Public Document Pack

Health and Wellbeing Board

Date: Wednesday, 20 March 2024
Time: 2.00 pm
Venue: A link to the meeting can be found on the front page of the agenda.

Members (Quorum: 5)
Jane Somper (Chairman), Patricia Miller (Vice-Chairman), Richard Bell, J Britton, Vivienne Broadhurst, Sam Crowe, Marc House, Spencer Flower, Margaret Guy, Nicholas Johnson, Theresa Leavy, Martin Longley, Byron Quayle, Simon Wraw and Simone Yule

Chief Executive: Matt Prosser, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic Services
Meeting Contact 01305 224185 - george.dare@dorsetcouncil.gov.uk

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda. You can watch the meeting online using this link:
https://youtube.com/live/hW6WPEb6wT8

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Agenda

Item		Pages
1.	**APOLOGIES** To receive any apologies for absence.	
2.	**MINUTES** To confirm the minutes of the meeting held on 15 November 2023.	5 - 8
3.	**DECLARATIONS OF INTEREST** To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.	

If required, further advice should be sought from the Monitoring Officer in advance of the meeting.

4. PUBLIC PARTICIPATION

Representatives of town or parish councils and members of the public who live, work, or represent an organisation within the Dorset Council area are welcome to submit either 1 question or 1 statement for each meeting. You are welcome to attend the meeting in person or via Microsoft Teams to read out your question and to receive the response. If you submit a statement for the committee this will be circulated to all members of the committee in advance of the meeting as a supplement to the agenda and appended to the minutes for the formal record but will not be read out at the meeting. The **first 8 questions and the first 8 statements received from members of the public or organisations for each meeting will be accepted on a first come first served basis in accordance with the deadline set out below.** For further information read Public Participation - Dorset Council

All submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 15 March 2024.

When submitting your question or statement please note that:

- You can submit 1 question or 1 statement.
- a question may include a short pre-amble to set the context.
- It must be a single question and any sub-divided questions will not be permitted.
- Each question will consist of no more than 450 words, and you will be given up to 3 minutes to present your question.
- when submitting a question please indicate who the question is for (e.g., the name of the committee or Portfolio Holder)
- Include your name, address, and contact details. Only your name will be published but we may need your other details to contact you about your question or statement in advance of the meeting.
- questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.
- all questions, statements and responses will be published in full within the minutes of the meeting.

5. COUNCILLOR QUESTIONS

To receive questions submitted by councillors.

Councillors can submit up to two valid questions at each meeting and sub divided questions count towards this total. Questions and

statements received will be published as a supplement to the agenda and all questions, statements and responses will be published in full within the minutes of the meeting.

The submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 15 March 2024.

Dorset Council Constitution – Procedure Rule 13

6. URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

7. BETTER CARE FUND 2023-25: QUARTER 3: QUARTERLY REPORTING TEMPLATE AND CASE STUDY 9 - 32

To consider the report by the Head of Service for Older People and Prevention Commissioning.

8. JOINT STRATEGIC NEEDS ASSESSMENT: NARRATIVE UPDATE 33 - 58

To consider the report by the Team Leader – Intelligence.

9. PLACE AND INTEGRATED NEIGHBOURHOOD DEVELOPMENT 59 - 68

To consider the report by the Deputy Director of Place – NHS Dorset.

10. FAMILIES FIRST FOR CHILDREN PATHFINDER AND PAN-DORSET SAFEGUARDING CHILDREN'S PARTNERSHIP ANNUAL REPORT 2022-23 69 - 176

To consider the report by the Programme Manager (Families First for Children Pathfinder) and the Independent Chair of the Pan-Dorset Safeguarding Children's Partnership.

11. WORK PROGRAMME 177 - 180

To consider the Health and Wellbeing Board's Work Programme.

12. EXEMPT BUSINESS

To move the exclusion of the press and the public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph x of schedule 12 A to the Local Government Act 1972 (as amended). The public and the press will be asked to leave the meeting whilst the item of business is considered.

There are no exempt items scheduled for this meeting.

HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 15 NOVEMBER 2023

Present: Cllr Jane Somper (Chairman), Patricia Miller (Vice-Chairman), Vivienne Broadhurst, Sam Crowe, Theresa Leavy and Simon Wraw

Present remotely: Marc House, Margaret Guy, Cllr Byron Quayle and Simone Yule

Officers present (for all or part of the meeting):
Paul Johnson (Chief Medical Officer), George Dare (Senior Democratic Services Officer) and Sarah Sewell (Head of Service - Commissioning for Older People, Prevention and Market Access)

Officers present remotely (for all or part of the meeting):
Rachel Partridge (Assistant Director of Public Health), Julia Ingram (Corporate Director for Adult Social Care Operations), Paul Iggulden (Consultant in Public Health), Sian Walker McAllister (Independent Chair, Safeguarding Adults Board) and Mark Tyson (Commissioning Consultant)

25. **Apologies**

Apologies for absence were received from Cllr Spencer Flower, John Sellgren, Nicholas Johnson, and Chief Supt. Richard Bell.

Apologies were also received from reserve members Anna Eastgate and Cllr Cherry Brooks.

26. **Minutes**

The minutes of the meeting held on 20 September 2023 were confirmed and signed.

27. **Declarations of Interest**

No declarations of disclosable pecuniary interests were made at the meeting.

28. **Public Participation**

There was no public participation.

29. **Councillor Questions**

There were no questions from councillors.

30. **Urgent items**

There were no urgent items.

31. **Dorset and BCP Safeguarding Adults Board Annual Report 2022-23**

The Independent Chair of the Dorset and BCP Safeguarding Adults Board introduced the annual report and gave a presentation which is attached to these minutes. She detailed the safeguarding activity and performance information and outlined the strategic plan. The achievements from the annual report were highlighted and included development with partners of preventative safeguarding work, seeking assurance on safeguarding practice, and assurance of the delivery of ‘Making Safeguarding Personal’.

Members discussed the report and asked questions of the Independent Chair. The following points were raised:

- Dorset and BCP Councils had different performance information because councils had different approaches to recording the data.
- The next annual report should include data about allegations against people in a position of trust.
- The Local Authority Designated Officer (LADO) was responsible for managing allegations against adults who work with children.
- A member was pleased to see closer working with housing associations.

The Board noted the report.

32. **Better Care Fund 2023-2025: Quarter 2: Quarterly Reporting Template**

The Head of Service for Older People and Prevention Commissioning introduced the report for retrospective approval of the Better Care Fund 2023/24 Quarter 2 Quarterly Reporting Template. There was a presentation, which is attached to these minutes, which outlined the Quarter 2 report and performance of the metrics.

Board members discussed the following areas:

- Work was ongoing with Bournemouth University to train and keep occupational therapists in the local area. Apprenticeships were being used for this across the system.
- Bournemouth University could consider where they deliver education from and could have a satellite site in West Dorset to reduce travel.
- It should be easier for qualified people to change careers between organisations.
- The benefits of the Better Care Fund were recognised, but there was still more that could be done with it.

- Guidance for systems included integrated neighbourhood teams which would help people to live independently at home.
- The voluntary sector had a key role in supporting hospital discharge.

Proposed by Cllr Somper, seconded by Patricia Miller.

Decision
That the Better Care Fund Quarter 2 2023/2024 Quarterly Reporting Template be approved.

33. **NHS Health Checks Update**

The Director of Public Health introduced the report and outlined the key areas of the report which included the performance of health checks in primary care networks. The delivery of the health checks programme had been challenging. The proportion of people having health checks was low and it was lower in areas where the risks of cardiovascular disease was higher. A third of the health checks budget was allocated to Livewell Dorset to deliver an outreach service for people at risk of cardiovascular disease.

Board members discussed the report and raised the following points:

- There was a challenge around using GPs for delivering health checks. They need to be looking after the people where there is most risk. Measuring blood pressure did not have to be done by a qualified person.
- Resources needed to be allocated to the right places. Different systems could be used to help identify people for health checks. It was possible to make changes to the health checks programme.
- People who needed health checks were not engaged.
- There were Livewell Dorset events for health checks which had varying levels of attendance.
- The level of turnout in Blandford was concerning so there was a need to understand why there was no turnout.
- Whether there was potential to use care homes and day care centres as places to carry out health checks.

Members noted the report.

34. **Health & Wellbeing Board - Work Programme**

Members discussed potential items for future Board meetings, including: Children's Safeguarding Annual Report, Families first for children pathfinder, the pan-Dorset safeguarding partnership, and Right Care Right person.

35. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 3.29 pm

Chairman

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Health and Wellbeing Board

20 March 2024

Better Care Fund 2023-2025: Quarter 3: Quarterly Reporting Template & Case Study

For Decision

Portfolio Holder: Cllr J Somper, Portfolio Holder for People – Adult Social Care, Health & Housing

Local Councillor(s): All

Executive Director: V Broadhurst, Executive Director of People - Adults

Report Author: Sarah Sewell
Title: Head of Service for Older People and Prevention Commissioning
Tel: 01305 221256
Email: sarah.sewelll@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:

1. To retrospectively approve the Better Care Fund (BCF) Quarter 3 2023/24 Quarterly Reporting Template and supporting Case Study.

Reason for Recommendation:

1. NHS England (NHSE) require the Health and Wellbeing Board (HWB) to approve all BCF plans, this is one of the national conditions within the Policy Framework. This includes planning documents at the beginning of a funding period, and template returns reporting progress against the plans mid-year, and at the end of the year.

2. There is usually a relatively short window of time between NHSE publishing the reporting templates and the submission date. NHSE allow areas to submit their plans under delegated authority, pending HWB approval. At the HWB meeting on 12 January 2022 delegated authority to approve BCF plans, if a HWB meeting could not be convened within the NHSE sign off period, was granted to the Executive Director for People –

Adults following consultation with the HWB Chair.

3. NHSE published the Quarter 3 template just before Christmas 2023, setting a mandatory return date of 9th February 2024, therefore submission was made on behalf of Dorset Council and Dorset NHS in line with delegated approvals. Retrospective approval is therefore sought from the Board at its meeting on 20th March 2024.

1. Report

1.1 The Quarter 3 Quarterly Report is a single document (Appendix A) that consists of several elements:

1.1.1 Confirmation that National Conditions are being implemented

1.1.2 Reporting of local performance against the BCF Metrics in Q1 and Q2, and challenges and achievements in Q3

1.1.3 Actual expenditure and outputs to date against Spend and Activity plans submitted in the initial 2023-25 submission.

1.2 In addition, this quarter, NHSE requested a case study outlining a scheme funded, or partly funded, via BCF monies (Appendix B).

1.3 In 2023/24 the BCF provides Dorset with total funding of c.£146m.

1.4 The Dorset health and social care landscape continues to challenge performance; Dorset is on track to meet 2023/24 targets for:

1.4.1 Discharge to Normal Place of Residence

1.4.2 Falls

1.5 The areas of performance that we are focussing on improving are:

1.5.1 Avoidable Admissions

1.5.2 Rate of Permanent Admissions to Residential Care

1.5.3 Reablement – number of people remaining at home 91days after discharge from hospital into reablement services.

1.6 Performance in relation to Avoidable Admissions is challenged due to increased demand during the first 6 months of 23/24 – a 6% increase on

the comparable period last year. Work is underway to actively address this; a new model of ‘front door’ support has been tested over winter to enhance admission prevention. The initial impact of the approach appears positive, and partners continue to closely monitor our performance.

1.7 In the report to HWB on 15 November, performance in relation to permanent admissions to residential care was explained in detail (please refer to link at Section 9). The Q3 performance shows some improvement and we will continue to focus on this in Q4.

1.8 As previously reported, we have invested BCF Funding into initiatives in both Pathway 1 and Community long term care, which has greatly reduced, if not eliminated, the need to use residential care as alternative to homecare which was adding pressure to this metric in 22/23.

1.9 Close monitoring of this indicator continues as business as usual within Dorset Council Adult Social Care.

1.10 In relation to Reablement performance, the availability of therapy support continues to challenge our ambitions for Reablement in Dorset. However, as part of our Core Home First / Discharge to Assess (D2A) offer, we have reduced restrictions on access to Reablement, which is enabling more people to be supported home. This is providing more equality of access, and swifter opportunity to get home (or avoid admission) for more Dorset residents.

1.11 The local home care market has recovered during the last year and is now offering sufficiency to support flow out of intermediate care pathways onto long term care where needed. Successes of Reablement approach and more details on next steps are outlined in Appendix B Case Study.

1.12 Since November 2022 we have broadened our Reablement offer using our Trusted Providers. We now need to include this performance within this metric; we aim to implement this during Q4. We hope that this, alongside our other work in this space will drive a better year end performance position. As with Residential Admissions metric, Dorset Adult Social Care are keeping this metric under close review as part of as business as usual performance monitoring.

1.13 Whilst Demand and Capacity modelling has not been a feature of this quarter’s return, Spend and Activity is. We were required to report progress against our planned activity and spend, most of the Schemes

4.

reported against were Local Authority led. Since our initial submission Dorset Council has implemented enhancements in our data capture, monitoring and reporting, which is now providing greater integrity in our data. We have also enhanced alignment between finance and performance data to meet the requirements of this element of the return.

1.14 Therefore, we have identified a small number of input errors in the initial plan submitted, which have been corrected in Appendix A. However, our performance against schemes is on track in all areas, and indeed exceeding forecasts in Assistive Technology and Equipment, and Homecare; this is due to the enhancements made in Dorset's D2A approach.

2. Financial Implications

2.1 The Council and Dorset NHS are required to work within the financial envelope and to Plan, hence continuous monitoring is required. Joint commissioning activity and close working with System partners, including Acute Trusts, allow these funds to be invested to support collective priorities for Dorset.

2.2 The Joint Commissioning Board of the Council and Dorset NHS continue to monitor BCF budgets and activity for 2023-25 Plan.

3. Environmental Implications

3.1 All partner agencies are mindful in their strategic and operational planning of the commitments, which they have taken on to address the impact of climate change.

4. Well-being and Health Implications

4.1 Allocation of the BCF supports individuals with health and social care needs, as well as enabling preventative measures and promoting independence.

4.2 Dorset, like many other areas across the South West and nationally, is continuing to experience many challenges in providing and supporting the delivery of health and social care. For Dorset, as referenced above, one of the highest risks continues to be the challenge brought about by lack of therapy led care and support.

5. Other Implications

5.1 Dorset Council and Dorset NHS officers will continue to work closely with Dorset System Partners to plan measures to protect local NHS services, particularly around admission avoidance and hospital discharge to ensure flow is maintained to support and respond to additional demand.

6. Risk Assessment

6.1 Dorset Council and Dorset NHS officers are confident the BCF Quarterly Report and Case Study provides appropriate assurance and confirms spending is compliant with conditions.

6.2 The funds provide mitigation of risks by securing continuation of essential service provision and provides preventative measures to reduce, delay and avoid demand.

6.3 Dorset is actively working to alter approaches that enable enhancement of provision to mitigate risks, and promote recovery, regaining and maintaining of independence.

7. Equalities Impact Assessment

7.1 It is important that all partners ensure that the individual needs and rights of every person accessing health and social care services are respected, including people with protected characteristics so the requirements of the Equalities Act 2010 are met by all partners.

8. Appendices

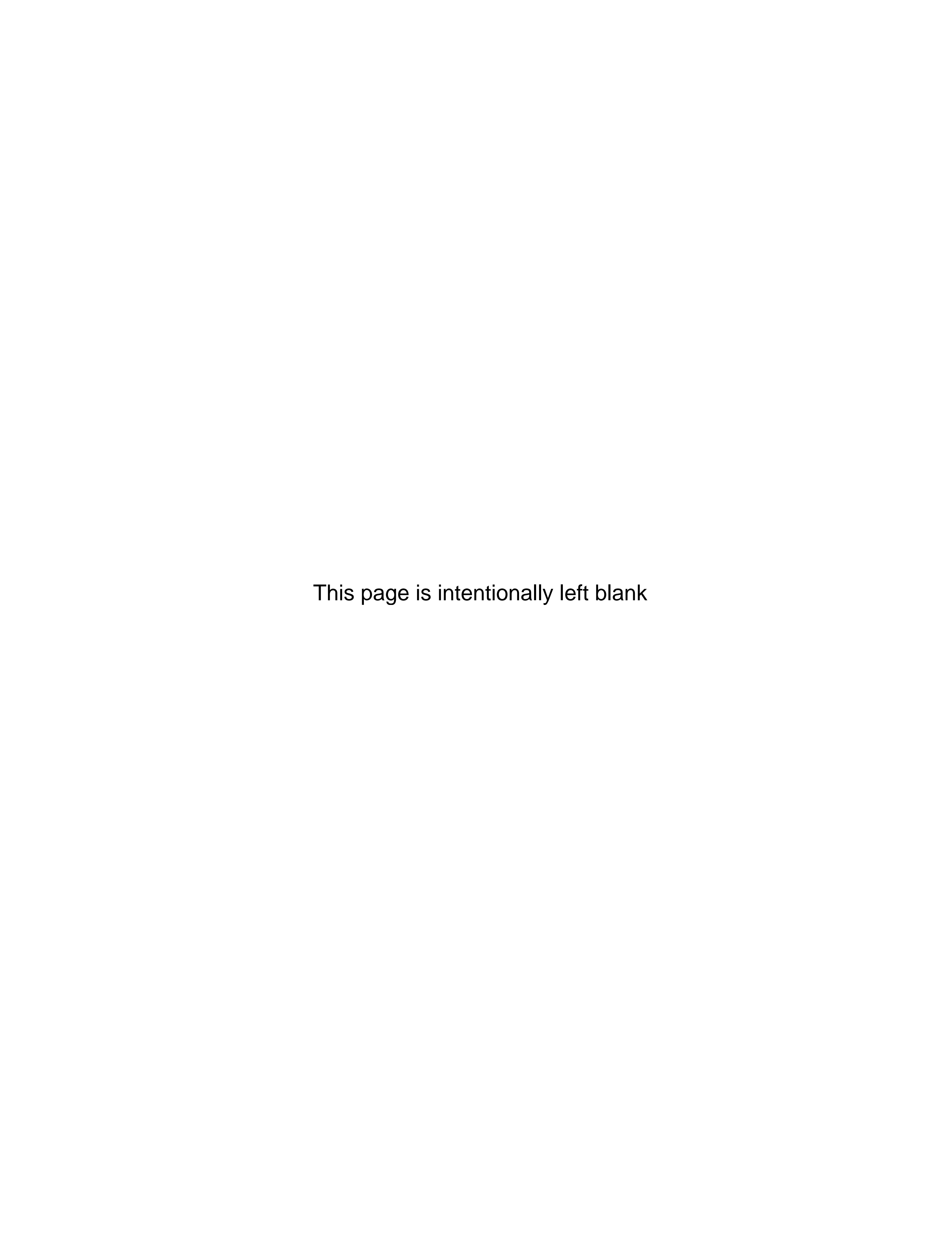
A: Better Care Fund 2023-24 Quarter 3 Reporting Template

B: Dorset's Better Care Fund Case Study

9. Background Papers

2023 to 2025 Better Care Fund policy framework - GOV.UK (www.gov.uk)

Health & Wellbeing Board, 15th November 2023, Item 8 : Better Care Fund2023-25 Q2 Quarterly Reporting Template.pdf (dorsetcouncil.gov.uk)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Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

1. Guidance for Quarter 3

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template
Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell
Pre-populated cells
Not applicable - cells where data cannot be added

Note on viewing the sheets optimally
To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.
The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	Units
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:
- **Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.
- **Outputs delivered to date in column K**. Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

- *The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.*

- *At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.*
- *All information will be supplied to BCF partners to inform policy development.*
- *This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.*

Health and Wellbeing Board:	Dorset	
Completed by:	Sarah Sewell	
E-mail:	sarah.sewell@dorsetcouncil.gov.uk	
Contact number:	01305 221256	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Wed 20/03/2024	<< Please enter using the format, DD/MM/YYYY

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Dorset

Question	Answer	Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		Yes

Confirmation of National Conditions

National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:	Checklist Complete:
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Dorset

