

# HEALTH AND ADULT SOCIAL CARE

## OVERVIEW & SCRUTINY COMMITTEE



Report subject	<b>Adult Social Care Fulfilled Lives Transformation Programme</b>
Meeting date	02 March 2026
Status	Public
<b>Executive summary</b>	<p>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.</p> <p>The programme is made up of four inter-dependent projects:</p> <ul style="list-style-type: none"> <li>• How We Work</li> <li>• Short-Term Support</li> <li>• Self-Directed Support</li> <li>• Support At Home</li> </ul> <p>The programme entered its delivery phase in January 2025 and progress reports were presented to Committee in January, March, July and September.</p> <p>This report provides a further update for the programme overall to reflect the achievements to date, the current challenges, and the next steps to be taken over the following six months.</p>
<b>Recommendations</b>	<p><b>It is RECOMMENDED that Committee:</b></p> <ol style="list-style-type: none"> <li>1. Notes the current work-in-progress with the Adult Social Care Fulfilled Lives Programme</li> </ol>
<b>Reason for recommendations</b>	<p>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.</p>
Portfolio Holder(s):	Councillor David Brown – Health and Wellbeing

Corporate Director / Directors	Laura Ambler, Corporate Director for Wellbeing Betty Butlin, Director of Adult Social Care (DASS) Zena Dighton, Interim Director of Adult Social Care Commissioning
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Wards	Council-wide
Classification	For Recommendation

## Background

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

## Strategic case for change

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

## Summary of programme progress

7. The Fulfilled Lives Programme has four inter-dependent projects, as follows:
  - **How We Work** – to implement the Three Conversations approach, embedding strengths and relational-based practice to connect and support

residents, focusing on prevention. A second key workstream has a focus on making improvements to our First Response function.

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

## How We Work

8. All operational teams with responsibility for assessment and arranging care services for people under the Care Act 2014 are now following Three Conversations (3Cs) principles. The Hospital Social Work Teams located within Royal Bournemouth and Poole General Hospitals were the final teams to launch in January 2026, marking the completion of the 3Cs implementation phase.
9. This is a significant milestone which has required lengthy and intensive work to develop our Mosaic IT system, creating new workflows for certain teams and streamlining processes for all to enable more proportionate record-keeping and maximise practitioner time for face-to-face contact. This has been an iterative process, taking account of user acceptance testing and practitioner feedback throughout.
10. Recognising the large scale cultural and mindset shift that we required from our practitioners, we have now moved into the embedding phase of Three Conversations where a period of quality audits will be undertaken to identify practice areas where teams require further support and ensure that the changes we have made are sustained for the long-term.
11. We continue to receive positive feedback from people who have experienced a Three Conversations approach. Please see **Appendix One** for an example.
12. The changes to our First Response function are progressing and remain on target. The second of our three Long-Term Conditions (LTC) teams transferred a group practitioners in late January to the ASC Hub, with the final team’s group due to transfer at the end of February. This enhances the ASC Hub’s ability to respond more quickly and resolve more requests without the need for LTC Team involvement.
13. We have already seen a positive impact, with the percentage of requests resolved at the ASC Hub steadily increasing from 39.4% to 55.2% between January and

December 2025. We can reasonably expect further improvement as the final stages of staff transfers complete and bed in.

