

# Notice of Health and Adult Social Care Overview and Scrutiny Panel meeting

---

**Tuesday 26 April 2016 at 6.00pm**

**HMS Phoebe Committee Room, Town Hall,  
Bournemouth**

**Panel Members\*:**

Councillor David d'Orton-Gibson – Chairman  
Councillor Eddie Coope – Vice-Chairman  
Councillor Philip Broadhead  
Councillor Simon Bull  
Councillor Jackie Edwards  
Councillor Chris Mayne  
Councillor Philip Stanley-Watts  
Councillor Rae Stollard  
Councillor Michael Weinhonig

\*Correct at the time of publication, but subject to change following the Full Council meeting on 19 April 2016.

---

**All Members of the Panel are summoned to attend this meeting to consider the items of business set out on the agenda at page 3 below.**

**The Public, press and any Councillor are welcome to attend this meeting.**

All Members of the Panel are summoned to attend an information session on Mental Health Services for Veterans, at **5.00 pm** before the meeting.

For further information please contact: Matt Wisdom, Democratic and Overview & Scrutiny Officer, Legal and Democratic, Town Hall, Bourne Avenue, Bournemouth BH2 6DY.

Tel: 01202 451107 E-Mail: [matthew.wisdom@bournemouth.gov.uk](mailto:matthew.wisdom@bournemouth.gov.uk)

## **Public involvement**

The Council welcomes members of the public to contribute to the meeting:

- 1 by asking to speak on an agenda item or a community issue as a 'Deputation'; or
- 2 by asking a public question - any member of the public whose name appears on the Electoral Roll for Bournemouth - which includes a person under the age of 16 years living in Bournemouth and who is escorted by a qualifying adult; or
- 3 by presenting a petition in relation to items on the agenda.

A request to speak as a deputation, ask a question or present a petition must be sent in writing or email to Matt Wisdom at the address shown on page 1 by no later than 6.00pm on Monday 25 April 2016.

Further information is available on the Council's web site:

<http://www.bournemouth.gov.uk/CouncilDemocratic/GetInvolvedHaveYoursay/PetitionsAndDeputations.aspx>

A hearing loop system is provided in the meeting room. There is disabled access to the building. Councillors and visitors with particular needs are advised to inform the Council before arriving at the meeting.

This agenda together with records of decisions and reports are available on the Council's web site at

<http://www.bournemouth.gov.uk>

## **Audio recording and filming**

This meeting may be audio recorded by the Council for subsequent publication on the Council's Website. Anyone may audio record, film, take photographs and/or use social media such as tweeting and blogging when this meeting is open to the public. Anyone wishing to record this meeting in anyway must do so in accordance with Council Procedure Rule 108 and the Council's protocol for filming and audio recording at public meetings and the Public Notice on Filming and Recording Meetings which can be found using the following link:

<http://www.bournemouth.gov.uk/CouncilDemocratic/CouncilMeetings/FilmingCouncilMeetings.aspx>

If you have any queries regarding this please contact the Democratic Services Officer at the meeting.

# Agenda

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

### 1 Apologies

### 2 Substitute Members

The Democratic Services Officer will report on any changes in the membership of the Panel under Procedure Rule 89.

### 3 Declarations of interest

Members are asked to declare in accordance with Procedure Rule 5:

- a. any disclosable pecuniary interests in any item under consideration at the meeting as required by the Localism Act 2011;
- b. any memberships of outside bodies where such membership involves a position of control or significant influence on the organisation concerned;

Members are also asked to state fully the nature of the interest(s). If any member has a query on any particular matter, please contact the Democratic Services Officer in advance of the meeting.

### 4 Confirmation of Minutes

To confirm the minutes of the Health and Adult Social Care Overview and Scrutiny Panel meeting held on 16 March 2016, available to view at the following link: -

<http://www.bournemouth.gov.uk/CouncilDemocratic/CouncilMeetings/CommitteeMeetings/HealthandAdultSocialCareOverviewScrutinyPanel/2016/03/16/Minutes/160316.pdf>

### 5 Public items

#### a Public Questions

The Democratic Services Officer will report on any public questions received by the notice deadline.

b **Deputations**

The Democratic Services Officer will report on any deputation requests received by the notice deadline.

c **Petitions**

The Democratic Services Officer will report on any petitions received by the notice deadline.

6 **Update on Better Care Fund 2016/17** – circulated at 6.

7 **Delayed Transfers of Care – NHS England Review** – circulated at 7.

8 **The Francis Inquiry – Lessons for Health and Adult Social Care Scrutiny in Bournemouth** – circulated at 8.

9 **Training Plan 2015/16 and 2016/17**

To consider the Panel's training plan for the remainder of 2015/16, and proposals for 2016/17 – circulated at 9.

10 **Joint Health Scrutiny Committee – Clinical Services Review**

The Panel is asked to appoint one Member to the Joint Health Scrutiny Committee, with effect from the next meeting of the Committee on 2 June 2016.

11 **Work Programme 2015/16**

To consider the Panel's work programme for 2015/16 as at April 2016 – circulated at 11.

12 **Any other business** – of which notice has been received before the meeting and by reason of special circumstances, which shall be specified in the record of decisions, the Chair is of the opinion that the items should be considered as a matter of urgency.

# Health and Adult Social Care Overview & Scrutiny Panel

Report Subject	<b>Update on Better Care Fund 2016/17</b>
Meeting date	26 <sup>th</sup> April 2016
Cabinet Portfolio	Councillor Blair Crawford, Adult Social Care
Corporate Lead	Jane Portman, Executive Director – Adults and Children and Deputy Chief Executive
Service Director	Andy Sharp, Service Director, Adult Social Care
Status	Public
Classification	For decision
Key Decision	No
Impacts on Key Policy Framework	No
Report author	Miriam Maddison – Programme Director Health & Social Care Integration Tel: 01305 224523 Email: <a href="mailto:M.Maddison@dorsetcc.gov.uk">M.Maddison@dorsetcc.gov.uk</a>
Executive summary	<p>The Overview and Scrutiny Panel receive regular updates on the Better Care Fund (BCF).</p> <p>This report summarises progress on agreeing the new BCF plan for 2016/17 and its proposed scope.</p> <p>The plan is being finalised ready for national submission by 3rd May 2016. The plan is then subject to a final assurance process by NHS England at which point it will be approved, approved with support or rejected with requests for further work with external supervision.</p> <p>An assurance checkpoint at the end of March 2016 assessed the first draft BCF as 'approved with support'. The narrative plan was assessed as 'exemplar in many respects with a</p>

	<p>clear strategic context and a high degree of confidence in its delivery.' The elements of the plan that needed more work have been addressed by the planning team for the final submission.</p> <p>Final drafting of the plan is well underway. The plan is being seen as the year 1 joint operational plan for the new Sustainability and Transformation Plan (STP) and is being aligned with the content and governance of the STP.</p> <p>The scope of the 16/17 BCF plan is very similar to 2015/16 but includes the addition of a new pooled budget to meet the needs of adults with complex learning disabilities.</p> <p>The key performance indicators remain the same but target setting has been much more within local control.</p>
<p>Impact Assessment</p>	<p>Equalities Impact Assessment (EqIA):</p> <p>An overall EqIA was completed when the 15/16 BCF was agreed. This is being updated for 16/17.</p> <p>As the plan is implemented, full EqIAs will be carried out for any proposed changes to policy or service delivery.</p> <p>Locality Impact:</p> <p>Will be included as part of the development of individual projects within the overall plan.</p> <p>Budget:</p> <p>The proposed pan Dorset Better Care Fund is a budget of c. £73m. This is an overall increase from 15/16 because of the inclusion of a new pooled budget to meet the needs of adults with complex learning disabilities. New Section 75 agreements are being put in place by 30<sup>th</sup> June for each of the pooled budget components in the fund.</p> <p>There is no risk share in the 16/17 BCF. Partners have included a gain share worth £500k to the BCF which will be shared proportionately between the 3 Local Authorities if targets to control Continuing Health Care expenditure are achieved.</p> <p>Although the overall value of the BCF has increased, the level of funding to directly protect adult social care activity has decreased by £1m in 2016/17. This is because the</p>

	<p>financial pressures in the healthcare system are so great that the CCG was unable to maintain the full amount of additional, discretionary funding that they made available for adult social care in 15/16. This means that there will be a reduction in activity. Each Council is preparing plans for the end of April 2016 to quantify the impact.</p> <p>Risk Assessment:</p> <p>Having considered the risks associated with the Better Care Fund using the Council's approved risk management methodology, the level of risk has been identified as:</p> <p>Current Risk: High Residual Risk: High</p>
<b>Recommendations</b>	<p><b>The Panel is asked to:</b></p> <p>i) <b>Scrutinise the emerging BCF plan for 2016/17.</b></p>
Reasons for recommendations	<p>The Better Care Fund plan and schemes capture part of the activity that aims to secure:</p> <ul style="list-style-type: none"> <li>▪ improved health and social care outcomes for local residents;</li> <li>▪ an improved and more integrated approach for the delivery of adult health and social care locally</li> </ul>

## 1. Introduction

- 1.1 The Bournemouth Health and Adult Social Care Overview and Scrutiny Panel have regularly reviewed the 15/16 BCF at their meetings. Outturn performance for the 15/16 financial year will not be available until after the date of this Scrutiny panel meeting but will be shared as soon as possible.
- 1.2 This report summarises progress on agreeing the new BCF plan for 2016/17 and its proposed scope.

## 2 Background and 16/17 BCF schemes

- 2.1 The Health and Wellbeing Board has oversight of the Better Care Fund and is accountable for its delivery. The Joint Commissioning Board (Adults) for the pan Dorset area is responsible for the implementation of the BCF plan and for managing performance.