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	152.0	125.7	133.8	118.3	128.5	130.6	Not on track to meet target	Total of 3,338 avoidable admissions recorded in 22/23, representing increase in activity over the last 2 year as we recover from pandemic. Aim to reduce levels by 1% during 23/24, to pre pandemic levels. First 6 months of 23/24 have shown a 6% increase on the comparable period last year, with 1,716 avoidable admissions compared to 1,612 in same 6 month period in 22/23. (please note data has been fully updated back to April 23 and will account for any changes in acute coding caused by clinical coding team backlogs)	New model of front door support has been tested over winter to support admission prevention. Early days but positive first steps	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.0%	92.0%	92.0%	92.0%	91.1%	91.3%	On track to meet target	23/24 plan to achieve 92.0% each quarter (overall average for 22/23) Overall performance remains consistent with first 6 months of 23/24 at 91.2% slightly below the desired target, ICS focus remains to support various programmes to enable the effective and timely discharge of patients as soon medical safe.	Investment in P1 capacity is supporting more people to return home from hospital and there is an increased focus on blending/flexing care across the different P1 offers to meet demand. P1 capacity is also supporting onward flow and shorter LOS from reablement beds as part of phased step-down discharge to home plans .	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,401.2	424.5	432.5	On track to meet target	Maintain 22/23 outturn. Q1 figures are inline with trend over the last 2 years, rate of 424.5 is below (-2.3%) the comparable rate for Q1 22/23, this has continued in Q2 with rate of 432.5, slightly higher (+1.8%) than comparable Q2 last year. Figrue now based on national data	As indicated within the Local Plan submssion, we expect Year 2 will deliver the full ambitions.	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				371	2022-23 ASCOF outcome: 467.9		Not on track to meet target	**Please note the population data continues to be incorrect *** 23/24 Target is 429 not 371. 2022-23 ASCOF based on ONS MYE population for DC area 113,053. Using this population the rate of permanent admissions for Q3 rolling year is 507.73. Close monitoring of metric continues as reported for Q2 - no support required at present.	Q3 perfermance, using amended population figures, is 508, reduced from 511 in Qtr 2, so small, but improving position. As previosuly reported we have invested BCF Funding into initiatives in both Pathway 1 and Community long term care, which has greatly reduced / if not eliminated the need to use residential care as alternative to homecare which was adding pressure to this metric in 23/24.	Yes

Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	84.9%	2022-23 ASCOF outcome: 81.4%	Not on track to meet target	Q3 rolling year indicative proportion of people still at home - 76.61%. Advances in Discharge to Assess model is enabling more people to be discharged earlier in their recovery, which is leading to greater complexity of care and support needs to be supported via Reablement. We continue to work collaboratively with ICS Partners to enhance our Reablement offer so that greater acuity can be supported, which will enable more people to remain at home. Dorset ICS has been offered BCF Support for D2A, which is in the process of being scoped. But as previously stated; Re Support - if other areas have successfully implemented a therapy led approach into Reablement we would be keen to reach out to understand and learn from their approach.	Our Reablement Services are funded via BCF. As part of our Core Home First / D2A offer, we have reduced restrictions on access to Reablement, which is enabling more people to be supported home. This is providing more equality of access, and swifter opportunity to get home (or avoid admission) for more Dorset residents.	Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: Dorset

Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
Checklist						Yes		Yes		Yes	Yes
2	Strong and sustainable care markets	Residential Placements	Care home	iBCF	£4,251,898	£3,188,924	68	136	Number of beds/placements	No	Please note, for all our LA led outputs, since our initial submission Dorset Council has implemented enhancements in our data capture, monitoring and reporting, which is now providing greater integrity in our data. We have also enhanced alignment between finance and performance data to meet the requirements of this report.
3	Strong and sustainable care markets	Home Care or Domiciliary Care	Domiciliary care packages	iBCF	£1,241,282	£856,485	55	63	Hours of care (Unless short-term in which case it is packages)	No	
9	Maintaining Independence	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£4,152,450	£3,169,750	1,150	599	Number of adaptations funded/people supported	No	Error in initial plan: Planned output should read 850, so output v planned is accurate. Planned outputs for schemes 9 and 11 incorrectly entered.
10	Maintaining Independence	Residential Placements	Nursing home	Minimum NHS Contribution	£2,525,252	£1,868,686	42	42	Number of beds/placements	No	
11	Maintaining Independence	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£637,277	£477,957	850	1101	Number of beneficiaries	No	Error in initial plan: Planned output should read 1150, so output v planned is accurate. Planned outputs for schemes 9 and 11 incorrectly entered.
17	Carers	Carers Services	Respite Services	Minimum NHS Contribution	£116,099	£110,325	300	346	Beneficiaries	No	
18	Carers	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£268,891	£167,840	73	155	Beneficiaries	No	
19	Carers	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£117,667	£78,770	60	295	Beneficiaries	No	
20	Carers	Carers Services	Carer advice and support related to Care Act duties	Minimum NHS Contribution	£7,769	£8,614	1,120	65	Beneficiaries	No	Error in initial plan: Planned output should read 60, so output v planned is accurate. Planned outputs for schemes 20 and 23 incorrectly entered.
21	Carers	Carers Services	Respite Services	Minimum NHS Contribution	£478,196	£256,282	350	208	Beneficiaries	No	
22	Carers	Carers Services	Other	Minimum NHS Contribution	£8,391	£7,455	86	74	Beneficiaries	No	
23	Carers	Carers Services	Other	Minimum NHS Contribution	£115,928	£131,255	60	1774	Beneficiaries	No	Error in initial plan: 20 and 23 the numbers were incorrectly input, Planned output should be 1120.
24	Maintaining Independence	Assistive Technologies and Equipment	Community based equipment	Additional LA Contribution	£1,144,700	£867,401	1,439	2957	Number of beneficiaries	No	Expanded access of these resources, particularly via the D2A approach has allowed more benefecairies than forecast.
25	Strong and sustainable care markets	Residential Placements	Care home	Additional LA Contribution	£55,058,800	£43,540,437	884	469	Number of beds/placements	No	Error in initial plan - planned outputs should be 664 (entry error)
27	Maintaining Independence	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£2,829,022	£2,733,471	3,620	3500	Number of beneficiaries	No	
32	Maintaining Independence	Assistive Technologies and Equipment	Assistive technologies including telecare	Additional LA Contribution	£574,000	£361,174	683	953	Number of beneficiaries	No	
38	Strong and Sustainable Market	Home Care or Domiciliary Care	Domiciliary care packages	Local Authority Discharge Funding	£1,400,000	£1,400,000	62	217	Hours of care (Unless short-term in which case it is packages)	No	We have seen far better performance than planned; this is due to focussed training this year with specific providers delivering this scheme; more focus on regaining and maintaining independence, use of tech and equipment to reduce longer term care hours. This has led to more people receiving support via less hours of care.

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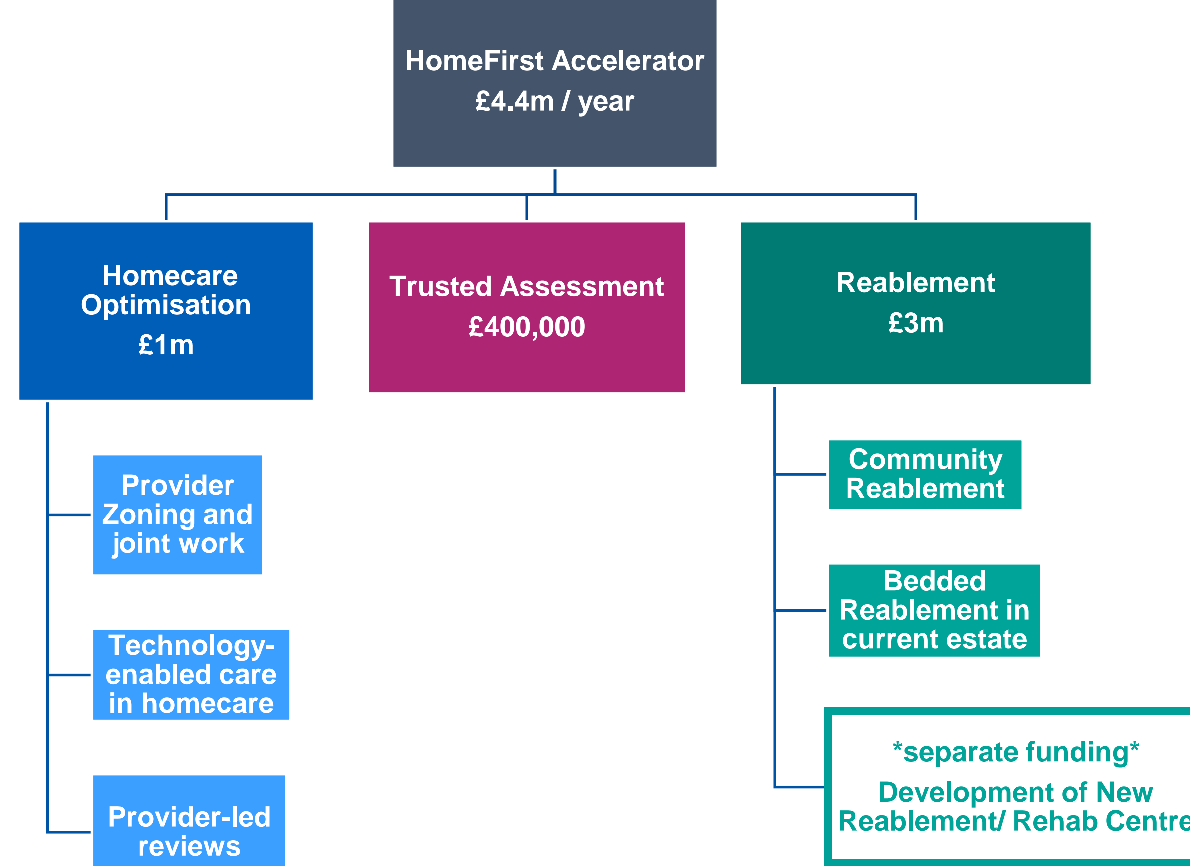
Dorset - Better Care Fund 2023/24 Quarter 3 Return

Case Study:
Dorset’s Home First Accelerator Programme

Overview: Dorset's HomeFirst Accelerator Programme

- A robust programme of activity to redesign the social care out-of-hospital provision as part of the developing ICS Intermediate Care strategy
  1. **Homecare optimisation is improving the conditions for delivering sustainable homecare**
  2. **Trusted assessment – led by Dorset Care Association, is transforming our approach to assessment in hospital, reducing discharge delays and utilising partner provider skills to conduct proportionate assessments as part of our Pathway 1 avoidance and discharge pathways**
  3. **Our Reablement services have been strengthened with rapid stand-up of short-term bed capacity, and emerging plans for ambitious new bedded facilities**
- Sits alongside a wider plan of action around developing the provider market in homecare

- Due to the clear alignment between this programme and the BCF objectives, we added new investment into BCF 2023-25 via additional NHS contributions.



Home Care Optimisation

Aims & Objectives

- Since the midst of the Covid pandemic, in Dorset, like many other areas of the country we had seen a decline in homecare capacity
- This was leading to long waiting lists for care, and over-reliance on residential placements as an alternative, particularly to support hospital discharge.
- We needed to work with the market to improve the conditions and create a sustainable landscape

Method & Approach

- Fair cost of care approach to inform rate setting
- Implementation, through our contracting framework, of a zoned approach
- Commissioners and providers worked closely together to review rounds, identify opportunities to optimise areas, reducing travel time and increasing capacity for care
- Piloting with trusted Providers to:
    - Identify existing packages where an alternative TEC offer may reduce face to face care requirements
    - Conduct review activity for an identified cohort on behalf of the Local Authority

Trusted Assessment

Aims & Objectives

- Care Homes require an up-to-date assessment of a person's care and support needs, in order to ensure they can safely provide care.
- Prior to 2021/22, the assessment process was regularly adding several days to a person's hospital stay, once they had been deemed 'fit for discharge.' This was negatively impacting those individuals' outcomes, but also 'blocking' acute hospital beds for others needing treatment.
- Conflicting pressures for both providers and hospital teams had led to often strained relationships, with reduced levels of trust. This had resulted in every individual needing an in- person assessment by the provider, even if the person was returning to their care home placement.
- The Dorset System needed an independent party, appropriately skilled and experienced, who could carry out swift assessments on behalf of providers, to build trust, but also reduce demands on the hospital staff by improving discharge rates, helping people home as soon as they are medically fit to leave, freeing resources for those waiting.

Method & Approach

- Dorset Care Provider Association host independent Trusted Assessors, based in the Acute hospital, to attend the ward to:
  - conduct initial assessment on behalf of identified provider
  - Track the patient through discharge pathway, reducing impact of potential delays, such as pharmacy, paperwork, transport
  - Follow up with provider within 48 hours of the individual getting home to ensure they had settled.
- Initially piloted with only those returning to their care home.
- It is now supporting all new and returning residents, plus people returning to an existing home care package, and offering support to all adults from 18 years.
- The TAs also offer admission avoidance support via on-call arrangement, meeting individuals at ED and updating directly to the home to secure a return home rather than admission.
- TAs now regularly attend key ICB led operational groups as part of System Flow, but also as a System Escalation response.
- More recently TAs now support more complex cases, with a more general assessment of needs, to identify a potential provider and / or offer advice to System professionals on most appropriate care setting to meet care and support needs.

Reablement

Aims & Objectives

- Our community based reablement capacity had been hampered by similar challenges to homecare.
- Shortage of therapists meant that as a System we were unable to offer consistent therapy support to any additional surge response beds.
- This was leading to longer length of stays and reduced opportunities to maximise independence via Pathway 2.

Method & Approach

- Our Reablement provider (DC Local Authority Trading Company) effected a rapid stand up of 30 short-term bed capacity
- With a plan to strengthen the therapy leadership as resources allow
- Emerging plans (via alternative capital funding) to develop new bedded facilities (this is a separate workstream but linked to HFA)

Home Care Optimisation:
Successes, measurable impact and quantifiable benefits

Successes

- There is a continued shift to correct the balance of homecare and residential care
- Although overall demand continues to challenge the System, we have good flow through P1 services due to long term care availability
- Availability of Homecare is critical to help contain social care pressures and allow us to invest in the **right care, right time, right place** to support the system and enable best outcomes for individuals.
- Now 89% of DC homecare packages are from framework providers (at our published rates) – an improvement from 72% in Jan 23
- We have maintained both a far reduced waiting list and reduced waiting times.
- There is often no waiting lists in some zones.

BCF Metrics

- Supports meeting of:
  - Avoidable Admissions
  - Discharge to usual place of residence
- Improving position on:
  - Residential Admissions

Data

- Supporting 1100 people, age 65+, with long term council funded care and support each month
- Maintaining flow through Pathway 1; approx. 50 people, age 65+, supported who need ongoing long term care each month

  (approx. 35 council funded, 15 self funded)

Trusted Assessment:
Successes, measurable impact and quantifiable benefits

Successes

- No failed discharges to date
- 4 full time Trusted Assessors and a Development Lead, based at Acute, but reach into Community Hospital
- Recently agreed reciprocal approach with Acute on Somerset border
- Currently being implemented at BCP Council area acutes
- During periods of Industrial Action (particularly Ambulance) TAs have been on 'on-call' to support Care Homes manage with non-injury falls. Armed with lifted equipment they were able to offer support to Homes when there were long delays for Ambulance attendance.

BCF Metrics

- Supports meeting of:
  - Avoidable Admissions
  - Discharge to usual place of residence

December 2023 Data

- 109 providers signed up
  - Up from 62 in Jan23
- People waiting just 37 mins for their assessment
  - Down from 1hr45mins in Jan23
- 85 patient contacts in the month
  - 932 total since Jan23
- 62 people in the month returned to normal place of permanent residence
  - By reducing a person's stay in hospital by just 1 day across these 62 people offers a £26k cost avoidance in month to our acute Partners.
- 669 people in total supported since Jan23

Reablement: Successes, measurable impact and quantifiable benefits

Successes & Data

- Average bed occupancy in reablement services up to 78%, and growing
- 27 day length of stay in reablement bedded support with 92% admitted within 48hrs.
- ~500hrs monthly reduction in weekly care requirement of those completing reablement, based on hours required at start of intervention
  - At our average published homecare rates this represents £11.5k per week cost avoidance

BCF Metrics

- Supports meeting of:
  - Avoidable Admissions
  - Discharge to usual place of residence
- Improving position on:
  - Reablement – still at home after 91 days

Challenges & Barriers

The Home First Accelerator Programme has been challenged as follows, but have had most impact within the Reablement Workstream:

- **Communication / managing of expectations**
    - Reablement beds were stood up at speed, under a 'live development' approach, gradually increasing the number of beds available, and the nature of support needs that could be met - We should have more clearly articulated this to partners to build System wide ownership.
    - Engagement with Primary Care / Community Health colleagues; the level of acuity that could be supported was impacted by availability of Community Health Teams. Engagement has since improved and Community Teams have provided training to Reablement Teams, sharing of information on discharges between Acutes and Community is also improved.

- **Availability of therapy / wrap around resources.**
    - Like many areas of the country we are limited in therapy resources, several recruitment drives have not been as fruitful as we need.
    - Working with our Reablement provider to plan therapy approach, live conversations underway with System Partners to explore how existing resources may be deployed differently.
    - Using our LATC we plan to form an Academy that will link with Academic partners to bring new therapy recruits into the System.

- **Acuity of care and support needs, on discharge**
    - Levels of acuity have continued to remain high, MDTs carefully consider the most appropriate discharge pathway to support individuals, such as utilising step-down beds before going home. However, our Reablement performance has been impacted due to high care needs on discharge, and ability to support that level of care in the community.

Next steps

- Finish rolling out zonal homecare optimisation during Q1 of 24/25
- Further develop trusted assessment, building quality and expanding programme
- Continue to build on proactive communication across all workstreams
- Continue to explore options to optimise existing community-based resources to support and manage acuity at home.
- Build therapeutic capacity of community reablement, this includes plans to develop a new bedded facility for high quality therapeutic reablement
- Longer-term priority to shift some of our focus into the front door – preventing admission through deployment of reablement capacity in community, P0 support from VCS to divert away from ED, etc.
- Continue to work closely with Partners to build a stronger System wide shared view on our future Intermediate Care Strategy; that builds resilience for winter and supports better targeting of our interventions.
- Further develop our modelling and data capture so we can track how much we are saving through improved interventions

BCF Support

- Dorset have recently been offered the D2A support offer and we are currently following this up with Partners in Care and Health at the LGA
- If there are other areas, the BCF Team are aware of, who have recently implemented a therapy led approach into Reablement we would be keen to reach out to understand and learn from their approach.

Contacts for further information

- Sarah Sewell

Head of Service for Commissioning for Older Peoples and Home First, Dorset Council

sarah.sewell@dorsetcouncil.gov.uk

Dorset Health and Wellbeing Board

20 March 2024

Joint Strategic Needs Assessment (JSNA): Narrative Update

For Review and Consultation

Portfolio Holder: Cllr Jane Somper, Adult Social Care, Health and Housing,

Local Councillor(s): All

Executive Director: S Crowe, Director of Public Health

Report Author: Natasha Morris
Job Title: Team Leader Intelligence
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Report Status: Public

Brief Summary:

This paper provides an update on the latest annual narrative of the Dorset Joint Strategic Needs Assessment.

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and wellbeing needs of the local population. It provides an evidence base, pulling from both qualitative and quantitative data, of health and wellbeing needs to support planning and commissioning and preparation of bids and business cases.

Locally, the JSNA is co-ordinated by Public Health Dorset, on behalf of both Dorset and BCP Health and Wellbeing Boards. An annual JSNA narrative is produced for each Board, highlighting data trends and qualitative insights relevant to the Board's local population.

Recommendation:

It is recommended that:

1) Members note the updated Dorset JSNA document.
2) The Board approve publication of the document on the JSNA website.

Reason for Recommendation:

Each Health and Wellbeing Board should produce a JSNA under the Health and Social Care Act 2012.

The latest update collates insights from engagement on key health and wellbeing issues with Integrated Care System (ICS) organisations, health data and insight developed by ICS Intelligence and Research teams including Healthwatch Dorset and qualitative insights from Local Authority residents' surveys and the Integrated Care Partnership "100 Conversations" project.

1. Background

1.1. Each Health and Wellbeing Board should produce a Joint Strategic Needs Assessment under the Health and Social Care Act 2012.

