Notice of Health and Adult Social Care Overview and Scrutiny Committee

Date: Monday, 20 July 2026 at 6.00 pm

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

Membership:

Chair:
Cllr P Canavan

Vice Chair:
Cllr L Northover

Cllr H Allen
Cllr J Bagwell
Cllr L Dedman
Cllr M Dower
Cllr C Matthews
Cllr J Richardson
Cllr P Slade
Cllr S Armstrong

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?MId=6475

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

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

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

AIDAN DUNN
CHIEF EXECUTIVE

10 July 2026

DEBATE NOT HATE

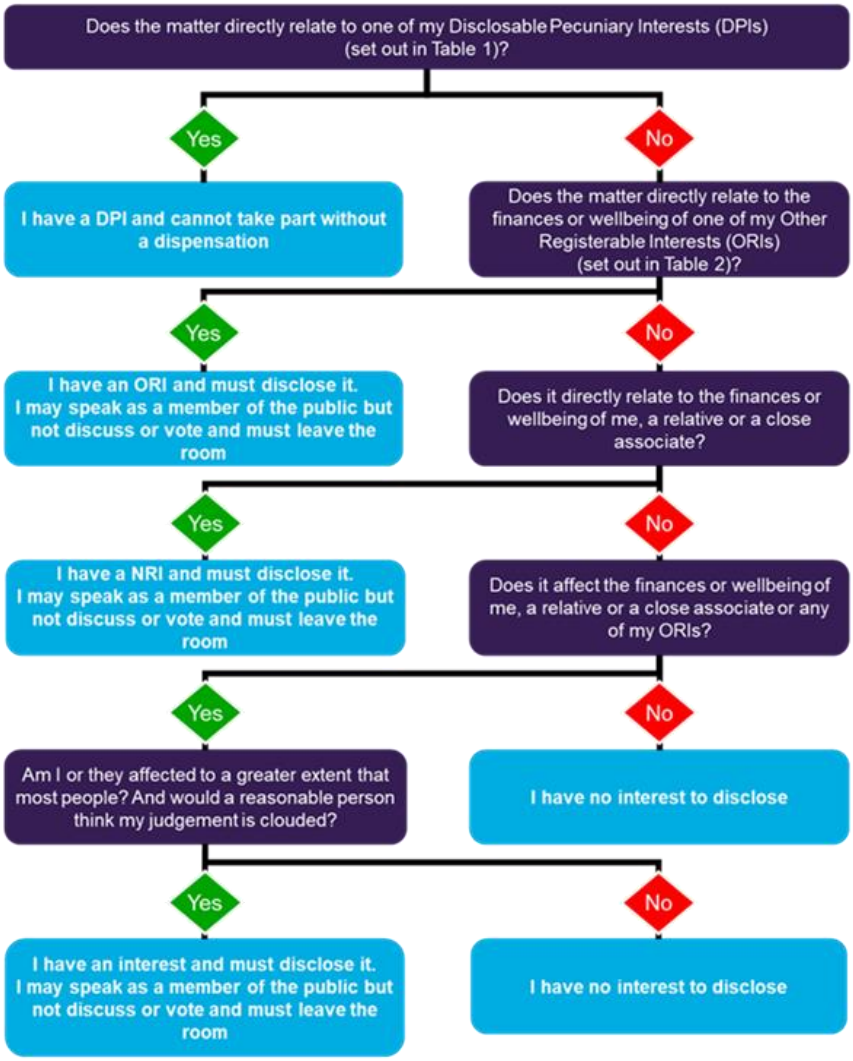
Available online and on the Mod.gov app

Maintaining and promoting high standards of conduct

Declaring interests at meetings

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

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



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

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

Bias Test	Predetermination Test
In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?	At the time of making the decision, did the decision maker have a closed mind?

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

For more information or advice please contact the Monitoring Officer

Selflessness

Councillors should act solely in terms of the public interest

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty & Integrity

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

Leadership

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

AGENDA

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

1. Apologies

To receive any apologies for absence from Councillors.

2. Substitute Members

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

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

3. Declarations of Interests

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

Declarations received will be reported at the meeting.

4. Minutes 7 - 14

To confirm the Minutes of the meeting held on 19 May 2026.

5. Recommendation Tracker 15 - 54

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

6. Public Issues

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

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

The deadline for the submission of public questions is midday on Tuesday 14 July (3 clear working days before the meeting).

The deadline for the submission of a statement is midday on Friday 17 July (the working day before the meeting).

The deadline for the submission of a petition is Friday 3 July (10 working days before the meeting).

ITEMS OF BUSINESS

7. Homeless Health 55 - 66

Homelessness is a serious societal and complex public health issue that is an indicator of fundamental breakdown in a person's life with wide-ranging causes and consequences including ill-health. Rough sleeping is the most visible and extreme end of homelessness.

There is a strong link between health and homelessness with poor health a major cause of homelessness, and homelessness/rough sleeping increasing the risk of additional health needs developing and/or exacerbation of existing ones. It is now well recognised that those experiencing homelessness often suffer multiple disadvantage, experiencing a combination of problems including substance misuse, contact with the criminal justice system and mental ill health. They often fall through the gaps between services and systems, making it harder to address their problems and lead fulfilling lives. Solutions to improve the health and wellbeing of the homeless population require both a systemwide commitment and well-coordinated local services.

A range of services (both commissioned and those provided by the charitable sector) are available across the BCP conurbation to support the health needs of the homeless population. Dedicated provision to address the needs of rough sleepers is commissioned by NHS Dorset. A multi-disciplinary team approach has been maturing and brings together a range of partners to manage a personalised approach to individuals with complex presenting needs.

Despite positive developments in recent years, a recent Healthwatch report allied to local data and intelligence indicate ongoing challenges associated with the current configuration of service provision.

Working in partnership, BCP Council and NHS Dorset will undertake a Homeless Health Needs Assessment to better understand any unmet need within the population cohort alongside the effectiveness of existing pathways of care in meeting identified needs.

The health needs assessment will incorporate:

- Scale and size of population (using an agreed definition)
- Impact and outcomes associated with all current commissioned local homeless health provision including primary care
- Impact and outcomes associated with local non-statutory provision
- Areas of strength / weakness / gaps in the current model of care
- Quantitative & qualitative intelligence associated with population cohort including lived experience

The needs assessment will then be used to inform future strategic commissioning intentions where indicated, including the potential for a co-produced redesign of existing models of care.

8. Learning Disability Big Plan 2026–2031 67 - 136

This report seeks approval for the publication and delivery of the Learning Disability Big Plan 2026–2031, which sets out the shared priorities for supporting people with a learning disability in Bournemouth, Christchurch and Poole to live fulfilled lives. The Plan has been developed through the Learning Disability Partnership Board, in partnership with people with lived experience, families, carers, providers, voluntary sector organisations, BCP Council and NHS Dorset. It reflects the Council's commitment to co-production, person-centred support and the duties set out in the Care Act 2014.

The Big Plan has been shaped through extensive engagement and consultation. Engagement events in 2024 involved over 150 people, followed by formal consultation between February and March 2026, which received 97 responses across online and paper formats. Feedback was broadly supportive of the Plan and its vision, while highlighting the need for clearer communication, more joined-up services, earlier support, greater consistency and a stronger focus on delivery and real-life impact.

The final Plan is structured around seven Big Aims: Where I Live; Staying Healthy; Having a Good Life; Right Care and Support; Keeping Safe; Becoming an Adult; and Support for My Family. These aims focus on improving housing choice, health outcomes, community inclusion, personalised care and support, safety, transition into adulthood and support for families and carers.

Delivery will be overseen by the Learning Disability Partnership Board, with action groups responsible for progressing the agreed priorities and reporting progress quarterly. Further work is required to confirm the delivery arrangements for Right Care and Support and Having a Good Life, including whether dedicated groups are needed or whether actions can be embedded within existing governance structures.

The Committee is asked to recommend Cabinet approve the Learning Disability Big Plan for publication and delivery, enabling continued co-production with local people, families and partners and supporting a clearer framework for improving outcomes for people with a learning disability across BCP.

9. Fulfilled Lives Programme Update 137 - 146

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

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

- How We Work
- Short-Term Support

- Self-Directed Support
- Support At Home

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

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

10. Outcome of the CQC Assurance Visit

To receive a verbal update on the outcome of the CQC Assurance Visit.

11. Work Plan 147 - 162

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.

12. Portfolio Holder Update

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

ITEMS CIRCULATED BETWEEN MEETINGS

13. Corporate Performance Report - Q4 163 - 196

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 progress for achieving the vision, priorities and ambitions.

This is the performance monitoring report for Quarter Four 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.

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

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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

Present:-

Cllr P Canavan – Chair

Cllr L Northover – Vice-Chair

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

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

1. Apologies

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

Cllr Julie Bagwell was absent.

2. Substitute Members

There were no substitute members for this meeting.

3. Election of Chair

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

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

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

4. Election of Vice Chair

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

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

5. Declarations of Interests

There were no declarations of interest on this occasion.

6. Minutes

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

7. Recommendation Tracker

The Recommendation Tracker was noted.

8. Public Issues

There were no public issues on this occasion.

9. Quarter 3 Corporate Performance Report

The Quarter 3 Corporate Performance Report was noted.

10. Work Plan

The Chair provided the Committee with an overview of the report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

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

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

RESOLVED that the Committee agree:

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

Voting: Nem. Con.

11. BCP Suicide Prevention Action Plan

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

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

The Committee discussed the report, including:

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

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

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

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

RESOLVED that the Committee:

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

Voting: Nem. Con.

12. Draft Health & Wellbeing Strategy

The Director of Public Health presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

The report and associated documents provided;

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

Care Overview and Scutiny Committee to inform policy and strategy development

The Committee considered the report, including:

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

RESOLVED that the Committee:

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

Voting: Nem. Con.

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

The Director of Public Health presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

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

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

The Committee discussed the report, including:

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

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

RESOLVED that the Committee:

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

Voting: Nem. Con.

14. Portfolio Holder Update

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

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

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

The meeting ended at 7.45 pm

CHAIR

RECOMMENDATIONS AND ACTIONS TRACKER – OVERVIEW AND SCRUTINY FUNCTION

OVERVIEW AND SCRUTINY BOARD

UPDATED: 17.04.2026

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

60.	**Blue Badge Service Update Report**	The Board resolved that: 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&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.	Portfolio Holder/ Leader/ Chief Executive	Partially accepted by the Portfolio Holder	The Portfolio Holder confirmed that they had written to the Department for Transport and provided the response received to the O&S Board at its meeting on 12 May. It was unknown if this had been raised directly with the LGA and at the O&S Board meeting on 12 May the Portfolio Holder undertook to follow up on this.
Recommendations from Board meeting – 18 November 2024					
69.	**O&S Budget Working Groups – findings and recommendations**	Recommended to Cabinet 1. That the principle of an inflationary increase across all parking charges be endorsed for the 2025/26 budget. 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). 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.	Cabinet, 10 December 2024	Partially accepted	Responses provided to the Cabinet meeting on 5 February ://ced-pri-cms-02.ced.local/documents/s55921/Appendix%203a%20-%20Portfolio%20Holder%20Responses%20to%20Budget%20Scrutiny.pdf
		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. 2. That Officers be requested to ensure adequate resourcing of parking enforcement to reduce inappropriate parking around schools.	Cabinet, 10 December 2024	Accepted	Response from Portfolio Hodler received at the O&S Board meeting on 3 February 2025 : http://ced-pri-cms-02.ced.local/documents/s55808/responses%20from%20Cabinet.pdf

		The O&S Board recommend to Cabinet: 1. That any Resident Card offering is made fully accessible to all those who are not digitally enabled. 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. 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.	Cabinet, 10 December 2024	Partially accepted	Responses provided to the Cabinet meeting on 5 February ://ced-pri-cms-02.ced.local/documents/s55921/Appendix%203a%20-%20Portfolio%20Holder%20Responses%20to%20Budget%20Scrutiny.pdf Response from Portfolio Hodler received at the O&S Board meeting on 3 February 2025 : http://ced-pri-cms-02.ced.local/documents/s55808/responses%20from%20Cabinet.pdf Note: the residents card offer did not progress as part of the budget
Recommendations from Board meeting – 9 December 2024					
78	**Pay and Reward Progress Update**	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	**Housing Delivery Council Newbuild Housing and Acquisition Strategy (CNHAS) update and Harbour Sail acquisition**	RESOLVED that the Overview and Scrutiny Board recommend that Cabinet support the recommendations as set out in the Cabinet report: Housing Delivery Council Newbuild Housing and Acquisition Strategy CNHAS update and Harbour Sail a.pdf	Cabinet, 10 December 2024	Accepted	The recommendation from Cabinet has not been put before Council because the purchase of Harbour Sail has not proceeded. This was due to timing of the purchase which affected the ability to use the grant for the purchase (which without this grant the scheme was no longer financially viable) and that title restrictions could not be altered to allow flexibility of tenure that was required. The grant has been reallocated to other property acquisitions.

81	**BCP Council Libraries – Update on Library Strategy Development**	RESOLVED that the Overview and Scrutiny Board recommend that Cabinet support the recommendations as set out in the Cabinet report: BCP Council Libraries Update on Library Strategy Development.pdf	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
Recommendations from Board meeting – 6 January 2025					
90	**Devolution**	Recommended to the Leader that: a: The Leader arranges an emergency Full Council Meeting at the earliest opportunity to enable a vote of ALL of the available options b: An evidence-based piece of work be undertaken on the pros and cons of a devolution arrangement with both the Solent deal AND Wessex deal, including exploring a public referendum for BCP residents.	Leader of the Council	Partially accepted	Full Council meeting was arranged for 15 January 2025. The Council meeting considered the options of both the Solent deal and the Wessex deal, further information was brought to the Council meeting and Council voted to participate in the priority programme and to move forward wit the Wessex proposal.
Recommendations from Board meeting – 13 January 2025 – No recommendations made at this meeting					
Recommendations from Board meeting – 3 February 2025					
106.	**Council Budget Monitoring 2024/25 at Quarter 3**	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. Carters Quay - Update.pdf A further report will be take to Cabinet
Recommendations from Board meeting – 4 March 2025					

115.	**Community Governance Review – Draft Recommendations**	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), Hurn (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.	**Bournemouth Development Company LLP Business Plan**	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.	**Strategic Community Infrastructure Levy (CIL)**	RESOLVED That the Board recommended to Cabinet: 1. That the spending priorities for Strategic CIL as set out in Option 2 of the paper over the period 2024/25 to 2029/30 be agreed provided CIL income is as forecast; and 2. That the report be updated annually for Cabinet and Council.	Cabinet, 5 March 2025	Accepted	Accepted by Cabinet and spending priorities agreed for 2024/25 to 2029/30 for CIL.
Recommendations from Board meeting – 12 May 2025					

11.	**Blue Badge Update**	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.	**Arts and Culture Funding**	Recommended to Cabinet: 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. 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. 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 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. 2: The Portfolio Holder is working with the Cultural Hub to encourage this. 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. 4: We are planning for ABTS next year and awaiting funding news from ACE.
Recommendations from Board meeting – 9 June 2025					
22.	**Bournemouth Air Festival**	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.	**Bournemouth Development Company - Winter Gardens Project**	1. The Overview and Scrutiny Board supported the following recommendations to Cabinet: (c) Cabinet approves the BDC Partnership Business Plan for 2025 – 2030. (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. (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.

		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.			
		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.		Accepted – update provided	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&S focussed on how Winter Gardens fits into the wider context of the Town Centre and committee members asked for that to form part of any proposals from BDC. There is an existing Town Centre Vision which forms part of the Local Plan, and the intention is for BDC to review this to support a future planning application, ensuring it reflects the nature of the development proposals in

					the absence of a formal planning policy framework.
24.	**Leisure Services Presentation and Discussion**	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					
31.	**Enhancement to Pay and Reward Offer**	The Overview and Scrutiny Board supported the following recommendations to Council within the Cabinet report: a) Agree the additional costs associated with enhancing the proposed Pay and Reward offer. b) Agree the additional savings proposals outlined in Appendix 1 to ensure the cost implications of the proposal remain consistent with the February 2025endorsed Medium Term Financial Plan. 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. 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.
32.	**Scrutiny of Budget Related Cabinet reports – MTFP update report**	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: 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	
Recommendations from Board meeting - 22 September 2025					
39.	**Residents Card**	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.

		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.			
Recommendations from Board meeting – 30 September 2025					
47.	**Community Governance Review – Final Recommendations**	All Recommendations as set out within the Cabinet report were supported by the Board: (a) the Task and Finish Group community governance review final recommendations, as set out in paragraphs 49, 62, 74, 92, 104, 117, 128, 140, 152, 166 and 181 of this report be approved; (b) the Head of Democratic Services be authorised to make all necessary reorganisation of community governance orders to implement the changes agreed by Council; (c) the Task and Finish Group continue to consider the transfer of civic and ceremonial assets, statutory services and precept requirements for year 1, for each new parish, on the basis of minimal transfer and precept, and a report be presented to full Council in due course.	Cabinet, 1 October 2025	Accepted	The recommendations of Cabinet were referred to Council on 14 October. The Recommendations of Cabinet were agreed by full Council
Recommendations from Board meeting - 20 October 2025					
56.	**Medium Term Financial Plan (MTFP) update**	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.	**BCP Council Libraries Draft Library Strategy**	1. The Overview and Scrutiny Board recommend to Cabinet that as part of the Library Strategy it looks to maintain staffed hours in libraries, especially in the afternoon period, as open access is rolled out further in the future. 2. The Overview and Scrutiny Board recommend to Cabinet that the Library Service put together a list of smaller neighbourhood Community Infrastructure Levy (CIL) Bids to put to Councillors and Neighbourhood Forums immediately upon the opening of future CIL rounds.	Cabinet, 29 October 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

		3. That the O&S Board support the recommendations as set out in the Cabinet report.			
Recommendations from Board meeting – 17 November 2025 **– No recommendations made at this meeting**					
Recommendations from Board meeting – 8 December 2025					
79.	**Medium Term Financial Plan (MTFP) Update**	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.
Recommendations from Board meeting – 5 January 2026					
87.	**Regeneration Progress Report**	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.
Recommendations from Board meeting – 9 February 2026					
95.	**Budget 2026/27 and Medium-Term Financial Plan**	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.
Recommendations from Board meeting – 23 February 2026					
103.	**Consultation Framework Working Group Report**	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: Code of Good Practice 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. 3. That the Overview and Scrutiny Board endorse the ongoing work to produce an internal	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. The Portfolio Holder and Officers reported back to the Board at its meeting on 18 May 2025. The Portfolio

		consultation toolkit, which should provide clear guidance on confidentiality. 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. 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.			Holder advised that the Cabinet and officers welcomed the majority of recommendations but would need to give further consideration regarding the notice period given to Ward Members in some circumstances as it would not always be practical. It was proposed that this would be trialled and a determination made.
103.	**Consultation Framework Working Group Report**	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. 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. 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	Officers	Partially Accepted	The Portfolio Holder and Officers reported back to the Board at its meeting on 18 May 2025. The Portfolio Holder advised that the Cabinet and officers welcomed the majority of recommendations but would need to give further consideration regarding the notice period given to Ward Members in some circumstances as it would not always be practical. It was proposed that this would be trialled and a determination made.
Recommendations from Board meeting – 23 March 2026					
113.	**Parking Around Schools**	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. 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	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

		to using specific information related to educational settings, e.g. levels of fines withing a specific area in order to encourage a decrease in the instances of parking infringements to reduce the overall amount of fines. 2. That the relevant Portfolio Holder write to the DfT emphasising the need to increase fines to help with dangerous parking outside schools. 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. 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. 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. 7. That it agrees that when planning applications are submitted for schools the 'safer routes to schools' team be informed.			consider the recommendations in detail.
114.	**Key Lines of Enquiry (KLOE) relating to parking pressure in high season**	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. 2. That, in the development of the local plan consideration is given to the provision of camp sites within BCP.	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.

		3. That within the Local Transport Plan the provision of park and ride options are given full consideration.			
Recommendations from Board meeting - 18 May 2025					
	Local Plan Process	The Overview and Scrutiny Board recommend to Cabinet: 1. That further clarification be provided on the stakeholders who will be engaged with beyond the statutory consultees and that Ward members be encouraged to provide the details to officers of any organisations that they feel should be engaged with as stakeholders. 2. That the Working Group Terms of reference be amended to allow the possibility for substitute members provided that group leaders or their nominated representative notify of the change at least 72 hours in advance of a meeting and provided that the substitute attend a briefing with relevant officers prior to the meeting. 3. That a risk concerning the wider potential implications of devolution and local government reorganisation, e.g. changing consultees, be added to the risk register included within the Project Initiation Document	Cabinet – 27 May 2026	Accepted	Cabinet response: The Leader thanked the Board for its recommendations and advised that these were accepted and, subject to Cabinet's agreement, would be incorporated within the formal resolutions of Cabinet.
	Social Value Statement for BCP Council	1. That an action plan, including details of an appropriate governance structure, is produced in order to clearly outline how the social value statement will be taken forward to cover all Council activities beyond procurement. 2. That the O&S Board support the recommendation outlined in the report to approve the Social Value Statement for adoption	Cabinet – 27 May 2026	1. Rejected 2. Accepted	Whilst the Leader advised that Cabinet agreed with the first recommendation in so far as agreeing that social value extended beyond the procurement process, but that Cabinet could not accept the recommendation to commit to an action plan and governance structure that would see how that applies.
Recommendations From Board Meeting – 15 June 2026					

	BCP Growth Plan	That the BCP Growth Board be recommended to: a. Engage with the National Emergency Briefing, and consider showing the briefing to Board members and the wider business community to help inform the future development of the growth plan. b. Undertake more extensive process of public consultation to enable a greater degree of public oversight and transparency.	BCP Growth Board		Updates awaited

OUTSTANDING ACTIONS

Minute number	Item	Action* *Items remain until action completed.	Benefit	Updates
Actions from Board meeting – 12 May 2025				
10.	**BCP Complaints Policy**	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
Actions from Board meeting – 22 September 2025				
38.	**Commercial Operations**	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.
Actions from Board meeting – 20 October 2025				
57.	**BCP Council Library – Draft Library Strategy**	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	
Actions from Board meeting – 5 January 2026				
87.	**Regeneration Progress Report**	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.	
Actions from Board meeting – 23 February 2026				
103.	**Consultation Framework Working Group Report**	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.	

