

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Tuesday, 22 September 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?MIId=6577>

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

14 September 2026

**DEBATE
NOT HATE**

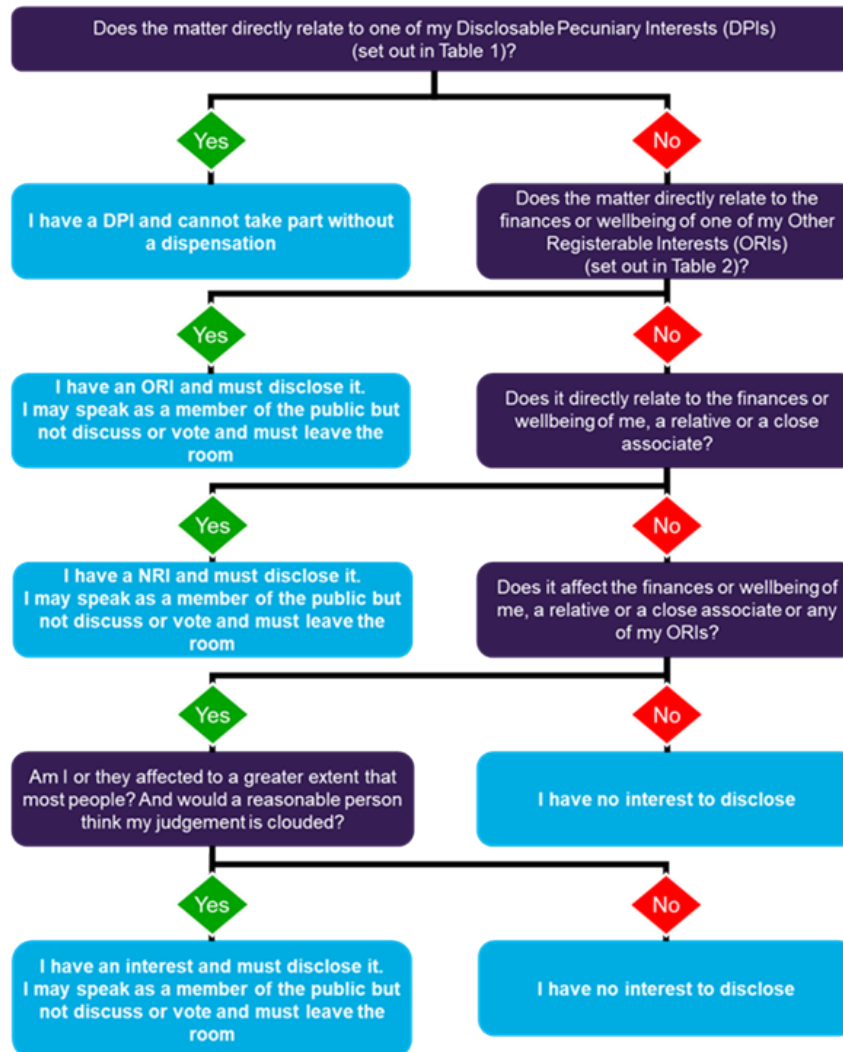


Maintaining and promoting high standards of conduct

Declaring interests at meetings

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

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



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

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

Bias Test

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

Predetermination Test

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

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

For more information or advice please contact the Monitoring Officer

Selflessness

Councillors should act solely in terms of the public interest

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty & Integrity

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

Leadership

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

AGENDA

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

1. **Apologies**

To receive any apologies for absence from Councillors.

2. **Substitute Members**

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

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

3. **Declarations of Interests**

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

Declarations received will be reported at the meeting.

4. **Minutes**

To confirm the Minutes of the meeting held on 20 July 2026.

7 - 18

5. **Recommendation Tracker**

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

19 - 64

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

The deadline for the submission of public questions is midday on Wednesday 16 September (3 clear working days before the meeting).

The deadline for the submission of a statement is midday on Monday 21 September 2026 (the working day before the meeting).

The deadline for the submission of a petition is Monday 7 September (10 working days before the meeting).

ITEMS OF BUSINESS

7. Tricuro - 2025-26 Review and Strategy for 2026-2031	65 - 88
To receive a presentation regarding Tricuro - 2025-26 Review and Strategy for 2026-2031	
8. Care Quality Commission (CQC) Maternity assessment September 2025 and actions taken for improvement	89 - 106
The report is to provide an update on maternity improvements since the CQC inspection in September 2025.	
The maternity services were rated as overall requires improvement.	
Good practice was seen and women reported kindness compassion and benefits from the new building and facilities.	
Staff were committed and working well together.	
Areas that required improvement were security, workforce, triage induction of labour processes, theatre capacity services and leadership.	
All areas have been improved with continual plans for ongoing improvements as per new national maternity guidance.	
9. Neighbourhood Health	107 - 142
The Department of Health & Social Care Neighbourhood health framework - GOV.UK sets out key requirements associated with delivering on the governments ambition to embed neighbourhood health at the heart of bringing care into local communities; convening professionals into person-centred teams; and ending fragmentation.	
Core principles are outlined with Health & Wellbeing Boards to oversee the delivery of reform interventions to be implemented in the next 3 years through 2 stages	
Stage One (2026/27):	
• Agree neighbourhood footprints around natural communities for the future development of Integrated Neighbourhood Teams • Agree plans to establish Integrated Neighbourhood Teams focused on high-priority cohorts, including how devolving care budgets could work in their area • Work towards developing and agreeing a locally owned neighbourhood health plan for implementation from 2027 onwards	
Stage Two from 2027 onwards:	
• Implementation of a locally owned neighbourhood health plan.	
Local work is progressing through the established neighbourhood health & wellbeing programme.	
Engagement is underway to appraise potential options for future neighbourhood footprints with a view to supporting a recommendation to the Health & Wellbeing Board.	

Priority cohorts have been defined in line with the national framework requirements with local teams focusing on the top 1% alongside other neighbourhood needs based interventions.

10. Work Plan

143 - 156

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

11. Portfolio Holder Update

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

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

This page is intentionally left blank

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

Minutes of the Meeting held on 20 July 2026 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Present: Cllr H Allen, Cllr J Bagwell, Cllr M Dower and Cllr J Richardson

Also in attendance: Cllr Matthews and Armstrong joined the meeting virtually

15. Apologies

Apologies for absence were received from Cllrs Dedman, Northover and Slade. Cllr Matthews and Armstrong joined virtually forgoing any voting rights.

16. Substitute Members

There were no substitute members on this occasion.

17. Declarations of Interests

There were no declarations of interest on this occasion.

18. Minutes

The minutes of the meeting held on 19 May 2026, were confirmed as an accurate record and signed by the Chair.

19. Recommendation Tracker

The recommendation tracker was noted.

20. Public Issues

Question received from Chris Wakefield, HealthBus:

In relation to the agenda report on the Health Needs Assessment for people experiencing homelessness, what is the expected timetable for completing the assessment, analysing its findings, bringing forward recommendations for any service redesign and implementing those changes? In the meantime, what specific interim actions will NHS Dorset and BCP Council take to address the health inequalities, barriers to accessing services and gaps in provision identified in the report, including support for people experiencing homelessness and rough

sleeping while the assessment and any subsequent service redesign are underway?

Response:

Current intentions are to complete the needs assessment and produce relative recommendations by the end of the current financial year. In the interim, individuals experiencing homelessness, specifically those that are street homeless and rough sleeping will continue to be supported by the existing array of service provision and multidisciplinary team arrangements. A summary of the operational practice of the Multi-Disciplinary Team that support people impacted by rough sleeping will be provided as part of the substantive agenda item.

Statement received from Chris Wakefield, HealthBus:

HealthBus welcomes BCP Council and NHS Dorset's commitment to undertake a Homeless Health Needs Assessment following the September 2024 Healthwatch report. We support an evidence-led, co-produced review that identifies strengths, gaps and opportunities to improve services.

From our frontline experience, people experiencing homelessness continue to face significant health inequalities, including poor physical and mental health, trauma, substance use and barriers to accessing primary care. These challenges can delay treatment and increase reliance on emergency services.

Our research with the University of Southampton shows that the best outcomes are achieved through trusted relationships, trauma-informed care, flexible outreach, continuity, warm handovers and coordinated support that addresses housing, health and wider wellbeing.

HealthBus is committed to supporting this assessment by contributing evidence, patient insight and practical experience to help develop more accessible, integrated services that improve health outcomes for people experiencing homelessness.

21. Homeless Health

The Deputy Director of Place, NHS Dorset, Head of Housing Options and Partnerships and Service Manager – Housing, Health & Social Care and chair of the Homeless MDT presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

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

There was 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 was now well recognised that those experiencing homelessness often suffered multiple disadvantage, experiencing a combination of problems including substance misuse, contact with the criminal justice system and mental ill health. They often fell

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 required both a systemwide commitment and well-coordinated local services.

A range of services (both commissioned and those provided by the charitable sector) were available across the BCP conurbation to support the health needs of the homeless population. Dedicated provision to address the needs of rough sleepers was commissioned by NHS Dorset. A multi-disciplinary team approach had been maturing and brought 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 would 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 would 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 would then be used to inform future strategic commissioning intentions where indicated, including the potential for a co-produced redesign of existing models of care.

The Committee discussed the report and presentation, including:

- In response to a query, clarification was provided on the Homelessness Multi-Disciplinary Team (MDT) eligibility criteria. Referrals may be declined where individuals were not homeless or at immediate risk of homelessness, where agencies were already effectively coordinating support without MDT involvement, or where individuals were outside the BCP area.
- There was some discussion on data collection and recognition that improved data gathering was required to support service development and evaluation.
- It was highlighted that women tend to remain involved with the MDT for longer periods, partly because they were more likely to move between unsafe forms of accommodation and can be harder to identify through traditional rough sleeper outreach approaches.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
20 July 2026

- The Committee was advised that targeted work was undertaken to identify homeless women, including participation in the annual Women's Census, engagement through food providers, healthcare settings and voluntary sector services, and partnership working with Dorset Working Women's Project.
- Members noted that information gathered through this work informed the commissioning of a specialist supported housing service for women with multiple disadvantage. The service was reported to be providing successful off-street accommodation and longer-term housing options.
- The Healthwatch Representative offered support to contribute case studies and lived experience evidence to the Homeless Health Needs Assessment.
- In response to a query, it was noted that referrals to the MDT can be made by any partner agency, with the majority currently coming from the outreach service. Other referral partners included housing, adult social care, healthcare services, the homeless intervention team and specialist support organisations.
- The Committee noted progress to date and the planned Homeless Health Needs Assessment, which would inform future service redesign and commissioning intentions.
- In response to a query, the Committee was advised that completion of the full needs assessment was anticipated by the end of March 2027, subject to wider organisational changes within the Integrated Care Board (ICB).
- The Chair requested that a future update be brought to the Committee at the beginning of the next financial year setting out the assessment findings, proposed actions and any implications for future commissioning and service provision. **ADD TO THE WORK PLAN.**

RECOMMENDED that the Committee 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.

Voting: Nem. Con.

22. Learning Disability Big Plan 2026–2031

Cllr Hazel Allen joined the meeting at 18:38pm at the start of this item.

Two Members of the Learning Disability Partnership Board 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 sought approval for the publication and delivery of the Learning Disability Big Plan 2026–2031, which set out the shared priorities for supporting people with a learning disability in Bournemouth, Christchurch and Poole to live fulfilled lives. The Plan had 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 reflected the Council's commitment to co-production, person-centred support and the duties set out in the Care Act 2014.

The Big Plan had 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 was 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 focused on improving housing choice, health outcomes, community inclusion, personalised care and support, safety, transition into adulthood and support for families and carers.

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

The Committee was 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.

The Committee discussed the report, including:

- The Committee heard that engagement with people with learning disabilities took place through a range of groups, including the Learning Disability Partnership Board, the People First Forum and self-advocacy groups.
- The Committee noted that People First Forum was funded by BCP Council and undertook outreach sessions across local communities to encourage participation and engagement. It was highlighted that people could become involved in the Learning Disability Partnership Board directly or engage indirectly through the People First Forum.
- The Committee noted that carers were supported through a dedicated Carers Support Worker and carers' group, with

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
20 July 2026

opportunities available for carers to participate in and provide feedback to the Partnership Board. Alternative routes for engagement were available for those who did not wish to join the Board directly, ensuring their views could still be represented.

- In response to a query, it was highlighted that housing, social care, advocacy organisations and carers worked together through the “Where I Live” Group to consider housing needs, information provision and access to services for people with learning disabilities.
- The Committee heard that strong partnership working helped to ensure information and advice were developed and shared through a range of appropriate channels.
- The Committee noted that Housing Services, Children’s Services and Adult Social Care had worked together to develop a Specialist Housing Strategy, which had now been published.
- The Committee heard that Housing Services were leading work on future accommodation development, while Health and Social Care, working with the “Where I Live” Group, were helping to determine the type of housing and support required.

RECOMMENDED that the Committee request Cabinet approve the Learning Disability Big Plan for future publication and delivery against the priorities set within.

Voting: Nem. Con.

23. Fulfilled Lives Programme Update

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

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

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

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

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

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
20 July 2026

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

The Committee discussed the report, including:

- The Committee heard that a six-month IT system change freeze had been implemented by the system supplier, with advance notice provided and critical changes completed beforehand.
- The Committee noted that the remaining system changes were refinements which may be delayed by the freeze, although service delivery and achievement of savings targets were not expected to be affected.
- In response to a query, it was noted that home care contracts were delivered through a framework of approved providers, supported by robust contract management arrangements, performance indicators and quality monitoring.
- The Committee was advised that care packages were allocated through a brokerage process which took account of provider capacity, geographical considerations, individual preferences and specific care requirements. It was noted that providers submit regular capacity information to support timely matching of individuals with available services.
- In response to a query regarding direct payments, the Committee was advised they were increasingly managed through payment cards, allowing expenditure to be monitored and reducing administrative burdens for service users. It was noted that monitoring arrangements were in place to identify any spending that does not align with an individual's agreed care and support plan.
- The Committee welcomed the development of the Complex Case Network and the positive impact of collaborative support for individuals with complex needs.
- In response to a query, the Committee was advised that there were currently 11 community micro-enterprises in operation, with a further 17 in development. It was noted that community micro-enterprises provided a broad range of support, including companionship, wellbeing activities, technology support, fitness and nature-based services.
- The Committee heard that gaps in provision were identified through co-production with residents and addressed through ongoing engagement with Community Catalysts.
- The Committee received assurance that delays to IT system development would not affect the delivery of frontline practice or the overall programme objectives.
- The Committee discussed the reablement pilot and heard that while early outcomes were positive, further work was required to increase referrals and demonstrate long-term value before permanent arrangements could be considered.
- The Committee heard that specialist frameworks were in place for people with learning disabilities, autism, mental health needs and

other complex requirements, enabling more tailored provider matching.

- The Committee noted that housing, safeguarding and social care assessments were undertaken collaboratively to support vulnerable individuals living in unsuitable accommodation.
- It was highlighted that community micro-enterprises were primarily accessed through direct payments, although services could also be commissioned directly where appropriate.
- The Committee noted that the use of smaller community providers was considered to offer a more personalised and cost-effective alternative to larger commissioned services.

RECOMMENDED that the Committee notes the current work-in-progress with the Adult Social care Fulfilled Lives Programme.

Voting: Nem. Con.

24. Outcome of the CQC Assurance Visit

The interim Director of Adult Social Care provided a verbal update on the Care Quality Commission (CQC) assessment of the Council's compliance with the Care Act 2014. The assessment included a self-assessment, review of national performance data, and an onsite visit involving staff, residents and partner organisations.

The Committee was advised that the Council was assessed as "Requires Improvement", achieving a score of 56%, seven points below the threshold for a "Good" rating. It was detailed that the strongest areas of performance were safeguarding and leadership, both of which received positive recognition from the CQC.

The Committee was informed that the CQC recognised the Council's strong prevention and early intervention approach, strengths-based practice, person-centred support and ongoing transformation programme.

The Committee also heard that improvements in assessment waiting times, workforce development, market shaping, innovation and multi-agency safeguarding arrangements were highlighted as areas of strength.