1.2. Locally, the Joint Strategic Needs Assessment is co-ordinated by Public Health Dorset, on behalf of both Dorset and BCP Health and Wellbeing Boards. An annual JSNA narrative is produced for each Board, highlighting data trends and qualitative insights relevant to the Board's local population.

1.3. A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and wellbeing needs of the local population. It provides an evidence base, pulling from both qualitative and quantitative data, of health and wellbeing needs to support planning and commissioning and preparation of bids and business cases.

2. Summary of Joint Strategic Needs Assessment Insights

2.1. The latest update collates insights from the following sources.

- Engagement on key health and wellbeing issues with Integrated Care System (ICS) organisations
- Health data and reports developed by ICS Intelligence and Research teams including Healthwatch Dorset
- Qualitative insights from Local Authority residents' surveys and the Integrated Care Partnership "100 Conversations" project

- Nationally benchmarked data such as Public Health Fingertips Tool, Office for National Statistics Census, and the Local Government Association

2.2. Some of the key issues related to the theme of thriving communities within the JSNA include.

- The social gradient in life expectancy between the most and least deprived areas in Dorset. The conditions contributing to this gap for both men and women are circulatory disease, cancer, and deaths from external causes.

- It's estimated than men in Dorset will spend around 18 years in poor health and women around 19 years.

- Whilst unemployment has been improving, the proportion of the working age population who are economically inactive has increased to 22.9%. This includes people who are temporarily or long-term sick, or away from the workforce for other reasons such as studying.

- In relation to housing, affordability is an issue in the local area, and 11.5% of households were experiencing fuel poverty in 2020. Whilst better than the England average, these pre-dates the cost-of-living crisis where energy prices have risen. We also see geographical variation in fuel poverty.

- There is variation in school attainment for some vulnerable groups of children and young people. School readiness of children with free school meal status is lower than national average and one of the lowest areas in the South West with 41.4% achieving a good level of development at the end of Reception (2021/22).

- Pupil absence increased in the 2021/22 year, following national trends. Nearly 30% of secondary school pupils were persistently absent.

2.3. Some of the key issues around the theme of healthy lives include.

- Although levels of childhood obesity are better than England, however almost a third of Year 6 pupils were overweight or obese and we see variation across the Local Authority.

- Mental health and emotional wellbeing of children and young people – the rate of hospital admissions for self-harm are higher than England for both 10-14 and 15-19 year olds.

- The increasing prevalence of common mental health conditions, such as depression and anxiety – the prevalence in adults has risen to 12.9% in Dorset.

- Although in line with England, the local percentage of adults who are overweight or obese is still high, and has changed little over time.

- Smoking prevalence has continued to decrease in Dorset including smoking at the time of delivery. Prevalence is higher in some groups such as adults in routine or manual occupations, or adults with a long-term mental health condition.

- Sixteen percent of adults in Dorset are physically inactive, although this is better than the England average. An estimated 49% of children and young people across Dorset are not meeting recommended guidelines of 60 minutes activity per day.

- Generally, mortality rates are better than England however it is important to consider variation by geography and in deaths considered preventable. We also see variation in emergency hospital admissions for conditions like hip fractures, COPD and heart disease suggesting there could be opportunities to further encourage prevention, early help and support people to manage their health conditions.

- 1 in 5 people aged 16 and over report a long-term musculoskeletal (MSK) problem, higher than England. National research shows among people living with multiple conditions, MSK conditions have been reported to cause the greatest impact on wellness, independence and quality of life due to increased pain and mobility limitations. Just over 40,000 residents are classified as 'mild' on the frailty index, and 64% have 3 or more long-term conditions.

2.4. A key consideration for the future is consideration of trends and health needs to support health in an ageing society – maximising independence and minimising time spent in ill health.

3. Natural Environment, Climate & Ecology Implications

3.1. There are no environmental implications to note.

4. Well-being and Health Implications

4.1. The JSNA looks at the current and future health and well-being needs of the local population. This includes needs relating to the areas of early help and

prevention, and wider determinants of health such as housing and the economy.

5. Other Implications

5.1. Each Health and Wellbeing board should produce a JSNA under the Health and Social Care Act 2012.

6. Risk Assessment

6.1. HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

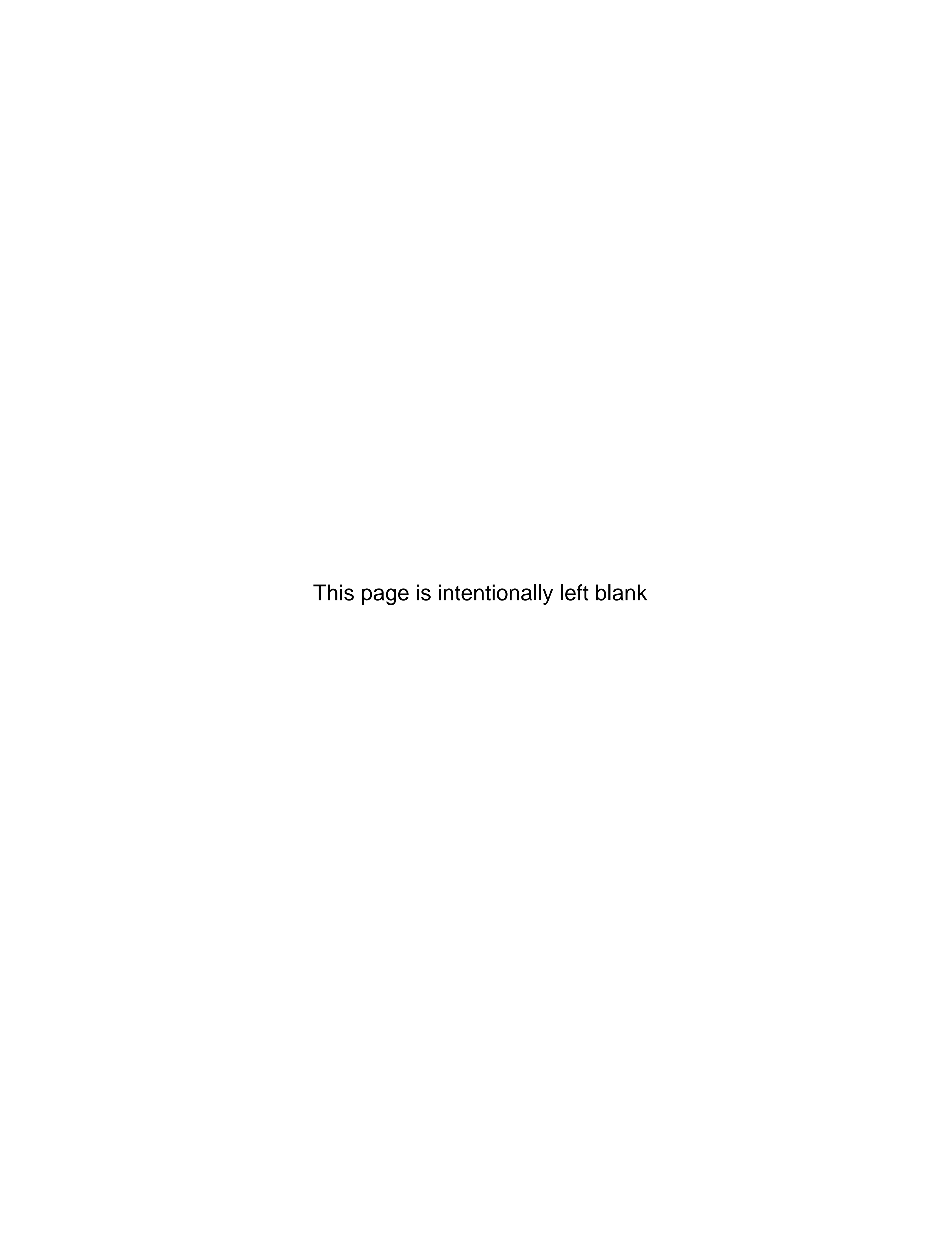
Current Risk: LOW
Residual Risk: LOW

7. Equalities Impact Assessment

7.1. The JSNA narrative includes consideration of variation of needs and health outcomes within the local community, such as by deprivation, demographics or specific vulnerable populations.

8. Appendices

Appendix One: JSNA Narrative 2023 for Dorset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Dorset Council JSNA Summary

Updated November 2023

Purpose

In the Dorset Council area people are generally healthier and live for longer than England overall. The proportion of people in very good health increased to 49.2% since the 2021 Census.

However, not everyone has the same experience. This report focuses on some of the current and future strategic health and wellbeing issues for Dorset Local Authority.

It contains 3 sections

- **Thriving Communities** (Our population and wider determinants of health)
- **Healthy Lives** (Health conditions and behaviours, opportunities for prevention and early help)
- **Health and Care** (How services work together)

Evidence from key national and local data indicators, is combined with insights from local research and engagement and qualitative interviewing.

Links are available throughout to relevant content and further data resources. Thanks to business intelligence teams and partner organisations across our Integrated Care System for the research and insights referenced in this report.

Thriving Communities – Our Population

Dorset is home to just over **379,000 people**. Over the last 10 years the population has grown by 4% (14,431 more people). Dorset particularly sees growth from people moving from other areas of the UK.

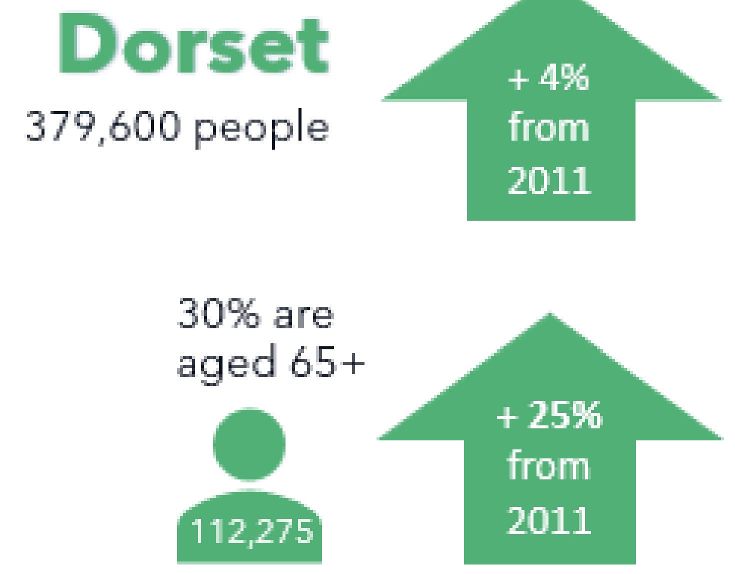
Between the last two census, the **average age of Dorset increased** by 4 years, to 51 years of age. Dorset has a much higher proportion of residents who are **aged over 65 years**. Around 112,300 residents are aged 65 and over. This is a growth of 25% since 2011. The proportion of **one person households aged 66+** increased to 17.6% from 16.2% in 2021.

The proportion of **disabled residents increased slightly** – from 17.1% to 17.6%. This is the opposite trend to England, which saw the proportion of disabled residents fell from 19.3% to 17.7%.

6.1%, around **23,000 people, identify as a minority ethnic group**, and this has increased from 4.4% in 2011. The largest minority ethnic group in the Dorset area is 'Other white' at 3% (approx. 12,000 people).

Dorset is home to both serving **military personnel and veterans**. Just over 22,900 residents aged 16+ have previously served in the UK armed forces (includes regular and reserve).

In 2021, 9.2% of Dorset residents reported providing **unpaid care**, a decrease from 11.7% in 2011. 2.6% of residents are providing 50 hours or more of unpaid care a week.



86% are satisfied with the local area and 75% feel they belong to their local community.
(Dorset residents survey 2021)

The local natural environment is greatly valued by residents and used to help support and improve their health and wellbeing.
(100 Conversations)

Thriving Communities - Inequalities

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups.

In the Dorset area people are **generally healthier and live for longer** than England overall. Latest life expectancy data shows women to live approximately 84.6 years and men 80.6 years.

However, we have a **social gradient in life expectancy** between the most and least deprived areas in Dorset – 5.2 years for men and 4.6 years for women. The conditions contributing to this gap are;

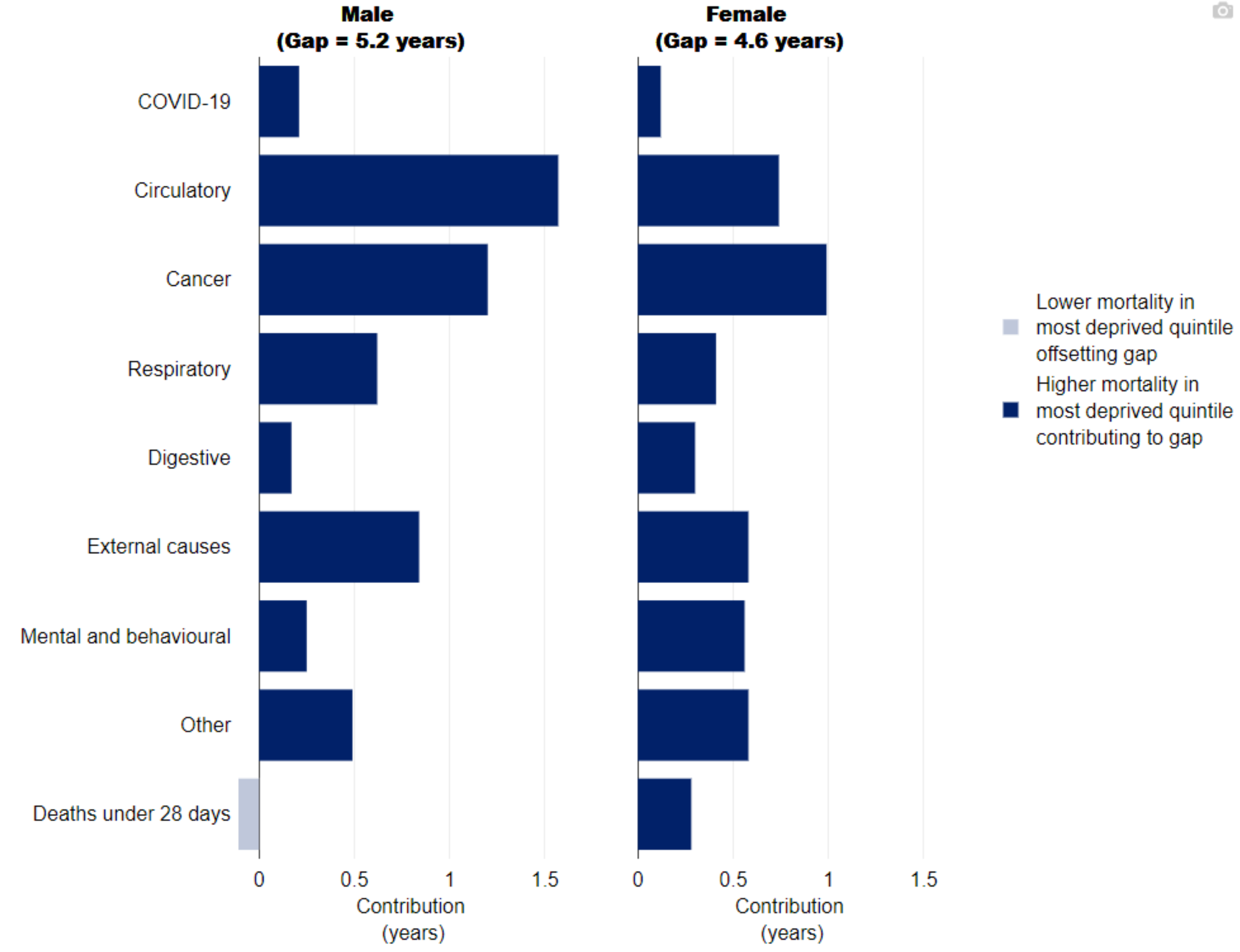
Men: circulatory disease, cancer, deaths from external causes, respiratory

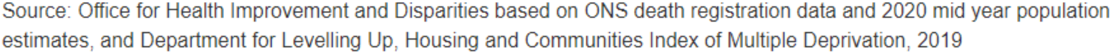
Women: cancer, circulatory disease, external causes, mental and behavioural causes (includes dementia and Alzheimer's)

Healthy life expectancy is another important measure of health and inequality**. Men in Dorset will spend around 18 years in poor health and females around 19 years.** We know from national data a social gradient is also seen in how long people will live in "good" health.

Dorset Health Inequalities Virtual Academy

OHID Segment Data Tool



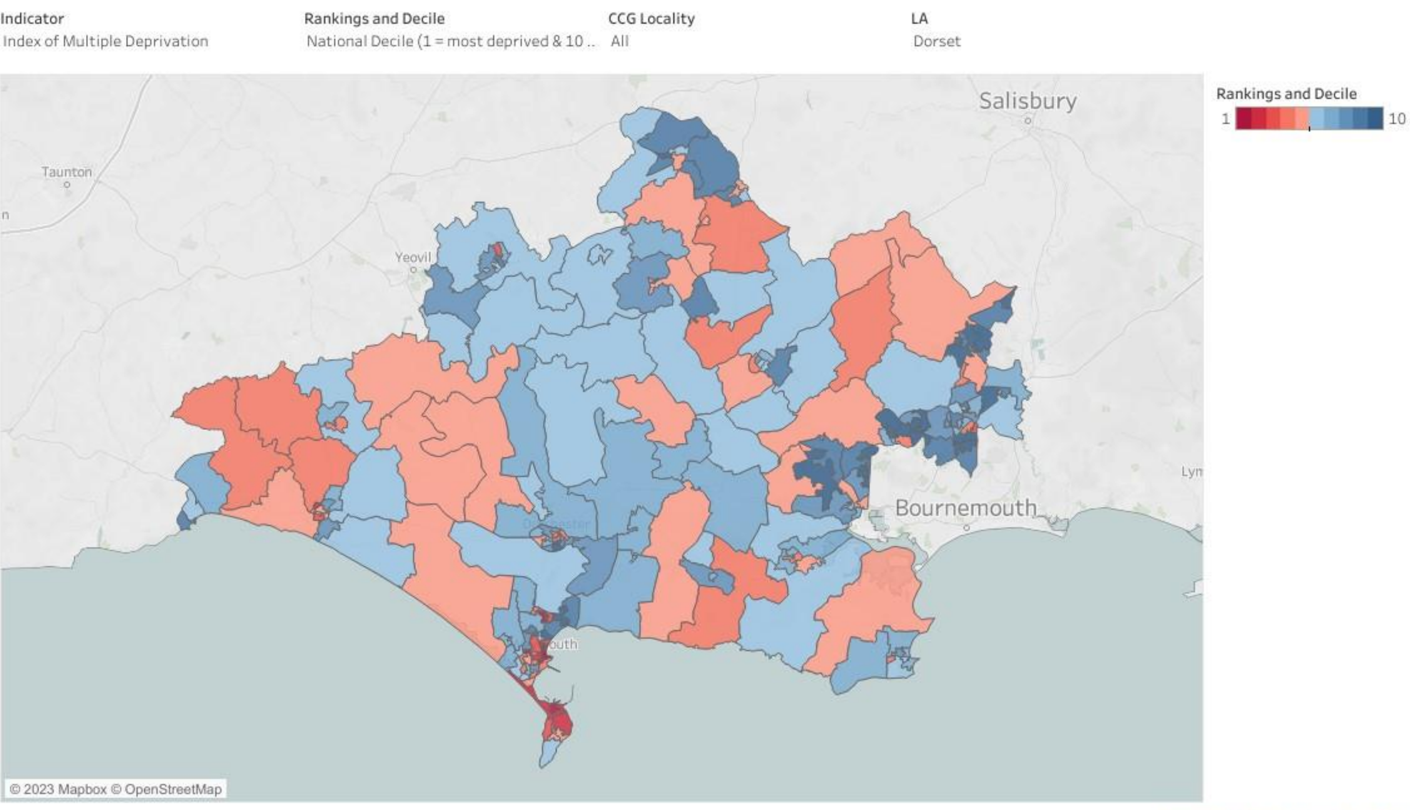

Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

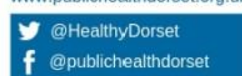
Thriving Communities - Deprivation

Whilst Dorset is generally an affluent there are areas experiencing deprivation across the area, particularly around Weymouth and Portland.

Deprivation is strongly linked with many health outcomes.

