HEALTH AND ADULT SOCIAL CARE

OVERVIEW & SCRUTINY COMMITTEE

Report subject	**Adult Social Care Fulfilled Lives Transformation Programme**
Meeting date	23 September 2025
Status	Public
Executive summary	In July 2024, BCP Cabinet and Full Council agree to support a four-year transformation programme called Fulfilled Lives, approving a total investment of £2.9m spanning the first three years. The programme is made up of four inter-dependent projects: • How We Work • Short-Term Support • Self-Directed Support • Support At Home An initial investment of £1.79m for the first 12 months of the programme was agreed, with progress monitored on a minimum six-monthly basis by members of the Health and Adult Social Care Overview & Scrutiny Committee. The programme entered its delivery phase in January 2025 and, since then, progress reports were presented to Committee in January, March and July. The release of the remaining £1.11m funding for the programme was approved by Cabinet and Full Council in July 2025, and this report provides a further brief update for the programme overall including a deeper focus, as requested, on the Self-Directed Support and Short-Term Support projects.
Recommendations	**It is RECOMMENDED that Committee:** 1. Notes the current work-in-progress with the Adult Social Care Fulfilled Lives Programme and specifically the updates for the Self-Directed Support and Short-Term Support projects.
Reason for recommendations	Delivery of the Fulfilled Lives programme will improve outcomes for adults and their families within the BCP Council area through enhanced person-centred practice, and the provision of effective

	and efficient support solutions. It will ensure that the Council continues to meet its statutory duties despite ongoing demand pressures and economic uncertainty, leading to recurrent annual savings of c.£3.5m by the end of the programme.
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
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Wards	Council-wide
Classification	For Recommendation and Decision

Background

1. In July 2024, BCP Cabinet and Full Council approved a business case for an adult social care 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.

   This business case outlined the opportunities available to deliver true transformation and innovation within adult social care, whilst embedding lasting change which will support future demand, and achieve financial and service quality benefits through a transformation programme called 'Fulfilled Lives'.

   The four-year programme of work has four interdependent projects, as shown in Figure 1.

2. Total investment of £2.9m to support the Fulfilled Lives programme was agreed by Cabinet and Full Council in July 2024, with an initial investment of £1.79m to establish the programme and its governance structure, recruit to the project teams, complete the scoping, initiation and approve business cases for each project.