The Committee noted the significant progress had been made in the use of performance data and real-time dashboards to support governance, oversight and decision-making.

The Director of Adult Social Care advised that whilst the Service was disappointed with the overall outcome, officers considered the report to be balanced and reflective of the Council's understanding of its own performance. The principal area for improvement identified by the CQC was the consistency of practice and experience across services.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
20 July 2026

The Committee noted that the CQC expects the Council to demonstrate that recent improvements, particularly reductions in waiting times, can be sustained over the longer term and that further work was required to evidence the impact of partnership working and the outcomes being achieved through joint arrangements.

The Committee was advised that an improvement plan was being developed in response to the findings and would be co-produced with staff and stakeholder groups. It was noted that the completed improvement plan was required to be submitted by mid-September and would focus on addressing the key areas identified within the assessment.

The Committee discussed the update, including:

- It was noted that the Council would participate in an annual conversation with the Care Quality Commission (CQC) as part of the ongoing assurance process.
- In response to a query, the Committee was advised that authorities receiving a “Requires Improvement” judgement could expect a further full CQC assessment within three years, with officers anticipating reassessment within approximately 18 to 24 months.
- The Committee noted that officers viewed the required improvements as part of a process of continuous improvement rather than a major organisational challenge.
- The Committee noted that further staff engagement sessions were planned and that staff remained motivated to secure improved outcomes at the next assessment.
- The Committee was advised that the CQC assessment framework was still evolving and that inspection approaches had developed as the regulator had gained experience across the sector.
- The Committee noted that some findings reflected individual experiences, which officers felt may not always represent the wider picture across services.
- The Committee discussed the broad nature of the “Requires Improvement” category and noted that performance can vary significantly between authorities within that rating.
- The Chair advised that the Committee’s work programme would remain flexible and may be amended to address emerging issues or areas of interest as required.

25. Work Plan

The Health and Adult Social Care Overview and Scrutiny (O&S) Committee considered and confirmed its work priorities as plotted on the draft Work Plan.

26. Portfolio Holder Update

The Portfolio Holder for Health and Wellbeing provided a verbal update as follows:

- The Care Quality Commission (CQC) assurance outcome had already been discussed and heard that subsequent media coverage had been fair and balanced.
- The Portfolio Holder felt confident that existing strategies and improvement programmes, including the Learning Disability Big Plan and Fulfilled Lives Programme, provided a strong foundation for further service improvement.
- That the Health and Wellbeing Board had recently considered the BCP Suicide Prevention Action Plan following previous discussion by the Committee.
- The Committee noted that the Health and Wellbeing Board also considered neighbourhood health and approved the revised Health and Wellbeing Strategy following consultation.
- It was noted that Public Health officers had been undertaking a Gambling Harms Health Needs Assessment and that a draft report had been reviewed. It was highlight that the assessment was based on a detailed evidence-led approach and would help inform future public health responses to gambling-related harm.
- The Committee heard that the Secretary of State for Health and Social Care recently visited Rigby Lodge Care Home in Canford Heath and that the visit provided an opportunity to showcase one of the Council's flagship care homes and discuss adult social care issues with national government representatives.

The Committee considered the update and further discussed with the Portfolio Holder and Officers, including:

- The Committee discussed the impact of establishing a separate Public Health function for BCP and heard positive feedback on the progress made since the service separation from Dorset Council.
- The Committee noted that having a dedicated Public Health team within BCP had strengthened local engagement and enabled a greater focus on issues particularly relevant to the conurbation, including suicide prevention, gambling harms and student health.
- The Committee heard that productive discussions continued with Dorset Council regarding the future commissioning of Public Health services and determining which services should remain pan-Dorset and which should operate on a BCP footprint.
- The Committee discussed opportunities arising from the expansion of the Integrated Care Board (ICB) footprint and the importance of maintaining a strong BCP voice within wider system arrangements. It was noted that the ICB remained committed to a place-based approach and had established dedicated place-based leadership arrangements for each local authority area.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE
20 July 2026

- The Committee heard that the ICB was developing an outcomes-based commissioning framework aligned with local authority outcomes and focused on achieving measurable improvements for residents.
- The Committee expressed support for the direction of travel being taken by the service and acknowledged the work undertaken to improve outcomes for residents.

27. Corporate Performance Report - Q4

The Chair advised that this had been circulated for information.

The meeting ended at 8:05pm.

CHAIR

This page is intentionally left blank

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 – 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					

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
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%20a%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

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
		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%20a%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

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
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 with the Wessex proposal.
Recommendations from Board meeting – 13 January 2025 – No recommendations made at this meeting					
Recommendations from Board meeting – 3 February 2025					

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
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](#)

23	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

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
					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	

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
		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](#)

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
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	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.

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
		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. 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

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
					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 2025 endorsed Medium Term Financial Plan.	Cabinet, 16 July 2025	Accepted	Agreed by Council on 22 July 2025. Work underway to achieve implementation for December 2025.

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
		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.			
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 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.	Cabinet, 1 October 2025	Rejected	Updates were made to the report and the recommendation prior to consideration by Cabinet.
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;	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

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
		(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.			
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. 3. That the O&S Board support the recommendations as set out in the Cabinet report.	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
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.

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 – 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 consultation toolkit, which should provide clear guidance on confidentiality. 4. That the Overview and Scrutiny Board recommend to Cabinet that it endorses an	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 Holder advised that the Cabinet and officers welcomed the majority of recommendations but would need to

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
		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.			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.	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

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
		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 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.			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.

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

34

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	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.
--	---------------------------	--	-----------------------	----------	--

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
		added to the risk register included within the Project Initiation Document			
	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
Recommendations From Board Meeting – 13 July 2026					
29	Safer BCP (Community Safety Partnership) Domestic Abuse Strategies	That Cabinet be advised that the O&S Board supported the recommendation as outlined in the report to approve:		Accepted	Cabinet report approved - the Board had further suggested some minor amendments to the strategy which had been agreed and incorporated by officers.

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
		- The overarching Safer BCP Prevention of Domestic Abuse Strategy 2026-31 - The Safe Accommodation Strategy 2026-31 - The Perpetrator Strategy 2026-31 - The accompanying Safe Accommodation & Community Services Commissioning Plan			
30	Bournemouth Town Centre Progress	That officers, working with the Citizens Action Panel, be requested to develop fully-costed project proposals capable of being presented to Bournemouth Town Council for consideration and potential funding.	Officers/ Citizens Action Panel	unknown	Updates awaited – response due to be reported in November 2026 or before.

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.

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
		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.

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 – 2 April 2025					
49	Recommendations from the Safer Accommodation Strategy Working Group	Recommendations to Cabinet 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.	Cabinet date, 26 November 25	Agreed	1. The proposed Safe Accommodation Strategy delivery plan includes a number of actions around communication, training and specialist 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

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
		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 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.			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.

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	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-	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

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
	Analysis on Costs and Environmental Factors & Recommendations	assess and profile Microsoft 365 end-user licensing requirements, moving colleagues to lower-costs licenses where appropriate.			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 ' <i>and incineration</i> ' so that the paragraph reads ' <i>5.1 Tendering waste disposal contracts that embed the waste</i>	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.

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
		(b) <i>hierarchy and minimise the use of landfill and incineration'; and 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'.</i>			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					

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 – 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.

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
					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.

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 –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.					

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 – 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: • 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	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.
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	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	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

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
	of the Dedicated Schools Grant (DSG)	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)			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	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.

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
		capacity, professional development and enhanced tools to evidence impact.			
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	Accepted, work on this already started	
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	Accepted, rec would be noted when Cabinet consider the report	
Recommendations from Committee – 14 September 2026					
Recommendations from Committee – 24 November 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 Committee – 26 January 2027					
Recommendations from Committee – 9 March 2027					

OUTSTANDING ACTIONS

Minute number	Item	Action* *Items remain until action completed.	Benefit	Updates
15 September 2025				
25	<u>Alternative Provision Improvement Plan</u> 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				
53	<u>Members of Youth Parliament Update</u>	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		
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		

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

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
		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	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.

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
		local particular local authorities, with a view to getting something in place before the new strategy.			
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 Adult 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.

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 – 19 May 2025 No recommendations made at this meeting.					
Recommendations from Committee meeting – 14 July 2025					
20	Adult Social Care Fulfilled Lives Transformation Programme	The HASC O&S Committee: 1. Supports the recommendation to Cabinet that Council approves the request 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.	Cabinet 26 July 2025	Accepted	Cabinet and Council approved the release of the remaining £1.1m as outlined at part 1 of the recommendation.
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.

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 – 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 Strategy and Action Plan and ensure that the necessary resources are made available for implementation.	Cabinet	TBC	Following approval of the BCP Suicide Prevention Action Plan at the Health and Wellbeing Board on 26 June 2026, the Committee request Cabinet consider this item to raise awareness and publicity. Was considered at Cabinet on 22 July 2026 and Leader advised a more formal response would be provided to the Committee.
Recommendations from Committee meeting – 20 July 2026					
22	Learning Disability Big Plan 2026–2031	RECOMMENDED that the Committee request Cabinet approve the Learning Disability Big Plan for future publication and delivery against the priorities set within.	Cabinet	Accepted	The Plan was approved at Cabinet on 2 September 2026.
Recommendations from Committee meeting – 22 September 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 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				
59	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				

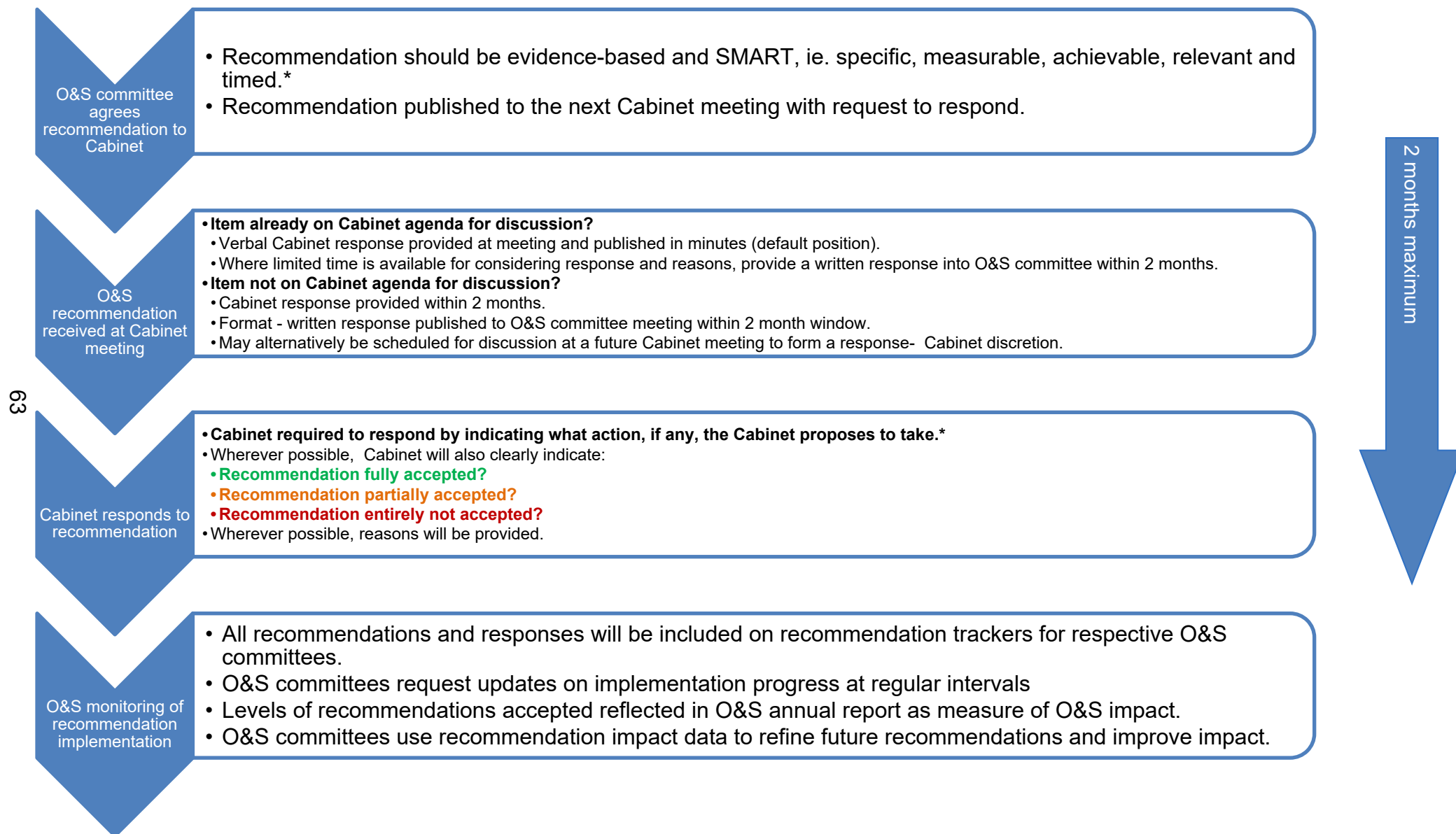
Minute number	Item	Action* *Items remain until action completed.	Benefit	Updates
59.	The Transformation of UHD Hospitals	Decision Made: That the Director of Adult Social Care be the contact for any Cllrs wishing to visit the new facilities ACTION – Director and Cllrs aware.		
64.	Work Plan	Decision Made: 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.		
Actions arising from Committee meeting – 20 July 2026				

Minute number	Item	Action* *Items remain until action completed.	Benefit	Updates
21	Homeless Health	Decision Made: The Chair requested that a future update be brought to the Committee at the beginning of the next financial year setting out the assessment findings, proposed actions and any implications for future commissioning and service provision. Action – to be added to work plan for 2027-2028 Municipal Year		

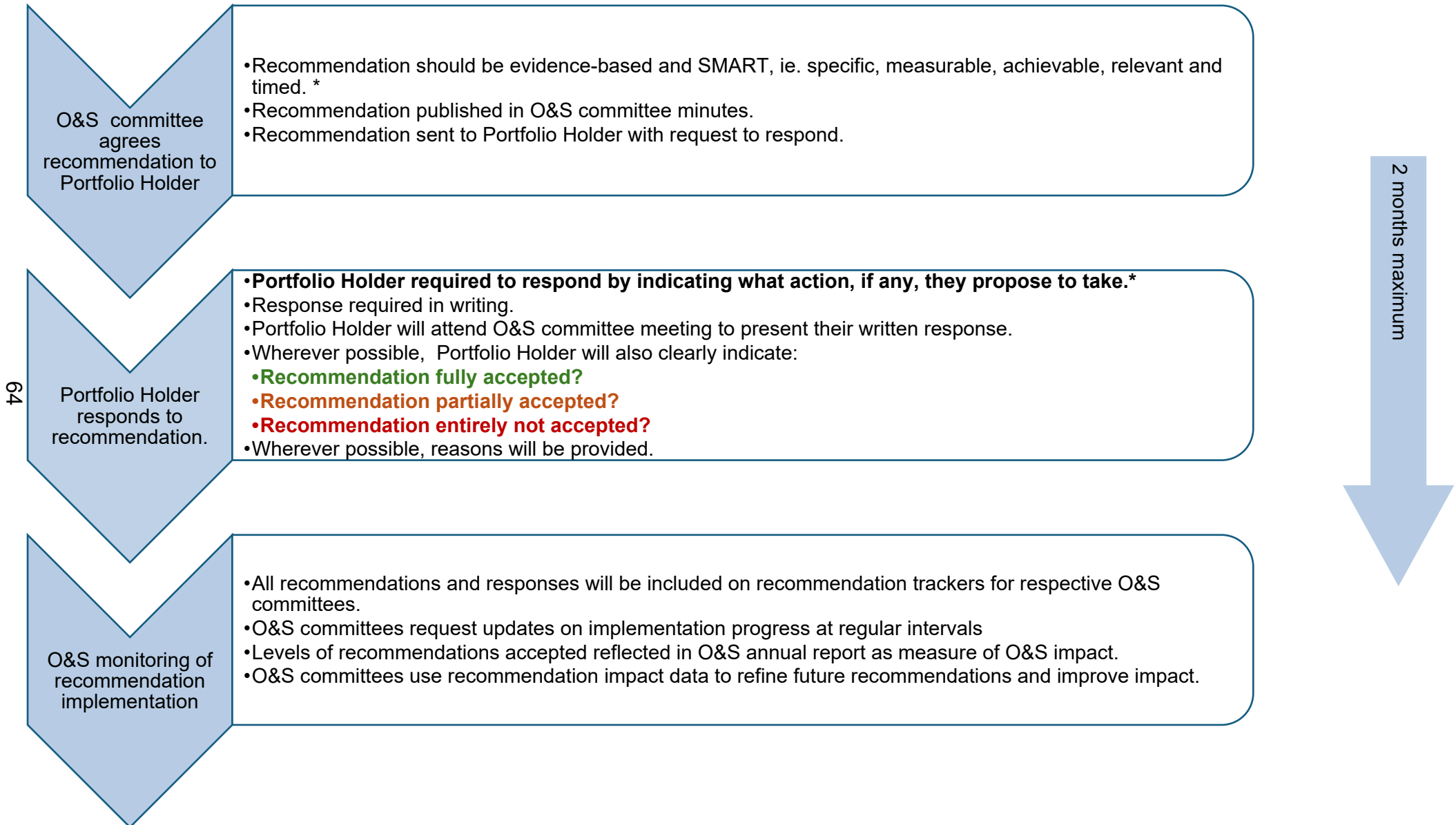
O&S Recommendations / Executive response process

