

Report subject	Adult Social Care Fulfilled Lives Transformation Programme
Meeting date	16 July 2025
Status	Public
Executive summary	<p>In July 2024, BCP Cabinet and Full Council agreed:</p> <ol style="list-style-type: none"> 1. To support the business case for a new Adult Social Care (ASC) transformation delivery model to improve outcomes for residents and to achieve financial efficiencies and savings. 2. Establishment of a formal Adult Social Care four-year transformation programme called Fulfilled Lives, approving in principle a total investment of up to £2.9m across the first three years. 3. The release of an initial £1.79m was approved for the first year of the programme to facilitate mobilisation, completion of the design and scope stage, and to commence the delivery phase from January 2025. 4. The Health and Adult Social Care Overview and Scrutiny Committee would provide regular scrutiny of progress towards benefits and sustainable change. <p>The programme entered its delivery phase in January 2025 and is making good progress towards implementing the necessary changes to achieve the anticipated benefits, and savings of £3.5m recurring by year four.</p> <p>This report provides an update on progress with recommendations for investment in the next phase of the programme.</p>

Recommendations	<p>It is RECOMMENDED that Cabinet:</p> <ol style="list-style-type: none"> 1. Notes the current work-in-progress with the Adult Social Care Fulfilled Lives Programme. 2. Recommends 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.
Reason for recommendations	Release of the remaining investment will enable improved outcomes for adults and their families within the BCP Council area due to enhanced person-centred practice, with effective and efficient support that continues to ensure that the Council fulfils its statutory duties despite continuing demographic and economic demand pressures. In totality, the projects that form part of this transformation programme will lead to recurring savings of c.£3.5m.
Portfolio Holder(s):	Councillor David Brown – Health and Wellbeing
Corporate Director / Directors	Betty Butlin, Director of Adult Social Care Zena Dighton, Intérim Director of Adult Social Care Commissioning
Report Authors	Betty Butlin, Director of Adult Social Care Zena Dighton, Intérim Director of Adult Social Care Commissioning Harry Ovník, Programme Manager for Wellbeing Tim Branson, Transformation Lead for Fulfilled Lives Programme
Wards	Council-wide
Classification	For Recommendation and Decision

1. Background

1. In July 2024 the Adult Social Care directorate, undertook a detailed 3-month analysis and diagnostic assessment of its current service delivery and future sustainability, taking account of its findings from earlier small-scale innovation work. Adult Social Care then presented Cabinet with a business case for a transformation programme which will address the risk to its ability to fulfil statutory responsibilities and maintain a balanced budget in the face of continually rising demographic and economic pressures.
2. This business case outlined the opportunities available to deliver true transformation and innovation within ASC, whilst embedding lasting change which will support future demand, and achieve financial and service quality benefits through a transformation programme called 'Fulfilled Lives'.

3. The four-year programme of work has four interdependent projects, as shown in Figure 1.
4. The transformation business case and accompanying delivery plan set out how—with a total investment of £2.9m—the four projects would deliver anticipated savings of £3.5m recurring by the end of Year Four.
5. Investment of up to £2.9m to support a four-year transformation programme was subsequently agreed by Cabinet and Full Council, with an initial investment of £1.79m to establish the programme and its governance structure, recruit the necessary project managers, complete the detailed scoping, Project Initiation Documents and individual business cases for each of the projects, and move to the delivery phase from January 2025.

A reminder - Four projects that form the programme



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

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

Strategic case for change

6. The Fulfilled Lives Programme aligns with the Adult Social Care Strategy 2025-2028—as approved by Cabinet on 2 April 2025—and our co-produced vision *“Supporting people to achieve a fulfilled life, in the way that they choose, and in a place where they feel safe”*.

Summary of programme progress

7. Although the full benefits will only be realised as future phases of the Fulfilled Lives programme are implemented across the remaining three years, good progress has already been made since entering the Delivery Phase in January 2025. Key areas of progress are set out below.
8. Several complex, essential Mosaic system changes have been implemented to support the principles of Three Conversations practice, reducing bureaucracy and

allowing practitioners to have more contact with people, respond to requests for support sooner, and record their work proportionately.