Indices of deprivation





Thriving Communities – Economy & Cost of Living

In 2021/2, 3.2% of the working age population in Dorset were **unemployed, lower than England overall**. Unemployment has generally been declining nationally, with a slight increase in 2020/21 due to the impact of the pandemic.

In contrast, the economic inactivity rate has been increasing nationally since 2019/20 (currently 21.2%). In Dorset it has also increased, with **22.9% of the working age population economically inactive** – this includes people who are temporarily or long-term sick, or away from the workforce for other reasons.

Dorset Economy Data

Impact of winter pressures in England

Unemployment (%) - Source: NOMIS Labour Market Statistics

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0.1 2.2 2.8 3.7 6.0 23.4 N/A

England

Thriving Communities – Housing

There are 169,261 households in Dorset and this has increased by 7% over the last 10 years (in line with national increases). Dorset has a **higher proportion of single older person households** (18% compared to 13% in England)

Housing affordability is an issue in the area – Dorset is in the 2nd worst quintile for England for affordability of home ownership.

An estimated **11.5% of households were experiencing fuel poverty** in 2020. Although this is better than the England average (13.1%) the proportion has been increasing in Dorset, and this data pre-dates the cost-of-living crisis where energy prices have risen. We also see variation across the area.

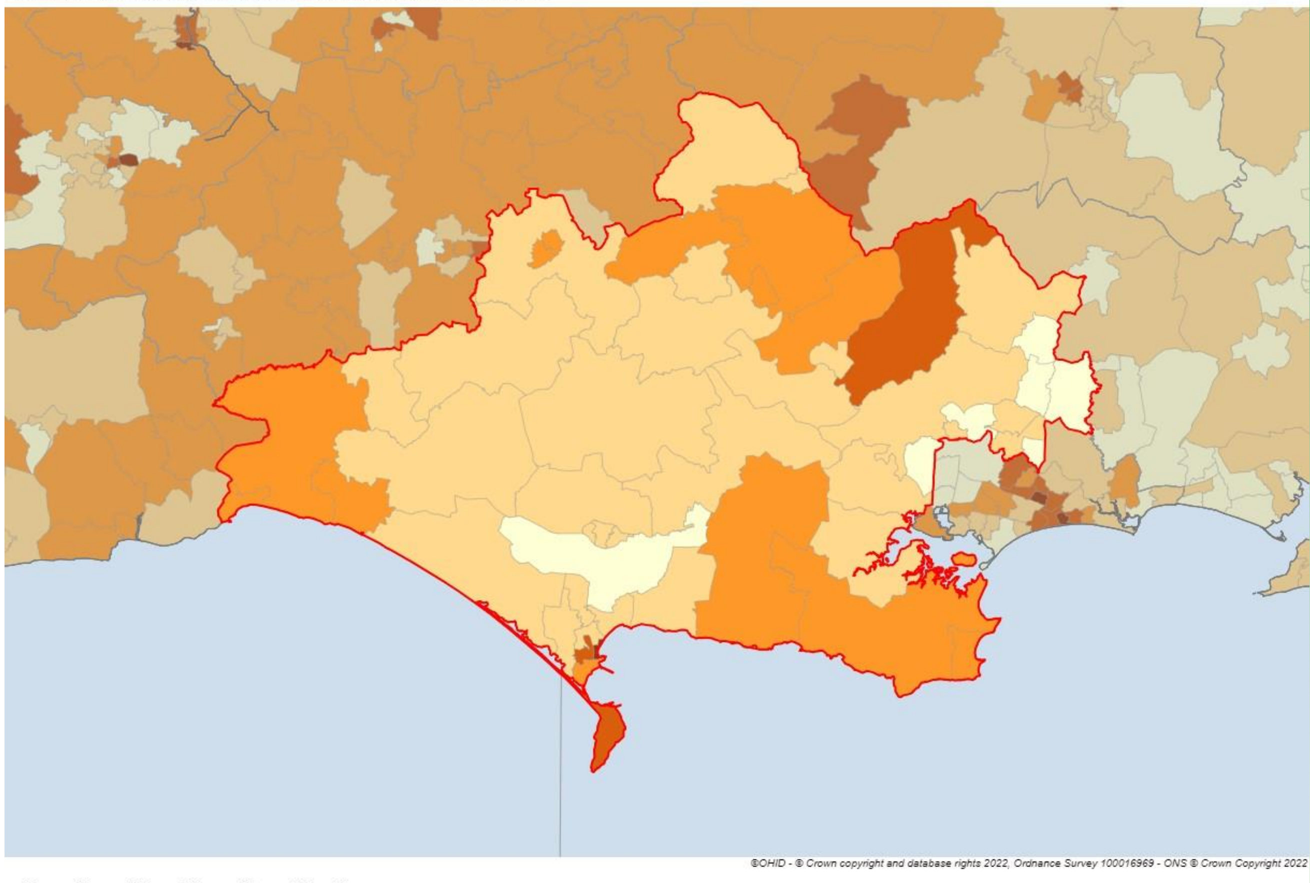
National research found that households facing fuel poverty rationed energy and used alternative heating strategies, and health and wellbeing suffered as a result as well as increasing the risk of damp.

Barriers to housing and essential services are significant in Dorset reflecting **rurality** and distance from services. 66 Dorset neighbourhoods fall in the 20% most deprived nationally for this measure: in the former council areas, 21 in North Dorset and 19 are in West Dorset.

[Understanding the challenges faced by fuel poor households (publishing.service.gov.uk)]

[Dorset Census 2021 – Households]

[State of Dorset report 2021 (dorsetcouncil.gov.uk)]



Thriving Communities – Education, Skills and Learning

Disparities in child development are recognizable in the second year of life and have an impact by the time children enter school. In Dorset, the % of children **achieving a good level of development** at 2.5 years is above the England average. However, within the skills measured there are needs **fine motor skills** and **personal social skills** which fall below the England average. Communication skills are like England.

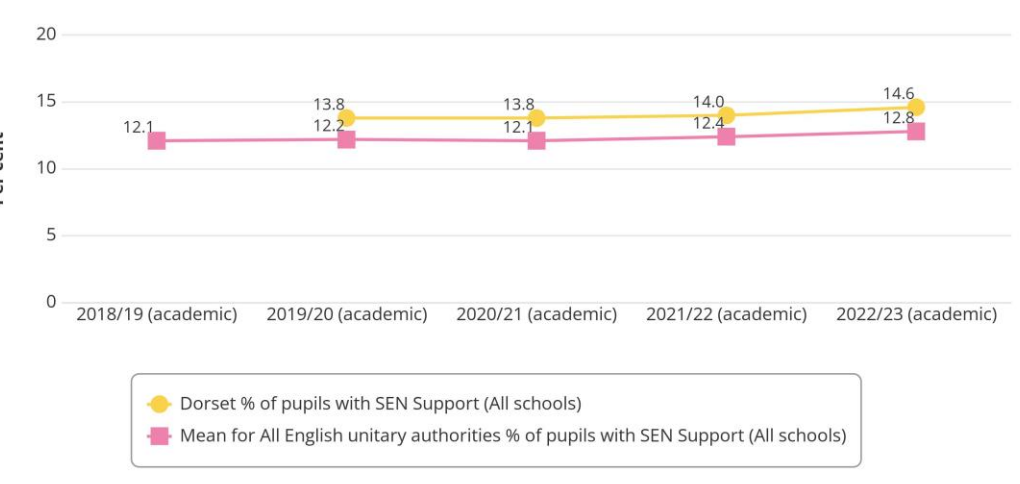
School readiness of children with free school meal status is lower than national average and one of the lowest area in the South West, with 41.4% achieving a good level of development at the end of Reception (2021/22).

The Average Attainment 8 Score measures the achievement of pupils across 8 qualifications at the end of Key Stage 4. In Dorset, the average attainment score is 47.9, similar to England 48.7 but lower than BCP at 52.1. However, the average **attainment of Children in Care is much lower** at 14.6, among the lowest areas in the South West. The attainment 8 score for **pupils with statements of SEN or EHC** plans was 12.2, and 31.9 for pupils on SEN support (2022/23).

Pupil absence has increased, following national trends. Nearly 30% of **secondary school age children were persistently absent** in 2021/22. This is worse than the England average and has significantly increased from 2020/21 (13.8% persistently absent). **Absence is higher in pupils with statements or plans**, where 40.4% were persistent absentees, compared to 37.2% in England (2021/22)

In Dorset 19.5% of pupils have a statutory plan of **Special Educational Needs** (SEN) or are receiving SEN Support (2022/23). This compares to an average of 17% across England. 43.2% of **Looked after children** who are pupils have statements of SEN or an EHC plan compared to 31.4 % across England (2021/22).

At primary school age the primary needs are **speech, language and communication** (40%), social emotional and mental health (16.7%) and specific learning difficulty (15.1%). At secondary school primary needs are **specific learning difficulty** (27.8%), **social emotional and mental health** (20.5%) and autistic spectrum disorder (14.9%).



Source:
Metric ID: 2214, Department for Education, Special Educational Needs in England, **Data updated:** 23 Jun 2023
Powered by LG Inform

Thriving Communities – Other Resources Available

State of Dorset 2021 (dorsetcouncil.gov.uk)

2021 Resident's Survey - Dorset Council

Thriving Places Index | Centre for Thriving Places

Economy Topic Data - Dorset Council

Area Profiles - Dorset Council

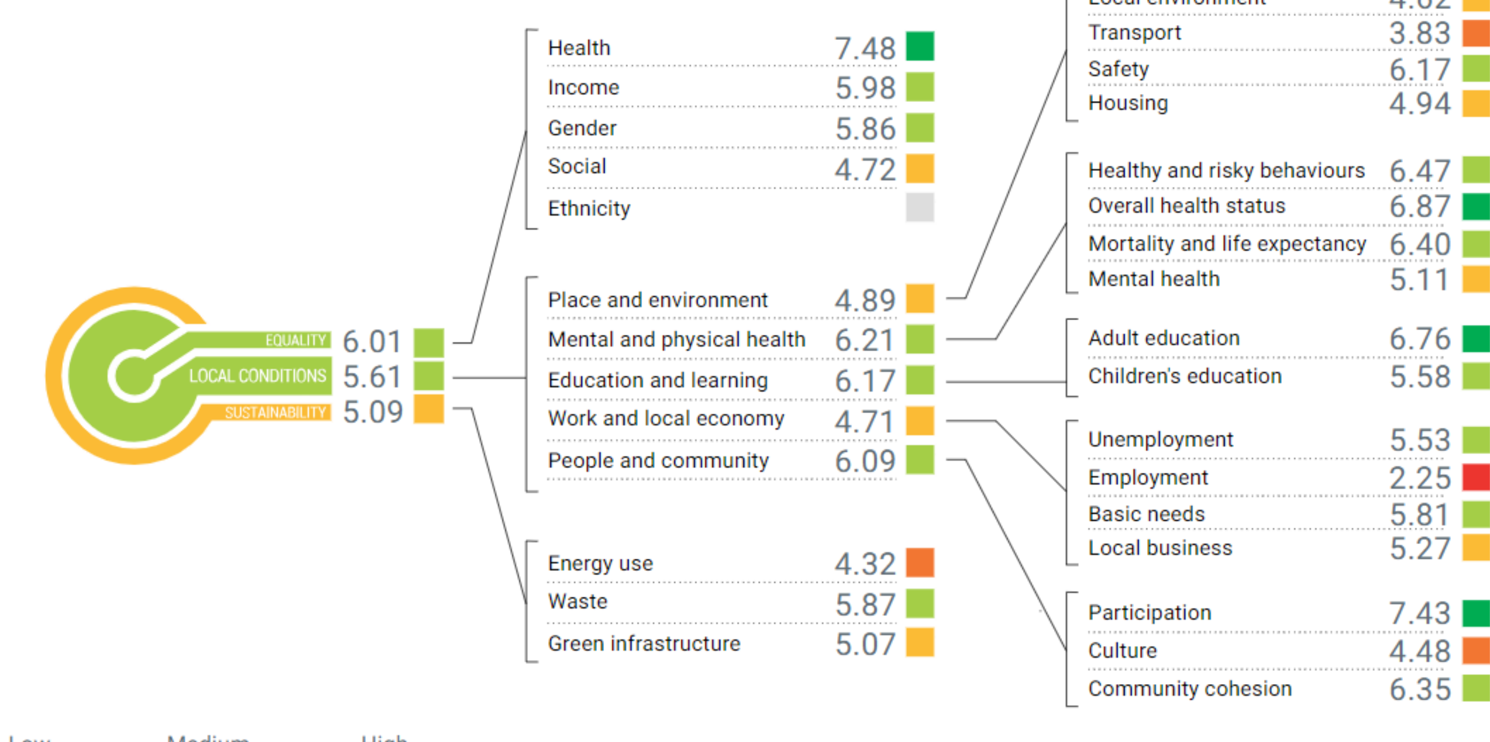
Greenspace Accessibility Model

Wider determinants of health - fingertips.phe.org.uk

Local Health – Rural Urban Classification Map

SEN and Disability report for Dorset | LG Inform

2021 Census Profile - Dorset



Healthy Lives – Childhood Health

Comparing local indicators with England averages shows the health and wellbeing of our children and young people is mixed.

Babies born with a low birth weight is like England rates. The percentage of babies being breastfed in Dorset is also similar to England – in Q2 23/24 54.7% of babies were being breastfed at 6-8 weeks. A&E attendances in under 5's is better than average, as is the Infant mortality rate.

Levels of **childhood obesity** are better than England – however almost a third of Year 6 pupils were overweight or obese in Dorset and we see variation across the Local Authority.

The **mental health and emotional wellbeing** of children is a priority – the rate of hospital admissions for self-harm are worse than England for both 10-14 and 15-19 year olds (513.8 admissions per 100,000 and 947.2 per 100,000 respectively).

In terms of physical health;

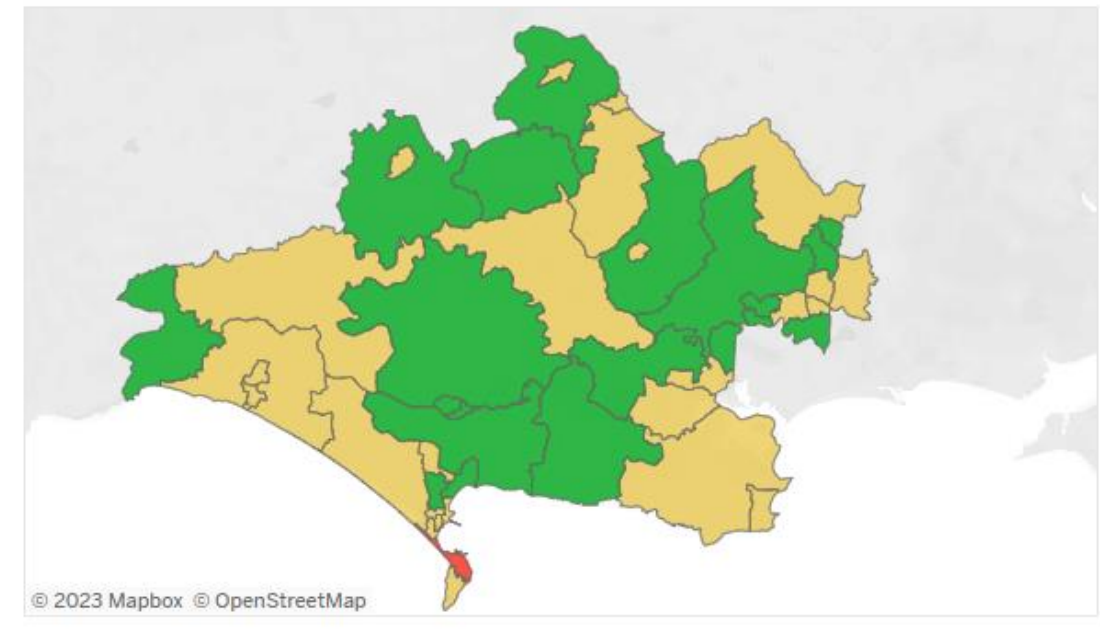
- Admissions for **alcohol specific conditions** in under 18's is higher than England average
- Admissions for unintentional and deliberate **injuries** is higher than England for both 0-14 year olds and 15-24 year olds

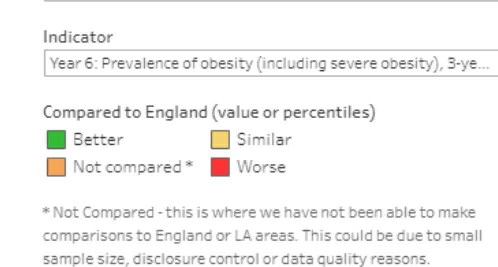
Child Health Profiles (phe.org.uk)

Children and Young People's Public Health Services

LGA Inform: Children's Health and Wellbeing in Dorset

Year 6: Prevalence of overweight (including obesity), 3-years data combined





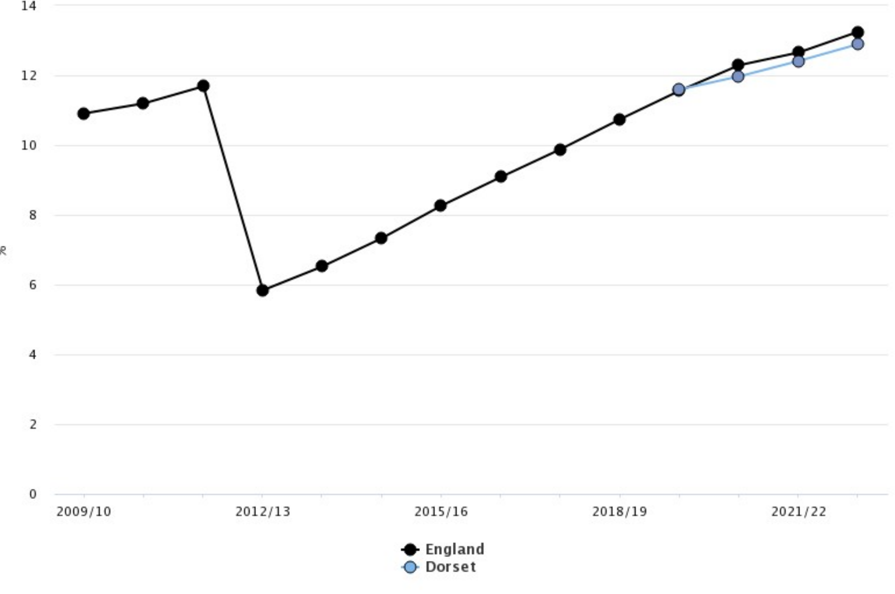
Healthy Lives – Mental Health

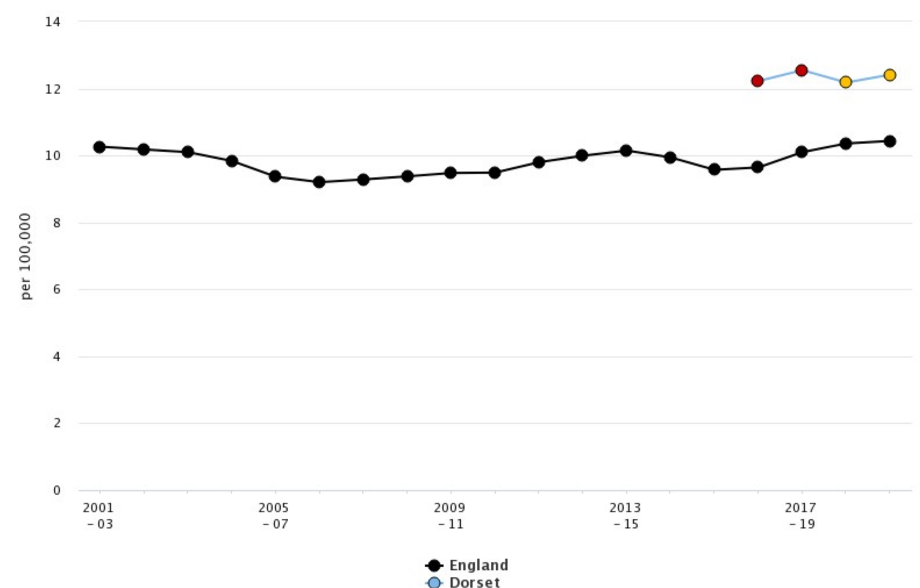
The 2014 survey of Mental Health and Wellbeing in England found that 1 in 6 people aged 16+ had experienced symptoms of a **common mental health problem**, such as depression or anxiety, in the past week. People with higher well-being have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

The prevalence of **depression** in adults is currently 12.9% in Dorset – similar to England. This has been increasing, in line with national trends. In the most recent annual population survey, around 1 in 5 adults had a high **anxiety** score. England saw a decrease from 2020/21 (likely impacted by the pandemic) whilst the proportion remained similar in Dorset.