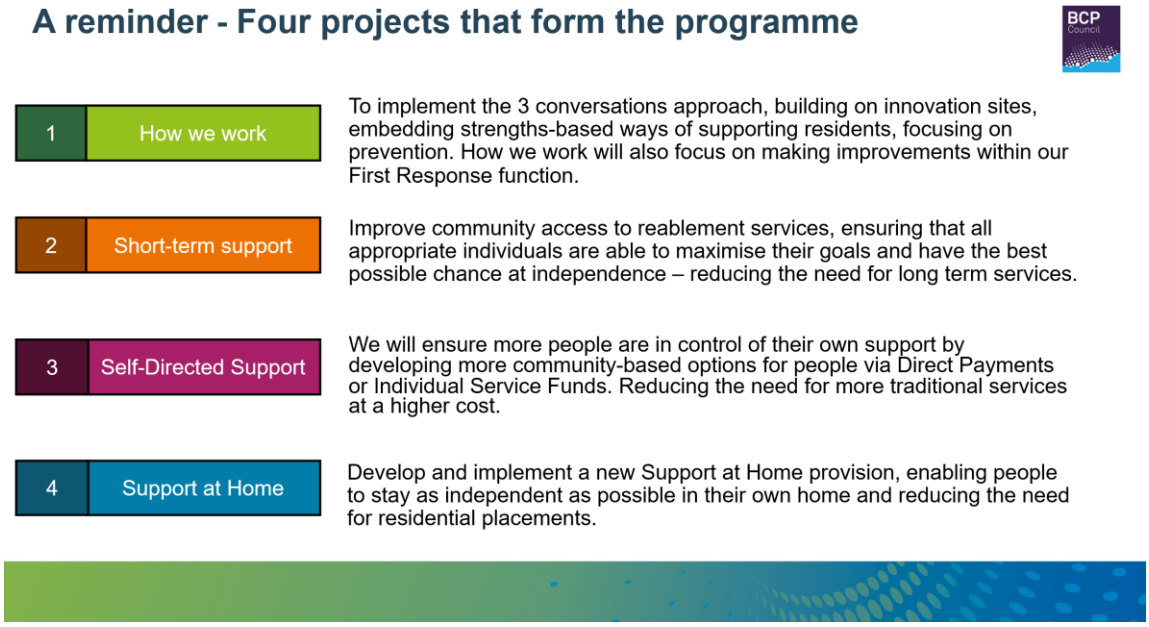

Figure 1 – representing the 4 projects that make up the Fulfilled Lives programmes and a high-level description.

3. The programme moved into Delivery Phase from January 2025 with reports subsequently submitted to Health and Adult Social Care Overview & Scrutiny Committee in January, March and July.
4. Cabinet and Full Council approved the release of the remaining funding for the programme in July. The programme remains within budget, and a revised budget plan is currently in development to account for the implementation of Pay & Reward in December.

Strategic case for change

5. 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

6. Since reporting in July, the Fulfilled Lives programme has continued to make good progress towards the implementation of some significant changes to the First response function, the introduction of a community-focused reablement pilot, and the continued growth of local Community Micro-Enterprises. Key details are set out below.
7. Further adoption of Three Conversations practice has taken place in the remaining Long-Term Conditions locality teams, with the Hospital Social Work Team due to commence during September. Work is continuing to ensure smaller teams, such

as Homelessness Intervention, Drug and Alcohol Statutory Team, and Sight & Hearing Team are also onboarded during September.

8. Significant changes to our First Response function are on-target for implementation during October, which will see the first phase of staff transferring from Long-Term Conditions Teams in Poole to the new Adult Social Care Hub. This will enable us to respond to a broader range of requests for support at an earlier stage and reduce the volume of requests that get passed to long-term teams, thereby reducing waiting times.

9. As mentioned previously, these changes involve multiple background system and process changes; in all, needing in the region of 180 essential actions. Once the changes are implemented, people will find it easier to contact the practitioner who has been allocated to support them.

10. The setting-up of a community-focused reablement service, initially as a one-year pilot, will further enhance our ability to prevent or delay peoples' long-term need for support as part of our First Response function. Expressions of interest in delivering this service have been sought from our existing framework of registered domiciliary care providers. Shortlisting and selection is due to be completed in early September, with mobilisation expected by the 15 September 2025.

11. Performance and benefits realisation for this pilot reablement service will be tracked separately from the FutureCare programme's Home-based Intermediate Care project, which is focused on hospital discharge pathways.

12. Key performance indicators for the pilot have been developed to include:

    - Utilisation of available hours – target is a minimum of 90%
    - Referral response time – target 100% of referrals responded to within 4 hours
    - Start of service delivery – target for all new referrals to commence within 24 hours (subject to availability of hours)
    - Completion of reablement period – target 100% of all reablement care packages completed within 6 weeks.
    - Reduction in care hours delivered – target is for people reaching optimal reablement in the previous week to have reduced delivered hours by an average of 50%.
    - Number of people requiring no long-term support following reablement
    - Number of people with a reduced requirement for long-term support after reablement

13. Since April 2025, collaborative work has been underway with the Tricuro Reablement Service to increase the volume of commissioned weekly reablement hours delivered. Over the four-month period from April to August 2025, there has been consistent growth, resulting in a 37% increase—equating to an additional 195 hours delivered each week. The average hours delivered in April 2025 were 520 hours per week.

14. This progress reflects the strengthened partnership between Tricuro and BCP Adult Social Care (ASC) commissioners, supported by regular weekly meetings, additional touchpoints, and frequent on-site engagement at Tricuro's Reablement offices. These efforts have cultivated improved working relationships, enabling more effective dialogue, swift problem-solving, timely escalation, and resolution of issues. A recent example was the inclusion of a narrative box to Tricuro's operating system to reduce reliance on information being emailed, which can now be directly uploaded on their system.