ENVIRONEMENT AND PLACE OVERVIEW AND SCRUTINY

UPDATED: 17.03.26

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

		about how it can be measured against SMART objectives in order for the Council to be more ambitious and positive on this issue			
Recommendations from Committee – 20 November 2024 **–** No recommendations made at this meeting.					
Recommendations from Committee – 26 February 2025					
38	**Climate Action Annual Report 2023/24**	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	
39	**Housing Strategy Review**	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	Extract from Cabinet minutes: 'The Portfolio Holder thanked the Environment and Place Overview & Scrutiny Committee for their thorough debate at the Committee and expressed support for their recommendation.' Decision made: **RESOLVED that Cabinet: -** (a) Approved the Revised Housing Strategy Delivery Plan at appendix B; (b) Approved the extension of the current Housing Strategy Period to 2027; (c) Approved the governance structure as set out in paragraphs 7-11 of the report; and (d) Approved that the steering group being formed be made up of 1 member of each Political group and 1 unaligned member.
Recommendations from Committee – 2 April 2025					
49	**Recommendations from the Safer**	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

	Accommodation Strategy Working Group	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. 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. 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. 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. 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. 6. That Cabinet, with the support of the council's Corporate Management Board, be requested to take a			advice that will ensure any household receives correct and clear information. Please see attached strategy delivery plan. 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. 3. An all councillor briefing will be arranged in due course. 4. The Safe Accommodation Strategy will be submitted with a commissioning plan for scrutiny and review. 5. The proposed Safe Accommodation Strategy delivery plan sets out several actions that will contribute to this recommendation including the following: 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. 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. 6. The Safe Accommodation Strategy will be submitted with a commissioning plan which will set out the procurement intentions for the next 3 years.

		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.			
Recommendations from Committee – 14 May 2025 **–** No recommendations made at this meeting.					
Recommendations from Committee – 9 July 2025					
17	**Local Area Energy Plan**	It is RECOMMENDED that: 1) The recommendation as outlined in the report be approved by Cabinet. 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. Cabinet were silent on recommendation 2 from O&S – seek an update.
18	**Email and Document Storage Retention – Impact Analysis on Costs and Environmental Factors & Recommendations**	It is RECOMMENDED to cabinet that: 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 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.
Recommendations from Committee – 8 October 2025					
26	**Plant-based and reduced meat and dairy diets: draft position statement and action plan**	RESOLVED that: a) All mentions of the word vegan be replaced with Plant-Based throughout the paper. b) Switching the target from 20% for plant-based concessions to 25%. 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. Then deferred by Cabinet for consideration at 26 November 2025 meeting	Unknown	Awaiting response from Portfolio Holder

Recommendations from Committee – 19 November 2025					
	Waste Strategy for Bournemouth, Christchurch and Poole Council 2026-2036	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: (ii) and to develop a convenient battery recycling scheme with local businesses to create more easily accessible drop off points and in addition, requested the strategy at appendix 1 be amended to include the following: - (a) Paragraph 5.1 of Appendix 1 'A Waste Strategy for BCP Council 2026-2028' be amended to include *'and incineration'* so that the paragraph reads *'5.1 Tendering waste disposal contracts that embed the waste hierarchy and minimise the use of landfill and incineration'; and* (b) Paragraph 5.3 of Appendix 1 'A Waste Strategy for BCP Council 2026-2028' be amended to include *'whilst also considering the carbon footprint of the type of disposal'* so that the paragraph reads *'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'.*	Cabinet, 17 December 2025	Partially accepted	Extract from Cabinet minutes: 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. 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.
Recommendations from Committee – 25 February 2026					
9	**Homelessness and Rough Sleeping Strategy 2026-2031 Update**	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 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.	Cabinet, 4 March 2026	TBC	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.

Recommendations from Committee – 20 May 2026					
Recommendations from Committee – 15 July 2026					
Recommendations from Committee – 9 September 2026					
Recommendations from Committee – 18 November 2026					
Recommendations from Committee –					

OUTSTANDING ACTIONS

Minute number	**Item**	**Action*** *Items remain until action completed.	**Benefit**	**Updates**
No current agreed actions				

CHILDREN'S SERVICES OVERVIEW AND SCRUTINY

UPDATED: 18.03.26

Minute number	Item	Recommendation made *items remain for monitoring until implementation is complete or committee agree to remove.	Recommended to *name of receiving body/ Officer, and date received	Outcome *accepted/ partially accepted/ rejected/ unknown.	Implementation updates
Recommendations from Committee – 24 July 2024					
10	**Child Exploitation Working Group Findings Report**	RESOLVED that the Committee RECOMMEND to Cabinet: • That partnership working be promoted to ensure increased communication around the issues highlighted with parents, schools, children and youth services. • That earlier age-appropriate education be implemented within schools across BCP regarding the risks associated with exploitation, drugs and the dangers of carrying weapons.	Cabinet, 2 October 2024	Partially accepted	Extract from 2.10.24 Cabinet minutes: '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. 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.' Update given by Portfolio Holder to O&S Committee at 26.11.24 meeting. Extract minute: 'The Portfolio Holder for Children and Young People provided a verbal update which included: 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.

					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. 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. Advised of upcoming events including webinars and community events focused on knife crime and related issues.'
Recommendations from Committee – 19 September 2024 – No recommendations made at this meeting.					
Recommendations from Committee – 26 November 2024					
36	**Linwood Special School SEND Post 16 Provision at Ted Webster**	It was RESOLVED that Cabinet be recommended to approve (a) in the report: Cabinet approves the scheme to develop a satellite of Linwood School hosted at the former Ted Webster Children's Centre providing a total of 60 Post 16 places including the associated capital investment necessary to develop the scheme as contained in Appendix 1 (Exempt). The scheme is fully funded from the council's grant allocation of High Needs Provision Capital and will progress in line with the project programme set out at paragraph 12	Cabinet, 10 December 2024	Accepted	Cabinet agreed to the recommendations in the report, as endorsed by O&S.
Recommendations from Committee –28 January 2025 – No recommendations made at this meeting.					
Recommendations from Committee – 11 March 2025					

69	**SEND Improvement Update**	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: • the likely overspend in the budget • which areas have been identified to overspend • the options to ensure the budget limit is met • an appraisal of the impact on children and families of these factors	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.
Recommendations from Committee – 10 June 2025					
11	**Youth Justice Service Plan 2025-26**	RESOLVED that the Children's Services Overview and Scrutiny Committee endorse the Youth Justice Plan so that Cabinet can recommend its approval to the Full Council.	Cabinet, 26 November 2025	Accepted	Youth Justice Plan approved by Cabinet for recommendation to Council. Youth Justice Plan approved by Council.
12	**Housing for Care Experienced Young People**	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	**Permanent Exclusions and Suspensions**	**Comment to Cabinet:** 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.

		• A reduction in exclusions and associated costs (e.g. transport, AP placements, tribunal processes) • Improved outcomes for vulnerable pupils, reducing future demand on social care, youth justice, and post-16 support service • A reduction in the need for unregistered and costly AP as more needs are met by schools			
10	**Home to School Transport**	The Overview and Scrutiny Committee agreed to endorse the recommendation within the report to Cabinet, this being that Cabinet: '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. Report recommendations agreed by Council.
Recommendations from Committee – 27 January 2026					
55	**Invest to Save Budgets in the High Needs Block of the Dedicated Schools Grant (DSG)**	RESOLVED that the Committee agreed the following recommendations and that they be passed to Cabinet: 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. 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. c.) Support the progression of the following priority initiatives: • Digitalisation of High Needs funding processes (integrated with the SCM upgrade) • Synergy Case Management (SCM) upgrade to go-live (target May–June 2026) • Pre-EHCP targeted funding model (subject to affordability and governance)	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.

56	**Family Hubs Working Group Final Report**	The Committee agreed the Working Group's recommendations to Officers: 1. Continue to build on the strong foundations of community engagement, with a focus on inclusivity and responsiveness. 2. Explore ways to support staff wellbeing that are informed by staff experiences and feedback. 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	**Family Hubs Working Group Final Report**	The Committee agreed to make Cabinet aware that the Working Group recommended Cabinet: 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. 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.
Recommendations from Committee – 10 March 2026 - **No recommendations made at this meeting.**					
Recommendations from Committee – 16 June 2026					
14	**BCP Council's alignment with the National Youth Strategy**	The Children's Services Overview and Scrutiny Committee Recommend to Cabinet the recommendations set out in the report.	Cabinet (Officers advised that a date for consideration by Cabinet had not yet been confirmed)	TBC	
14	**BCP Council's alignment with the National Youth Strategy**	The Children's Services Overview and Scrutiny Committee Recommend to Cabinet that, within the summary of implications section of all Council reports, a requirement be included to consider the impact on children and young people.	Cabinet, 24 June 2026	TBC	

15	**Youth Justice Plan 2026-2027**	the Committee endorse the Youth Justice Plan 2026–2027 so that Cabinet can recommend its approval to Full Council.	Cabinet, 24 June 2026	TBC	
Recommendations from Committee – 14 September 2026					
Recommendations from Committee – 24 November 2026					
Recommendations from Committee – 26 January 2027					
Recommendations from Committee – 9 March 2027					

OUTSTANDING ACTIONS

Minute number	Item	Action* *Items remain until action completed.	Benefit	Updates
11 March 2025				
69	**SEND Improvement Update** **SEND Improvement Update.pdf**	Decision made: The officers agreed to share the full review of the DSG finances as well as the SEND improvement board's response to the review. **Action – Officers aware** 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. **Action – Officers aware**		
15 September 2025				
25	**Alternative Provision Improvement Plan** **Alternative Provision Improvement Plan Final.pdf**	Decision Made: The Committee discussed the routes into AP, including exclusions and EHCPs, and officers agreed to provide further data on this breakdown. **Action – Officers aware**		To be incorporated into new SEND/AP Strategy
27 January 2026				
51	**Recommendation Tracker**	Members agreed to review the tracker in more depth around June 2026. **Action – Committee aware**		
53	**Members of Youth Parliament Update**	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. **Action – Officers aware**		

Minute number	Item	Action* *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. **Action – Officers aware**		
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. **Action – Officers aware**		

HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE

UPDATED: 9.7.26

Minute number	Item	Recommendation made *items remain for monitoring until implementation is complete or committee agree to remove.	Recommended to *name of receiving body/ Officer, and date received	Outcome *accepted/ partially accepted/ rejected/ unknown.	Implementation updates
Recommendations from Committee meeting – 20 May 2024					
11	**Data Working Group Final Report**	The Committee recommend to the O&S Board: • that a similar [data] toolkit be developed for all O&S committees to reflect the relevant data and policy landscape within the remit of these committees. This to be added to the O&S Action Plan. • that the Data Use Toolkit be highlighted within the O&S annual report to Council.	Overview and Scrutiny Board (16 July 2024).	Recommendations **accepted.**	Toolkit development for all O&S committees has been added to the O&S Action Plan. Toolkit for the Children's O&S Committee is near completion. All others are yet to start and will be developed when resources allow. The Data Use Toolkit was highlighted within the 2023/24 O&S annual report to Council. (Update by O&S Specialist, 24/4/25)
Recommendations from Committee meeting – 15 July 2024					
21	**Adult Social Care Business Transformation Case**	The Committee recommend that Cabinet recommends that Council: 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. b) Agrees to the establishment of a formal transformation programme; 'Fulfilled Lives'. 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.	Cabinet (17 July 24) and Council (23 July 24)	Recommendations **partially accepted** at both Cabinet and Council	The final decision of Council was different from the committee recommendation as follows: Resolved that Council: (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; (b) Agrees to the establishment of a formal transformation programme; 'Fulfilled Lives'; (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

		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. Implementation update required on a)-c) above. Implementation update on d) above: 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. (Update by O&S Specialist, 24/4/25)
Recommendations from Committee meeting – 24 September 2024 – No recommendations made at this meeting.					
Recommendations from Committee meeting – 2 December 2024					
46	**Health and Social Care for the Homeless**	The Committee recommend that Cabinet: Discuss the issues caused by a lack of funding for rough sleepers with no local connection and those without an identified priority need with a view to developing solutions in partnership with other local authorities and key 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 **unknown** – 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.

47	**Transforming Urgent and Emergency Care Services**	The Committee recommend that Cabinet recommends to Council: a) Notes the summary of the diagnostic review, including improved outcomes for residents and financial benefits for the Council. b) Notes that under the draft Partnership Agreement with Dorset health and care partners, anticipated benefits are significantly in excess of costs to the Council. c) Delegates to the Corporate Director for Wellbeing, in consultation with the Portfolio Holder for Health and Wellbeing, the Director of Law and Governance and the Director of Finance, authority to enter into the Partnership Agreement to undertake the proposed transformation programme.	Cabinet (10 December 2024) and Council (10 December 2024)	Recommendations **accepted** at both Cabinet and Council	
Recommendations from Committee meeting – **3 March 2025**					
61	**Adult Social Care Strategy 2025-28**	The Committee recommend to Cabinet: • the inclusion of some clear targets ideally linked to the Adut Social Care Outcomes Framework (ASCOF) within the Adult Social Care Strategy; and • the inclusion of an overview of how to better integrate performance and activity data with finance data in the Adult Social Care Strategy.	Cabinet (2 April 2025)	Response **unknown** – recommendations 'welcomed' by Cabinet but no clear response given.	The final decision of Cabinet did not reflect the recommendations made by the committee, and was as follows: 'Resolved that the new ASC Strategy 2025-28 is linked to the Corporate Vision and supports corporate priorities under 'Our People and Communities.' Update required. Committee may wish to seek a response from relevant Portfolio Holder back into committee.
Recommendations from Committee meeting – 19 May 2025 No recommendations made at this meeting.					
Recommendations from Committee meeting – 14 July 2025					
20	**Adult Social Care Fulfilled Lives**	The HASC O&S Committee: 1. Supports the recommendation to Cabinet that Council approves the request	Cabinet 26 July 2025	Accepted	Cabinet and Council approved the release of the remaining £1.1m as outlined at part 1 of the recommendation.

	Transformation Programme	for the release of the remaining £1.11m funding that was previously agreed to allow the Fulfilled Lives Programme to reach completion and realisation of the benefits; and 2. Continues to monitor this four-year programme in particular around self-directed support and support at home that will enable people to stay independent.			
Recommendations from Committee meeting – 23 September 2025					
30	**Get Dorset & BCP Working Plan - GD&BCPWP**	The Committee RECOMMENDS that: 1) The recommendations as outlined in the report be approved by Cabinet. 2) That Cabinet agree for the Get Dorset & BCP Working Plan to return to an Overview and Scrutiny Committee at an appropriate stage for further scrutiny, to enable Members to review its delivery, assess its impact in supporting individuals to return to work, and consider whether intended outcomes are being achieved.	Cabinet 1 October 2025	Accepted	Report recommendations agreed by Council.
Recommendations from Committee meeting – 1 December 2025					
44	**FutureCare Programme – Mid Programme Review**	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.
Recommendations from Committee meeting – 2 March 2026 – No recommendations made at this meeting.					
Recommendations from Committee meeting – 19 May 2026					
11	**BCP Suicide Prevention Action Plan**	RECOMMENDED that, following approval by the Health and Wellbeing Board, the Committee request Cabinet support the	Cabinet		Following approval of the BCP Suicide Prevention Action Plan at the Health and Wellbeing Board on 26 June 2026, the

		Strategy and Action Plan and ensure that the necessary resources are made available for implementation.			Committee request Cabinet consider this item to raise awareness and publicity.
Recommendations from Committee meeting – 20 July 2026					
Recommendations from Committee meeting – 22 September 2026					
Recommendations from Committee meeting – 30 November 2026					
Recommendations from Committee meeting – 1 March 2027					

OUTSTANDING ACTIONS

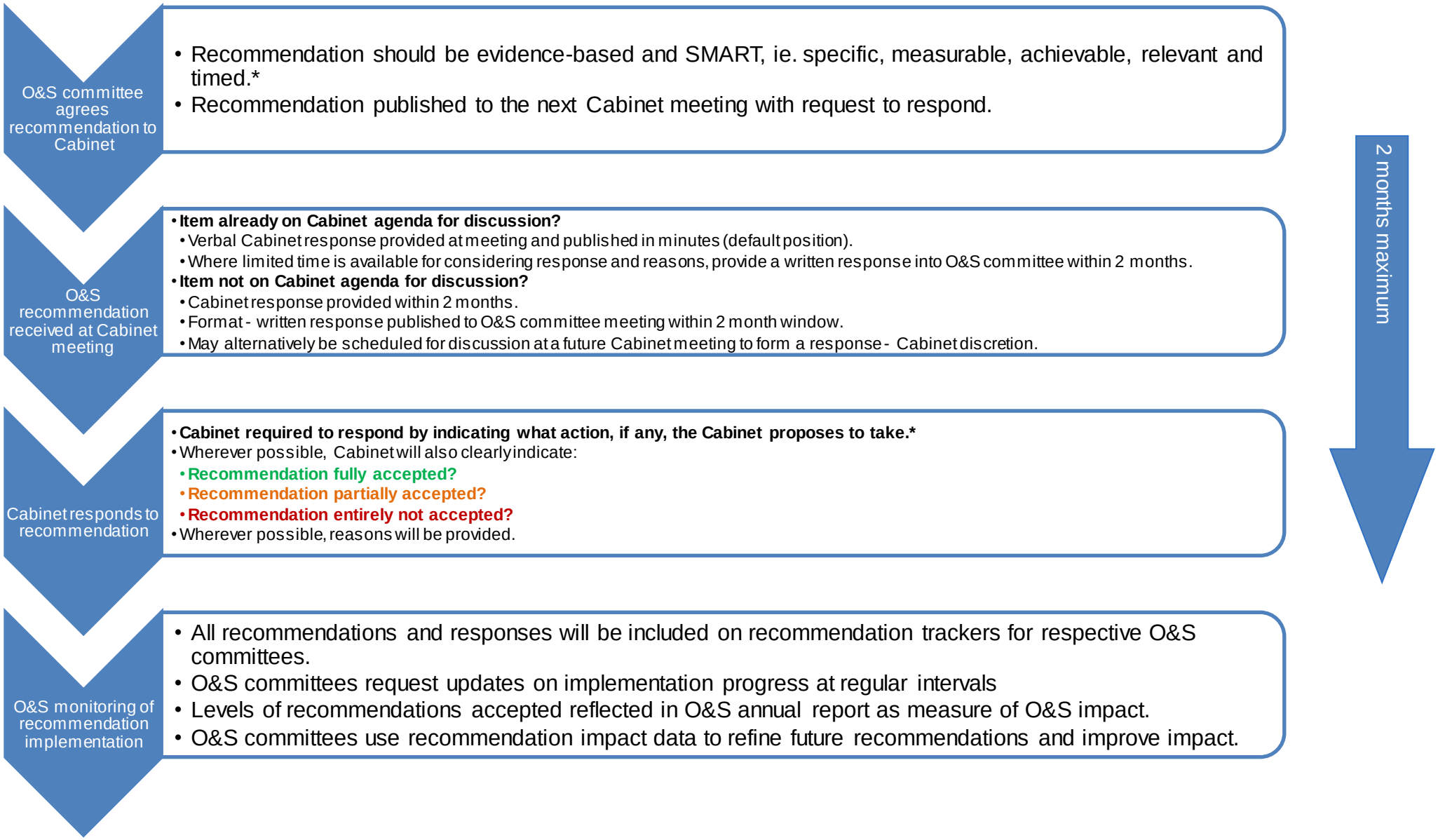
Minute number	Item	Action* *Items remain until action completed.	Benefit	Updates
Actions arising from Committee meeting – 25 September 2023				
20	**National Suicide Prevention Strategy**	Decision Made: The Board was advised that Public Health was unsure of the amount which would be allocated to the BCP area, as the closing dates for bids had not yet happened, however bids were being worked on and once any funding was known, the Committee could be informed. **Action – Public Health aware**		
Actions arising from Committee meeting – 15 July 24				
	Adult Social Care Transformation Business Case	Decision Made: That key risks and Key Performance Indicators be included in future reports regarding the Transformation Programme **Action – Officers aware**	To enable the Committee to have this information when scrutinising	
Actions arising from Committee meeting – 24 September 24				
34.	**Adult Social Care Budget Presentation**	Decision made: In response to a query regarding the activities and outcomes of the Live Well Dorset programme, the Committee was advised that it had managed to reach those living in the most deprived areas of BCP and that access could potentially be provided to the dashboard for the Committee to see the output. **Action: to be considered further**		
Actions arising from Committee meeting – 3 March 25				