We can all feel lonely at times for many different reasons. **Social isolation** refers to availability of support networks and social contacts – we might be socially isolated but not feel lonely and vice versa. National research links loneliness and isolation to detrimental effects on our physical and mental wellbeing.

Although data tends to reflect the experiences of older people, loneliness and isolation can affect us at any age. 35.3% of **adult social care users** said they had as much **social contact** as they would like to, lower than England (40.6%). This decreased in older age Dorset social care users (65+) to 27.3%.





Healthy Lives – Healthy Lifestyles

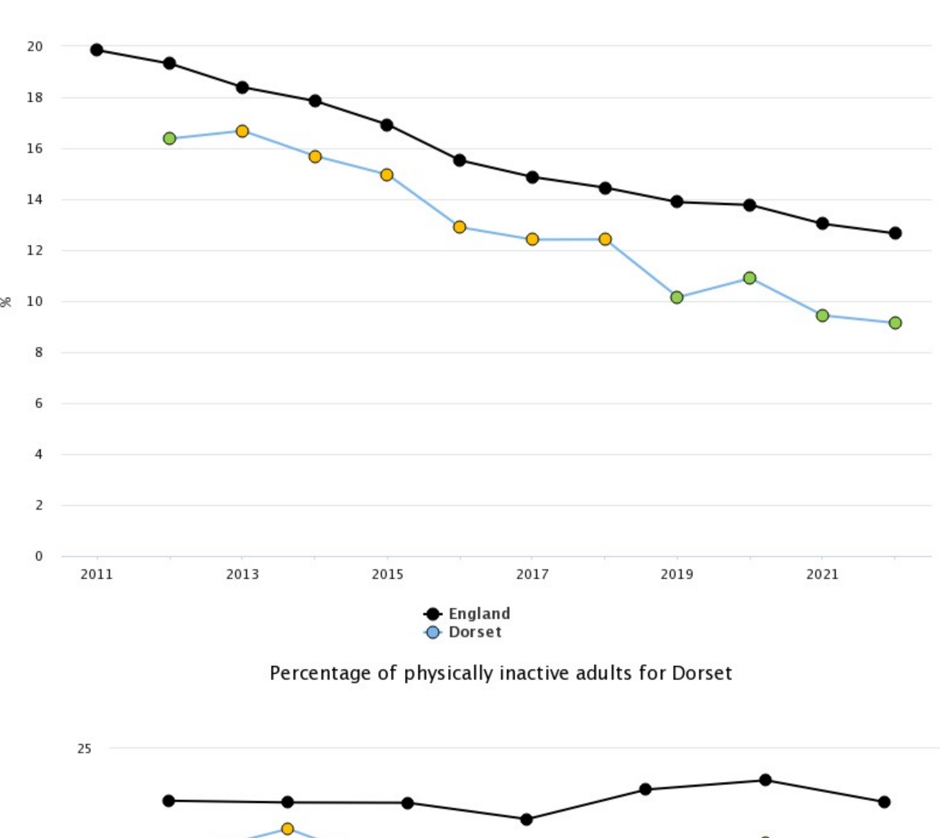
The percentage of **adults who are overweight or obese** in Dorset is similar to England. However, at 64.9% of adults this is still high and has changed little over time. Having excess weight or obesity has significant implications for both physical and mental health. Excess weight increases the risk of several conditions such as heart disease, Type-II diabetes and some cancers, which in turn increases the likelihood of premature death.

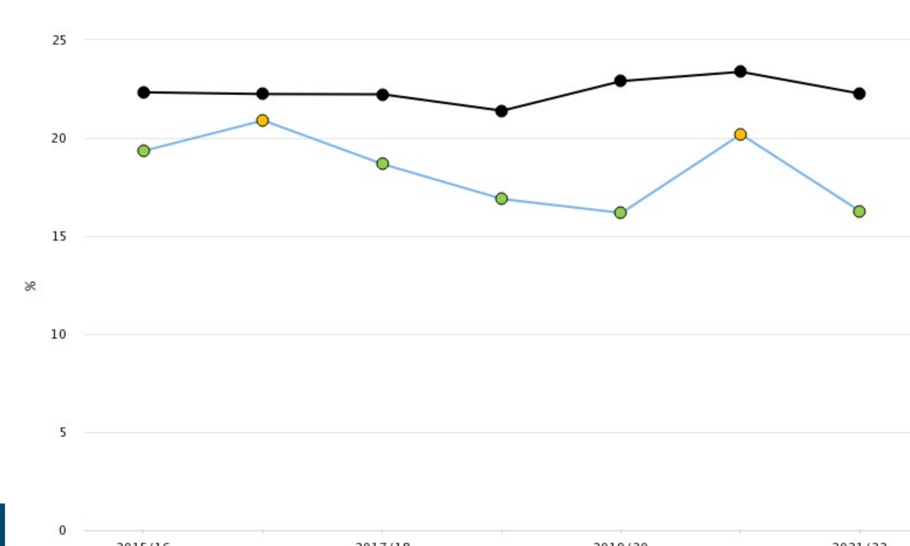
Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups. Smoking prevalence has been reducing in Dorset – currently 9.1%, better than England. Being a smoker at the time of delivering a baby has also continued to reduce locally (9%). However, prevalence is higher among adults in routine and manual occupations (13.9%) adults with a long-term mental health condition (23.9%) and adults admitted to treatment for substance misuse.

Sixteen percent of adults in Dorset are **physically inactive** – doing less than 30 minutes moderate intensity activity a week, which is better than the England average. The Active Dorset Active Lives Survey found whilst activity levels have improved since the pandemic, 49% of children and young people across Dorset are not meeting recommended guidelines of 60 minutes activity per day.

Admissions to hospital for alcohol related conditions are generally better than England in Dorset. Data on alcohol consumption is also similar to England, with an estimated quarter of **adults drinking over 14 units of alcohol a week** (2015-2018 data).

Deaths from **drug misuse** are also similar to England (4.6 per 100,000 compared to 5.0 in England). Nationally the rate of drug poisoning deaths continues to increase and is elevated among those born in the 1970's (Deaths related to drug poisoning in England and Wales - Office for National Statistics (ons.gov.uk))



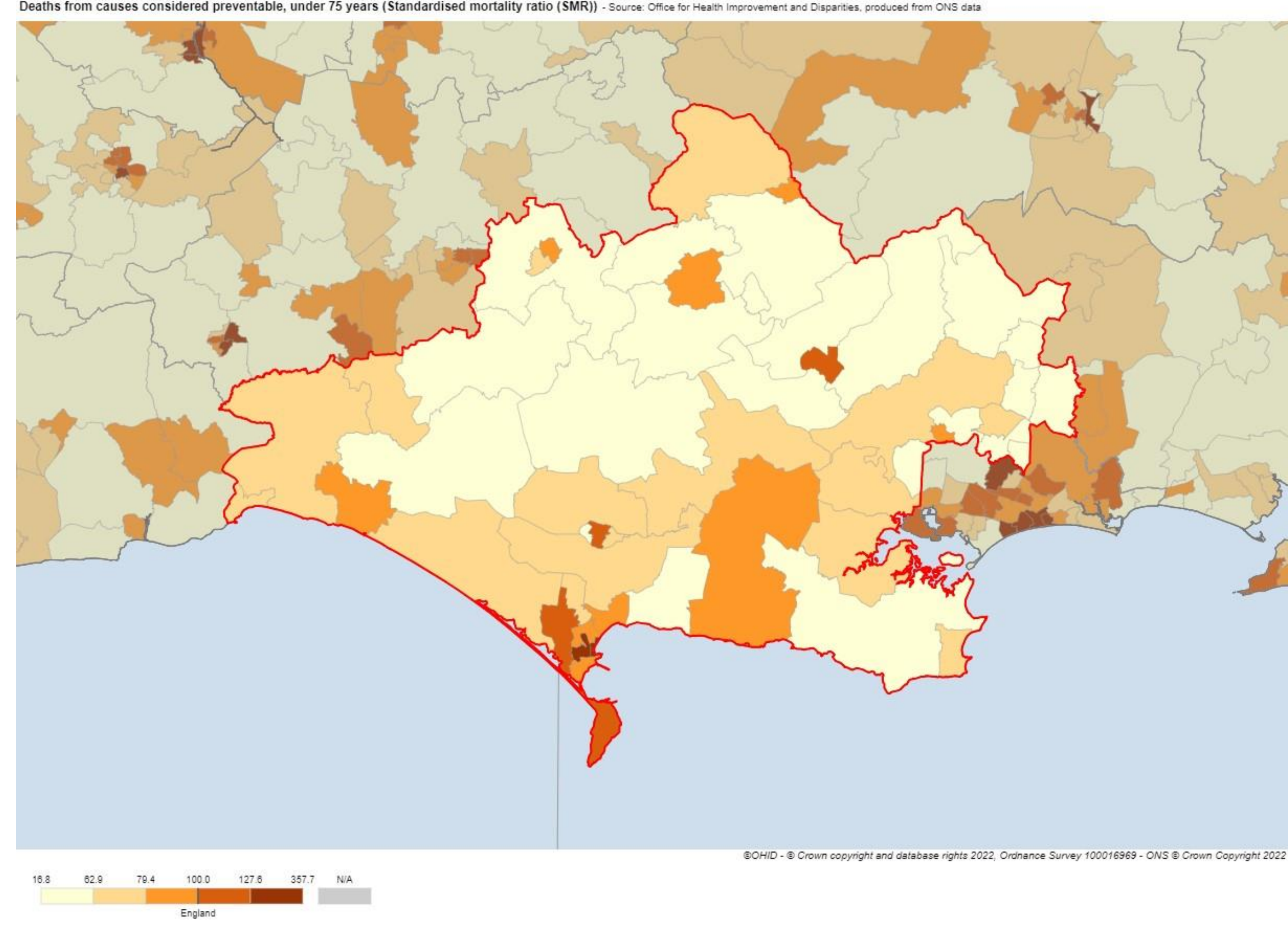


Healthy Lives – Major health conditions

Generally, our mortality rates are better than England however it is important to consider **variation** by geography and in **deaths considered preventable**. Generally emergency hospital admissions for conditions like hip fractures, COPD and heart disease are also better than average. – but again, we see **variation** suggesting there could be opportunities to encourage **prevention, early help and support people to manage their health**, especially when someone has multiple long-term conditions.

As of November 2023, just over 19% of registered patients in Dorset have **hypertension** recorded – a population of around 72,000. Many of these patients have **co-morbidities** such as depression (22.5%), Diabetes (21%) and Chronic Kidney Disease (20.6%) and 35% have a **BMI over 30**..

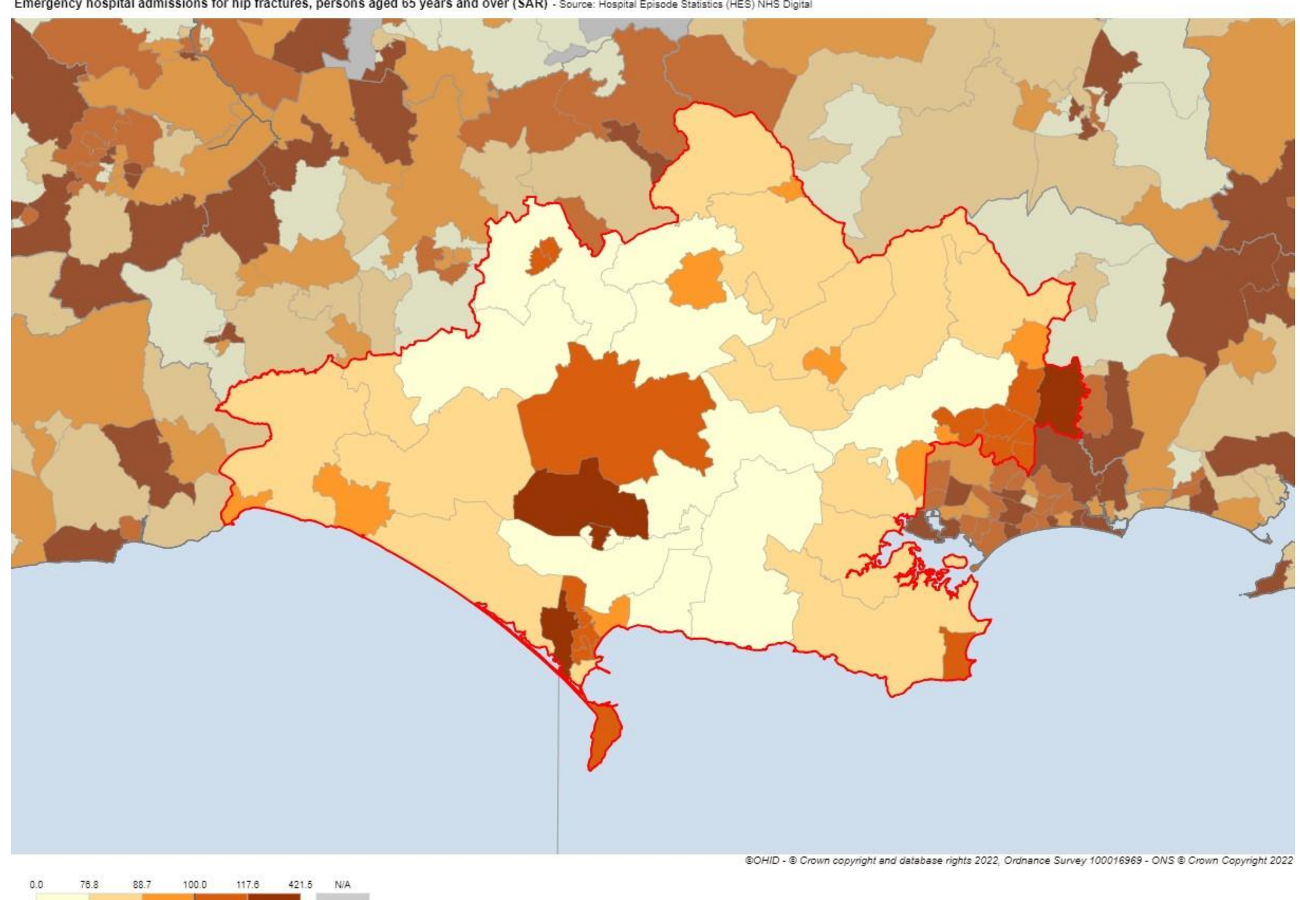
One in 5 people aged 16 and over report a **long-term musculoskeletal** problem in Dorset, worse than England (either arthritis or an ongoing problem with back or joints). The percentage who report **at least two long-term conditions, one of which is MSK**, is also higher than England. National research shows among people living with multiple conditions, MSK conditions have been reported to cause the greatest impact on wellness, independence and quality of life due to increased pain and mobility limitations.



Healthy Lives – Major health conditions

In Dorset 7% of the patient population are **frail**, and just over 40,000 of these people are classed as 'mild' on the frailty index. These patients experience symptoms that limit activities but are not dependent on others for daily help or might need help with transportation or heavy housework. As frailty progresses, they will need more support in and outside the home, so may benefit from support to maintain their mobility. 64% of people with **mild frailty have 3 or more long-term conditions** such as respiratory illness or hypertension. Having health conditions, multiple medications and frailty may increase risk of falls.

In Dorset, as of November 2023 just over 4,000 patients were on the **Dementia** register, 1% of Dorset patients. The population varies from 1.1% of the patients in our most deprived to 9.8% in our least deprived areas. This may be reflecting diagnosis rather than prevalence. It is estimated that 50.6% of over 65's who may have dementia have a recorded diagnosis in Dorset – significantly below the national target of 66.7%.



Healthy Lives – Other Resources Available

[Local Area Health Profile]

[Local Health data for small areas]

[Child Health Profiles (phe.org.uk)]

[Children and Young People's Public Health Services]

[Health Watch – Young People's views of mental health services]

[Active Lives Survey]

[A Movement for movement – Physical Activity Strategy]

[National Drug Treatment Monitoring Services]

[Parental substance misuse data pack 2019-2020]

[Productive Health Ageing Profile]

Indicator	Period	Dorset			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
E01 - Infant mortality rate	2019 - 21	–	20	2.5	3.9	7.5		
E02 - Percentage of 5 year olds with experience of visually obvious dentinal decay	2021/22	–	-	*	23.7%	46.0%		
E03 - Under 75 mortality rate from causes considered preventable	2021	–	546	130.1	183.2	334.2		8
E04a - Under 75 mortality rate from all cardiovascular diseases	2021	–	237	53.2	76.0	133.9		
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable	2021	–	92	20.0	30.2	54.3		8.9
E05a - Under 75 mortality rate from cancer	2021	–	482	107.0	121.5	189.8		
E05b - Under 75 mortality rate from cancer considered preventable	2021	–	177	37.7	50.1	100.7		4.5
E06a - Under 75 mortality rate from liver disease	2021	–	57	14.2	21.2	52.4		8.4
E06b - Under 75 mortality rate from liver disease considered preventable	2021	–	51	12.8	18.9	47.7		7.9
E07a - Under 75 mortality rate from respiratory disease	2021	–	91	18.6	26.5	63.1		9.8
E07b - Under 75 mortality rate from respiratory disease considered preventable	2021	–	44	8.9	15.6	40.1		5.3
E08 - Mortality rate from a range of specified communicable diseases, including influenza	2021	–	46	8.0	9.4	21.6		5.4
E09a - Premature mortality in adults with severe mental illness (SMI)	2018 - 20	–	-	71.0	103.6	212.4		52.2
E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI)	2018 - 20	–	-	370.2%	389.9%	615.1%		
E10 - Suicide rate	2019 - 21	–	119	12.4	10.4	19.8		8
E11 - Emergency readmissions within 30 days of discharge from hospital	2020/21	–	-	14.2%	15.5%	20.0%		
E12a - Preventable sight loss: age related macular degeneration (AMD)	2021/22	–	98	86.7	103.8	185.9		
E12b - Preventable sight loss: glaucoma	2021/22	–	33	13.8	12.6	29.5		
E12c - Preventable sight loss: diabetic eye disease	2021/22	–	10	2.94	2.76	-	Insufficient number of values for a spine cha	
E12d - Preventable sight loss: sight loss certifications	2021/22	–	192	50.4	39.9	80.3		
E13 - Hip fractures in people aged 65 and over	2021/22	–	660	539	551	741		
E13 - Hip fractures in people aged 65 to 79	2021/22	–	170	205	236	371		
E13 - Hip fractures in people aged 80 and over	2021/22	–	485	1,506	1,466	1,897		
E14 - Winter mortality index	Aug 2020 - Jul 2021	–	410	28.0%	36.2%	104.8%		5.5%
E14 - Winter mortality index (age 85 plus)	Aug 2020 - Jul 2021	–	250	36.0%	42.8%	103.6%		
E15 - Estimated dementia diagnosis rate (aged 65 and older)	2023	→	3,774	50.6%	63.0%	47.7%		

> 66.7% (significantly) | similar to 66.7% | < 66.7% (significantly)

[Public Health Outcomes Framework - Data - OHID (phe.org.uk)]

Health and Care – Working Better Together

Whilst the appreciation for NHS services was evident from participants of the 100 conversations project, there was concern that healthcare services are stretched and do not have the time or capacity to listen to patients’ concerns.

People felts that services need to **work together** in an integrated approach, **communicate** between each other to discuss patients' needs and adopt a **multi-disciplinary approach**.

A need to improve **sharing of patient data** and medical records was also raised – sharing across multiple disciplines means that patients and carers would not have to repeat the same story.

The need for **local access to services** was a key theme throughout – those with limited access to transport and travel links are adversely impacted when having to travel further distances.

A number proposed that services and treatments could be in satellite hubs, community hospitals and through outreach clinics.

Appointment times should be person-centred and fit around the lives or patients. Similarly, issues can occur when multiple services do not **co-ordinate appointments**. We know from data that some of our population with health issues often have **multiple conditions** they are managing.