- 2.2 In 2016/17 the plan is being seen as the year 1 joint operational plan for the new Sustainability and Transformation Plan (STP) and is being aligned with the content and governance of the STP.
- 2.3 The pooled budget for the Better Care Fund has been created from funding for existing activity and is not new/additional funding within the health and social care system. Consequently the focus of the BCF is to change existing activity to improve effectiveness. The BCF plan for 16/17 contains twelve schemes:
- Integrated Community Equipment Service;
  - Reablement;
  - Early Help;
  - Carers;
  - Accessible Homes;
  - Integrated Locality Teams;
  - Personalised support and care at home
  - Improving health care services to care homes
  - Protecting adult social care;
  - Seven day working;
  - Reducing delayed transfers of care
  - Moving on from hospital living for adults with complex learning disabilities
- 2.4 It is important to note that a wide range of activities impact on the achievement of two of the nationally required BCF key performance indicators – a reduction in emergency admissions and a reduction in delayed transfers of care. These activities are over and above those covered by the BCF schemes and include other work on urgent and emergency care that is co-ordinated by the Systems Resilience Group, led by the Dorset Clinical Commissioning Group. It is a national policy requirement for each health and social care community to have a systems resilience group to co-ordinate work on urgent care. All of the commissioning partners who have agreed the BCF are members of the Joint Commissioning Board and the Systems Resilience Group (SRG). In 16/17 we have worked to be much clearer about the role of the SRG in relation to the BCF as part of our efforts to improve planning and delivery of performance improvement.

### **3 16/17 funding and financial risks**

- 3.1 The BCF involves a total pooled budget between the Clinical Commissioning Group (CCG) and the 3 Local Authorities of c£73m for 16/17, an increase from the £61.27m for 2015/16.
- 3.2 Within this financial envelope the CCG has met and exceeded the minimum contribution required from the NHS in to the fund.
- 3.3 As part of the BCF, the CCG is required to support the protection of adult social care services. This has been achieved in terms of their minimum contribution through the social care grant, uplift on that grant and funding support for the ongoing implementation of the Care Act.



- 3.4 However, in 15/16 the CCG was able to make an additional, discretionary level of funding available to support adult social care. In 16/17, due to very significant financial pressures the CCG has had to reduce this additional contribution by £1m. This means that there will be a reduction in social care activity that supports the aims of the fund. Each Council is preparing plans for the end of April 2016 to quantify the impact.
- 3.5 In 16/17 there is no proposed financial risk share arrangement. There is however a proposal to implement a gain share arrangement between the CCG and 3 LAs. The gain share assumes that a saving of £1m can be made in the Continuing Health Care (CHC) budget. This would then be split 50:50 between the CCG and 3 LAs effectively adding a further £500k, if the target is achieved, in to the BCF for the LAs. Work to analyse care markets led by staff from Bournemouth Borough Council, on behalf of all the commissioning partners, suggests the £1m saving should be achievable and detailed plans are being developed for the Joint Commissioning Board's May meeting.

#### **4 Key Performance Indicators**

- 4.1 As previously reported to the Scrutiny Panel, achievement of the Key Performance targets in 15/16 was very challenging. The 16/17 plan maintains the same KPIs but there has been more control for the local system to set targets in each category. Target setting has been done in the context of the actual performance in 15/16 and benchmarking with other communities. Targets aim to be stretching but realistic.
- 4.2 The focus to deliver reductions in both non elective admissions to hospital and delayed transfers of care continues in the 16/17 plan. A detailed review of delayed transfers of care has been undertaken and a new improvement plan agreed between the partners. Differential targets have been set across the area reflecting the scale of the challenge for different parts of the system.

#### **5. Finalising the BCF for 2016/17**





- 5.1 A national assurance checkpoint at the end of March 2016, involving NHS England and the Local Government Association, assessed our first draft BCF as 'approved with support'. The narrative plan was assessed as 'exemplar in many respects with a clear strategic context and a high degree of confidence in its delivery.' The elements of the plan that needed more work have been addressed by the planning team for the final submission.
- 5.2 Final drafting of the plan is well underway. It has to be submitted nationally on 3<sup>rd</sup> May 2016. The plan is being signed off by the co-chairs of the Bournemouth and Poole Health and Wellbeing

Board under delegated authority as the national planning timetable does not fit with scheduled meeting dates.

- 5.3 The plan is then subject to a final assurance process by NHS England at which point it will be approved, approved with support or rejected with requests for further work with external supervision.
- 5.4 The final submission will be made available to all Health and Wellbeing Board members and will be circulated to members of this Scrutiny Panel. Regular performance reporting will then commence.

# Health and Adult Social Care Overview & Scrutiny Panel

# 7

<b>Report Subject</b>	<b>Delayed Transfers of Care – NHS England Review</b>
<b>Meeting date</b>	26 <sup>th</sup> April 2016
<b>Cabinet Portfolio</b>	Councillor Blair Crawford, Adult Social Care
<b>Corporate Lead</b>	Jane Portman, Executive Director Adults and Children, Deputy Chief Executive
<b>Service Director</b>	Andy Sharp, Service Director Adult Social Care
<b>Status</b>	Public
<b>Classification</b>	Discussion
<b>Key Decision</b>	No
<b>Impacts on Key Policy Framework</b>	None
<b>Report author</b>	<p>Andy Sharp, Service Director, Adult Social Care   01202 458707   andy.sharp@bournemouth.gov.uk</p> <p>Richard Renaut, Chief Operating Officer, Royal Bournemouth &amp; Christchurch Hospitals   01202 704284   Richard.Renaut@rbch.nhs.uk</p>
<b>Executive summary</b>	<p>As part of a national approach to supporting improvement within the health system to address delayed transfers of care (DToC), NHS England (South) undertake reviews aimed at providing recommendations to increase patient flow and reduce delays. Due to the current challenges faced within the system locally, a review of this nature was undertaken in March this year.</p> <p>The purpose of the review undertaken by NHS England into the issues surrounding what is considered to be an unacceptable DToC performance against the overall measure of delays was commissioned by NHS England (South) to provide additional diagnostic information and, where appropriate, to make further recommendations to the whole system partners aimed at improving performance.</p>

<b>Recommendations</b>	<p><b>The Panel are requested to;</b></p> <ol style="list-style-type: none"> <li><b>1. Consider and comment on the information contained within this report and associated action plan</b></li> <li><b>2. Request a further report in September 2016 in respect of the progress made in delivering the activity outlined within the action plan alongside an assessment of the impact of this activity</b></li> </ol>
<b>Reasons for recommendations</b>	<p>The development of the action plan resulting from the NHS England review of the approach within Royal Bournemouth Hospital in conjunction with partners across the Health &amp; Social Care system presents a wide ranging and challenging set of proposals. Implementation of the actions within this plan will in many cases be complex and will require diversion of resources from other activities focused towards supporting discharge and reducing delays. For this reason it is critical that clear oversight of both the timeliness and effectiveness of the implementation of the plan is maintained.</p>

## **1.0 Background**

- 1.1 As part of a national approach to supporting improvement within the health system to address delayed transfers of care (DToC), NHS England (South) undertake reviews aimed at providing recommendations to increase patient flow and reduce delays. Due to the current challenges faced within the system locally, a review of this nature was undertaken in March this year. The review focused on Royal Bournemouth Hospital and the internal arrangements to support discharge but did also consider the interfaces between the hospital and social care services provided by both Bournemouth Borough Council and Dorset County Council. It is important to recognise that although circumstances vary across regions and areas, there are a number of places in the South of England where the performance on DToC (sometimes coupled with A and E performance) is considerably worse than the standard that whole system partners aspire to and compares unfavourably with performance in similar places elsewhere. As with previous reports in relation to this issue members will be aware that performance measures in respect of DToC relate to the level of total delays, those delays which are attributed to health services and those that relate to social care issues.
- 1.2 The Royal Bournemouth Hospital provides acute care to a population with a high prevalence of older people. Hospital admissions have been rising steadily for over a decade, with a 10% increase year on year and increasing delays in the discharge of older people from secondary care both locally and nationally. This has led to a higher number of older patients outlying on medical and surgical wards which have an adverse effect on patient care including increased length of stay and increased morbidity and mortality. The inability to discharge older people from acute care to ongoing community services such as intermediate care, reablement, residential care and community hospitals contributes significantly to 'log jams.' This can lead to other patients being cancelled for surgery, or other emergency patients having delays in accessing emergency care via the 111 system, 999 and Emergency Department services.

- 1.3 RBCHFT, currently has up to 56 beds occupied by medically stable patients awaiting transfer to care homes or discharge home with care packages under local authority, CHC or self-funding pathways. Factors contributing to the high demand on our local health and care services include:
- Ageing population;
  - Workforce recruitment difficulties across medical, nursing and domiciliary care assistant staff;
  - Reducing NHS and social care funds;
  - Limited capacity within community health and social care services to support discharge from acute care
  - Reduced accessibility to community care services especially from CQC registered providers e.g. nursing and care homes.
- 1.4 The purpose of the review undertaken by NHS England into the issues surrounding what is considered to be an unacceptable DToC performance against the overall measure of delays was commissioned by NHS England (South) to provide additional diagnostic information and, where appropriate, to make further recommendations to the whole system partners aimed at improving performance. The review was undertaken through on-site investigation and discussions with health and social care staff alongside reviews of national performance data submitted by the hospital to NHS England.
- 1.5 Although the review was conducted at a fast pace and over a relatively short period of time the assessment undertaken provided a detailed overview of the issues faced within the local health system, a reflection of the steps already taken to address performance within respect of delays in discharge and an evaluation of what has worked well and the areas for further development. The output from the review was a report which highlighted findings in respect of 11 core areas around:
- Strategic planning
  - Governance
  - Working relationships
  - Leadership visibility
  - Staffing
  - System complexity
  - Commissioning strategies
  - Escalation arrangements
  - Discharge teams, planning and assessment
  - Continuing healthcare
  - Reablement, Homecare and Intermediate Care
- 1.6 Based upon the findings of the report a series of 42 recommendations to improve performance within the system were identified and these have been utilised to develop an action plan across the activities delivered by Royal Bournemouth Hospital, Dorset Healthcare University Foundation Trust, Bournemouth Borough Council, Dorset County Council and Dorset Clinical Commissioning Group. As part of the development of the action plan partners have been clear in the need to ensure that activity to be delivered following this review is positively aligned to existing work and is locally owned.