9. All teams within Learning Disability and Mental Health Services—including the Autism Team and Preparing for Adulthood Team—and two-thirds of Long-Term Conditions Locality Teams have now implemented the Three Conversations approach.
10. All the remaining teams that are yet to adopt Three Conversations are expected to achieve their milestones so that implementation is completed by 31 December 2025.
11. Although the programme is only in its early stages, benefits are already being realised. Despite rising demand, the number of new requests that result in long-term support have started to decrease as practitioners adopt the Three Conversations way of working and find alternative ways to support people.
12. In the seven months¹ since the initial investment was agreed, when compared to the same period in the previous year, the number of new requests for support increased by 6.6%, from 7,600 to 8,100 whilst the number of those requests that led to the receipt of long-term support fell from 854 to 665 people.
13. This means that 8.2% of new contacts in the 2024/25 period went on to receive long-term support (the conversion rate) compared to 11.2% for the same period in 2023/24.
14. If the conversion rate had not reduced, the request for support that led to long-term support would have incurred an additional cost of at least £132,000 on average per week over the first six weeks of care².
15. Completing the full delivery of the new ways of working and continuation of the analysis of cost is expected to show a similar trend and cost reductions overall.
16. A newly created Occupational Therapy (OT) Conversation One record, introduced in March 2025, has positively impacted on OT waiting times, reducing the number of unallocated occupational therapy assessments at 28 May 2025 by 49% from 584 to 297.
17. A summary of feedback from people and staff, with examples of the impact that teams who have been early adopters of the Three Conversations approach have had, can be found at **Appendix A**.
18. An eight-week trial of a revised first response model for incoming telephone and online contacts from people and professionals has recently concluded within the Adult Social Care Contact Centre. The results have been positive showing that fewer requests for support needed to be passed to long-term teams and people therefore experienced improved response times.
19. A total of 17 recommendations for a full-scale adoption of this model have recently been agreed, which will include a partial shift of resources from long-term locality

¹ July 2024 to January 2025 inclusive

² Please note: Because this figure is calculated from the costs for the first six weeks of care it cannot be converted to an annualised figure simply by multiplying by 52 weeks.

teams to an Adult Social Care Hub, enhancing the functions of the former Adult Social Care Contact Centre.

20. The Individual Service Funds (ISFs) pilot has entered its second phase with participating care providers having identified individuals who could benefit from this alternative method for receiving a personal budget, which reduces the burden that some people who have direct payments experience. A Treasury Management software provider has been selected to facilitate independent personal budget management, thus safeguarding all parties from financial irregularities.
21. A local Community Catalysts representative has been appointed and has started a range of engagement activities to stimulate the local market for Community Micro-Enterprises (CMEs), which will expand the range of options for people to use a direct payment for more cost-effective bespoke care and support arrangements.
22. The development of a Trusted Reviewer approach with Tricuro has launched, initially on a pilot basis, with people who currently access traditionally commissioned day opportunities supported to find alternatives that allow them to access more meaningful daytime activities (see **Appendix A**)
23. Development of an ASC Prevention Strategy which aligns with the fulfilled lives vision is also progressing well. This will set out our commitment to providing services that delay, reduce or prevent the need for long term care and support, enabling people to live independently for longer. The strategy is currently in the engagement phase and will be presented to Cabinet for approval in October 2025
24. Synergies have been identified with the FutureCare Programme for Urgent and Emergency Care (UEC) and links have been established with the Programme Director and Newton to ensure appropriate alignment between the two programmes. This will ensure we maximise benefits and ensure there is no duplication (particularly in relation to the focus on reablement services).
25. Work is underway to explore and develop the benefits of a community pilot programme to continue the success of improvement in the operational delivery of Coastal Lodge and Tricuro in the delivery of home-based intermediate care.
26. Significant improvements have been realised within the Tricuro Reablement service to support the growth of the service and increase capacity. Current work is focused on evolving and implementing a shared digital solution to avoid duplication and streamline administration time for both Tricuro and commissioners. This is expected to increase the flow of people through the reablement service, which will increase the availability for new people needing to enter the service from the community.
27. The Care and Support at Home Project plan has been finalised with clear timescales, milestones and deliverables with monthly project board meetings established, including procurement tasks and timescales. Project updates are published to the Fulfilled Lives intranet and Adult Social Care Newsletter.
28. Research into other local authorities to review how they are implementing best practice models in care and support at home has been completed and documented. This has identified what other local authorities are currently

commissioning, whether they are delivering outcome focused care support at home, and what learning and best practice can be adopted for this project.

29. A range of co-production engagement sessions have taken place throughout May 2025, including face to face events, internal and external stakeholder surveys, a BCP Council colleague event, visits to day centres and direct phone calls to service users. Links have been made with Help and Care and Healthwatch Dorset to identify potential participants with individuals already signed up for a co-production working group.