14. There has also been a positive impact on the numbers of new requests for support that result in a person receiving long-term services. When we compare the 12-month baseline period prior to the start of the Fulfilled Lives Programme with the following 12-months, the conversion rate of new requests for support to long-term services fell from 12% to 10%.
15. Our most significant challenge currently, however, is the ability to provide data to accurately show the financial impact of this lower conversion rate. This is due to a lack of integration between the Mosaic case management system and the finance modules.
16. The solution to address this issue is to create a new data lake that will combine the relevant data to allow accurate financial impact reporting. Data and analytics colleagues are actively engaged in this process which is highly complex and involves an extremely large volume of data. This requires a significant amount of testing, however, once complete, it will provide the ability to demonstrate financial impact to a much greater level of detail and accuracy. This work is being given the highest priority with frequent updates to the How We Work Project Board and Fulfilled Lives Programme Board.
17. Since the launch of the ASC Hub in October, it has been easier for people to directly contact the team or practitioner that has been assigned to them, avoiding the need to call via the ASC Hub. This has reduced the number of unnecessary calls, allowing an improved response rate for the calls where the hub can genuinely add value.
18. In November 2603 calls were received with 66% answered; December saw 2265 calls (81% answered), and January had 1488 calls (80% answered).
19. A trial of a new way of handling safeguarding concerns received into the ASC Hub has showed positive results with a reduction in the number of unnecessary handoffs to the Safeguarding Adults First Response team. Before the trial, 98% of contacts to the Hub were passed to SAFR on average over seven months. Since the trial began, the average over six months has reduced to 61.8%. This helps the SAFR team to focus the time on those referrals that need more detailed examination.
20. Phase three of our First Response improvements has now started, focusing on further skills development, back-office process harmonisation, website information, the use of e-forms for safeguarding and Mental Health Act requests, and leveraging systems capacity to further improve data capture and reporting functionality.

### **Self-Directed Support**

21. Work has commenced on developing recommendations for improving the use and uptake of direct payments as an alternative to traditional commissioned services,

allowing individuals greater choice over the design and delivery of support which supports more tailored, and often more cost-effective, solutions.

22. Linked to this, is work to expand the options for people for whom a direct payment might not be the most appropriate solution, but where more bespoke alternatives to commissioned services is still preferred. The use of Individual Service Funds (ISFs) is a proven way to support this and represents a significant change in the way that service providers work with individuals to additionally help them to utilise their personal budget.
23. Work to develop our provider market to prepare for ISFs is progressing with one provider now actively working to transfer appropriate packages to ISFs. Further work is happening to engage the broader market to increase numbers of packages to meet anticipated savings, but it is expected that we will fall short of the 2025/26 target of £78k by £23K. Work is also continuing to raise awareness of ISFs and further training will build momentum in the transition of providers to becoming an ISF provider.
24. The development of Community Micro-Enterprises (CMEs) has continued to grow with six providers having completed the accreditation process, and another 17 currently going through the development programme. We anticipate reaching our first-year target of 23 CMEs by the end of March, significantly expanding options for people to access tailored day opportunities.

## **Short-Term Support**

25. The dedicated community reablement service pilot launched in mid-September and reached its 180 hours per week maximum capacity as planned by the end of December.
26. Flow through the service is closely monitored with weekly meetings where each person's progress towards their reablement goals is tracked.
27. Early results for the 33 people who completed reablement in the first three months of the pilot showed that:
  - 13 people regained full independence
  - 14 people required long-term care
  - 1 person needed residential care
  - 5 people became unwell and needed hospital admission
28. Of the 14 people who needed long-term care:
  - Five people (36%) needed fewer hours of support than they did at the start of their reablement
  - Six people (43%) needed the same level of support
  - Three people (21%) needed more support
29. Practitioner guidance has been produced to ensure that the most appropriate candidates for reablement are referred for support.

30. Further promotion of the Pilot will continue, with examples of the positive impact the service has had for individuals as well as the wider health and care system. Next steps will be planning for evaluation of the service to understand what we need to procure in the future.
31. Tricuro is finalising the collation of comprehensive data that will track all service activity over time and identify key information influencing the achievement of KPI's.
32. The Reablement App, supplied via the FutureCare Transformation project has launched, enabling the logging of reablement goals and oversight of "real time" goal tracking and progress. This helps to ensure that the reablement hours supplied by Tricuro are utilised to maximum efficiency and effectiveness.

