of travel & RAG | Commentary   |
|--|---|-----------|------------------------------|-------------------------|-----------------------|------------------------|---------------------------|--|
|  |   |           |                              |                         |                       |                        |                           | <p>differential between overall applicants and successful candidates has reduced in this quarter.</p> <p>Recognising that disability is only one underrepresented group, the data used for this measure will be revised and refreshed for Q1 26/27. For 25/26, the number and percentage of successful applicants in the recruitment process declaring a disability are as follows. Past Q1 and Q2 figures have been retrospectively updated in the dashboard for consistency.</p> <p>Q3 – 6 / 8.57%</p> <p>Q2 – 16 / 14.95%</p> <p>Q1 – 26 / 5.41%</p>  |
| A5B.1  | Increase levels of employee engagement  | Annual    | High                         | 63% (September 2025)    | -                     | -                      |                           | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. This measure relates to a staff survey, so new data will be available when the next survey takes place.   |
| <b>Creating an environment for innovation, learning and leadership</b> |   |           |                              |                         |                       |                        |                           |  |
| A6B.1  | Increase the number of current council employees supported to undertake apprenticeships | Quarterly | High                         | 126 (September 2025)    | 131 (December 2025)   | 135 (December 2025)    | ↑                         | On target.   |
| A6B.2  | Increase the number of newly recruited colleagues into apprenticeship posts             | Quarterly | High                         | 39 (September 2025)     | 40 (December 2025)    | 41 (December 2025)     | ↑                         | We have recruited two new apprentices since the last reporting period.   |
| <b>Using our resources sustainably to support our ambitions</b>        |   |           |                              |                         |                       |                        |                           |  |
| A7A.2  | Increase the percentage of successful grant applications                                | Quarterly | High                         | 99.64% (September 2025) | 92% (December 2025)   | 99.67% (December 2025) | ↑                         | <p>For 25/26 to date, a total of 10 applications were submitted and all were successful. However, not every application was awarded the full amount which explains the 99.67% success rate. For Q3 the successful bids awarded are:</p> <p>£37,000 awarded by The Tree Council for Stage 2 of The Trees Outside Woodland Fund application.</p> <p>£51,000 awarded by Environment Agency (WRFFC) for Local Levy bid for Christchurch Harbour Habitat Restoration Feasibility Study.</p> <p>£50,000 awarded by MHCLG for Digital Planning Improvement Fundround4.2 to become an active member of the Open Digital Planning (ODP) community.</p> <p>£598,000 awarded by DFE for SEND Intervention Support Fund.</p> |
| A7A.3  | Increase the percentage of business rates collected                                     | Quarterly | High                         | 57.04% (September 2025) | 73.5% (December 2025) | 81.09% (December 2025) | ↑                         | This remains on target.  |

| Ref   | Measure   | Frequency | High or low figure is better | Baseline figure           | Target                 | Q3 Data                  | Direction of travel & RAG | Commentary  |
|-------|---|-----------|------------------------------|---------------------------|------------------------|--------------------------|---------------------------|---|
| A7A.4 | Increase the percentage of council tax collected                                    | Quarterly | High                         | 52.9%<br>(September 2025) | 73%<br>(December 2025) | 78.6%<br>(December 2025) | ↑                         | The % collected at the end of quarter 3 is slightly less than last year, but in excess of any intervention level.   |
| A7A.1 | Increase the percentage of residents who think the council provides value for money | Annual    | High                         | 33%<br>(March 2025)       | -                      | -                        |                           | This is an annual measure not reported at Q3 so it has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, so new data will be available when the next survey takes place. |

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### Positive Exception Performance Report:

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

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

Increase the percentage of all major planning applications determined on time

2025/26 Q2 outturn: 69%

2025/26 Q3 outturn: 79%

2025/26 target: 80%

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

Planning application determination data is sourced from central government and provides year-to-date quarterly performance updates. Q3 Performance has significantly improved from Q2 and now only 1% below target of 80%.

A number of older applications were determined end of Q2 and some at the start of Q3 which accounts for the applications which were determined out of time. This is part of the drive to ensure we have no back log and was also due in part to the New Forest Mitigation requirement. Whilst the mitigation strategy was being developed we were unable to determine applications within a certain area of the Borough which resulted in some going over time.

#### Reason for significance and next steps:

There is an ongoing drive to ensure there is no backlog in determining major applications and there has been significant progress towards reaching the target during Q3. The ambition is to reach or exceed target for Q4, which will have a positive impact on the efficiency of the planning service and those who are in the system pipeline.

Beyond the reasons provided above, additional actions were highlighted at Q2 which will contribute to maintaining this progress. These include:

Staff training on Biodiversity Net Gain so they are less reliant on seeking advice from the ecologist thereby reducing delays in the consultee process.

New protocol being put into place with regards to procedure for seeking an extension of time to a planning application.

A new policy on accepting amended plans. This will enable the case officer to have a clear framework for assessing and determining the planning application.

New report templates to streamline the report writing process and help reduce time spent by case officers writing reports allowing them to focus on issuing decisions.

**Completed by: Jon Bishop**

**Date: 03.02.26**

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## Exception Performance Report

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

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

**Indicator Description:** Reduce the percentage of primary school aged children permanently excluded from school

**2025/26 Q3 outturn:** 0.019%

**Quarterly Target:** 0.010%

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

Data shown for Quarter 3 is from Autumn 2025 term (1st September 2025 to 31st December 2025) and is showing a permanent exclusion rate of 0.019% with is equivalent to 5 permanent exclusions. This is the same number as reported in the same period last year. However, one of the permanent exclusions from Autumn 2025 term has since been rescinded bringing the Quarter 3 rate down to 0.016%. National, statistical neighbour and regional comparison data is not yet available for Autumn 2025 term, and the latest national, statistical neighbour and regional data is from Autumn term 2024.

The data indicates that the reasons for the performance are challenges meeting the needs of children with Special Educational Needs and Disabilities (SEND) and in particular meeting the needs of our primary aged boys with SEND.

### **Summary of financial implications:**

Exclusion results in the Local Authority having to arrange alternative provision which is more costly than a mainstream school place.

### **Summary of legal implications:**

The Local Authority has a statutory duty to arrange a suitable education within six days of a child being excluded.

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

The main reason for exclusion for this group of children is physical assault against an adult.

### **Summary of sustainability impact:**

n/a

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

Research has found that children who have been excluded from school achieve poorer health outcomes.

### **Summary of equality implications:**

|  |
|--|
| Boys are disproportionately represented in the cohort, as are children with SEND.  |
| <b>Actions taken or planned to improve performance:</b>  |
| <p>We are investing in leadership development and inclusive practice across our education system. This includes commissioning places on a nationally recognised Inclusion Leadership Programme and progressing work on our Three-Tier Alternative Provision Delivery Plan. We are strengthening local capacity through specialist workshops, advisory support, and collaborative forums, while promoting best practice through a planned Inclusion Conference in the Summer Term.</p> <p>To embed sustainable change, we have introduced dedicated Inclusion Advisors and seconded SENCOs to enhance Ordinarily Available Provision and the Graduated Approach. Work is underway to establish an Education Effectiveness Framework, clarifying roles, responsibilities, and accountability.</p> <p>Further initiatives include developing place-based approaches through Head Teacher Forums and progressing towards the establishment of a BCP Education Partnership Board to drive a shared culture and ethos.</p> |
| <b>Completed by:</b> Stefanie Gehrig Clark – Head of Performance, Governance & Systems   |
| <b>Date:</b> 23 January 2026   |
| <b>Service Unit Head approval with date:</b><br>Kerry Smith - Head of Education Effectiveness – 04.02.26   |

## Exception Performance Report

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

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

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

#### Reduce the number of homeless households in bed and breakfast

2025/26 Q3 outturn: 66

Quarterly Target: 40

### Reason for level of performance:

Households in B&B have remained stable this quarter, while overall demand for Housing services has reached a five-year high.

Homelessness has risen by 9% over the past year, driven mainly by no-fault evictions in the private rented sector. The number of households the Council places in bed & breakfast is above target and largely made up of single people; families in B&B have significantly reduced.

The drivers of single homelessness demand on temporary accommodation also includes people leaving institutions, particularly the Criminal Justice System, Domestic Abuse survivors and evictions from Supported Housing.

Whilst the Housing service targets help and support towards the prevention of homelessness, efforts to improve early notification from other statutory agencies that people may need assistance will avert the need for temporary housing in many cases.

The provision of temporary accommodation for the households recording in this indicator is a statutory requirement.

### Summary of financial implications:

The Council manages the additional cost of providing Bed & Breakfast accommodation through the receipt of government grant, The Homelessness Prevention Grant. The grant is being used to offset any financial TA pressures alongside expenditure on a number of TA prevention interventions.

### Summary of legal implications:

Councils must ensure that no family with children is placed in bed and breakfast accommodation for longer than six weeks, which is the legal maximum stay permitted. This rule is designed to prevent families from remaining in unsuitable emergency housing for extended periods and is a key focus in local homelessness prevention work. BCP Council has been compliant for over a year, despite increased demand.

### Summary of human resources implications:

Additional one off government grant received in 2025/26 is being deployed on temporary housing officer and support staff in the Housing Options team to help all households move-on from TA. Grant to support prevent homelessness is also in place for a number of specialist housing groups, including young people, offenders and survivors of domestic abuse.

|  |
|--|
| <b>Summary of sustainability impact:</b>   |
| <i>Detail any impact, if applicable.</i><br>N/A  |
| <b>Summary of public health implications:</b>  |
| Homeless households placed in B\&B accommodation face heightened public health risks, as extended stays in hotel-type settings are linked to poor housing conditions that worsen physical and mental health, increase hospital admissions, and contribute to health inequalities. Moving people into stable, self-contained accommodation reduces these risks and improves overall wellbeing by ensuring safer living environments and better access to support.   |
| <b>Summary of equality implications:</b>   |
| Using B\&B accommodation for homeless households can deepen existing inequalities, as vulnerable groups already facing poorer physical and mental health outcomes are at greater risk when placed in unsuitable or unstable housing. These conditions can worsen stress, limit access to opportunities, and heighten health disparities, particularly for those who already experience disproportionate disadvantage.  |
| <b>Actions taken or planned to improve performance:</b>  |
| <ul style="list-style-type: none"> <li>• New Homelessness &amp; Rough Sleeping Strategy to be considered by Cabinet in May 2026 with accompanying delivery plan.</li> <li>• New Supported &amp; Specialist Housing Strategy to be considered by Cabinet in March 2026</li> <li>• Re-commissioning of Housing Related Support Services for single people with multiple disadvantage to commence in 2026.</li> <li>• Review of Homelessness Prevention Grant expenditure to target interventions associated with delivery plan and preventing the use of temporary housing.</li> <li>• Appraisal and review of existing interventions to ensure value for money is achieved and successes recognised via proactive communications.</li> <li>• Programme lead to support the implementation of new legislation, Renters Right Act in Spring 2026</li> </ul> |
| <b>Completed by: Ben Tomlin</b><br><b>Date: 06/02/26</b>   |
| <b>Service Unit Head approval with date: 9/2/26</b>  |

## Exception Performance Report

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

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

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

#### Increase enforcement outcomes relating to street-based ASB

2025/26 Q3 outturn: 1,181

Quarterly Target: 1,926

### Reason for level of performance:

Street based enforcement stats Q3:

Number of CSAS incidents attended : 720

Number of alcohol seizures: 12

Number of dispersals : 384

Early intervention notices: 16

Support referrals:35

Community Protection Notice Warning – 6

Community Protection Notice – 3

Anti Social Behaviour Injunction – 2

Closure of premise

There has been a significant reduction in staff numbers since this period last year, however, figures for the quarter are strong, showing a robust approach to street related anti-social behaviour. The enforcement outcomes show a lack of escalated behaviours and successful formal warnings being applied, but robust action where required.

Previous years staffing levels were at 12FTE due to grant funded delivery, current staffing levels for Q3 were 5.5FTE, therefore outcomes per head are higher than previous year.

### Summary of financial implications:

n/a

### Summary of legal implications:

n/a

### Summary of human resources implications:

n/a

### Summary of sustainability impact:

n/a

### Summary of public health implications:

n/a

**Summary of equality implications:**

*n/a*

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

New corporate performance measures are being proposed to the Strategy Board for April 26 onwards, these measures will be less reliant on fluctuating staffing levels and give a more consistent picture of ASB levels and associated enforcement.

**Completed by: Sophie Sajic**

**Date: 06/02/26**

**Service Unit Head approval with date: Sophie Sajic 9/2/26**

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



|                            |   |
|----------------------------|---|
| Report subject             | <b>Work Plan</b>  |
| Meeting date               | 19 May 2026   |
| Status                     | Public Report   |
| Executive summary          | The Health and Adult Social Care Overview and Scrutiny (O&S) Committee is asked to consider and confirm work priorities as plotted on the draft Work Plan.  |
| <b>Recommendations</b>     | <p><b>It is RECOMMENDED that the Committee consider and confirm:</b></p> <ul style="list-style-type: none"> <li><b>a) the refreshed Work Plan priorities plotted into the draft work plan</b></li> <li><b>b) any items currently shown on the long list it may wish to prioritise within the Work Plan</b></li> <li><b>c) how it wishes to receive information only items</b></li> <li><b>d) the Committee’s lens of ‘Equality of Access to Person Centred Integrated Care’.</b></li> </ul> |
| Reason for recommendations | The Council's Constitution requires all Overview and Scrutiny Committees to set out proposed work in a Work Plan which will be published with each agenda.  |
| Portfolio Holder(s):       | N/A – Overview and Scrutiny is a non-executive function   |
| Corporate Director         | Aidan Dunn, Chief Executive   |
| Report Authors             | Louise Smith, Senior Democratic and Overview and Scrutiny Officer<br>Lindsay Marshall, Overview and Scrutiny Specialist   |
| Wards                      | Council-wide  |
| Classification             | For Decision  |

## Work Plan updates

1. This report provides the latest version of the Committee's Work Plan at Appendix A and guidance on how to populate and review the Work Plan in line with the Council's Constitution. For the purposes of this report, all references to Overview and Scrutiny Committees shall also apply to the Health and Adult Social Care Overview and Scrutiny Committee (HASC O&S) unless otherwise stated.
2. Items added to the Work Plan since the last publication are highlighted as **'NEW'**. Councillors are asked to consider and confirm the latest Work Plan, subject to any updates agreed at the meeting.
3. The most recent [Cabinet Forward Plan](#) can be viewed on the council's website. This link is included in each O&S Work Plan report for councillors to view and refer to when considering whether any items of pre-decision scrutiny will join the O&S Committee Work Plan.

## Resources to support O&S Work

4. The Constitution requires that O&S committees take account of the resources available to support proposals for O&S work. Advice on maximising the resource available to O&S Committees is set out in the O&S Work Planning Guidance document referenced below. Resources available for 2026/27 HASC O&S are set out in detail at paragraph 14.

## Work programming guidance and tools

5. The [Overview and Scrutiny Committees Terms of Reference](#) document provides detail on the principles of scrutiny at BCP Council, the membership, functions and remit of each O&S committee and the variety of working methods available.
6. [The O&S Work Planning Guidance](#) document provides detail on all aspects of work planning including how to determine requests for scrutiny in line with the Council's constitution.
7. The [O&S Framework for scrutiny topic selection](#) was drawn up by O&S councillors in conjunction with the Centre for Governance and Scrutiny. The framework provides detail on the criteria for proactive, reactive and pre-decision scrutiny topics, and guidance on how these can be selected to contribute to value-added scrutiny outcomes.
8. The '[Request for consideration of an issue by Overview and Scrutiny](#)' form is an example form to be used by councillors and residents when making a new suggestion for a scrutiny topic. Word copies of the form are available from Democratic Services upon request by using the contact details on this agenda.
9. In 2024, a working group of HASC O&S created the following [HASC O&S Data Toolkit](#), which was approved by the Committee. This resource now requires refreshing in areas but still proves a useful tool.
10. The Corporate dashboard can also be used by the Committee to assist with work planning and can be found here [performance dashboard](#).

## Work Programming 2026-27

### Methodology

11. In early 2026, potential topics for all O&S Committees were sourced from a range of stakeholders in a desktop exercise. Topics were received from councillors, officers, Cabinet members and partners of the council. The Chair of HASC O&S requested that work planning be done via circulation of topics to Committee with an accompanying questionnaire to identify individual members' priorities.

12. The questionnaire was designed in three separate sections – new proactive items to be considered, proactive items already on the work plan with no date allocated and information only items. The ask was for Committee Members to prioritise their top five items for each category. Three responses were received. The priorities chosen and long list with dates yet to be allocated can be found at appendix 2 to this report.
13. The long list will be appended to the work plan moving forward and can be referred to when considering future scrutiny requests that may arise.

### **Scrutiny resources available in 2026/27**

14. When considering topic priorities, a good practice approach of allocating 1 hour of scrutiny per topic for sufficient depth and effectiveness of inquiry, and 2/3 hours of scrutiny per committee is recommended. On this basis, **the illustrative resource capacity for HASC O&S for 2026/27 is:**

- 3/4 hours - pre-decision (scrutiny of Cabinet reports)
- 10 hours – proactive scrutiny (topics requested by O&S)
- 1/2 hours – reactive scrutiny topics (those that are unplanned and urgent)
- 4 hours – briefings (information giving sessions between meetings, assuming this is agreed by Committee)

#### **PLUS**

- Approximately 1 working group (priority order of all working groups to be determined by O&S Chairs / Vice Chairs group)
- Unlimited rapporteurs (member-led independent work)
- Unlimited info only reports

### **Shortlisted Topics for 2026/27**

15. The top priorities from new proactive items within the questionnaire results have been plotted into the work plan in consultation with the Chair and Officers to ensure items are received at a meaningful and impactful time within the municipal year.
16. In addition, continued overview and scrutiny of the Fulfilled Lives and FutureCare Programmes has continued to be plotted in as previously agreed by Committee and in recognition of these significant programmes of work.

### **Approach to Information only items –for committee consideration**

17. The Committee previously agreed to information only briefing sessions which have been scheduled on Teams in advance and enable the Committee an opportunity to receive information only items. This frees up committee time for issues which require active scrutiny.
18. These briefings have been consistently poorly attended by Committee members with an average one third of Committee turn out. To make best use of both councillor and officer resource, the Committee is therefore asked to reconsider whether this remains an appropriate mechanism for receipt of information. The options for receipt of information are:
  - To continue with briefings for a trial period to review if attendance improves,
  - Request short briefing notes on key topics which can be circulated in between meetings, or;

- Receiving reports on the agenda as a 'information only reports', with no discussion in Committee planned.