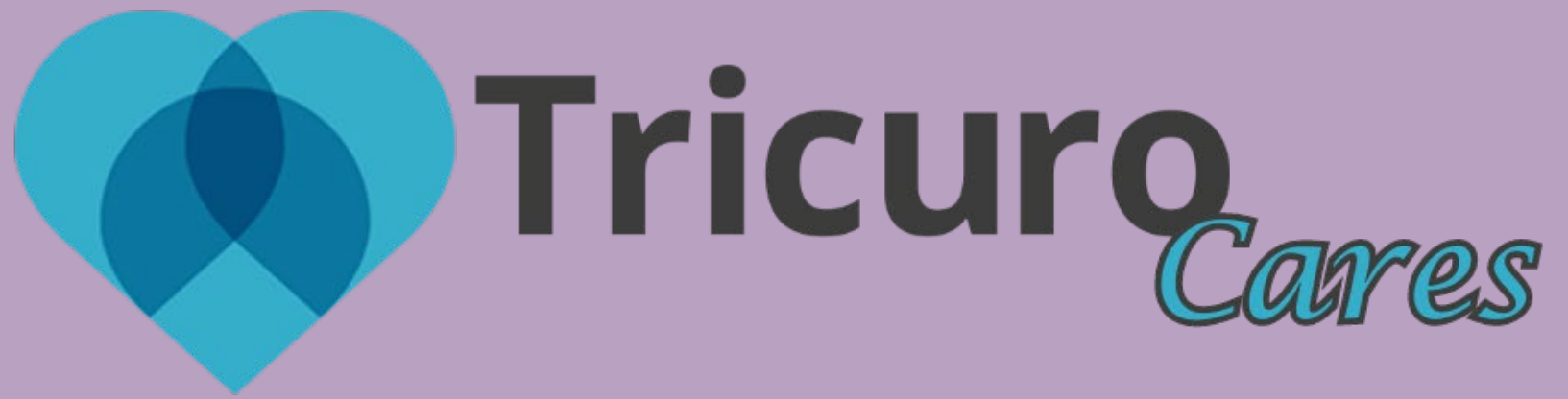
Cabinet process:



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

Portfolio Holder process





2025-26 review

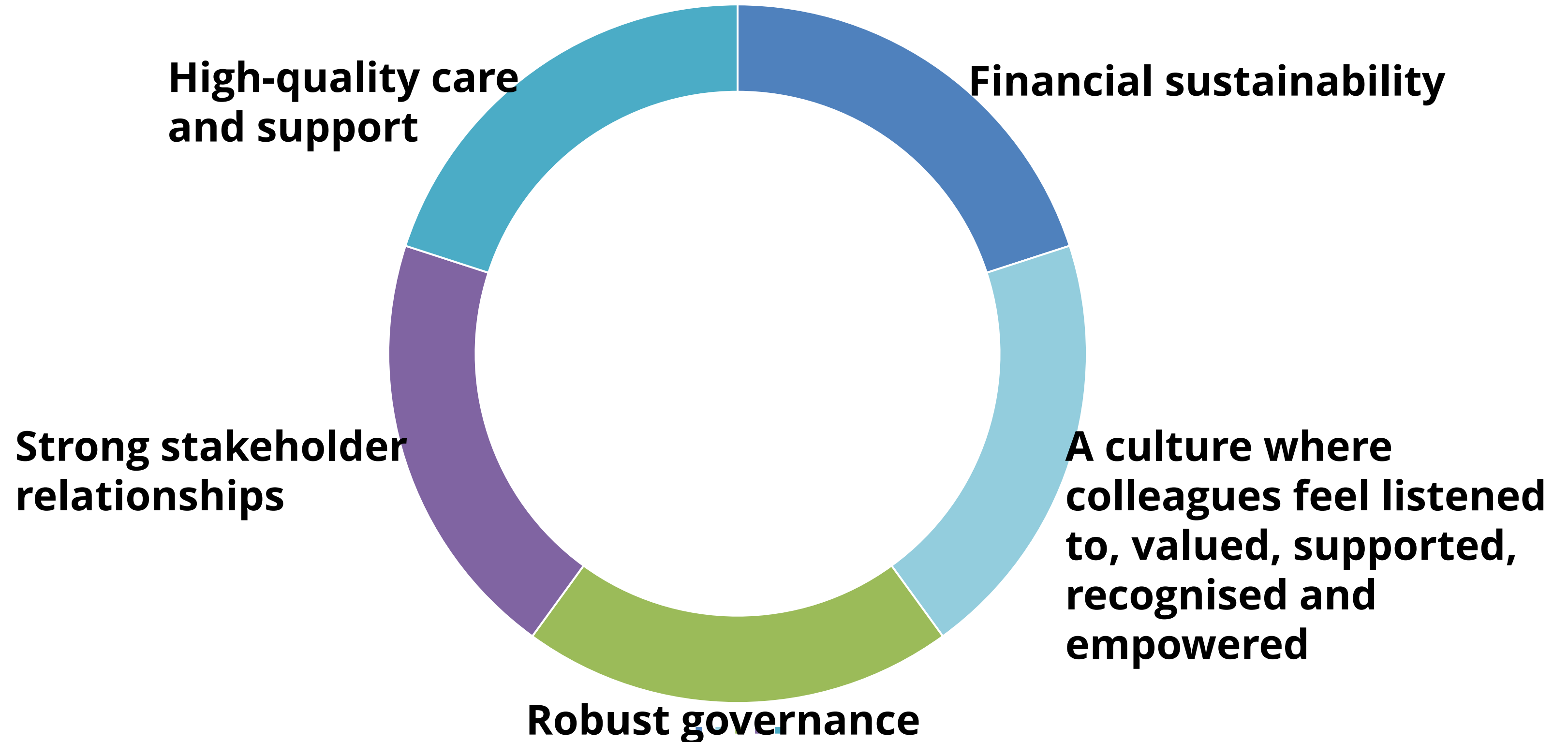
&

Strategy for 2026-

2031



Strategic Objectives 2025-26



High-quality care/support

2025-26 Objectives

- Consolidation of existing service delivery
- Improve quality assurance and accountability
- Building a roadmap to CQC Outstanding

Achievements

- Stabilisation in residential care management
- Optimisation of community reablement
- Recruitment of Clinical and Quality Assurance lead
- All registered services rated Good with CQC

Financial Sustainability

2025-26 Objectives

- Meet/exceed budget targets with reduction in deficit
- Growth of income streams within existing services
- Cost reduction/improvements

Achievements

- Shift from £380k deficit March 2025 to £61k surplus by March 2026
- Agency spend reduction with improved recruitment
- Over £120k savings generated in reduced costs (insurance, maintenance, utilities)

A culture where colleagues feel listened to, valued, supported, recognised and empowered.

2025-26 Objectives

- Embed a colleague communications structure
- Implement a leadership development programme
- Initiate a HR/payroll system transformation project

Achievements

- Employee comms app – Blink
- Leadership culture development – all senior leaders
- Leadership development training for all line managers
- Embedding of company values and team charter

Robust governance

2025/26 Objectives

- Develop organisation-wide quality assurance framework
- Improve performance reporting and develop impact evaluation
- Development of 5-10 year strategy and supporting plan

Achievements

- Quality Assurance Framework and metrics launched
- Development of Integrated Performance Report for board
- Improved board and stakeholder reporting

Strong stakeholder relationships

2025-26 Objectives

- Completion of 5-year funding contract
- Continued participation in Future Cares workstream
- Engaging with finance/commissioning on optimal future build/design

Achievements

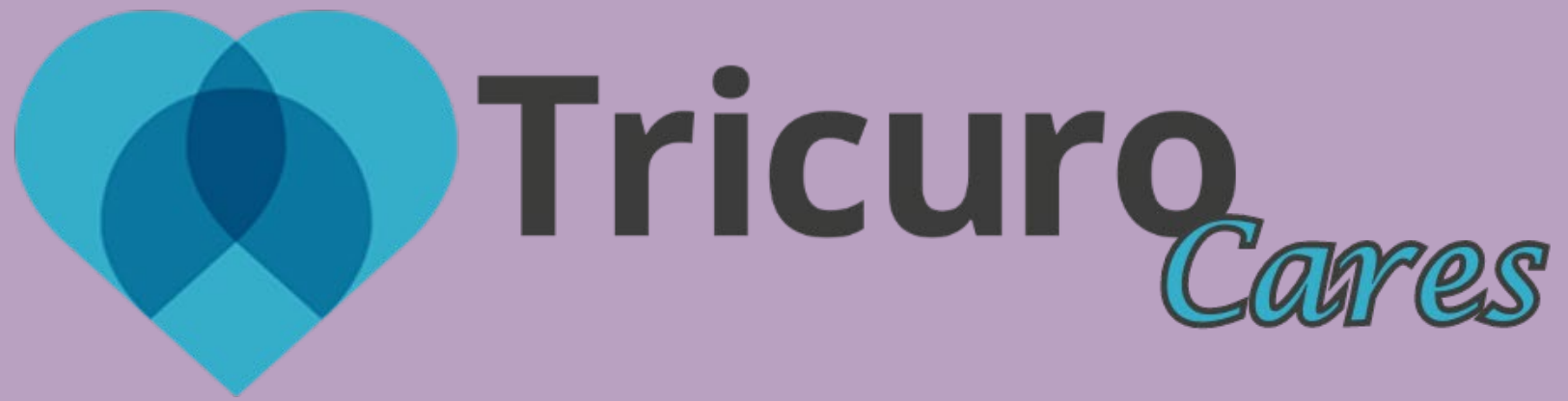
- Future Cares workstream fully embedded
- Improved ways of working with commissioners

Challenges throughout the year

- Continued issues with fabric of buildings
- Slow progress with Shareholder agreement, Articles and multi-year funding contract
- Leases outstanding on all properties
- Increased restrictions on international recruitment and conditions of sponsorship
- Recruitment in specific roles (occupational therapists)

Objectives 2026-27

- Embed Quality Strategy – “Better every day”
- Address service-specific deficits
- Growth of income (both commissioned and private)
- Continued leadership development
- Reducing operational risk (buildings-related)



Tricuro Strategy 2026-2031

**Strategic Ambitions and
Delivery Roadmap**



Strategy 2026-2031

Enabling Independence - Improving Wellbeing - Strengthening Communities

Our ambition

To position Tricuro as a leading provider of integrated care, wellbeing and community services, supporting more people to live independently and contributing to the delivery of BCP Council's ambitions for adult social care, health, wellbeing and housing.

Our Strategic Purpose

Our strategic proposition

From provider of services to strategic partner in the future of local care and community wellbeing

Tricuro will:

DELIVER High-quality, safe and sustainable care and support.

PREVENT Help people maintain independence and avoid escalation of need.

CONNECT Create joined-up pathways between health, care, housing and communities.

INNOVATE Test and scale new approaches to meeting local needs.

GROW Expand our reach and develop sustainable new services.

PARTNER Work with BCP Council, NHS, housing and community organisations to deliver shared outcomes.

Six Strategic Ambitions

1. Deliver Excellent Core Services

Maintain and continuously improve our existing residential, day and community services.

2. Grow Prevention & Independence

Help more people remain independent, connected and well.

3. Support Housing & Independent Living

Play a greater role in housing-related support and supported living solutions.

4. Deliver Neighbourhood Health

Support integrated, community-based health and care.

5. Innovate & Grow

Test new models, use technology and scale what works.

6. Strengthen Partnerships & System Leadership

Become a strategic delivery partner for BCP Council and the wider system.

Ambition 1 – Deliver Excellent Core Services

Our priority

Protect and strengthen the services Tricuro already provides.

We will

- Maintain high-quality residential and community services.
- Strengthen quality assurance and regulatory compliance.
- Improve customer and family experience.
- Invest in leadership, workforce and professional development.
- Improve operational efficiency and use of technology.
- Ensure long-term financial sustainability.

By 2031 - High-performing, sustainable services that people trust and value

Ambitions 2 & 3 – Prevention, Independence and Housing

We will:

- Expand preventative and early intervention services.
- Increase community wellbeing support.
- Support unpaid carers.
- Reduce loneliness and social isolation.
- Develop community capacity.
- Help people avoid unnecessary escalation into formal care.
- Increase use of assistive and digital technology
- Expand housing related support

The outcome - More people able to live independently, safely and well in their own homes and communities.

Ambition 4 – Become a Neighbourhood Health Delivery Partner

The opportunity: The future of health and care is increasingly **local, preventative and integrated**.

Tricuro will work with BCP, NHS primary care, Housing, VCSE organisations, Communities, and contribute through:

- Neighbourhood multidisciplinary teams.
- Community-based prevention.
- Frailty and reablement services.
- Support for people with long-term conditions.
- Community wellbeing hubs.
- Integrated referral pathways.
- Support for people transitioning from hospital to home.

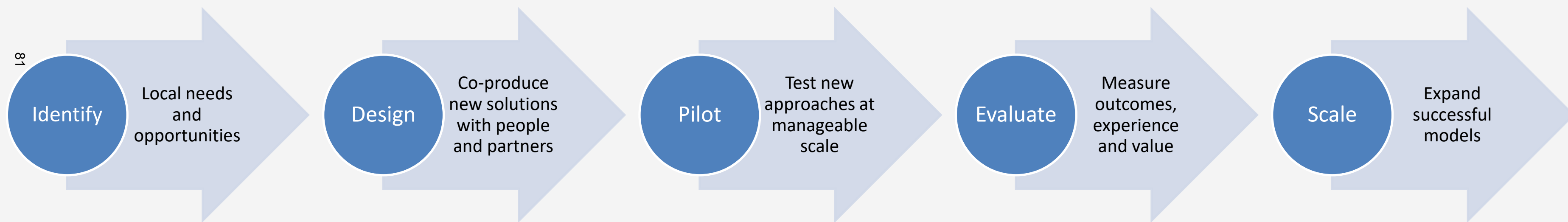
The outcome - People receive the right support, in the right place, at the right time.

Ambition 5 – Innovate & Grow



From ideas to impact

Tricuro will establish a structured approach to innovation: **Test → Learn → Improve → Scale**



Innovation areas: technology-enabled care - community wellbeing hubs - integrated care navigation - new reablement models

Ambition 6 – Strategic Partnership & System Leadership

We will work with BCP Council to:

- Support adult social care transformation.
- Contribute to health and wellbeing priorities.
- Develop preventative approaches.
- Support housing and independent living.
- Develop neighbourhood health models.
- Identify opportunities for joint commissioning.
- Share insight, innovation and expertise.

Wider partnerships: NHS | Housing | VCSE | Community Organisations | Primary Care | Local Communities

Our ambition: To be the strategic partner of choice for innovative, community-based care and support across BCP.