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

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

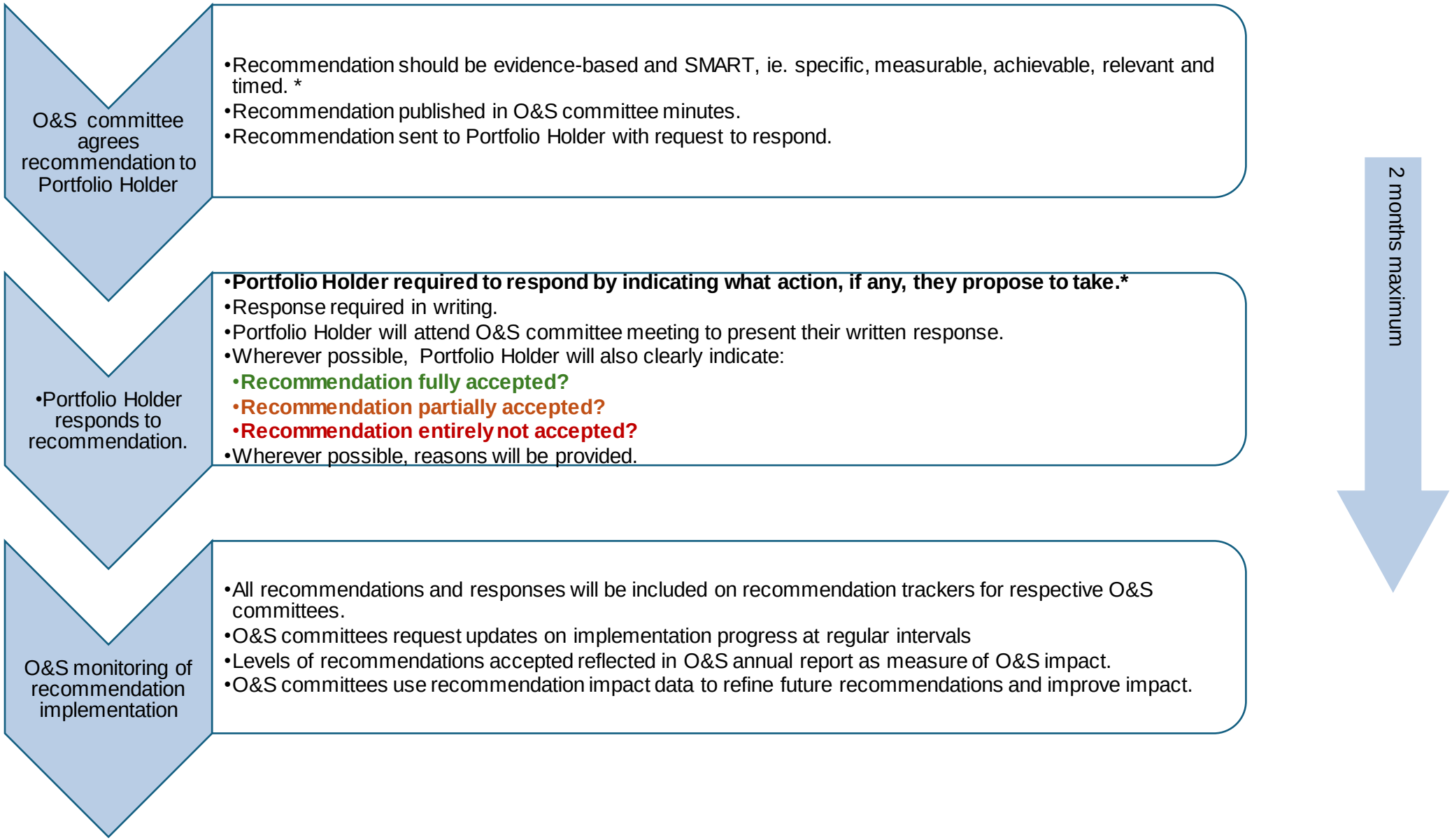
O&S Recommendations / Executive response process

Cabinet process:



* Overview and scrutiny: statutory guidance for councils, combined authorities and combined county authorities - GOV.UK

Portfolio Holder process



HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**Homeless Health**
Meeting date	20 July 2026
Status	Public Report
Executive summary	Homelessness is a serious societal and complex public health issue that is an indicator of fundamental breakdown in a person's life with wide-ranging causes and consequences including ill-health. Rough sleeping is the most visible and extreme end of homelessness. There is a strong link between health and homelessness with poor health a major cause of homelessness, and homelessness/rough sleeping increasing the risk of additional health needs developing and/or exacerbation of existing ones. It is now well recognised that those experiencing homelessness often suffer multiple disadvantage, experiencing a combination of problems including substance misuse, contact with the criminal justice system and mental ill health. They often fall through the gaps between services and systems, making it harder to address their problems and lead fulfilling lives. Solutions to improve the health and wellbeing of the homeless population require both a systemwide commitment and well-coordinated local services. A range of services (both commissioned and those provided by the charitable sector) are available across the BCP conurbation to support the health needs of the homeless population. Dedicated provision to address the needs of rough sleepers is commissioned by NHS Dorset. A multi-disciplinary team approach has been maturing and brings together a range of partners to manage a personalised approach to individuals with complex presenting needs. Despite positive developments in recent years, a recent Healthwatch report allied to local data and intelligence indicate ongoing challenges associated with the current configuration of service provision. Working in partnership, BCP Council and NHS Dorset will undertake a Homeless Health Needs Assessment to better understand any unmet need within the population cohort alongside the effectiveness of existing pathways of care in meeting identified needs.

	The health needs assessment will incorporate: • Scale and size of population (using an agreed definition) • Impact and outcomes associated with all current commissioned local homeless health provision including primary care • Impact and outcomes associated with local non-statutory provision • Areas of strength / weakness / gaps in the current model of care • Quantitative & qualitative intelligence associated with population cohort including lived experience The needs assessment will then be used to inform future strategic commissioning intentions where indicated, including the potential for a co-produced redesign of existing models of care.
Recommendations	Members of the Committee are recommended to **NOTE** current progress to date and planned work to undertake a Homeless Health Needs Assessment as a means of informing future service redesign where indicated.
Reason for recommendations	A formal Health Needs Assessment will provide a clearer understanding and articulation of current needs, including any gaps in commissioned service provision, and will provide an objective basis from which to inform co-production of a revised care pathway and model of care.
Portfolio Holder(s):	Cllr Kieron Wilson – Housing and Regulation
Corporate Director	Laura Ambler – Corporate Director of Wellbeing
Report Authors	Ben Tomlin – Head of Strategic Housing and Partnerships Mark Harris – Deputy Director of Modernisation & Place, NHS Dorset
Wards	Council-wide
Classification	For Update and Recommendation

Background

1. Homelessness is a serious societal and complex public health issue that is an indicator of fundamental breakdown in a person's life with wide-ranging causes and consequences including ill-health. Rough sleeping is the most visible and extreme end of homelessness.

2. Whilst the connection between housing and homelessness is well understood, the strong link between health and homelessness is often overlooked. Poor health is a major cause of homelessness, and homelessness and rough sleeping can lead to additional health needs developing and/or exacerbate existing ones. It is now well recognised that those experiencing homelessness often suffer multiple disadvantage, experiencing a combination of problems including substance misuse, contact with the criminal justice system and mental ill health. They often fall through the gaps between services and systems, making it harder to address their problems and lead fulfilling lives. Solutions to improve the health and wellbeing of the homeless population require both a systemwide commitment and well-coordinated local services.

3. The newly published BCP Homelessness and Rough Sleeping Strategy 2026-2031 provides the strategic framework for the proposed Homeless Health Needs Assessment and the associated review of current homeless health pathways and commissioned provision. The Strategy sets out a shared partnership ambition that homelessness in Bournemouth, Christchurch and Poole should be rare, brief and unrepeated, with a strong emphasis on earlier prevention, rapid and compassionate responses, sustained housing stability, stronger health integration, trauma-informed practice and the meaningful involvement of people with lived experience. This report supports delivery of the Strategy by focusing specifically on the health inequalities, access barriers and fragmented pathways experienced by people who are rough sleeping, homeless or vulnerably housed. The proposed Homeless Health Needs Assessment outlined later in this report will provide the shared evidence base needed to inform future commissioning, strengthen integrated pathways across housing, health and care, and ensure that future service redesign is aligned with the Strategy's wider objectives and delivery plan.

Current Homeless Health Provision in BCP

4. NHS Dorset commissions universal healthcare provision for all registered residents within the BCP local authority area. Services are available to all citizens living in BCP regardless of accommodation status.

5. Individuals without settled accommodation are eligible to register with any GP practice in their local area and cannot be refused based on their accommodation status.

6. In recognition of the unique challenges associated with those deemed to be rough sleeping, NHS Dorset commissions a bespoke Homelessness GP Service currently provided by South Coast Medical Primary Care Network.

7. Specific aims of the service include provision of a convenient, accessible and comprehensive medical service that addresses the specific and complex needs of the homeless population – specifically those deemed to be rough sleeping. The South Coast Medical provision includes outreach in the form of a clinic offered 7 days a week at the St Pauls Supported Housing project. The service has been enhanced in recent years with the addition of a mental health practitioner, social prescribers, long term health conditions nurse specialists and an additional seven hours of weekly GP support. These additions were enacted as a direct response to presenting need within the population.

8. South Coast Medical works closely with the Bournemouth & Poole Rough Sleeper Team to ensure that the service is aimed at the target client group, i.e. rough sleepers in Bournemouth, and is invited to the Homelessness Multi-Disciplinary Team (MDT) as a means of facilitating partnership working to improve outcomes for the population cohort in scope. The MDT consists of agencies directly involved in supporting people who are homeless, including health services, local authority teams and third sector agencies.

9. NHS Dorset also commissions specialist Homeless Health provision, the Rough Sleepers Health Outreach Service, via Dorset Healthcare. The service provides intensive, community-based support for adults who are rough sleeping and struggling with a physical illness or mental health condition. The team proactively engages with adults who are rough sleeping and who are not accessing mainstream healthcare services. Emphasis is placed on engaging with people who are rough sleeping and working alongside them to support their health needs whilst they are rough sleeping.

10. The service operates through an outreach model and sees people in a range of locations, including on the streets, in emergency B&B accommodation, public places, day centres, NHS sites, community settings and faith-based buildings. Interventions are provided for as long as a person is rough sleeping and in need of a healthcare intervention, assessment or signposting to a relevant service.

11. University Hospitals Dorset also has a homelessness team with the aim of enabling improved links into community-based provision, including mental health support, medication reviews, blood-borne virus testing, liver disease management and close co-ordination with housing services, social care and local drug & alcohol services.

12. The MDT has matured over recent years and has embedded joined-up, person-centred working as “business as usual” practice. Each professional within the MDT contributes their specialist expertise, enabling a fuller understanding of individuals’ needs and supporting those experiencing rough sleeping with more coordinated and effective interventions. Relational service development through the MDT operates beyond the formal meetings, resulting in increased joint working across services and improved identification and response to individuals experiencing multiple disadvantage.

Current Challenges

13. Healthwatch produced a report in September 2024 - *Voiceless, unheard and socially excluded Accessing health and care while homeless or vulnerably housed (Dorset Homeless Report final Sept24r-v2.pdf)* - which set out a number of recommendations based on themes arising from their work to find out first-hand about the barriers and challenges faced by known groups of single people experiencing homelessness and those who are vulnerably housed when they try to access health and care services in BCP, including primary, secondary, social and community care.

14. Despite positive steps and service developments in recent years, the issues highlighted within the Healthwatch report indicate that the current configuration of commissioned provision is not achieving the desired outcomes with some individuals continuing to receive a poor experience of care linked to areas of fragmentation across services.

15. Latest intelligence data (DiiS, June 2026) also suggests evidence of ongoing health inequity for the homeless population in BCP and reinforces the need to go further in our efforts to meet the needs of this specific population cohort. Key highlighted health inequalities in comparison to the overall Dorset resident population include:

- Significantly higher prevalence of depression, asthma and severe mental illness
- Greater frequency of use of urgent and emergency services
- Lower rates of vaccination
- Lower life expectancy and lower healthy life expectancy.

Proposed Actions

16. Understanding the needs of the homeless population is a fundamental step towards addressing health inequalities faced by people experiencing homelessness locally. A health needs assessment (HNA) is a tool used to build a picture of the health problems and needs of different populations, with the aim of informing service provision to address identified needs and maximise health gain within the population of focus.

17. Working in partnership, BCP Council and NHS Dorset will undertake a Homeless Health Needs Assessment as a means of better understanding the current needs of the population and effectiveness of existing pathways of care in meeting those identified needs.

18. The health needs assessment will incorporate:

- Scale and size of population (using an agreed definition)
- Impact and outcomes associated with all current commissioned local homeless health provision including primary care
- Impact and outcomes associated with local non-statutory provision
- Areas of strength / weakness / gaps in the current model of care

- Quantitative & qualitative intelligence associated with population cohort including lived experience

19. The needs assessment will then be used to inform future strategic commissioning intentions where indicated. This may include a co-produced redesign of the existing model of care.

Key Lines of Enquiry

What progress have we made in strengthening the Homelessness Multi-Disciplinary Team (MDT) to improve joined-up, person-centred care?

20. The Homelessness MDT has been operational for four years, supporting a cohort who have experienced rough sleeping. Agencies invited to be part of the MDT include a wide range of representation, including housing, social care, drug and alcohol services, healthcare, relevant voluntary and third sector agencies.

21. Since 2024, the MDT has supported 80 individuals, with 8 returning for further input when again at risk of homelessness. The MDT is currently working with 22 individuals (June 2026). The MDT has strengthened its approach, moving from a primary 'housing' focus to a more holistic, person-centred approach focusing on outcomes in five core areas: housing, mental health, physical health, substance use and risk. The MDT has also matured to consider factors such as communication and learning needs, intersectional factors and system alienation. This has enhanced the MDT's ability to better understand and respond to the complexity of need.

22. Each professional within the MDT contributes their specialist expertise, enabling a fuller understanding of individuals' needs and supporting those experiencing rough sleeping with more coordinated and effective interventions. Joined-up, person-centred working is now embedded as "business as usual". Relational service development through the MDT operates beyond the formal meetings, resulting in increased joint working across services and improved identification and response to individuals experiencing multiple disadvantage.

23. Over the past two years, there has been a marked increase in MDT engagement with women, alongside improved recognition of hidden homelessness, including those moving between rough sleeping and unsafe accommodation. This is evidenced by an increase in female cases discussed at MDT. The experience below highlights the effectiveness of the MDT in enabling coordinated, multi-agency person-centred responses.

Case Study:

Individual A was referred to the Homeless MDT in October 2025, having been moving between periods of rough sleeping and unsafe accommodation. She was experiencing multiple disadvantage, including domestic abuse, substance use, physical and mental health concerns, alongside homelessness. Individual A was also engaged in sex work and had an established relationship with Dorset Working Women's Project (DWWP).

Individual A initially sought help from DWWP, who were able to support her to access the HealthBus as a place of safety away from her partner. While there, she was seen by nursing staff, engaged with the Hepatitis C team, and a GP appointment was arranged. On the same day, she was also supported to meet with a Housing Officer, resulting in her being placed into temporary accommodation. The following day, she attended a With You appointment and commenced pharmacological treatment.

At the subsequent Homeless MDT meeting, partners collectively agreed a coordinated support plan, including a move into women-only supported accommodation. This was arranged, assessed, and completed within the same week. Since then, individual A has continued to receive coordinated, person-centred support. This has included assistance to resolve her benefits (which she had not been claiming), engagement with a Safeguarding Social Worker, and ongoing support to attend health appointments.

What plans for a First Contact Health Service to support GP registration, mental health access and more flexible appointments are we proposing?

24. First contact access for health support is primarily through primary care (the dedicated Homeless Health provision for rough sleepers) and/or through the multi-disciplinary team partnership.

What are we doing to support the expanded wound care provision, including outreach clinics?

25. Primary care remains available to support the management of wounds with this being within the scope and remit of the commissioned service provided by South Coast Medical. Partnership work with local drug service provision has also enhanced the current offer concerning wound care. Dorset Healthcare's health outreach service also includes the provision of physical health interventions as a means of providing a holistic response. It is recognised though that further work may still be required to more effectively manage wound care and this will be informed by the Health Needs Assessment.

What ongoing work are we progressing to improve dental access for inclusion groups?

26. **Dorset Oral Health Programme:** Dorset has established an Oral Health Programme, with the aim of supporting the health and wellbeing of BCP and Dorset residents through improved oral health by providing accessible and equitable NHS dental care and empowering people to take care of their own oral health. This will be achieved by targeting the delivery of improvements across the oral health workforce, access and prevention.

- Workforce is crucial to meet the demands of our community.
- Prevention is key - promoting oral health across our community and reducing the incidence of dental problems before they start.
- Access ensures that those most in need receive dental care.

27. **Health Inclusion Groups:** Our focus remains on those health inclusion groups where funding has been secured through the Programme. We are designing a new specification for an outcomes-based commission to support populations that are excluded and face barriers to access, including people who are homeless. In addition, we are commissioning training for the non-dental workforce to support communities. This follows a Dorset Health Needs Assessment to support care homes, housebound residents, family hubs, general medical practices, community health and health visitors, and voluntary groups to support prevention and referral into the new commission.

28. Dentaid has been re-commissioned to continue to provide dental care for people experiencing homelessness and those impacted by domestic abuse in Bournemouth and Weymouth for the next 18 months. They now offer two clinical sessions per month in both Bournemouth with HealthBus and Weymouth with the Lantern Trust, and alternate monthly clinics with Bournemouth Churches Housing Association (BCHA). We have commissioned Bournemouth University and the Health Sciences University, working with HealthBus and the Lantern Trust, to better understand need as part of the Research and Engagement Network. This will ensure that the research is focused on the needs of the community to shape future provision using a blend of Dentaid and the new commissioned service, with a planned delivery date of quarter 3 in 2027.

How has the emphasis on training, engagement and integration across statutory and voluntary partners increased?

29. The BCP Homelessness Partnership is now a mature local partnership of statutory and voluntary sector partners aligned to a single Charter of shared values.

30. Whilst there are several examples of collaboration around workforce development, co-production and joint working, there remains a strategic intention to build upon these foundations and what works to strengthen the collective ambition to demonstrate that, where homelessness cannot be prevented, it is rare, brief and unrepeated.

31. The extensive programme of stakeholder engagement for the updated Homeless & Rough Sleeping strategy demonstrates a wide range of partners, residents, professionals and people with lived experience increasingly playing a role in this work. Feedback informed the shaping of the Strategy's aims and commitments and helped identify the system changes that matter most to those affected, including the role of health and social care.

To what extent have we been following the document produced by NHSE in November 2022 entitled:

'Supporting people experiencing homelessness and rough sleeping: Emergency Department, pathway, checklist and toolkit'?

32. University Hospitals Dorset has a dedicated Homeless Care Team operating across Bournemouth and Poole. The team works proactively with the Council's Hospital

Housing Team and Homeless Intervention (social work) Team to support patients who are homeless or at risk of homelessness, both during admission and in planning for discharge. They link with wider services to ensure that individuals are not simply discharged back to unsafe or unstable circumstances, but have a more sustainable housing, health, care and support plan in place at discharge.

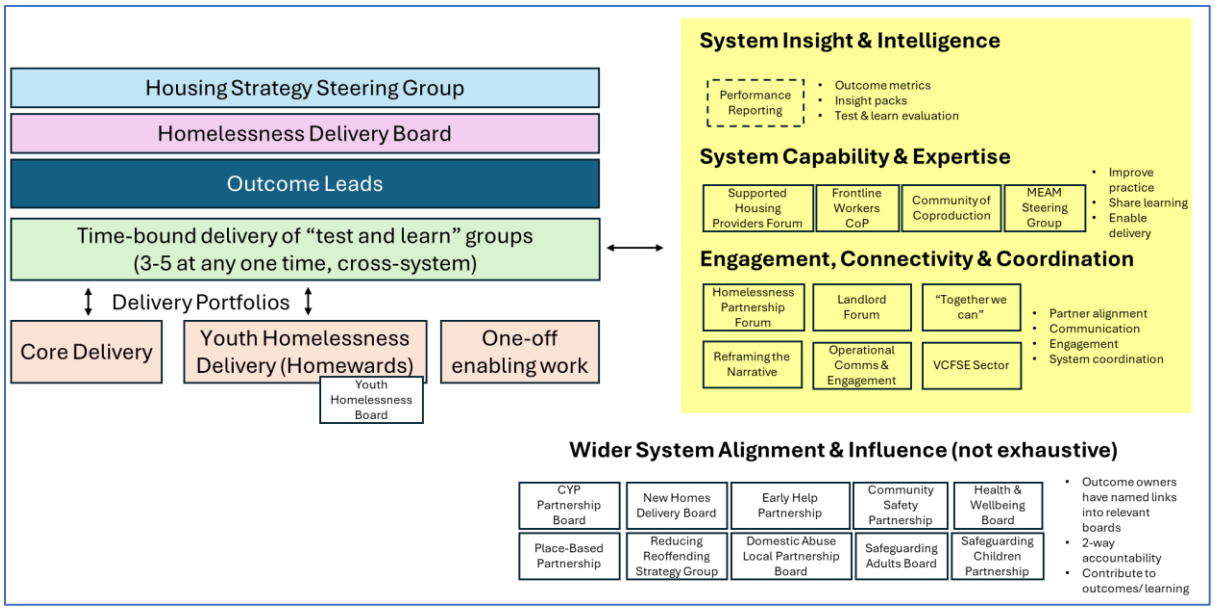
33. Dorset HealthCare provides specialist homeless health support via a Rough Sleepers Health Outreach Service. The service offers outreach-based support, including mental health and physical health support. This helps provide a degree of continuity beyond the acute setting, which is often where people disengage. Specialist community-based outreach support commissioned by the Council supports drug and alcohol, mental health and reablement interventions.