Programme Next Steps

30. In recognition of the significant shift in culture and practice brought about by Three Conversations, a further period of embedding and consolidating practice will ensure that sustainable transformation is achieved.
31. The recommendations from the revised first response trial will be implemented with support in accordance with corporate change processes and policies.
32. Improvements to online and digital services will progress, including webpage enhancements, a provider payments portal, and better self-service options.
33. Development of alternative options for receiving a personal budget will continue with the next phase of the Individual Service Fund trial focusing on money management software and seeking feedback from people with lived experience. Further enhancements for accessing direct payments are also planned.
34. The Community Micro Enterprise and Trusted Reviewer programmes will become more closely aligned as work progresses with our Community Catalysts and Tricuro partners.
35. A report with recommendations—following the analysis, research and engagement into best practice models in care and support at home—will be presented to the project board and will contribute to the emerging Care and Support at Home Strategy, due to be approved in August 2025.
36. The Care and Support at Home Strategy will be co-produced with people who have lived experience of home care services and will inform the contract service specification for the subsequent procurement of a new Domiciliary Care Framework.
37. We shall continue to liaise closely with colleagues involved in the FutureCare programme whilst simultaneously seeking expressions of interest from the provider market for a community-based reablement service. This will provide additional support for the Three Conversations and First Response workstreams in the How We Work project.
38. A new Trusted Provider form, currently under development, will be introduced initially for use with Tricuro colleagues in the Reablement Service. SMART goals have been agreed for implementation together with Key Performance Indicators (KPIs) that will be monitored weekly. This will support with improving capacity within the reablement service by reducing the maintenance list by 50%.

Programme savings, benefits and investment

39. Some recruitment challenges early in the Design and Scope stage, in part due to the initial one-year fixed-term nature of the contracts on offer, has resulted in lower than anticipated spend in year one. Whilst the posts are now filled, the later start dates have altered the profile of spend across the four years of the programme. A revised resource investment and savings profile is shown at Figure 2.

		2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	Total
Category	Element	£	£	£	£	£	£	£
Transformation Investment	Programme Management	31,865	97,619	439,450	247,950			816,884
Transformation Investment	Self Directed Support	22,202	125,308	178,725	40,975			367,210
Transformation Investment	Short Term Support	8,238	10,839	39,225	28,575			86,877
Transformation Investment	Support at Home	14,381	37,005	42,200	27,000			120,586
Transformation Investment	How we work	9,760	243,198	952,283	342,728			1,547,968
Total one off investment	Total one off investment	86,446	513,970	1,651,883	687,228	-		2,939,526
Income	Flexible use of capital receipts	(86,446)	(513,970)	(1,651,883)	(687,228)			(2,939,526)
Total one off Income	Total one off Income		(513,970)	(1,651,883)	(687,228)	-		(2,939,526)
Transformation saving	Change in LTC domiciliary care spend		(250,000)	(380,178)	(356,552)	(488,150)	(160,927)	(1,635,807)
Transformation saving	Change in LTC residential care spend		-	(503,667)	(393,796)	(441,532)	-	(1,338,995)
Transformation saving	Staff savings resulting from Mosaic provider portal		-	-	(105,000)	-	-	(105,000)
Transformation saving	Reduction in average cost of support for LD		-	(78,000)	(104,000)	(130,000)	(156,000)	(468,000)
Total recurrent annual saving	Total recurrent annual saving		(250,000)	(961,845)	(959,348)	(1,059,682)	(316,927)	(3,547,802)
Cumulative annual saving	Cumulative annual saving		(250,000)	(1,211,845)	(2,171,193)	(3,230,875)	(3,547,802)	

Figure 2 – revised resource investment and savings profile

Summary of legal implications

40. Statutory roles are required to be held by the Council, including a Director of Adult Social Services (DASS) and a Principal Social Worker (PSW).
41. The Council is required by law to provide and hold direct accountability for the effectiveness, availability and value for money of Adult Social Care services. The statutory functions are set out in legislation, including the [Care Act 2014](#).
42. Para 1.1 of the Care Act 2014 Statutory Guidance states “*The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life*”.
43. In particular, the Care Act 2014 imposes a general duty to promote the wellbeing of individuals when carrying out their care and support functions, and to safeguard adults with care and support needs from experiencing or being at risk of abuse or neglect. At the same time, the Act requires that care and support is tailored to a person’s individual needs and preferences, and local authorities are encouraged to support individuals in making their own choices and taking risks that are part of everyday life. This approach aims to empower individuals and enhance their independence and quality of life.
44. Local authorities also have statutory responsibilities regarding market shaping to create a responsive and stable care market that can adapt to the needs of the local population. This includes ensuring a diverse, sustainable, and high-quality market for adult care and support services. The Care Act stresses the importance of giving individuals and their carers choice and control over how their needs are met. This includes stimulating a range of care and support services to meet diverse needs.

45. The quality of Adult Social Care services is inspected by the Care Quality Commission (CQC) against a quality assurance framework.
46. The recommendations of the Fulfilled Lives Programme business case will improve the Council's ability to discharge all these duties more effectively.

Summary of financial implications

47. As outlined in the July 2024 Transformation Business case, the programme has been provided with the first-year funding of £1.79m.
48. This funding has allowed key fixed term recruitment to be achieved to mobilise the programme. The total investment over a 3-year period is £2.9m to achieve recurring savings of approx. £3.5m. These savings are currently on track to be met.
49. The savings attributed to the Fulfilled Lives programme are in addition to those that have been identified via the FutureCare programme, which focuses on Urgent and Emergency Care in the acute hospitals across Dorset. Whilst both programmes of work have dependencies and will naturally complement each other, they will seek to achieve separate savings.