### **Next Steps and In Year Scrutiny Requests**

19. Pre-decision topics can be identified and confirmed by HASC O&S on a periodic basis when the Cabinet Forward Plan is refreshed.
20. Any Working group suggestions will be passed to the O&S Chairs and Vice Chairs Group for consideration. The Group will agree the order of progression for working groups, in line with Constitution requirements which allow for one working group to be progressed at a time across the whole O&S function.
21. Key Lines of Enquiry documents will be progressed for individual scrutiny topics . Advice on scoping will be sought from officers to strengthen inquiries (in line with usual practice) and from the O&S Chairs and Vice Chairs Group (to provide additional test and challenge, in line with updated Constitution requirements).
22. In year topic requests and reactive scrutiny: notwithstanding the HASC O&S planning of its annual programme of work, Councillors retain the right to suggest scrutiny topics throughout the year and the need for reactive scrutiny may occur. Requests for scrutiny work may also be made by residents and other council bodies, such as full Council, at any time.
23. For arising 'in year' requests or reactive scrutiny items, HASC O&S can assess the topics on an individual basis in consultation with the Chair or during Committee time. Where scrutiny capacity is reached, HASC O&S can weigh up the value of swapping scrutiny topics as required.

### **Options Appraisal**

24. To ensure that work can be accommodated within available resources, the total number of scrutiny slots available should not be exceeded. The Committee may choose to confirm the topics as proposed within the Work Plan at Appendix A, or swap topics for others listed within Appendix B (or any other topic arising), but should remain within the total resource availability as set out.

### **Summary of financial implications**

25. There are no financial implications arising from this report.

### **Summary of legal implications**

26. There are no legal implications arising from this report. The Council's Constitution requires that all O&S bodies set out proposed work in a Work Plan which will be published with each agenda. The recommendation proposed in this report will fulfil this requirement.

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

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

### **Summary of sustainability impact**

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

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

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

### **Summary of equality implications**

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

### **Summary of risk assessment**

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

### **Background papers**

- [Overview and Scrutiny Committees Terms of Reference](#)
- [O&S Work Planning Guidance document](#)
- [O&S Framework for scrutiny topic selection](#)
- [‘Request for consideration of an issue by Overview and Scrutiny’](#)
- [performance dashboard](#)

Further detail on these background papers is contained within the body of this report.

### **Appendices**

Appendix A - Current HASC O&S Work Plan

Appendix B – Consultation results and long list of items

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## BCP Council Health and Adult Social Care Overview and Scrutiny Committee – Work Plan. Updated 25 March 2026

### Guidance notes:

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

|   | Subject and background                             | How will the scrutiny be done?    | Lead Officer/Portfolio Holder   | Report Information  |
|---|--|-----------------------------------|---|---|
| <b>Meeting Date: 19 May 2026</b>            |  |                                   |   |   |
|   | Work Planning <b>'NEW'</b>                         | Committee Report                  | Lindsay Marshall, Scrutiny Specialist and Louise Smith, Senior Democratic Support Officer |   |
|   | CQC Inspection update                              | Committee Report and presentation | Betty Butlin, Director of Adult Social Care   | Agreed at Committee on 1 December 2025  |
|   | BCP Suicide Prevention Action Plan <b>'NEW'</b>    | Committee Report                  | Rob Carroll, Director of Public Health  | Suggested by RC and agreed by Chair on 14 April 2026                              |
|   | Health & Wellbeing Strategy 2026-2031 <b>'NEW'</b> | Committee Report                  | Rob Carroll, Director of Public Health  | Was suggested as a topic by Officers and picked as one of the five top priorities |
| <b>8 June Informal Briefing – Topic TBC</b> |  |                                   |   |   |

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

|   | Subject and background   | How will the scrutiny be done? | Lead Officer/Portfolio Holder                           | Report Information  |
|---|--|--------------------------------|---|---|
| <b>Meeting Date: 20 July 2026</b>   |  |                                |   |   |
|   | <b>ASC Learning Disability Strategy</b>  | Committee Report               | Kathryn Hay, Co-Production Commissioning Officer        | Added by Officers and Chair agreement in January 2026 prior to consideration at Cabinet |
|   | <b>Health and Social Care for the Homeless 'NEW'</b>                             | Committee Report               | TBC   | Agreed at Committee on 1 December 2025  |
|   | <b>Fulfilled Lives – themed approach? 'NEW'</b>                                  |                                |   |   |
| <b>17 August Informal Briefing – Future ICB governance and structures post clustering 'NEW' TBC</b> |  |                                |   |   |
| <b>Meeting Date: 22 September 2026</b>  |  |                                |   |   |
|   |  |                                |   |   |
|   | <b>Neighbourhood health plans including integrated neighbourhood teams 'NEW'</b> | Committee Report               | Becky Whale, Interim Place Director for BCP, NHS Dorset | Was suggested as a topic by Officers and picked as one of the five top priorities       |
|   | <b>FutureCare end of programme report? 'NEW'</b>                                 |                                |   |   |
| <b>2 November Informal Briefing – Topic TBC</b>   |  |                                |   |   |
| <b>Meeting Date: 30 November 2026</b>   |  |                                |   |   |
|   | <b>Safeguarding Adults Board Annual Report</b>                                   | Committee Report               |   | Comes to Committee every Autumn for consideration                                       |

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

|  | Subject and background  | How will the scrutiny be done?            | Lead Officer/Portfolio Holder  | Report Information  |
|--|---|---|--|---|
|  | <b>Adult Social Care Complaints and Quality assurance annual report</b>   | Committee Report                          |  | Comes to Committee every Autumn for consideration                                 |
|  | <b>Initiatives to address identified Health Inequalities 'NEW'</b>  | Committee Report                          | Becky Whale, Interim Place Director for BCP, NHS Dorset and Rob Carroll? | Was suggested as a topic by Officers and picked as one of the five top priorities |
|  | <b>End of Life strategy implementation 'NEW'</b>  | Committee Report                          | Zena Dighton/Yvette Pearson and Judith Westcott                          | Was suggested as a topic by Officers and picked as one of the five top priorities |
| <b>25 January 2027 Informal Briefing – Topic TBC</b> |   |   |  |   |
| <b>Meeting Date: 1 March 2027</b>                    |   |   |  |   |
|  |   |   |  |   |
|  | <b>Fulfilled Lives Programme – themed approach 'NEW'</b>  |   |  |   |
| <b>Recurring Items (Annual Reports)</b>              |   |   |  |   |
|  | <b>Safeguarding Adults Board Annual Report</b><br>To inform members of the work programme review for 2024/25 for members to scrutinise and make any recommendations for future work.<br><br>Received from ASC | To receive an annual report every Autumn. |  | Part of statutory reporting cycle to be received in Autumn annually.              |

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

|                | Subject and background   | How will the scrutiny be done?                        | Lead Officer/Portfolio Holder | Report Information  |
|----------------|--|---|-------------------------------|---|
|                | <b>Adult Social Care Complaints and Quality assurance annual report</b><br>Received from ASC | To receive an annual report every Autumn.             |                               |   |
| Working Groups |  |   |                               |   |
|                | Children's Wellbeing <b>'NEW'</b>  | Joint HASC and Children's O&S working group suggested |                               | See <a href="#">scrutiny request form</a> for full detail |

**Health and Adult Social Care Overview and Scrutiny Committee – Work Planning – 2026/2027 Municipal Year.**

**Results from Committee consultation – 3 responses received**

| <b>New Work Programme items – top 5 chosen</b> |   |  |  |  |
|--|---|--|--|--|
| 1  | Neighbourhood health plans including integrated neighbourhood teams | Partner – Mark Harris, NHS Dorset                                  | Neighbourhood Health plans for information Scrutiny of progress and implementation of plans including integrated neighbourhood teams   | Advised that these may be altered once new executive arrangements are in place within the ICB cluster.                 |
| 2  | Initiatives to address identified Health Inequalities               | Partner – Mark Harris, NHS Dorset                                  | Scrutiny of any initiatives to address known health inequalities   | Advised that these may be altered once new executive arrangements are in place within the ICB cluster.                 |
| 3  | Health & Wellbeing Strategy 2026-2031                               | Rob Carroll, Cat McMillan  | Scrutiny of the draft Health & Wellbeing Strategy 2026-2031- O&S can test/ challenge & contribute ideas to strengthen the policy direction   | Committee Report   |
| 4  | Children's Wellbeing  | Councillors Patrick Canavan and Sharon Carr-Brown joint suggestion | This is proposed as a joint piece of work between Children's O&S and Health & Adult Social Care O&S and intended as an overview of how information from BCP and Health services, such as Youth Justice, mental health and exclusions (to take just a few examples), are fed into the wider children's health and care environment such that we can demonstrate a 360* approach to their wellbeing and development. | See <a href="#">scrutiny request form</a> for full detail<br><br>Joint HASC and Children's O&S working group suggested |

|   |   |                                   |  |  |
|---|---|-----------------------------------|--|--|
| 5   | End of Life strategy implementation   | Partner – Mark Harris, NHS Dorset | Strategy shared for information at recent committee<br>Proposal to receive further update re scrutiny of implementation plans and progress | Advised that these may be altered once new executive arrangements are in place within the ICB cluster. |
| <b>Legacy Work Programme items – top 5 chosen</b> |   |                                   |  |  |
| 1   | Monitor the proposed increase of block booked beds for long-term care and that an update on progress against this be provided at an appropriate time. | O&S Board                         | To update the Committee on progress re increasing the provision of block booked beds.<br>Added following meeting of 3 March 2025.          |  |
| 2   | Benefits of the separation of the Public Health function  | Committee Report                  |  |  |
| 3   | Access Wellbeing – Transforming Dorset Community Mental Health Services   |                                   | To receive future KPIs regarding the impact of the new model at an appropriate time.<br>Added at Committee on 19 May 2025.                 | Contact: Rachel Small, Interim Chief Operating Officer, Dorset Healthcare UHD                          |
| 4   | Get Dorset & BCP working  |                                   | To continue to monitor – added by the Chair by email on 1 October 2025   |  |
| 5   | Examine the scale of and connected risks linked to the use of unregistered health and social care providers by  | Cllr Joe Salmon                   | Added at Committee on 19 May 2025 following consideration of scrutiny request from Cllr Salmon.  |  |

|  |   |                                   |  |  |
|--|---|-----------------------------------|--|--|
|  | BCP Council, with a specific focus on Lifeways and similar providers  |                                   |  |  |
| <b>Information only items – top 5 chosen</b> |   |                                   |  |  |
| 1  | Future ICB governance and structures post clustering (request already received for the January meeting on this) | Partner – Mark Harris, NHS Dorset | Update provided at January briefing.<br><br>Information purposes – suggest update on final arrangements once full clustering and re-structure completed in the new financial year  | Advised that these may be altered once new executive arrangements are in place within the ICB cluster. |
| 2  | Drug and Alcohol Commissioning  | Karen Wood                        | To provide information on current KPIs against performance.<br><br>To consider and note the performance of the service   | August/September 2026  |
| 3  | Tricuro   | Marianne Wanstall                 | To provide information on current Business Plan against performance.<br>To consider and note the performance of Tricuro  | October/November 2026  |
| 4  | CQC Assurance Report  | Betty Butlin - DASS               | Will provide the outcome of the CQC Assurance/Inspection that took place regarding Adult Social Care.<br><br>Depending on the outcome of the report O&S may wish to focus on the areas that require improvement and provide scrutiny on these. | Committee Report   |
| 5  | Further update on UHD developments as part of the CSR ie full mobilisation of                                   | Partner – Mark Harris, NHS Dorset | UHD re-configuration as per Clinical Services Review.<br>Previous updates provided to committee for information purposes   | Advised that these may be altered once new executive arrangements are in place within the ICB cluster. |

|  |   |  |  |  |
|--|---|--|--|--|
|  | the separate emergency and planned care sites |  |  |  |
|--|---|--|--|--|

| <b>Other topics not picked within top 5 priorities</b> |   |                                   |  |  |
|--|---|-----------------------------------|--|--|
| 1b   | Age-Friendly Communities Progress         | Cabinet - Cllr Moore              | <p>Essential work addressing the needs of our ageing population has not yet been subject to scrutiny.</p> <ul style="list-style-type: none"> <li>This presents an opportunity for scrutiny to review the work completed to date, examine current activities, and add value by shaping and influencing the programme's future direction.</li> </ul> <p>Further background info from Cllr Moore:<br/>This topic is community based rather than health based. There was some work carried out recently on digital problems facing older residents. The Council has an Age Friendly Steering Group and work is taking place with Bournemouth University to help make this area more age friendly. The work might make an interesting topic for scrutiny, especially as people are living longer and the birth rate is declining.</p> | Note – this topic was considered by the O&S Board in their work planning exercise. It is not yet known if this is selected as a scrutiny priority by the Board. The topic may have overlap with work of HASC O&S and so is also included here for consideration. |
| 2c   | Implementation of the 10 year health plan | Partner – Mark Harris, NHS Dorset | <p>Strategy shared for information at recent committee</p> <p>Proposal to receive further update re scrutiny of implementation plans and progress</p>  | Advised that these may be altered once new executive arrangements are in place within the ICB cluster.   |
| 2f   | Winton Neighbourhood Centre               | Partner – Mark Harris, NHS Dorset | Information – provide an update on developments concerning renewed use of Winton Health Centre   | Consider in Spring/Summer 2026   |

|    |   |                                 |   |                                   |
|----|---|---------------------------------|---|-----------------------------------|
| 3b | Emergency Duty Service  | Betty Bulin<br>Suzanne Westwood | To share the review of the service that should be completed May 2026.<br><br>To consider the outcome of the review and recommendations. O&S may wish to ask for a further briefing to come to committee 6 months after the actions from the service review have been implemented. | Committee Report – June/July 2026 |
| 3c | Care Technology   | Emma Senior                     | To review the progress of the Programme   | June/July 2026                    |
| 3d | Medequip  | Steve Albin                     | Update on the Provider Failure of NRS and transition of the new provider Medequip.<br><br>To consider and note the performance of the service and future actions to mitigate market risks   | October/November 2026             |
| 4a | The impact of domestic wood burning on air quality and public health across BCP.  | Cllr Patrick Canavan            | The impact of domestic wood burning on air quality and public health across BCP (particularly during winter).   |                                   |
| 4e | The impact of the UK government's proposed £5bn cuts to disability and sickness benefits on BCP Council residents, particularly those reliant on Personal Independence Payments (PIP) and Universal Credit. | Cllr Joe Salmon                 |   |                                   |

|    |   |                      |  |  |
|----|---|----------------------|--|--|
| 4g | The importance of Arts & Culture in Wellbeing | Cllr Patrick Canavan | Added at Committee on 19 May 2025 following consideration of scrutiny request from Cllr Canavan. |  |
|----|---|----------------------|--|--|

## HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



|                            |   |
|----------------------------|---|
| Report subject             | <b>BCP Suicide Prevention Action Plan</b>   |
| Meeting date               | 19 May 2026   |
| Status                     | Public Report   |
| Executive summary          | This document provides an updated draft Suicide Prevention Action Plan for Bournemouth, Christchurch and Poole. The plan is based on an evidence-based framework and includes actions for council colleagues, as well as shared priorities that will be taken forward through pan-Dorset partnership working.   |
| Recommendations            | <p><b>It is RECOMMENDED that the Committee:</b></p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. 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.</li> <li>3. 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.</li> </ol> |
| Reason for recommendations | To provide scrutiny and feedback on the draft BCP Suicide Prevention Action Plan before the draft action plan is finalised for approval by the Health & Wellbeing Board on the 29 <sup>th</sup> June 2026.  |

|                      |   |
|----------------------|---|
| Portfolio Holder(s): | Cllr David Brown, Portfolio Holder for Health and Wellbeing                                 |
| Corporate Director   | Laura Ambler – Corporate Director for Wellbeing   |
| Report Authors       | Paul Iggulden – Public Health Consultant<br>Tracy Hill – Head of Programmes, Public Health. |
| Wards                | Council-wide  |
| Classification       | For consultation  |

## Background

1. Suicide prevention is a local public health priority, with suicide rates in BCP remaining consistently higher than the England and regional averages ([\(Fingertips | Department of Health and Social Care, 2023\)](#)).
2. When compared to our statistical neighbours, BCP has the second highest suicide rate. ([\(Fingertips - Suicide Prevention statistical neighbours - Department of Health and Social Care, 2023\)](#)). Every death by suicide represents a profound and potentially preventable loss of life, with far-reaching consequences for families, communities, and services.
3. Alongside the social impact, suicide also places a significant burden on society more widely. Research published by The Samaritans [The economic cost of suicide in the UK \(2024\)](#) estimates that the average economic cost of a death by suicide in England among working-age adults is approximately £1.67 million. This figure reflects a combination of direct costs associated with health and emergency services, indirect costs from lost productivity and earnings, and intangible costs linked to pain, grief, and suffering experienced by those affected. While no monetary value can capture the true loss of life, this evidence reinforces the importance of sustained, system-wide suicide prevention.
4. Significant work on suicide prevention has previously been undertaken across Dorset. NHS Dorset received national funding and recruited a Programme Lead. While dedicated funding enabled strong progress, momentum was lost when this funding came to an end and the programme subsequently stalled. There remains, however, a commitment across Dorset to re-ignite this agenda and build on the positive foundations that were established.
5. An evidenced-based Suicide Prevention Framework covering the BCP and Dorset Council areas has been developed during 2025-26 to provide clear local direction and priorities for suicide prevention. The framework has been developed in consultation with partners across the Dorset system. The intention is for the framework to be adopted across key partner organisations and used to inform the development of individual organisational action plans.
6. This document provides an overview of the framework and the draft Bournemouth, Christchurch and Poole (BCP) Council suicide prevention action plan, which has been produced collaboratively with teams across the Council.