34. There is active work in place to strengthen the hospital discharge processes and protocols from both acute and mental health hospitals. This will ensure improvements are made in earlier identification of housing risk, clearer escalation routes, and more consistent partnership working across the system to eradicate any instances of homelessness crisis at discharge. This aligns with national guidance, which frames hospital admission as a key "window of opportunity" to address homelessness and emphasises the need for coordinated working between health, social care and housing partners to support safe and sustainable discharge.

35. There is strong local evidence of effective practice; however, inconsistency remains across the housing, health and social care system due to wider service pressures and demands.

Is there a single point of contact or homelessness lead within the system?

36. Delivery of the Homelessness and Rough Sleeping Strategy is overseen by an independently chaired Homelessness Delivery Board, reporting to the Strategic Steering Group. Both groups have wide multi-disciplinary sector representation, including statutory and non-statutory partners and the private sector.



What are the mechanisms between the NHS and voluntary sector to ensure seamless and continuing support?

37. Health providers and wider voluntary sector partners are part of the Homelessness MDT. This provides a live forum for dialogue framed around a personalised approach to individuals presenting need, especially those experiencing rough sleeping.

Summary of Financial Implications

38. Homelessness and rough sleeping services are funded through a combination of national grant allocations, programme-specific funding and Council base budget. BCP Council has received an initial three-year settlement which consolidates several previously separate grant streams. Resources to commission a homeless health needs assessment have been identified from Government Grant funding, specifically the Preventing Homelessness, Rough Sleeping and Domestic Abuse Grant.

39. Homeless pressures are not expected to create additional financial pressures within the Medium Term Financial Plan (MTFP). It is assumed that the new three-year settlement and existing base budget will be sufficient to support delivery. Should service demand or funding levels change significantly, the financial impact will be reviewed as part of the Council's budget monitoring and MTFP process.

Summary of Legal Implications

40. Improved responses to homeless health need to be planned within a clear statutory framework across housing, health and social care. This includes the Council's duties under homelessness legislation to prevent and relieve homelessness, publish and deliver a homelessness strategy, and work with public bodies through the duty to refer. It also includes NHS and Integrated Care Board duties to reduce health inequalities, ensure access to healthcare, support safe hospital discharge, and remove avoidable barriers, such as lack of address or documentation, when people seek primary care.

41. The response must also reflect the Council's responsibilities under the Equality Act 2010, Public Sector Equality Duty, Care Act 2014 and safeguarding framework. This means recognising that people experiencing homelessness may have protected characteristics, care and support needs, trauma, mental ill health, substance use, disability or multiple disadvantage, and may face significant barriers to accessing services. Any new model should therefore include lawful information sharing, clear consent arrangements, safeguarding pathways, inclusive access, and coordinated commissioning between housing, public health, NHS, adult social care and voluntary sector partners.

Summary of Equality Implications

42. Homelessness is not experienced equally and is both a cause and consequence of wider inequality. Evidence shows disproportionate impacts for groups including young adults, women experiencing hidden homelessness or domestic abuse, racially minoritised communities, LGBTQ+ residents, people with learning disabilities, people

with mental ill health, people with physical disabilities or long-term conditions, and people affected by trauma, substance use or multiple disadvantage. These inequalities can affect how people access, understand and sustain engagement with housing, health and care services.

43. The proposed health needs assessment will strengthen understanding of these unequal impacts and support more inclusive service design. Equality considerations should remain central to governance, commissioning and delivery, using data, lived experience and partner intelligence to identify barriers, improve communication, strengthen trauma-informed practice and ensure future pathways are responsive to different needs and protected characteristics.

Summary of Public Health Implications

44. Homelessness is a significant public health issue and a major driver of health inequality. People experiencing homelessness, particularly those rough sleeping or vulnerably housed, are more likely to experience poor physical health, mental ill health, trauma, substance use, long-term conditions, disability, infectious disease risks, poor oral health, unmet care needs and premature mortality. Local intelligence indicates higher prevalence of depression, asthma and severe mental illness, greater use of urgent and emergency care, lower vaccination rates and significant differences in life expectancy compared with the wider Dorset resident population.

45. The proposed homeless health needs assessment provides an opportunity to inform future commissioning intentions using a population health approach, combining data, lived experience and partner insight to understand need, gaps, outcomes and inequalities. Strengthening integration between BCP Council, NHS Dorset, public health, primary care, mental health services, hospitals, adult social care, drug and alcohol services, dentistry, and voluntary and community sector partners will support earlier identification of risk, more coordinated pathways, proactive outreach, safer hospital discharge and future commissioning focused on prevention, equity and measurable health improvement.

Summary of Risk Assessment

46. The principal risks relate to the continuation of poor health outcomes for people experiencing homelessness if current service gaps, access barriers and fragmented pathways are not addressed, including avoidable deterioration in physical and mental health, increased use of urgent and emergency care, unsafe hospital discharge, repeat homelessness, rough sleeping, safeguarding concerns and continued health inequalities for people with overlapping housing, health, care and support needs. These risks are mitigated through the existing range of statutory, non-statutory and voluntary sector services across BCP, including homelessness prevention, rough sleeping outreach, hospital discharge work, multidisciplinary support and partnership governance. The proposed homeless health review and health needs assessment will strengthen mitigation by improving the shared evidence base, identifying gaps in provision, supporting more integrated commissioning and enabling better use of data, lived experience and partner intelligence to improve practice and outcomes.

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HEALTH AND ADULT SOCIAL CARE

OVERVIEW & SCRUTINY COMMITTEE

Report subject	**Learning Disability Big Plan 2026–2031**
Meeting date	20th July 2026
Status	Public
Executive summary	This report seeks approval for the publication and delivery of the Learning Disability Big Plan 2026–2031, which sets out the shared priorities for supporting people with a learning disability in Bournemouth, Christchurch and Poole to live fulfilled lives. The Plan has been developed through the Learning Disability Partnership Board, in partnership with people with lived experience, families, carers, providers, voluntary sector organisations, BCP Council and NHS Dorset. It reflects the Council's commitment to co-production, person-centred support and the duties set out in the Care Act 2014. The Big Plan has been shaped through extensive engagement and consultation. Engagement events in 2024 involved over 150 people, followed by formal consultation between February and March 2026, which received 97 responses across online and paper formats. Feedback was broadly supportive of the Plan and its vision, while highlighting the need for clearer communication, more joined-up services, earlier support, greater consistency and a stronger focus on delivery and real-life impact. The final Plan is structured around seven Big Aims: Where I Live; Staying Healthy; Having a Good Life; Right Care and Support; Keeping Safe; Becoming an Adult; and Support for My Family. These aims focus on improving housing choice, health outcomes, community inclusion, personalised care and support, safety, transition into adulthood and support for families and carers. Delivery will be overseen by the Learning Disability Partnership Board, with action groups responsible for progressing the agreed priorities and reporting progress quarterly. Further work is required to confirm the delivery arrangements for Right Care and Support and Having a Good Life, including whether dedicated groups are needed or whether actions can be embedded within existing governance structures. The Committee is asked to approve the Learning Disability Big Plan for publication and delivery, enabling continued co-production with local people, families and partners and supporting a clearer

	framework for improving outcomes for people with a learning disability across BCP.
Recommendations	**RECOMMEND that the Committee request Cabinet approve** the Learning Disability Big Plan for future publication and delivery against the priorities set within.
Reason for recommendations	To co-produce services with people with lived experience and carers, ensuring people with a learning disability in Bournemouth, Christchurch and Poole are supported to live fulfilled lives.
Portfolio Holder(s):	Councillor David Brown – Health and Wellbeing
Corporate Director / Directors	Laura Ambler, Corporate Director for Wellbeing Zena Dighton, Interim Director of Adult Social Care Commissioning
Report Authors	Siobain Hann – Head of Strategic Commissioning Disabilities
Wards	Council-wide
Classification	For Recommendation

1. Background

1.1 BCP Council is committed to working with people with a learning disability and autistic people to ensure their voices inform local priorities and that services support people to live fulfilled lives within their communities.

1.2 Learning Disability Partnership Boards were established following the Government's *Valuing People* White Paper (2001), supporting local authorities to work in partnership with people with learning disabilities, families and carers.

1.3 Following Local Government Reorganisation in 2019, the Bournemouth and Poole Partnership Boards and advocacy groups merged to form the BCP Learning Disability Partnership Board and People First Forum.

1.4 The LDPB is co-chaired by BCP Adult Social Care and People First Forum.

1.5 The LD Big Plan was first developed for 2012–2015 and reviewed in 2018 to run until 2024. The LDPB Board later agreed to extend the strategy to 2025 to allow time to co-produce the next version.

1.6 The previous strategy included an Easy Read principles document and supporting information on data, budgets and performance. This report focuses on the co-produced main strategy for 2026–2031.

2. Co-Production of the Plan

2.1 Co-production is central to Adult Social Care Commissioning and supports the Council's duties under the Care Act 2014 by ensuring that services are shaped by people's lived experience and focused on outcomes that matter to them.

2.2 The Learning Disability Big Plan (2026–2031) has been developed through the Learning Disability Partnership Board (LDPB), bringing together BCP Council, NHS Dorset and a wide range of partners, including people with lived experience, carers, providers and voluntary sector organisations.

2.3 The starting point for the new Plan was engagement in 2024, where people were asked what matters most to them. This feedback, alongside a review of the current Big Plan and learning from other areas, was used to develop the early draft.

2.4 Work has then progressed through a structured programme overseen by the Big Plan Project Group, with regular updates and discussions at LDPB. This supported a co-produced approach and kept a strong focus on lived experience.

2.5 Engagement took place in stages between 2024 and 2026 to inform, test and refine the Plan.

2.6 In 2024, engagement events across Bournemouth, Christchurch and Poole involved over 150 people, including people with learning disabilities, carers, providers and staff. Feedback informed the seven Big Aims and draft actions.

2.7 LDPB meetings were used to review the draft Plan through facilitated discussions with people with lived experience, carers and professionals. Feedback from these sessions was incorporated before public consultation.

2.8 The consultation was designed to be accessible and inclusive, using Easy Read, digital and paper formats. The focus was on proposed actions and new areas of work rather than reopening the overall vision.

2.9 Formal consultation took place from 17 February to 29 March 2026 through online and paper surveys, promoted through community channels, newsletters, posters, social media and local media.

2.10 Consultation feedback was broadly supportive and highlighted the need for clearer communication, more joined-up services, earlier support, consistency and a stronger focus on delivery and practical impact.

2.11 There were 97 consultation responses: 41 online and 56 paper. Respondents included people with learning disabilities, carers, family members, providers and voluntary sector organisations.

2.12 The consultation confirmed support for the vision and aims, while emphasising the need for visible progress and accessible communication about delivery.

Key cross-cutting themes included:

- Need for better joined-up services and earlier support
- Inconsistent experiences across services
- Importance of clear, accessible, non-jargon information
- Desire for real choice and independence, balanced with support needs
- Significant reliance on families and carers to coordinate support, particularly where services are difficult to navigate
- Strong emphasis on co-production continuing beyond strategy development.

3. Strategic Delivery and Governance

3.1 Further work is required to confirm delivery arrangements for Big Aim 3, Having a Good Life, and Big Aim 4, Right Care and Support. Options include establishing dedicated action groups or embedding actions within existing governance arrangements.

4. Summary of legal implications

4.1 The Council holds statutory responsibility for Adult Social Care functions, including the roles of Director of Adult Social Services and Principal Social Worker.

4.2 The Care Act 2014 requires the Council to promote wellbeing, safeguard adults with care and support needs, support choice and control, and ensure effective, sustainable and value-for-money care and support services.

4.3 Continued co-production will support the Council to discharge these duties effectively and strengthen its approach to quality, safeguarding, personalisation and market shaping.

5. Summary of financial implications

5.1 Delivery of the Plan will be managed within the relevant service and team budgets.

6. Summary of human resources implications

6.1 Relevant Human Resources processes will be followed where delivery requires recruitment, workforce changes or additional staffing arrangements.

7. Summary of sustainability impact

7.1 There are no sustainability implications within this report.

8. Summary of health implications

8.1 NHS Dorset is a key partner in delivering health-related actions within the Big Plan, including through joint commissioning and the Health Action Group.

8.2 Regionalisation of ICB arrangements may affect local delivery structures and will require further agreement on how health-related actions are progressed.

8.3 Further discussion will take place through the review of the Mental Health, Learning Disability and Autism Steering Group and the wider governance review.

9. Summary of equality implications

9.1 Equality Impact Assessment was completed on the co-production and future delivery of the strategy.

9.2 It noted that The Big Plan – Learning Disabilities Strategy demonstrates a clear commitment to inclusive engagement, co-production and improving outcomes for people with learning disabilities across Bournemouth, Christchurch and Poole.

9.3 Consultation activity was designed to be accessible and representative, with involvement from people with lived experience, carers, advocates, providers, Adult Social Care and NHS partners.

9.4 The review identified positive equality impacts through its focus on lived experience, accessibility and community-informed priorities. However, gaps remain in demographic data collection and targeted engagement across some protected characteristics.

9.5 Strengthening monitoring, widening reach to under-represented groups and maintaining inclusive communication methods will be important to ensure the updated strategy reflects the diverse needs of local people and supports fair, equitable participation.

10. Summary of risk assessment

10.1 The principal delivery risk relates to capacity across people with lived experience, carers and statutory partners to support additional action groups. The LDPB currently has five of the seven action groups in place.

10.2 Options include establishing a dedicated Right Care and Support action group and embedding Having a Good Life actions within existing governance arrangements.

10.3 Regionalisation of the ICB-chaired Health Action Group may also affect local delivery. This will be addressed through further governance discussions with NHS Dorset and wider partners.

11. Recommendations

11.1 It is recommended that Committee approves the formal publication and delivery of the Learning Disability Big Plan 2026–2031.

Background Papers:

Big Aims High Level Delivery Plan **(Appendix 1)**

Learning Disability Big Plan **(Appendix 2)**

Appendix One

Priority	Outcomes	Delivery
1. Where I Live	Expand supported living and Shared Lives options Increase housing choice and availability Use care technology to support independence Improve access to housing information and pathways	1. Increase the choice of housing options for people with Learning Disability 2. Improve Housing Standards and Accessibility for people with Learning Disability 3. Availability and understanding of Assistive Technology 4. Helping to make it easier for people to search for different types of accommodation.
2. Staying Healthy	Improve quality and uptake of annual health checks Focus on prevention and reducing health inequalities Strengthen mental health support and reduce admissions Increase health staff understanding of learning disabilities Promote healthy lifestyles (diet, exercise, vaccinations)	1. Help make health services for people with learning disabilities better so that fewer people die early 2. Increased advice and guidance on healthy eating. Including how to prepare and cook food. 3. Reduce the number of people with a learning disability going into mental health services through training and providing accessible services. 4. Help and advice on ways to keep fit.

3. Having a Good Life	Increase community inclusion (incl. evenings/weekends) Improve employment and volunteering opportunities Support social connections and reduce isolation Expand day opportunities and flexible provision Improve accessibility and community infrastructure	1. Support and share information for those people with a learning disability who want to set up their own business. 2. Helping people to have better access to the community. 3. Help to find and keep paid employment of volunteering opportunities. 4. More access to the community in the evenings and at weekends. 5. Helping to make new friends and meet new people.
4. Right Care and Support	Embed person-centred approaches (3 Conversations) Increase the number of people who have personal budgets and increase choice/control Improve consistency and continuity of care Strengthen communication and accessible information Develop workforce capability and training Improve system tools and processes (e.g. case recording using magic notes)	1. Ensuring providers have the right training, culture and staffing to provide well-rounded, consistent person-centred care. The new framework should set the standards and monitor performance. 2. Help people to use Individual Service Funds. This means that people can have more choice and control over their care and support, but their care provider looks after the money to pay for this.

		3. Better information and advice, not just on accessing and getting support, but continued management for Direct Payments, but also for personal health budgets, benefits, outcomes planning etc.
5. Keeping Safe	Strengthen safeguarding and safety awareness and reporting Increase Safe Places and community safety initiatives Improve online safety and awareness Enhance visibility of policing and environmental safety Support safe relationships and independence	1. Helping people to have safe relationships including online. 2. Safety awareness and safeguarding training for people with learning disabilities, including for people with dementia. 3. Helping people to keep safe when they are out in the community including safe places, lighting and technology. 4. Building relationships with safety partners such as Police, Anti-Social Behaviour Team, Community Safety Accreditation Scheme (CSAS).
6. Becoming an Adult	Improve transition planning and coordination Provide earlier and clearer information Align with SEND and 0–25 pathways Improve mental health transitions	1. Make sure young people and families can get the right information. This will include money management, lasting power of attorney and deputyship, and understanding benefits.

		2. Make it easier for young people to move from children's to adult mental health services by reviewing and co-producing clear pathways. 3. Make sure that the Big Plan matches with the aims of the plans that Bournemouth, Christchurch and Poole Council have for Special Educational Needs and Disabilities. 4. Do more work on Preparing for Adulthood and how services are organised for people when moving from childhood to adulthood. 5. Improve how children's and adult social care services are organised so they focus more on each person's needs and choices.
7. Support for My Family	Expand carer support (training, advice, emotional support) Increase access to respite and short breaks Improve carer identification and early intervention Increase carer assessments and direct payments	1. Increase the number of direct payments for carers and improve choice of support that is personal to them. We will do this by providing better support and information for Direct Payments, and to help carers understand how to use them.

	Strengthen carer voice in system planning	2. Increase the number of carers assessments. 3. Consider people with a learning disability who may also be carers. 4. Work with GP surgeries for early identification and better support for carers. 5. Work with carers and follow the Ideas of the New Valuing Carers In Dorset Strategic Vision. 6. Provide carers with advice training and support.

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The Learning Disability BigPlan

2026 – 2031

DRAFT

A Plan for adults with learning disability in Bournemouth, Christchurch and Poole

Contact us if you would like help to read or understand this information.

To get help from Adult Social Care fill in our online form:

https://bcpportal.bcpcouncil.gov.uk/start/?product=adultsocialcarecontactus

Telephone: 01202 123654

If you are deaf, have hearing loss or you find it difficult to speak:
Text Phone: 01001 01202 123654

SignVideo

You can find us in SignVideo Directory. We are under BCP Council Adult Social Care.

Content

Content

Content

What is the Learning Disability Big Plan?

The Learning Disability Big Plan is about the work of Bournemouth, Christchurch and Poole Council and NHS Dorset.

It is about how we want to work together on health and social care services for adults with learning disabilities.

In this document the Learning Disability Big Plan will be known as The Big Plan.
It tells you -

The work that BCP Council and NHS Dorset do in Bournemouth, Christchurch and Poole.

This work is listed under 7 Big Aims.

Background information about Bournemouth, Christchurch, Poole and Dorset.

What is the Learning Disability Big Plan?

You can find out more about the Big Plan on the Bournemouth, Christchurch and Poole Learning Disability Partnership Board web pages at:

www.bcpcouncil.gov.uk/adult-social-care-and-health/support-for-adults-with-a-disability/support-for-adults-with-a-learning-disability/bcp-learning-disability-partnership-board-ldpb

Our Vision

This is what we want:

Everyone with a learning disability treated with dignity and respect.

Services making sure that people with a learning disability and their families are at the centre of everything.

People have choices and rights and are responsible for their own lives.

Accessible information for people with a learning disability including easy read and digital access.

People's lives are getting better with services supporting them to reach their hopes and dreams.

The 7 Big Aims

In 2024 we began by asking people with learning disabilities, carers, providers and the Learning Disability Partnership Board what they thought was most important.

We then chose these 7 Big Aims as our main areas of work:

The 7 Big Aims

Each Big Aim is linked to:

The Transforming Care Programme. This is about making care and support better for people with learning disabilities and/or autism.

The Bill of Rights Charter for people with learning disabilities in Bournemouth, Dorset and Poole.

The Quality-of-Life Framework.

Fulfilled Lives – Adult Social Care Transformation Programme.

NHS Frameworks including the 10 Year Plan. This is about the 3 stages from treatment to prevention, hospital to community and analogue to digital.

The 7 Big Aims

Each Big Aim tells you:

What we have been doing
Some of this work is done, but some of this work will carry on.

What we are still working on

What new work we want to do

The 7 Big Aims

In 2024 we reviewed the 7 Big Aims in the Big Plan, and we asked people again what they thought.

The Big Plan has been now updated and includes the things that people told us they thought were most important.

Big Aim: Where I live

What have we been doing?

Relying on fewer residential homes for new placements.

Look at more independent living options for people as a first choice for their accommodation.