1.7 The action plan in response to the review, which is attached to this report as Appendix A, has been developed through a local working group with representation from all of the partner agencies. In addition to this the action plan has been presented to NHS England for their consideration and comment and there will be further six month review of the delivery against the agreed actions alongside an evaluation of the impact that has been made in improving performance levels.

## **2.0 Information & Advice**

2.1 In order to manage the delivery of the action plan in respect of the NHS England report a working group is to be maintained of those officers from across partner organisations that contributed to the creation of the original plan. These officers are also acting as the executive leads for the delivery of the actions within the plan and will be accountable for progress in delivering required activity and assessing the impact of this work. In order to ensure and track positive progress regular updates to discuss the activity within the plan will be undertaken.

2.2 Progress and impact rating within the attached action plan are designed to provide an overview of the steps taken to date and the likely positive effect of the actions delivered. These will be constantly reviewed by the executive leads and this will be supported through programme management arrangements put in place by Royal Bournemouth Hospital.

2.3 Specific recommendations anticipated to have significant impact on a reduction in delayed transfers of care include: integration of discharge services; implementation of the frailty pathway including further development of “discharge to assess” and the “trusted assessor” model; redesign of interim beds and review of domiciliary packages with specific focus on end of life care at home.

2.4 Formal DTOC performance at RBCH has been steadily rising over recent years from 3.2% reported in March 2014 increasing to 4.95% in March 2016. Current trends associated with DTOC at RBCH include limited capacity within community hospital beds, dementia residential care homes and domiciliary packages of care. As an outcome of the work to be achieved from the action plan, it is anticipated that DTOC performance will run at 2.5% within RBCH and a minimum of 3.5% across the system in line with the principles of “Better Together” and the “Better Care Fund” which transfers NHS funding to social care. The overall goal is to support all patients with timely discharge from the hospital, moving away from “stranded patients” in the system. Data in respect of formal delays will continue to be monitored on a regular basis utilising nationally reported information. Currently the Health & Adult Social Care Overview & Scrutiny Panel receive reports related to performance around delays attributed to adult social care on a quarterly basis and it is anticipated that this will continue to be the case. In addition, overall delays within the health and social care system form part of the Better Care Fund arrangements and performance against measure in respect of this wider context will also continue to be reported to the Committee and will have been considered at this meeting under the previous agenda item.

### **3.0 Summary of financial/resource implications**

- 3.1 There are no financial resources implications for consideration by the Panel at this stage. Initial costs associated with the completion of the review, development of the action plan and early implementation arrangements largely relate to staff time and will be covered through existing service budgets. In some cases there will be financial cost associated with the delivery of actions contained within this plan and these will be scoped in the coming weeks by the executive leads. At this stage it is anticipated that any costs associated with implementation will be shared across the partner agencies from within existing allocated budgets or delivered directly by the responsible agency if the action is not cross cutting.
- 3.2 Overall the benefits of reducing delays in transfers of care benefits patients as being in hospital when you don't need acute care can lead to deterioration in health and greater loss of independence. This then potentially leads to larger packages of care being needed, often on a long term basis, which could be funded through Adult Social Care, or the individual. Staying in an acute hospital bed is more expensive to the health and social care system, than any other setting, so the NHS has to divert resources away from sick patients, to those who don't require acute NHS care. This in turn leads to ambulance delays and waits in A&E. Taken together the unnecessary costs generated by having delays is very considerable.

### **4.0 Summary of legal implications**

- 4.1 There are no direct legal implications in respect of the completion of the review, action plan development or implementation at this stage. However the Council holds statutory responsibilities in relation to some aspects of the work associated with the action plan and as a result there may be implications identified at a later date which will be addressed through the scheme of delegation in the normal way.

### **5.0 Summary of human resources implications**

- 5.1 There are no human resources implications for consideration by the Panel, activity associated with the delivery of the action plan will be related to staff time and will be programmed into existing service arrangements.

### **6.0 Summary of environmental impact**

None identified.

### **7.0 Summary of equalities and diversity impact**

- 7.1 By agreeing the proposed recommendations, the health and social care system will continue to meet statutory duties, including those related to the needs of people who may have protected characteristics.

## **8.0 Summary of risk assessment**

- 8.1 A risk assessment in relation to the review has been undertaken by the Senior Responsible Officer for the delivery of the action plan overall (Richard Renaut, Chief Operating Officer, Royal Bournemouth & Christchurch Hospitals) and there are no significant risks for consideration by the Panel, or that require mitigation at this stage.

## **Appendix**

### **1. DToC Action Plan - Bournemouth**



## Rapid Paced Diagnostic with regard to Poor Performance in Delayed Transfers of Care - Action Plan.

**Exec leads** - Harry Capron, Andy Sharp, Neil Goodard, Eugene Yafele, Mike Wood, Richard Renaut, Heather Hauschild, Tim Goodson  
**Main management leads** - Sue Evans, Tim Branson, Rebecca Jones, Yvette Pearson, Sally Sandcraft, Paul Rennie, Cherry McCubbin, Vanessa Mason, KT Whiteside, Gemma Brittan, Sue Hammond, Debbie Crew, Suzanne Westhead  
**DTOC Impact** is High/Medium/Low depending on scale of impact in directly reducing patient numbers and bed days lost to delays or "stranded status." (one third each category).  
**Status** - Green: on track for achieving success criteria, by target date. Amber: risk which requires intervention to achieve success and target date. Red: significant risk(s) needing escalation and additional inputs, and/or deadline has passed.

RECOMMENDATION	EXEC LEAD	MANAGEMENT LEAD	DTOC IMPACT H/M/L	TARGET DATE	ACTIONS	RESOURCES	SUCCESS CRITERIA	ISSUES & RISK LOG	STATUS	WEEKLY PROGRESS UPDATE
<b>Strategic Planning</b>										
1 - that all parties bring together their planning resources for a very urgent reconciliation of all existing plans and sub-plans with regard to the Unplanned Care Pathway: within three weeks to produce a Transformation Plan which clearly identifies each task, its objectives, the additional resources to be brought to bear, the task owner, target milestones, and Key Performance Indicators of achievement (even if these are only inputs or outputs). For complex items to produce sub-plans identically structured within a further two weeks	TG	YP	H	21-Apr	Revision of Dorset Urgent and Emergency Care Strategy to consolidate plans that have been developed since the inception of the strategy. Produce clear structure diagram.	Time	Single Plan agreed by all, with SMART actions	Link to BCF DTOC plan. May take longer to formally sign off.	GREEN	
<b>Governance</b>										
2 - there should be a two-week review, jointly between all system partners, of the structure/hierarchy of meetings for overseeing Strategic and Transformational plans. The purpose of the review is rapidly agree a rationalised governance structure. That structure must ensure that the new Transformation plan, referred to above, is governed within a coherent structure which creates both accountability, and appropriate attention to detail, particularly regarding sub-plans, and with sufficient governance 'flatness' to ensure that Very Senior Managers are in touch with, and driving, project progress at least fortnightly. The relationship between these arrangements and the three clusters will also need to be specified.	TG	YP	H	21-Apr	This will link with the Dorset Sustainability and Transformation Plan. Requires fortnightly meetings of cluster exec leads to oversee this plan, and weekly 30 mins telecon of operational leads. Tim Goodson is SRO for DTOCs for pan-Dorset.  The Acute COOs will be the SRO for each Cluster - Richard Renaut (Bournemouth & Christchurch) with Eugene Yafelle (DHUFT) and Neil Goodwin (BBC) as deputies. Clear terms of reference to be agreed by partners, giving authority for leads and SRO to act beyond their organisation.	Time	Single governance and accountability structure.	Mike Wood and all the COOs currently attend SRG and Cluster meetings.	GREEN	
3 - Patients, carers, & families need to have a strong voice within the governance structure and be involved to provide advice and feedback. Reviewing existing mechanisms and recommending an integrated way to ensure that stakeholder feedback on transfers of care aren't lost between organisations is important. Potentially to involve organisations like Healthwatch, Age Concern etc to supplement the current organisation based feedback mechanisms.	RR	CMC	M	30-Jun	Each partner to provide list of engagement processes. Then identify gaps. Then identify any new initiatives to ensure patient voice is heard.	Staff time to engage	Carer representation at Dtoc meetings and events	Ensure meaningful engagement.	GREEN	
4 - that if a cluster approach to strategic planning is adopted, consideration being given to the workload of a single SRO, and whether the alternative of one SRO per cluster (at Executive but not necessarily Chief Executive level), may be more practical.	RR	CMC	L	Achieved	Link to recommendation 2, appoint SRO for Dorset & cluster. Tim Goodson is SRO for DTOCs across Dorset  The COOs will be the SRO for each Cluster - in RBCH case Richard Renaut	Time	SRO in place	This ensures consistency and continuity in not only the Bournemouth system but across Dorset	GREEN	
5 - that project managers be appointed either from within existing resources, or externally, in sufficient numbers to provide support and project acceleration for each project that requires a sub-plan (or some other indicator of project complexity).	RR	CMC	L	30-Apr	YP operational lead for Dorset CCG. Other leads as per actions. CMC overall lead for project plan tracking. Need to check project resource sufficient for each action to be implemented.	Funding / release of time	Leads identified and give weekly updates.	Formal weekly meeting of operational leads needed.	GREEN	
<b>Leadership Visibility</b>										
6 that immediately following the creation of an overarching Transformation plan and appropriate governance structures, Very Senior Managers agree a programme, in each organisation, for frequent, short, visits to front-line staff for the purpose of sharing planned changes, being visibly supportive, and seeking feedback about the perceived pace of change	RR	SH	M	31-May	Exec lead from each org list of staff in target audience orientation programme clear & consistent messaging of "the plan for improvement"	Time Regular,	Log of visits shared by org leads. Newsletter and mailing list of staff across orgs.		GREEN	
<b>Staffing</b>										
7 that the arrangements for the Care Certificate training organised by the LETB be made available to other non-NHS employers, or some other rationalisation be agreed.	AS	IC	M	31-May	Continue and if possible accelerate the development of the health and social care academy in conjunction with Bournemouth University, starting with focus on social care.	Time.	Academy in place and training opportunities increased (baseline and target numbers)	Currently there are some differences in view across the sector as to the areas of focus and leadership of the academy. <b>Action: Debbie Ward to speak to LETB</b>	GREEN	
8 that, within 3 months, the HR departments of the partner agencies agree a common workforce strategy for care workers and nurses up to Band 3.	AS	JP	M	30-Mar	Existing agency workforce plans for Care Workers and Band 3 Health and Social Care Assistants to be collated into a single plan	Time plus HR teams and lead professionals ie PSW	Care Pathway established and joint workforce planning arrangements in place	Knock-on recruitment impacts across a shared workforce	GREEN	
<b>System Complexity</b>										
9 that the two Local Authorities (Bournemouth and Dorset) create a project, jointly with the CCG, to, where possible, align Unplanned Care pathways, ( <b>prioritising frailty and mental health &amp; substance misuse</b> ), procedures, in the light of known best practice. This project to be completed before October 2016. That considerations of tailoring these pathways to the 3 Clusters follow after the agreement of the countywide standardisation.	RR / EY	VM / MK	H	30-Sep	9.1 RR lead frailty (with Andrew Williams & Vanessa Mason) 9.2 EY for MH&Substance misuse (With Mike Kelly)  LAs to ensure that appropriate Public Health Commissioners are involved with this work	9.1 Frailty Network support, and lead partners time. 9.2 Resources to be identified.	Frailty Pathway KPIs: Admissions / Discharges / LOS from Frailty Unit. Reduction in DTOC from OPM wards. Further KPIs to agreed with CCG, DHUFT, LAs. 9.2 MH/DAT KPIs around DTOC and other delays in acute care e.g. transfer to St Anne's.	The solutions for each area need to start and end with best practice, but need to adapt to reflect local needs and resources availability.	GREEN	
10 that, within two weeks, Bournemouth and Dorset local authorities and the CCG, initiate a project to create a comprehensive picture of the gamut of services available, including referral sources, eligibility criteria, and purpose with a view to, over the next four weeks, agreeing a rationalisation. This will include Intermediate Care & interim care moving to greater integration, and consideration of options for integration with Tricuro's Reablement. Also including the design and tendering of a "Leaving Hospital Support Service" (currently provided by BCHA). The target for completion of this project is dependent upon decommissioning and recommissioning of services but should, as far as possible be before October 2016. That bespoke commissioning to meet the needs of the 3 Clusters follows after the agreement of the countywide specifications and should only happen with strong local, evidenced based, justification.	Leads as per action	Leads as per action	H	Dates as per action	10.1 Resource mapping links to NHS Integrated Care mapping exercise. Report at cluster level, including social care. May, (SS) 10.2 Options paper for Intermediate and Interim care team being integrated. April (RR/CMC & EY/CK) 10.3 Re-focus BCHA contract (£156K) for improved leaving hospital service. April (IC/SE) with view to medium term best provider 10.4 Decommissioning options paper September 2016. (MW/SS)	Project resource to make change happen	10.1 report 10.2 Recommendation agreed 10.3 Improved leaving hospital service with KPIs 10.4 Recommendations paper	It is important to note that Bournemouth reablement is a different model to Dorset's. Risk comprehensive picture and resources will take longer to map than mid April. Note: The ICS work and the work undertaken to date by the Better Together programme in relation to integrated care and reablement supports fewer interfaces between services and handoffs and a movement away from disease based out of hospital teams This work is being led by the Planned and Specialist Team within the CCG and all health and social care partners are involved with this work	GREEN	
<b>The question of Poole Borough Council and alignment is beyond the scope of this report but is potentially a significant consideration.</b>										
<b>Delayed Transfers of Care</b>										
11 that the RBCH and Community Trusts jointly conduct a four-week review of the use of the countywide Choice policy to agree what needs to be done for it to gain traction, and, if a significantly radical and energising new approach cannot be found, to also consider, and recommend, what additional alternatives should be commissioned. Policy needs updating for Care Act (LAs and CCG to lead)	RR	CMC	H	31-May	11.1 all parties need to be involved in rapid review of current policy, focused on implementation. 11.2 Policy needs updating for Care Act (LAs and DTOC group to lead) by 31 May, then SRG sign off	Time for planning phase, then 4 week implementation	Reduction in bed days lost for delays attributable to "choice."	The Choice Policy needs to be reviewed and updated as part of the DTOC Group Work. This review is planned and will be completed by 31 May 2015	GREEN	