### **Care and Support at Home**

33. The Care and Support at Home Strategic Plan<sup>1</sup> has now been fully developed and has successfully progressed through the governance process, receiving approval from all members of the Adult Social Care Senior Management Team (ASC SMT). This plan sets out a clear long-term vision for how home-based care and support will be commissioned, delivered, and monitored across the locality. It provides a structured framework for achieving person-centred, outcome-focused services that support adults to live independently in their own homes for as long as possible.
34. Alongside the strategic plan, an initial draft of the supporting Strategic Action Plan has been produced. This action plan translates strategic intent into a detailed programme of activities, milestones, and accountable leads, ensuring that implementation is well-sequenced and measurable.
35. A new combined Care and Support at Home Framework has been developed and formally approved, marking a significant step forward in standardising and strengthening the commissioning of home-care services for adults aged eighteen and above. The framework also includes a waking-night assessment service.
36. To ensure that individuals with more complex, high-need, or specialist conditions receive tailored and expert provision, specialist and complex care will be commissioned separately through a dedicated Disabilities Framework.
37. The Care and Support at Home procurement process is due to commence by 1 March 2026.
38. The Care and Support at Home tender will be open to receive bids for a six-week period from the date of publication, with the tender evaluations scheduled for April 2026. The implementation of the new combined Care and Support at Home Framework remains on schedule, with a planned go-live date of October 2026.

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<sup>1</sup> Available at: [Home Care and Support Strategic Plan | BCP](#)

39. Minimum Criteria for Care and Support at Home providers will include:

- The requirement to have a local office registered within the BCP conurbation or no further than 10 miles from BCP; and
- Providers who submit a tender must be rated as Good or Outstanding by the Care Quality Commission.

### **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. The total investment over a 3-year period is £2.9m to achieve recurring savings of approx. £3.5m. Whilst there has been some in-year delays within certain elements of the programme delivery, we are confident the combined impact of all projects will achieve the projected savings by the time the programme concludes.

48. 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**

49. Human Resources processes will be followed, as required, during recruitment around resources for delivery.
50. 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**

51. There are no sustainability implications within this report.

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

52. 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**

53. 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.
54. 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**

55. 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.
56. 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**

57. 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**

58. Cabinet 17 July 2024 – [Adult Social Care Transformation Business Case](#)

59. Cabinet 17 July 2024 – [Adult Social Care Transformation Delivery Plan](#)

## Appendix One

### Story of Difference (please note that personally identifiable details have been changed to maintain confidentiality)

Mrs M is a carer for her adult son with disabilities. She is dyslexic and her former experience of adult social care had not been as positive as she would have liked, leaving her fearful of how subsequent contacts would go. She recently received a visit from a social worker, Simon, working in a team that has adopted the Three Conversations approach. Simon's visit was primarily focused on Mrs M's own needs as a carer.

The following comments were collected as part of our routine for seeking feedback. Comments are typically collected in a variety of ways, and on this occasion was through a telephone call from one of our policy officers.

Asked about the difference in experience following her visit from Simon, Mrs M commented

*'Previously I went into very deep crisis, and no-one helped me. I read about the 3 conversations style and thought I would see how it goes – I thought it was excellent [because] it allows me to say what I needed to say. Previously the form didn't encourage the social worker to record what was important to me.'*

*'The council weren't listening as you were focused on what the form needed. For example, I have dyslexia but was told the forms don't work that way. I love the 3Cs style – I think it's fantastic. I'm now at the centre, not the IT system. I really felt the carers assessment was about me, not the IT system. Before, I didn't have the assurance that what I had said was recorded. It is for me to decide what I want to talk about - and that is brilliant.'*

When Mrs M was asked what impact she felt from the Three Conversations approach, she said

*'I feel I have peace of mind about the future. I'm not scared anymore, I now feel confident for my son's review because of the 3 Conversations style and Simon's work with me. How we are treated on the day carries over into the rest of our lives and how we feel about any future dealing with the council. It's important to remember that - it can create a lot of worry.'*