Work on housing and care for people. To include people with complex needs, whose behavior may challenge services.

- This means behaviour that might cause harm, damage or might stop people from doing things.

Big Aim: Where I live

What are we still working on?

Continue to work with housing associations and private landlords.

Review of housing related support accommodation.

Increase the Shared Lives services.

- This service matches people to carers who they then live with.

- To also include other services Shared Lives offer.

Big Aim: Where I live

What are we still working on?

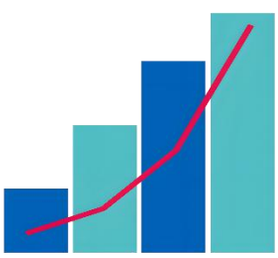
Helping to make it easier for people to search for different types of accommodation.

Big Aim: Where I live

What new work do we want to do?

Increase the use of Care Technology when you are out and about.

Use Care Technology when you are at home.



Increase the choice of where you live. In particular, supported living and shared lives.

Big Aim: Staying healthy

What have we been doing?

Helping people to have health checks and make sure they have health checks every year.

Make sure health checks are of a good quality.

- Check their consistency in GP practices.

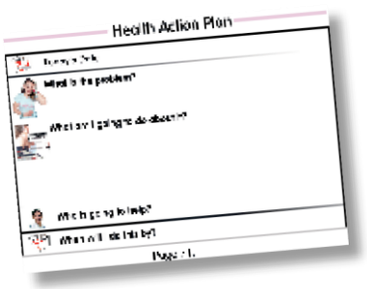
Make sure outcomes are met.

Planning and checking that mental health services work for people with learning disabilities.

Improved information for patients in acute and mental health hospitals with input from learning disability champions.

Big Aim: Staying healthy

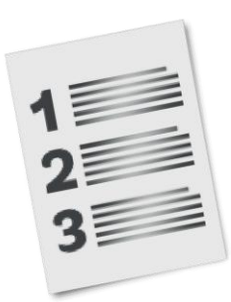
What are we still working on?



Making sure more people have Health Action Plans.

Helping people to have health checks.

Look at using Experts by Experience to check health services. These are people with learning disabilities or carers who have their own experience of health services.



Keep a list of people who are at risk of going into a specialist hospital.

Checking Community Mental Health services meets the needs of those with a Learning Disability and Mental Health condition.

Big Aim: Staying healthy

What new work do we want to do?

Increased advice and guidance on healthy eating. Including how to prepare and cook food.

Help and advice on ways to keep fit.

Making it easier and more comfortable when you go for a vaccination.

Big Aim: Staying healthy

What new work do we want to do?

Help make health services for people with learning disabilities better so that fewer people die early. **This is called prevention.**

- To improve training and understanding for staff who carry out screening for people with learning disabilities:

Reduce the number of people with a learning disability going into mental health services.

Big Aim: Having a good life

What have we been doing?

Supporting people to use Day Opportunities. Including greater flexibility of opening times, choice and options for older people.

Supporting people to do activities in the community that are for everyone.

Helping more people get information about relationships and sexual health.

Holding courses on sexual health.

Big Aim: Having a good life

What are we still working on?

Putting in better toilets and more Changing Places. Changing Places are large, accessible toilets that have extra equipment.

Checking the quality of day opportunities and carrying out the new Day Opportunities plans.

Supporting people into work. Designing and planning for this work.

Helping people to have safe relationships.

Big Aim: Having a good life

What new work do we want to do?

Support and share information for those people with a learning disability who want to set up their own business.

Helping people to have better access to the community.
.

Help to find and keep a job.
Help to find paid work
Help to find voluntary work

Big Aim: Having a good life

What new work do we want to do?

More access to the community in the evenings and at weekends.

Helping to make new friends and meet new people.

Big Aim: The right care and support when I need it

What have we been doing?

Making sure there is better information for people with learning disabilities and their families.

Paying for services to help people speak up.

Using our 3 Conversations Model. We use 3 conversations to help us understand what really matters to people and to help people to live their best lives.

Supporting communication in a way that is right for each person.

Big Aim: The right care and support when I need it

What have we been doing?

We also support people and their families if they have complex needs.

Supporting people with a Learning disability who may have done a crime.

Big Aim: The right care and support when I need it

What are we still working on?

Increasing the number of people who have personal budgets and personal health budgets. This is money to spend on social care or health needs.

Make sure we use person centered planning. This is where we place the person at the centre of all that we do for them.

Support the use of Intensive Interaction. This is a way to help people with complex needs learn to communicate with the people around them.

Big Aim: The right care and support when I need it

What are we still working on?

Planning and checking future housing needs.

Help people to use Individual Service Funds. This means that people can have more choice and control over their care and support, but their care provider looks after the money to pay for this.

Work on care and support and training as part of the Transforming Care Programme. This is about making care and support better for people with learning disabilities and/or autism.

Providing Oliver McGowan Training to all health and social care staff who work with people with learning disabilities and autism.

Big Aim: The right care and support when I need it

What are we still working on?

More information is available in Easy Read.

Training for health and social care staff, including doctors, on Learning Disability communication needs and Easy Read information availability.

Big Aim: The right care and support when I need it

What new work do we want to do?

Continue using our 3 Conversations Model.

We use the 3 Conversations Model to help us understand what really matters to people and to help people to live their best lives.

Work with Adult Social Care social workers to improve a new tool called Magic Notes.

Magic Notes is a system that helps to record conversations and improve case notes.

Big Aim: Keeping safe

What have we been doing?

Working to help keep people safe from abuse.

Working on keeping people safe when travelling on the buses.

Supporting people with a learning disability who are victims or witnesses of crime.

Big Aim: Keeping safe

What are we still working on?

Continue to talk to people about different types of crime to help keep them safe.

Increase the number of Safe Places.

Increase awareness of Safe Places and expand to include all people in the community.

Helping people to stay safe online including the use of mobile phones and other online options.

Big Aim: Keeping safe

What are we still working on?

Helping people to keep safe when they are out in the community.

Work with Community Safety Officers and the Anti-Social Behaviour Team.

Helping people to be aware of abuse and how to report it.

Big Aim: Keeping safe

What new work do we want to do?

Seeing more police officers out and about.

More street lighting as lighter areas make us feel safer.

Safety awareness training, including for people with dementia.

Helping people to have safe relationships.

Big Aim: Becoming an adult

What have we been doing?

Checked how young people move from Children's to Adult Social Care services.

Supported access to advocacy services to help people speak up.

Big Aim: Becoming an adult

What are we still working on?

Making it easier for young people to move from Children's to Adult's services.

Knowing what to expect when moving into Adult Social Services.

Earlier and better handover of information from Children's to Adult's heatth and social care services.

Big Aim: Becoming an adult

What new work do we want to do?

Do more work on how Children's and Adults' social care services are organised for people aged 14-25.

Make sure that the Big Plan Matches with the aims of the plans that Bournemouth, Christchurch and Poole Council have for Special Educational Needs and Disabilities.

Work on making it easier for young people to move from Children's to Adults' mental health services.

Big Aim: Becoming an adult

What new work do we want to do?

Make sure young people and families can get the right information.

This will include money management, lasting power of attorney, deputyship and understanding benefits.

Big Aim: Support for my family

What have we been doing?

Giving short breaks for carers.

Co-produced a new BCP carers plan.

Co-produced a review of carers assessments.

Supported information sharing with family carers.

Big Aim: Support for my family

What have we been doing?

Created a practical skill and learning book for carers.

Paid for a Carer Representation Support worker.

Bridgit - online self-help for carers

bridgit
LEARN, SHARE, CARE

Launched bridgit online support for carers.

Big Aim: Support for my family

What are we still working on?

Making more information available for carers. Including on the BCP Council Carers Support website.

Getting more carers from Bournemouth, Christchurch and Poole to take part in the Learning Disability Partnership Board.

Life Planning.
Provide information for older family carers to help them plan for the future.

Short breaks for carers.

- Complete the short breaks strategy.
- Respite to include overnight respite.

Big Aim: Support for my family

What are we still working on?

Creating easier access to carers Direct Payments and options for short breaks and respite services.

Working on a project with Dorset Healthcare to improve the support carers, receive in a hospital setting.

Big Aim: Support for my family

What new work do we want to do

Work with carers and follow the Ideas of the New Valuing Carers In Dorset Strategic Vision.

Provide carers with advice training and support.

Increase the number of carers assessments.

Consider people with a learning disability who may also be carers.

Big Aim: Support for my family

What new work do we want to do

Work with GP surgeries for early identification and better support for carers.

Increase the number of direct payments offered to carers to give them a greater choice of support.

National background

We use these laws, plans, reviews and standards to help us plan and check our work.

Click in the pictures to find out more about these.

The Equality Act 2010

The Accessible Information Standard 2016

Learning Disabilities Mortality Review (LeDeR) Programme

The Learning Disabilities Mortality Review

The Mental Capacity Act 2005

National background

The Children and Families Act 2014

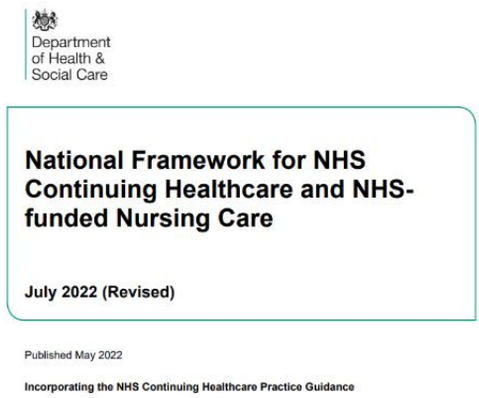
The Care Act 2014

The Children and Families Act 2014

10 Year Health Plan for England

National background

Think Autism



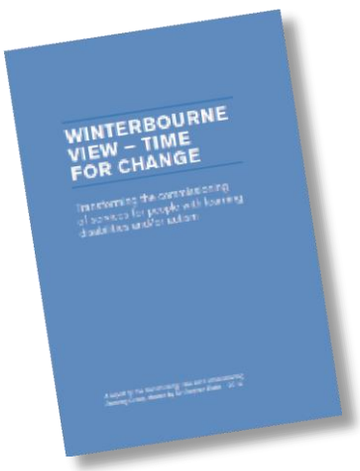
National Framework for NHS Continuing Healthcare and NHS-Funded Nursing Care 2022

National plan, Building the Right Support revised 2022

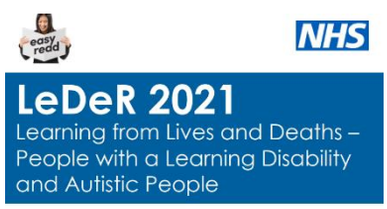
National background

State of Caring Survey

National response to Winterbourne View



Winterbourne View Time for change



Learning from Lives and Deaths LeDeR 2021

Local background

These things have also happened in Dorset to do with health and social care:

Making Dorset the healthiest place to live

Bill of Rights Charter

Together with Carers – A Dorset Vision

A Dorset Vision

Local background

Bournemouth, Christchurch and Poole Council work with other Councils in the south-west of England.

Social care and health services also work together to plan and check services in the south-west of England.

In April 2019 the number of Councils in Dorset changed. There are now 2 councils. This Big Plan is for Bournemouth, Christchurch and Poole Council.

Health services are looked after by NHS Dorset.

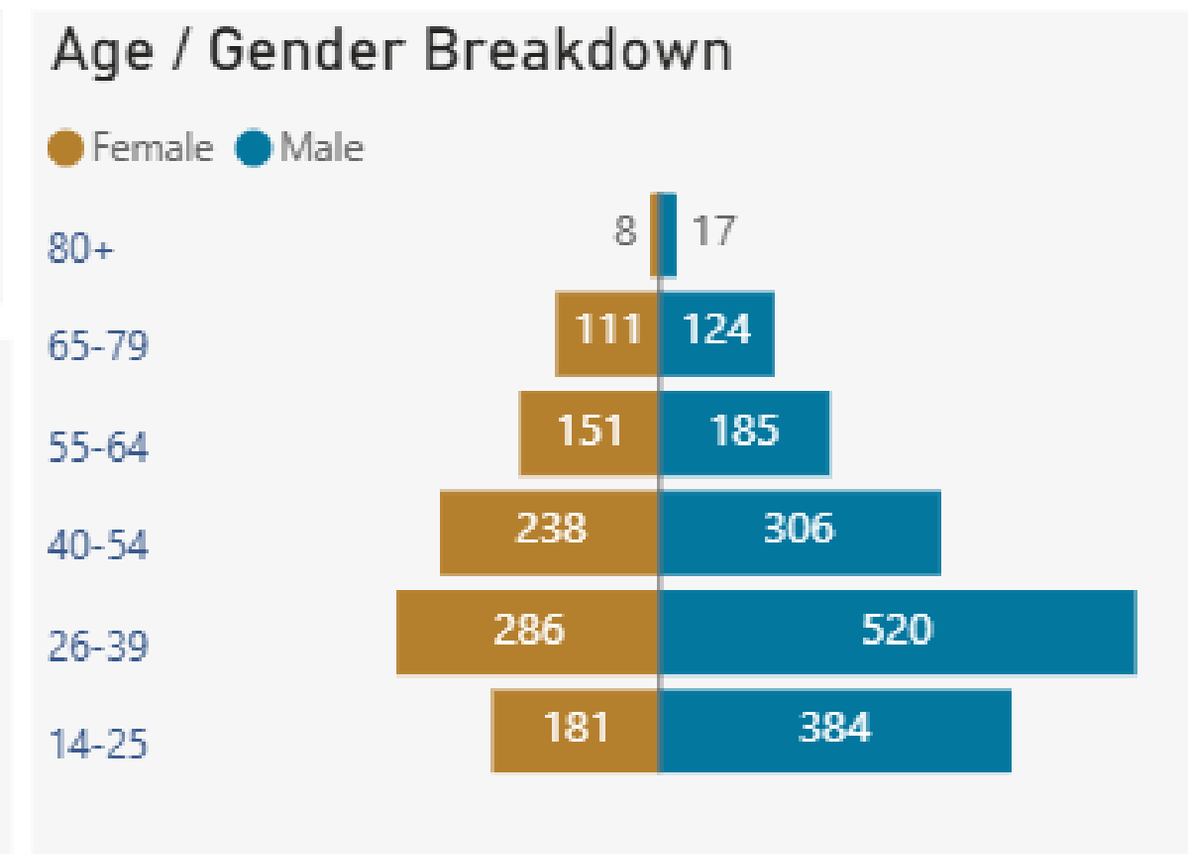
Specialist health services are looked after by NHS England.

Dorset Health Care University Foundation Trust runs local health and mental health services.

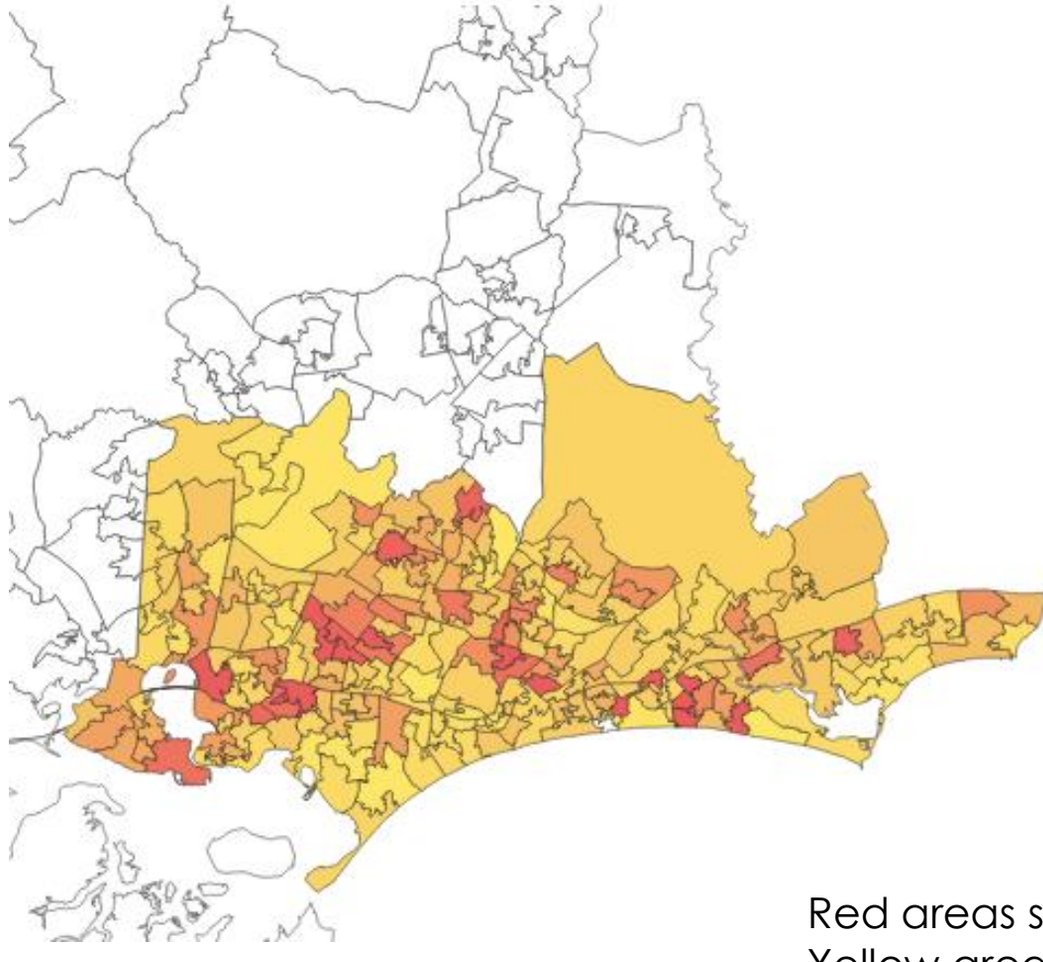
The learning disability population in BCP Council.

As at December 2025 we think there could be about 2511 people with learning disabilities in Bournemouth, Christchurch and Poole.

Below is a graph that shows both the age and gender breakdown.



This map shows the areas where GPs know there are higher numbers of people with learning disabilities in Bournemouth, Christchurch and Poole.



Red areas show high numbers
Yellow areas show low numbers

What do we know about people with learning disabilities in BCP Council?

Over the next 20 years:

- The number of people with a learning disability will go up.

- There will be more older people with learning disabilities.

The above information found at - Projecting Adult Needs and Service Information (PANSI).

Money

In the financial year 2024 to 2025:

BCP Council had £61.6 million (gross) to spend on learning disability social care services.

NHS Dorset had £91.3 million to spend on care for people with learning disabilities and autism.

You can find out more here on the Bournemouth and Poole Learning Disability Partnership Board web pages at: https://www.bcpcouncil.gov.uk/Adult-social-care-and-health/Types-of-support/Help-for-people-with-learning-disability-needs/Bournemouth-Christchurch-and-Poole- Learning-Disability-Partnership-Board-ldpb.aspx

We also expect that more people will want to use services.

This means that the services we buy or run might have to change.

Planning and buying services

Health and social care services across all of Dorset have been working together more closely.

Working together more can help to make sure people get the same service wherever they live in BCP Council. It is also a way to make sure we make the best use of money and staff.

NHS 10 Year Health Plan

The NHS has a 10-year health plan (2025). This builds on the work of the 2019 plan.

There are 3 new, important areas of work

- Hospital to community
- Analogue to digital
- Sickness to prevention

The Big Plan is working with the NHS 10-year health plan (2025).

Checking how we are doing

We will check how we are doing with the Big Plan and the 7 Big Aims by using Action Plans and the Big Plan Work Plan.

The work in the Action Plans and The Big Plan Work Plan have more details to help us make sure the work is done on time and completed correctly.

Regular reports are made to the Learning Disability Partnership Board which reviews this work.

June 2026. Draft Final Version

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**Fulfilled Lives Programme Update**
Meeting date	20 July 2026
Status	Public Report
Executive summary	In July 2024, BCP Cabinet and Full Council agree to support a four-year transformation programme called Fulfilled Lives, approving a total investment of £2.9m spanning the first three years. The programme is made up of four inter-dependent projects: • How We Work • Short-Term Support • Self-Directed Support • Support At Home The programme entered its delivery phase in January 2025 and progress reports were presented to Committee in January, March, July and September. This report provides a further update for the programme overall to reflect the achievements to date, the current challenges, and the next steps to be taken over the following six months.
Recommendations	**It is RECOMMENDED that** Committee notes the current work-in-progress with the Adult Social care Fulfilled Lives Programme
Reason for recommendations	Delivery of the Fulfilled Lives programme will improve outcomes for adults and their families within the BCP Council area through enhanced person-centred practice, and the provision of effective and efficient support solutions. It will ensure that the Council continues to meet its statutory duties, despite ongoing demand pressures and economic uncertainty, leading to recurrent annual savings of c.£3.5m by the end of the programme in 2028

Portfolio Holder(s):	Councillor David Brown – Health and Wellbeing
Corporate Director	Laura Ambler, Corporate Director for Wellbeing
Report Authors	Tim Branson, Interim Director for Adult Social Care (DASS) Harry Ovnik, Programme Manager, IT and Programmes
Wards	Council-wide
Classification	For recommendation

Background

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

Strategic case for change

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

Summary of programme progress

7. The Fulfilled Lives Programme has four inter-dependent projects, as follows:

- **How We Work** – to implement the Three Conversations approach, embedding strengths and relational-based practice to connect and support residents, focusing on prevention. A second key workstream has a focus on making improvements to our First Response function.