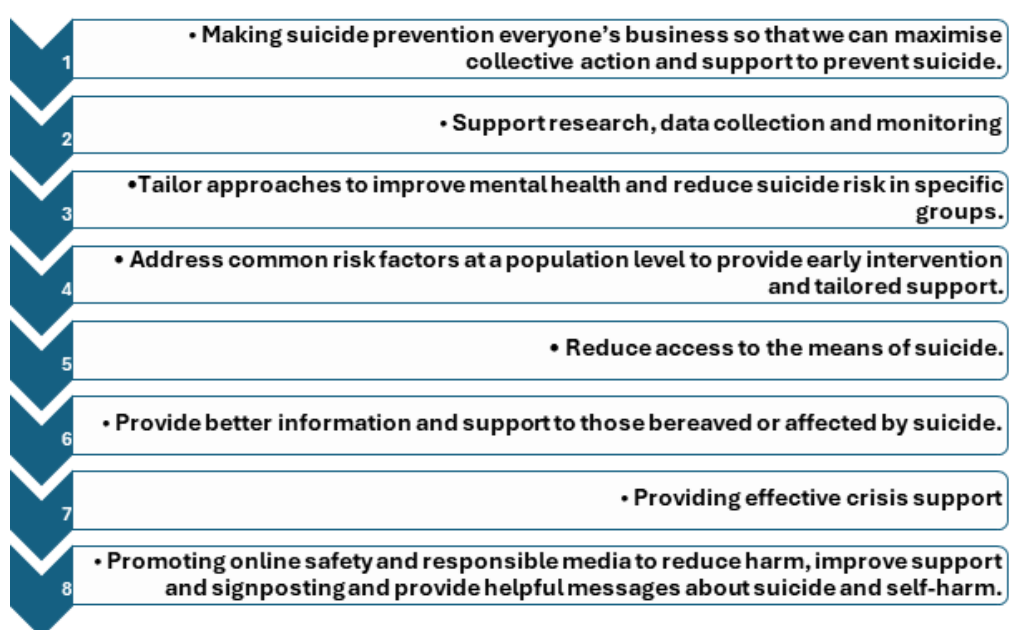
## The National Context

7. A [National Suicide Prevention Strategy for England 2023-2028](#) was published in September 2023. The overall ambitions set by the national strategy are to:
  - Reduce the suicide rate over the next 5 years – with initial reductions observed within half this time or sooner.
  - Continue to improve support for people who self-harm.
  - Continue to improve support for people who have been bereaved by suicide.
8. The National Suicide Prevention Strategy is based on evidence, drawing on research, data analysis, and learning from current practice. It is informed by trends in suicide rates, risk and protective factors identified through public health surveillance, academic research and data, as well as evaluations of what interventions are most effective at preventing suicide and reducing self-harm. The strategy also incorporates insights from people with lived experience, recognising the value of qualitative evidence alongside quantitative data.

## Pan-Dorset Suicide Prevention Framework

9. The Suicide Prevention Framework shown in Figure 1, is a Pan-Dorset framework that sets out eight priority areas for suicide prevention. It has been developed in alignment with the National Suicide Prevention Strategy and informed through consultation with teams across the council.
10. This evidence-led approach has shaped a comprehensive set of eight priorities that recognise suicide prevention as everyone’s responsibility and emphasises the need for coordinated action across prevention, early intervention, support, and recovery to reduce risk and improve outcomes for individuals and communities.
11. Following development of the Suicide Prevention Framework, work has focused on developing a dedicated action plan for Bournemouth, Christchurch and Poole (BCP) Council.

**Figure 1: BCP and Dorset Suicide Prevention Framework**



## **The Local Context**

12. The suicide rate per 100,000 persons in Bournemouth, Christchurch and Poole (BCP) has been consistently higher than the England average. The suicide rate has shown year-on-year increase since 2018-2020. The rate of suicide in BCP is the highest in the South west. The rate per 100,000 deaths was 15.6 in 2022-24, which is significantly worse than the England value of 10.9 deaths per 100,000 ([\(Fingertips | Department of Health and Social Care, 2023\)](#)).
13. In comparison to BCPs statistical neighbours, BCP has the second highest suicide rate after Brighton and Hove ([\(Fingertips - Suicide Prevention statistical neighbours - Department of Health and Social Care, 2023\)](#)).
14. There is currently no Dorset-wide real-time suicide surveillance system. Dorset Police provide a monthly dataset that supports trend monitoring and the identification of clusters and hotspots, but it is limited by delays and incomplete data. Developing a nearer-to-real-time surveillance system is therefore a priority within the action plan.

## **Action Plan**

15. The Suicide Prevention Action Plan is presented in Appendix 1. The Action Plan builds on existing work and aligns with the priorities set out in the framework. It sets out a clear programme of work, detailing organisational level actions to be delivered by BCP colleagues, alongside actions that may be delivered jointly with partners.
16. To inform the development of the action plan, a series of suicide prevention workshops and one-to-one meetings were held with teams from across BCP Council, including Housing, Adult Social Care, Planning and Children's Services, including Education. These teams played a central role in shaping the action plan. Draft versions were shared regularly to enable ongoing input, support the refinement of priorities, and ensure that emerging themes and insights were reflected. A full list of stakeholders who contributed to this work is provided in Appendix 2.
17. While the action plan focuses on activity to be led by BCP Council colleagues, many of the actions align with wider system-level priorities and will involve work with local system partners, including elements of training and awareness and collection of nearer to real-time surveillance data. In parallel, suicide prevention work is underway with system partners, including: NHS Dorset, Dorset Healthcare University NHS Foundation Trust, University Hospitals Dorset NHS Foundation Trust, local colleges and universities and voluntary and community sector organisations. This co-ordinated approach will support alignment, reduce duplication and maximise collective impact across the system.

## **Governance and monitoring**

18. The intention is that a BCP Suicide Prevention Delivery Group will be established to lead the implementation of the Suicide Prevention Action Plan. The group will be chaired by Public Health and will include representation from teams that have contributed to the development of the action plan, ensuring continuity and shared ownership.
19. The primary purpose of the Suicide Prevention Delivery Group will be to provide strategic oversight of the action plan, ensuring that actions are implemented effectively and in line with agreed priorities. The group will be responsible for

monitoring progress, reviewing performance against the agreed plan, and evaluating the impact of actions taken. This will enable learning to be captured and used to inform future development, refinement of priorities, and any necessary adjustments to delivery.

20. The proposal, is that the Suicide Prevention Delivery Group will be accountable to the Health and Wellbeing Board, providing updates on progress, risks and outcomes, and ensuring that suicide prevention remains a priority within the broader health and wellbeing agenda.

### **Options Appraisal**

Option 1 - proceed with the next steps detailed above.

Option 2 - do nothing and assume work will be picked up by individual teams.

### **Summary of financial implications**

21. There are no financial implications arising from this report

### **Summary of legal implications**

22. There are no legal implications arising from this report.

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

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

### **Summary of sustainability impact**

24. Suicide Prevention recognises that suicide risk is influenced by wider determinants of health, including poverty, inequality, employment insecurity, housing, social isolation, and access to services. By tackling these underlying factors, suicide prevention can contribute to sustainability. Preventative approaches, such as workforce training, promoting social connection, and improving access to timely mental health support can help reduce demand on health and social care systems while strengthening economic resilience and community wellbeing.

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

25. Suicide prevention has major public health implications because it addresses a leading cause of premature death while also reducing long-term social, emotional, and economic burdens on individuals, families, and communities. Effective suicide prevention can lower suicide rates and improve overall population wellbeing. Suicide prevention supports mental health as a core component of public health.

### **Summary of equality implications**

26. An Equality Impact Assessment (EIA) conversation has taken place, the summary of which is provided below. A full EIA will be undertaken once the draft action plan has been finalised for approval by the Health & Wellbeing Board.
27. Implementation of the suicide prevention action plan recognises that suicide risk is not evenly distributed across the population and that different groups have distinct needs and experiences. Evidence highlights increased risk among specific groups, including middle-aged men, people with a history of self-harm, individuals in contact with mental health services, autistic people, pregnant women and new mothers, children and young people, those involved in the justice system, and

certain occupational groups. Additional risk factors such as isolation, abuse, caring responsibilities, and socioeconomic disadvantage further compound inequality.

28. Acknowledging these differences enables BCP Council teams to adopt more targeted, inclusive and proportionate approaches to suicide prevention, ensuring that support reflects diverse needs across protected characteristics and wider vulnerable groups.
29. By increasing awareness, skills and confidence among managerial and operational staff, the change is expected to have a positive impact on service users, employees and the wider community. Staff will be better equipped to identify risk, offer timely support and signpost appropriately, helping to reduce stigma and barriers to accessing help.
30. There is potential for unintended negative impacts, such as distress, confidentiality concerns or inconsistent experiences if approaches are not inclusive but these risks are mitigated against through clear communication, robust safeguards, and trauma-informed, evidence-based approaches.

### **Summary of risk assessment**

31. The current priorities and proposed actions within the draft action plan are considered to be low risk. The absence of an action plan with defined deliverables presents a risk, as it limits the council's ability to respond effectively and may contribute to continued increases in suicide rates. These risks will be mitigated through clear governance arrangements, named leadership, regular progress reporting, and ongoing engagement with key partners and stakeholders.

### **Background papers**

32. None.

### **Appendices**

33. Appendix 1 – BCP Suicide Prevention Action Plan
34. Appendix 2 - Stakeholders consulted to inform the development of the BCP Suicide Prevention Action Plan.

## Appendix 1 - BCP Suicide Prevention Action Plan

**Framework Priority 1 - Making suicide prevention everyone's business so that we can maximise collective action and support to prevent suicide.**

| Reference | Areas for action  | Lead                         | Timeframe    |
|-----------|---|------------------------------|--------------|
| 1.1       | Establish a Suicide Prevention Delivery Group within BCP Council to provide overall leadership, oversight and accountability for the delivery of this action plan.  | Public Health                | June 26      |
| 1.2       | Raise the profile of suicide prevention across BCP and work with key stakeholders to visibly demonstrate commitment and shared responsibility, including consideration of a BCP Suicide Prevention Pledge to formalise commitment to delivering this agenda.  | Public Health                | September 26 |
| 1.3       | <p>Develop a communications plan to raise the profile of suicide prevention through both universal and targeted activity, including:</p> <ul style="list-style-type: none"> <li>• A blanket campaign alongside targeted communications for identified high-risk groups.</li> <li>• Alignment with national and international awareness days (e.g. World Mental Health Day, Safer Internet Day).</li> <li>• Opportunities to link suicide prevention messaging with wider campaigns addressing key risk factors, such as loneliness, substance misuse, women who have children taken into the care system, and harmful gambling, to maximise impact for high-risk groups.</li> <li>• Use of a range of venues and settings to extend reach.</li> <li>• Co-production with target audiences wherever possible to ensure messaging is relevant, sensitive and effective</li> </ul> | Communications and Marketing | August 26    |

|     |   |  |                |
|-----|---|--|----------------|
| 1.4 | Develop a training programme for suicide prevention, including* <ul style="list-style-type: none"> <li>• Map current Suicide Awareness Training available to BCP, include a breakdown of the target audience and any specific training needs.</li> <li>• Develop and roll-out tiered suicide prevention training offer.</li> </ul>  | Public Health<br>People and<br>Culture | June 2026      |
| 1.5 | Implement training for line managers to strengthen their role in supporting staff wellbeing, ensuring wellbeing check-ins are embedded in 1:1s and that appropriate support is identified and accessed during performance review and management processes. Share examples of good practice to support continuous learning and encourage reflective practice across teams. | Public Health<br>People and<br>Culture | September 2026 |
| 1.6 | Review learning from reflective practice approach being piloted in Housing Team and identify future options for wider implementation  | Housing and<br>Public Protection       | September 26   |

\*Please note – Some elements of the training offer will likely be delivered as part of a Dorset wide programme.

#### Framework Priority 2 – Support research, data collection and monitoring

| Reference | Areas for action  | Lead          | Timeframe  |
|-----------|---|---------------|------------|
| 2.1       | Explore how to bring together data from multiple sources (including Rio, Mosaic, ONS) to develop an understanding of suicide risk across BCP into a dashboard format. This will support improved targeting and prioritisation of suicide prevention activity for groups experiencing higher levels of need. * | Public Health | October 26 |

|     |  |               |              |
|-----|--|---------------|--------------|
| 2.2 | Work Pan-Dorset to progress getting a nearer to real time suicide surveillance system in place.  | Public Health | October 26   |
| 2.3 | Improve local data and use national data on potential or emerging risk factors and priority groups, such as people experiencing harmful gambling, homelessness, domestic abuse, people from LGBT+ communities, care leavers, farming and armed forces communities and other high-risk groups.  | Public Health | October 26   |
| 2.4 | Establish information sharing protocol with key departments to ensure timely notification when suicide or self-harm is identified as a possible cause of death. This will enable appropriate and coordinated actions by relevant teams, including the provision of support information and liaison with affected schools, workplaces, or sites to deliver postvention support. | Public Health | September 26 |

\*Please note – Developing our data flows to move nearer to real time surveillance data (currently monthly) will be progressed in partnership with Dorset Public Health Colleagues and system partners.

### Framework Priority 3 - Tailor approaches to improve mental health and reduce suicide risk in specific groups.

| Reference | Areas for action  | Lead          | Timeframe |
|-----------|---|---------------|-----------|
| 3.1       | Identify specific training needs, which may include: <ul style="list-style-type: none"> <li>Supporting frontline workers to identify self/harm suicide risks (moving away from risk prediction and risk stratification tools)</li> <li>Voluntary Sector – management of immediate risk/ follow-up for people who express a suicide risk.</li> <li>Parents who have had children removed.</li> <li>Line managers – to support wellbeing check ins during 121s and additional support which may be required.</li> </ul> | Public Health | July 26   |

|     |  |                      |              |
|-----|--|----------------------|--------------|
|     | <ul style="list-style-type: none"> <li>Review learning from reflective practice approach being piloted in Housing Team.</li> </ul>   |                      |              |
| 3.2 | Collaborate with Education Teams to support all schools and universities to have a suicide prevention policy, which includes postvention support if a school is affected by suicide.                                       | Education and Skills | September 26 |
| 3.3 | Explore role and ability of the Adult Social Care Performance Quality Improvement Board in sharing learning from review panels, to capture shared learning from deaths linked to drugs / alcohol / safeguarding / Suicide. | Adult Social Care    | October 26   |

**Framework Priority 4 - Address common risk factors at a population level to provide early intervention and tailored support.**

| Reference | Areas for action  | Lead  | Timeframe     |
|-----------|---|---|---------------|
| 4.1       | Identify and promote the support available through the Access to Wellbeing Campaign for staff, including role of wellbeing champions in terms of wellbeing and signposting. | People and Culture  | December 2026 |
| 4.2       | Embed suicide prevention awareness within MARAC, MATAC, safeguarding processes, housing, employment and debt advice services.   | Adult Social Care / Housing and Public Protection / Public Health | December 26   |

**Framework Priority 5 - Reduce access to the means of suicide.**

| Reference | Areas for action  | Lead                      | Timeframe   |
|-----------|---|---------------------------|-------------|
| 5.1       | Work with partners such as highways, bridges, railways and coast guard teams to identify and implement appropriate suicide prevention measures. | Public Health / Transport | January 27  |
| 5.2       | Explore measures to improve medication safety particularly in situations where suicide risk may be higher.                                      | Adult Social Care / DAAT  | January 27  |
| 5.3       | Review and strengthen the role of Public Health in assessing planning applications to 'design out' access to means of suicide.                  | Public Health             | December 26 |

**Framework Priority 6 - Provide better information and support to those bereaved or affected by suicide.**

| Reference | Areas for action   | Lead                 | Timeframe    |
|-----------|--|----------------------|--------------|
| 6.1       | Work with teams and key partners to ensure appropriate plans and services are in place to support those bereaved or affected by suicide. | People and Culture   | December 26  |
| 6.2       | Carers - Define and communicate a clear post bereavement support package for carers bereaved or affected by suicide.                     | Public Health        | December 26  |
| 6.3       | Children and Young people - Develop a consistent approach across BCP to support education settings affected by suicide.                  | Education and Skills | September 26 |

\*Other groups will be prioritised at a system level.

**Framework Priority 7 – Providing effective crisis support**

| Reference | Areas for action  | Lead                                       | Timeframe    |
|-----------|---|--|--------------|
| 7.1       | Explore current mental health crisis support offer and how it is communicated and promoted to identify if improvements can be made. | Public Health Communications and Marketing | September 26 |

**Framework Priority 8 - Promoting online safety and responsible media to reduce harm, improve support and signposting and provide helpful messages about suicide and self-harm.**

| Reference | Areas for action   | Lead                        | Timeframe  |
|-----------|--|-----------------------------|------------|
| 8.1       | Review and summarise existing guidance and resources available to parents on supporting children exposed to self-harm and suicide-related online content and assess current routes of dissemination. | Education and Skills        | January 27 |
| 8.2       | Work with local media to support responsible reporting of suicide, improve signposting to support services, and promote positive mental health and wellbeing messaging.                              | Communication and Marketing | July 26    |

**Appendix 2 – Stakeholders consulted to inform the development of the BCP Suicide Prevention Action Plan.**

| <b>Team</b>                   |
|-------------------------------|
| Adult Social Care             |
| Children's Safeguarding       |
| Community Safety              |
| Communication                 |
| Drugs and Alcohol Team (DAAT) |
| Education and Skills          |
| Housing and Public Protection |
| People and Culture            |
| Planning                      |
| Youth Justice Service         |

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## Health and Adult Social Care Overview and Scrutiny Committee



|                            |  |
|----------------------------|--|
| Report subject             | <b>Draft Health &amp; Wellbeing Strategy</b>   |
| Meeting date               | 19 <sup>th</sup> May 2026  |
| Status                     | Public Report  |
| Executive summary          | <p>This report and associated documents provides;</p> <ul style="list-style-type: none"> <li>• An update on the development of a new Joint Health and Wellbeing Strategy for the Bournemouth, Christchurch and Poole</li> <li>• 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 Scrutiny Committee to inform policy and strategy development</li> </ul>   |
| Recommendations            | <p><b>It is RECOMMENDED that:</b></p> <ol style="list-style-type: none"> <li><b>1. The Committee note the progress made to date with the development of a new Health &amp; Wellbeing Strategy</b></li> <li><b>2. The Committee 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</b></li> <li><b>3. The Committee is asked to 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 &amp; Wellbeing Board on the 29<sup>th</sup> June 2026</b></li> </ol> |
| Reason for recommendations | To ensure that sufficient scrutiny and review of the draft strategy has been provided before the draft strategy is finalised for approval by the Health & Wellbeing Board on the 29 <sup>th</sup> June 2026.   |

|                      |   |
|----------------------|---|
| Portfolio Holder(s): | Councillor David Brown, Cabinet Member for Health and Wellbeing |
| Corporate Director   | Laura Ambler, Corporate Director for Wellbeing                  |
| Report Authors       | Rob Carroll, Director of Public Health                          |
| Wards                | All Wards   |
| Classification       | For Consultation  |

## Background

1. It is a statutory requirement in England under the Health and Social Care Act 2022 for Health and Wellbeing Boards to produce a Local Joint Health and Wellbeing Strategy.
2. The previous Health & Wellbeing Strategy for Bournemouth, Christchurch & Poole was published in September 2020 and covered the period from 2020 to 2023.
3. A new Health & Wellbeing strategy has been in development since December 2024 and public consultation on the draft strategy was completed at the end of March 2026. The feedback from the public consultation is currently being analysed and an analysis report is expected in May 2026.
4. The Committee is asked to provide scrutiny and feedback on the draft strategy to inform policy and strategy development.
5. This feedback will be used with the analysis of the public consultation to inform a final draft strategy which is expected to be presented for approval to the Health & Wellbeing Board on the 29<sup>th</sup> June 2026.