From strategic vision to reality



The journey: FOUNDATION → DEVELOPMENT → SCALE → IMPACT → LEADERSHIP

Service delivery and growth

- Taking on new community services that support existing services
- Expansion into complementary services such as domiciliary care, more support in assisted living and/or extra care housing
- Developing “in-reach” support across services
- Creating community partnerships that support better flow of information, access and opportunity

Innovation and improved experience

- Creation of a referral hub and “customer journey” - a person-led pathway approach
- Use of surplus to invest in therapeutic services e.g. peripatetic physios, OTs, music therapists
- Implementation of technological solutions to improve wellbeing
- Participation in research and development projects that focus on improving wellbeing

What success looks like in 2031



PEOPLE

More people living independently for longer
Improved wellbeing and quality of life
Better support for carers
Greater choice and control

COMMUNITIES

Stronger and more connected communities
Reduced loneliness and isolation
Improved access to local support
Reduced inequalities

TRICURO

High-quality and financially sustainable services
Strong and engaged workforce
Increased reach and income
Successful innovation
Trusted strategic partnerships

HOUSING

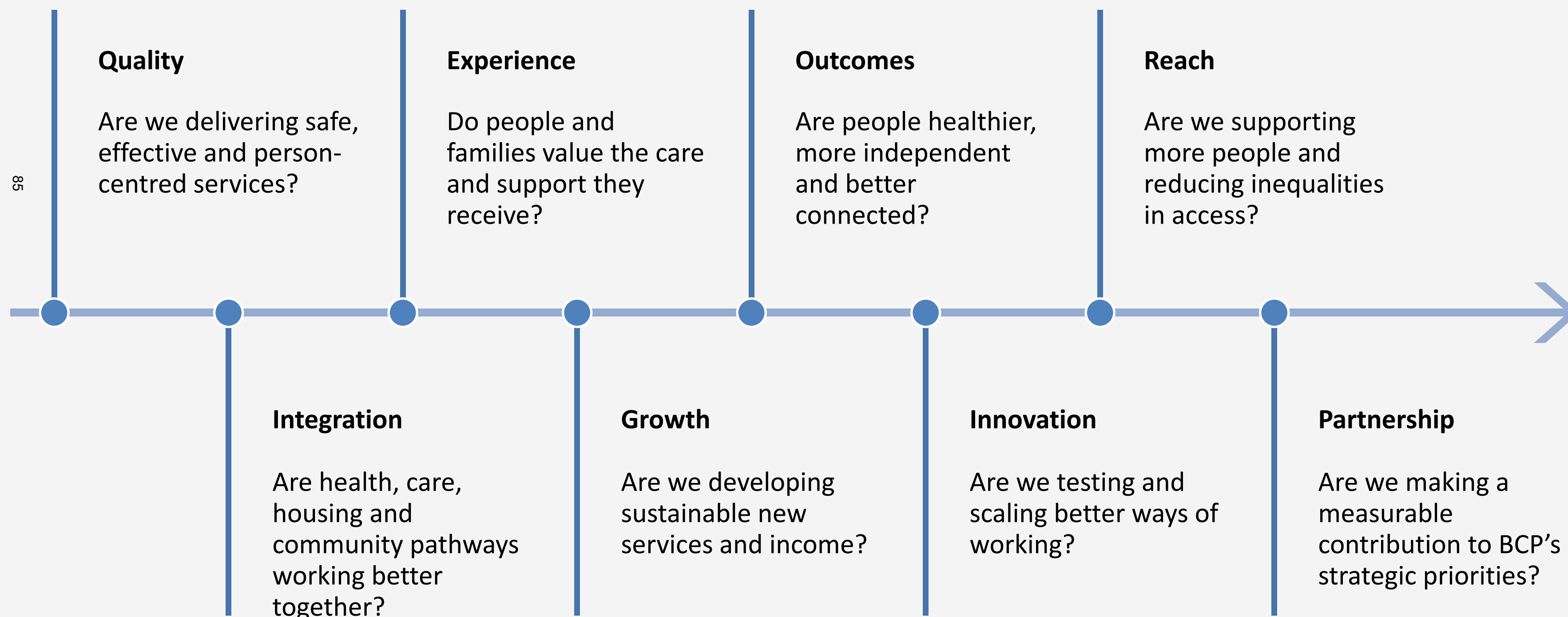
More suitable accommodation
Increased supported living opportunities
Better integration between housing, health and care

HEALTH & CARE

Better integrated pathways
More support delivered in community settings
Reduced avoidable hospital admissions
Reduced escalation into long-term care

Measuring Our Impact

Strategic Performance Framework



The Strategic Journey



2026 BUILD

Protect our foundations, understand future need, drive growth

2028 SCALE

Expand successful services and partnerships

2030-31 LEAD

Become a strategic partner shaping the future of local care

2027 DEVELOP

Pilot new approaches, build integrated pathways

2029 TRANSFORM

Demonstrate measurable population and system impact

Our Strategic Commitment



By 2031, Tricuro will:	
Reach more people	Support more people through preventative, community and wellbeing services
Enable independence ⁸⁷	Help people live safely and well in their own homes and communities
Improve wellbeing	Contribute to healthier, stronger and more resilient communities
Join up support	Make pathways between health, care, housing and communities simpler
Innovate	Develop and scale better ways of supporting people
Grow sustainably	Build a financially resilient organisation with a strong workforce
Partner strategically	Play a central role in delivering BCP's ambitions for adult social care, health, housing and wellbeing

Enabling Independence - Improving Wellbeing Strengthening Communities

Thank you

Health and Adult Social Care Overview and Scrutiny Committee



Report subject	Care Quality Commission (CQC) Maternity assessment September 2025 and actions taken for improvement
Meeting date	22 nd of September 2026
Status	Public Report
Executive summary	The report is to provide an update on maternity improvements since the CQC inspection in September 2025. The maternity services were rated as overall requires improvement. Good practice was seen and women reported kindness compassion and benefits from the new building and facilities. Staff were committed and working well together. Areas that required improvement were security, workforce, triage induction of labour processes, theatre capacity services and leadership. All areas have been improved with continual plans for ongoing improvements as per new national maternity guidance.
Recommendations	It is RECOMMENDED: To note the report and assurances provided of UHD commitment to continued maternity improvements
Reason for recommendations	Public assurance of maternity services at UHD
Report Authors	Lorraine Tonge Director of Midwifery and Neonatal Services
Wards	Maternity services at Royal Bournemouth Hospital

1.0 Background

- 1.1 The Care Quality Commission (CQC) assessed the UHD maternity services in Royal Bournemouth Hospital on the 16th and 27th of September in 2025
- 1.2 This was the first assessment in the new build after the move of the service from Poole to Bournemouth on the 31st of March 2025.

1.3 The previous assessment in Poole in 2022 rated the service as inadequate. The assessors recognised many aspects of improvements however further work was required as the service is rated at **requires improvement** (2025 assessment.)

1.4 There were several areas of **good practice** recognised by the CQC

Catherine Campbell, CQC deputy director of hospitals, secondary and specialist care for the South-West, said:

- “We found committed staff
- Women told us staff treated them with kindness and compassion, and we saw this during our visit.
- We saw midwives and doctors working well together.
- Staff enabled 79% of women to book their first appointment by 10 weeks, exceeding national targets and helping women begin pregnancy care earlier.
- Women reported positive experiences of person-centred care, saying staff involved them in decisions, supported them, and listened to their concerns.
- Women said they liked having their own room and that their partners could stay with them.
- The service had specialist midwives to support vulnerable women and consultant obstetricians were present for difficult births

Catherine Campbell also said that Inspectors identified areas for **improvement were**:

- “The maternity service frequently left the advice line unstaffed, diverting calls to triage or the labour ward and delaying urgent advice for women.
- Staff often delayed the induction of labour process, leaving some women waiting many hours or days and increasing distress and the likelihood of intervention.
- Staffing shortages and limited theatre capacity led staff to cancel some elective caesarean sections, creating uncertainty and increasing anxiety for women.”
- Staff felt there was a disconnect between managers and staff working clinically to the senior leadership team.
- The inspectors also found the newborn security policy hadn’t been updated for the new building, and recovery bay CCTV cameras compromised women’s privacy and dignity. The team acted promptly to remove the cameras and update the security policy.

2.0 Immediate actions taken during inspection

2.1-CCTV cameras were reviewed and removed from theatre recovery immediately

2.2 Baby abduction exercise completed in the new build.

Improvements made Sept 2025 – Sept 2026

Theme	Key milestones achieved	Next steps or in progress
Security	✓ Baby abduction standard operated policy completed. ✓ Implementation and staff awareness of policy. ✓ Staff education on security at yearly updates implemented ✓ Repeated baby abduction exercise in June 2026 ✓ Tailgating posters on every entry door ✓ Tailgating exercises weekly ✓ CCTV cameras were reviewed at the time of inspection and removed from the recovery bay in theatre.	➤ Further learning identified in the lockdown of the building in the event of an abduction. Work in progress to improve building security further. (Security guards will be in place until work is completed.)
Workforce ▪ Overall staffing ▪ Midwifery sickness ▪ Improvement of roster management	✓ We over recruited above birthrate plus staffing levels in September 2025 ✓ Commencement of new birthrate plus assessment in new build ✓ Continuous support of overrecruiting by trust Board in September 2026 ✓ Supportive management of sickness training by Human resources to senior staff completed and midwifery sickness less than 5% from February 2026 to date. National rate for midwifery sickness between 5-7%. ✓ Annual plan for support for junior staff in place.	➤ Recruit Newly Qualified Midwives (NQM) in September 2026 ➤ Supporting the birthrate plus assessors to complete assessment over next 3 months ➤ Continuous monitoring of sickness to sustain and reduce rates further to trust target of 4% ➤ Continue to support junior staff with lead midwife in

Wellbeing of staff	✓ Maternity triage line recruited and to vacant posts now fully staffed ✓ We have strengthened daily oversight of staffing by Matrons leading on safety huddles supporting the allocation of staff to ensure staff are allocated to the most needed areas as acuity changes within a shift. Making early decisions and forward planning if temporary staff is needed ✓ Daily monitoring of staffing through trust workforce governance ✓ Senior team and professional midwifery advocate are supporting staff to take breaks.	place to feedback to senior team. ➤ We will recruit any vacant Maternity triage line posts immediately as they arise. ➤ Continue to receive feedback from staff at listening events and work together on improvements ➤ Ongoing monitoring by Matrons of break relief
Triage - Staffing training on maternity advice line - Staffing gaps and vacancy on maternity advice line - Triage response times	➤ Refresher training has been completed with all staff on the maternity advice line. ➤ Guidebook and pathways updated and in place for staff to follow ➤ Staff recruited and to advice line and roster prioritised to prevent staffing gaps. ➤ Due to reduction in sickness and staffing improvements response times in unit is above 80% target since May 2026	Further improvements expected in maternity advice line - ➤ Introducing Healthy Start app in October to aid women in finding advice for minor enquires and setting line up as a triage service for emergencies. ➤ Review and assessing service with new NHS Maternity Triage guidance August 2026 on maternity triage services.

Leadership ▪ Increase visibility of senior leaders ▪ Seniors staff working in clinical areas ▪ Communication of changes ▪ Celebrating success	➤ Senior leaders are now working part of the week in allocated areas for example the labour ward matron will work in the labour ward setting to support staff as issue arise. ➤ We have introduced a back to the floor shift and senior staff work clinically alongside their colleagues ➤ We have increased communication with staff on changes within the unit and the communication policy has been updated ➤ We have increased our celebrating of success with weekly thank you from senior staff.	➤ We will continue to listen to our staff and engage in national programme of maternity staff survey which is expected later in this year.
Induction	➤ Review of induction process and information given to women updated. ➤ Delays of more than 2 hours post admission reported and monitored overall reduction seen to now 2 per month. ➤ Senior Clinician/Matron communicating with family if there is a delay	➤ Continued monitoring of any delays
Theatre capacity	➤ Review of theatre capacity completed ➤ Increased staffing for theatre, and postnatal care. ➤ All day lists introduced for planned Caesarean sections	➤ Ongoing monitoring system in place of any delays as Caesarean section are increasing and current rate at 50%

4.0 Conclusion

4.1 Maternity has made improvements since 2025 with all teams working together on managing and supporting workforce, improving security and leadership systems and processes which have improved patient care.

4.2 The service is committed to continue improvements and work with the regional and national team as the overall guidance are given to improve maternity service nationally.

Appendices

CQC Maternity report 2025

[The Royal Bournemouth Hospital HTML report for assessment LAP-02683 - Maternity - Care Quality Commission](#)

Maternity Triage Guidance August 2026

[NHS England » National maternity triage specification](#)

CQC Maternity update

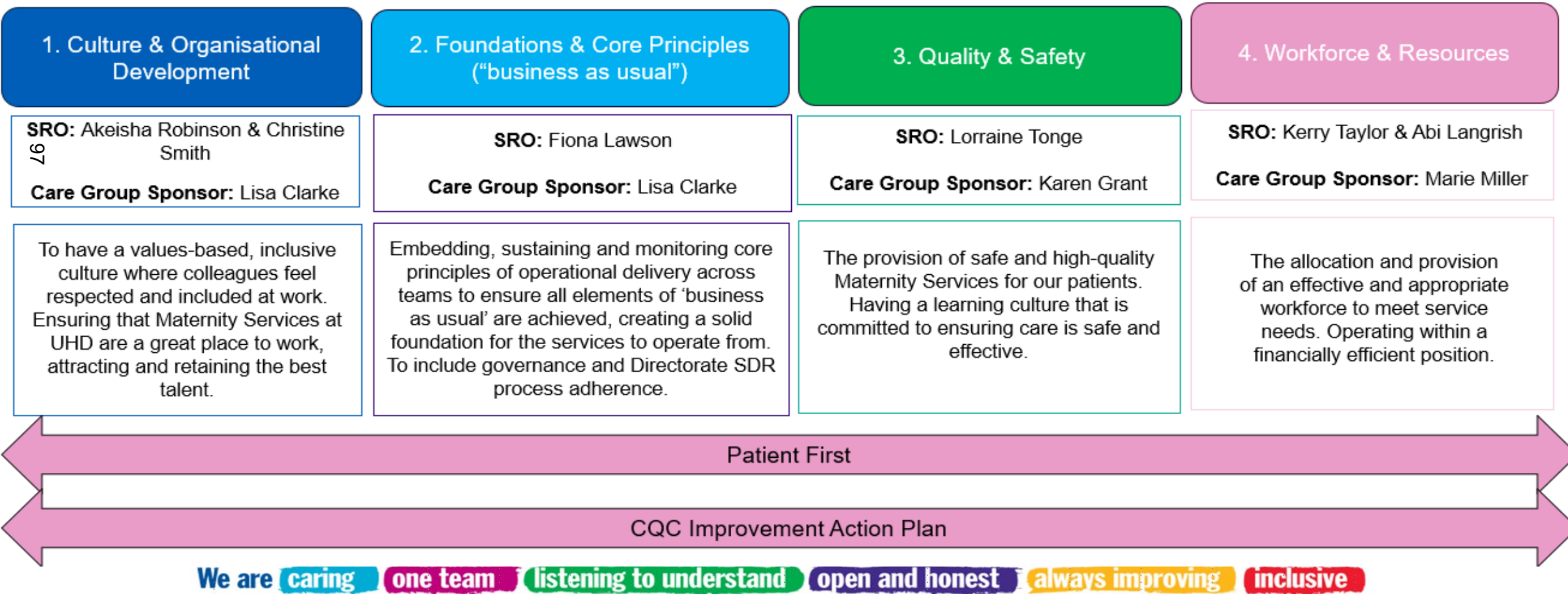
6th of July 2026

ownership
cohesion ops action
patient-first oversight
assurance improvement
governance
regulation short-term long-term sustained
leadership reassurance listening
connection medium-term

MATERNITY IMPROVEMENT GROUP – 4 Workstreams

Problem Statement(s):

Following a CQC unannounced inspection to Maternity Services at UHD in September 2025, two regulatory notices have been received and there are multiple actions required to mitigate concerns and issues arising from the inspection. It is challenging to sustain improvement actions in the service due to the reactive nature of the action plans required. There is a culture of low staff morale and staff feeling not listened to.