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

How We Work

8. The Three Conversations principles have been adopted across all operational teams with responsibility for assessment and care and support planning under the Care Act 2014.
9. The final stage of reconfiguring our First Response function, by reallocating staff from Long-Term Conditions teams to our Adult Social Care Hub, have been fully operational for almost six months, enhancing our prevention and early intervention approach. This ensures that people receive timely information and advice, and connection to community resources that will help them.
10. The ASC Hub's new ways of working have also ensured that more people have the benefit of short-term intermediate care by accessing the Community Reablement Service that is being piloted as part of the Short-Term Support project (see below). The percentage of new requests accessing short-term support has risen from an outturn of 15.3% for 2024/25 to 31.2% for 2025/26.
11. The combined impact of the workstreams within the How We Work project has reduced the number of new requests for support that result in long-term services. Adjusted for contacts relating to Safeguarding and Mental Health Act assessment, the conversion rate has fallen from 8.7% to 7.8%, realising the programme's £961k savings target for 2025/26
12. Our Care Quality Commission (CQC) Local Authority Assurance Report, published 18 June, recognised the improvements to our first contact arrangements.

> *'Skilled practitioners completed more work at first contact, which reduced handoffs and helped people avoid repeating their story. For instance, some people told us the new hub had arranged urgent therapy within a week and had coordinated rapid support with other agencies where risks to people's wellbeing and safety were high. Staff said joint work with occupational therapists early in the assessment reduced delays and enabled proportionate, person-centered problem solving. The pathway from first contact aimed to build a team around people and provided information and advice before transferring to the most suitable team when needed.'*

13. The CQC report also noted how the Three Conversations approach *'supported clearer planning and safer decisions.'*

14. That said, our own practice audits have shown that not all teams are applying the approach consistently, a point also recognised in the CQC's report. Our focus has now switched from implementation to embedding the approach to promote consistency, recognising the large scale cultural and mindset shift that is necessary for the full benefits of the approach to be widely realised.

15. Further enhancements to our first response function are currently focused on how we can fully leverage the potential efficiency benefits from our telephony system to further improve call wait times during busy periods and creating easier ways for other health and care professionals to refer safeguarding concerns or request Mental Health Act assessments.

Self-Directed Support

16. Our partnership with Community Catalysts has now established eleven Community Micro Enterprises (CMEs), and work is continuing to promote these businesses with people who have chosen to receive their personal budget in the form of a direct payment.

17. A further seventeen CMEs are currently progressing through the Community Catalysts accreditation programme.

18. An example of how CMEs support people with more person-centred solutions to their care and support can be found at **Appendix Two**.

19. Following a period of consultation with frontline practitioners and people and carers in receipt of a direct payment, the outputs have been analysed to establish a clear improvement plan, designed to make access and administration easier for recipients understand and to simplify processes that helps practitioners more confidently discuss the benefits of direct payments with people they are supporting. This workstream launched in June and is anticipated to take six-to-twelve months to complete.

20. Work is continuing to encourage framework care providers to begin offering the option of Individual Service Funds to broaden people's personal budget options and opportunities for enhanced person-centred support.

Short-Term Support

21. The Community Reablement Pilot is approaching the three-quarter stage when evaluation will commence to inform the longer-term commissioning intentions. Uptake has improved since the full implementation of the changes at the ASC Hub (see above)

22. Most recent data (June 2026) 137 people have received reablement support, our data shows:

    - 69 people regained full independence
    - 44 people required long term care

- 3 people needed residential care
- 21 people were either admitted to hospital; family support took over or other reasons.

23. Of the 44 people who needed long-term care:
    - Fifteen people (34%) needed fewer hours of support than they did at the start of their reablement
    - Eighteen people (41%) needed the same level of support
    - Eleven people (25%) needed more support
24. Practitioner guidance has been produced to ensure that the most appropriate candidates for reablement are referred for support
25. Ongoing promotion of the pilot will continue, highlighting examples of the positive outcomes achieved for individuals and the wider health and care system. The next phase will focus on completing a full evaluation to inform future commissioning requirements.
26. Tricuro reablement services are tracked separately with an average weekly reduction of 6.1 hours domiciliary care per person (equivalent to a 50% reduction in hours at the end of reablement compared to the start).

Support At Home

27. The Support At Home project is a commissioning-led project to replace expiring legacy council domiciliary care contracts with a new all-age domiciliary care framework that encompasses long-term conditions, mental health, learning disability and autism support.
28. The project is founded on the Care and Support at Home Strategic Plan which has been fully developed and completed its path through the governance process. This plan sets out a clear long-term vision for how home-based care and support will be commissioned, delivered, and monitored across the locality. It provides a structured framework for achieving person-centred, outcome-focused services that support adults to live independently in their own homes for as long as possible.
29. A new combined Care and Support at Home Framework (Lot 1) has been developed and formally approved, marking a significant step forward in standardising and strengthening the commissioning of home care services for adults aged eighteen and above. The framework also includes a waking-night assessment service (Lot 2).
30. Minimum Criteria for Care and Support at Home providers included The requirement to have a local office registered within the BCP conurbation or no further than 10 miles from BCP and providers who submit a tender must be rated as Good or Outstanding by the Care Quality Commission.
31. The project remains on target with the Care and Support At Home procurement tender having closed on 7 April, resulting in a total of 83 bids for Lot One and 34 bids for Lot Two.

32. The evaluation of all bids took place throughout May and June, with the final moderation stage due to complete by the end of June. Contract awards will be made in July with contract mobilisation in October 2026.

33. To ensure that individuals with more complex, high need, or specialist conditions receive tailored and expert provision, specialist and complex care will be commissioned separately through a dedicated Disabilities Framework.

Summary of financial implications

34. The total investment over a 3-year period is £2.9m to achieve recurring savings of approx. £3.5m. Whilst there has been some in-year delays within certain elements of the programme delivery, the £961k savings target for 2025/26 was achieved in full, and we remain confident that the combined impact of all projects will achieve the projected cumulative savings by the time the programme concludes in 2028.

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

Summary of legal implications

36. Statutory roles are required to be held by the Council, including a Director of Adult Social Services (DASS) and a Principal Social Worker (PSW).

37. The Council is required by law to provide and hold direct accountability for the effectiveness, availability and value for money of Adult Social Care services. The statutory functions are set out in legislation, including the Care Act 2014.

38. Para 1.1 of the Care Act 2014 Statutory Guidance states "*The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life*".

39. In particular, the Care Act 2014 imposes a general duty to promote the wellbeing of individuals when carrying out their care and support functions, and to safeguard adults with care and support needs from experiencing or being at risk of abuse or neglect. At the same time, the Act requires that care and support is tailored to a person's individual needs and preferences, and local authorities are encouraged to support individuals in making their own choices and taking risks that are part of everyday life. This approach aims to empower individuals and enhance their independence and quality of life.

40. Local authorities also have statutory responsibilities regarding market shaping to create a responsive and stable care market that can adapt to the needs of the local population. This includes ensuring a diverse, sustainable, and high-quality market for adult care and support services. The Care Act stresses the importance of giving individuals and their carers choice and control over how their needs are met. This includes stimulating a range of care and support services to meet diverse needs.

41. The quality of Adult Social Care services is inspected by the Care Quality Commission (CQC) against a quality assurance framework.

42. The recommendations of the Fulfilled Lives Programme business case will improve the Council's ability to discharge all these duties more effectively.

Summary of human resources implications

43. Human Resources processes will be followed, as required, during recruitment around resources for delivery.

44. Introducing different ways of working could result in minor reorganisation of existing Adult Social Care team structures. Where this is the case, the corporate change process and policies will be applied, including the appropriate level of employee consultation, with support from the assigned HR Business Partner.

Summary of sustainability impact

45. There are no sustainability implications within this report.

Summary of public health implications

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

Summary of equality implications

47. Full EIA documentation will be completed and reviewed (as required) during implementation of transformation plans e.g., policy change or development, service change or development.

48. The Adult Social Care strategic approach to Equality, Diversity and Inclusion supports transformation work with improved data and workforce support.

Summary of risk assessment

49. It has already been acknowledged in earlier reports and the preceding business case that, by doing nothing, the Council is holding significant risk, against a backdrop of continually rising demographic and economic pressures, in its ability to fulfil its statutory responsibilities towards adults and their families within the available budget. These risks are mitigated by the Fulfilled Lives Business Case and Transformation Programme.

50. Programme risks have been identified and mitigations put in place, with robust monitoring, an established formal governance structure and clear escalation processes for each workstream. There is regular reporting to the Corporate Management Board and scrutiny by the Health and Adult Social Care Overview and Scrutiny Committee.

Recommendations

51. It is recommended that Committee:

Notes the current work-in-progress with the Adult Social Care Fulfilled Lives Programme

Background papers

52. Cabinet 17 July 2024 – Adult Social Care Transformation Business Case

53. Cabinet 17 July 2024 – Adult Social Care Transformation Delivery Plan

Appendices

Appendix One

A) Three Conversations Approach – Miss P

(Note: Personal details have been changed to protect confidentiality)

Miss P was in her early fifties, facing multiple health and social challenges, including scoliosis, an eating disorder, mental health and addiction issues.

She had been admitted to hospital with serious spinal conditions and was living in a third-floor flat in a state of disrepair, with no heating, hot water, or lighting. She was also vulnerable to exploitation and cuckooing due to limited mobility and reliance on neighbours for support. After self-discharging herself from hospital, Miss P returned to the unsafe flat where exploitation worsened.

Adopting a Three Conversations approach, Miss P's social worker listened closely to her to understand what she felt was most important for her to move forward in her life (Conversation One). The immediate focus was on getting urgent short-term support in the shape of basic repairs and deep cleaning. She had not recognised the exploitation that was occurring.

The social worker arranged for the urgent repairs and a deep clean was conducted, with a package of care provided to reduce the risk of exploitation. Coordination involved housing, social care, health services, and specialized teams addressing cuckooing. Multi-agency meetings and safeguarding enquiries were also conducted.

As circumstances began to improve, focus could turn to longer-term solutions and Miss P later acknowledged that a move to a more accessible property was necessary. She was eventually rehoused to a ground-floor property with daily care support, medication delivery, and safety measures to prevent exploitation.

This means that she is no longer house bound and can go out whenever she chooses. Her daily care visits and weekly medication deliveries help her to stay safe and well. She has had no further hospital admissions, her alcohol and substance use has reduced significantly, and she is no longer being subjected to exploitation. She is much happier in her new home and said "*You and John* (Housing) *have saved my life. I will never forget what you have done for me. I was dying in there* [old flat]; *thank you for giving me a chance"*

B) Three Conversations Approach – Mrs T

(Note: Personal details have been changed to protect confidentiality)

Mrs T is the main carer for her adult son who has autism. During a telephone feedback interview, she described how the practitioner, using the 3 Conversations approach, completely changed her experience of Adult Social Care and how a Carer's Direct Payment has been reinstated which she can now use in a way that "*will change my life phenomenally*".

"It's always been my practice in any meeting to ask the person to repeat what I've said to make sure they have understood. This time, the practitioner did that automatically which impressed me, that this was her practice, it gives you confidence. I had assurance she was listening"

"Previously I had been in a very deep crisis and didn't feel I was getting the help I needed. I read about the 3 Conversations style and thought I would see how it goes - I thought it was excellent - it allows me to say what I need to say".

"Previously the forms didn't encourage the social worker to recorded what was important to me. At the start I told practitioner there would be some criticisms, and she said "go for it" which I was pleased about. In the past I felt ignored or I was told "I'm sorry you feel that way" which is different, I didn't feel I was being listened to".

"She ensured communications were dyslexic friendly, noted everything that hadn't worked before, and noted we needed to be listened to. Understanding that I retire in a few years' time, she talked me through my options which allowed me to put my thinking in place"

"It has allowed me to feel calm. I was in turmoil before and I felt BCP was going to force me to be a carer until I dropped. I now know I am going to be listened to. I feel I have peace of mind about the future".

"Once I have my direct payment, I will be able to have a respite break and be with my family in Wales"**.**

"The Three Conversation style is really good. The previous style didn't allow us to have a conversation; it was always based on the form. With my dyslexia, the problem was it wasn't noted on the form so no one was addressing this. With 3Cs it means you are now recording this which is important to me".

"I love the 3Cs style – I think it's fantastic, I'm now at the centre not the IT system. I really felt the carers assessment was about me, not the IT system. Before I didn't have the assurance that what I had said was recorded. It is for me to decide what I what to talk about - and that is brilliant".

Appendix Two

Community Micro-Enterprise – feedback from Mrs Y

Mrs Y had been living with her husband, who was also her main carer. After he sadly passed away, a care package was commissioned by the Council to provide Mrs Y with the care and support that her husband used to provide.

About 18 months ago, however, Mrs Y decided that she would prefer the greater freedom that receiving her personal budget in the form of a Direct Payment would provide. The direct payment meant that she could buy support from a Personal Assistant and one of our local Community Micro-Enterprise, Dawns Companion Support.

Mrs Y said the support from her CME had been much better for her in comparison to her previous commissioned care package. She now has consistency in staff and choice every week in what they do for her.

Mrs Y's CME support provides her with five hours a week which can be used flexibly according to what her needs are each week, for instance to go to the hairdressers, help to attend medical appointments, watering the garden and help walking her dog. Fridays are a fixed regular visit as this is the day when her shopping is delivered and Dawns Companion Support will help her unpack this.

Mrs Y says having a Direct Payment so she can arrange and buy her own support with a Personal Assistant and a Community Micro Enterprise has been "terrific" and "life changing". She added, "I could not have stayed in my own home without my PA and Dawns Companion Support"

Details of all currently available CMEs serving the BCP Council area can be found here.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**Work Plan**
Meeting date	20 July 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.
Recommendations	**It is RECOMMENDED that the Committee consider and confirm:** • **the refreshed Work Plan priorities plotted into the draft work plan**
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 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, t**he 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.

Next Steps and In Year Scrutiny Requests

17. Pre-decision topics can be identified and confirmed by HASC O&S on a periodic basis when the Cabinet Forward Plan is refreshed.
18. 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.
19. 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).
20. 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.
21. 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

22. 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

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

Summary of legal implications

24. 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

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

Summary of sustainability impact

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

Summary of public health implications

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

Summary of equality implications

28. 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

29. 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 9 July 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
Meeting Date: 20 July 2026				
	ASC Learning Disability Strategy	Committee Report	Siobain Hann – Head of Strategic Commissioning Disabilities	Added by Officers and Chair agreement in January 2026 prior to consideration at Cabinet
	Health and Social Care for the Homeless KLOE for Health and Social Care for the Homeless.docx	Committee Report	Ben Tomlin, Head of Strategic Housing and Partnerships and Mark Harris, Deputy Director of Modernisation and Place (BCP), NHS Dorset	Agreed at Committee on 1 December 2025
	Fulfilled Lives Programme Update	Committee Report	Tim Branson, Interim Director of Adult Social Care	Recurring item to provide Committee with update
17 August Informal Briefing – Future ICB governance and structures post clustering TBC				

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
Meeting Date: 22 September 2026				
	UHD's response to the CQC report on UHD maternity services 'NEW'	Committee Report	Sarah Herbet, Chief Nurse, UHD	Requested by Committee at meeting of 19 May 2026.
	Neighbourhood health plans including integrated neighbourhood teams	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
	FutureCare end of programme report? TBC			
2 November Informal Briefing – Topic TBC				
Meeting Date: 30 November 2026				
	Safeguarding Adults Board Annual Report	Committee Report		Comes to Committee every Autumn for consideration
	Adult Social Care Complaints and Quality assurance annual report	Committee Report		Comes to Committee every Autumn for consideration
	Initiatives to address identified Health Inequalities	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
	End of Life strategy implementation	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

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
25 January 2027 Informal Briefing – Topic TBC				
Meeting Date: 1 March 2027				
	Fulfilled Lives Programme – themed approach			
Recurring Items (Annual Reports)				
	Safeguarding Adults Board Annual Report To inform members of the work programme review for 2024/25 for members to scrutinise and make any recommendations for future work. Received from ASC	To receive an annual report every Autumn.		Part of statutory reporting cycle to be received in Autumn annually.
	Adult Social Care Complaints and Quality assurance annual report Received from ASC	To receive an annual report every Autumn.		
Working Groups				
	Children's Wellbeing 'NEW'	Joint HASC and Children's O&S working group suggested		See scrutiny request form for full detail

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

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

Results from Committee consultation – 3 responses received

New Work Programme items – top 5 chosen				
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 scrutiny request form for full detail 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 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.
Legacy Work Programme items – top 5 chosen				
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. 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. 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			
Information only items – top 5 chosen				
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. 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. 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. 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 Socia Care. 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. 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			

Other topics not picked within top 5 priorities				
1b	Age-Friendly Communities Progress	Cabinet - Cllr Moore	Essential work addressing the needs of our ageing population has not yet been subject to scrutiny. • 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. Further background info from Cllr Moore: 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.	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	Strategy shared for information at recent committee 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.
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 Suzanne Westwood	To share the review of the service that should be completed May 2026. 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 Medeqip. 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.	

CABINET

Report subject	**Corporate Performance Report - Q4**
Meeting date	24 June 2026
Status	Public Report
Executive summary	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 progress for achieving the vision, priorities and ambitions. This is the performance monitoring report for Quarter Four 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.
Recommendations	**It is RECOMMENDED that Cabinet:** **(a) Consider the Quarter Four 2025/26 performance** **(b) Note that work continues to expand the data available on the interactive performance dashboard** **(c) Note the positive activities highlighted in the report and exceptional performance reports** **(d) Note the performance exception reports relating to areas of underperformance and task the corporate directors to take action to improve performance**
Reason for recommendations	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. An understanding of performance against targets, goals and objectives helps the council to assess and manage service delivery and identify emerging business risks.

Portfolio Holder(s):	Councillor Millie Earl, Leader of the Council
Corporate Director	Aidan Dunn, Chief Executive
Service Director	Isla Reynolds, Director of Marketing, Communications and Policy
Report Authors	Chris Shephard, Head of Policy. Strategy and Partnerships Liz Orme, Policy & Strategy Officer Pippa Quinton, Policy Assistant 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.

6. The dashboard's purpose is to maintain a strategic perspective of overall council performance, and it is reviewed regularly with directors to ensure the best data is provided. Cabinet also has the flexibility to introduce additional measures if necessary for more detailed performance monitoring.

7. The dashboard is developing in phases, with further plans to enhance data availability, links to other dashboards and data sources and provide various lenses to view the data eventually replacing the need for a paginated performance report.

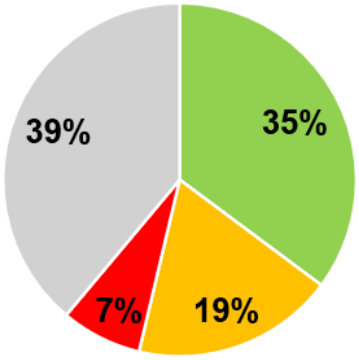
8. The dashboard was reviewed for accessibility and usability and changes to the design and content have been made as a result.

9. Links have been made to a sustainability dashboard demonstrating further information on the council's advancements towards achieving our net zero targets.

Summary of Quarter Four Performance

10. Quarter Four data shows stable and balanced performance (Figure 1). While Quarter Four represents year-end, this has limited significance for the corporate performance measures being tracked, as these are largely reported on a rolling quarterly basis.

Figure 1: Quarter Four Performance Summary



11. The percentage of measures that are on target (green) has decreased slightly from 37% in Quarter Three to 35% in Quarter Four. Fewer measures are being monitored (amber), in Quarter Four than Quarter Three, reducing from 26% to 19%. The percentage of measures requiring action (red) has increased slightly from 4% in Quarter Three to 7% in Quarter Four – although in practice this relates to just four measures. Notably, the percentage of pending measures (grey) has increased from 33% in Quarter Three to 39% in Quarter Four. These are measures where there is no data to report in this quarter. Reasons for this include annual figures that have a different annual reporting date, or report termly.

12. **Appendix 1** contains more detail for each measure including the latest performance compared to the target and the baseline, and an updated commentary. 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 Four, there are fewer measures showing a positive direction of travel compared to Quarter Three with 17 measures showing a positive direction of travel (compared to 22), a slight increase in measures showing a negative direction in Quarter Four (13 compared to 9), and 3 measures have stayed the same compared to 5 in Quarter Three.
13. **Appendix 2** contains more detail about performance measures that are making significant and ongoing progress, including the delivery of the Local Electric Vehicle Infrastructure (LEVI) programme and strong growth of electric vehicle charging points and charging hubs. The timely determination of both major and non-major planning applications is also reported in Appendix 2, following the sustained improvements tracked in Quarter Three, where both are either at or exceeding target. It is also important to note good and sustained performance in a varied range of measures across each of the corporate priority areas, including a positive decrease in the number of people rough sleeping, and strong system progress with effective partnership working to support independence and recovery-focused pathways for people with learning disabilities and mental health disabilities. The metric for monitoring the timeliness of children's need assessments also continues to perform strongly in Q4, demonstrating the longevity of good performance in this area.
14. **Appendix 3** contains exception reports that provide additional detail about the four measures that are doing less well in Quarter Four and the action being taken to improve this. This includes reports on enforcement outcomes of street based anti-social behaviour, sustainable passenger trips, community asset transfers and the delivery of new affordable and social rented housing. Each report in the appendix details current performance and proposed actions to make improved progress towards targets.
15. 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

16. 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

17. There are four measures that require action in Quarter Four. 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

18. 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

19. 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

20. 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

21. 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

22. There are four measures from Quarter Four that require action, and 11 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 Four - Corporate Performance Report – Overview of Q4 Performance

Appendix 2: Quarter Four – Positive Exception Reports

Appendix 3: Quarter Four – Performance Exception Reports

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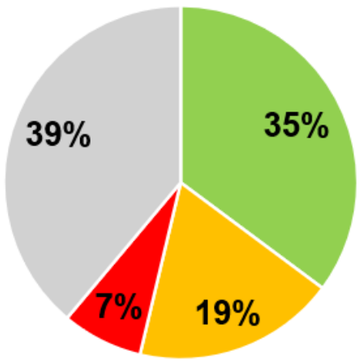
Quarter 4 2025-26 - Overview of performance

This report provides an update of quarter four 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.

