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 Armtorng 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 with 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.

- 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

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.

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.

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.

- 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

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