## Progress to Date

6. During December 2024, Health & Wellbeing Board Members were asked to give their views of the priorities for a new BCP Joint Health and Wellbeing Strategy following a review of the latest data contained within the 2024 Joint Strategic Needs Assessment (JSNA). This was then presented to the Health and Wellbeing Board in January 2025, where the following priorities themes were agreed:
  - Children and Young People
  - Community Mental Health Transformation
  - Supporting Adults to Live Well and Independently
  - Housing
  - Cost of Living and Poverty
7. These were subsequently refined to the following health & wellbeing priorities:
  - Starting Well
  - Mental Wellbeing

- Living & Ageing Well
  - Healthy Places & Communities
8. In addition, the Health & Wellbeing Board wanted to have a better understanding of the work that was currently taking place around these priorities across the system, with a view to ensuring that the function of the Board brings additional benefits, rather than increasing reporting or duplicating effort where it is not needed. To facilitate this, Health & Wellbeing Board members were asked to complete a mapping exercise over the summer of 2025 to capture the current or emerging activity, and a good response was received.
  9. A draft BCP Health & Wellbeing Strategy was then presented to the Health & Wellbeing Board on the 6th of October 2025. The report and associated documents provided an update on the progress towards the development of the Health and Wellbeing Strategy for the Bournemouth, Christchurch and Poole area, a draft strategy for comments and considerations from the Board and proposals for further stakeholder engagement on the strategy prior to finalisation.
  10. A BCP Health & Wellbeing Board Workshop took place on the 24th of November 2025. The workshop included a presentation of the latest 2025 Joint Strategic Needs Assessment (JSNA) and the development of priority topics for a BCP JSNA Forward Plan. Board members were then asked to review and agree the draft BCP Health & Wellbeing Strategy strategic priorities and proposed actions, prior to public consultation.
  11. The feedback and outputs and from the BCP Health & Wellbeing Board workshop in November 2025 were reviewed and a second version of draft BCP Health & Wellbeing Strategy was produced. This second draft was presented along with a summary of key changes to the Health & Wellbeing Board on the 12<sup>th</sup> January 2026 for approval before public consultation.
  12. A final draft for public consultation was then produced and a public consultation on the draft strategy took place between the 17<sup>th</sup> February to the 29<sup>th</sup> March 2026, generating approximately 120 local responses. These responses are currently being analysed and will be used to inform a final draft of the strategy which will be presented to the Health & Wellbeing Board meeting on the 29<sup>th</sup> June 2026.

### **Next Steps**

13. The Health & Social Care Overview and Scrutiny Committee is asked to review and provide feedback on the draft strategy to inform policy and strategy development.
14. This feedback will be used along with the analysis of the public consultation on the draft strategy to inform a final draft of the strategy which will be presented to the Health & Wellbeing Board meeting on the 29th June 2026 for approval.
15. Once approved, the strategy will be published on the council's website and will be used to inform the development of a BCP Neighbourhood Health Plan for implementation from 2027/28.
16. The strategy will be reviewed by the Health & Wellbeing Board on a regular basis to take account of any significant changes in national health policy and in

response to any significant changes in needs arising from the annual Joint Strategic Needs Assessment.

17. Progress against the agreed strategic priorities, actions and measures in the strategy will also be monitored and reported to the Health & Wellbeing Board on a regular basis.

### **Options Appraisal**

18. Option 1- proceed with the next steps detailed above to ensure we meet our statutory requirements.
19. Option 2- do nothing- this is not an option as it is a statutory requirement to produce a Health & Wellbeing strategy.

### **Summary of financial implications**

20. None. There are no direct financial implications arising from the draft strategy.

### **Summary of legal implications**

21. It is a statutory requirement for the Health & Wellbeing Board to produce a Joint Local Health & Wellbeing Strategy.

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

22. None. There are no direct human resources implications arising from the draft strategy.

### **Summary of sustainability impact**

23. A sustainability impact assessment will be undertaken once the draft strategy has been finalised for approval by the Health & Wellbeing Board.

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

24. The purpose of the strategy is to identify and address local health and wellbeing priorities, improve health outcomes, and reduce local health inequalities.

### **Summary of equality implications**

25. An Equality Impact Assessment will be undertaken once the draft strategy has been finalised for approval by the Health & Wellbeing Board.

### **Summary of risk assessment**


26. The current strategic priorities and proposed actions within the draft strategy are considered to be low risk. Risks to the successful delivery of the strategy will be monitored and mitigated by the Health & Wellbeing Board and the BCP Placed-Based Partnership.

### **Background papers**

The previous Health & Wellbeing Strategy published in September 2020 is available on the BCP Council website on the following link [Health and wellbeing strategy | BCP](#)

Previous papers on the development of the current draft Health & Wellbeing Strategy are available as part of the papers for the following Health & Wellbeing Board meetings on the BCP Council website:

**21/10/2024** Health and Wellbeing Board [24 10 21 BCP Council HWB Refreshing the strategy.pdf](#)

**13/01/2025** Health and Wellbeing Board [Health and Well Being Strategy Update](#)  **PDF 384 KB**

**24/03/2025** - Health and Wellbeing Board [Health and Wellbeing Strategy to Action through the Place Based Partnership](#)

**06/10/2025** - Health and Wellbeing Board [BCP Health and Wellbeing Board Strategy \(Draft\)](#)

**12/01/2026** - Health and Wellbeing Board [BCP Joint Health and Wellbeing Strategy Draft for Consultation](#)

## **Appendices**

Appendix 1 Draft BCP Health and Wellbeing Strategy December 2026 (Draft Version 2)

Appendix 2

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**Bournemouth, Christchurch and  
Poole's Joint Health and  
Wellbeing Strategy 2026-2031  
V2 December 2025**

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# 1. Background

## BCP Health & Wellbeing Board

The BCP Health and Wellbeing Board is a statutory partnership and formal committee of the Council where political, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities.

The Health and Wellbeing Board is made up of elected members and council officers, local NHS representatives, representatives from the voluntary and community sector and representatives from the police and the fire and rescue service. The Board holds regular meetings which can be observed by the public. The Health and Wellbeing Board also works closely with the BCP Community Safety Partnership, Safeguarding Adults Board and the Safeguarding Children's Partnership. The Health and Wellbeing Board uses development sessions, workshops and formal business meetings to identify strategic priorities and to drive work forward.

The Health & Wellbeing Board has a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy to improve the health & wellbeing of the local population and to reduce health inequalities.

In January 2025, the Health and Wellbeing Board agreed a three-layered approach to the development of a new Health and Wellbeing Strategy:

- Adopt the Dorset Integrated Care Partnership Strategy – 'Working Better Together' as the framework for a Bournemouth, Christchurch and Poole Health and Wellbeing Strategy
- Ensure that the Health and Wellbeing Strategy contributes to the delivery of the Council's Corporate Strategy to deliver the corporate vision and ambitions for our local communities
- Ensure that the Health and Wellbeing Strategy contributes to the delivery of the NHS Joint Forward Plan

Health and Wellbeing Board members re-affirmed the following role of the Health and Wellbeing Board:

- Identify strategic priorities that we can champion, monitor and drive forward
- Convene system partners to share work programmes that progress and contribute to local health & wellbeing
- Support the inclusion of health and wellbeing in all policies
- Consider relevant data and metrics to monitor progress
- Focus on working together and co-production
- Sponsor the work of a Place Based Partnership and champion integration of services in local neighbourhoods

## 1.1 BCP Placed Based Partnership

BCP started establishing a Place Based Partnership in October 2024 to drive strategy into action. The partnership confirmed its intention to act as an officer executive delivery group to drive delivery of the Health and Wellbeing Board's priorities. A workshop was held in February 2025 to shape the partnership and obtain a commitment to finalise membership and set up monthly partnership meetings by the end of the calendar year.

At the workshop it was agreed that the Place Based Partnership should:

- Add value and not duplicate existing governance
- Help to shape the forward plan for the Health and Wellbeing Board alongside the statutory functions
- Connect the Health and Wellbeing Board to neighbourhoods and communities
- Support a 'wellbeing' in all policies approach
- Work towards becoming a formal partnership which can receive and allocate delegated funding, shape integrated commissioning strategies and drive action

## 2. Strategic Context

The Health and Wellbeing Strategy sits alongside a number of accompanying strategies, action plans and evolving workstreams that are being delivered across the BCP area to improve health and wellbeing.

Key strategies and plans this Health and Wellbeing Strategy compliments and builds upon include:

### 2.1 Dorset Integrated Care Strategy

The Dorset Integrated Care Strategy – 'Working Better Together' is a collaborative plan to improve the health and wellbeing of the county's residents by integrating health and care services and provides the foundation for our place based Health and Wellbeing Strategy. Guided by the three overarching principles of prevention and early help, thriving communities, and working better together, the integrated strategy emphasises co-designing services with people and communities, building on community assets, reducing inequalities, and strengthening partnerships between the NHS, local government and the voluntary sector. The overarching goal is to enable people to live healthier lives by providing more accessible, personalised, and equitable care.

### 2.2 BCP Corporate Strategy - A Shared Vision for Bournemouth Christchurch and Poole 2024-28

The BCP corporate strategy sets out the Councils vision to create a BCP area '*Where people, nature, coast and towns come together in sustainable safe and healthy communities*'. It provides a single set of priorities for the whole council and sets the

direction for the Council's policy and strategy development, service planning, budget setting and service delivery.

The strategy includes two priorities:

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

These priorities are underpinned by a series of ambitions, focus areas and progress measures which are reported on a performance dashboard [A shared vision for Bournemouth, Christchurch and Poole | BCP](#)

### **2.3 NHS Joint Forward Plan**

Dorset's NHS Joint Forward Plan sets out the key health priorities that local health partners are working together to achieve. It is framed around five strategic pillars that provide a framework for making Dorset the healthiest place to live:

- Improve the lives of 100,000 people impacted by poor mental health
- Prevent 55,000 children from becoming overweight by 2040
- Reduce the gap in healthy life expectancy between the most and least deprived areas from 19 years to 15 years by 2043
- Increase the percentage of older people living well independently in Dorset
- Add 100,000 healthy life years to the people of Dorset by 2033

### **2.4 BCP Children & Young People's Partnership Plan**

The [BCP Children & Young People's Partnership Plan](#) sets out a vision where Bournemouth, Christchurch and Poole are great places to live, where all children and young people have the best possible opportunities in life and are supported by the community to flourish and grow in order to succeed.

This plan outlines how partners will work together to help children and young people have the best chances in life and be supported by the community to grow and succeed in living their best lives.

The plan contains five main priorities for our children and young people:

- Feeling happy – Feeling at your best mentally, physically and emotionally
- Being safe - Having a safe place to live, study, work and play
- Feeling supported - Having people to turn to for help
- Being included - Being actively involved in the world and activities around you
- Feeling fulfilled - Being proud of yourself and feeling really happy with what you are doing in life

## 2.5 BCP Adult Social Care Strategy 2025-2028

The BCP Adult Social Care Strategy sets out BCP Council's direction for Adult Social Care over the next four years, outlining an ambitious plan where we will work to transform the services we provide, working in collaboration with partner organisations including health, housing, the voluntary and community sector and independent care providers, as well as people and carers who currently use services, their families and communities. The strategy sets out a vision of 'supporting people to achieve a fulfilled life, in the way that they choose, and in a place where they feel safe'.

The BCP Adult Social Care Strategy outlines 3 key areas of focus:

- Putting people, carers and families first - We will listen and build good relationships with people, so we understand what matters to them
- Living in a place called home - We will help people to connect with their family, friends and community, in a place where they feel safe and at home
- Developing how we work - We are creative and innovative with solutions and resources. We understand and measure the impact we are having

## 2.6 BCP Adult Social Care Prevention Strategy 2025-2030

This strategy outlines BCP Council's plan for developing a sustainable preventative approach in adult social care. It emphasises early intervention, the promotion of wellbeing, and collaboration with key partners to not only prevent the development of long-term needs, but also to enhance the overall quality of life for people living in Bournemouth, Christchurch, and Poole. The strategy includes 5 strategic priorities:

1. A change in culture
2. Living and ageing well
3. Individual resilience to build wellbeing
4. Supporting the workforce
5. Connecting Communities

## 2.7 Adult Social Care Transformation- Fulfilled Lives

The Fulfilled Lives programme has four priority projects aimed at improving outcomes for adults and their families within the BCP area through enhanced person-centered practice, and the provision of effective and efficient support solutions.

1. **How We Work** - To embed strengths and relational-based practice by implementing and embedding the 3 Conversations (3C's) approach, building on recent innovation sites and focusing on prevention. 3C's supports practitioners to think more preventatively and creatively in our work with people, moving from a mindset of 'assessing for services' towards a deeper understanding what matters most to people for them to lead a fulfilled life.
2. **Better short-term support** – Improving community access to reablement services, ensuring that anyone with reablement goals has the best possible

- chance to achieve them and maximise their independence- reducing their need for long-term support services.
3. **Self-directed support** - We will ensure more people have control of their own support by increasing the range of options for them to access their personal budget, including the creative use of Direct Payments or Individual Service Funds, reducing the need for more costly traditional services.
  4. **Care and Support at Home** - Develop and implement a new 'Support at Home' provider framework, enabling people to stay as independent for as long as possible in their own home and reducing the need for admission to a residential care home.

## **2.8 BCP Community Safety Partnership Strategy**

[Safer BCP](#) is the statutory Community Safety Partnership (CSP) for the BCP area. The Community Safety Partnership Strategy sets out the strategic priorities for the partnership using an evidence-based approach. These are:

- a. To reduce serious violence
- b. To reduce Violence Against Women and Girls (VAWG)
- c. To reduce Anti-Social Behaviour (ASB), drug related ASB and crime hotspots

The CSP also leads on the duties under the Serious Violence Act, Domestic Abuse Act and Contest (Counter terrorism strategy), with associated strategies and partnership plans outlining roles and responsibilities.

## **2.9 BCP Housing Strategy 2021-2027**

The BCP Council Housing Strategy (2021–2026) sets out a clear vision to make Bournemouth, Christchurch and Poole one of the best coastal places to live, work, invest, and play. It focuses on delivering affordable, high-quality homes, promoting equality, and ensuring housing services meet the diverse needs of local communities. Central to this strategy is a commitment to improving health and wellbeing by addressing the wider determinants of health through safe, secure, and sustainable housing. This aligns closely to the Health and Wellbeing Strategy.

## Housing Strategy 2021-2027

**Vision - to provide a safe, secure and sustainable home where it is needed and thereby enabling people the opportunity to live well**



### 2.10 Homelessness and Rough Sleeping Strategy 2021-2025

The BCP Council Homelessness and Rough Sleeping Strategy (2021–2025), developed in collaboration with the Homelessness Partnership, sets out a bold vision to end homelessness across Bournemouth, Christchurch, and Poole by ensuring everyone has a safe and secure place to call home. The strategy emphasises prevention, rapid rehousing and person-centred support, recognising that homelessness is a complex issue intertwined with health, wellbeing, and social care. Through multi-agency collaboration—including health services, housing providers, and voluntary organisations—the strategy promotes early intervention and trauma-informed approaches to help individuals rebuild their lives. Health and wellbeing are central to its delivery, with initiatives such as supported emergency accommodation, multidisciplinary teams and lived experience groups ensuring that services are responsive, inclusive, and focused on long-term recovery and resilience. The Strategy is currently under review and will be complete by March 2026.

### 2.11 Homewards

BCP Council is one of six trailblazer regions participating in *Homewards*, a transformative five-year programme led by Prince William and The Royal Foundation, aimed at ending homelessness by making it rare, brief and unrepeated. Locally led and rooted in collaboration, the BCP Homewards Coalition brings together over 90 organisations- including businesses, charities, and educational institutions- to co-design and deliver innovative solutions. The initiative complements BCP's Homelessness and Rough Sleeping Strategy by enhancing prevention, expanding access to housing, and supporting employability, particularly for young people and those with care experience. It also aligns with the Council's Health and Wellbeing Strategy by addressing the social

determinants of health, promoting stability, and fostering resilience through secure housing, meaningful employment, and community engagement.

## **2.12 NHS 10 Year Plan**

Our Health & Wellbeing Strategy reflects the recent publication of 'Fit for the Future' – the government's 10 Year Health Plan for England which sets out an ambition to reinvent the NHS through 3 radical shifts:

- hospital to community
- analogue to digital
- sickness to prevention

Development and implementation of neighbourhood health services lies at the heart of the plan that embodies prevention as a primary principle and promotes care in settings as close to home as can be.

## **2.13 Principles of working**

The Health and Wellbeing Board has agreed to adopt the following Poverty Truth Commission Access to Services Principles to underpin its work:

- Consistent and connected services from cradle to grave
- A whole person and a whole community approach
- Services when and where people need them that everyone can access
- Dependable and supportive relationships
- Everyone is treated with dignity and humanity.