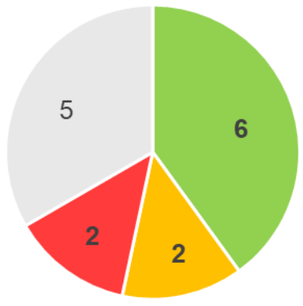


Q4 Overall

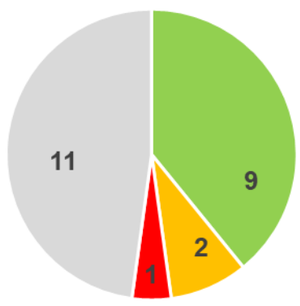
- 19 Measures are on target (green)
- 10 measures require monitoring (amber)
- 4 measures require action (red)
- 21 measures are pending a RAG rating (grey) mostly due to these being annual or bi-annual measures

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

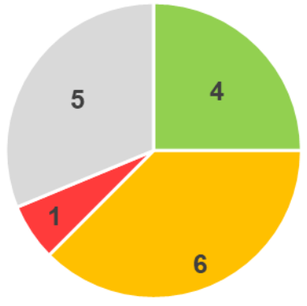
Our Place and Environment



Our People and Communities



Our Approach



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

RAG rating: Action Required Monitor On Target Pending

Explanation of performance tables

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

  Whether the Q4 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. Four of these are measured **annually** and are shaded grey unless being reported in Q4, and eleven are measured **quarterly**.

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
People and places are connected by sustainable and modern infrastructure								
PE1A.1	Increase the total number of sustainable passenger trips in the BCP area per year	Quarterly	High	24.58M (December 2025)	27.71M (March 2026)	24.52M (March 2026)	⇩	This indicator, measured using the number of bus passenger trips, has slightly underachieved based on the set target. Challenges and risks to this indicator are to an extent dependent on external factors including the economy and even the weather. The cost of living remains an issue both in terms of influencing travel demand for discretionary spending - leisure and entertainment as well the actual cost of bus fares. The very wet winter evident in this 4th quarter period will not have helped generate additional bus journeys. Looking forward to 2026/7 the main Bournemouth station to town centre bus priority scheme - funded through the Bus Service Improvement Plan (BSIP) will be delivered. The priority provided to buses on this high frequency bus corridor and the enhanced passenger facilities - such as shelters and information provision when complete are intended to attract more bus passengers. There may be a slight dip in numbers during the actual construction period but this is uncertain.
PE1A.2	Increase the number of publicly available Electric Vehicle (EV) charge points	Quarterly	High	290 (December 2025)	340 (March 2026)	395 (March 2026)	⇧	The latest Office for Zero Emission Vehicles (OZEV) figures show that overall, the BCP Council area has delivered a significant increase in the number of publicly available chargers, moving rapidly up from 220 chargers available to the public in January 2025 up to 395 available in January 2026. We are now into delivery phase of the Local Electric Vehicle Infrastructure (LEVI) scheme which will benefit all areas of Bournemouth, Christchurch & Poole without their own off-street parking. We are currently working with Connected Kerb (the Charge Point Operator or CPO) and Scottish and Southern Electricity Networks (SSEN) the Distribution Network Operator (DNO) to go through the potential year one Electric Vehicle Charging Infrastructure (EVCI) data to then go into the Traffic Regulation Order (TRO) process and start delivering over 1,100 more charging sockets across the next three to five years.
Our communities have pride in our streets, neighbourhoods and public spaces								
PE2B.1	Increase the number of Fixed Penalty Notices (FPNs) served for fly tipping and littering offences	Quarterly	High	1,357 (December 2025)	844 (March 2026)	1,087 (March 2026)	⇩	1,087 fixed penalty notices issued, including: 2 Public Spaces Protection Order (PSPO) offences 1 flytipping offence 49 waste duty of care offences (safe management of waste) 1,035 litter offences

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

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
PE2D.1	Reduce levels of police recorded antisocial behaviour (ASB)	Quarterly	Low	1,581 (December 2025)	1,775.5 (March 2026)	1,711 (March 2026)	⇩	From January 2026 there is a new multi-agency ASB pillar group that is monitoring these crimes, and it has already created some actions around youth related ASB in Christchurch which has seen a rise over the last 6 months. It is good to note that drug related ASB has seen a decrease in recent months. Q4 figures are ahead of targets that were set at the beginning of the year, and although not performing as strongly as the previous quarter (1,581) this reflects seasonal trends and weather changes.
PE2D.2	Increase enforcement outcomes relating to street-based antisocial behaviour (ASB)	Quarterly	High	1,181 (December 2025)	1,926 (March 2026) (Year-end target 7,704)	946 (March 2026) (Year-end total 4,671)	⇩	Street based enforcement stats Q4: Number of CSAS incidents attended: 560 Number of alcohol seizures: 2 Number of dispersals: 297 Early intervention notices: 1 Support referrals: 26 Number of closures: 3 Number of Anti-Social Behaviour Injunction: 5 Number of Community Protection Warning: 23 Number of Community Protection Notice: 3 Vulnerable Victim Assessments: 23 Case Reviews: 3 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.
PE2A.1	Increase the percentage of residents who are satisfied with their local area as a place to live	Annual	High	75% (March 2025)	-	-		This measure is not reported at Q4 and 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	Annual	High	48% (March 2026)	-	-		This measure is not reported at Q4 and has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, and new data will be available when the next survey takes place.
Our inclusive, vibrant and sustainable economy supports our communities to thrive								
PE3A.1	Increase the number of businesses in the BCP area	Annual	High	15,600 (December 2025)	-	-		This is an annual measure not reported at Q4 so it has been marked as 'pending' until new data is available, anticipated December 2026.
PE3B.1	Increase non-financial support given to BCP-based businesses	Quarterly	High	440 (December 2025)	475 (March 2026)	557 (March 2026)	⇧	In Q4, 114 individual businesses have been supported, and the annual target has been exceeded, with a total of 557 individual businesses being supported this year. This quarter, the focus has been on supporting priority sector events including a FinTech workshop supporting businesses to connect with education providers, and delivering AI courses for businesses.

RAG rating: Action Required Monitor On Target Pending

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
PE3C.1	Increase in the creation of new business enterprises	Quarterly	High	15 (December 2025)	30 (March 2026)	33 (March 2026)	⇧	In Q4, 33 new businesses were created via the delivery of the final Ignite student and graduate and public-facing courses. This demonstrates the success of the Ignite programme in issuing start-up grants for new businesses, with 48 created in total over the year, which has enabled the annual target to be exceeded.
Revitalised high streets and regenerated key sites create new opportunities								
PE4A.1	Increase footfall across our three town centres	Quarterly	High	21.85M (December 2025)	-	-		Awaiting footfall data when system access and new contract is restored, updated figures to be supplied when available.
PE4B.1	Increase the percentage of all major planning applications determined on time	Quarterly	High	79% (December 2025)	80% (March 2026)	100% (March 2026)	⇧	Performance has improved in Q4 with 100% of major applications having been determined in time or within an agreed extension of time. This reflects the benefit of clearing a number of the older applications in the previous quarters which has allowed the team to focus on current workload.
PE4B.2	Increase the percentage of all non-major planning applications determined on time	Quarterly	High	88% (December 2025)	92% (March 2026)	92% (March 2026)	⇧	Performance is on target with the team determining a high number of non-major applications in Q4 (544 in total). Performance is steadily improving which is a reflection of the team gaining more experience and a settled period in terms of staff retention and recruitment.
Climate change is tackled through sustainable policies and practice								
PE5E.1	Increase the percentage of waste diverted from landfill	Quarterly	High	88.11% (December 2025)	90% (March 2026)	88.30% (March 2026)	⇧	Performance over the year has continued to be influenced by operational decisions taken by our main waste disposal contractor, including the occasional diversion of residual waste to landfill rather than to Energy from Waste (EfW) facilities. In addition, there were periods when scheduled maintenance at EfW facilities temporarily reduced available capacity, which affected our ability to achieve target diversion rates in certain quarters. These short-term operational constraints had an impact on the overall annual diversion rate. While these decisions remain at the contractor's discretion until the current contract ends in 2027, the Council continues to work closely with them to maximise diversion opportunities wherever possible and to support improved performance, while keeping progress under close review.
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 figure is reported annually. The figure for year 25/26 is currently marked as 'pending' until new data is available and has been analysed, anticipated at Q2 26/27.
Our green spaces flourish and support the wellbeing of both people and nature								
Measures under discussion with Green Space and Conservation team.								

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

Our People and Communities

There are twenty-three measures that sit under the seven ambitions of 'Our People and Communities' priority. Eight are measured **annually,** twelve are measured **quarterly,** two are **termly** and one is collected **every two years**. Annual/biannual measures are shaded grey unless being reported in Q4.

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
High quality of life for all, where people can be active, healthy and independent								
PC1A.2	Increase the percentage of people with a learning disability living independently in settled accommodation	Quarterly	High	83.3% (December 2025)	80% (March 2026)	82.9% (March 2026)	⇔	Overall performance for 2025/26 shows strong improvement, with 82.9% of people with a learning disability (LD) living independently, exceeding the annual target of 80% and improving from 79.2% in 2024/25. This reflects sustained focus on settled accommodation pathways and effective partnership working. Key challenges continue to include limited availability of appropriate housing and pressure within supported living services. These risks have been mitigated through delivery of the Specialist Strategic Housing Strategy, including proactive system leadership to prioritise move-on and optimise use of existing provision. Looking ahead, 26 new flats (13 LD and 13 Mental Health (MH)/Autism) will be introduced in 2026/27, supported by assured shorthold tenancies and a nominations panel. This will further strengthen independent living outcomes while freeing capacity within short-term supported living services. New framework for LD and MH will go out in April 2026 with planned go live in November 2026 which will allow the increase in activity of procuring additional capacity of supported living and housing related support.
PC1A.3	Increase the percentage of people with a mental health issue living independently in settled accommodation	Quarterly	High	69.3% (December 2025)	70% (March 2026)	75.9% (March 2026)	⇧	Performance in 2025/26 has significantly improved, with 75.9% of people with a mental health (MH) disability living independently, exceeding the 70% target and representing a marked increase from 54.9% in 2024/25. This demonstrates strong system progress in supporting independence and recovery-focused pathways. Challenges remain around housing availability and the complexity of needs for some individuals, particularly following hospital discharge. These have been actively managed through integrated working with housing, community mental health services and commissioners to prioritise appropriate move-on options. The introduction of new mental health accommodation in 2026/27, alongside strengthened pathway oversight, will further support sustained improvement, and help manage demand pressures across the system. New framework for

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

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
								Learning Disabilities (LD) and Mental Health (MH) will go out in April 2026 with planned go live in November 2026 which will allow the increase in activity of procuring additional capacity of supported living and housing related support.
PC1B.1	Increase the number of registrations from people in the most deprived areas accessing health and wellbeing support (LiveWell Dorset)	Quarterly	High	206 (December 2025)	267 (March 2026)	382 (March 2026)	⇧	Registration numbers are above that of the same quarter of the previous year; the service continues to reach clients living in our most deprived neighbourhoods. The proportion reached - 28% is higher than last year's quarter and is above our 25% target of registrations from clients living in our most deprived neighbourhoods.
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 measure is not reported at Q4, so has been marked as 'pending' until new data is available, anticipated Q3 26/27.
PC1A.1	Increase the percentage of residents who have a good satisfaction with life	Annual	High	70% (March 2025)	-	-		This measure is not reported at Q4 and has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, and new data will be available when the next survey takes place.
PC1C.1	Increase the percentage of physically active adults	Annual	High	71.50% (June 2025)	-	-		This measure is not reported at Q4 and has been marked as 'pending' until new data is available. New data will be available to report at Q1 26/27.
PC1C.2	Increase the percentage of physically active children and young people	Annual	High	61% (March 2025)	-	-		This measure is not reported at Q4 and has been marked as 'pending' until new data is available. New data will be available to report at Q1 26/27.
PC1A.5	Increase the percentage of carers who are satisfied with the care and support they receive	Biannual	High	36% (March 2024)	-	-		This measure is not reported at Q4, so has been marked as 'pending' until new data is available, anticipated Q2 26/27.
Working together, everyone feels safe and secure								
PC2A.1	Reduce levels of police recorded serious violent crime	Quarterly	Low	339 (December 2025)	313 (March 2026) (Year-end target 1,252)	361 (March 2026) (Year-end total 1,396)	⇩	The serious violence data has included since April 2025 a new definition for business robbery, which is included in the crime types monitored. This has seen a significant rise in the recorded serious violence figures as it now includes certain types of cases that were recorded as theft (shoplifting) before. Since January 2026 there is a new Serious Violence Pillar group - multi-agency that is monitoring these figures and carrying out actions where relevant.
PC2B.1	Increase the percentage of residents who feel safe in their local area during the day	Annual	High	87% (March 2025)	-	-		This measure is not reported at Q4 and has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, and new data will be available when the next survey takes place.

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

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
PC2B.2	Increase the percentage of residents who feel safe in their local area after dark	Annual	High	54% (March 2025)	-	-		This measure is not reported at Q4 and has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, and new data will be available when the next survey takes place.
Those who need support receive it when and where they need it								
PC3C.1	Increase the number of individuals entering drug treatment	Quarterly	High	3,175 (September 2025)	3,165 (December 2025)	3,277 (December 2025)	⇧	Due to the government time lag in finalising publicly available figures, quarterly reporting for this measure will be one quarter behind. The figures in this table are finalised data for Q3. Since verification, we can now report that the actual Q3 figure is 3,277 adults in treatment. Q4 figures will be reported in full at Q1 26/27 and will be updated as soon as available on the live Corporate Performance dashboard. Q4 Target – 3,185 Intervention - 2,389 Actual - TBC Q4 actual figures will not be available until mid-June (the verified data via central government is about 8 – 12 weeks after the end of the quarter). Drugs activity can only report verified data which is in the public domain.
PC3A.1	Increase the percentage of Education Health Care Plans issued within 20 weeks	Quarterly	High	52.6% (December 2025)	46% (March 2026)	50.60% (March 2026)	⇩	Although timeliness for issuing Education, Health and Care Plans remains above national averages, performance is showing signs of sustained pressure across the SEND system due to rising demand and caseload growth. In particular, Educational Psychology (EP) capacity is insufficient to consistently deliver the statutory timeliness required, with EP staffing levels not currently aligned to the volume and complexity of demand. The service is prioritising capacity and process improvements to protect the most vulnerable children and maintain a consistent focus on timely decision-making. Continued system-wide work will support sustainable improvement while managing rising levels of need.
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 (September 2025)	-	-		This measure has been marked as 'pending' until new data is available. Next provisional published update for the 2025/26 academic year will be available in Q3 2026/27.
PC3D.1	Ensure that the timeliness of assessments to determine the child's needs is conducive with offering the right service at the right time to children, young people and their families	Quarterly	High	95% (December 2025)	85% (March 2026)	97% (March 2026)	⇧	Overall performance in Q4 was strong and above national average (83%) and demonstrates sustained improvement under increased demand. This demonstrates an embedded culture with a high level of timeliness and consistency. Where delays did occur, the majority were limited, with only a small number extending beyond 45 days. We continue to track and be curious with our data to ensure the best outcomes for children, young people and families. Timely assessments means that needs are

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

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
								identified quickly enabling services to be delivered at the earliest opportunity.
Good quality homes are accessible, sustainable and affordable for all								
PC4B.1	Reduce the number of homeless households in bed and breakfast	Quarterly	Low	66 (December 2025)	40 (March 2026)	56 (March 2026)	⇧	The past quarter has seen a reduction in single people in B&B which has driven down the overall total. Families in B&B remain at functional zero, moving into and out of B&B rapidly on to alternative housing. The service has used additional government grant to bolster support officer capacity targeted at moving households on from temporary accommodation. The overall number of households in the quarter fell slightly with those accessing homelessness preventative services continuing to increase.
PC4A.1	Reduce the number of people rough sleeping	Quarterly	Low	53 (December 2025)	50 (March 2026)	40 (March 2026)	⇧	Further reduction in rough sleeping was seen this quarter, demonstrating targeted action to assist those rough sleeping long term is making positive impacts upon overall numbers. The multi-agency team approach continues to demonstrate positive outcomes in housing, health and wellbeing for those assisted. The service received recognition this quarter at the National Conference on Rough Sleeping, spotlight BCPs approach to involving people with lived experiences in service review and design.
PC4C.1	Increase the number of both completed new affordable and social rented homes	Quarterly	High	9 (December 2025)	100 (March 2026)	36 (March 2026)	⇧	As a council we directly deliver affordable homes. 27 new Council owned homes (for social rent) completed on 20th March. Overall, 36 homes completed in 2025-2026 financial year. Next delivery expected: 110 homes at Hillbourne, Poole (July - Sept 2026). In addition to our own direct delivery, affordable housing will continue to be delivered by the development industry and registered providers of affordable housing. Corporately we continue to work collaboratively to ensure we have the right conditions to enable this delivery. Registered Providers have delivered 389 units up to March 2026 giving an overall delivery figure of affordable Homes across Bournemouth, Christchurch and Poole as 848.
Local communities shape the services that matter to them								
PC5A.1	Increase the percentage of residents who feel they can influence decisions affecting their local area	Annual	High	30% (March 2025)	-	-		This measure is not reported at Q4 and has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, and new data will be available when the next survey takes place.
Employment is available for everyone and helps create value in our communities								
PC6A.2	Increase the uptake of supported employment for those with learning disabilities	Quarterly	High	4.8%	4.5%	4.5%	⇩	In 2025/26, supported employment uptake for people with learning disabilities reached 4.5%, meeting the annual target and improving from 4.0% in 2024/25. This reflects

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

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
				(December 2025)	(March 2026)	(March 2026)		continued commitment to employment as a key outcome for independence and wellbeing. Performance challenges persist in relation to the capacity and effectiveness of commissioned supported employment provision. These risks have been addressed through targeted performance management, including focused improvement work with Community Outreach and Support Team (COAST) within Tricuro and development of a refreshed project plan to strengthen outcomes. Over the next period, the service will continue to work closely with providers to improve job outcomes and sustainability, alongside broader system work to embed employment as a core expectation within care and support planning. Learning Disabilities & Mental Health Supported Employment review of all commissioned packages and model of delivery to be undertaken in 26/27.
PC6A.3	Increase the uptake of supported employment for those with mental health issues	Quarterly	High	2.6% (December 2025)	2.6% (March 2026)	2.6% (March 2026)	⇔	Supported employment uptake for people with mental health disabilities improved to 2.6% in 2025/26, achieving the annual target and increasing from 1.3% in 2024/25. This represents a positive upward trajectory following sustained underperformance in previous years. Challenges include workforce capacity within supported employment services and the impact of wider labour-market conditions. These have been mitigated through closer contract oversight and targeted action planning to focus on outcomes rather than activity. Going forward, continued collaboration with providers and health partners will support further growth in employment opportunities, alongside strengthened alignment with recovery-focused mental health pathways. Learning Disabilities & Mental Health Supported Employment review of all commissioned packages and model of delivery to be undertaken in 26/27.
Skills are continually developed, and people can access lifelong learning								
PC7B.1	Reduce the number of primary school aged children excluded from school	Termly	Low	0.019% (December 2025)	-	-		This measure is not reported at Q4 and has been marked as 'pending'. Data for spring term will be available in Q2 26/27.
PC7B.2	Reduce the number of secondary school aged children excluded from school	Termly	Low	0.117% (December 2025)	-	-		This measure is not reported at Q4 and has been marked as 'pending'. Data for spring term will be available in Q2 26/27.

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 Q4 and ten are measured **quarterly**.