Summary of human resources implications

50. Human Resources processes will be followed, as required, during recruitment around resources for delivery.
51. Trials of different ways of working could result in minor reorganisation of existing Adult Social Care team structures. Where this is the case, the corporate change process and policies will be applied, including the appropriate level of employee consultation, with support from the assigned HR Business Partner.

Summary of sustainability impact

52. There are no sustainability implications within this report.

Summary of public health implications

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

Summary of equality implications

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

Summary of risk assessment

56. It has already been acknowledged in earlier reports and the preceding business case that, by doing nothing, the Council is holding significant risk, against a backdrop of continually rising demographic and economic pressures, in its ability to fulfil its statutory responsibilities towards adults and their families within the

available budget. These risks are mitigated by the Fulfilled Lives Business Case and Transformation Programme.

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

Recommendations

58. It is recommended that Cabinet:

- a) Notes the current work-in-progress with the ASC Fulfilled Lives Programme.
- b) Recommends that Council approves the request for the release of the remaining £1.11m funding that was previously agreed in principle to allow the Fulfilled Lives Programme to progress to completion and realisation of benefits.

Background Papers

- Cabinet 17 July 2024 – [Adult Social Care Transformation Business Case](#)
- Cabinet 17 July 2024 – [Adult Social Care Transformation Delivery Plan](#)

Appendices

A. Stories of Difference (please note: all names have been changed)

Example 1: Jane

Jane is a young adult with a learning disability who has been attending a traditional day centre for adults three days a week. Day centre staff and Jane's family felt she was not fulfilling all her potential and passions and would benefit from gaining more variety and experience by attending activities outside of the day centre.

As part of the Trusted Reviewer programme within the Self-Directed Support Project, Jane was introduced to a new independent community-based day provision where she could take part in creative and wellbeing-based activities and engage with her local community. Jane was supported to attend a taster day and several subsequent sessions.

She has thoroughly enjoyed herself and instead of increasing her attendance at the day centre, Jane has decided to reduce her attendance to two days and spend two-and-a-half days at the new service.

From the first taster day Jane attended the new service, her support worker observed that she felt very relaxed, confident and happy. Jane now has better access to new activities in the community which suit her better.

Example 2: Agnes

Agnes is in her late sixties and throughout her life had never lived independently, needing supported accommodation funded by health and social care.

Adopting a Three Conversations approach meant that Agnes was supported by a consistent social care worker—Simon—who could get to know her over a longer period and understand what was most important to her to lead a fulfilled life. This helped Agnes to feel confident enough to embark on a radical option for her—a move to independent accommodation—which she had dreamt of for years but thought could never be a reality.

Agnes is now living independently for the first time in her life. She is still adjusting to living alone and not with other people, which she finds difficult but, overall, she has no regrets. She said, "I'm having the time of my life."

Agnes no longer needs the funded support she had previously, representing a saving of £15,500 per year. In an independent follow-up call as part of our Three Conversations monitoring, Agnes explained how her life had changed completely, and that she now feels like a full person and not just a diagnosis. She now has pets that bring her much joy, and she is very happy in her new flat.

Example 3: Sample comments from people and staff

Social worker – Learning Disability Team

"The 3 Conversations approach helps me draw on my professional skills because it helps me focus on the conversation process. Its more concise, which is also better for the person"

Mrs H – resident

“Thank-you so much for arranging your visit to my mother so quickly. Thanks also to R who has ordered the equipment already!

We are looking at the details of what is available, and M is interested in one or two of them. It is a difficult situation for her, and she will need a little time to consider all the options. We are both very grateful for your time and assistance this morning.”

Social worker – Preparing for Adulthood Team

“As it is a strengths-based approach, it allows me to use more of my people skills - in helping to put people at ease, being 'real' and approachable, coaching them into giving more comprehensive answers about what is really needed and helping them to see things from different perspectives etc.”

Mrs T – a carer for her adult child

“M (our social worker) was a very good listener; she covered a wide range of questions which we hadn't always had before. She was attentive to what my son said and what I said, she was patient. This was a different meeting than we have had before, and we were all very impressed with this. Much better. It was the first time my son had been asked how he felt his life is going? And also whether they were things that he would like to do but cannot at the moment. After she had gone, my son, his wife and I all said ‘what a good meeting!’ It wasn't just someone filling out a form, she really understood. As an older carer preparing my son for later in his life, it was very reassuring for me to know that BCP Council were fully aware of his situation and what this would mean for the future.”

Social worker – Community Mental Health Team

“I am giving more time to getting to know the person and finding out what is important to them rather than thinking about forms and what generic services might help”