	RECOMMENDATION	EXEC LEAD	MANAGEMENT LEAD	DTOC IMPACT H/M/L	TARGET DATE	ACTIONS	RESOURCES	SUCCESS CRITERIA	ISSUES & RISK LOG	STATUS	WEEKLY PROGRESS UPDATE
12	that the system and technology for creating accurate patient lists, particularly with regard to MFFD, be subject to a two-week diagnostic project to understand current frustrations, and then within a further two weeks, to propose and implement a solution or have timeline in place for completion.	RR	KT	H	31-May	Meeting between Discharge Team management and IT	IT investment	Updated system for creating accurate Dtoc Data and reports	Unknown time required to build new DTOC database. Needs to have multi-user input, so MDT can update.	GREEN	
13	that a new reporting format for DToC be developed to show, more clearly, the delays in the Acute and Community Trusts (and the coded causes) alongside each other.	RR	KT	M	31-May	As per Recommendation 12	Information team	Scorecard	Ensure consistent coded reasons.	GREEN	
14	that the 'Transitional Ward' be urgently provided with a dedicated Social Work resource, where patients do not have a social worker already assigned, until such time as the Recommendations below, regarding such services, are put in place.	HC	SE	L	31-May	System to assign SW (but felt to be small numbers without SW cover already). Review after 4 weeks to see if this approach most effective.	SW time	100% coverage.	Note: different ways to achieve best continuity and coverage.	GREEN	
<b>Commissioning Strategies for Community Services</b>											
15	that, if justified by the numbers, a block contract be tendered to meet the residential care needs of individuals disabled by substance abuse and/or market development work occurs to ensure provision available.	NG	HV	H	31-May	Neil Goddard/Hayley Verrico as mainly Bournemouth residents. Need to liaise with Public Health re: decommissioning decisions such as Flaghead unit (loss of 12 beds to system).  LAs to ensure that appropriate Public Health Commissioners are involved with this work Task and finish group needed to make recommendation.	Cost of commissioned capacity.	No delays for discharge on Ward 1 & 3	Need to explore why DTOC delays and differing views of partners.	GREEN	
<b>Escalation and DToC monitoring</b>											
16	that, within four weeks, a system is established for both the Acute and Community Trust, to create a readily accessible 'Issues Log' so that staff at all levels can raise operational issues (not specific to a particular patient) and receive feedback from an appropriate member of the senior team as to how the issue is (or is not) being addressed. A summary of the issues in this Log to be a standing information item at the new governance meeting for this pathway.	RR	CMC	M	28-Apr	links to 6 as part of two way regular communication. Action to have an easy to input log, that is regularly reviewed and acted upon, and communicated.	Time	Issues log to be in place and formal communication process established		GREEN	
<b>Discharge Teams – RBH</b>											
17	that the services and workers that facilitate discharge be co-located, and singly line managed, through the creation of an Integrated Discharge Hub within RBH. To be in place by-1st July 2016.	RR	CMC	H	01-Jul	Task & Finish group needed (CMC, TB, SE) to cover RBCH Discharge teams plus LAs to co-produce a proposal and options. Staff consultation will take longer to implement some options.	HR advice	Integrated Discharge Service in place, with clear service spec	Consultation process likely to exceed recommendation date of 1st July. Option of other LAs "commissioning" service from BBC	GREEN	
18	that, from the commencement of the new Hub, Key Performance Indicators are established for the various stages of referral and assessment.	RR	CMC	M	01-Jul	links to 12&13. Agree KPIs with LAs	Time	KPIs monitored and used to influence service development		GREEN	
19	that through a system of either link workers, or base wards, arrangements are put in place to secure the attendance, at all board rounds, of representatives of the Hub once it is created.	RR	CMC	H	31-May	As per recommendation 17 & 18 and widespread use of Trusted Assessor.	SW time	SW attendance at all whiteboard rounds for complex discharges	Need to match SW time to Board rounds	GREEN	
<b>Continuing Healthcare (CHC)</b>											
20	that within two weeks, a summit meeting takes place between the Chief Executives of the relevant CCGs to agree more appropriate arrangements for the timely processing and resolution of Hampshire CHC decisions. In particular, that the practice of holding a decision meeting for every Hampshire CHC case should cease immediately and be replaced with a more selective approach as happens elsewhere. New arrangements to be agreed by all parties within three weeks of the first meeting. Should this not be achievable, this issue to be escalated to NHSE.	HH	Rachel King	M	14-Apr	20.1 agree process with Heather Hauschild (West Hants CCG) Chief Officer - or maybe CHC lead for Hants? 20.2 Agree start date.	none	No batching of decisions	<b>ACTION Tim Goodson to contact CCG and share DCCG good practice.</b>	GREEN	
21	that the issue of End-Of-Life fast track should be escalated to a meeting between Chief Executives, with their advisers, within a week (in the evening if need be) to produce a solution that enables such care to be available within 48 hours. If this cannot be achieved it should be reported to the Governing Bodies of all the system partners at their next available meeting.	MW	PR	M	07-Apr	21.1 Move to Personal Care Budgets option 22.2 Agree monitoring mechanism for tracking delays during process, and actual time of departure, and number of deaths in hospital. 22.3 Follow up meeting to agree actions and timescales, and reporting to Governing Bodies.	CHC budget	No FT CHC deaths in hospital. No delays beyond 48 hours for EoL transfers.	Need to develop community capacity (eg Lewis Manning, and providers able to respond to PCB). Need to resolve and differences in perception about accuracy of predicting.	GREEN	
22	that the long-standing discussions with regard to Hospice at Home should lead to a rapidly updated Business Case so that decisions as to commissioning, or not, can be progressed via the Governing Body of the CCG within two months.	EY	RJ	M	30-Jun	The Better Together programme have defined that end of life care is integrated within the role of the locality health and social care team. It is recognised that this role has been artificially separated in the east of the County with a separate team and this is currently under review with DHUFT with the intention to better integrate care for people at end of life. Sally Shead & Fiona Richardson (DCCG), leading on the review.	None	No delays to acute to community discharge for EoL.	Need to ensure integrated community teams have skills for EoL care, to avoid de-skilling and loss of capacity to support discharges. Needs common pathway and care plan process to work effectively.	GREEN	
<b>Reablement</b>											
23	that the therapy services of the partner agencies, and the Community Trust in particular, be rearranged, augmented, or both, so that the level of therapy inputs into the Reablement Teams of both Bournemouth and Dorset is commensurate with best practice elsewhere.	NG	AW	H	30-May	Work is underway to share the Tricuro reablement strategy with partners to pursue greater integration with Rehabilitation Services. Agree implementation plan as part of DToC Local Plan.	BCF Budget	Increased availability of packages with therapy, upon hospital discharge	Consistent pathways to be developed across Dorset	GREEN	
24	that following the strengthening of therapy input to the Reablement Teams, a performance target be set for patients (target 90%) requiring no further paid care inputs, or no increase in care inputs as a result of returning to their original baseline.	HC	AW	H	01-Oct	Tricuro and Commissioners to track BCF/Reablement KPI linked to implementation of service redesign. Need to ensure check & balance against cherry picking to achieve the target (learn from elsewhere how best this is achieved).	BCF Budget	Improved independence and reduced on-going care costs. BCF KPI	Unintended effect of greater targeting of people with complex needs reducing performance. Risk that we are already seeing a greater acuity frailty in the population, as over significant increase in the over 85s.	GREEN	
<b>Home Care</b>											
25	whole system partners urgently consider how to prioritise further expenditure (particularly within the Better Care Fund) on Home Care Commissioning for those areas where home care hours are still in short supply via system urgently developing a joint commissioning strategy and re-focus of homecare and support at home services, encompassing resources from across the CCG, Acute Sector and the LAs".	HC	AW IC Phil Hornsby (Poole)	H	30-May	Proposal to be developed for reviewing longterm PoCs, with a view to redirecting to higher needs, & releasing capacity to help flow from hospitals, re-ablement and interim care. Proposal and implementation to be tracked at cluster and JCB level. Provider led reviews, and other means to ensure this task is completed.	BCF Budget	No delays due to lack of support at home	Failure to co-ordinate commissioning support at home will drive up costs. Needs to link to work plans of JCB and JCOG.	GREEN	
26	that any future plans regarding Integrated Working seek opportunities to utilise a different skills mix to create, where possible, more attractive jobs to meet intensive personal care needs.	AS	IC	M	30-Jun	Implementation of joint workforce planning arrangements including the potential for cross over in roles between sectors.	Officer time from within HR teams and lead professionals such as the PSW.	Joint workforce planning arrangements in place with increased mobility in roles across the sector	Link to the work plans of JCB and JCOG Complex area of activity which will be challenging to deliver due to differential requirements and expectations across health and social care employers	GREEN	
27	that NHS England work with the LGA and other partner agencies to consider, at a national level, the implications of the difficulty with regard to recruiting Home Care workers.	DH	n/a	L	30-Apr	NHSE lead Andrew Ridley	Time	National consideration of this issue	Need to link clear outcome	GREEN	
28	that DCC and other LAs ensure that new packages of care requested by the Intermediate Care Service are processed through to brokerage within 24 hours and that a KPI be established to monitor this.	NG	IC	M	30-Apr	Time to SW call centre and Care Direct.	PoC capacity	KPI achieved	Intermediate care team to set up means of recording this. Mainly viewed as a BBC issue.	GREEN	
29	that DCC and BBC agree how to resource a joint brokerage function within the new Integrated Discharge Hub.	NG	IC	L	30-Jun	Review existing brokerage arrangements across the three authorities and identify strengths and weaknesses in the models. Develop a business case for changes to the brokerage model if this is appropriate including consideration of joint or integrated functions.	Officer time	Review completed and a business case for change developed if appropriate.	Resources to be identified for brokerage review with DCC/BBC. BBC model of dedicated brokerage member for Hospital to be explored as part of the wider review including CHC.	GREEN	
<b>Housing Services</b>											