MATERNITY IMPROVEMENT GROUP – 4 Workstreams

1. Culture & Organisational Development

To have a values-based, inclusive culture where colleagues feel respected and included at work. Ensuring that Maternity Services at UHD are a great place to work, attracting and retaining the best talent.

Culture Plans

Staff Wellbeing

Vision & Strategy

Leadership Behavioural Framework

Patient First Rollout

Staff Survey Action Plan

Leadership Team Cohesion

Visibility & Connection with Teams

2. Foundations & Core Principles ("business as usual")

Embedding and sustaining core principles of operational delivery across teams to ensure all elements of 'business as usual' are achieved, creating a solid foundation for the services to operate from.

Day to day 'ops' role and responsibilities

Leader Standard Work

Engagement with Care Group Processes

Process Standard Work

Flow & Function

Communication

3. Quality & Safety

The provision of safe and high-quality Maternity Services for our patients. Having a learning culture that is committed to ensuring care is safe and effective.

Security

PSIRF & Governance Processes

Regulatory Requirements & Reporting

Mat/Neo Safety Champions

15 Steps & Patient Feedback

3yr & 10yr Delivery Plans

Estates Improvements

4. Workforce & Resources

The allocation and provision of an effective and appropriate workforce to meet service needs. Operating within a financially break-even position.

Roster Management

Staffing Skillmix

Birth Rate Plus

Skills & Competencies

Recruitment & Retention

Employee Relations

Efficiency Improvement Plans

Patient First

CQC Improvement Action Plan

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

Culture & Organisational Development

Theme	Key milestones achieved-improvements	Next steps in progress
Increase visibility	• Back to the floor for all band 8's commenced 8th of May • Band 8's locating in clinical areas for some of the week example community matron locates in both sites one day a week	• Rotation of band 8's when on back to floor days.
Improve working relationships with band 8 and band 7 midwives	• All band 8's and Quad completed MBTI • Improved Clinical leaders meeting with band 7's completing AAA for their areas – equal opportunity to discuss matters of concern	• Band 7 MBTI in progress for completion and to be discussed at clinical leads meeting
Reward and recognise examples of excellence in care /teamwork/service delivery/going above and beyond	• Weekly thank you by band 8 team in place • Discussed at clinical leads meeting for further suggestions	• Although sharing of learning from incidences occurs further work to recognise good work is underway

Culture & Organisational Development

Theme	Key milestones achieved - improvements	Next steps in progress
Celebration plan	• One year post move celebration with team's party • Mat Neo UHD nominations to recognise good work - 4 shortlisted and NICU were patient choice winners	• Organise a Ball/event for team celebration
Staff survey action plans	• Reviewed staff response • Action plans built with teams	• Continue monitor action plans
Leadership team building	• Senior Mat Neo leadership team established with monthly meetings with set agenda and team discussions on agreed projects QI and top leadership priorities • Quarterly away days for Mat Neo band 8 for development and team building	• Complete Mat Neo vision and strategy work

Foundations & Core Principles

Themes	Key milestones achieved-improvements	Next steps in progress
Organisational stability	• Matron of the day or OP Co attendance at care group staffing huddles • BCP's completed and sent to emergency planning for publishing on intranet	• Introduce new regional escalation plan • Further work with Band 7's in understanding BCP's
Process adherence	• Relaunched Mat Neo directorate quality and safety meeting structure /TOR meeting records and actions with stakeholders – QUAD leading sessions.	• Monitor compliance and meeting attendance of Mat Neo directorate quality and safety meeting
Continuous improvement	• Patient first Boards in all areas and introduced to all teams with OD support	• Review of effectiveness and engagement of process
Improve communication	• Communication strategy survey completed • Communication survey outcome results discussed • Communicated strategy updated • Senior team photos displayed • Weekly Dom message included in QUAD messages	• Continue with staff listening events

Quality and Safety

Theme	Key milestones achieved – improvements	Next steps in progress
Security	- Baby abduction SOP completed - Continued tailgating exercises - Repeated full baby abduction exercise end of June - Maternity on trust security management group	Finalise June abduction exercise report and implement actions
PSIRF and governance	- Reduced the number of open lerns ≥ 30 days from 196 in September to 16 in June - Improved ATAIN reviews with sustained rates $< 5\%$	- Reduction of open actions - Governance review work by external Trust planned for 8th of July
MATNEO safety champions dashboards	- Dashboard source referenced on reports - Introducing National dashboards Example MOSS as released by national team	- Regional heatmap released 30th of June to be incorporated into monthly governance reporting to Board. - Inequalities dashboard to be incorporated into monthly reporting to Board.

Quality and Safety

Theme	Key milestones achieved – improvements	Next steps in progress
2025 -15 steps – CQC patient feedback	15 steps action plan completed 1 action unachieved due to logistics for communal area- alternatives principles put in place. - CQC maternity survey 2025 –on track	15 steps 2026 booked for 15th of July - CQC 2026 maternity survey Strong engagement from families with UHD being within top 5 of responses received. - Awaiting outcome of 1st neonatal survey
Estates	- Estates action plan completed . - Estates now Business as usual with escalation systems in place for any estates concerns	No further action
Safety metric	MIS year 8 launched with identified SRO's MDT leaders for each element and monthly assurance process in place with external auditors – currently on track .	- Continue to monitor and support MIS actions - Implement 10 immediate actions from AMOS and Ockenden report.

Workforce & Resources

Theme	Key milestones achieved -improvements	Next steps in progress
Reduce midwifery sickness	• Midwifery staff sickness below 5% since Feb 2026 and sustaining • HR support with managing sickness and training to senior staff completed • Stress assessment completed with relevant staff and support given.	• Continuous monitoring to sustain and reduce rates further to trust target of 4%
Improve quality of rosters	• Band 5 annual plan with support in place • Roster training sessions with Band 8 and 7 roster managers • KPI's reported through trust workforce group • Maternity Triage recruited to vacant posts • Daily staffing grids represent staff redeployment and breaks	• Birthrate plus reassessment in new build booked to commence end of July

Workforce & Resources

Theme	Key milestones achieved-improvements	Next steps in progress
90% of staff to complete competency tool assessment	92% of staff completed competency tool assessment - Agency induction booklet in place	- Short to long term training plan to support staff learning - Improve annual appraisals from 78% to >90%
Bereavement service	- Staff support mechanism put in place 1:1 care of all bereaved families	As per Ockenden and Amos full review of bereavement service to commence
Triage service	- Triage sickness rates 10% in September improved to 2% in March, with stress and anxiety no longer the main reason for staff absence. In May sickness at 8% due to planned staff surgeries. - Training completed with all maternity advice line team - BSOTS Triage response times (15 minutes) between September-November was 72-76%, significant improvement seen between January- May with local auditable standards now achieved of 85%. - Triage risks monitored through risk register	Imminent new guidance expected and full review of Triage service as per Ockenden and Amos immediate actions to commence.

Next overall step is to review all 10 immediate actions from Ockenden and Amos and identify leaders for each element

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

This page is intentionally left blank

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Neighbourhood Health
Meeting date	22 nd September 2026
Status	Public Report
Executive summary	The Department of Health & Social Care Neighbourhood health framework - GOV.UK sets out key requirements associated with delivering on the governments ambition to embed neighbourhood health at the heart of bringing care into local communities; convening professionals into person-centred teams; and ending fragmentation. Core principles are outlined with Health & Wellbeing Boards to oversee the delivery of reform interventions to be implemented in the next 3 years through 2 stages Stage One (2026/27): • Agree neighbourhood footprints around natural communities for the future development of Integrated Neighbourhood Teams • Agree plans to establish Integrated Neighbourhood Teams focused on high-priority cohorts, including how devolving care budgets could work in their area • Work towards developing and agreeing a locally owned neighbourhood health plan for implementation from 2027 onwards Stage Two from 2027 onwards: • Implementation of a locally owned neighbourhood health plan. Local work is progressing through the established neighbourhood health & wellbeing programme. Engagement is underway to appraise potential options for future neighbourhood footprints with a view to supporting a recommendation to the Health & Wellbeing Board. Priority cohorts have been defined in line with the national framework requirements with local teams focusing on the top 1% alongside other neighbourhood needs based interventions.

Recommendations	The Committee is asked to note the report
Reason for recommendations	Forms part of an ongoing programme of work to deliver on the ambitions set out within the Neighbourhood Health Framework
Portfolio Holder(s):	David Brown – Portfolio Holder for Health & Wellbeing
Corporate Director	Laura Ambler – Corporate Director of Wellbeing
Report Authors	Mark Harris – Deputy Place Director (BCP), NHS Dorset Lauren Leete, Deputy Delivery Director – Neighbourhood health & Wellbeing Programme
Contributors	Rob Carroll, Director of Public Health
Wards	Council-wide
Classification	For Update

Introduction

The Department of Health & Social Care published a Neighbourhood Health Framework on 17th March 2026 - [Neighbourhood health framework - GOV.UK](https://www.gov.uk/government/publications/neighbourhood-health-framework). The Framework sets out the key requirements associated with delivering on the governments ambition to embed neighbourhood health at the heart of bringing care into local communities; convening professionals into person-centred teams; and ending fragmentation. It also provides the platform for transforming access to general practice and preventing unnecessary hospital admissions whilst simultaneously supporting reintegration of healthcare into the social fabric of places.

Under the guidance of the Health & Wellbeing Board, system partners are working together to develop a locally owned neighbourhood health plan ready for implementation from 2027/2028.

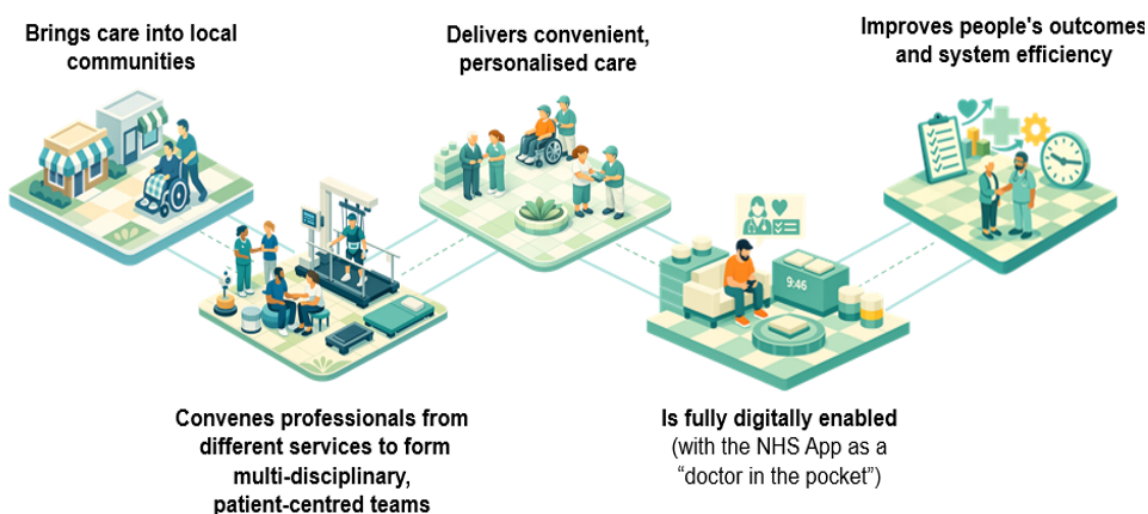
Core principles of the plan are framed on:

- Integrating services so that they are organised around people's lives
- Improving long-term outcomes for people through a focus on prevention, relying less on expensive crisis management
- Devolving power to local areas, which understand the needs of their communities best, with services that are designed with and for people, in partnership with civil society and the impact economy

The guidance sets out core elements to be addressed through the implementation of the plan:

- Improve people's health and care outcomes
- Organise services around the person
- Reduce pressure on acute hospital services
- Cut waste and duplication
- Enable delivery of NHS core targets

The ambition is to create a Neighbourhood Health Service that



2026/27 Key deliverables:

- Agreeing neighbourhood footprints around natural communities for the future development of Integrated Neighbourhood Teams
- Agreeing plans to establish Integrated Neighbourhood Teams focused on high priority cohorts, including how devolving care budgets could work in their area

Work on delivery is progressing through the established Neighbourhood Health & Wellbeing Programme.

Neighbourhood Footprints

At the outset of work to develop integrated neighbourhood teams in 2024, agreement was made through the programme governance to use primary care network arrangements as a starting point for work to begin. Following the publication of the Neighbourhood Health Framework, current arrangements are now being re-visited to test effectiveness and resonance to the new framework and consider other potential options.

Identified options to date include:

- Retaining existing working arrangements framed around primary care networks
- Grouping local authority wards into neighbourhoods
- Combining elements of the two set out above

Partners are working collaboratively to stress test options against a defined set of criteria which are outlined below:

- Puts the community at its heart – consists of recognisable, ‘natural’ communities
- Contained within a single place boundary (BCP Local Authority)
- Uses GP practices as a building block
- Avoids fragmented or disconnected geographies
- Balances practical delivery with community identity enabling the neighbourhood team to have a deeper understanding of their local population
- Fosters equitable resource allocation based on population need
- Reduces overlaps that confuse residents and professionals (recognising no solution will be perfect and cross boundary access will always occur)

Other key factors to be incorporated in the appraisal include:

- Community voice and insights
- Inclusion of a range of services and statutory, non-statutory and community assets for people living in those communities
- What works best for the local place, taking into account a broad range of requirements such as:
 - the local health economy
 - access requirements
 - local governance structures (for example, area committees, ward partnerships and town or parish councils or their equivalent)
 - Pride in Place neighbourhood boards
- Balance of population size and level of need to ensure health inequalities are not concealed within larger geographical areas – optimal population of 30,000 – 60,000

The appraisal of options will subsequently inform a recommendation to the Health & Wellbeing Board for agreement later this year.

Plans to establish Integrated Neighbourhood Teams focused on high-priority cohorts

Within the local Neighbourhood health & Wellbeing Programme, tiered population cohorts have been defined with teams focusing on the top 1% alongside other neighbourhood needs based interventions.

Tiers	% of pop.	Level of need	Prioritised type of care
Tier 1	1%	Very high need Multiple Long-Term Conditions, Frailty, High Intensity Users, Social Vulnerability	Proactive
Tier 2	2%	High need Significant Long Term Condition burden or non-medical risks, not yet as complex as Tier 2 but with clear risk of escalation	Proactive
Tier 3	17%	Moderate need Stable and may have Long Term Conditions but rising risks, who can benefit from early interventions	Early Intervention
Tier 4	80%	Low need Minimal clinical complexity and low risk of deterioration	Prevention

Proactive interventions are framed around structured case management, use of treatment escalation plans and multi-disciplinary working aimed at preventing deterioration and avoidable hospital admission.

Each integrated Neighbourhood Team (INT) is also developing locally determined initiatives to test new ways of working aligned to delivering on the overall aims and objectives of the programme. Examples of initiatives are included below:

- Development of carousel style clinics: bringing medical specialists and multi-disciplinary professionals together under one roof, making specialised services more accessible and convenient for local residents outside of major hospital settings
- Consistent use of treatment escalation plans within care homes
- Reducing High Intensity Use of services through co-ordinated care

Co-production lies at the heart of the programme with a dedicated group ensuring the focus remains on sharing power, being accountable and making a difference. A core principle of this is centred on increasing the participation of people with lived experience and communities across all elements of the programme.

To enable successful and sustainable implementation work has now also begun to co-design how the Neighbourhood Core Team will work in day to day delivery, enabling a 'no wrong door approach'.

Summary & Conclusion

Local partners continue to work together to progress work aimed at achieving the ambitions set out in the national Neighbourhood Health Framework.

A commitment to co-production underscores ongoing engagement to meet nationally mandated 2026/27 deliverables and support the development of a locally owned Neighbourhood Health plan for BCP Place.

Committee members are asked to note progress to date.