# **3. BCP's Health and Wellbeing Strategy 2026-2031**

BCP's Health and Wellbeing Strategy sets out how the Health and Wellbeing Board will work together to promote wellbeing, prevent ill health and reduce health inequalities across the BCP Council area. The strategy has been informed by the Joint Strategic Needs Assessment (JSNA) and shaped by consultation and engagement activity.

## **3.1 Vision**

The Health & Wellbeing Board agreed to adopt the Dorset Integrated Care Partnership Strategy – 'Working Better Together' as the framework for a Bournemouth, Christchurch and Poole Health and Wellbeing Strategy. This includes the following vision:

***“Dorset Integrated Care System works together to deliver the best possible improvements in health and wellbeing”.***

### **3.2 Strategic Priorities**

Following a survey of members, the Health and Wellbeing Board identified five themed areas of focus for the strategy:

- Children and Young People
- Community Mental Health Transformation
- Supporting Adults to Live Well and Independently
- Housing
- Cost of Living and Poverty

These themed areas of focus have subsequently been developed into four Strategic Priorities:

1. Starting Well
2. Mental Wellbeing
3. Living and Ageing Well
4. Healthy Neighbourhoods and Communities

Our strategic priorities are high-level and informed by local data and evidence. These priorities seek to improve health and wellbeing for everybody but with a focus on narrowing inequalities for those with greatest need.

### **3.3 A Targeted Approach**

If we are to reduce health inequalities, the actions we take must be implemented proportionately to the needs of different neighbourhoods and communities, with those most in need receiving the greatest support. In doing this, we recognise that these communities are at risk of poorer outcomes because of unfair social systems and the circumstances in which they live, rather than due to who they are or individual biological and/or lifestyle factors.

Inequality also exists between people with different characteristics (including those protected by law) such as people of minority ethnicities, people with disabilities and between men and women. Some groups of people experience significant disadvantage, due to the circumstances that they are facing, such as people experiencing homelessness.

One mechanism for supporting proportionate delivery is Core20PLUS5, an NHS approach to reducing healthcare inequalities. The approach defines a target population, with the “Core20” being the most disadvantaged 20% of the population and “PLUS” groups being defined according to local need.

### **3.4 Strategic Priority 1 – Starting Well**

Ensuring that Children and Young People up to the age of 25 have the best start in life and are supported to have good physical health and emotional wellbeing to go on and achieve their potential and live well into adulthood.

Proposed Actions:

- Support the delivery of BCP Children & Young People's Partnership Plan and Families First Programme, so that children and young people are supported by the community to flourish, giving them the best possible opportunities in life, and ensuring they grow and succeed
- Support the delivery of the BCP Special Educational Needs and Disabilities (SEND) Improvement Plan so that all children and young people with SEND have bright futures, fulfilled lives and are part of their local communities
- Promote good mental wellbeing in children, young people and families and reduce self-harm
- Work with priority neighbourhoods and communities to reduce health inequalities by:
  - Supporting mothers who smoke to give up during and after pregnancy
  - Improving the uptake of child and adolescent vaccinations
  - Improving oral health and hygiene in young children
  - Improving healthy nutrition and physical activity in young children
- To maximise opportunities to support children and young people at the earliest possible point, to prevent harm and encourage positive health behaviours and choices, including promoting positive sexual health and social media use, averting knife and weapon crime and supporting the prevention of harms from tobacco, vaping, drugs, alcohol and gambling

### **3.5 Strategic Priority 2 – Mental Wellbeing**

Helping people to stay mentally well, improving access to services and reducing rates of suicide and self-harm.

Proposed Actions:

- Support Integrated Neighbourhood Teams (INTs) to jointly tackle physical, mental and social wellbeing in partnership with local organisations and communities
- Support improvements in access to, and uptake of, community mental health support services
- Work with key partners to reduce rates of suicide and self-harm
- Support mental health promoting communities, making mental wellbeing everyone's business through community development, training and peer support

- Health and Wellbeing Board members to ensure mental wellbeing, including tackling stigma around this agenda, are addressed through workplace wellbeing offers
- Support people with poor mental health to connect to paid and unpaid activities.

### **3.6 Strategic Priority 3 – Living & Ageing Well**

Adults and older people will be supported to live and age well and to stay connected and independent for as long as possible.

Proposed Actions:

- Increase the number of BCP residents in our priority neighbourhoods and communities accessing LiveWell support services and increase the uptake of NHS Health Checks
- Reduce the harm caused by tobacco, drugs, alcohol & harmful gambling in priority neighbourhoods and communities
- Reduce inequalities in the uptake of NHS screening & immunisation programmes
- Reduce hospital admissions due to falls in people aged 65 and over through increased primary and secondary prevention activities
- Champion and monitor the delivery of the Fulfilled Lives & Future Care Programmes to reform urgent and community care, provide more person-centred and home-based recovery services and promote independence
- Champion the delivery of the Adult Social Care Prevention Strategy to prevent the development of long-term social care needs
- Support the development of creative health approaches in supporting people to live and age well
- Create more Age-friendly communities and spaces, where people are supported and enabled to age well and live a good later life
- Support the development of an adult social care and housing strategy that supports people to live and age well
- Support the delivery of the Dorset Palliative and End of Life Strategy

### 3.7 Strategic Priority 4 – Healthy Neighbourhoods & Communities

Our neighbourhoods and workplaces will make it easy for everyone to live well, with shared opportunities for health and happiness across our communities.

#### Proposed Actions

- Support the development of Integrated Neighbourhood Teams and Neighbourhood Health Services, improving local access to joined-up care and support
- Strengthen the voluntary and community sector to deliver impactful programmes that reduce health inequalities, alleviate poverty, improve health literacy and improve access to nutritious food
- Foster connected communities to combat social isolation, build community resilience and enhance overall wellbeing
- Embed health and wellbeing practices in workplaces, with Board Members actively championing initiatives that improve staff wellbeing and productivity
- Reduce rates of serious violence, including violence against women and girls, and enhance perceptions of safety across all neighbourhoods
- Reduce homelessness and increase the availability of good quality homes and environments that promote health and wellbeing
- Cut carbon emissions, reduce air pollution and increase active travel uptake

## 4. Measuring Impact

The Public Health Outcomes Framework, the proposed new Local Government Outcomes Framework and the BCP Corporate Strategy provide a comprehensive list of desired outcomes and indicators that can help to measure how well public health and wellbeing is being improved and protected in the BCP area. The Health and Wellbeing Board will focus on a selection of these indicators that a) require the most improvement and b) will best indicate progress towards the strategic priorities in this strategy. Progress against these measures will be reported to the Health & Wellbeing Board on an annual basis.

| Strategic Priority   | Measures                              |   |  |   |
|----------------------|---------------------------------------|---|--|---|
| <b>Overarching</b>   | Healthy Life Expectancy at birth      | Slope index of inequality in life expectancy at birth |  |   |
| <b>Starting Well</b> | Breastfeeding prevalence at 6-8 weeks | Population vaccination coverage – MMR for             | Child health: Percentage achieving good level of | Oral health: Percentage of 5-year-olds with |

|                                 |  |  |   |  |
|---------------------------------|--|--|---|--|
|                                 |  | one dose (2 years old)   | development at 2-2.5 year review (Fingertips)                       | experience of visually obvious dental decay  |
|                                 | Obesity: Year 6 obesity prevalence   | Percentage of physically active children and young people  | Under 18 conception rate  | Hospital admissions as a result of self-harm age 15-19 years, crude rate per 100,000 (persons) |
| <b>Mental Wellbeing</b>         | Depression recorded prevalence   | Hospital admissions as a result of self-harm age 15-19 years, crude rate per 100,000 (persons)         | Emergency hospital admissions for intentional self-harm             |  |
|                                 | Suicide Rate (persons)   |  |   |  |
| <b>Living &amp; Ageing Well</b> | Smoking prevalence in adults in routine and manual occupations (aged 18 to 64) | Physical inactivity: Percentage of adults who are physically inactive                                  | Drugs and alcohol: Rate of alcohol specific mortality (per 100,000) |  |
|                                 | Alcohol related hospital admissions (per 100,000)                              | The proportion of new clients accessing the Live Well Service who live in the most deprived areas (BCP | Hospital admissions due to falls in those aged 65 and over          |  |

|   |  |  |  |  |
|---|--|--|--|--|
|   |  | Corporate Strategy)  |  |  |
| <b>Healthy Neighbourhoods &amp; Communities</b> | The number and value of grants/contracts awarded to the voluntary and community sector to reduce health inequalities | Percentage of residents who have a good satisfaction with life | Percentage of physically active adults                               | Reduce levels of police recorded serious violent crime               |
|   | Percentage of people who feel safe in their local area after dark/during the day                                     | The number of people rough sleeping                            | The number of homeless households in bed and breakfast accommodation | Total number of sustainable passenger trips in the BCP area per year |

## 5. Making it happen

The Health and Wellbeing Board will be responsible for assuring delivery of the actions set out within the strategy, connecting to other existing partnerships and delivery boards where relevant. The Health and Wellbeing Board will provide additional focus and offer strategic direction to ensure that **Drive Actions** are co-ordinated and driven forward, with delivery co-ordinated by a BCP Place Based Partnership. Owners of these drive actions will be required to give more regular updates to allow the Board to monitor progress and shape delivery

Accountability for the delivery of the strategy sits across all members of the Health & Wellbeing Board which will:

- Meet regularly as a board, holding each other and wider partners to account
- Develop a forward plan to ensure all elements of the strategy are progressed and reported on
- Receive reports on progress in delivering against the strategic priorities outlined in the strategy
- Constructively challenge and support each other in relation to delivery, ensuring that all opportunities to improve health and wellbeing are maximised
- Ensure a performance monitoring framework is in place to enable the board to assure itself of delivery
- Produce a JSNA Annual Report, which will focus on progress against our key priorities, measures and inequalities across the BCP area
- Review progress, emerging needs and strategic priorities on an annual basis

DRAFT



# Health and Wellbeing Strategy Consultation Report

April 2026

**DRAFT**

# Methodology

- The survey ran from Tuesday 17 February to Sunday 29 March 2026
- The survey was available online at <https://haveyoursay.bcpCouncil.gov.uk/en-GB/projects/healthandwellbeingstrategy>
- Hard copies of the survey and draft Health and Wellbeing Strategy were available in libraries

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## Health and Wellbeing Strategy

We would like to hear your views on our draft Health and Wellbeing Strategy 2026-2031.

This sets out how the Health and Wellbeing Board will work together to promote wellbeing, prevent ill health, and reduce health inequalities across Bournemouth, Christchurch and Poole.

The strategy is based on evidence from the Joint Strategic Needs Assessment (JSNA) and shaped by feedback from consultation and engagement activities.

### What we're focusing on

We have identified **four Strategic Priorities** for improving health and wellbeing across Bournemouth, Christchurch and Poole:

- Starting Well
- Mental Wellbeing
- Living and Ageing Well
- Healthy Neighbourhoods and Communities

For each strategic priority there are a series of proposed actions and a small number of key indicators that we can measure to know that we are making a difference.

### Documents

Read the [draft strategy](#) here.  
[Summary Document](#)  
[Printable survey document](#)

### Key dates

**Consultation starts:** 17 February 2026  
**Consultation ends:** 29 March 2026

### Who's listening

[Health and Wellbeing Board](#)  
Councillor David Brown -  
Portfolio Holder for Health and  
Wellbeing

### Useful links



# Communication

The consultation was promoted widely through a variety of channels including:

- Local media coverage
- The council's social media channels
- The Council's e-newsletters
- Staff newsletters
- Posters and information in all BCP Council libraries
- Officer LinkedIn Blogs
- CAN Chief Executive's Blog
- A promotional video presented by Councillor Brown
- Public Health Stakeholder lists including GP Bulletin, NHS Dorset Internal News, Active Dorset, Access Wellbeing, Dorset Healthcare and Dorset County Hospital

# Response

- There were 120 online responses to the survey.
- No paper copies were received.

136

| Are you responding as  | Number |
|--|--------|
| A resident living in the Bournemouth, Christchurch and Poole area            | 106    |
| Someone who studies or works in the Bournemouth, Christchurch and Poole area | 27     |
| A representative of a voluntary or community organisation                    | 15     |
| A member of a local group with a specific interest in health and wellbeing   | 10     |
| An employee of BCP Council   | 9      |
| A representative of a local provider of health and care services             | 7      |
| A representative of a local business   | 5      |
| Other  | 4      |

There is some overlap between groups e.g. someone may be a BCP resident and work in the BCP area or for BCP Council

Base 120

# Responses

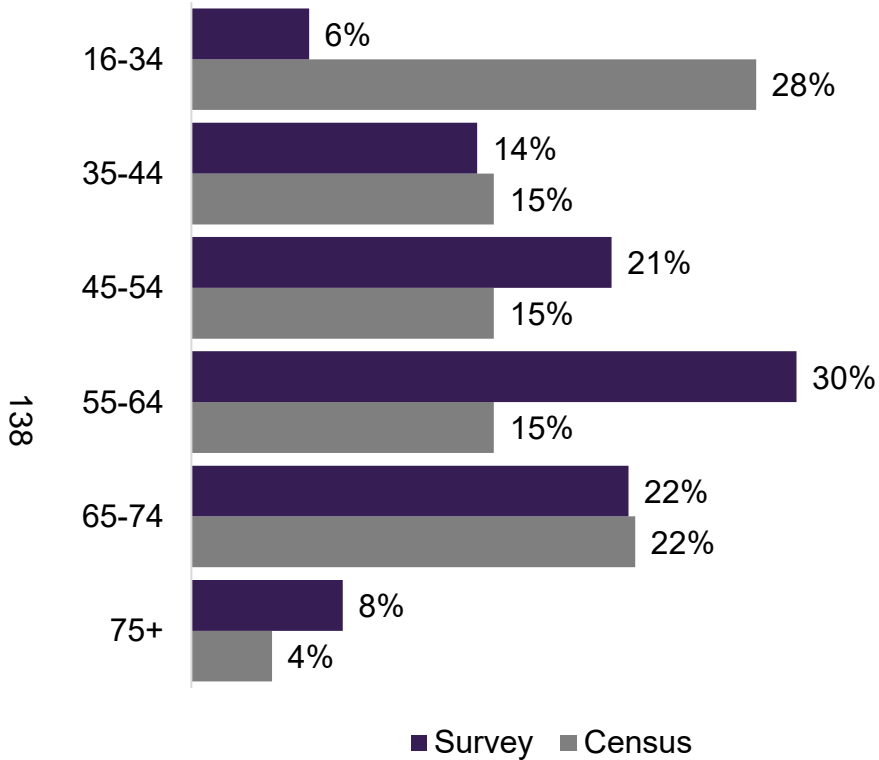
Responses were submitted by the following Health and Wellbeing Organisations

137

- CoCreate Dorset CIC
- Active Dorset CIC
- Alzheimer's Society - Local Systems Influencing Team
- The Breastfeeding Network
- BH Live Active
- Bournemouth Heart Club
- Bournemouth Jewish Support Services
- Christchurch Community Partnership
- Community Action Network
- Dorset Local Nature Partnership
- Fit for Walking Bournemouth
- The Handyvan Service
- LiveWell Dorset
- Tricuro
- Access Wellbeing

# Respondent profile

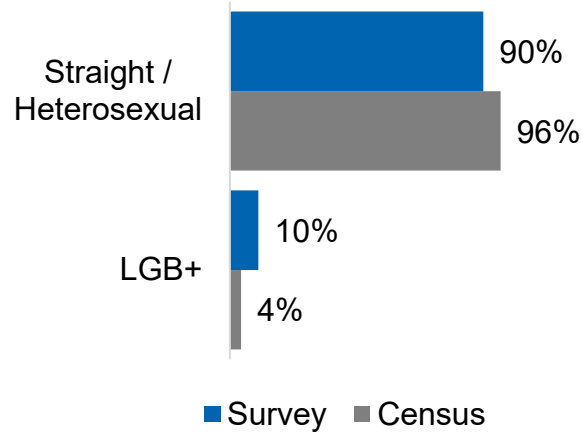
## Age group



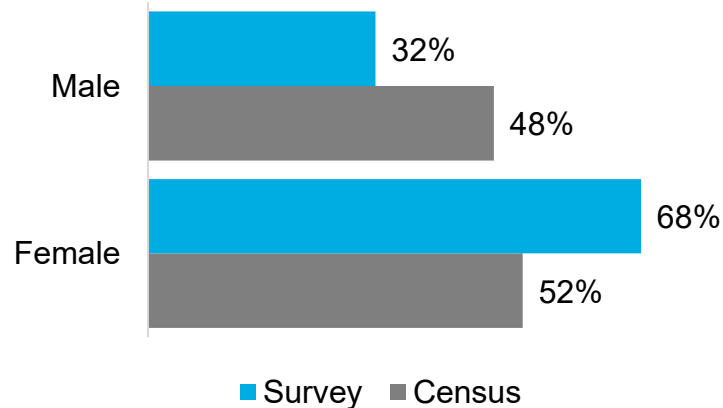
138

- Percentages shown; some categories combined due to small numbers
- Census comparisons are included for context; the sample is not intended to be fully representative