RECOMMENDATION	EXEC LEAD	MANAGEMENT LEAD	DTOC IMPACT H/M/L	TARGET DATE	ACTIONS	RESOURCES	SUCCESS CRITERIA	ISSUES & RISK LOG	STATUS	WEEKLY PROGRESS UPDATE
30 that a time-limited project be set up to collate the figures for DToC caused by housing-related problems across all the provider Trusts both Acute and Community, to ascertain whether there is a case for asking the statutory housing providers to make suitable temporary provision	AS	IC	L	30-May	Undertand the link between housing issues and delays in discharge through contact with Housing teams, extra care housing providers and crisis accommodation.	Officer time	Review completed and actions in place to address concerns identified.		GREEN	
<b>Patients from Other Local Authority Areas</b>										
31 to avoid misunderstanding and misrepresentation of Hampshire performance, a small set of Performance Indicators, for that county, should be mutually agreed as part of the new Social Work/Integrated Discharge Hub arrangements (see Recommendations 18 and 19 above).	HH	Rachel King	L	30-Apr	RBCH and HCC rep (NB Graham Allen Integrated Service Dir at WHCCG)	time	Pis in place	Action: Tim Goodson to set up meeting. Link to action 20	GREEN	
<b>Community Bed Provision</b>										
32 that the CCG lead, on behalf of system partners, (within four weeks) a review of the function of, and operating procedures for, their locally commissioned community & NHS interim and transition beds (other than longstay residential and nursing homes) with a view to clarifying function (against a backdrop of near continual escalation) and, where necessary apply additional rehabilitation resources to secure better and faster Reablement/Rehabilitation.	MW	SS	H	31-May	To include review of St Leonards, interim and Ward 9 beds. To include delays to POCs stopping flow (see 25), to better understand true demand and capacity requirements.  The ICS programme within the CCG is defining the role of our community hospitals and requirements in the future. This work will define the future models linked to our patient needs.	time	Agreed review outcomes, with clarity of function, of beds available in Bmth cluster. This leads to reduced delays to access.		GREEN	
33 that, over the next six months, a new Commissioning Strategy be produced (preferably jointly between the CCG, BBC and DCC) with a view to securing sufficient community beds of the various types (perhaps starting with dementia) over the next two, five, and 10 years. This would include the re-provision of those units that are no longer fit for purpose.	MW	SS	L	30-Sep	As per above 32 - The joint work with the LAs has recognised the market gaps and is already seeking options to address these.	time	stratgery agreed with all partners.		GREEN	
34 that the referral route to be clarified, by the CCG, so that the Single Point of Access (SPOA) cannot be bypassed by any group of referrers	MW	YP	L	30-Apr	The SRO will ensure the SRG holds all health and social care partners to account on the use of the SPOA, if necessary using NHS contracts to ensure usage	time	Report on usage and non-compliance.		GREEN	
<b>Discharge Planning and Discharge Lounge - Hospital Trust</b>										
35 that an electronic system be used for the notification of patients to the Discharge Lounge and that the completion of this by 7 pm the day before should be a Performance Indicator for every ward. This should be linked to a daily ward target for discharges before 10 am (with the target tailored to the function of each ward).	RR	CMc	L	01-Jul	Meeting with IT & Information Dept to establish IT and reporting systems required within the discharge lounge (link to action 12&13)	time	Electronic system in place to support flow of patients Discharge Lounge		GREEN	
36 that the Acute Trust should create a project to roll out best practice in Discharge Planning ward by ward, over the next six months. This would include, 8am consultant led board rounds seven days a week, a standardised whiteboard designed to set and monitor targets, discharge checklists used for every patient, clinical and functional criteria for discharge being recorded on each patient's record (as recommended previously by ECIST), rolling completion of discharge notices (EDN) by daytime staff, weekly performance data regarding discharge targets displayed within each ward, et cetera.	RR	DC	M	30-Sep	Paula Shobbrook (Dir of Nursing) Exec lead of 5 daily actions project, supported by Debbie Crew. Actiosn include early day discharges, TTAs, Board rounds and EDDs, stranded patient reviews, pull from admission areas. This work will reflect the recommendation and good practice on discharge planning, with KPIs on scorecard, as well as a hearts and minds exercise to aid sustainable compliance.	Project resource to make change happen	As per SDA scorecard, improvement aginst baseline.		GREEN	
37 that the electronic referral for TTOs should be separated from the EDN (e-discharge/EIDF), or some other approach adopted that ensures that the TTOs, particularly for Dossett boxes, can be made up before the morning discharge commences. 1. TTAs (especially for MCAs/medicines trays) for patients being discharged with POC, should be requested from pharmacy the day before discharge (or anticipated discharge). 2. Where this is not possible due to wards with a short length of stay, investment in ward based pharmacy services should be made.	RR	AB	L	30-Sep	Anita Balestrini RBH Pharmacy 1. Discharge coordinator/clinical lead to ensure system in place. 2. Directorate managers/Anita Balestrini to progress funding and recruitment.	Investment in ward based pharmacy staff (OPM & cardiac), plus PCs & drug cupboards	decrease in delayed discharges solely due to a delay in TTA preparation.	Ward based pharmacy services, being a decentralised service, demand more staff per ward than are currently provided with a traditional service. Difficult to staff consistently while still maintaining core services in main pharmacy.	GREEN	
38 that Assessment Notices (referrals to Social Work) are completed within two hours of the Board Round that determines that notice to be necessary.	RR	KW	L	31-May	link to 12&13, 18&19, as part of recording system & access to SW. Good practice on whiteboard rounds to be enforced via Medical and Nursing Directors.	IT time	SW referral activity monitored and reported by Discharge Team		GREEN	
<b>Equipment</b>										
39 that, within two weeks, discussions take place between the Therapy Teams, Nurse Management, and the Risk Management Team, to agree that, where a patient could be discharged home with a smaller package of care, as a result of having been made familiar with the use of the Return, nurses are trained to facilitate that.	RR	GB	L	14-Apr	Agreement between Therapy Services & Risk Management to ensure all community based equipment can be utilised on wards at RBH to reduce care required for POCs	Training time.	All equipment required by RBH clinicians available on wards as indicated by clinical decision with nursing teams able to use equipment 24/7.		GREEN	
<b>Discharge to assess (D2A)</b>										
40 the new, overarching, Transformation strategy should have a specific work-stream for D2A.	MW	YP	H	31-May	Revision of Dorset Urgent and Emergency Care Strategy to consolodate plans that have been developed since the inception of the strategy This will link with the Dorset Sustainability and Transformation Plan  D2A work shop to be arranged to share good practice across Dorset and develop pan Dorset model for D2A pathway	time	Nos of D2A decisions made out of hospital.		GREEN	
<b>Interim Care Team (RBH)</b>										
41 that, although the review and recommissioning of Community Services recommended above, should lead to a rationalisation of Reablement, Intermediate Care, and hospital discharge teams such as the Interim Care Team, the latter should remain in place until those new working arrangements are properly recommissioned and established	RR	CMc	H	n/a	Link to 10 . Meeting with DHUFT to discuss model of integration	n/a	Integrated rehab services to support D2A model		GREEN	
<b>Intermediate Care Teams (ICT)</b>										
42 that the Acute Trust put in place a system for direct escalation to the Chief Operating Officer of every ICT referral which is not actioned before 1 pm as expected or where the discharge time is not properly notified.	RR	KT	L	30-Apr	ICT delays to be escalated as required.	time	100% of referrals actioned before 1pm.		GREEN	