Neighbourhood Health

Health & Adult Social Care Scrutiny Committee
22nd September 2026



Neighbourhood Health

- Puts the person at the centre of how we deliver their health and care by organising services so they can work together to serve a defined local population
- a central core component of wider public sector reform to enable joined up services across the full spectrum that impact peoples' ability to live happy, healthy lives
- includes a broad spectrum of service areas working across and within local communities such as:
 - GP's and community services
 - Urgent care, diagnostics, and outpatients
 - Adult and Children's Social Care
 - Public Health Services
 - Housing, employment support and welfare

Neighbourhood Health Framework: Core Principles

- Integrating services so that they are organised around people's lives
- Improving long-term outcomes for people through a focus on prevention, relying less on expensive crisis management
- Devolving power to local areas, which understand the needs of their communities best, with services that are designed with and for people, in partnership with civil society and the impact economy

Neighbourhood Health Framework *(DHSC, 2026)*

[Neighbourhood health framework - GOV.UK](https://www.gov.uk/neighbourhood-health-framework)

Our ambition is for a Neighbourhood Health Service that...

Brings care into local communities



Delivers convenient, personalised care



Improves people's outcomes and system efficiency



Convenes professionals from different services to form multi-disciplinary, patient-centred teams



Is fully digitally enabled (with the NHS App as a "doctor in the pocket")



Neighbourhood Health Framework: Stage One (2026 – 2027)

- Under the guidance of the Health & Wellbeing Board:
 - Agree neighbourhood footprints around natural communities for the future development of Integrated Neighbourhood Teams
 - Agree plans to establish Integrated Neighbourhood Teams focused on high-priority cohorts, including how devolving care budgets could work in their area
 - Work towards developing and agreeing a locally owned neighbourhood health plan for implementation from 2027 onwards

Neighbourhood Footprints

- Currently co-terminus with Primary Care Networks (PCNs) - agreed as a starting point for work to commence
- Collaborative work to re-visit & test effectiveness and resonance to criteria set out within the national framework
- Using as opportunity to explore all potential options:
 - Existing working arrangement framed around PCNs
 - Grouping local authority wards into neighbourhoods
 - Combining a blend of elements of the two preceding points
- Reviewing current arrangements to inform recommendation to Health & Wellbeing Board



Neighbourhood Footprints

Diagnostic toolkit for assessing options

- Puts the community at its heart – consists of recognisable, 'natural' communities
- Contained within a single place boundary (BCP Local Authority)
- Uses GP practices as a building block
- Avoids fragmented or disconnected geographies
- Balances practical delivery with community identity enabling the neighbourhood team to have a deeper understanding of their local population
- Fosters equitable resource allocation based on population need
- Reduces overlaps that confuse residents and professionals (recognising no solution will be perfect and cross boundary access will always occur)



Neighbourhood Footprints

Diagnostic toolkit for assessing options

- Other factors set out within the national framework to be considered as part of the options appraisal focus on:
- Inclusion of a range of services and statutory, non-statutory and community assets for people living in those communities
- What works best for the local place, taking into account a broad range of requirements such as:
 - the local health economy
 - access requirements
 - local governance structures (for example, area committees, ward partnerships and parish councils or their equivalent)
 - Pride in Place neighbourhood boards
- Balancing population size and level of need to ensure health inequalities are not concealed within larger geographical areas (30,000 – 60,000 population)



Neighbourhood Health & Wellbeing Programme Update

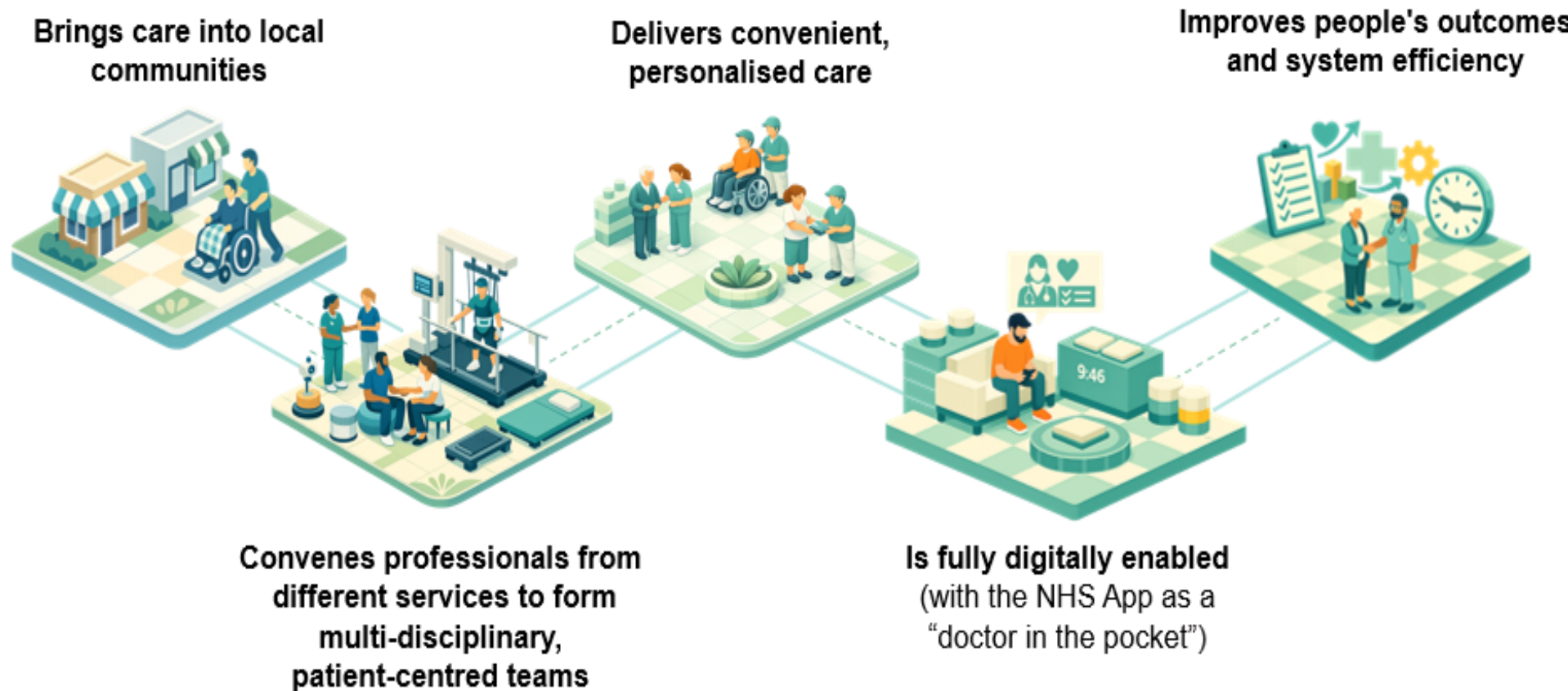
121

Dorset Neighbourhood vision

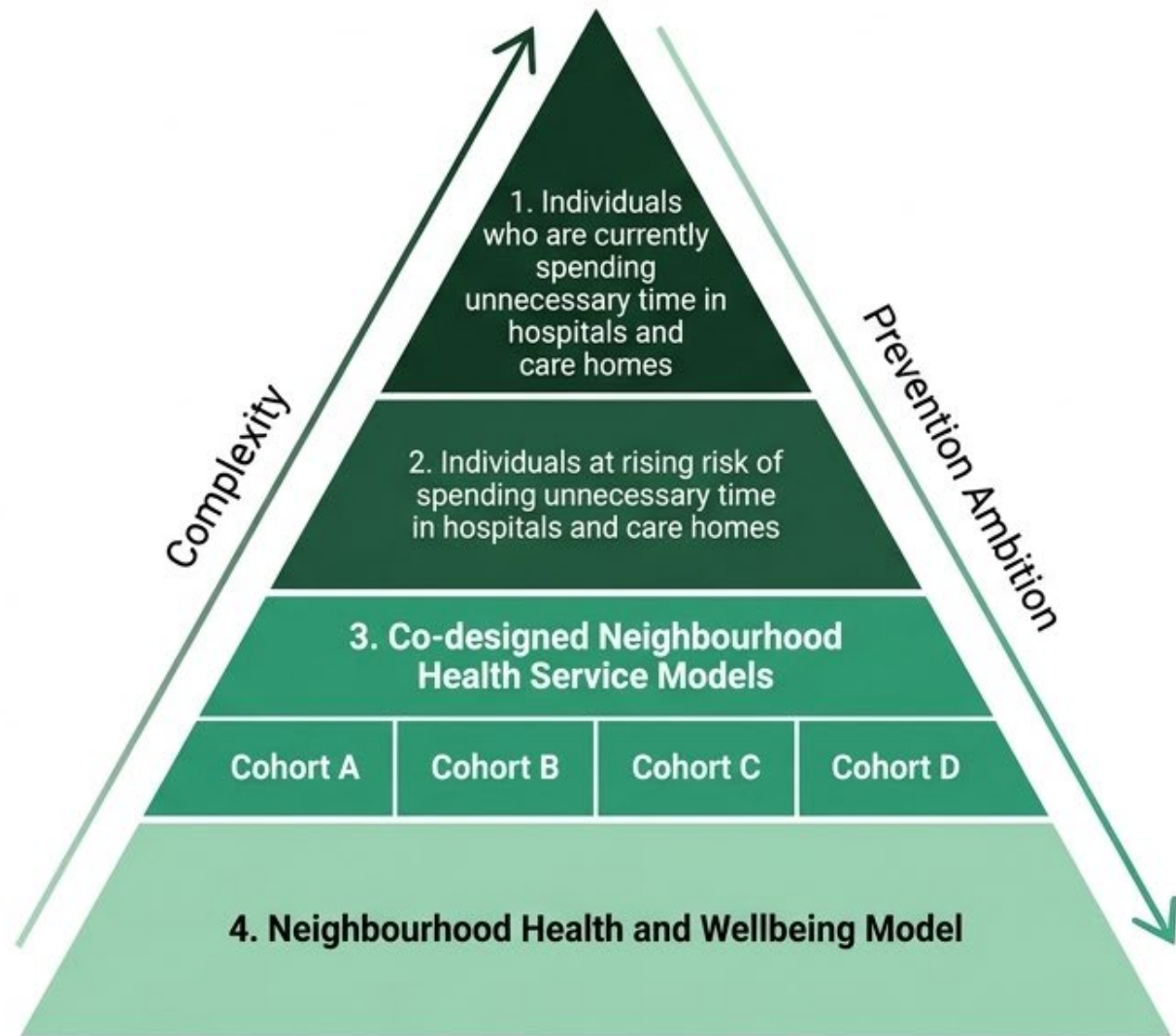
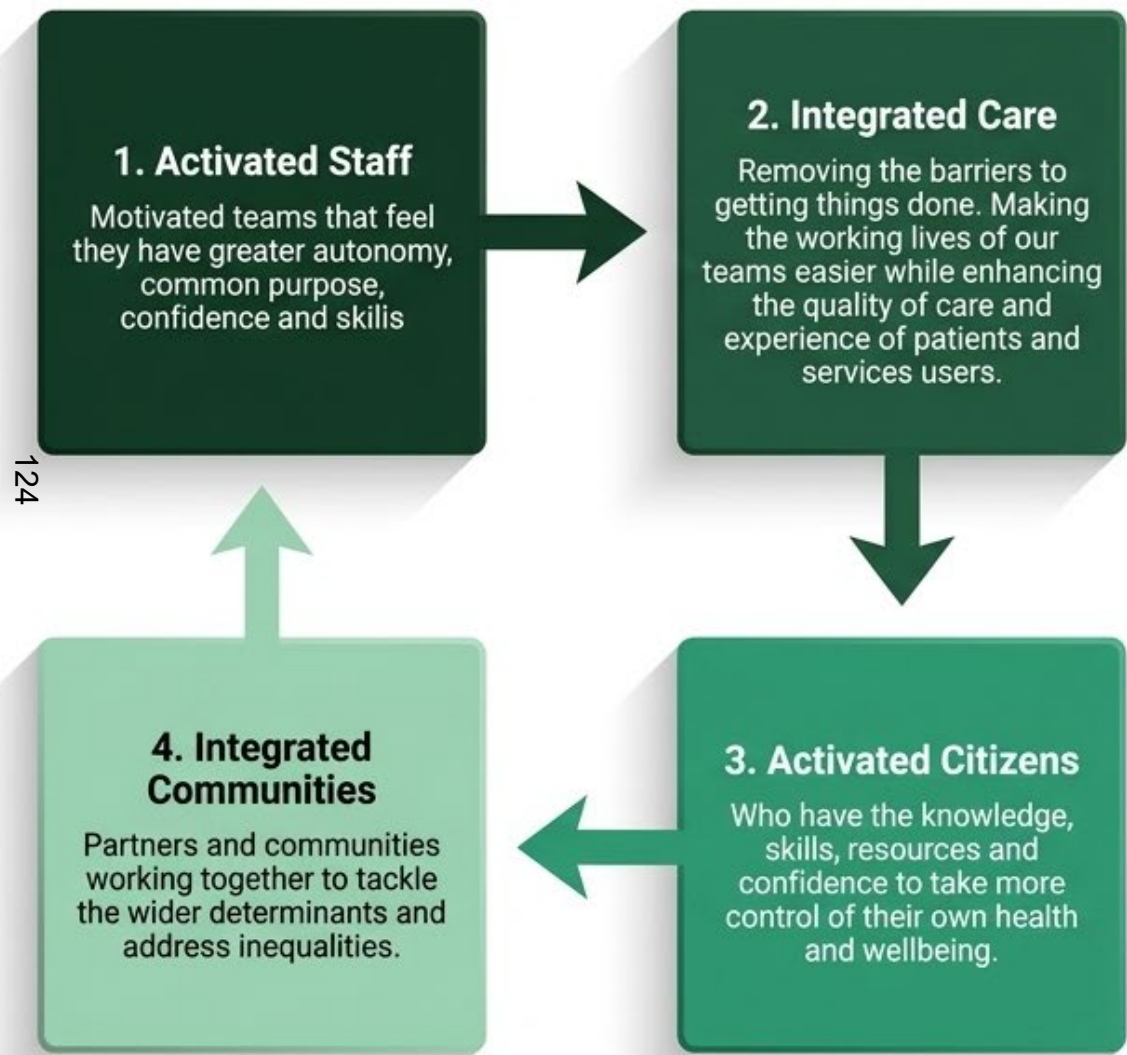
‘Working together to create healthier, thriving communities, with care and support where you live, when you need it.’

Ambition is for a Neighbourhood Health Service that...

Puts the person at the centre of how we deliver their health and care, by organising services so they can work together to serve a defined local population



Programme links the logic model and population health improvement



Neighbourhood Programme: evolution to date

Building from local neighbourhood work and targeted cohort programmes towards a sustainable model for Integrated Neighbourhood Teams (INTs)

125

BUILD THE TEAM

Local foundations

- Triumvirate leadership across LA, PC and community
- Local initiatives established and developed
- Building relationships and foundations for neighbourhood working

HIMSU

High users of services

- Focused work with cohorts identified as high users of multiple services
- Understand the needs and experience of people with high service use
- Develop and test local interventions to better coordinate support

NNHIP

Targeted cohort focus

- Dorset focus on high / very high frailty markers and high / very high risk of falls
- All 18 INTs signed up to the national programme
- Focus on care planning and TEPs, polypharmacy, care co-ordination and local cohort interventions

OPERATING MODEL

Developing the future way of working

- Build on learning from local and national programme activity
- Develop the practical model for how INTs organise and work together
- Continue to test, learn and evolve a sustainable neighbourhood approach

The work is evolving from local foundations and targeted cohort learning → test and learn → a practical, sustainable neighbourhood operating model.

Translating theoretical integration into tangible, on-the-ground reality

A range of practical activity is already underway across INTs, with different approaches emerging to reflect local need and priorities.



BUILDING THE TEAM

Building relationships, connections and the foundations for integrated working.

Shared Culture

- Lunch & Learns
- Service directories
- Work shadowing, joint training & skill sharing

Structural Alignment

- Co-location opportunities
- Integrated nursing team pilots
- Insulin SOP & Continuing Health Checks



INTEGRATING CARE AROUND PEOPLE

Developing and testing practical ways of working around individuals and cohorts.