Office for National Statistics census 2021

MSOA Middle Layer Super Output Areas

13.7% of households in Dorset LAD have **no cars or vans**

2.8% 14.3% 23.7% 35.1% 51.5% 82.0%

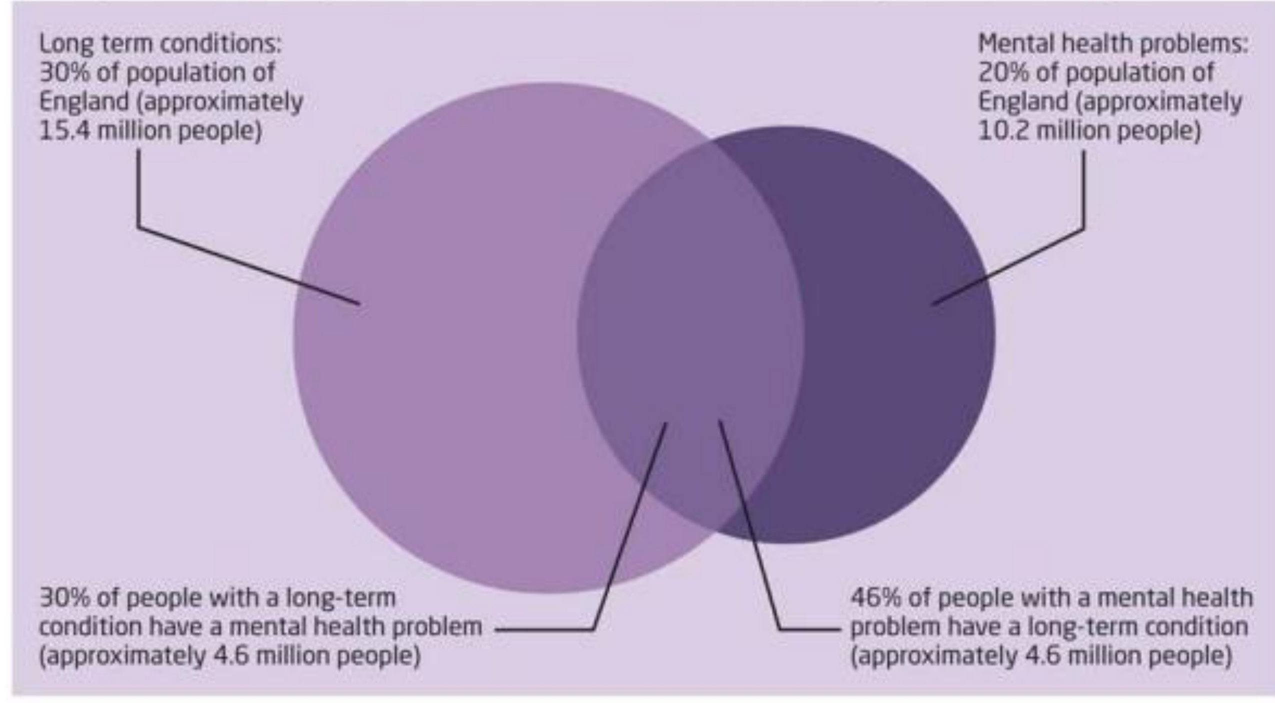
© Ordnance Survey | © OpenStreetMap

Health and Care – Working Better Together

It is known that physical health issues can increase the risk of experiencing poor mental health, and vice versa. The Kings Fund report that around **30% of people with a long-term physical health condition also experience poor mental health**, for example depression or anxiety.

Having a mental health issue can also seriously exacerbate physical illness – affecting people's outcomes and cost to health and care services. People with **severe mental illness** also have higher rates of **physical illness and lower life expectancy.** It's estimates that the effect of poor mental health on physical illness costs the NHS at least £8 billion a year and medically unexplained physical symptoms (often having a basis in poor mental health).

Overlap between long-term conditions and mental health problems in England

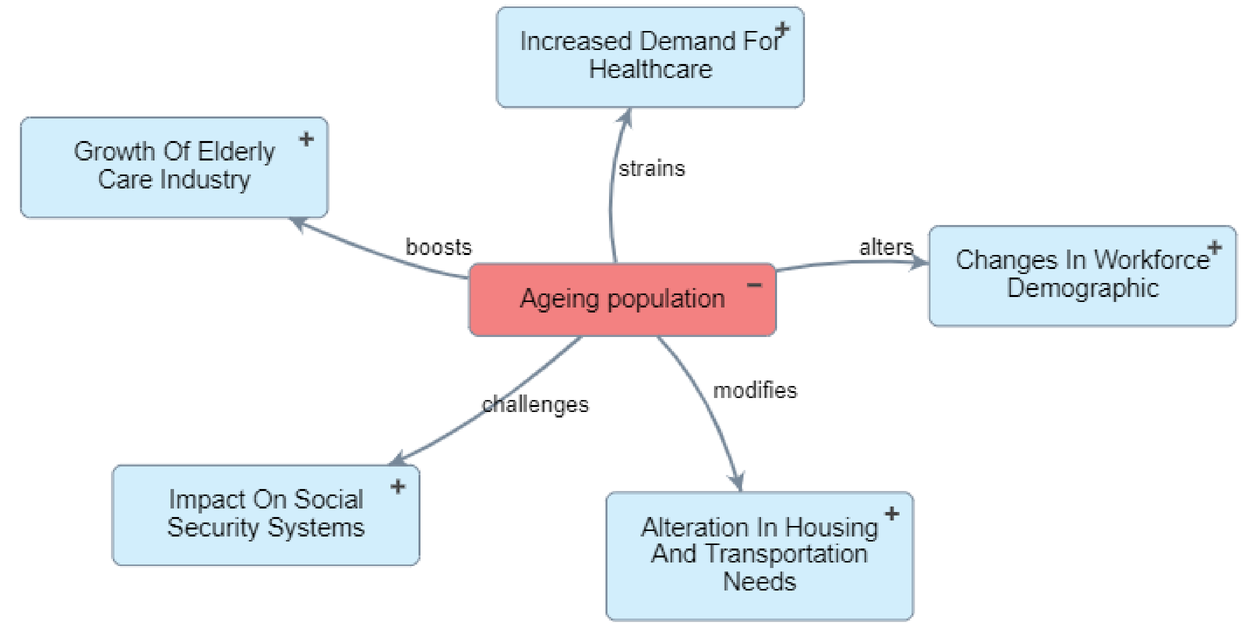


Source: Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A (2012). Report. Long-term conditions and mental health. The cost of co- morbidities *The King's Fund and Centre for Mental Health*

Health and Care – Future Focus

The 2023 Chief Medical Officer report focuses on **health in an ageing society.** This sets out some of the trends and health needs to consider for this population, including;

- **Maximise independence** and **minimising time spent in ill health** by reducing disease and adapting the environment
- Older people migrating away from cities who may not have **informal support networks** in their new home
- The importance of **primary and secondary prevention** to reduce co-morbidities and time spent in ill health
- Early identification of **frailty**
- **Rising mental health needs** in later life, and how these might present differently



Other global and national trends to consider include

- the increasing adoption of, and demand for, **personalised care**
- the potential of **Artificial Intelligence**
- increasing **mental health** issues and **health inequalities**

Health and Care – Other Resources

Dorset Integrated Care Strategy – Working Better Together

NHS Dorset Joint Forward Plan

Dorset Council Statistics

Director of Public Health Report 22/23

Children in Need and Care in Dorset LGA Inform

LGA Inform Adult Social Care Reports

Dorset Health Protection Report 2022

Improving patient access to urgent and emergency care in Dorset

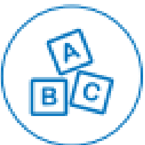
Chief Medical Officer Reports

ICP Strategy Outcomes

Joined-up health and wellbeing, consider mental and physical health

Invest in and involve informal care and support

Care closer to home



Children's health, and best start in life

Inequality, or 'fairness' in access, outcomes and experience

Social isolation, loneliness

Listen and involve people in solutions

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Agenda Item 9

Health and Well-Being Board

20 March 2024

Place & Integrated Neighbourhood Development

Portfolio Holder: Cllr J Somper, Adult Social Care, Health and Housing

Local Councillor(s): All

Executive Director: V Broadhurst, Executive Director of People - Adults
T Leavy, Executive Director of People - Childrens

Report Author: Sarah Howard
Job Title: Deputy Director of Place – NHS Dorset
Email: sarah.howard@nhsdorset.nhs.uk

Report Status: Public Choose an item.

Brief Summary: The purpose of this paper is to discuss the plan to develop integrated neighbourhood teams within Dorset Place.

Dorset's Integrated Care Partnership (ICP) strategy, Working Better Together, sets out how the NHS, councils and other partners within the ICP will work together to make the best possible improvements in the health and wellbeing of local people. This ambition requires partners to work in a more proactive way, particularly paying attention to early help and prevention and enabling communities to thrive.

The key to success is to understand local assets, utilise population health intelligence and insights, and most importantly listen to communities. It is believed that building teams around the natural communities of Dorset, teams that will be integrated, with the right leadership, skills, roles and capabilities needed to meet the needs of the community, is part of the solution to meet our shared ambition and the outcomes for our population that have been agreed through the development of the Strategy.

Recommendation:

The Health and Well-Board is asked to endorse and agree the approach to implementing integrated neighbourhood teams, based on the “Portland Together” approach.
In addition, the Board is asked to consider the following:

- Place leadership, Place based partnership, governance
- Key areas of focus for integrated neighbourhood teams e.g. admission avoidance, intermediate care.
- Additional neighbourhoods to focus on during 2024/25.

1. **Report**

Why Integrated Neighbourhood Teams?

- To improve population health and wellbeing outcomes and achieving our shared strategic priorities as a system.
- A focus on personalised care that is as far as possible anticipatory rather than reactive.
- A shared strategic priority to make a fundamental shift in the model of care delivered in the Community, building on from the Clinical Services Review outcomes and recommendations.
- The belief that if we are to address the significant challenges across the system (General Practice sustainability and wider system pressures across health and care that are directly impacting on individuals and their families) reflected in system delivery – quality, performance and money, this model and way of working will make a measurable difference.

Outcomes

Joined-up health and wellbeing, consider mental and physical health

Invest in and involve informal care and support

Care closer to home

Children's health, and best start in life

Inequality, or 'fairness' in access, outcomes and experience

Social isolation, loneliness

Listen and involve people in solutions

Working with NAPC to bring this to life:
The National Association of Primary Care (NAPC) was jointly commissioned by Dorset HealthCare, Dorset GP Alliance and NHS Dorset to support the delivery of this ambition.

We asked NAPC to help develop an Integrated Community and Neighbourhood Care Framework that starts to build consensus across the system on what the future model might look like and to recommend the work needed to get us there.

What the Framework recommends:

Based on an extensive engagement exercise (recognising an unequal weighting towards health colleagues) and following two workshops with multiple partners in August, NAPC pulled together a Development Framework for the ICS. The Framework confirms the agreed vision and ambition for this work and sets out the key elements of the model:

1.Building integrated teams around the natural communities of Dorset
2.Building the right leadership environment
3.Developing flourishing autonomous teams
4.Developing/bringing together the skills, roles, capabilities needed
5.Tackling inequalities and focus on outcome measures
6.Building a continuous learning and improving environment, supported by data.

How will we take this forward?

The Framework has received widespread positive endorsement from system partners and there is clear commitment to moving this work forward and as quickly as feasible.

To date a small system senior leadership group across Local Authority, General Practice and Health has formed to scope the programme. We have agreed that this group should be expanded to include other key partners, such as University Hospitals Dorset, the Voluntary and Community Assembly and potentially Healthwatch.

We do we need to commit to making this change happen:

- Senior leads are essential in key roles – the ability to problem solve and direct resources are key skills needed, as are influencing and persuading others.
- A full-time dedicated core team is vital to help drive changes and to act as a team of relationship managers for each emergent Integrated Neighbourhood and Team; these roles will be vital in corralling the necessary resources and/or problem-solving expertise.
- Subject matter experts need to be part of/partner with the core team.
- There needs to be a focus on realising benefits as quickly as possible – each lead and team needs to have some of their focus on extracting and sharing case studies, quick wins and important developments.

  To support this, the following principles have been approved by the System Executive Team to help design and secure this resource:

- **Sustainability**: This is a long-term programme of change, requiring continuity of knowledge and evolution from design to live operation. A key

point is the need to develop and build capacity within the system – it is important to ensure that those who will run it also help to create it.

- **Flexibility**: Access to different skill sets will be important at different points in development and implementation.
- **Expertise**: This is a highly complex and technical transformation that will require a range of specialist input.
- **Working together**: This is system-wide change and will need workforce, VCS, population and our provider & commissioner perspectives.
- **Learning together**: This has not been done before at such large scale so the delivery team will need to learn and adapt together.

What we need to consider in our planning:

The journey towards the implementation of Integrated Neighbourhood Teams is going to be challenging – we are breaking new ground with only limited experience in the UK to draw upon.

It is essential therefore that as a system we commit to a fully joined up and pragmatic approach to problem solving throughout the life of the programme – this is needed to ensure we grow and develop together and that we have shared ownership of the outcomes.

As with any complex change programme there are several strands of work that need to be carried out simultaneously and in a sequential and incremental order (the 'critical path') to enable the full achievement of programme objectives. Based on the Framework recommendations, the programme will need to establish workstreams, (at a place and/or system level) that takes into account each of the following key areas.

Engagement, Co-design & Build

1.Building teams around the natural communities of Dorset.
2.Developing/bringing together the skills, roles, capabilities needed.
3.Building the model based on core standard with local flexibilities.

Leadership and culture

1.Building the right leadership environment.
2.Developing flourishing autonomous teams.

Impact and continuous Improvement

1.Tackling inequalities and focus on outcome measures.
2.Building a continuous learning & improving environment, supported by data.

Whist we are still at the scoping stage for this programme, we have already begun to develop our approach to the development of integrated neighbourhoods and communities with a project in Portland that began last year. A summary of the learning from the “Discovery Phase” is shown in the table below. The project team now need to identify key priorities, together with members of the community and agree how to progress these over the coming months.

As part of developing our programme scope, we recognise the need to clearly define what we mean by ‘Neighbourhood’, using the Council Ward footprint as a starting point and then mapping both practices and Primary Care Networks, taking into account the need for local versus economies of scale.

It is important to recognise that these developments build on pre-established footprints within Dorset and our shared partnership ambition for delivering at a community level. As such, we will work to ensure there is join up and collaboration between Neighbourhood teams and established locality working across our partner organisations. Examples include; PCN’s, Children’s Services Locality Teams and Adult Services Localities. These teams already provide leadership and multi-agency responses aimed at tackling health inequalities. As we work to design and establish our neighbourhood teams, we will ensure that we link with these geographies and build on existing strong practice and multi-agency relationships / practice. Equally, Dorset’s developing Family Hub model is creating a network of community spaces, facilitating the colocation and enabling integrated service delivery at a local level. The Family approach is a place based way of joining up locally in the planning and delivery of children and family services.

Summary
“Portland is a good, great place. And I think that that should be everyone on Portland's mission.” *“Where we see ourselves now is an island stripped of so much, not pride and not community. That's still strong, you know, really strong. Not our natural environment, that's amazing. But a lot of the infrastructure has been taken away.”* In February 2023, Portland’s community came together with members from Dorset’s integrated Care Partnership (ICP), which is made up of the NHS, councils, and groups from the community voluntary sector. The ICP is working to make the best possible improvements to the health and wellbeing of local people in Dorset.

The event, which focused on resident's most significant health-based challenges, ended with a commitment from the ICP to continue the conversation and work towards improving services for local people. The ICP wants to build a better relationship with the local community on Portland and is committed to understanding what it's like to live on the island, and to be informed by what local residents really need.

To do this, the ICP undertook a series of conversations with Portland residents about what their lives on Portland are like, from the moment they wake up to when they go to sleep at night. Island Community Action provided invaluable support in reaching out to a range of local people and arranging the conversations with them.

There were a total of 33 in-depth conversations with Portland residents. Conversations took place from June 2023 to September 2023 and were held either face to face or virtually through online video and telephone calls. Conversations were recorded or videoed.

Darmax Research were commissioned to undertake the analysis and reporting of the conversations.

The vast majority of participants spoke of their pride of Portland and that Portland is a close-knit community which looks out for each other. The majority of participants also spoke about their love of the local environment and the outdoors.

A high number of participants praised the support that voluntary, community and social enterprise (VCSE) organisations provide on the island, particularly Island Community Action (ICA) and The Drop In. However, participants were concerned with regards to the future funding of these organisations and how they will continue to support the local community unless financial support is provided to them by statutory organisations.

Participants also commented that there are high levels of deprivation on Portland and that there has been a lack of investment in the area from statutory organisations. This has resulted in residents feeling like the area has been forgotten and neglected since the navy left and that other local places, such as Weymouth and Swanage, have been prioritised.

The majority of participants commented on a lack of service provision on Portland, particularly a lack of access to GPs, underuse of Portland Community Hospital and the closure of Portland Minor Injuries Unit (MIU). Access to education, youth services and activities, mental health services and support for carers and those who are neurodivergent were also seen as priorities for Portland residents.

Participants were also concerned about the impact that Bibby Stockholm will have on access to services on Portland which are already stretched. They were also concerned about the proposed waste incinerator.

The lack of services on Portland is highlighted further due to a variety of travel and transport concerns, including low car ownership on Portland, there being only one road on and off the island and that buses are expensive for Portland residents to get to health appointments in Weymouth and Dorchester. Hospital transport is infrequently provided to Portland residents and ICA have had to support this through volunteer drivers.

Services need to work closer together and Dorset ICP should include organisations such as ICA, The Drop In and Portland Town Council, as well as the local community, in discussions and decisions surrounding service delivery on Portland

2. Financial Implications

This is an invest-to-save programme. Change will not happen if we do not invest our time, energy and priorities into this work. Leadership will come from system partners.

Developing efficient multi-disciplinary teams across health and care, including the voluntary and community sector enables greater efficiency and effectiveness as services can be provided by the right person and in the right place.

3. Well-being and Health Implications

Through this work programme, it is expected that wider determinants of health are considered when engaging with each neighbourhood. It is clear through the Portland Together work that housing, education, transport and employment can have the greatest impact on a person's health and well-being. This is an opportunity to work together across the system, focus on the whole population and how we might meet the needs of individuals in a given neighbourhood.

In addition, a cohesive model of integrated teams working in a neighbourhood can enable people to stay well for longer, improve health outcomes and reduce unnecessary acute hospital interventions.

4. Environmental, Climate and Ecology Implications

There are no implications for any of those areas

5. **Other Implications**

Variation in service delivery and models of care across Dorset exacerbates unequal outcomes and access. In order to address this, we need to strengthen integration and minimise the barriers to providing quality care.