15. The Tricuro Trusted Provider digital form was launched on 11 August 2025, following staff training held on 7 August. This new form replaces the previous paper based "Your Trusted Reviewer" format. While there were some initial internal functionality issues, these have been resolved, and new supporting processes have been implemented.

16. The introduction of the Trusted Provider form is expected to enhance communication between Tricuro Reablement teams and the Hospital ASC Operational Teams. By capturing more detailed information, the form enables more timely completion of the Care Act Assessment (CAA), which in turn shortens the time taken for requests to reach ASC Brokerage Services. This streamlining of processes helps release Reablement hours more efficiently and supports continuity of care.

17. There is a planned go live date at the end of September 2025 for Tricuro, for a new Reablement App which has been supplied via the FutureCare Transformation project. This App enables the logging of reablement goals and oversight of "real time" goal tracking and progress to provide enhanced management scrutiny of the utilisation of available Reablement hours.

18. Whilst further, more complex work in the development of data reports to reflect the longer-term benefits of Three Conversations and First Response workstreams continues, the latest analysis of conversion rates shows that, despite a 1.73% rise in new requests for support (11,326 rising to 11,522), 20.05% fewer people needed long-term support (1,366 falling to 1,092).[1] This represents a 2.6 percentage point reduction in conversion rate.

19. 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 £155,260 on average per week over the first six weeks of care[2].

20. Feedback from people continues to be positive (see **Appendix One**)

Self-Directed Support

21. The development of community-micro-enterprises (CMEs) is key to our ambition to balance large, building-based day opportunities with smaller – sometimes very

[1] *Comparing July 2023 to April 2024 with the same period between 2024 and 2025*

[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.*

small – community-based activities and support. Our Day Opportunities Strategy sets out the full details of how we are transforming daytime activities.

22. The CME model is based on building a network of new support across the BCP area to create a broader range of opportunities for BCP residents, with CME activities being flexible enough to potentially be delivered very locally to where somebody lives, reducing the need for supported travel arrangements.

23. If new CMEs are to be successful and sustainable they need to provide the support and activities that clients and their families are looking for, and that are easy to take part in.

24. The conversations that colleagues in the Trusted Reviewers programme have had with many people who take part in daytime activities, and their families, is informing potential CMEs what the demand for daytime activities is, and where this demand is located. Our social care practitioners are also able to do this through the Three Conversations approach.

25. Throughout 2024, the Trusted Reviewers summarised the themes that emerged from the conversations they held with clients and families at day opportunities services about what was important to them. These were:

    - Social connections
    - Life skills
    - Nature and wellbeing
    - Technology
    - Personal support
    - Creativity
    - Easy access to transport
    - Support managing budgets
    - Options and choice

26. The support offered by the first three CMEs to have completed the development programme include friendship and making new community connections, nature and wellbeing, providing personal support (not registered care), and creative activities.

27. CMEs are often the perfect option for people who prefer small groups or one-to-one support because they find that larger day centres and bigger groups do not suit them so well. CMEs also provide much needed support for people who privately fund their own support, giving them a broader range of options to stay well and independent.

28. Quality assurance is a key consideration within the CME development programme.

29. To that end, in addition to the regular contract monitoring and engagement we currently undertake with day opportunities providers, we are co-producing a range of measures so we can closely monitor the activities of day opportunities providers and CMEs. The information we gather can be made available to clients and their

families and will support providers to share learning and promote a cycle of continuous improvement.

30. Specifically, we are:
    - co-producing a charter of quality standards for day opportunities that providers will sign up to, demonstrating their commitment to delivering high quality services
    - designing a monitoring/self-evaluation process based on the co-produced set of quality standards that providers of services will complete and use as a learning and improvement resource
    - re-introducing a peer-led quality checking service in 2026, which will use the same quality standards in its visits to services, and
    - holding Provider Forum meetings for day opportunity providers to meet regularly, network with other providers, and receive updates about council initiatives and other joint working initiatives.