# Health and Adult Social Care Overview & Scrutiny Panel

Report Subject	<b>The Francis Inquiry – Lessons for Health and Adult Social Care Scrutiny in Bournemouth</b>
Meeting date	26 <sup>th</sup> April 2016
Cabinet Portfolio	Councillor Blair Crawford – Adult Social Care
Corporate Lead	Jane Portman, Executive Director – Adults & Children Deputy Chief Executive
Service Director	Andy Sharp, Service Director, Adult Social Care
Status	Public
Classification	For information
Key Decision	No
Impacts on Key Policy Framework	No
Report author	Jane Portman, Executive Director, Adults and Children ☎ 01202 456104 ✉ jane.portman@bournemouth.gov.uk
Executive summary	<p>To provide Members of the Panel with an update on progress of actions taken by the Council following recommendations made by The Francis Inquiry into the failure of those directly responsible for the standard of care at the Mid Staffordshire NHS Foundation Trust as well as those with supervisory, regulatory or scrutiny responsibilities who failed to recognise that all was not well.</p> <p>The attached action plan has been updated to show progress made.</p>
Recommendations	<b>The Panel consider the Action Plan - Lessons for Health and Adult Social Care Scrutiny practice in Bournemouth from the Francis Inquiry (Appendix 1) developed throughout 2014 and signed off in 2015 and keep the action plan under annual review.</b>

Reasons for recommendations	The work of this Panel contributes to Bournemouth's aim to protect and enrich the health and well-being of the Borough's most vulnerable adults.
-----------------------------	--

## **Background detail**

- 1 The Francis Inquiry Final Report was published on 6 March 2013. It provided an analysis of the failure of those directly responsible for the standard of care at the Mid Staffordshire NHS Foundation Trust as well as those with supervisory, regulatory or scrutiny responsibilities who failed to recognise that all was not well or to make any meaningful intervention as they were required to do.
- 2 Following publication of the Francis Inquiry Final Report a report and action plan was submitted to the Council's Health and Adult Social Care Overview and Scrutiny Panel on 3<sup>rd</sup> November 2013 for the Panel to consider and comment with suggestions for improvement and additions. The action plan was developed throughout 2014 and signed off in 2015 with a recommendation that the Panel keep the action plan under regular review.

## **Consultation**

Not applicable.

## **Options**

To consider the action plan completed. By annually reviewing the action plan the panel continues to have the opportunity of checking that the Council is following good practice guidelines.

## **Summary of finance and resourcing implications**

Not applicable.

## **Summary of legal implications**

Not applicable.

## **Summary of human resources implications**

Not applicable.

## **Summary of environmental impact**

Not applicable.

## **Summary of equalities and diversity impact**

Not applicable.

## **Summary of risk assessment**

Not applicable.

## **Background papers**

Link to published Francis Inquiry report:

<http://www.midstaffspublicinquiry.com/report>

Link to Health and Adult Social Care Report 6 November 2013:

<http://www.bournemouth.gov.uk/CouncilDemocratic/CouncilMeetings/CommitteeMeetings/HealthandAdultSocialCareOverviewScrutinyPanel/2013/11/06/HealthandAdultSocialCareOverview&ScrutinyPanel06-Nov-2013.aspx>

## **Appendices**

Appendix 1 – Action Plan – Learning for Health and Adult Social Care Scrutiny practice in Bournemouth from the Francis Inquiry





**Action Plan – Learning for Health and Adult Social Care Scrutiny practice in Bournemouth from the Francis Inquiry – Annual Review – April 2016**

<b>Other issues for consideration</b>	<b>Change in practice required</b>	<b>Actions needed</b>	<b>By whom</b>	<b>Timescale/completion of original action</b>	<b>Further actions needed?</b>
Helping to ensure an effective Local Healthwatch	New Practice	<ol style="list-style-type: none"> <li>1. Work with Local Healthwatch in a pragmatic way and develop a mutually supportive protocol in this regard.</li> <li>2. Feed into the contract monitoring arrangements of the Local Healthwatch contract in terms of reporting on the Panel's working with Local Healthwatch</li> </ol>	The Panel supported by Community Regeneration/Service Directors/Democratic Services	Panel considered review report in June 2014 – new Protocol signed off March 2015.	Ensure Healthwatch continue to be actively engaged in the work of the Overview and Scrutiny Panel
Recording of Health Scrutiny	Strengthen and	1. The Head of Legal and	Service Director - Legal and	Audio recording in place from March	None

meetings	develop existing practice	Democratic Services to review current practice for recording health scrutiny meetings in light of the comments made within the Francis Report.	Democratic Services	2015 meeting.	
<b>Recommendation in Francis Report</b>	<b>Change in practice required</b>	<b>Actions needed</b>	<b>By whom</b>	<b>Timescale/completion of action</b>	<b>Further actions needed?</b>
<b>Rec. 47</b> Working with the Care Quality Commission	Strengthen existing practice	<ol style="list-style-type: none"> <li>1. Chair and Panel members to meet on a regular basis with CQC Compliance Manager (South Region).</li> <li>2. Share minutes of meetings and relevant scrutiny reports</li> </ol>	<ol style="list-style-type: none"> <li>1. Chair plus other panel member. Support at meeting to be provided by relevant Service Director.</li> <li>2. Democratic Services</li> </ol>	<p>Meetings held throughout 2014/2015/2016.</p> <p>Discuss issues as and when they arise.</p>	Ensure meetings are reported back to panel and issues raised as appropriate

<p><b>Rec. 119</b> Learning and information from complaints</p>	<p>New practice</p>	<p>1. When relevant provider Trusts and NHS commissioning bodies to be asked for information on complaints and for that information to be considered by the Panel and act on the information supplied by making appropriate recommendations.</p> <p>2. Share information with Local Healthwatch whenever possible and practical to do so.</p>	<p>Report author to produce 'independent report' and include additional information as appropriate.</p> <p>Protocol to be drafted on the Panel's expectations of additional information provided by external organisations.</p>	<p>Commencing from January 2014.</p> <p>Protocol signed off June 2014.</p>	<p>Panel to consider actions for 2016/17</p>
---	---------------------	---	---	--	--

<b>Rec.147</b> Co-ordination of local public scrutiny bodies	Strengthen and develop existing practice	Build on existing relationships across Dorset, Bournemouth and Poole to ensure co-ordination in activity and the sharing of appropriate information.	Democratic Services supported by Service Director, Community Learning & Commissioning	Continue to develop as the Health and Wellbeing Board and Local Healthwatch become established.	Consider best use of joint scrutiny arrangements
<b>Rec. 149</b> Expert assistance	New practice	Ensure members are provided with access to relevant supporting / additional information when presented with reports / proposals from commissioners and providers to help further develop effective scrutiny.	Report authors to provide relevant additional information as appropriate.  Protocol to be drafted on the Panel's expectations of additional information provided by external organisations.	Commencing January 2014.  Protocol signed off June 2014.	Panel to continue to request relevant additional information as required
<b>Rec. 150</b> Inspection powers	Strengthen and	Work with Local Healthwatch to	The Panel supported by Community	Protocol signed off March 2015.	Consider requesting

	develop existing practice	develop a mutually supportive relationship which provides timely and relevant information for both bodies through the use of the Healthwatch Enter and View powers.	Regeneration/Service Directors/Democratic Services		annual report from Healthwatch on their use of Enter and View powers
<b>Rec. 246</b> Quality accounts	Strengthen and develop existing practice	<ol style="list-style-type: none"> <li>1. Consider a “task and finish” approach to scrutinising the Quality Accounts.</li> <li>2. Ensure Local Healthwatch is invited to be engaged in the scrutiny process.</li> <li>3. Ensure Quality Accounts are</li> </ol>	<p>Panel members</p> <p>Service Director/Lead Officer/Democratic Services in line with Task and Finish Protocol.</p>	<p>2014 and 2015 completed in Task and Finish style.</p> <p>2016 underway.</p> <p>Improvements to be identified continually with the Chair and Vice-Chair.</p>	Ensure task and finish work on Quality Accounts is reported back to full panel meetings

		<p>cross referenced with information from CQC on compliance with Quality Standards and this is reflected accurately.</p> <p>4. Ensure Quality Accounts are cross referenced with any information on complaints provided by Trusts outside of the Quality Account process.</p>			
Awareness of Safeguarding	Strengthen and develop existing practice	1. Provide appropriate training for members to enable them to identify issues within an NHS service that could give rise to potential	Service Director – Adult Social Care supported by Learning and Development and Democratic Services	<p>Taken forward as part of the Member Development Programme and Panel Training.</p> <p>Further Safeguarding training planned for July 2016.</p>	<ul style="list-style-type: none"> <li>• Consider refreshing safeguarding training programme for 2016/17</li> <li>• Ensure safeguarding performance measures</li> </ul>

		<p>safeguarding cases and know how to raise such concerns, particularly with regard to Quality Accounts.</p> <p>2. Ensure any potential safeguarding concerns raised are reported appropriately.</p>			<p>are reported to panel quarterly</p>
--	--	--	--	--	--





**HEATH AND ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL  
TRAINING AND DEVELOPMENT PROGRAMME 2015/2016 and  
2016/17**

**Overview:**

At the beginning of the new Council in 2015, it was important that we considered how to secure effective arrangements for our Overview and Scrutiny function. The Council agreed to make changes in the Overview and Scrutiny structure to best address the increasing risks associated with the requirement for statutory scrutiny of Health and Adult Social Care Services.