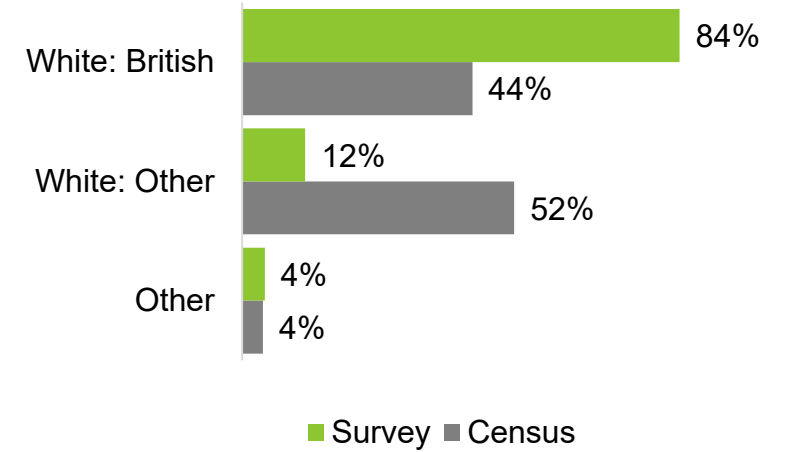
## Sexual orientation



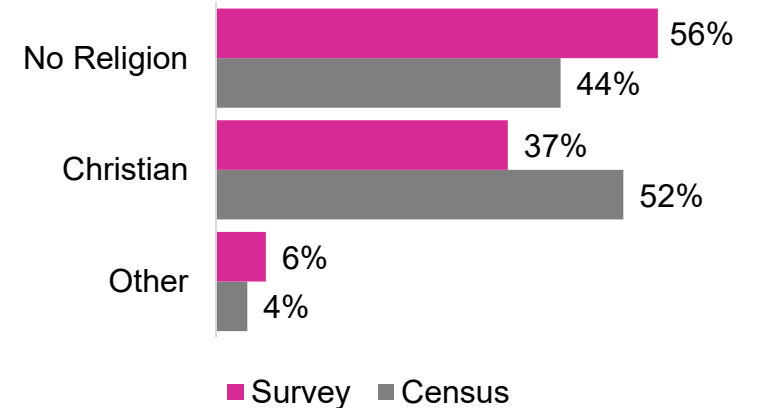
## Sex



## Ethnicity

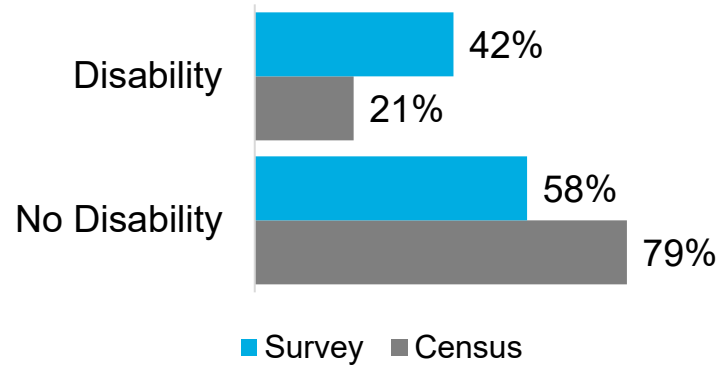


## Religion

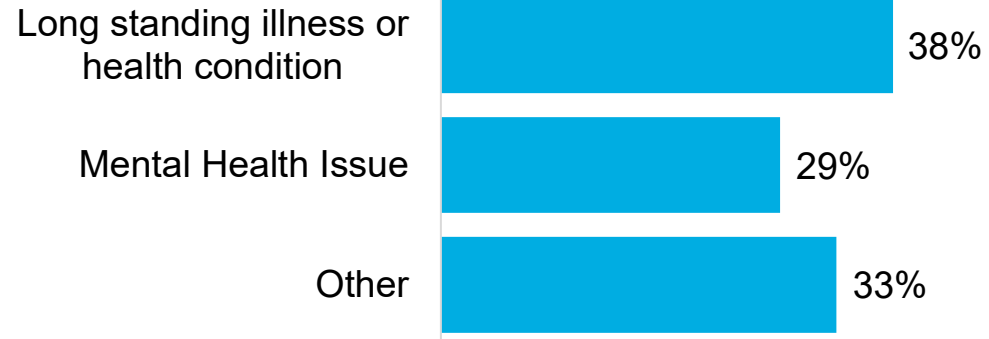


# Respondent profile

## Disability



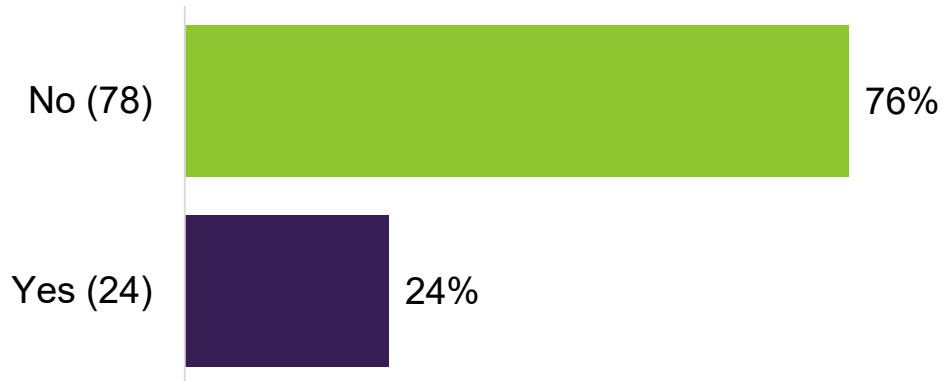
## If yes, please describe:



(Other included physical, visual and hearing impairments, and neurodiversity.)

139

## Do you have any children or young people under the age of 18 living at home?



Base 102

## Are you, or have you ever been a member of the armed forces?

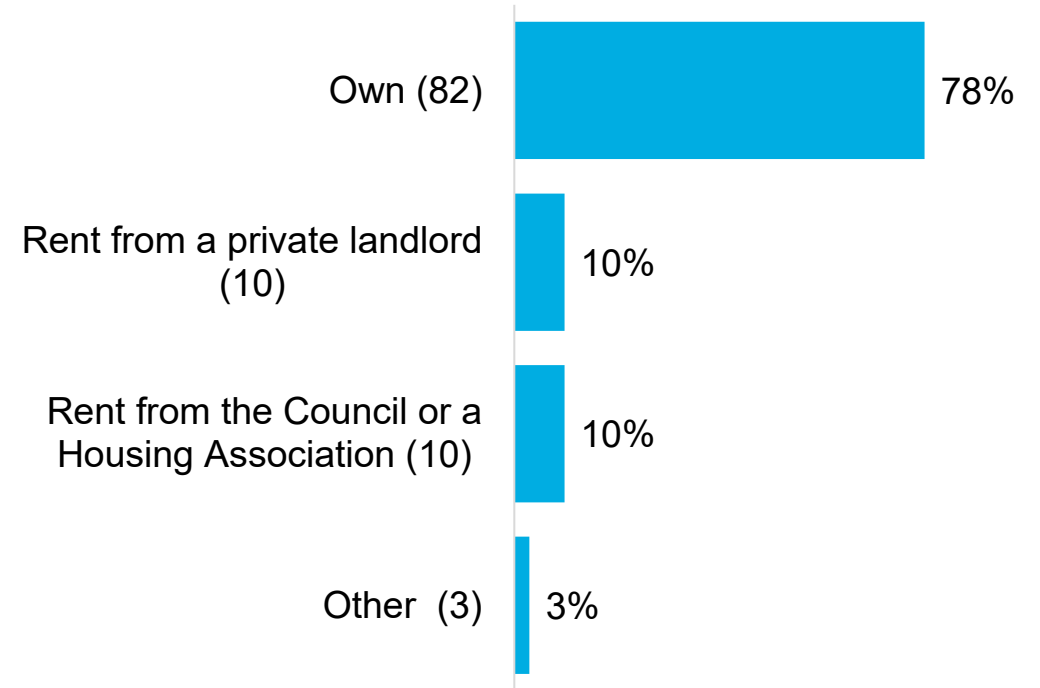


Base 95

# Respondent profile

140

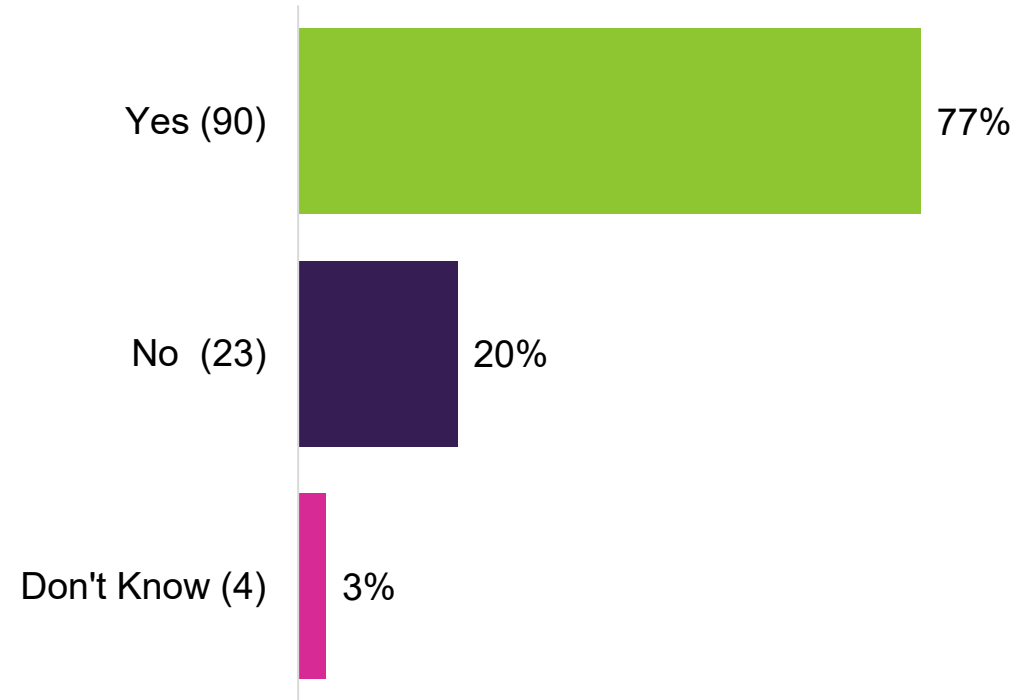
**Do you own or rent the property where you currently live?**



Base 108

# The Draft Health and Wellbeing Strategy

**Most respondents (77%) said that the draft Health and Wellbeing Strategy was clear and easy to understand**



Base 117

# The Draft Health and Wellbeing Strategy

Key reasons the strategy felt unclear:

|   |  |
|---|--|
| <b>Clarity and plain language</b>           | Some respondents felt the strategy was <b>written primarily for professionals</b> and used technical language that some residents may find hard to follow. |
| <b>Length and wordiness</b>                 | Several respondents felt the <b>strategy was lengthy</b> and could be more concise, which made it harder to engage with.                                   |
| <b>Lack of clear actions and objectives</b> | Respondents were <b>unclear about what the strategy would deliver</b> , and said the goals, actions and measurable outcomes were not set out clearly.      |
| <b>Structure and flow</b>                   | Some respondents felt the <b>strategy's structure and ordering were not clear</b> .  |
| <b>Process focused</b>                      | Some respondents felt the <b>strategy focused more on frameworks</b> and committees than on what it would mean for residents.                              |
| <b>Delivery and affordability</b>           | Some respondents questioned <b>how the strategy would be delivered</b> and whether it would be affordable given current <b>financial pressures</b> .       |

142

25 comments received on this question

# The Draft Health and Wellbeing Strategy

If you answered “no” please tell us why? Example comments:

“It needs to be easier for the general public to understand - this feels like a document for professionals”

“Too wordy and complex”

“I understood the strategy but for the people I work with - the language is too in-depth, requires an excellent understanding of English, and not personal to them i.e. why does this strategy impact on me”

“It contains a lot of jargon, overlapping strategies, and technical language that most residents wouldn’t naturally understand without simplification”

“Not clear on your objectives or areas”

“It appears to be a collection of unmeasurable platitudes and unstructured”

“No explanation of how any of this is affordable with the council tax increase swallowing people's wages as well as other bills”

“I think it would be better reordered there's a lot of strategy / and links with other plans before you actually get to the health and wellbeing strategy priorities. Might benefit from a one-page summary about the strategy”

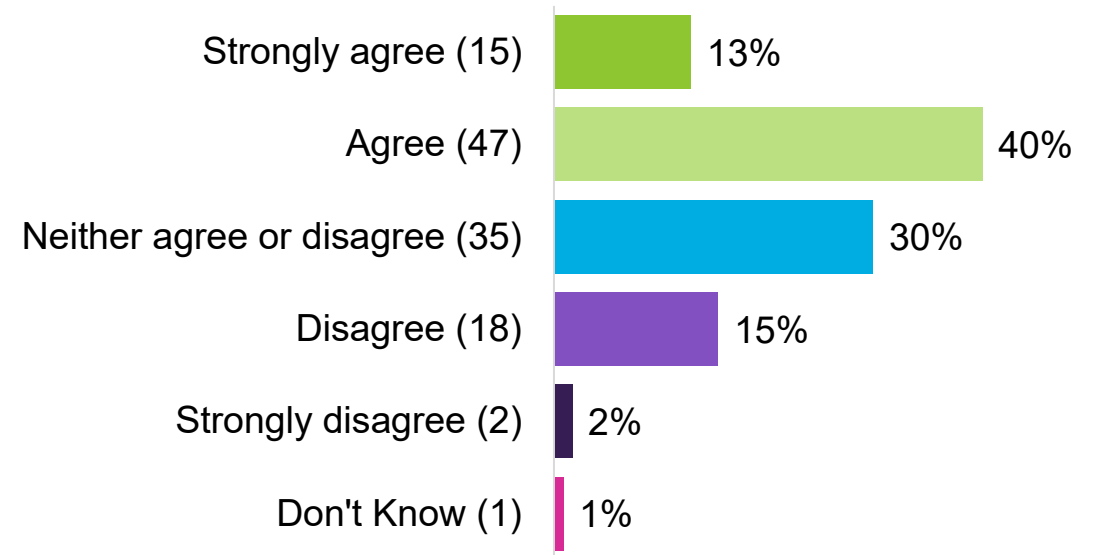
# The Draft Health and Wellbeing Strategy

To what extent do you agree or disagree that the draft Health and Wellbeing Strategy will help to improve health and wellbeing in Bournemouth, Christchurch and Poole over the next five years?

144

- **53% agreed**
- **17% disagreed**

Responses were more often in agreement than disagreement.



Base 118

# The Draft Health and Wellbeing Strategy

Key views on why the strategy will (or won't) improve health and wellbeing:

|                                       |   |
|---------------------------------------|---|
| <b>Implementation of the plan</b>     | Respondents questioned <b>how the strategy will actually be delivered in practice</b> , gatekeeping, and mismatch between ambition and reality on the ground  |
| <b>Lack of detail around actions</b>  | Some felt that the <b>strategy sets out aspirations but not clear actions</b> , interventions, timelines, or what will practically change for residents   |
| <b>Resourcing and Funding</b>         | Doubts about <b>affordability, long term funding</b> , investment levels, pressure on budgets, and concern about council tax or costs outweighing benefits  |
| <b>Performance and trust</b>          | Respondents want to see <b>how progress will be tracked</b> , shared and acted on. Confidence in the strategy depends on clear measures, <b>openness about what is or is not working</b> , and accountability |
| <b>Equity and inclusion</b>           | Some concern was expressed that <b>some groups were overlooked</b> (autistic and disabled people, older people and carers, SEND, dementia, digital exclusion, gender safety).                                 |
| <b>Voluntary and community sector</b> | Some recognised that <b>delivery depends heavily on voluntary and community organisations</b> , with calls for meaningful involvement, expertise, and sustainable resourcing                                  |
| <b>Prevention</b>                     | Broad <b>support for prevention in principle</b> , with calls to strengthen early intervention, physical activity, walking, place-based approaches and wider determinants of health                           |

145

64 comments received on this question

# The Draft Health and Wellbeing Strategy

Would you like to comment on your answer? Example comments

“While the objectives sound good they are hard to realise in practice, particularly those which are not in the councils gift or require fundings”

“There is no mention of tailored support for autistic people...”

“how will access to services improve?...”

“Looks good on paper but actions and measurements will determine outcome”

“Needs significant investment. Needs to be achieved by working with both statutory agencies and voluntary and community sector groups (who need funding and long term funding agreements)”

“The principles are great - but it's in the execution that it is really matters. It's all too woolly...”

“It will encourage healthy neighbourhoods and communities to both promote and support people to live well and age well. Prevention and early intervention, education and training is at the heart of this”

“To fulfil all that is written will be a mammoth task and expensive. Has it been calculated?”

“Not sure the plans will reach all those needing it”

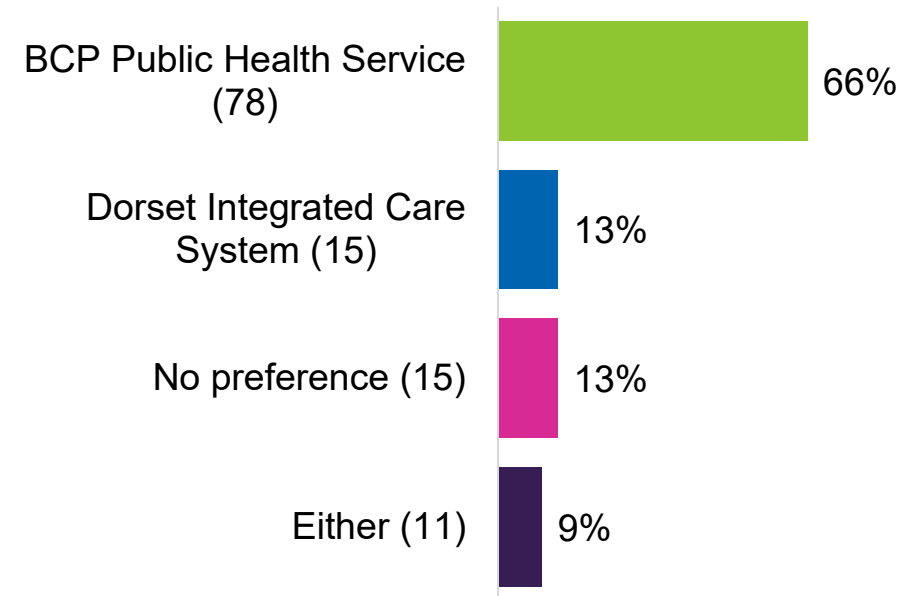
# The Vision

Respondents were given two vision statements to choose from

- Dorset Integrated Care System** - “Dorset Integrated Care System works together to deliver the best possible improvements in health and wellbeing.”
- BCP Public Health Service** - “Our mission is to improve the health and wellbeing of our population, reduce inequalities and create vibrant, stronger and safer communities. We actively engage and empower communities, working together to foster healthier, happier and safer lives.”

147

## Which vision statement should we use as the basis for the Bournemouth, Christchurch and Poole Health and Wellbeing Strategy?