Individual Service Funds (ISFs)

31. An Individual Service Fund (ISF) is an option for managing a personal budget that combines the flexibility of direct payments with the third-party support of a managed budget, allowing an individual to choose a provider to manage their budget and help them organize their care and support services to meet their specific needs and goals. It gives people more control over their support without the burden of managing the money themselves, and the funding is flexible to enable personalised, outcome-focused support.
32. An ISF Early Adopters Provider Pilot has been established, made up of five of our learning disabilities framework support providers with an interest in becoming ISF providers. They have been working with us and a co-production group to shape and test the design of ISFs in BCP. An example of how an ISF can be used is provided in **Appendix A** (Example 3)
33. At the end of the pilot if these providers can demonstrate that they meet our ISF quality standards they will become accredited ISF providers and join our ISF register. New ISF providers will be added to the register through our framework tendering and accreditation arrangements.
34. People who choose to receive their personal budget as an ISF are protected against financial mismanagement by use of a treasury management system called Virtual Wallet.
35. Virtual Wallet securely holds people's personal budgets and enables their ISF provider to use it to achieve the outcomes in their care and support plan. There is full transparency of transactions, with the ASC Finance Team, the client, and their family able to log-in to view the budget and monitor spend. Virtual Wallet training sessions for providers, officers and practitioners is provided. When we are

confident in our use of Virtual Wallet, and with the consent of the clients wanting an ISF we will populate the system and start using it.

36. A factsheet, including an easy-read version, has been developed that explains how Individual Service Funds work.
37. The ASC Prevention Strategy has been drafted and is being presented to committee members at the Health and Adult Social Care Overview & Scrutiny Committee on 23 September as a separate agenda item.

Programme Next Steps

38. Work will commence to improve and update our adult social care webpages so that the content is aligned to our Three Conversations approach, and to make the site easier to navigate.
39. The planned transfer of staff from Long-Term Conditions Locality Teams to the new ASC Hub will commence, and additional new ways of working will be implemented. Frequent close monitoring of feedback and data will ensure that impact is measured, and necessary adjustments made.
40. Recruitment to a vacant Continuous Improvement Officer post to support the Direct Payments workstream will be completed.
41. Work will continue to progress the implementation of a provider payments portal, with supplier side configuration and testing taking place ahead of the estimated delivery in December.
42. Co-production activities will continue with an initial meeting of the Personal Budgets Options Steering Group and a stakeholder session for the ISF Virtual Wallet implementation.
43. The Care and Support at Home Strategy will be finalised for sharing with Health and Adult Social Overview & Scrutiny, ahead of Cabinet.
44. An evaluation of the recently launched Trusted Provider form, used in the Tricuro reablement service, will be undertaken to identify and resolve any issues.
45. Qualitative feedback will continue to be collected from people who have experienced practitioner support under the Three Conversations approach.

Summary of legal implications

46. Statutory roles are required to be held by the Council, including a Director of Adult Social Services (DASS) and a Principal Social Worker (PSW).
47. 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.

48. 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*".

49. 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.

50. 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.

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

52. 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

53. As outlined in the July 2024 Transformation Business case, the programme has been provided with the first-year funding of £1.79m.

54. This funding has allowed key fixed term recruitment to be achieved to mobilise the programme, and approval for the remaining investment was approved by cabinet and Full Council in July 2025. 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.

55. 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

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

57. 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

58. There are no sustainability implications within this report.

Summary of public health implications

59. 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

60. 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.

61. 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

62. 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.

63. 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

64. It is recommended that Cabinet:

    a) Notes the current work-in-progress with the Adult Social Care Fulfilled Lives Programme and specifically the updates for the Self-Directed Support and Short-Term Support projects.

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: James

James is in his late fifties. Over the last two years he had multiple admissions to hospital because he overdosed on medication each time that he was discharged home. A temporary eight-week admission to a residential care home achieved no improvement in preparing James to live at home independently.

Adopting a Three-Conversations approach, a social worker, Karen, began by listening carefully to what was important to Jim and what led him to keep taking overdoses. Karen discovered that it was because James was fearful of living at home alone, where he felt vulnerable and unable to manage his own shopping and housework. He had always relied on family to do these things for him, but this was no longer possible.