Specialised Clinics

- Group clinics – leg clubs & diabetes
- Multi-disciplinary Falls Clinics
- Carousel Clinics / Jurassic Hub

Targeted Pathways

- CYP MDTs
- AHPs at the Social Care front door
- Community cancer & peri-operative pathways
- High Intensity Service Users



LEARNING & IMPACT

Building the evidence to understand what is changing and what makes a difference.

Quantitative Evaluation

- Intervention & Cohort identification
- Performance measures development
- Impact and evaluation frameworks

Qualitative Impact

- Impact reporting through Stories of Difference

BUILD

→ TEST

→ LEARN

→ EVOLVE

Co-production - at the heart of the work



Recognising People as Assets

Valuing lived experience. Facilitating individuals and teams to uncover their inherent strengths and contributions.



Building on Existing Capabilities

Acknowledging and leveraging the diverse, pre-existing skills and capabilities within our communities.



Mutuality & Reciprocity

Enabling participation on equal terms. Prioritising creative, active listening and shared benefit.



Peer Support Networks

Fostering shared humanity. Deliberately dismantling 'them and us' dynamics to build an 'all of us' culture.



Breaking Down Barriers

Creating psychological safety. Validating real-world experiences, acknowledging struggles, and tackling inequalities head-on.



Facilitating Rather Than Delivering

Valuing all forms of expertise. Creating safe, collaborative spaces to explore solutions, rather than dictating them.

127



Spectrum of Involvement



Targeted Cohort Update

128

Summary recap



Cohort identified • Frailty – High / Very High • Falls – High / Very High Risk • Not Palliative	Cohort Size (01/02/26) • Total – 2350 • Dorset – 1193 • BCP – 1337	INT Cohort Sizes • Average – 141 • Largest – 265 (Shore Medical) • Smallest – 57 (Blanford)
--	---	--

Cohort Approach & Infrastructure

Cohort proposal and reporting framework developed to support oversight and consistency across INTs.
Programme “ask” shared and discussed with teams.
SNOMED coding approach established to support tracking, reporting, and outcome measurement.

INT Engagement & Mobilisation

- 129
- All INTs signed up to the NNHIP cohort work.
 - Initial queries regarding PCNs signing up on behalf of INTs are being clarified.
 - INT Leadership Meetings are shaping the delivery approach, funding allocation, and operational impact on teams.

Emerging Delivery Model

Programme remains in the early stages of development, responding directly to cohort requirements and neighbourhood priorities.
Existing initiatives are already supporting the fourth INT “ask” through:

- Increased integrated working
- Identification of quick wins for the frailty cohort
- Strengthening neighbourhood prevention and proactive care

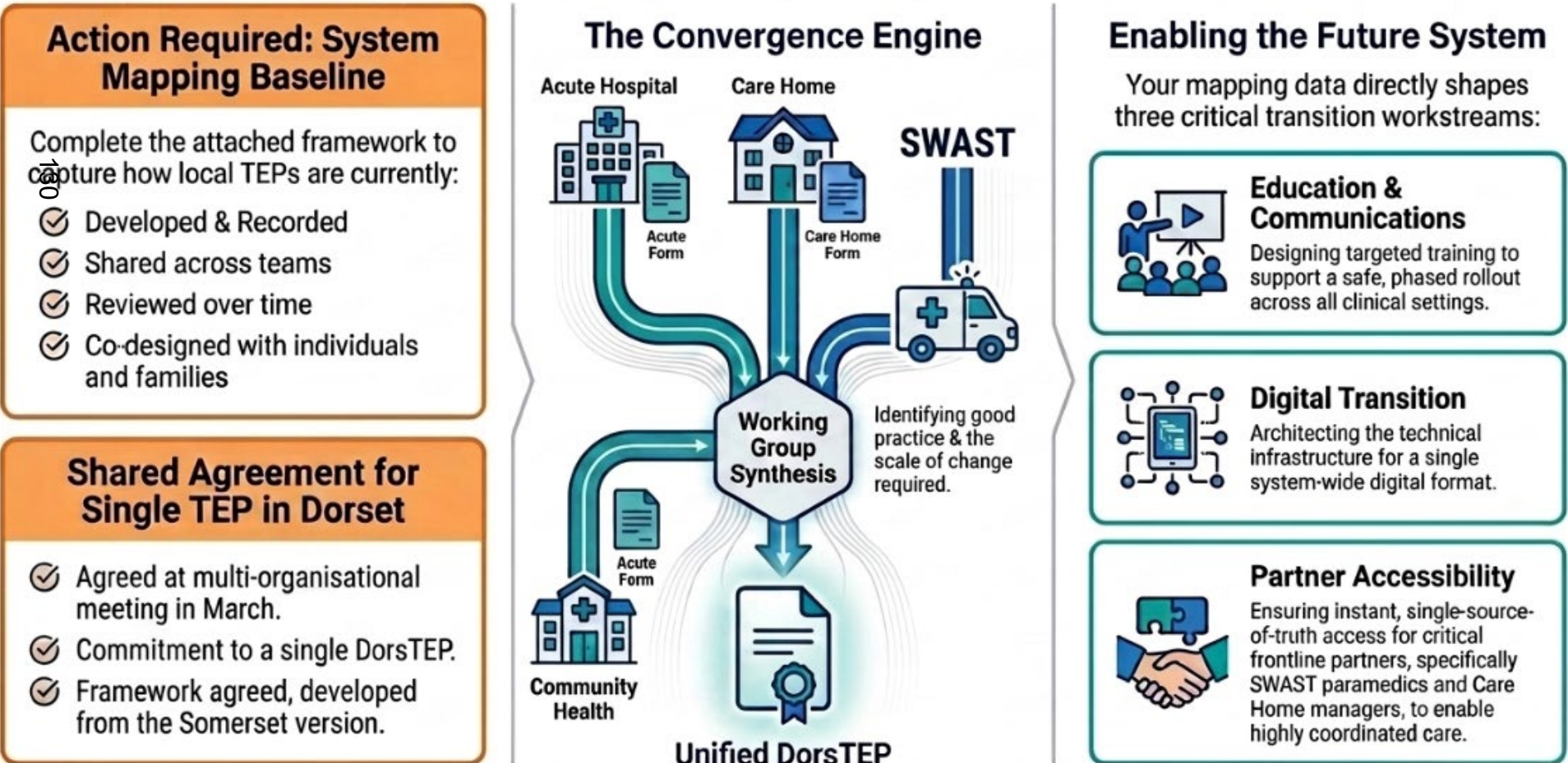
Examples of emerging local initiatives that align to cohort

- Jurassic Ageing Well Hub
- Frailty & Falls Networking Events
 - Bringing together Health, Social Care, and VCSE partners
- Improving insulin management within care homes
- Joint Frailty MDT approaches
- FaME delivery models (both in-person and remote)

Treatment Escalation Plan (TEP)

- Multi-organisation meeting completed with agreement reached to progress towards a single TEP approach across organisations.
- Agreement to adopt the DorsTEP model, adapted from the Somerset TEP framework.

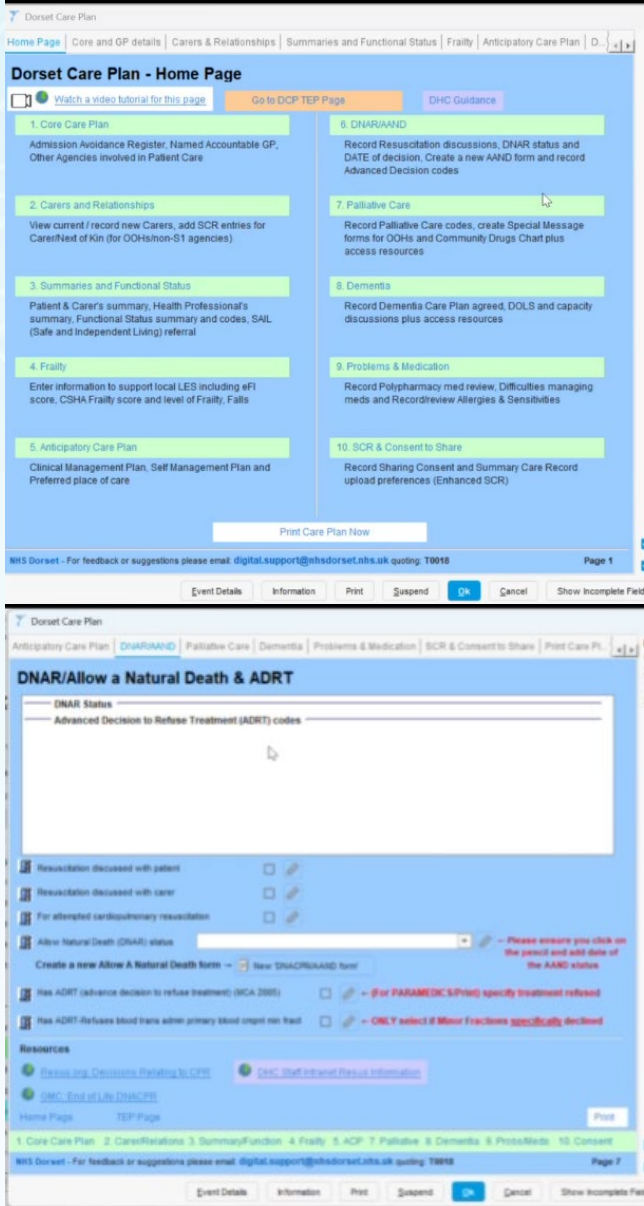
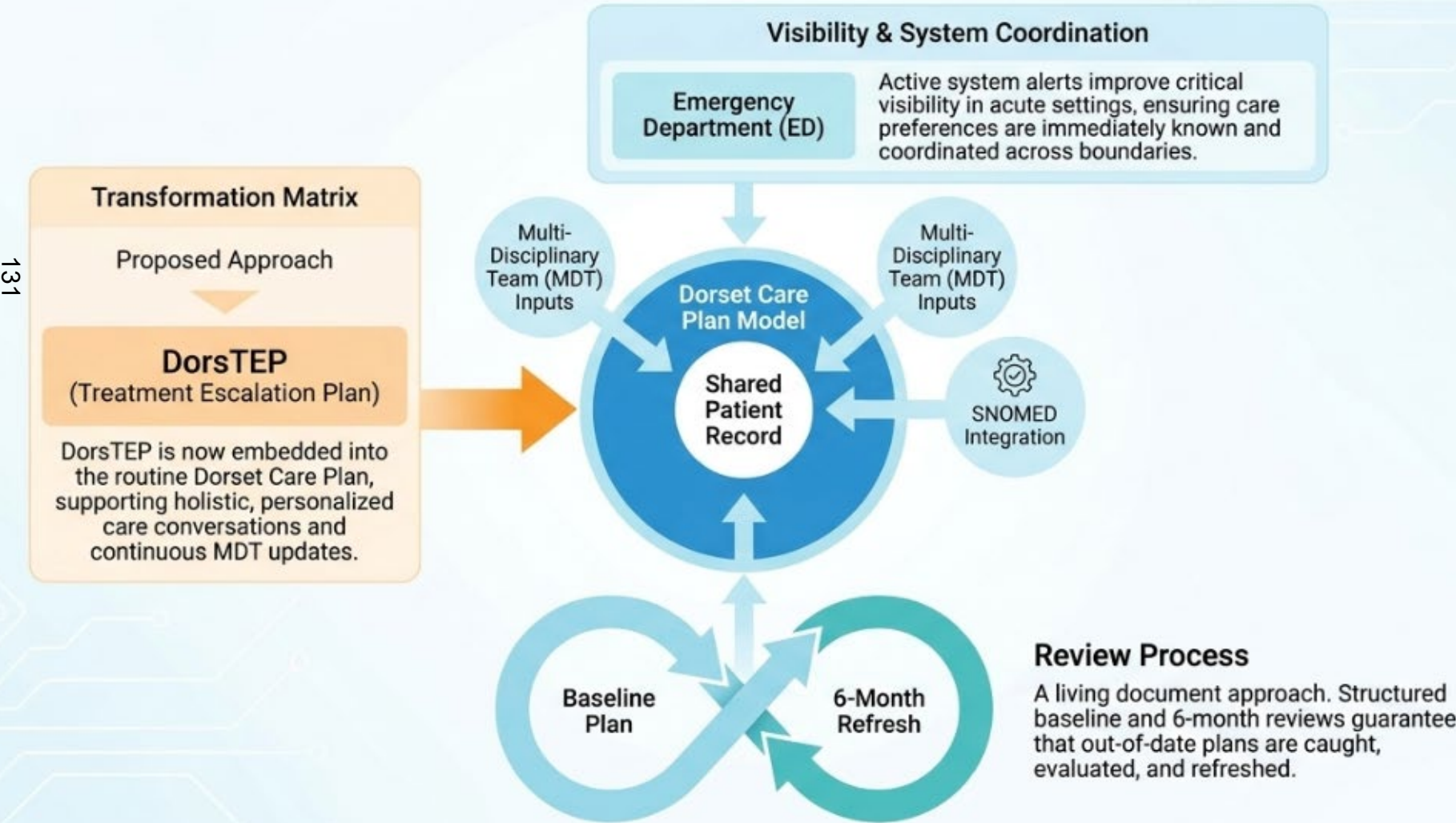
Mapping Our Path to a Single, Unified DorsTEP



Current Focus

- Mapping current organisational processes and approaches
- Developing a detailed implementation and transition plan to support safe, joined-up delivery across the system

Embedding DorsTEP into the Dorset Care Plan Model



Medicines Management



Acute Interface

Current Focus: Collaborating with University Hospitals Dorset (UHD) regarding the insulin framework on patient discharge.

Next Action: Follow up with UHD leadership to agree, align, and sign off on a cohesive transition plan.



System Partnership

Current Focus: Expanding systemic alignment and shared protocols with Dorset County.

Next Action: Coordinate a strategic meeting with Dorset County stakeholders to explore and co-design a unified, system-wide approach.



Clinical Governance

Accountability: Led by Rav Ramtohal and Adam Nicholls.

Current Focus: Comprehensive review of high-risk medications across the care continuum.

Next Action: Agree on a standardised clinical approach and disseminate clear, actionable guidance protocols directly to all INTs.



Population Health & Data

Current Focus: Mapping Type 2 Diabetes (T2D) insulin prescriptions within local neighbourhoods.

Next Action: Interrogate prescribing data to isolate T2D individuals currently on insulin. Contact INTs directly to trigger targeted community reviews and proactive follow-up.

Using Data and Diis to track and shape developments

Translating operational momentum into targeted acute pressure relief and preventative clinical outcomes

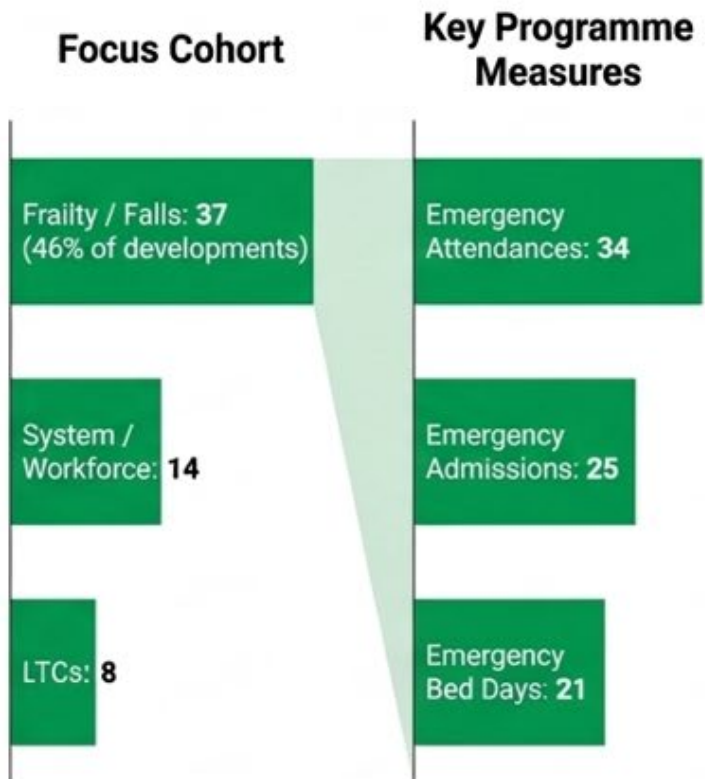
Overall Programme Delivery Status



Total Initiatives: 80
In Progress: 52 (65%)
In Scoping / Feasibility: 20 (25%)
Completed: 7
Paused: 1

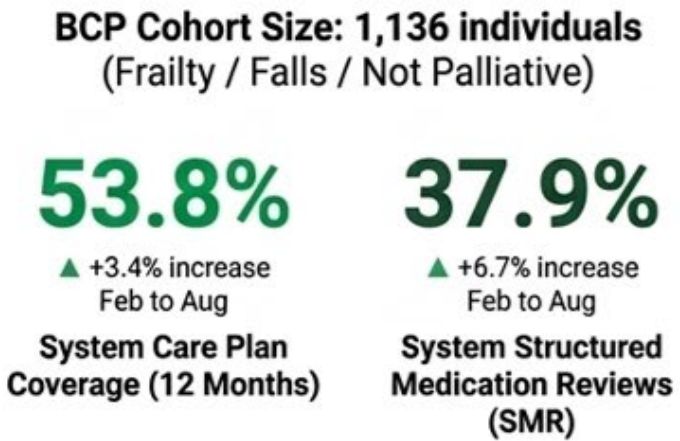
Strong operational momentum with 90% of planned initiatives either delivered or actively underway across BCP INTs.