Most respondents preferred the **BCP Public Health Service** vision (66%)

Base 119

# The Vision

Key themes on the two choices provided:

148

| Integrated Care Board Vision   | Public Health Service Vision   |
|--|--|
| <p>Views on Option 1 were more often negative than positive.. Some respondents see it as <b>vague and overly formal</b>, with language that is written for health professionals and partners rather than BCP residents.</p> <p>References to the Dorset Integrated Care System are described as <b>confusing, inaccessible and meaningless</b> for BCP Residents, and the terminology could quickly become outdated.</p> <p>Overall respondents felt it was not aspirational, did not say anything meaningful and <b>focused too much on care systems rather than public health outcomes that affect everyone.</b></p> | <p>Feedback on Option 2 was generally more positive. It is seen as <b>more accessible and easier to understand</b>, using plainer English and a friendlier tone.</p> <p>Respondents value its <b>clearer focus on outcomes</b>, particularly around reducing inequalities and strengthening communities, and was viewed as clearer about the priorities.</p> <p>However, some still feel it is too long, too wordy or unrealistic, with <b>concerns that it does not recognise financial constraints</b> or explain how action will be delivered, or who will lead it.</p> |

50 comments received on this question

# The Vision

Key themes on vision statement generally

|  |   |
|--|---|
| <b>Trust, credibility and delivery</b> | <b>Unsure about vision statements.</b> Many are concerned by words without action and say a vision only matters if it leads to real change and can be delivered |
| <b>Clarity for residents</b>           | <b>Clear demand for short, plain English wording</b> that speaks directly to residents, avoids jargon and is easy to understand                                 |
| <b>Meaningful and outcome-focused</b>  | Desire for a <b>vision that clearly states priorities and outcomes</b> , not vague aspirations or system descriptions   |
| <b>Realism and fairness</b>            | <b>Concerns about unachievable ambitions</b> , resources, and the need for fairness across Bournemouth, Christchurch and Poole                                  |

149

50 comments received on this question

# The Vision

## Example comments on the vision:

“Both statements to me feel like an empty promise statement. For me I would want it worded differently to make me actually believe what you are offering”

“Option 2 is more accessible and understandable in clear language”

“I think the word 'education' needs including somewhere to foster the idea that supporting health and wellbeing has a personal element to it to create a change”

“Both options appear to focus on unachievable goals. No mention is made of the cost of implementation or what budget provision has been included for”

“Vision seems a bit irrelevant, both are fine but does it make a difference”

“I think actions will speak louder than words at this stage. People have been visioned out and now want to see results”

“Don't like the wording in option 1 - 'works together.' Option 2 is more easily understood”

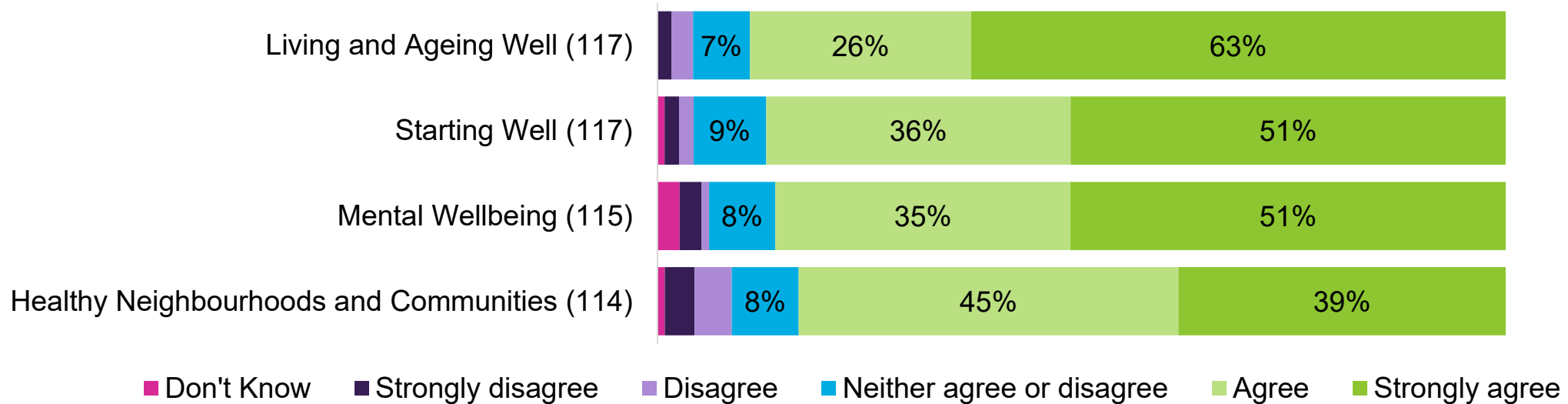
“Neither of them actually say anything. They are just vague statements”

“The first is short and the second too long. Perhaps something in between?”

# Strategic Priorities

Respondents were asked to what extent they agree or disagree with each Strategic Priority

151



- Most responses fall under 'agree' or 'strongly agree', with variation by priority.

# Starting Well

106 respondents ranked the Starting Well actions in the following order

|    |  |             |
|----|--|-------------|
| #1 | Promote good mental wellbeing in children, young people and families and reduce self-harm  | 2.8 average |
| #1 | Support the delivery of BCP Children & Young People's Partnership Plan and Families First Programme, so that children and young people are supported by the community to flourish, giving them the best possible opportunities in life, and ensuring they grow and succeed   | 2.8 average |
| #3 | To maximise opportunities to support children and young people at the earliest possible point, to prevent harm and encourage positive health behaviours and choices, including promoting positive sexual health and social media use, averting knife and weapon crime and supporting the prevention of harms from tobacco, vaping, drugs, alcohol and gambling | 3 average   |
| #3 | Support the delivery of the BCP Special Educational Needs and Disabilities (SEND) Improvement Plan so that all children and young people with SEND have bright futures, fulfilled lives and are part of their local communities  | 3 average   |
| #5 | Work with priority neighbourhoods and communities to reduce health inequalities by: Supporting mothers who smoke to give up during and after pregnancy, Improving the uptake of child and adolescent vaccinations, Improving oral health and hygiene in young children, Improving healthy nutrition and physical activity in young children.                   | 3.3 average |

**Note:**  
Average score = the average rank given by respondents (1 = highest priority). Lower scores indicate higher priority.

# Starting Well

Key themes on the Starting Well priority:

|   |   |
|---|---|
| <b>Early intervention and prevention</b>                | Respondents felt that problems should be addressed earlier in childhood and family life rather than managed at crisis point. <b>Early support is seen as key</b> to reducing later mental health issues, SEND demand and wider social problems.   |
| <b>SEND priority and clarification</b>                  | Respondents would <b>like SEND to be a clear priority</b> . Comments highlight the need for earlier intervention, better support in schools, clearer definitions and thresholds, and adherence to recommendations, alongside concern about escalating need and budget pressures.                  |
| <b>Physical activity, active travel and environment</b> | Respondents often highlighted the need for everyday physical activity from an early age, particularly walking and cycling. <b>Safe streets, clean public spaces and a well-maintained physical environment</b> are seen as fundamental to health, independence and mental wellbeing, not add-ons. |
| <b>Early years, breastfeeding and family support</b>    | Support for babies, under fives and parents is raised. Some respondents call for more breastfeeding support, recognition of parental care, and accessible <b>community-based help such as Sure Start style hubs</b> to support families early and reduce inequalities.                            |
| <b>Support for young people aged 16 to 25</b>           | Many comments highlight a <b>gap in support for older young people</b> , particularly those affected by Covid. Employment pathways, paid opportunities, help with costs and clearer offers of support are seen as crucial to improving mental wellbeing and future prospects.                     |
| <b>Housing, poverty and cost of living</b>              | Some respondents felt <b>Housing insecurity, poverty and the cost of living are a root causes of poor outcomes</b> for children and young people. Respondents feel these issues are not sufficiently addressed despite their influence on health, education and life chances.                     |

153

37 comments received on this question

# Starting Well

## Example comments on the Starting well priority

“From observation of young families, I believe that many of the SEND needs, mental health issues etc, social problems need to be tackled at source, rather than managed when they occur...”

“...Although breastfeeding prevalence is noted as a measure, there is no other mention of it in the strategic priority which may be a missed opportunity for reducing health inequalities”

“Increased interventions earlier on could prevent some young people needing SEND”

“...Encouraging regular walking needs to start as soon as we take our first steps. Children and young people can benefit not only from the long-term health and wellbeing benefits of walking but also overcoming the challenges of the risks and dangers of navigating the street environment...”

“Housing and poverty issues not addressed in the above”

“These are all important actions, particularly around mental wellbeing and early intervention. However, the strategy would be strengthened by recognising the role that the physical environment plays in health outcomes. Safe, clean and well-managed public spaces are fundamental to supporting mental wellbeing, reducing harm and encouraging positive behaviours. Where environments are perceived as unsafe or poorly maintained, this can directly undermine these priorities, particularly for children and young people”

# Mental Wellbeing

101 respondents ranked the Mental Wellbeing actions in the following order

|    |   |             |
|----|---|-------------|
| #1 | Support improvements in access to, and uptake of, community mental health support services  | 2.2 average |
| #2 | Support Integrated Neighbourhood Teams (INTs) to jointly tackle physical, mental and social wellbeing in partnership with local organisations and communities | 2.6 average |
| #3 | Work with key partners to reduce rates of suicide and self-harm   | 3.5 average |
| #3 | Support mental health promoting communities, making mental wellbeing everyone's business through community development, training and peer support             | 3.5 average |
| #5 | Support people with poor mental health to connect to paid and unpaid activities.  | 4 average   |
| #6 | Health and Wellbeing Board members to ensure mental wellbeing, including tackling stigma around this agenda, are addressed through workplace wellbeing offers | 5.2 average |

**Note:**  
Average score = the average rank given by respondents (1 = highest priority). Lower scores indicate higher priority.

# Mental Wellbeing

Key themes on the Mental Wellbeing priority:

|   |   |
|---|---|
| <b>Delayed access to support</b>                | Respondents described long waiting times, unclear referral routes and difficulty accessing timely mental health support. Several felt <b>help was only provided once needs had escalated to crisis</b> , which they felt reduced the effectiveness of support.                          |
| <b>Link between activity and mental health</b>  | Respondents frequently highlighted the <b>relationship between physical activity and mental wellbeing</b> . There were calls for exercise, active travel, leisure access and everyday movement to be central to mental wellbeing approaches rather than seen as additional or optional. |
| <b>Prevention before crisis</b>                 | There were calls for <b>greater focus on prevention, resilience and early support</b> to reduce the number of people reaching crisis.   |
| <b>Nature and environment</b>                   | Respondents <b>welcomed the inclusion of green and blue space and nature-based activities</b> as cost effective ways to support prevention and recovery.  |
| <b>Value for money and funding</b>              | A small number of respondents raised concerns about <b>funding being spent on administration or infrastructure</b> rather than frontline mental health support.   |
| <b>Measuring access and service performance</b> | Some respondents felt there should be <b>better monitoring of access, waiting times and outcomes</b> , not just crisis indicators.  |

156

33 comments received on to this question

# Mental Wellbeing

## Example comments on the Mental Wellbeing priority

157

“Improving access to community mental health services is the most important action, as timely support can prevent escalation to crisis”

“Currently I would say that Mental health support is severely lacking in BCP. I've tried to access this myself and for my daughter - we're always on waiting lists - never actually contacted and supported”

“Encourage low cost , low impact nature-based activities in the community”

“All of these items are not able to be disagreed with - please make things simple though so that the maximum of spending goes on services rather than admins”

“Need to stress access to physical exercise has a role in mental health. Again active travel, bike loan schemes, leisure access should all be a part”

“Focus on wellbeing not illness - the solution is within local communities to help themselves with investment from the system”

“Mental health support is not very well advertised and more need to be done to address this”

“Activity helps mental health to improve”

“...the strategy would benefit from greater recognition of the role that the physical environment plays in mental wellbeing. Public spaces that feel unsafe, poorly managed or degraded can negatively impact how people experience their local area and their overall sense of wellbeing. To support this priority in practice, it is important that the condition, safety and management of public environments are considered alongside service provision and community initiatives”

“I am surprised that in the impact measurement it is mainly crisis points measured, there is no mention of measuring access to MH services including S2W, Access Wellbeing and REC”

# Living and Ageing Well

102 respondents ranked the Living and Ageing well actions in the following order

|     |  |             |
|-----|--|-------------|
| #1  | Reduce hospital admissions due to falls in people aged 65 and over through increased primary and secondary prevention activities   | 3.8 average |
| #2  | Increase the number of BCP residents in our priority neighbourhoods and communities accessing LiveWell support services and increase the uptake of NHS Health Checks   | 3.9 average |
| #3  | Champion and monitor the delivery of the Fulfilled Lives & Future Care Programmes to reform urgent and community care, provide more person-centred and home-based recovery services and promote independence | 4.7 average |
| #4  | Reduce inequalities in the uptake of NHS screening & immunisation programmes   | 5.1 average |
| #5  | Champion the delivery of the Adult Social Care Prevention Strategy to prevent the development of long-term social care needs   | 5.5 average |
| #6  | Create more Age-friendly communities and spaces, where people are supported and enabled to age well and live a good later life   | 5.8 average |
| #7  | Reduce the harm caused by tobacco, drugs, alcohol & harmful gambling in priority neighbourhoods and communities  | 6 average   |
| #8  | Support the development of creative health approaches in supporting people to live and age well  | 6.2 average |
| #9  | Support the development of an adult social care and housing strategy that supports people to live and age well   | 6.7 average |
| #10 | Support the delivery of the Dorset Palliative and End of Life Strategy   | 7.4 average |

**Note:**  
Average score = the average rank given by respondents (1 = highest priority). Lower scores indicate higher priority.

# Living and Ageing Well

Key themes on the Living and Ageing Well priority:

|   |   |
|---|---|
| <b>Need for clear actions</b>                 | Many comments say the <b>strategy is too vague and lacks clear actions</b> or explanations of how outcomes will be achieved. Respondents want simple, practical steps rather than high level aspirations.   |
| <b>Access, mobility and public spaces</b>     | Respondents feel <b>ageing well depends on being able to get around safely</b> . This includes well maintained pavements, paths, crossings, benches, safe walking routes, cycling options and accessible public transport. Poor infrastructure is seen as a direct barrier to health, independence and social connection. |
| <b>Prevention and physical activity</b>       | Respondents emphasise <b>prevention rather than cure</b> , with frequent calls for exercise, walking, swimming, gyms and everyday physical activity to be central to the strategy.  |
| <b>Loneliness and community connection</b>    | Many responses <b>highlight loneliness as a major issue and feel it is not addressed strongly enough</b> . People want more focus on community spaces, transport, activities and neighbourhood design that help residents meet others and stay connected.   |
| <b>Perceived unfairness of priority areas</b> | Some respondents <b>object to actions being limited to priority neighbourhoods</b> , describing this as discriminatory or unfair to older people living elsewhere. There is a preference for universal approaches rather than targeted ones.  |
| <b>Housing and support for older people</b>   | Respondents repeatedly raise the need for <b>better housing options</b> , funded care packages, hospital discharge support, reopening day centres, and access to advice services such as Age UK. Dementia specific action is also requested.  |
| <b>Transport linked to independence</b>       | <b>Public transport, active travel and the ability to travel without a car are repeatedly described as essential</b> . Without this, other actions are viewed as meaningless.   |

159

32 comments received on this question

# Living and Ageing Well

## Example comments on the Living and Ageing Well priority

“Not sure how you are going to prevent falls - needs to be spelled out more clearly”

“...recommend the inclusion of nature-based wellbeing opportunities to support both physical and mental health and wellbeing. As an example, conservation volunteering already takes place in the area within both the council and partner organisations which support physical health, positive mental health and reducing isolation and can help tackle inequalities”

“Implement exercise classes and access to healthier food for the elderly , prevention rather than cure. Community based mentor programmes to enable people to remain valued members of society for longer”

“So could we start with some housing options please? We need to make sure the elderly have proper care packages to come out of hospital with and that care is fully funded as required and for as long as required. We need to reopen centres which have been closed for daycare and age UK for advice and projects for socialising including minibuses and transport”

“Please consider the impact of public transport on the above. It is easy to become isolated in BCP if you cannot use a car or bike”

“This should cover all areas - not just priority areas”

“All of this is pointless if older people can't get around to meet up and access services. Basic things like putting benches back at the bus station and bus stops that have been removed, surfacing pavements so they can be walked on, providing safe routes for cycling and plenty of well marked road crossings with liveable neighbourhoods supporting local shops and community hubs are what will make for better old age. Anything else is just not accessible”

“Need more emphasis on maintaining paths and pavements so that older people can move about without falling and be able to exercise more”

# Healthy Neighbourhoods and Communities



100 respondents ranked the Healthy Neighbourhoods and Communities actions in the following order

|    |   |             |
|----|---|-------------|
| #1 | Support the development of Integrated Neighbourhood Teams and Neighbourhood Health Services, improving local access to joined-up care and support   | 2.8 average |
| #2 | Strengthen the voluntary and community sector to deliver impactful programmes that reduce health inequalities, alleviate poverty, improve health literacy and improve access to nutritious food | 3 average   |
| #3 | Reduce rates of serious violence, including violence against women and girls, and enhance perceptions of safety across all neighbourhoods   | 3.2 average |
| #4 | Foster connected communities to combat social isolation, build community resilience and enhance overall wellbeing   | 3.5 average |
| #5 | Reduce homelessness and increase the availability of good quality homes and environments that promote health and wellbeing  | 4.3 average |
| #6 | Embed health and wellbeing practices in workplaces, with Board Members actively championing initiatives that improve staff wellbeing and productivity   | 4.9 average |
| #7 | Cut carbon emissions, reduce air pollution and increase active travel uptake  | 6.2 average |

**Note:**  
Average score = the average rank given by respondents (1 = highest priority). Lower scores indicate higher priority.