6. **Background Papers**

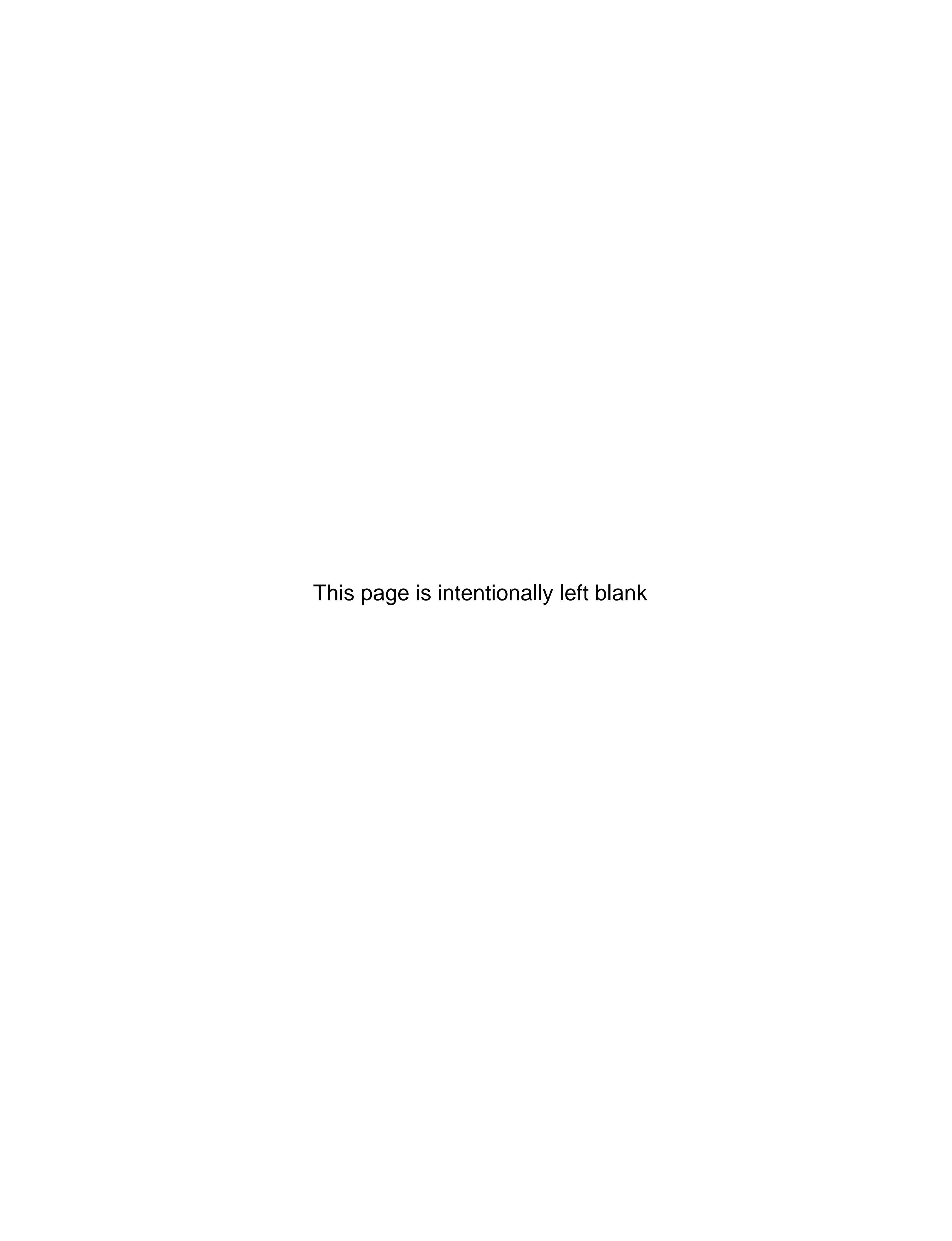
Making Care Closer To Home A Reality | The King's Fund (kingsfund.org.uk)

Microsoft Word - FINAL 003 250522 - Fuller report[46].docx (england.nhs.uk)

Unlocking the power of health beyond the hospital | NHS Confederation

7. **Report Sign Off**

This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)



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Health and Wellbeing Board

20 March 2024

Families First for Children Pathfinder & PDSCP Annual Report 2022-23

For Review and Consultation

Portfolio Holder: Cllr B Quayle, Children, Education, Skills and Early Help

Local Councillor(s): All

Executive Director: T Leavy, Executive Director of People - Children

Report Authors: James Boxer / James Vaughan
Job Title: Programme Director (Families First for Children Pathfinder) / Independent Chair and Scrutineer of the pan-Dorset Safeguarding Children Partnership
Tel: 01305 221196
Email: pan-dorsetscp@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary:

This report brings together two key pieces of work across Children's social care and the wider partnership:

- Children's services involvement with the Families First for Children Pathfinder (FFCP)
- The Pan-Dorset Safeguarding Children's Partnership (PDSCP) annual report 2022-23

There are strong links between both pieces of work. The ambitions of the FFCP and PDSCP's priority areas for partnership working will support each other as we implement pioneering reforms in children social care and across the partnership. As such, we present these items collectively.

FFCP

This report is an update to the People and Health Overview Committee on Children's Services involvement with the Families First for Children Pathfinder Programme. It provides an update on progress with a focus on the implementation plan for the Pathfinder.

PDSCP Annual Report

The Pan-Dorset Safeguarding Children's Partnership (PDSCP) is the statutory body which oversees multi-agency safeguarding arrangements and covers the local Dorset and BCP council areas. This report contains a background and introduction to the statutory functions of the partnership and the council's responsibilities which includes the requirements to publish an annual report.

The annual report of the PDSCP is therefore provided as an attachment for consideration. The annual report details reflections on partnership work in 2022/23 including:

- Outlining the findings from a review of the safeguarding arrangements.
- Summarising local and national learning including in relation to Child Safeguarding Practice Reviews.
- Providing an overview of multi-agency training.
- Outlining the funding arrangements for the partnership.
- Providing information from the Child Death Overview Panel.
- Detailing work across the partnership linked to the priority areas for 2022/23.
- Outlining other key developments by the statutory safeguarding partners.

The report also outlines the agreed revised priority areas for 2023 to 2025.

The report has been approved by the PDSCP Executive who are the representatives of the Safeguarding partners as outlined in Working Together Guidance. The Executive group is chaired by an Independent Chair and Scrutineer who provides support and challenge to the partnership.

Recommendation:

It is recommended that members note the contents of the reports and support our on-going participation in the Families First for Children Pathfinder programme and the work of the PDSCP, suggesting any further considerations

Reason for Recommendation:

FFCP

Participation in the Pathfinder programme is a huge opportunity for Dorset to shape the transformation that is required in children's social care, to secure DfE funding to support the required change, and for our children and families to benefit from the reforms sooner rather than later.

PDSCP

The production of an annual report is a statutory responsibility. This has been endorsed by the four statutory partners (Dorset Council, BCP Council, NHS Dorset, Dorset Police) and is being shared as part of those governance arrangements.

1. Introduction and Background

FFCP

1.1 The Independent Review of Children's Social Care published its final report in May 2022. The Review was described as a "once-in-a-generation opportunity" to set out a bold and broad plan to improve outcomes for children and families. The big question it sought to answer was: How do we ensure children grow up in loving, stable, and safe families and, where that is not possible, that care provides the same foundations?

1.2 The review found the current system to be increasingly skewed towards crisis intervention, with outcomes for children unacceptably poor, and costs continuing to rise. It reported that without a 'radical reset' of the whole system, outcomes will remain poor, and in a decade's time the children in care population will have increased from 80,000 to 100,000, and costs will increase to £15billion from £10billion now.

1.3 'Stable Homes, Built on Love', published in February 2023, is the Government's strategy for implementing the recommendations of the Review.

1.4 The Strategy sets out six pillars to transform children's social care. These are as follows:

- Family Help provides the right support at the right time so that children can thrive with their families.
- A decisive multi-agency child protection system.
- Unlocking the potential of family networks.
- Putting love, relationships, and a stable home at the heart of being a child in care.
- A valued, supported and highly skilled social worker for every child who needs one.
- A system that continuously learns and improves and makes better use of evidence and data.

1.5 The Government is sponsoring several test and learn pathfinder programmes to test out delivery of some elements of its strategy before they roll it out nationally. Dorset is one of three local authorities nationally who have been selected to deliver the Families First for Children Pathfinder Programme. This Pathfinder involves designing a new model of provision to deliver the following elements of the strategy:

There are **four key reform strands** to the Families First for Children pathfinder that will be delivered as a whole system transformation. There will be minimum requirements alongside local flexibility and delivery questions to be worked through via co-design.

Family Help

We want to establish locally based multi-disciplinary Family Help teams that work collaboratively with partners to provide intensive, non-stigmatising and effective support that is tailored to the needs of children and families.

Child Protection

We want a child protection response led by social workers with greater expertise and experience, working as part of a dedicated and skilled multi-agency child protection team.

These child protection lead practitioners will work alongside Family Help to protect children who are suffering or likely to suffer significant harm.

Family Networks

We want participating local areas to make greater use of family networks, with earlier use of family group decision-making throughout Family Help and child protection systems, facilitated by targeted funding to enable more children to live at home or support a transition into kinship care.

Safeguarding Partners

Local statutory safeguarding partners will need to be fully bought into the pathfinder in order to deliver across the different reform strands.

We also want to see some changes to how safeguarding partners operate with clear roles and responsibilities for statutory safeguarding partners at both a strategic and operational level, and with an increased and possibly statutory role for education.

In summary, the ambitions of the Pathfinder are to deliver:

- Deeper integration and partnerships in child protection and family help.
- More support and help to families early, preventing crisis.

- Support to enable families and family networks to make their own decisions and plans to keep children safe.

- An enhanced safeguarding role for education at the strategic level

1.6 From August – December 2023 we undertook a co-design process to agree our proposed delivery model for the pathfinder reforms. This exercise was carried out in collaboration with Children's Services staff, the wider council, and partnership colleagues. The model has also been built in line with the views and lived experience of our children, young people, and families.

1.7 Our delivery plan was submitted to the Department for Education in December 2023. This has now been agreed subject to some final policy clarifications.

PDSCP

1.8 The Pan-Dorset Safeguarding Children Partnership (PDSCP) is the statutory body which oversees multi-agency child safeguarding arrangements covering the Dorset Council and Bournemouth, Christchurch and Poole Council (BCP) footprints. It was introduced in 2019 in line with the statutory guidance Working Together 2018 (updated 15th December 2023 Working together to safeguard children 2023: statutory guidance (publishing.service.gov.uk)) The guidance outlines the legislative requirements placed on individual service and provides a framework for how partners are required to work together. This requires three local safeguarding partners (local authority, integrated care boards, and chief officer of the police) to make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs.

Executive team of the partnership maintains oversight and responsibility for the partnership's statutory functions, provides strategic leadership and seeks assurance about the effectiveness of the safeguarding system and provides strategic leadership and has an independent chair. The partnership operates at a Pan-Dorset level, and place based operational delivery arms serve each local authority area to allow for both authorities to meet the needs of their children. This is to enable the delivery of multi-

agency safeguarding delivery in a way that is responsive to local community needs and in line with local service provision.

1.9 In Dorset, the place-based arrangements are driven through the multi-agency Strengthening Services Board, chaired by the Chief Executive of Dorset Council. These arrangements have enabled the partnership to deliver timely responses to local safeguarding priorities and offer strong alignment with other local partnerships such as the Community Safety Partnership, Health and Wellbeing Board and Safeguarding Adults Board.

2. Overview of the Families First for Children Pathfinder Model

2.1 In our co-design work, we established a set of key principles we felt should inform our model, as follows:

2.1.1 **Putting our Children and Families First** – we will continue to take a whole family approach to our work with children and families and will put their experience of our services and the improvement of their outcomes at the centre of everything we do.

2.1.2 Maintaining our strengths. We have been careful to make sure that the design of our pathfinder model builds on and enhances our strengths, rather than losing any of the things we do well.

2.1.3 Enhancement and growth. The model is about enhancing the way we operate and builds on the strengths of our current model. It extends and expands on our integration with partners and provides additional capacity to support children and families as soon as they need it.

2.1.4 Developing our workforce for the future. As one of the first pathfinders, we are in a unique position to develop our workforce for the future system which will be built on the ambitions of the pathfinder and new central government policy.

2.2 The enhancements to our delivery model are structured around the four key reform strands in the Families First for Children Pathfinder Programme: Multi-disciplinary Family Help Services, Multi-Agency Child Protection Teams, Unlocking the Potential of Wider Family

Networks & Safeguarding Partners. We are now into the implementation phase of the programme with. We expect the majority of the pathfinder model to be in place by June 2024 with a phased implementation plan. Key elements of our model are set out below:

2.3 **Family Help:**

2.3.1 **We will increase integration in our conversation based front door, which currently includes** our Children's Advice and Duty (ChAD) Service, our Multi-Agency Safeguarding Hub (MASH), and our Family Help Hub, by adding the Dorset Education Advice Line (inclusive of the Educational Psychology consultation service), and the CAHMS Gateway.

2.3.2 **We will enhance early support commissioning,** bolstering the Voluntary and Community Sector offer to deliver earlier, preventative support to children, young people, and families in their communities.

2.3.3 **We will merge Early Help and Child in Need (CIN) work** into a single offer called Family Help. The majority of what we currently call CIN work will be held in this Family Help Service. All families/cases supported in this space will benefit from oversight from qualified social work staff.

2.3.4 **We will enhance and grow our locality Family Help and Inclusion & Belonging teams**. These teams will provide Family Help that is overseen by qualified social workers. Our Inclusion and Belonging Teams will include a range of professionals from different disciplines including educational psychologists, specialist teachers, targeted youth workers, special educational needs provision leads, and provide greater support to families and work in partnership with Family Help Teams.

2.3.5 **Family Help Lead Practitioners** are those professionals identified as the lead worker allocated to a family receiving family help services. The Lead Practitioner could be a professional from any discipline and any agency working with the family, for example a health

visitor, school nurse, or a Family Help Team worker, depending on which professional is best placed to support the family and undertake that role.

2.4 **Child Protection:**

2.4.1 **We will establish Multi Agency Child Protection Teams** which will include a range of different practitioners including Health (Drug and Alcohol Misuse, Domestic Abuse and Mental Health Practitioners) policing colleagues, our wider partners, and our most experienced social workers, who will be the Lead Child Protection Practitioners.

2.4.2 **We will establish Lead Child Protection Practitioners to** sit in our Multi-Agency Child Protection Teams. This is a defined role set out in the DfE Families First for Children requirements. Our experienced social workers will undertake this role. These practitioners will have low caseloads to ensure the role is attractive and that they have capacity to use their skills, experience, and expertise to safely lead child protection work and provide support and guidance to professional colleagues. Lead Child Protection Practitioners will work closely with the Family Help Lead Practitioner where appropriate.

2.4.3 **We will enhance advocacy for families going through Child Protection Processes** to ensure they understand the process, are well prepared, do not feel stigmatised, and are supported to have their voice heard.

2.4.4 **We will test a new model for Child Protection Case Conferences,** with new roles for social workers and Quality Assurance Reviewing Officers (QARO's)

2.5 **Family Networks:**

2.5.1 **Families will be offered Family Group Conferencing** in child protection by default. These are a family-led meetings in which the family and friends network come together to make a plan for a child.

2.5.2 **Families will be offered Family Network Meetings** in Family Help. Again, these are family led meetings and will support the family to develop their plan.

2.5.3 Families who have had a Family Network Meeting or Family Group conference **may be able to access a Family Network Support Package**. These packages will provide practical and / or financial support to the wider family network to enable children to live and thrive at home.

2.5.4 **We are developing a local Family Network/Kinship Care Strategy** that will embed a kinship care / families first approach.

2.5.5 **We will develop a dedicated Connected Persons Service,** bringing together assessment and support for Connected Persons Foster Carers, Special Guardians, kinship carers caring for children subject to Child Arrangement Orders, and Private Foster Carers.

2.6 **Safeguarding Partners and overall system design:**

2.6.1 **We will develop a single whole family assessment and plan** so that families only have to tell their story once, that is family led and that can be the foundation for the identification of further needs or specialist assessments if required.

2.6.2 **Our practice framework** will be strengthened, and we will continue to expand and embed the principles of Motivational Interviewing, Therapeutic Thinking, and Trauma Informed and Restorative & Relational Based Practice across the whole children's workforce and the partnership.

2.6.3 **We will undertake an efficiency review** of our key partnership forums and governance to streamlining wherever possible.

2.6.4 **Practice leads** will be established to support with practice changes and to sustain quality of practice and application of legislative changes.

2.6.5 We will strengthen the role of Education as a safeguarding partner by including our Education Director as a member of our safeguarding partnership and identifying nominated education professionals to sit on our safeguarding partnership subgroups.

3. Functions of the partnership (PDSCP)

3.1 The partnership undertakes a number of key roles including:

- Learning from practice: the partnership facilitates learning from practice through multi-agency case audits and when required the commissioning of Child Safeguarding Practice Reviews and the implementation of any learning.
- Child Death Overview Panel: arrangements for reviewing child deaths are through a panel that covers the Pan-Dorset and Somerset local authority areas. The aim is to identify any patterns or trends that can be used to systematic or local changes to prevent future deaths.
- Delivering and evaluating multi-agency safeguarding training.
- Undertaking multi-agency quality assurance activity including single agency and multi-agency audits and gaining the views of practitioners, children and families with the aim of improving practice.

4. Annual Report

4.1 In order to bring transparency for children, families, and all practitioners about the activity undertaken, the safeguarding partners are required to publish a report at least once every 12 months. The report must set out the work that have been undertaken and as assessment of the effectiveness of the partnership arrangements.

4.2 This is the fourth annual report under the 2018 multi-agency safeguarding arrangements. The report reflects the safeguarding commitments and hard work of all executive partners, professionals and volunteers alike, as we work together to address shared priorities. The priorities are shaped by the issues facing children and their families across the areas of Dorset, Bournemouth, Christchurch and Poole

4.3 The draft report is provided as an appendix to this report. This report will highlight a number of key areas of activity.

4.4 The findings of the PDSCP Executive review of the PDSCP multi-agency safeguarding arrangements, including the geographical area, covered by the partnership. This concluded that the partnership could work most effectively when they worked together across the Pan-Dorset area, and changes to the geographical area covered by the multi-agency safeguarding arrangements were not required to ensure that the partnership was able to effectively meet its functions**.** The review also identified areas of development for the partnership arrangements, and these were addressed.

4.5 During 2022/2023 the PDSCP training and development team delivered 156 safeguarding courses to over 2876 multi-agency practitioners.

4.6 The partnership reviewed and updated its quality assurance activity. They responded to national learning including reviewing practice, policies and procedures in relation to the findings from National Child Safeguarding Practice Reviews such as the murders of Arthur Labinjo-Hughes and Star Hobson and the national review in relation into Safeguarding Children with Disabilities in Residential Settings.

4.7 The findings from local Child Safeguarding Practice Reviews and other learning events can found on the PDSCP website Child Safeguarding Practice Reviews and Learning Reviews. These led to key areas of activity for the partnership to improve the lives of children and families.

4.8 Key areas of activity for the partnership included:

4.8.1 Working with the system and practitioners to improve identification and interventions with children and families where there was intra-familial child sexual abuse including this being subject of a Conference in 2022.

4.8.2 The partnership also worked with practitioners to improve their understanding and knowledge of working with children where parents are sex workers. This included developing policies and procedures and was the theme of a Conference in 2022.

4.8.3 The partnership has also been focusing work on the experience of older children/young people including in relation to their experience of neglect and domestic abuse, extra-familial harm including knife crime and working with gender identity. These areas were covered in a Conference in October 2023.

4.8.4 Unaccompanied Asylum-Seeking Children was an area of focus in 2022/23. This included the need to ensure there was an effective system to: undertake age assessments, assess and intervene with young people including providing effective education and placements.

4.8.5 The partnership developed key-principles for organisations in relation to developing trauma-informed practice, provided tools for organisations and has now developed further training.

4.9 The report contains updates from partners on their work on the priority areas for 2022/23:

4.9.1 Tackling Child Exploitation, early intervention and effective disruption.

4.9.2 Sexual Abuse - intrafamilial, link to violence against women and girls and sexual abuse in schools - peer on peer.

4.9.3 Recognising and responding to the impact of domestic abuse involving children and young people (including under 1's and unborn safety and wellbeing)

4.9.4 Supporting children to maintain positive mental health and emotional wellbeing, understanding the longer-term impact of Covid-19.

4.9.5 In 2022/23 the Pan-Dorset Safeguarding Children Partnership reviewed their priorities and agreed. This was undertaken in consultation with both BCP and Dorset Community Safety Partnerships and both BCP and Dorset Safeguarding Adult Boards. The following priorities were agreed for 2023-2025:

4.9.6 Priority 1: Violence experienced by children and young people including sexual violence and abuse, domestic abuse, physical violence and knife crime.

4.9.7 Priority 2: Children's mental health and emotional well-being.

4.9.8 Priority 3. Neglect.

5. Financial Implications

FFCP

5.1 Participation in the Pathfinder presents an opportunity to secure a level of DfE funding to undertake the change and development

work required that is unlikely to be available for other authorities once the Pathfinder programme has finished.

5.2 Our final costed plan that was submitted to the DfE includes detail of how we intend to use the grant funding to deliver the Pathfinder reforms and includes:

- Seconding/backfilling roles in police/health to support development of the programme and deeper integration.
- New/additional roles in the Multi-Agency Family Help and Child Protection spaces (examples include, family help workers, youth practitioners, advanced practitioners)
- Programme management roles
- Enhancements to the learning and development offer for staff in line with the new model
- Commissioning services differently (e.g., in the early support space)

The total funding we will receive for the programme is **£4,897,346**

The grant funding allocation runs to the end of 2024/25, and we have costed up to this point. It is our expectation that there will be an uplift to the settlement for Children's Services in Dorset and nationally for 2025/26 and beyond to account for the costs of delivering the Government's Strategy thereafter.