Karen successfully established a trusting relationship with James, helping him to see her as separate from mental health services which he considered unhelpful and bullying, simply telling him what to do. Karen allowed James to go at his own pace, presenting him with multiple choices to achieve what was important to him and to feel in control of his life.

James was at high risk of further overdoses, but because Karen took the time to maintain regular contact, even when James was in hospital, and build a deep understanding of the things that he viewed as most important, she was able to introduce James to reablement support and voluntary services that helped him to re-learn daily living skills.

James has now spent the longest time out of hospital without a repeat admission and has started to feel more confident and able to cope with day-to-day life. For the first time in 25 years, he has managed to shop at his local supermarket entirely on his own.

Example 2: Margaret

Margaret cares for her husband who has a rapidly advancing dementia which has proved increasingly challenging for her to manage. Following an intervention in August from one of our Long-Term Conditions locality teams that have recently adopted Three Conversations into their practice, Margaret agreed to a follow-up telephone interview with a member of our Service Evaluation team.

Margaret explained what a difference the social worker, and her team, had made to their lives; particularly supporting them with the Court of Protection process and helping them both with the difficult transition of her husband moving to a care home.

Speaking about her social worker, Margaret said “We were able to say everything we wanted her to know, she made us feel comfortable and gave us plenty of time. The whole team supported when she was on leave, all have been incredible. I really feel we've been supported. They worked together to understand what was important to us”

“We were booked to have a court hearing when the social worker was away, and the team were amazing with their support. The team manager called to confirm that the judge did not need to see me or my husband and gave me such reassurance with the process, such a relief, they understood how important this was to us. They also supported both of us with the process of settling into the care home, they understood what support we needed for this.”

“They have taken the stress out of the situation which means we can return to the relationship we had, which is as husband and wife. I feel I am getting my life back, which I had lost. The change is so important to me. I can now do all the other important things at home now that I had no time for before.”

Example 3: Kevin

Kevin has autism and receives his personal budget in the form of an Individual Service Fund with an accredited ISF provider. He finds it hard to settle into a place or an activity for any length of time and if he becomes bored or frustrated his behaviour becomes such that service providers are unwilling to continue attending. His ISF that means that he has the flexibility to frequently move between a range of different activity providers, which his ISF provider can organise on his behalf without the need to consult or seek agreement from his social worker every time. This ensures that Kevin has continuity of support and doesn’t miss out on activities that keep him well. His situation is still regularly monitored to ensure his agreed goals are being met, however the ISF means that this can be done in a proportionate way.

Example 4: Harry

Following a stay in hospital, Harry was restricted to staying indoors at home because he couldn’t mobilise safely outside and he was at high risk of falls when stepping over door thresholds. He became afraid to go out.

The Tricuro Reablement Team and Harry’s Occupational Therapist assessed and identified his needs and wishes in overcoming these obstacles to improve mobility and increase his confidence. The team were able to do this by listening to Harry and understanding what it meant to him to be able to get out of his house.

Equipment was organised that included grab rails being fitted at the back and front doors and the Reablement Team helped Harry to practice crossing the thresholds in and out of his home, gradually increasing his confidence and reducing his anxiety.

Harry was initially nervous to trial an outdoor mobility aid because he thought people would think he was frail, but with the support and encouragement of the team Harry began to practice using a four wheeled walker. It only took two weeks for Harry to feel safe using the four wheeled walker independently.

The input and approach from the Reablement Team made a profound difference to Harry’s life by increasing his independence. He can now go out and about with his family by car, taking his four wheeled walker so he can once again do his own shopping, enjoy local days out and attend his church. Harry can also access his garden again and undertake simple gardening tasks, which is his true passion.

The intensive period of reablement has meant that Harry is now fully independent both indoors and outdoors. He has no need for paid support and can enjoy doing all the things that are important to him once again.

B: Personal Budget Options

This infographic shows the relationship between Three Conversations and personal budget options that people can choose from.