Strategic Focus & Alignment



INT activity is tightly aligned with urgent system pressures, prioritising frail elderly populations to prevent avoidable hospital admissions and acute care dependency.

NNHIP Frailty Cohort Metrics



Example INT Data capture

Bournemouth East	80% Care Plans (+17% gain)	70% SMR (+28% gain)
Poole Central	42% Care Plans (+3.9% gain)	30% SMR (-0.6% drop)

System-wide clinical proactive care is steadily accelerating. Leading neighbourhood teams demonstrate significant, rapid gains in preventative care planning, setting the benchmark for system-wide scaling.

Next Steps

135



The Integrated Neighbourhood Team Framework



Model Architecture

- **Core Team = Day-to-Day Delivery:** The anchoring operational group with unified leadership and clear accountability for a defined neighbourhood population.
- **Petals = Extended Partnership:** A dynamic, structures network of specialise and community working with the the core.
- **Physical Integration:** Opportunities for teams operate from a common base where possible, anchored around a localised Neighbourhood Health Centre.



Operational Enablers

- **'No Wrong Door' Access:** A population-based approach ensuring seamless entry into the care ecosystem regardless of the initial touchpoint.
- **Multidisciplinary 'Team of Teams':** Delivering whole-person care that simultaneously addresses physical, mental, and social needs with support from acute specialists.
- **Shared Digital Infrastructure:** Operating from a single, shared record to eliminate the need for internal referrals between neighbourhood partners.

Developing

How the Neighbourhood Core Team will work



The neighbourhood core team is accountable for the whole neighbourhood population

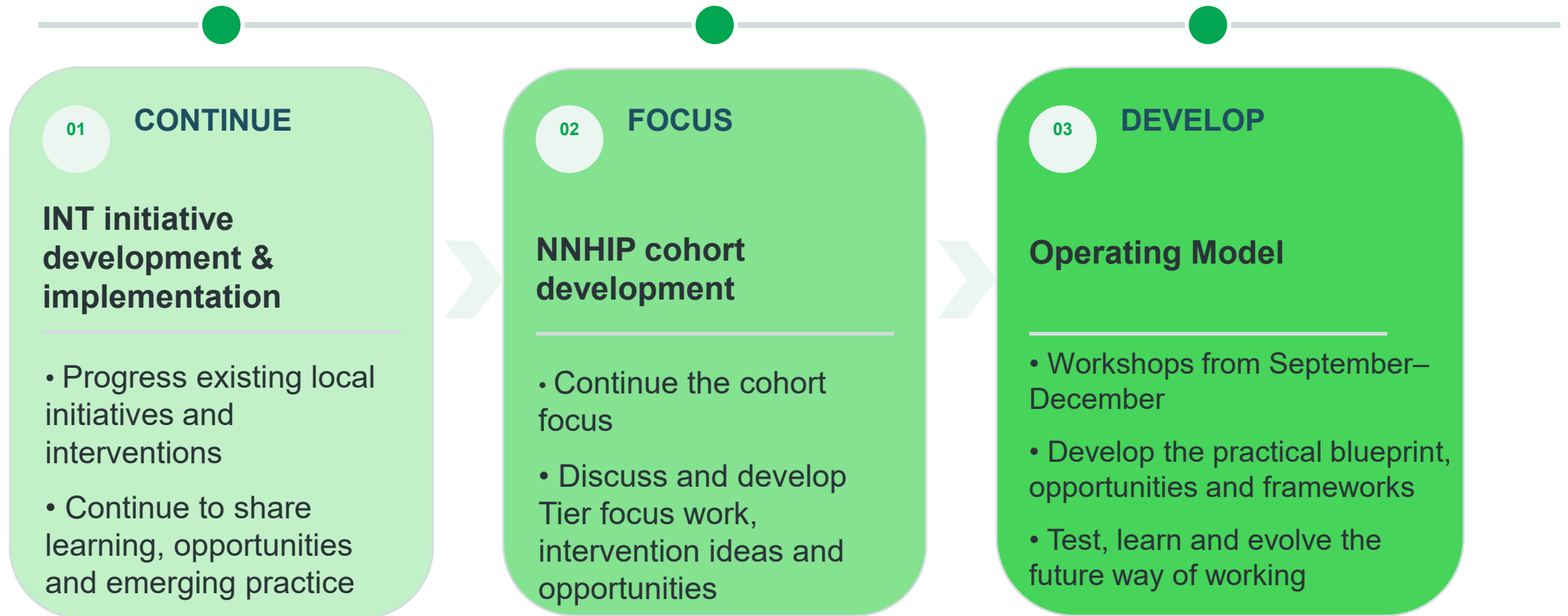
The **intensity** of their responsibility will depend on the patients need as defined by their tier

Tiers	% of pop.	Level of need	Prioritised type of care
Tier 1	1%	Very high need Multiple Long-Term Conditions, Frailty, High Intensity Users, Social Vulnerability	Proactive
Tier 2	2%	High need Significant Long Term Condition burden or non-medical risks, not yet as complex as Tier 2 but with clear risk of escalation	Proactive
Tier 3	17%	Moderate need Stable and may have Long Term Conditions but rising risks, who can benefit from early interventions	Early Intervention
Tier 4	80%	Low need Minimal clinical complexity and low risk of deterioration	Prevention

Next steps

Continuing delivery while developing and testing the future neighbourhood model

SEP → DEC



Across all three areas: share ideas • identify opportunities • test what works • build on learning

Stories of Difference



Overview



The problem

A cohort of 174 patients was identified including individuals with:

- High or Very High Frailty
- High or Very High Falls Risk
- No palliative care marker

It was recognised 41 of the cohort are Care Home Residents and Falls are the primary driver of admissions.

SMART goal

Specific – Create a collaborative approach to support improved management of Care Home Residents in Poole Central INT

Measurable – Consistent use and number of Dorset Care Plans (DCP) and TEPS completed

Achievable – DCP and TEP in place for all people with an identified care need.

Realistic – Engage individuals to understand what they need from their care.

Time Limited – 6 months to embed processes

Approach



Plan - Poole Central PCN took the lead on the review of the Care Home patients identified within the cohort as they are the usual care provider in this environment

Do - Monthly Care Home MDT meetings

- All admissions and deaths reviewed
- Use of Dorset Care Plans (DCP) and TEPS
- Inclusion of:
 - Pharmacists (polypharmacy review)
 - Care coordinators

Study - Ongoing monitoring of the use of documentation and ensuring it is up-to-date

Act - Improved documentation and proactive care planning. Include other partners in the MDT as appropriate

Result



Early Impact: Benefits are emerging, with further impact expected as the approach becomes embedded.

Key Benefits:

- Reduced unnecessary conveyances and admissions.
- Increased patient involvement in decisions about their care.
- Improved staff confidence and collaboration.
- Care delivered more consistently in line with patient wishes.

Early Impact:

One early example involved completion of a TEP for an individual whose previous hospital admission had not aligned with their wishes.

When they later became unwell, the agreed plan enabled care to be delivered in line with their preferences, avoiding an unnecessary hospital admission and supporting the individual, their family along with the services and staff involved in the care.

- Improved individual experience
- Avoided inappropriate conveyance
- Avoided unplanned admission
- Improved confidence for service to follow plan

Learnings



We have been working on integrating teams and reviewing the allocated patient cohorts for a while and it has been challenging. Bringing together a focussed MDT to improve collaboration and learning for the benefit of patients has been a genuine step forward.

Personalised engagement means a better experience for individuals and their families. The teams can follow TEP and adhere to the patients' wishes .

We also noted the following trends:

- *Loneliness and low mood is prevalent in Care Homes, often with high levels of associated medication.*
- *A Care Home had no admissions resulting from Falls and it was identified they have exercise classes.*

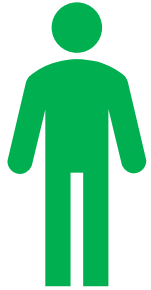
We plan to explore these links further.



Individual: Reducing High Intensity Use through co-ordinated care.



Key Themes: HIU / Co- Production / Collaboration / Reduced Ambulance Call Outs / Care Co-Ordination / MDT working



140

- 59 year old Male
- Multiple Long Term Conditions
- Poole Bay and Bournemouth INT.
- Diabetes, Visual Impairment, Mental Health concerns.
- Hand tremors.
- Unable to manage own Insulin leading to frequent ambulance call outs.
- High Intensity User.

High Intensity User MDT identified numerous services involved with this individual all working independently with no shared care

- A targeted extended appointment arranged.
- Identification of needs and barriers understood enabling Primary Care to proactively co-ordinate care across the system. Including diabetes specialist nurses, district nursing, ophthalmology and neurology.
- HIU status identified to all partners

- As a result of this co-ordinated and patient centred approach trust was regained between patient and system.
- Ambulance call outs reduced (0 calls between 18/2 and 11/3 from several times per week.
- Patient reported as feeling supported for the first time and no longer felt a burden to the system

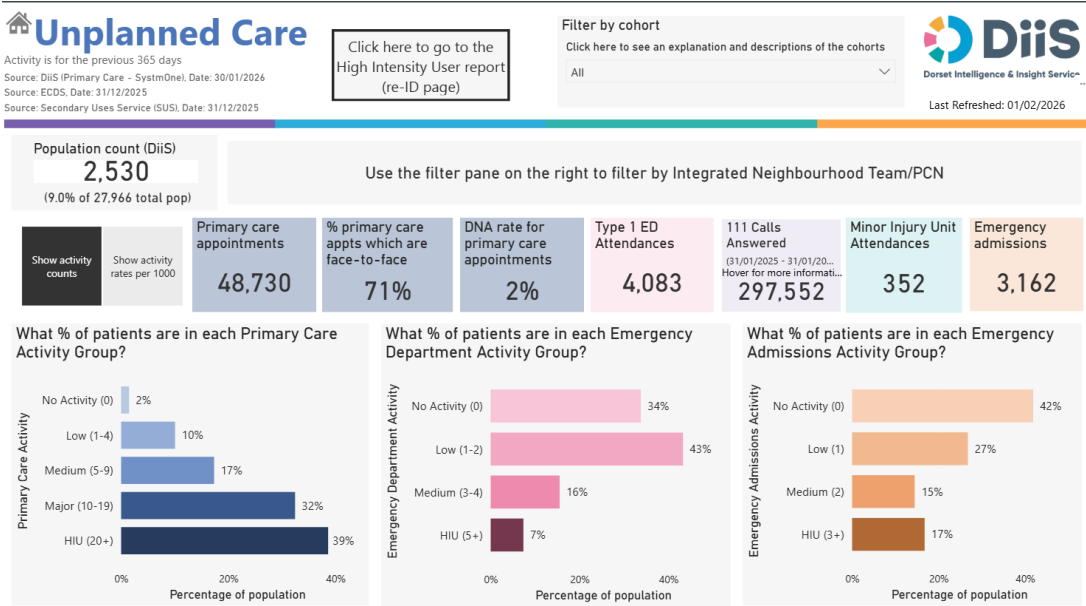
System: Identifying the NNHIP Cohort

Key Themes: NNHIP / Frailty / Falls / System wide

1: There has been a requirement to identify a cohort for the NNHIP programme. The challenge was to identify a cohort that would enable work to be developed across the system which aligned with the Dorset Neighbourhood programme as well as supported opportunities to develop interventions for the NNHIP programme.

2: A process of cohort identification utilising the cohort selection and unplanned care elements of Diis enabled the programme to explore a number of different cohorts landing on a cohort that has the identifiers: High / Very High Frailty High / Very High Falls Risk Not Palliative

3: The cohort was agreed upon due to the high levels of unplanned care and opportunities for interventions to be developed and tested that can make specific and lasting change.



4: All INTs were given the opportunity to sign up to delivering specific interventions with this cohort. Specific interventions are:

- Co-produced care plans for each individual in the cohort using the Dorset Care Plan (DCP) and the Treatment Escalation Plan (TEP).
- Medication Review with a focus on deprescribing
- Care co-ordination opportunities with a focus on working with wider partners
- Identification and delivery of opportunities for INT development

5: The programme agreed to fund each INT £150 per person in their cohort to support delivery and INT development

6: As well as the NNHIP evaluation the programme has a local recording, reporting and evaluation programme identified.

7: All INTs have signed up to work with this cohort.

Learning:

- The process has enabled a better understand of how we can cohort and the learning is being disseminated to INTs to support them in cohorting for smaller pieces of work. This includes illness specific cohorting and population health based cohorting.
- The process has galvanised shared thinking across INTs and development of common approaches across INTs
- Increased opportunities for evaluation and impact reporting have been identified.
- Development work to understand how we develop and used tools to support 'hypothesis' building which describes the outcomes we expect to achieve. (work in progress)
- Development work to understand how we use INT modelling to describe counterfactuals / comparator INTs for future interventions (work in progress)

This page is intentionally left blank

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Work Plan
Meeting date	22 September 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.

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](#).

Next Steps and In Year Scrutiny Requests

11. Pre-decision topics can be identified and confirmed by HASC O&S on a periodic basis when the Cabinet Forward Plan is refreshed.
12. 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.
13. 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).
14. 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.

15. 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

16. 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

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

Summary of legal implications

18. 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

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

Summary of sustainability impact

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

Summary of public health implications

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

Summary of equality implications

22. 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

23. 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

BCP Council Health and Adult Social Care Overview and Scrutiny Committee – Work Plan. Updated 3 September 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: 22 September 2026				
	UHD's response to the CQC report on UHD maternity services	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
	Tricuro 'NEW'	Committee Report	Marianne Westall and Jan Bergman	Was an information only priority chosen by the Committee in its work planning.
2 November Informal Briefing – Topic TBC				

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
Meeting Date: 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
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	To receive an annual report every Autumn.		Part of statutory reporting cycle to be received in Autumn annually.

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

	Subject and background	How will the scrutiny be done?	Lead Officer/Portfolio Holder	Report Information
	members to scrutinise and make any recommendations for future work. Received from ASC			
	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 Scrutiny  Pro-active Scrutiny  Reactive Scrutiny

This page is intentionally left blank

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					Date being considered
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.	22 September 2026
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, Director of Public Health	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	See scrutiny request form for full detail Joint HASC and Children's O&S working group suggested	

			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.		
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 BCP Council, with a specific focus on Lifeways and similar providers	Cllr Joe Salmon	Added at Committee on 19 May 2025 following consideration of scrutiny request from Cllr Salmon.		
Information only items – top 5 chosen					
1	Future ICB governance and structures post clustering (request already received for the January	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.	

	meeting on this)				
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 Social 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 the separate emergency and planned care sites	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.	

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.	