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
Working closely with partners, removing barriers and empowering others								
A1A.1	Increase the number of assets transferred to communities	Annual	High	1 (March 2025)	6 (March 2026)	0 (March 2026)	⇩	Hengistbury Head Outdoor Education Centre completed in February 2025. Several Community Asset Transfers are progressing, and updated figures will follow in 26/27.
Providing accessible and inclusive services, showing care in our approach								
A2B.1	Raise the proportion of interactions that come from online platforms	Quarterly	High	83% (December 2025)	85% (March 2026)	82% (March 2026)	⇩	Interaction with the council via online platforms remained stable over the quarter.
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 measure is not reported at Q4, so has been marked as 'pending' until new data is available, anticipated Q3 26/27.
A2A.2	Increase levels of trust in the council	Annual	High	48% (March 2025)	-	-		This measure is not reported at Q4 and has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, and new data will be available when the next survey takes place.
Using data, insights and feedback to shape services and solutions								
A3B.1	Increase satisfaction with the way the council runs things	Annual	High	41% (December 2023)	-	-		This measure is not reported at Q4 and has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, and new data will be available when the next survey takes place.
A3A.1	Reduce percentage of upheld Ombudsman complaints per 100,000 of the population	Quarterly	Low	0.25% (December 2025)	0.25% (March 2026)	0.25% (March 2026)	⇔	During the last quarter the Ombudsman made 31 decisions relating to BCP Council complaints. Of these, 29 were not upheld, 1 was partially upheld, and 1 case was fully upheld. This equals a very similar number that were upheld in the previous quarter (3) meaning performance has been similar to the last quarter and remained within target of 0.25 (previous quarter was 0.25). Although the number of Ombudsman enquiries have risen, complaints upheld has remained consistent, the Service remains within target.
Intervening as early as possible to improve outcomes								
A4A.1	Decrease the percentage of Children and Young People returning to Early Help (targeted support) within 12 months	Quarterly	Low	13% (December 2025)	15% (March 2026)	7% (March 2026)	⇧	Of 27 Children and Young People (CYP) across 17 families re-referred, only 1 CYP received a full targeted support service. The other CYPs accessed other parts of the wider Early Help services. The figure is positive, the number has reduced and is lower than it was in the same data window last year. It is important to note that in this, when a request for support and intervention steps up into a statutory level 4 response, should it return to the Targeted Intervention Service (level 3) within the 6 month data window, it is counted as a "repeat

RAG rating: Action Required Monitor On Target Pending

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
								referral" which doesn't accurately describe the movement across services or thresholds. These step ups/downs impact on data, as do children who receive a level 1 or 2 Early Help response (not Targeted Intervention Service). For families receiving early help support that is not provided by the Targeted Intervention Services, their outcomes impact on data e.g. if Early help services are provided, but within 6 months they return, this will show in the data however is not directly influenced or attributed to Targeted Intervention. We would wish children and families to access early help support within their communities - it is a universal offer for all. However, for the purposes of re-referrals, it is the Targeted Intervention team and any re-referrals of children that helps us understand the effectiveness of our work and this remains positive; the number has reduced and is lower than it was in the same data window last year.
Developing a passionate, proud, valued and diverse workforce								
A5B.2	Increase the percentage of equality monitoring data collected from staff	Quarterly	High	70.62% (December 2025)	75% (March 2026)	70.38% (March 2026)	⇩	No recent increase in overall completion rates. People and Culture Data Team have been reporting non-completion rates to services quarterly and chasing for completion. Not yet reaching the recently increased target of 75% completion Overall completion rate: 70.38% Disability completion rate: 78.46% of colleagues have provided this data Ethnicity completion rate: 78.34% of colleagues have provided this data Marriage/Civil Partnership completion rate: 59.32% of colleagues have provided this data Gender Identity completion rate: 60.22% of colleagues have provided this data Religion completion rate: 72.86% of colleagues have provided this data Sexual Orientation completion rate: 73.06% of colleagues have provided this data
A5C.1	Increase the number of successful candidates from underrepresented groups for council jobs	Quarterly	High	8.57% (December 2025)	6% (March 2026)	7.19% (March 2026)	⇩	Out of the (3,985) applicants who responded this quarter, 12.85% declared a disability (512 applicants). Out of those applicants successful in the recruitment process, the % of candidates declaring a disability is 7.19% (11 applicants). The differential between overall applicants and successful candidates has reduced slightly in this quarter. 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. Q4 – 11 / 7.19% Q3 – 6 / 8.57%

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
								Q2 – 16 / 14.95% Q1 – 26 / 5.41%
A5B.1	Increase levels of employee engagement	Annual	High	63% (September 2025)	-	-		This is an annual measure not reported at Q4 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.
Creating an environment for innovation, learning and leadership								
A6B.1	Increase the number of current council employees supported to undertake apprenticeships	Quarterly	High	135 (December 2025)	136 (March 2026)	123 (March 2026)	⇩	During this period, a significant number of apprentices successfully completed their programme, while a smaller number of apprentices started. As a result, the overall number of apprentices decreased slightly, as fewer apprentices were enrolled than those who completed.
A6B.2	Increase the number of newly recruited colleagues into apprenticeship posts	Quarterly	High	41 (December 2025)	40 (March 2026)	35 (March 2026)	⇩	Over the last quarter, the number of live apprenticeships has declined slightly. This reflects the successful completion of four apprenticeships, alongside the withdrawal of two apprentices from their programmes, who left BCP Council.
Using our resources sustainably to support our ambitions								
A7A.2	Increase the percentage of successful grant applications	Quarterly	High	99.67% (December 2025)	92% (March 2026)	99.68% (March 2026)	⇧	For 25/26, a total of 11 applications were submitted and all were successful. However, not every application was awarded the full amount which explains the 99.68% success rate. For 25/26 the successful bids are: £95,000 awarded by Environment Agency for Debris Screen Health and Safety Works. £6,222,000 awarded by Environment Agency for Poole Bridge to Hunger Hill Flood Defences. £1,501,000 awarded by Arts Council England for Museum Estate and Development Fund. £73,000 awarded by Veolia for Queens Park Play Area. £376,000 awarded by Arts Council England for Poole Museum. £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 Fundround4.2 to become an active member of the Open Digital Planning (ODP) community £598,000 awarded by DFE for SEND Intervention Support Fund

RAG rating: Action Required Monitor On Target Pending

Ref	Measure	Frequency	High or low figure is better	Baseline figure	Target	Q4 Data	Direction of travel & RAG	Commentary
								£290,000 awarded by Environment Agency, Avon Beach to Highcliffe Urgent Works £51,000 awarded by Environment Agency, Christchurch Harbour Habitat Restoration Feasibility Study
A7A.3	Increase the percentage of business rates collected	Quarterly	High	81.09% (December 2025)	97.9% (March 2026)	96.81% (March 2026)	⇧	11.5 million pounds more collected than last year. The % collection has increased by nearly 0.5% from previous year and given the economic climate, the reduction in retail relief it's an outstanding job by the NDR team.
A7A.4	Increase the percentage of council tax collected	Quarterly	High	78.6% (December 2025)	96.6% (March 2026)	94.77% (March 2026)	⇧	Whilst recovery has been challenging, we recovered more than £24m compared to 24/25.
A7A.1	Increase the percentage of residents who think the council provides value for money	Annual	High	33% (March 2025)	-	-		This measure is not reported at Q4 and has been marked as 'pending' until new data is available. This measure relates to the Resident's Survey, and new data will be available when the next survey takes place.

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

Exceptional Performance Report

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

Indicator Description (taken from performance scorecard):

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

2025/26 Q4 outturn: 395	**Quarterly Target: 340**

Reason for level of performance:
The observed growth reflects sustained and increasing demand for electric vehicle charging infrastructure across BCP, driven by electric vehicle sales now surpassing those of conventional fuel vehicles. Both the private and public sectors have expanded the availability of EV charging facilities throughout the area. However, further growth is required in the provision of slower, daytime and overnight charging options for residents, which are more affordable than the fast and rapid charging currently predominating. Efforts are ongoing to address this financial disparity and improve access for residents without off-street parking or private driveways.

Actions/Next steps:
We are currently in the delivery phase of the Local Electric Vehicle Infrastructure (LEVI) grant programme, which will provide 1,128 new 7 kW charging sockets for residents across BCP who do not have access to off-street parking across the next three to five years. This initiative will play a significant role in addressing the existing charging disparity between residents with private parking and those who are largely reliant on more expensive fast or rapid charging options.

In parallel, we are continuing to develop EV charging hubs, with installations currently underway at Littledown Leisure Centre and Story Lane, Broadstone. Additionally, a dedicated bus charging hub is scheduled for installation at Seldown Car Park to support the introduction of two Route One electric buses, expected to arrive in late August this year.

We are also in the process of commencing a gulley charging trial aimed at further reducing charging cost inequalities for residents without off-street parking. The project is supported by £93,000 of funding, with up to £1,200 available per individual installation. This trial will contribute to exploring innovative, scalable solutions to improve equitable access to EV charging infrastructure across the area.

Learnings to share:
It is essential that we maintain momentum in the delivery of electric vehicle infrastructure installations to keep pace with growing demand. Significant progress has been made to date, supported by the successful securing of both government and private sector funding. Continued strong collaboration across departments is critical to ensuring these projects are delivered efficiently, effectively, and at pace.

Completed by: Martin Jolly - Senior Electric Vehicle (EV) and Smart Transport Project Officer **Date:** 07/05/2026
Service Unit Head approval with date:

Exceptional Performance Report

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

Indicator Description (taken from performance scorecard):

Increase the percentage of all major planning applications determined on time
AND
Increase the percentage of all non-major planning applications determined on time

2025/26 Q4 outturn:	**Quarterly Target:**
Major – 100% **Non-Major – 92%**	**Major – 80%** **Non-Major – 92%**

Reason for level of performance:

Q3 saw a drop in performance for Major applications primarily due to a focus on completing and issuing decisions for the oldest applications in the system. Some of these applications were in the system for years and the applicants were not willing to agree further extensions of time. The older applications are generally held up by very complex planning issues, and it takes a lot of officer time to resolve these and move the applications forward.

The time spent resolving associated issues with the older applications and issuing the decisions has allowed the team to focus on current applications. The dip in performance for Q3 whilst far from ideal has allowed for increased performance in Q4 as officers are able to focus on current applications and make decisions accordingly.

Performance for non-majors has increased slightly and is now on target. This is a result of seeing a settled planning department following an extensive recruitment drive over the past 2 years. Staff members dealing with non-majors have now gained more experience and are able to work more efficiently as a result leading to increased performance.

In addition, we have introduced a ‘one amendment only’ policy within the last quarter. This ensures that applications are dealt with in a timely manner rather than engaging in lengthy negotiations with numerous amendments submitted by applicants.

Actions/Next steps:

To ensure applications are issued within planning guarantee timescales so as to avoid more complex applications being ‘stuck’ in the system while these are attempted to be resolved.

Continue to apply the one amendment policy and invest in staff training to ensure high level of competency.

Learnings to share: Performance for Q3 was well below target but this was anticipated as a result of focusing on the older applications. This decision was made in the belief that there would be longer term benefits associated with clearing older applications which would then allow for increased performance moving forward.
Completed by: Jon Bishop **Date: 12/05/2026**
Service Unit Head approval with date:

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 Q4 outturn: 946	**Quarterly Target: 1,926**

Reason for level of performance:

Street based enforcement stats Q4:
Number of CSAS incidents attended: 560
Number of alcohol seizures: 2
Number of dispersals: 297
Early intervention notices: 1
Support referrals: 26
Number of closures: 3
Number of Anti-Social Behaviour Injunction: 5
Number of Community Protection Warning: 23
Number of Community Protection Notice: 3
Vulnerable Victim Assessments: 23
Case Reviews: 3

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.

The same quarter from 24/25 between 9.6FTE- 11.6 FTE in post. This year in Q4 there were 3.6FTE that moved on from the role within the quarter. Total staff at the beginning of Q4 was 7.6FTE, current staff are 4FTE, with recruitment to vacant roles in progress.

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 Q1 26/27 onwards, these measures will be less reliant on fluctuating staffing levels and give a more consistent picture of ASB levels and associated enforcement. Recruitment in progress to vacant posts.
Completed by: Sophie Sajic **Date: 27/4/26**
Service Unit Head approval with date:

Exception Performance Report

Please use this report to explain the reasons for performance not meeting target, the risks this presents in each of the sections and the actions and intervention planned or in place to improve performance and mitigate the risks identified.
This report will make up part of the overall corporate performance report presented to Cabinet.

Indicator Description (taken from performance scorecard):

Increase the total number of sustainable passenger trips in the BCP area per year

2025/26 Q4/year-end outturn: 24.52M	**25/26 Annual Target: 27.71M**

Reason for level of performance:

This indicator is measured by the number of trips undertaken on local bus services (passengers boarding in the BCP area). The target is set by the Enhanced Partnership (EP) Board and is reviewed on a quarterly basis. Bus patronage declined significantly during the C-19 pandemic. Numbers recovered significantly in the years to 2024/25 but has now plateaued. As a result, the target set for 2026/27 was not achieved.

Whilst the council has an influence on bus patronage, it is also dependent on external factors including the economy and even the weather. The cost of living remains an issue both in terms of influencing travel demand for discretionary spending - leisure and entertainment as well the actual cost of bus fares. The very wet winter evident in this 4th quarter period will not have helped generate additional bus journeys.

The main Bournemouth station to town centre bus priority scheme, funded through the Bus Service Improvement Plan (BSIP), will be delivered during 2026/27. The priority provided to buses on this high frequency bus corridor and the enhanced passenger facilities such as shelters and information provision when complete are expected to attract more bus passengers. There is likely to be a negative impact on bus patronage, however, during the actual construction period, and other works across BCP on the road network could further affect the numbers travelling by bus.

After the flagship scheme of the BSIP is delivered, punctuality and reliability of bus services between Bournemouth station and town centre will improve with a positive effect on the entire network. This is predicted to reverse the existing slight decline in passenger numbers. Following a longer-term government funding settlement (Local Area Bus Grant), further improvements will be delivered to improve the operating environment for bus services which should support an improved bus network with higher passenger numbers.

Summary of financial implications:

None

Summary of legal implications:

None

Summary of human resources implications:

None

Summary of sustainability impact:

Slight – increasing bus travel contributes to a more sustainable transport network. If passenger numbers are reducing slightly then sustainability is affected.
Summary of public health implications:
None
Summary of equality implications: Improving the bus network has equality related benefits as more women, girls, much younger and older people tend to use buses more. Measures to improve the bus network are on-going and the slight reduction in numbers is likely more related to economic factors rather than delivery of improvements as part of the BSIP.
Actions taken or planned to improve performance:
The BCP Enhanced bus Partnership continues to be the means that progress of our BSIP is delivered and monitored. Future funding is now secured through the Local Area Bus Grant to enable continued improvement to the BCP bus network. It is critical that proposed new schemes are supported by the council and our transport policies are used to frame the on-going measures set out to deliver better bus passengers and increase the number of residents and visitors using them.
Completed by: Richard Barnes (Senior Transport Planner) and John McVey (Sustainable Transport Manager) **Date: 11/05/26**
Service Unit Head approval with date:

Exception Performance Report

Please use this report to explain the reasons for performance not meeting target, the risks this presents in each of the sections and the actions and intervention planned or in place to improve performance and mitigate the risks identified.
This report will make up part of the overall corporate performance report presented to Cabinet.

Indicator Description (taken from performance scorecard):

Increase the number of assets transferred to communities

2025/26 year-end outturn: 0	**Year-end Target: 6**

Reason for level of performance:

Community Asset Transfers (CATs) help local community groups take over and manage council buildings and spaces, so they can continue providing valuable services and activities for local people. The measure is intended to demonstrate progress in transferring appropriate council assets into community management where there is a robust business case and clear community benefit.

Performance against this measure has remained lower than originally anticipated during 2025/26, with the overall number of completed transfers remaining relatively static for over a year. However, this does not reflect a lack of activity. The CAT process is complex, resource-intensive and often lengthy due to the legal, property, governance and financial considerations that must be resolved before a transfer can complete. There is also no mechanism to quantify social value. Many transfers involve buildings with existing occupational arrangements, shared use considerations, repair liabilities, long-term sustainability assessments and due diligence requirements to ensure that assets are transferred responsibly and in a way that protects both community benefit and the Council's interests.

Two transfers have now completed:

- Hengistbury Head Outdoor Education Centre completed in February 2025.
- Embassy Youth Club, Brassey Road completed on 23 April 2026 (this will be reflected in Q1 26/27 data).

In addition, several applications are progressing through various stages of the process:

- Henry Brown Centre, Cunningham Crescent, Bournemouth– proceeding to lease.
- Townsend Youth Club, Throop Road, Bournemouth – Stage 1 application submitted and under review.
- Broadstone Youth Club, Moor Road, Broadstone – progressing through agreement arrangements following the transfer of the asset to Education. Winchelsea School will assume management of the building to support expansion of SEND provision, alongside a licence agreement for continued and expanded community use.
- Broadstone Football Club – progressing to lease.
- Access Dorset, Littledown – progressing to lease.
- Branksome Triangle, Branksome – application not progressed as the site is identified as strategic land and therefore exempt from the CAT process.

The pace of progress has been affected by several factors. These include the complexity of legal and property negotiations, the requirement for appropriate governance and financial assurance from applicant organisations, limited specialist capacity across BCP Council Estates and Legal services, and the need to balance community aspirations with wider strategic use of assets. Feedback from community organisations has also identified that processes can feel difficult to navigate and that communication and expectations have not always been sufficiently clear.

The Council recognises that elements of the current policy and process require refinement. A review of the CAT Policy is therefore underway, with proposed improvements including clearer guidance documentation, updated process maps and frequently asked questions to provide greater transparency for applicants and improve understanding of the stages involved. This is intended to reduce delays, improve consistency and support community organisations through the process more effectively.

The review is also considering several wider strategic issues that have emerged through live cases, including:

- clarifying the Council's position regarding freehold versus leasehold arrangements;
- determining when the CAT process is appropriate compared with standard lease renewal arrangements;
- improving governance, oversight and decision-making routes;
- strengthening corporate co-ordination across services involved in transfers;
- improving visibility of future CAT opportunities available to community organisations; and
- the introduction of service agreements, in addition to new leases.

The Council is also reviewing how information on building condition and asset requirements can be shared earlier in the process to help community organisations develop stronger and more realistic business cases.

Whilst completed transfer numbers remain below target, progress is being made in strengthening the overall framework that supports Community Asset Transfers. The current pipeline demonstrates ongoing demand and activity, and it is expected that several schemes presently in development will complete by the end of the 2026/27 financial year. The focus is therefore on ensuring that transfers are deliverable, sustainable and aligned with both community benefit and the Council's wider strategic objectives, rather than progressing transfers at pace without sufficient due diligence or long-term viability.

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:
As above
Completed by: Miles Phillips, Head of Estates **Date: 10.06.26**
Service Unit Head approval with date:

Exception Performance Report

Please use this report to explain the reasons for performance not meeting target, the risks this presents in each of the sections and the actions and intervention planned or in place to improve performance and mitigate the risks identified.
This report will make up part of the overall corporate performance report presented to Cabinet.

Indicator Description (taken from performance scorecard):

Increase the number of both completed new affordable and social rented homes

2025/26 year-end outturn: 36	**Year-end Target: 100**

Reason for level of performance:

27 new Council owned homes (for social rent) completed on 20th March. Overall, 36 homes completed in 2025-2026 financial year, which is below the target of 100 homes.

The 110-home development at Hillbourne in Poole has been delayed in the construction phase and was due to complete in March 2026. Delays have been caused by inclement weather leading to difficult ground conditions on site which impacted on the sub-structure programme. Homes are targeted to complete in Phases from July through to September 2026. The deliverability of sites overall has been impacted by viability and planning timescales and requirements. To improve conditions for development, affordable housing grant has been secured for delivery of schemes included Templeman which completed this year following it stalling in 2021 and Hawkwood Road which will commence works in 2026/2027. The pipeline programme is set out below and we continue to build a funded proposition with Homes England.

Summary of financial implications:

All grant which was due to be claimed has been secured. A business case was submitted to Homes England to support a reforecast of the Hillbourne practical completion milestones. This successfully secured an extension after March 2026 and aligned completion dates with the latest position from the developer. Given the potential financial implications for the Council due to homes not completing in March 2026, Homes England allowed an interim milestone for an additional payment in January 2026 ahead of final payment on the revised completion dates.

Summary of legal implications:

None.

Summary of human resources implications:

None.

Summary of sustainability impact:

None.

Summary of public health implications:

None.

Summary of equality implications:

None

Actions taken or planned to improve performance:

The HRA 30-year business plan has identified funding for 937 homes, of which 31 have already been delivered (plus 5 homes in the general fund in 2025/26) and 110 homes at Hillbourne in 2026/27. The balance of 680 homes required will target 85 homes per year from 2027/28 until 2034/35. A new 5-year development programme is under development to allow further schemes/sites to be brought forward and be submitted for planning permission. Financial viability challenges remain caused by higher interest rates and build costs. Homes England have launched a new grant programme for 2026-2036, which will allow new grant funding for delivery and assist financial viability.

- 17 homes have planning permission secured for sites yet to gain financial approval to proceed.
- 8 homes at Surrey Road are under construction and will complete in August/September 2026.
- 110 homes at Hillbourne are under construction and will complete in July-September 2026.
- 68 homes at Hawkwood Road are under contract and will commence in August 2026 with completion in August 2028.
- 115 Homes at Constitution Hill, Poole will be submitted for planning permission during summer 2026.

In the CNHAS (Council Newbuild Housing and Acquisition Strategy 2021-2026), 459 homes have been delivered – with an expected outturn of 577 homes by programme close later this year. Registered Providers (RPs) have delivered 389 homes up to March 2026 giving an overall delivery figure of affordable Homes across BCP as 848.

The delivery of affordable homes expected in 2026/27 is 243 (118 BCP and 125 through RPs) which is a positive outcome from our partnership work with RPs.

Completed by: Jonathan Thornton (Head of Housing Delivery)
Date: 08/05/2026

Service Unit Head approval with date: as above.

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