# Healthy Neighbourhoods and Communities

Key themes on the Healthy Neighbourhoods and Communities priority:

|  |  |
|--|--|
| <b>Safety and perceptions</b>                    | Some felt that the <b>strategy focuses too much on perceptions rather than actual safety</b> . Comments included the harassment of women, licensing of strip clubs, street prostitution, pavement safety, and enforcement in public spaces. Some comments reference legal duties and equality impacts. |
| <b>Active travel concerns</b>                    | <b>Concerns about cycle lanes, shared paths and e-scooters safety</b> . People report walking feeling less safe, especially for older people, children and dog walkers, and argue active travel is over-prioritised or unsuitable in practice.   |
| <b>Public transport and access</b>               | Support for <b>better bus services as an alternative to active travel</b> , including evening services, routes through low income and employment areas, and free travel for under 18s.   |
| <b>Housing affordability and homelessness</b>    | <b>Stable, affordable housing is seen as fundamental to wellbeing</b> , safety and community cohesion. Includes calls to prioritise housing supply, reduce rents and address homelessness more directly.   |
| <b>Funding</b>                                   | <b>Concerns that wellbeing actions need money</b> , residents have limited ability to pay, and spending should prioritise frontline services over administration.  |
| <b>Community cohesion</b>                        | Comments about loss of community spirit and <b>the need for community hubs</b> , youth services and local spaces, with housing stability seen as the starting point.   |
| <b>Environmental priorities versus wellbeing</b> | <b>Mixed views on carbon reduction</b> . Some question its relevance to health, others link pollution and noise to wellbeing.  |

162

33 comments received on this question

# Healthy Neighbourhoods and Communities

## Example comments on the Healthy Neighbourhood and Communities priority

- “Safe, secure housing is key to people’s health and should be prioritised. Safety is also extremely important”.
- “active travel isn't the answer - especially in autumn/winter/spring with adverse weather conditions. Could focus on cheaper public transport, addressing pollution due to road closures etc”
- “carbon emissions doesn't fit well here”
- “I think the subject of active travel is an interesting one, it has actually got more unsafe to walk in BCP because footpaths have become cycle lanes, pedestrians are now running the gauntlet with cyclists”...”.
- “Agree that we have lost community spirit and mutual support. The start of building communities is affordable stable housing so that people can call a community home and not have to move away because of the cost of housing/insecure tenancies. Multi-purpose community hubs are needed, although I feel getting people to use them will be a challenge as we are no longer used to using these services. Need more youth services. The environment is very important, but I think we need to prioritise people's wellbeing - making good environmental choices will follow good wellbeing and being part of a community you care about.”
- “We should be enhancing safety - not just the perception of safety”.
- “Neighbourhoods and communities must play a central role in all parts of this strategy, as well as this priority. Care closer to home, prevention of ill health and stronger support will help people living, longer, healthier, happier and more fulfilling lives”
- “I completely agree with all of above. I think they need a foundation of good public and active transport, equitable access to green spaces/tree coverage, community resources (e.g. sport and culture opportunities) and good family education”.
- “All this social stuff needs money to do it. Many people do not have a bean to spare”.

# If there are any ways you think the draft Strategy could be improved, please tell us. In particular, let us know if you think anything is missing and should be included in the Strategy.

## Key themes for improvement

164

|   |  |
|---|--|
| <b>Mental Health and Crisis Support</b>   | Respondents asked for a <b>stronger focus on mental health recovery</b> , suicide and self harm, crisis support, and tackling stigma.                                  |
| <b>Clarity on Delivery and Actions</b>    | Requests for <b>clearer delivery plans</b> , fewer vague ambitions, who is accountable, timelines, and how progress will be measured.                                  |
| <b>Prevention and Responsibility</b>      | <b>Emphasis on prevention over treatment</b> , routine checks, self care, healthy eating, physical activity, and behaviour change campaigns on vaping and screen time. |
| <b>Transport and Access to Healthcare</b> | <b>Transport as a key barrier to healthcare and activities</b> , including cost, public transport, parking, and the role of active travel.                             |
| <b>Listening and feedback</b>             | People <b>want the council to listen more</b> , show what changed because of consultation, and keep residents involved using practical examples and stories.           |
| <b>Priority Neighbourhoods</b>            | Concerns about fairness and <b>how priority neighbourhoods are defined</b> , plus wider inequality and who gets prioritised.   |
| <b>Funding</b>                            | Concerns about lack of <b>funding, showing costs and budgets</b> , and whether money is being spent on the right things.   |

62 comments received on this question

# If there are any ways you think the draft Strategy could be improved, please tell us. In particular, let us know if you think anything is missing and should be included in the Strategy.

165

“Audits of commissioned services for wellbeing and mental health - this must become mandatory”

“One of the main barriers in all areas of the strategy is transport. Many suitable venues/activities are not on or are not well served by public transport links, especially in the evenings”

“It’s all words and not definitive action, how you do some of the priorities identified is unclear”

“... There needs to be more focus on avoidance of ill health, rather than treatment and cure. Funds must be diverted from secondary care to care closer to home. We must work hard to reduce health inequalities, inequality of opportunities, and support family life”

“By prioritising this strategy are other BCP Council’s areas going to suffer?”

“The inclusion of priority neighbourhoods is discriminatory as people within non-priority neighbourhoods require the same help”

“Making services as much as possible non-digital. This is not what people want and you need to have drop in places to get things done”

“Exactly how you intend to support and improve. Exactly who you are planning to fund to do these things”.

“Presumably the big problem is lack of money? How will this strategy be implemented given the shortfalls in funding and the current strain the NHS, education and other services are under?”

“ASK the people you are trying to help, what they feel they need. Don’t be governed by facts and figures. You are dealing with people”

“With the high per cent age of bad parenting in our area revert back to having medical, dental and eye check ups in schools”

# Are there any other comments or observations you would like to make?

166

|  |   |
|--|---|
| Actions and plain English              | Many respondents emphasised the need for clearer, simpler, and more accessible language in the strategy, with calls for a shortened, public-facing version that outlines specific actions and real-world impacts  |
| Resourcing and delivering plan         | There were concerns about delivery and implementation, with several people stressing that ambitions must be matched by practical action, resources, and realistic expectations  |
| Barriers to participation              | Hidden costs (e.g. sports equipment), transport, and parking for disabled people were mentioned, with suggestions for outdoor exercise equipment and improved public transport  |
| Environment and Public Spaces          | Environmental factors like air pollution and road noise were noted as missing from the strategy, despite their significant impact on health The importance of safe, well-managed public spaces was also highlighted.  |
| Inclusivity                            | The importance of inclusion and equality was raised, with calls for more explicit support for minority groups (including LGBTQ+), boys and men. There were also concerns about the strategy's focus on vulnerable groups at the expense of the wider population |
| Partnerships and voluntary sector role | Several responses stressed the need for joined-up, collaborative working across sectors, and for the voluntary and community sector to be recognised and resourced as a core delivery partner, especially in prevention and early intervention                  |
| Accessibility and communication        | Digital exclusion, especially among older people and those on low incomes, was highlighted as a barrier, with suggestions for better communication and alternative access routes such as phone and physical hubs  |

31 comments received on this question

# Are there any other comments or observations you would like to make?

## Example comments

“This needs a shortened version which is easier to read and says what you're going to do to make it happen”

“Instead of prioritising active travel, which is only really feasible in the summer, could look into supporting cheaper public transport...”

“The plan and its aims are very commendable and well thought out, if it is followed through and necessary resources are available”

“...Ensuring that public environments are safe, well-maintained and appropriately managed will be essential to achieving the outcomes set out in the strategy.”

“You need hubs and communication by phone and Internet as older people really don't use it”

“Simplifying the language and clearly summarising key outcomes would help make it more accessible and meaningful for residents”.

“There is also an opportunity to more explicitly recognise and support minority communities, including LGBTQ+ residents, whose experiences of health inequality, loneliness, and mental health challenges are often distinct. Making inclusion more visible would help ensure no groups feel overlooked”.

“These strategies sound great as long as they can be delivered.”

“The task and vision is enormous. Lots of concerns that impact the community. There needs to be joined up thinking and working collaboratively working across all of the sessions to bring sustainable change.”

“Hidden costs can also be a barrier - so needing sports wear/shoes, specialist equipment - even just a yoga mat can be beyond some people's budgets. Also be aware of digital exclusion, especially among older people and those on very low incomes.”

“Language needs to be more specific and clearer for people to understand”

# What the feedback suggests

**Feedback indicates the following areas may be helpful to consider as the strategy is finalised:**

- simplifying language to improve clarity for residents, including reducing jargon and explaining system references.
- whether to provide a high-level delivery overview (responsibilities, indicative timeframes, funding and how progress will be reported).
- how feedback on perceived gaps could be reflected, where appropriate, including inclusion and accessibility for specific communities and protected characteristics
- publishing a short consultation response summary linking feedback to any changes made.

## Health and Adult Social Care Overview and Scrutiny Committee



|                            |  |
|----------------------------|--|
| Report subject             | <b>Update on Public Health Disaggregation including plans for future contracts</b>   |
| Meeting date               | 19 <sup>th</sup> May 2025  |
| Status                     | Public Report  |
| Executive summary          | <p>This report updates 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 sets out the proposed future direction for how Public Health functions and services will be delivered and commissioned, including where joint working between the two councils should continue.</p> <p>The Health and Social Care Overview &amp; Scrutiny Committee is 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</p>                       |
| Recommendations            | <p><b>It is RECOMMENDED that the Committee:</b></p> <ol style="list-style-type: none"> <li><b>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.</b></li> <li><b>2. Agree the proposed principles for the planned joint commissioning of Public Health services where it makes sense to continue to do so to maintain service quality, performance, efficiency and value for money for the residents of Dorset.</b></li> <li><b>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.</b></li> </ol> |
| Reason for recommendations | <p>It has been a year since two new Public Health teams were established in BCP and Dorset Councils. This paper and recommendations provide updates to elected members on the progress establishing the new Public Health teams. They provide an overview of the preferred options for how we intend to</p>  |

|                      |  |
|----------------------|--|
|                      | commission and provide Public Health functions and services in the future.   |
| Portfolio Holder(s): | Councillor David Brown, Cabinet Member for Health and Wellbeing  |
| Corporate Director   | Laura Ambler, Corporate Director for Wellbeing   |
| Report Authors       | Rob Carroll, Director of Public Health & Communities, BCP Council<br>Rachel Partridge, Deputy Director of Public Health & Prevention, Dorset Council |
| Wards                | All Wards  |
| Classification       | For Consultation   |

## Background

1. This report updates 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 sets out the proposed future direction for how Public Health functions and services will be delivered and commissioned, including where joint working between the two councils should continue.
2. Over the past year, the priority has been to establish the two new Public Health teams while maintaining stability and continuity of services for residents. During this period, a number of Public Health programmes and contracts have continued to operate on a joint basis. This approach has ensured services remain effective and responsive while a longer-term review of commissioning and governance arrangements has been undertaken.
3. Members are asked to consider and agree a set of guiding principles that will shape future decisions. These principles emphasise that joint working should continue only where there is a clear benefit—such as improved quality, efficiency or value for money—while moving increasingly towards a place-based approach with clearer accountability within each council. Where services remain jointly commissioned, appropriate governance and oversight arrangements will ensure transparency, effective performance management and statutory assurance through the respective Directors of Public Health.
4. An overview is provided of anticipated contract and procurement activity for 2026/27 and 2027/28. This includes those services that are expected to remain joint, those that will transition to a single lead authority over time, and those subject to re-procurement when existing contracts expire. All proposals have been developed with legal, procurement and finance colleagues and are aligned with existing contractual commitments and the three-year indicative Public Health Grant settlement from April 2026.
5. The Health and Adult Social Care Overview & Scrutiny Committee is 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.

## Report

6. When Public Health Dorset disaggregated in April 2025, many Public Health programmes and contracts remained jointly managed by colleagues located across the two new Public Health teams in BCP and Dorset Council. Over the past year we have been reviewing and working through arrangements to further establish and strengthen the two Public Health teams. NHS structures are changing with the Integrated Care Board in Dorset being replaced by a larger strategic Cluster and two “Places” under the two Health and Wellbeing Boards of BCP and Dorset Councils. Creating two unitary council based public health teams aligns with this direction of travel. This is an important time to review and agree the future arrangements for providing Public Health functions in BCP Council and Dorset Council, including identifying which Public Health contracts should remain joint where it makes sense to do so to maintain service quality, performance, efficiency and value for money for local residents.
7. To guide our work and recommended direction of travel the Public Health Senior Leadership Teams, led by the Director of Public & Communities in BCP Council and the Director of Public Health and Prevention in Dorset Council have developed some guiding principles.

## Our Guiding Principles

### Joint Working – only where it makes sense

- We are two separate teams, with our own work priorities unless there is a good rationale for working together.
- We’ll keep joint Public Health contracts and programmes that benefit from scale.
- Joint oversight groups will set direction and keep things on track for joint work. Programme plans will be overseen jointly by the Directors of Public Health for their statutory assurance role whilst performance will be monitored on a Local Authority basis through the established governance structures within BCP Council and Dorset Council.

### Moving toward a Place-Based focus

- We will increase delivery and accountability within each local authority.
- The work will be phased through 2026/27 to ensure an effective and smooth transition.
- It is important to note that some big contracts won’t change until 2027–28 due to existing contract terms. These contracts are monitored jointly and continue to provide good services for our residents.

### Fairness and equity

- Leadership, commissioning, and support functions will be shared fairly.

- We'll review support functions where capacity is uneven – things like intelligence, communications, Community Health Improvement Service contracts (CHIS) processing, and procurement.
  - Schedules will be updated alongside the Joint Sharing Agreement for 2026/27.
  - The shared focus of both Public Health teams, under the leadership of the Directors of Public Health and Cabinet and Lead elected members for Health and Wellbeing is to ensure public health outcomes are delivered equitably across BCP Council and Dorset Council.
8. This paper is to seek the engagement and input of elected members through the Health and Adult Social Care Overview & Scrutiny Committee prior to an update being considered by Cabinet.
  9. The plans for the upcoming contracts and procurement activity for the Public Health Services and activities in 2026/27 and 2027/28 will be subject to the necessary governance, legal and procurement processes as appropriate for each contract by the agreed lead Local Authority.
  10. The proposed contracts and procurement activities have been developed with support from legal and procurement colleagues in both Councils.
  11. A focus of the Joint Sharing Agreement between BCP and Dorset Council relates to the management of contracts, commissioning and payments due to the need to have clear legal frameworks for the flow and payments of Public Health funding between the two Local Authorities where we have existing joint contracts. These are summarised in appendix 1.

### **Options Appraisal**

12. The alternative option is for a complete separation of all Public Health functions, services and contracts which is considered neither feasible or desirable.

### **Summary of financial implications**

13. The Public Health functions and services are funded through the ring-fenced Public Health Grant given to each upper tier Local Authority. BCP Council and Dorset Council each received a 3-year indicative settlement from April 2026 and all Public Health services and contracts have been modelled to ensure these are delivered within the grant amount. The efficiency and value for money considerations are part of the rationale to commission some mandated Public Health services jointly where this is beneficial.

### **Summary of legal implications**

14. The existing Joint Sharing agreement and any subsequent revisions and updates provides the legal framework for BCP and Dorset Councils to work together to provide and commission public health services on behalf of their residents. Any future contracts will be established in accordance with the necessary legal, procurement, financial and governance arrangements as determined on a case-by-case basis.

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

15. There are no new human resources implications arising from this report. Some staff will continue to work on joint programmes of work that benefit both Councils.

### **Summary of sustainability impact**

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

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

17. Public Health is a statutory requirement for all upper tier Local Authorities. There is a clear ambition to retain and provide high quality public health functions and services to support the health and wellbeing of residents and reduce health inequalities.

### **Summary of equality implications**

18. The work of Public Health provides high quality services to residents and seeks to improve health and wellbeing and reduce inequalities in health outcomes. Equality Impact Assessments are completed, and performance data is regularly reviewed to mitigate and address inequalities in access and outcomes.

### **Summary of risk assessment**

19. The risks associated with this decision are considered to be low. There is a risk that disaggregating all public health contracts will potentially increase costs to both local authorities and provide lower value for money. This decision seeks to mitigate this risk and deliver better value for money for both BCP and Dorset residents.

### **Background papers**

- **07/02/2025** - [Public health disaggregation: progress and overview of decisions](#)
- **05/02/2025** - Cabinet [Public health disaggregation: progress and overview of decisions05/02/2025](#)
- **03/03/2025** - Health and Adult Social Care Overview and Scrutiny Committee [Public health disaggregation: progress and overview of decisions03/03/2025](#)

### **Appendices**

**Appendix 1 BCP and DC planned Joint Public Health contract work during 2026/27.**

| <b>Contract</b>                                       | <b>Activity</b>  | <b>Proposed Lead Local Authority</b> | <b>Timeframe</b>                 |
|---|--|--------------------------------------|----------------------------------|
| Community Health Improvement Service (CHIS) contracts | Novation of BCP contracts to BCP. Includes contracts for NHS Health checks, smoking cessation, Drug & Alcohol treatment, Contraceptive services. | BCP & DC                             | For 2027/28                      |
| Integrated Sexual Health and HIV service              | Procurement of replacement contract  | BCP                                  | For 1 <sup>st</sup> April 2027   |
| 0-19 Public Health Nursing service                    | Procurement of replacement contract  | DC                                   | For 1 <sup>st</sup> October 2027 |
| Breastfeeding Network Peer Support                    | Review and procurement to replace existing contract.   | TBC                                  | June 2027                        |
| Online Smoking Cessation Service                      | New contract following successful pilot  | DC                                   | In progress                      |
| Dental Epidemiological survey                         | Establish compliant contract for existing service provision  | DC                                   | In progress                      |
| Supervised toothbrushing                              | Procurement for new service as temporary arrangement.  | BCP                                  | In progress                      |
| Weight management services                            | Replace existing contracts   | TBC                                  | For 1 <sup>st</sup> July 2027    |
| Smoking cessation support                             | Replacement/extension of existing contract (Allan Carr Easy Way)   | TBC                                  | For Oct 2026                     |
|   | Vapes supply   | TBC                                  | For 1 <sup>st</sup> April 2027   |
| AI text messaging                                     | Procurement for new service  | DC                                   | Early part of 2026/27            |

| <b>Contract</b>                  | <b>Activity</b>  | <b>Proposed Lead Local Authority</b> | <b>Timeframe</b>                                |
|----------------------------------|--|--------------------------------------|---|
| MyQuit app or equivalent         | Replacement of existing provision                        | DC                                   | For April 2027                                  |
| SmokeFree app or equivalent      | Replacement of existing provision (cost and volume)      | DC                                   | TBC – when existing provision is fully utilised |
| LiveWell Dorset digital platform | New contract or arrangement to replace existing contract | DC                                   | For 1 <sup>st</sup> April 2027                  |
| Healthy Movers                   | New grant award for 3 years                              | DC                                   | From April 2026                                 |

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