It was agreed that a training plan for Members of the Panel would support and further develop and strengthen the Overview and Scrutiny function of the Council. Whilst it was fully acknowledged there is a wide range and depth of knowledge and understanding amongst Members of the Panel, as well as a great deal of experience, the training was considered vital for all Members to ensure they continued to keep up-to-date with new legislation and could ably discharge their statutory scrutiny function, of both Adult Social Care Services and Health Services provided by external partners.

The programme of training focused on two complementary aspects of the work:

- (i) Skills
- (ii) Knowledge and understanding

Democratic Services planned and commissioned the 'skills' development training. Health and Adult Social Care Services planned and delivered the knowledge and understanding training throughout June and July 2015.

It is acknowledged that any new Members joining the Panel will require knowledge and understanding training to compliment the Council wide 'skills' training.

## **Expectations:**

1. In order for the full benefits of the training programme to be realised, it is expected that all Members of the Panel attend all training sessions.
2. Where there are pre and post training reading requirements and/or other activities it is expected that all Members of the Panel will meet these requirements.
3. All documentation to support the training will be provided electronically.

**(i) SKILLS** – All sessions were delivered by the Centre for Public Scrutiny throughout 2015:-

<b>Date</b>	<b>Duration</b>	<b>Theme</b>	<b>Time/Location</b>
26 June	2 hours	Chairing and Questioning Skills	11am - 1pm / Royal Hants
21 July	2 hours	Chairing and Questioning Skills*	11am – 1pm / HMS Phoebe
18 Sept	2 hours	Performance Management Data	11am – 1pm / HMS Phoebe
30 Oct	2 hours	Building Relationships with Council Partners	11am – 1pm / HMS Phoebe
13 Nov	2 hours	Public Engagement	11am – 1pm / HMS Phoebe

\*Please note that this is the same session as the Chairing and Questioning Skills session on 26 June 2015. It was felt, given the importance of the topic, that Members should be offered 2 opportunities to attend.

**(ii) KNOWLEDGE AND UNDERSTANDING OF HEALTH AND ADULT SOCIAL CARE SERVICES**

### **Programme Outline:**

A. Introductory sessions – delivered to Panel Members throughout June and July 2015, and required for all new Members joining the Panel thereafter:

<b>Time &amp; date</b>	<b>Duration</b>	<b>Theme</b>	<b>Lead Officer</b>
3.00 – 5.00 pm 16 June	2 hours	Adult Social Care	Andy Sharp & Neil Goddard
1.00 – 3.00 pm 17 July	2 hours	Health Services	Clinical Commissioning Group
4.30 – 6.30 pm 8 July	2 hours	Integrating Health and Social Care	Jane Portman

### **Session 1: Adult Social Care**

- Roles and responsibilities of the Council
- Range and scope of services provided and commissioned
- Safeguarding
- Eligibility, Assessment and Review
- Performance Profile

### **Session 2: Health Services**

- Roles and responsibilities of the Council
- Health Services – national picture
- NHS England and Clinical Commissioning Groups
- Health Services – Bournemouth, Dorset and Poole
- Clinical Services Review
- Role of Healthwatch

### **Session 3: Integrating Health and Social Care Services**

- Better Together
- Tricuro
- Health & Wellbeing Board
- Carers Services

## B. Annual Programme

To be delivered either immediately before Panel meetings, or as a first item on the agenda, at the discretion of the Chair.

Eight sessions, each of 45 minutes.

### **Schedule & Theme**

September 2015 – Role of the Social Worker

October 2015 – Public Health

November 2015 – Healthwatch

January 2016 – Primary Care

March 2016 – Dorset Healthcare

April 2016 – Mental Health Services

July 2016 – Safeguarding

### **Lead Officer**

Sarah Webb

Sam Crowe

Joyce Guest

Rigo Pizzaro

Eugine Yafele

Hayley Verrico

Andy Sharp

TBC – Royal Bournemouth & Christchurch  
Hospitals

Tony Spotswood

TBC – Poole Hospital NHS Foundation Trust

Debbie Fleming

TBC – Care Act

Ivor Cawthorn

TBC – Quality in the Care Market

Ivor Cawthorn

### **Suggestions from officers for 2016/17**

### **Lead Officer**

New iCMS system (RAISE replacement)

Neil Goddard

Integrated Community Teams

Dorset CCG

Carers Services

Neil Goddard

Mental Health Services

Hayley Verrico

Public Health

Sam Crowe

This training programme will be confirmed in June 2016.

## WORK PROGRAMME 2015/16 – HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL

**PANEL MEETING DATE: 8 JULY 2015**

11
----

Subject of review	Nature of review	Desired outcome	Lead service area and portfolio	Action and meeting date
<b>Role and Functions of the Health and Adult Social Care O&amp;S Panel</b>	To note the general and specific functions in relation to the areas for which the Panel is responsible.	N/A	Executive Director, Adults and Children	<b>Noted on 8 July 2015.</b>
<b>Training and Development Programme 2015/16</b>	To endorse the Panel's training and development programme 2015/16 in relation to skills and knowledge/understanding.	N/A	Executive Director, Adults and Children	<b>Endorsed on 8 July 2015.</b>
<b>Better Together Programme and Better Care Fund Update</b>	To scrutinise progress and performance of the Better Together Programme and Better Care Fund.	To ensure progress is on target following previous	Executive Director, Adults and Children	<b>Pooled budget arrangements endorsed on 8 July 2015, further scrutiny scheduled for early 2016.</b>
<b>Care Act Implementation</b>	To consider the actions taken for the successful implementation of the Act.	To ensure that the Council is sufficiently prepared as necessary.	Community Learning and Commissioning	<b>Further scrutiny scheduled on part 2 of the act later in 2015.</b>
<b>Joint Health Scrutiny Committee – Clinical Services Review</b>	To appoint Panel Members to sit on the Joint Health Scrutiny Committee in relation to the Clinical Services Review.	Bournemouth Borough Council has three seats on the Joint Health Scrutiny Committee to appoint to.	External scrutiny	<b>Membership confirmed as follows:-</b> <ul style="list-style-type: none"> <li>• <b>Councillor David d'Orton-Gibson</b></li> <li>• <b>Councillor Eddie Coope</b></li> <li>• <b>Councillor Rae Stollard</b></li> </ul>

## PANEL MEETING DATE: 16 SEPTEMBER 2015

Subject of review	Nature of review	Desired outcome	Lead service area and portfolio	Action and meeting date
<b>Bournemouth and Poole Safeguarding Adults Board – Annual Report</b>	To receive a report from the Independent Chair of the Board, alongside the annual business plan.	Sharing the Annual Report is good working practice and enhances knowledge and understanding of the Safeguarding Board.	External scrutiny	<ul style="list-style-type: none"> <li>• <b>Comments provided to the Independent Chair on 8 July 2015.</b></li> <li>• <b>Thanks recorded for the services of the Independent Chair over the last six years.</b></li> </ul>
<b>Care Act 2014</b>	To receive a report on the impact of Part 2 of the act being delayed until 2020 and to scrutinise the implementation of Part 1 of the act.	This report follows from the report in July and highlights the major change in the timetable for the implementation of part 2 implementation from 2016 to 2020.	Community Learning and Commissioning	<ul style="list-style-type: none"> <li>• <b>Comments made by the Panel to be considered by officers, particularly on assistance with online forms.</b></li> <li>• <b>Further report scheduled for June 2016.</b></li> </ul>
<b>Joint Health Scrutiny Committee – Clinical Services Review</b>	To receive a report from the Members of the Joint Health Scrutiny Committee on the meeting of 20 July 2015.	To allow for all Panel Members to be fully briefed on the work of the Joint Health Scrutiny Committee.	External scrutiny	<b>Update noted by the Panel.</b>
<b>Tricuro Implementation</b>	To receive a report on the progress made in relation to the delivery of Tricuro as an alternative service model since its launch.	To allow for appropriate scrutiny of the company part owned by Bournemouth Borough Council.	Adult Social Care	<ul style="list-style-type: none"> <li>• <b>Comments made by the Panel to be fed back through the ESG.</b></li> <li>• <b>Further report scheduled for November 2015.</b></li> </ul>

## PANEL MEETING DATE: 6 OCTOBER 2015

Subject of review	Nature of review	Desired outcome	Lead service area and portfolio	Action and meeting date
<b>Personalisation Strategy</b>	To receive a presentation.	To provide the Panel with an introduction to the strategy.	Adult Social Care	<b>Comments made by the Panel to be incorporated in the final version for consideration within the next three months.</b>
<b>Health in all Policies</b>	To receive a report on the upcoming work on the Health and Wellbeing Framework and introducing health in all policies.	The development and adoption of an internal framework on health and wellbeing will help the Council meet its legal obligations to improve the health and wellbeing of residents.	Public Health	<ul style="list-style-type: none"> <li>• <b>That the Panel supports the introduction of a health and wellbeing framework for the Council.</b></li> <li>• <b>That a progress update be considered in three months.</b></li> </ul>
<b>Adult Social Care – Performance Reporting</b>	To receive an introduction to the new format of performance reporting and consider performance across a number of areas.	The measures against the report have changed over the years, largely reflecting national indicators and priorities, and some no longer reflect our core activity.	Adult Social Care	<ul style="list-style-type: none"> <li>• <b>That the new format of reporting to the Panel be endorsed.</b></li> <li>• <b>That the comments made by the Panel be taken forward by the Development Manager for future reporting.</b></li> </ul>

**PANEL MEETING DATE: 18 NOVEMBER 2015**

<b>Subject of review</b>	<b>Nature of review</b>	<b>Desired outcome</b>	<b>Lead service area and portfolio</b>	<b>Action and meeting date</b>
<b>Tricuro Implementation</b>	To receive a report on progress made with the implementation of Tricuro.	To comment on the implementation plan.	Adult Social Care	<b>Comments made by the Panel on the implementation Plan. Further report expected in April 2016.</b>
<b>Safeguarding – Statutory Services Team</b>	To receive an update on the Adult Social Care Safeguarding Statutory Services Team.	To comment on the measures being taken to meet the Council's statutory duties.	Adult Social Care	<b>Comments made by the Panel on the measures being taken to meeting the Council's statutory duties which were supported by Panel.</b>
<b>Annual Compliments and Complaints Report</b>	To receive the Annual report prepared in accordance with the relevant legislation and regulations on compliments and complaints.	To monitor the operation of the complaints procedure and agree that the Annual report is published on the Council's website.	Adult Social Care/Community Learning and Commissioning	<b>Commented on the report and the process agreed that the report is published on the Council's website.</b>
<b>Budgetary Process 2016/17-2018/19</b>	To receive a report providing details of the key strategic areas including timing, process and progress.	To assist with the development of the budget for 2016/17.	Adult Social Care/Community Learning and Commissioning/Finance	<b>The Panel commented on the implications for health and adult social care services. Further update on budget proposals in January 2016.</b>



**PANEL MEETING DATE: 27 JANUARY 2016**

<b>Subject of review</b>	<b>Nature of review</b>	<b>Desired outcome</b>	<b>Lead service area and portfolio</b>	<b>Action and meeting date</b>
<b>Better Care Fund Update 2015/16</b>	To scrutinise the performance of the Better Care Fund progress for 2015/16.	To ensure that the Better Care Fund is securing improved health and social care outcomes for local residents and an improved and more integrated approach for the delivery of health and social care locally.	Health and Wellbeing Board	<ul style="list-style-type: none"> <li>• <b>That the Panel's comments on the Better Care Fund's progress and future continuation be considered.</b></li> <li>• <b>That the national context of increasing demand, be noted.</b></li> </ul>
<b>Personalisation Strategy</b>	To receive the draft personalisation strategy, following the introduction to the strategy on 6 October 2015.	To comment and approve a final version for publication, which should allow the Council to better manage limited resources in this area by adopting a preventative approach.	Adult Social Care	<ul style="list-style-type: none"> <li>• <b>That the comments made by the Panel be taken into consideration.</b></li> <li>• <b>That the Personalisation Strategy be supported.</b></li> <li>• <b>That a further report be considered on the commissioning of personalised adult social care services in the Bournemouth market.</b></li> </ul>
<b>Joint Health Scrutiny Committee – Clinical Services Review</b>	To receive a verbal update from the Members of the Joint Health Scrutiny Committee.	To keep all Panel Members abreast of the issues considered by the Joint Health Scrutiny Committee.	External scrutiny	<b>That the updated be noted.</b>

**PANEL MEETING DATE: 16 MARCH 2016**

<b>Subject of review</b>	<b>Nature of review</b>	<b>Desired outcome</b>	<b>Lead service area and portfolio</b>	<b>Action and meeting date</b>
<b>Managing Quality of Care Contractors</b>	To consider the annual report on the performance of care contractors.	To identify any concerns with care contractors in Bournemouth and assess overall performance.	Community Learning and Commissioning	<b>That the comments made by the Panel be taken into consideration by the Interim Team Manager – Contracts.</b>
<b>Livewell Dorset</b>	To receive a report on the first six months of the new Health Improvement Service for Dorset.	To ensure the service delivers the desired impact for Bournemouth residents – particularly those in priority areas.	Public Health	<ul style="list-style-type: none"> <li>• <b>Healthy New You coach locations to be considered.</b></li> <li>• <b>Staff Health check progress be investigated.</b></li> </ul>
<b>LGA Peer Review for Adults</b>	To scope the extent of the Panel's involvement in the LGA Peer Review, focusing on Safeguarding.	To identify any positive improvements in performance and delivery of activity to safeguard vulnerable adults in Bournemouth.	Executive Director – Adults and Children	<ul style="list-style-type: none"> <li>• <b>That the comments made by the Panel be considered.</b></li> <li>• <b>That further scoping takes place in a smaller focus group.</b></li> <li>• <b>That the annual report of the SAB be brought forward to July 2016.</b></li> <li>• <b>Further report scheduled for July 2016.</b></li> </ul>
<b>Performance Suite</b>	To receive the quarterly report on service performance.	To monitor the performance levels of services within the Panel's responsibility and identify any areas of concern.	Community Learning and Commissioning/Adult Social Care	<b>That the comments made by the Panel, particularly on cumulative targets, be considered.</b>

**PANEL MEETING DATE: 26 APRIL 2016**

<b>Subject of review</b>	<b>Nature of review</b>	<b>Desired outcome</b>	<b>Lead service area and portfolio</b>	<b>Action and meeting date</b>
<b>Better Care Fund 2016/17</b>	To receive a report from the Interim Programme Director.	To adequately scrutinise and influence the emerging plan for the Better Care Fund 2016/17.	External Scrutiny	
<b>Delayed Transfers of Care Report</b>	To receive a report from the Service Director, Adult Social Care.	To scrutinise the action plan for reducing delayed transfers of care and identify any areas for improvement.	Adult Social Care	
<b>Francis Inquiry – Review of Actions</b>	To consider the Francis Inquiry Action Plan developed throughout 2014 and signed off in 2015.	To ensure continued compliance with the actions identified within the plan.	Executive Director, Adults and Children	
<b>Training Programme</b>	To consider the Panel's training programme as at April 2016.	To ensure that the Panel is sufficiently trained in priority areas.	Executive Director, Adults and Children	

**PANEL MEETING DATE: 28 JUNE 2016**

<b>Subject of review</b>	<b>Nature of review</b>	<b>Desired outcome</b>	<b>Lead service area and portfolio</b>	<b>Action and meeting date</b>
<b>Care Act 2014 – Financial Implications</b>	To receive a report on the implementation of phase 1 of the act, with specific financial implications.	Following the end of the financial year, to further identify any risks to the Council and scrutinise the delivery of phase 1.	Community Learning and Commissioning	
<b>Performance Suite</b>	To receive the quarterly report on service performance.	To monitor the performance levels of services within the Panel's responsibility and identify any areas of concern.	Community Learning and Commissioning/Adult Social Care	
<b>Care Direct</b>	Service Director, Adult Social Care to advise.	TBC	Adult Social Care	
<b>Quality Account Feedback 2015/16</b>	To receive feedback from Members on Quality Account scrutiny undertaken throughout April and May.	To keep all Panel Members abreast of annual reporting across local NHS Foundation Trusts.	External Scrutiny	

**PANEL MEETING DATE: 28 JULY 2016**

<b>Subject of review</b>	<b>Nature of review</b>	<b>Desired outcome</b>	<b>Lead service area and portfolio</b>	<b>Action and meeting date</b>
<b>LGA Peer Review</b>	To consider any further opportunities to shape the LGA Peer Review following the Panel's initial scoping in March.	TBC	Executive Director, Adults and Children/Adult Social Care	
<b>Health and Wellbeing Framework</b>	To receive a report on the progress made in embedding the Council wide Health and Wellbeing Framework.	To promote and assist in achieving the Council's legal duty to improve the Health and Wellbeing of Bournemouth residents.	Public Health	
<b>Bournemouth and Poole Safeguarding Adults Board – Annual Report</b>	To receive a report from the Independent Chair of the Board.	Sharing the Annual Report is good working practice and enhances knowledge and understanding of the Safeguarding Board.	External scrutiny	

**PANEL MEETING DATE: 29 SEPTEMBER 2016**

<b>Subject of review</b>	<b>Nature of review</b>	<b>Desired outcome</b>	<b>Lead service area and portfolio</b>	<b>Action and meeting date</b>
<b>Performance Suite</b>	To consider the quarterly report on service performance.	To monitor the performance levels of services within the Panel's responsibility and identify any areas of concern.	Community Learning and Commissioning/Adult Social Care	

**PANEL MEETING DATE: 27 OCTOBER 2016**

<b>Subject of review</b>	<b>Nature of review</b>	<b>Desired outcome</b>	<b>Lead service area and portfolio</b>	<b>Action and meeting date</b>
<b>Local Account 2015/16</b>	To consider a draft of the Council's Local Account for Adult Social Care.	TBC	Community Learning and Commissioning	
<b>Carers Strategy</b>	Service Director for Community Learning and Commissioning to advise.	TBC	Community Learning and Commissioning	

**PANEL MEETING DATE: 24 NOVEMBER 2016**

<b>Subject of review</b>	<b>Nature of review</b>	<b>Desired outcome</b>	<b>Lead service area and portfolio</b>	<b>Action and meeting date</b>
<b>Smoking in cars - regulations</b>	Cabinet Portfolio Holder for Regeneration and Public Health to advise.	TBC	Public Health	
<b>Performance suite</b>	To consider the quarterly report on service performance.	To monitor the performance levels of services within the Panel's responsibility and identify any areas of concern.	Community Learning and Commissioning/Adult Social Care	



## ITEMS TO BE SCHEDULED:

Subject of review	Nature of review	Desired outcome	Lead service area and portfolio	Action and meeting date
<b>Dorset Care Record</b>	Service Director for Community Learning and Commissioning to advise.	TBC	Community Learning and Commissioning	
<b>Personalisation Strategy – Market Options Appraisal</b>	Service Director for Community Learning and Commissioning to advise.	TBC	Community Learning and Commissioning	
<b>Alcohol related morbidity</b>	To receive a report on the levels of alcohol related morbidity in Bournemouth.	TBC	Public Health	
<b>Localities effectiveness</b>	To consider a report addressing the effectiveness of the Bournemouth locality work of Public Health Dorset.	TBC	Public Health	