PDSCP

Safeguarding partners are required to provide equitable and proportionate funding to cover all elements of their multi-agency child safeguarding arrangements (Working Together 2018). The funding should be transparent to children and families in the area and sufficient to cover all elements of the arrangements.

There is a dedicated Business Team to support the work of the partnership across the Pan-Dorset area. Following an external efficiency and effectiveness review of the Business team in 2022, a proposed restructure introduced a new single Business Manager across the Pan-Dorset area and introduced further administrative support. Both new roles have been successfully recruited and the remaining roles in the team made permanent.

In February 2022 the Executive approved a recommendation from the review for the need for all partners to contribute an equal share into the PDSCP budget and agreed for 2023/24 that this would be £75,785 per partner. This would mean a total budget of £303,140. It was noted that this would be an increase for the police of £26,940, for Dorset Council of £6,853 and for Health of £785 with a reduction for BCP Council of £7,639.

At the end of 2022/23 the PDSCP carried forward a small surplus of £21,697, due to the unpredictability of Local Child Safeguarding Practice Reviews, which fluctuate from year to year.

6. Natural Environment, Climate & Ecology Implications

There are no implications for the environment, climate, and ecology other than that there may be benefits that may arise from a reduction in cross country travel if this strategy is successful in creating more local care placements for Dorset and for other authorities around the country.

7. Well-being and Health Implications

FFCP

The aim of the Government Strategy is to improve the lives, and the health and wellbeing of children, young people, and families. Successful delivery of the strategy in Dorset will bring improvements to the health and wellbeing of our children, families, and communities.

PDSCP

The Partnership's work is designed to impact positively on the well-being and health of Dorset's children and young people, by keeping them safe, by reducing the risk of harm and through raising awareness of child safeguarding issues so that children are protected from harm and provided support when they need it.

8. Other Implications

8.1 Participation in the Pathfinder puts Dorset on the national stage, leading the implementation of a national strategy and with a responsibility and an expectation that we will thereafter support others on their own implementation journey.

8.2 There will be a reshape of some existing roles within our locality structures, predominantly a change in portfolio responsibility. However, we do not anticipate any significant contractual changes.

9. Risk Assessment

9.1 HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: Low
Residual Risk: Low

10. Equalities Impact Assessment

FFCP

10.1 An EQIA in in draft status in relation to the workforce planning element of the reforms. It has been reviewed and agreed by HR and is now with our Equality, Diversity and Inclusion Officer for final review and agreement.

10.2 A full EQIA for the programme will be completed ahead of the 1st of April 2024 if needed.

PDSCP

None completed for this report. The Partnership's core business is to reduce the impact of inequalities, both on individual children and young people and on groups, cohorts of children and young people.

11. Appendices

11.1 FFCP Delivery Plan

11.2 PDSCP Annual Report 2022-23

12. Background Papers

FFCP

Stable Homes, Built on Love: Implementation Strategy and Consultation

Working together updated guidance

National social care strategy

Kinship care national strategy

Digital and data strategy

PDSCP

Pan-Dorset Safeguarding Children Partnership Website:
Pan-Dorset Safeguarding Children Partnership - Pan-Dorset Safeguarding Children Partnership (pdscp.co.uk)

Pan-Dorset Safeguarding Children Partnership Annual Reports (Historic):
Annual Reports - Pan-Dorset Safeguarding Children Partnership (pdscp.co.uk)

13. Report Sign Off

11.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)

Dorset Families First for Children Pathfinder Delivery Plan

This document provides a delivery plan template for the Pathfinder, setting out how areas will deliver the reforms set out in the Design Specification.

Timelines

- A first full version of this document is due 31st October 2023.
- A final version is due on Thursday 30th November 2023.

Alongside this document areas will also provide the documents below by Thursday 30th November 2023.

- Updated costed plan.
- Updated population needs assessment.

Red text gives an indication of length for sections this is a guide rather than a strict wordcount. Purple text sets out what must be included in each section and areas that are not necessary but can be included. LAs can provide additional detail if they wish. Purple text can be deleted before submission.

Reform Strand	**Overall system design and Safeguarding Partners**	**Family Help**	**Child Protection**	**Family Networks**
Ambition	Explore changes to **how safeguarding partners operate with clear roles and responsibilities** for statutory safeguarding partners at both a strategic and operational level, and with an increased and possibly statutory role for education.	Establish locally based multi-disciplinary **Family Help teams** that work collaboratively with partners to provide intensive, non-stigmatising and effective support that is tailored to the needs of children and families.	Establish a child protection response led by social workers with greater expertise and experience, working as part of a **dedicated and skilled multi-agency child protection team**. The child protection lead practitioners will work alongside Family Help to protect children who are suffering or likely to suffer significant harm.	Make greater use of family networks, with **earlier use of family group decision-making t**hroughout Family Help and child protection systems, facilitated by **targeted funding** to enable more children to live at home or support a transition into kinship care.
Our model	• Align with Partnership place-based strategies. • Strengthen offer for underrepresented communities. • Recruit engagement / youth voice officers to capture voice of lived experience. • Establish Kinship Care Engagement forum. • Strengthen strategic relationships between education and statutory safeguarding partners. • Set up and education strategic sub-group of the Pan-Dorset safeguarding partnership. • Formally nominate leads and delegates from the education community to sit on the safeguarding partnership.	• Integrated Front Door • New Locality structure for Family Help and Inclusion and Belonging • VCS delivered Early Support offer with a focus on Early Years • Updated Quality Assurance Framework in line with the new model for Family Help. • Integrated Early Help and CIN • Council wide Safeguarding Families Together roll out. • Group case and line of sight supervision models	• New Locality Structure for Child Protection • Updated Quality Assurance Framework in line with the new model for Child Protection • Establish Multi Agency Child Protection teams. • Pilot approach for Child Protection Conference Chairing • Introduce a dedicated resource within quality assurance to enhance the advocacy offer.	• Family Group Decision Making offer for all families by default. • Update the quality assurance framework in line with the new model of Family Networks • Independent FGC team • Agree sequencing and quantifiable timescales for undertaking Family Group Decision Making functions. • Pilot Family Rights Groups Pre-proceedings. • Establish approach for Family Network Support Packages across the spectrum of need. • Development and Delivery of Kinship Care Strategy

Detailed model

1. Overall design for the system and safeguarding partners

1.1. System wide elements

Culture and language

In June 2023, the Dorset Strategic Alliance for Children and young people published our partnership 10-year plan. Through this plan, the partnership has signed up to a set of collective ambitions, set out under 7 priority themed areas, as follows:

1. Best start in life
2. Young and thriving
3. Good care provision
4. Best education for all
5. Best place to live
6. Local Family Help
7. Safe at home and in the community

Our partnership in Dorset is underpinned by a shared culture, language and set of values and is committed to working together and with children, young people, and their families in the following ways:

- Always putting children and families at the heart of everything we do – including in how we develop and shape services.
- No child or family left behind – we strive for equity of outcomes for all.
- Focus on early intervention and prevention – offering the right help, in the right place at the right time.
- Working restoratively – doing things with families, not to or for them.
- Thinking family – providing a joined-up approach.
- Focusing on and building on the strengths with individuals, families, and communities.
- Being inclusive – challenging discrimination where we see it and promoting a sense of belonging for all our children in our communities.
- Taking a rights-based approach to our work.
- Delivering best value for money – spending the Dorset £ in Dorset on the things that get the best outcomes for children and families.
- Remaining hopeful and determined to achieve good outcomes for all.

Our 10-year plan recognises the work that we will be doing to deliver the Families First for Children Pathfinder (FFCP), with strong partnership commitment:

"In early 2023 the government released a new strategy, 'Stable Homes Built on Love' on how local authorities and partners should work together to put families at the heart of the services we deliver. Dorset has been asked to lead on a national pathfinder, 'Families First', which further develops our established multi-agency locality-based approach. We will, through the Pathfinder and beyond, further strengthen the delivery of integrated services. We will explore different ways to promote family support through family decision making and new approaches to kinship care and working with the wider

community family to provide safe support for our children and young people. This model will be overseen by our Strategic Alliance Partnership."

Our Strategic Alliance will continue to strengthen and embed a culture that promotes and works alongside communities, families, young people and children and ensuring that we design and develop our services with them. As a partnership we will continue to embed the use of strengths-based language which is trauma informed and restorative. Our ambitions for partnership workforce development are specifically tailored to embed this culture and language across Dorset.

1.2. Practice

Through the FFCP, we will make some key changes to practice across the partnership that will include but not be limited to:

- Embedding a partnership multi-disciplinary group case supervision and line of sight model.
- Ensuring a focus on our Dorset System including system leadership, partnership induction and learning events.
- Redesigning the practice model with safeguarding partners across Family Help and Child Protection with a specific focus on Family Group Decision Making, ensuring families are engaging, participating early, and empowered to co-design and develop plans to support and safeguard their children.
- Strengthening our practice framework and continue to expand and embed the principles of Motivational Interviewing, Therapeutic Thinking, Trauma Informed, Restorative & Relational Based Practice across the whole children's workforce and the partnership.
- As we strengthen our practice framework our quality assurance work, both within children's services and our multi-agency partnership, will align and develop to ensure we evaluate the impact of our practice model.
- Establishing a single whole family assessment and planning process which includes the development of multi-agency chronologies to support analysis, intervention and planning. This will include the development of the lead practitioner role to deliver this work where appropriate.
- Development of the Family Hubs workforce including an introduction to the family hubs e-learning module.
- Developing and embedding a training offer for the workforce, providers and settings focused on children under 2 years of age.

Approach to ensure that the system builds on families' strengths, addresses the full spectrum of need, and is poverty-aware and anti-discriminatory.

Our current practice model is well embedded and is rooted in the principles of restorative practice and trauma informed approaches. Multi-agency professional relationships within our model will be built on co-design, partnership and empowering family-led solutions and using strengths-based language. Our population needs assessment and business intelligence functions will continue to ensure we are addressing the full spectrum of need, and that we are poverty-aware and anti- discriminatory. Examples include:

- Embedding the principles of the Staff College 'Just Heart, Just Hope, Just Home' publication which commits to racial justice, equity and inclusion and being passionate about tackling racial disparities within and across Children's Services.
- Working closely with our LGBTQIA+ communities and ensuring they feel safe and are represented and responded to with our system.

- Our locality model and alignment with partnership place-based strategies means that we are responding to local need and embedding community driven solutions across a diverse spectrum of need.

1.3. Approach to quality assurance and supervision

Quality Assurance

Our quality assurance and performance management frameworks are strong, having invested significantly in these areas in the last 3 years. We can assess and evaluate the quality of practice and have a robust system of governance. We are agile in our response to quality assurance findings and make system improvements at pace. Through the FFCP, we will continue to build on these frameworks to evaluate the impact of the reforms on quality of practice and outcomes for children, young, people and their families. This includes dedicated resource through practice leads to support with practice changes and to sustain quality of practice and application of legislative changes. We will continue to seek feedback from key stakeholders across the partnership and children, young people, and families as part of our quality assurance approach.

Supervision

One of the key defining characteristics of our model will be to have multi-agency group supervision across Family Help and Child Protection. Our group case supervision model will include all the professionals working with the family and will be outcome-driven and solution focused, with an emphasis on helping the family to utilise their strengths and family decision making. We have already seen the benefits of this approach at a smaller scale and will embed this across all our locality areas to ensure:

- We have a shared direction and solution finding.
- We are building relationships and learning from other subject matter experts.
- We are gathering evidence of assessment and analysis captured with clear outcomes for children.
- Social work oversight is embedded across the whole model.

1.4. Plan to engage children and families to capture their voices when designing and delivering services.

We have a well-established system for engaging, capturing, and responding to the voice of lived experience when designing and delivering our services. We will continue to utilise this system to further develop, design and hold to account the FFCP model as we move through implementation. Feedback from our children, young people and families tells us they do not want to be engaged multiple times on the same issues and expect consistency of relationships (in both how they are engaged and in terms of service delivery.) As such, we will continue to engage thematically and utilise the strong pre-existing networks of organisations that represent the views of children, young people and families in Dorset. Examples include:

- DPCC – Dorset Parent Carer Council
- 0-25 Voluntary and Community Sector Forum
- Youth Voice arrangements – including Care Leaver Forum, Children in Care Council and Dorset Youth Council
- Local Alliance Groups (multi-agency groups that come together to deliver outcomes for children in a particular locality – these are sub-groups of the overarching Strategic Alliance described above)
- Parental engagement role through the safeguarding partnership

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Through the FFCP we will also embed some specific engagement roles/ mechanisms that will focus on gathering and responding to feedback from children, young people and families. Examples include:

- Engagement officers working with children, young people and families in Family Help and Child Protection.
- Youth Voice officers who will work alongside young people to define and deliver our commissioning offer.
- Establishing a Start for Life & Family Hub Parent Carer Forum to enable input to develop and ongoing delivery of our offer.
- Kinship Carer Engagement Forum to co-develop our own local kinship care charter.

1.5. Multi-agency safeguarding arrangements

It is important to recognise the issues associated with the geographical boundaries of our safeguarding partnership in Dorset. There are two Local Authority areas, (Dorset Council and Bournemouth, Christchurch and Poole (BCP)) while police and health partners operate pan-Dorset. This is not an insurmountable barrier to change but there are potential implications for multi-agency arrangements recognising that the FFCP funding is allocated to Dorset Council and the safeguarding partnership boundaries span the entire county. Place-based arrangements are in place to deliver our responsibilities in Dorset through our 'Strengthening Services Board" an executive board chaired by the Chief Executive of Dorset Council which will support us to deliver these reforms for Dorset and enable us to engage closely with and share the learning with partners across the wider pan-Dorset footprint.

Governance structures

Our maturity assessment demonstrates that, broadly, our safeguarding partnership is well developed and meets the minimum requirements in the design specification for the pathfinder. There is ongoing work in this space through the FFCP and we will go further by:

- Developing our approach to scrutiny, commissioning independent scrutineers for thematic areas of multi-agency practice that we would like to test across the partnership (E.G. Neglect)
- Undertaking an efficiency review of our key partnership forums and governance to streamline wherever possible.

1.6. Plan on how to strengthen role of education at strategic level

There are some pre-existing mechanisms that set us up for the work to strengthen the role of education settings (including early years and post 16) at the strategic level.

- There is an existing role within our QA team that has oversight of safeguarding in our education system, and which strengthens our relationships within our education community and helps us to understand the quality of safeguarding in our schools and settings.
- We have representatives from the education community on our FFCP programme board.
- We have established connections to existing head teacher and school leader forums to test ideas with them as we move into implementation.
- A small number of Education Partners are currently engaged in our Strategic Alliance for Children and Young People (and associated strategic boards) and our Multi-Agency Strengthening Services Board which forms the place-based arrangements of our Pan-Dorset Safeguarding Partnership arrangements.

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To meet the design specification, we intend to explore a range of options including:

- Establish Education as a fourth safeguarding partner, initially the education representative will be the Corporate Director for Education and Learning, we will work with colleagues from across the education community to test and learn from this approach.
- Identifying leads or delegates from the education safeguarding community to sit on safeguarding partnership subgroups.
- Designated Safeguarding Leads (DSL) representation through the Local Alliance Groups with a clear thread for feeding into strategic safeguarding forums.
- Establishing and communicating the benefits for the education community.
- Building the relationship with our other statutory partners (specifically health) and our education community to share learning and provide support across parts of the system who represent equally diverse communities.
- Setting up an education specific strategic sub-group. This will likely be achieved by utilising and expanding the remit of a pre-existing forum.
- Clear and regular communication to education colleagues on the changes (N.B. this extends to all pathfinder reforms) via the weekly briefing from our Corporate Director for Education and Learning.

Shared values and resources:

Agreed ways of working, values, leadership statements

As we explore the role of education and formally bring our education community into the safeguarding partnership at the strategic level, we will work collaboratively on the pre-existing values of the Pan-Dorset Safeguarding partnership.

The Pan-Dorset Children's Safeguarding partnership was set up to meet the requirements of Working Together to Safeguard Children 2018. It is committed to ensuring that:

- Children and families should receive targeted services that meet their needs in a co-ordinated way.
- There is a shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in the Pan-Dorset area. The responsibility to join-up services locally rests with the safeguarding partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children across the Pan-Dorset area.

The Pan-Dorset Safeguarding Partnership is in the process of agreeing a definition of trauma informed practice and a set of supporting principles it will work to:

'Becoming trauma-informed is a journey that never ends. We need to continually reflect and review our practices.' 'Being trauma informed is not something we do to people, it is a way of being with people, a way of developing relationships with people. Those that have experienced trauma have usually experienced relationship trauma, the only way to heal this is through positive relationships and workers are in a prime position to model relationships based on safety, trust and reliability.'

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The PDCSP Principles are:

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
- Cultural consideration

Resource / funding commitments

We will explore the potential funding and structural commitment for the education community through implementation. The narrative below from the PDSCP Annual Report outlines the commitments from existing safeguarding partners.

"The PDSCP is committed to the principles of equitable and proportionate funding with shared and equal responsibilities. There is a dedicated Business Team to support the work of the partnership across the Pan-Dorset area. Following an external efficiency and effectiveness review of the Business team in 2022, a proposed restructure introduced a new single Business Manager across the Pan-Dorset area and introduced further administrative support. Both new roles have been successfully recruited and the remaining roles in the team made permanent. In February 2022 the Executive approved a recommendation from the review for the need for all partners to contribute an equal share into the PDSCP budget and agreed for 2023/24 that this would be £75,785 per partner. This would mean a total budget of £303,140. It was noted that this would be an increase for the police of £26,940, for Dorset Council of £6,853 and for Health of £785 with a reduction for BCP of £7,639. At the end of 2022/23 the PDSCP carried forward a small surplus of £21,697, due to the unpredictability of Local Child Safeguarding Practice Reviews, which fluctuate from year to year".

Data sharing agreements

The PDSCP signed up to a new data sharing agreement in January 2023. Partners that have signed up to the agreement acknowledge that it provides a secure framework for the sharing of information.

The partnership comprise representation from the following organisations:

- NHS organisations and independent healthcare providers
- Primary Care providers e.g., GPs, hospitals
- Public Health
- Probation Services
- Youth Justice Services
- Dorset Police
- Schools, Colleges and other Education providers
- Early Years and Childcare providers
- Relevant Housing providers
- British Transport Police
- Children and Family Court Advisory and Support
- Sports organisations/ groups/associations
- Coroner Services
- Voluntary, Charity, Faith based organisations and 'hard to reach' community group.
- UK Visa, Immigration Enforcement and Border Force

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- Children’s Homes, Independent Fostering Agencies and Supported Housing Providers for young people
- Prisons
- Armed Forces
- Secure Training Centres and Secure Estate

There are also a range of other local data sharing agreements that are in place for supporting whole-family working. This is explained to families through the publication of a ‘privacy notice’ that contains important information about who we are, how and why we collect, store, use and share personal information, people’s rights in relation to the personal information we process and how to contact us and supervisory authorities in the event you have a complaint. We maintain a list of partners including schools and education settings who are signatories to this agreement, and we expect that we will be able to change the local system to ensure we meet the needs of the FFCP.

1.7. Stakeholder views

Workforce

Safeguarding Partners - Themes	Response through the model
There is consistent feedback from the education community that the system needs to collectively state the benefits of education being formally involved. They also feel they need to better understand the safeguarding partnership; what it is and what it does.	We will deepen our links with the education community collaborating around the benefits of an increased role of them at the strategic level. We will also enhance our comms and engagement with the education community to explain what the safeguarding partnership is, it’s ambitions and goals for children, young people, and families.
All partners have asked how we adequately represent the diversity of education settings, which span age ranges and multiple types of provision	Our health partners have offered to work closely with our education community to share learning on how they navigate and represent a similarly diverse/complex system across health provision. Through implementation we will explore methods for exhaustively but proportionately representing the diversity of provision in our education community
Our education community understand the need for engagement mechanisms (forums etc) but have highlighted that clarity of function, timings and proportionality are key	We will explore options for engagement in key forums that recognise the core-work and demands on time for all our statutory partners
Education colleagues are keen to ensure they feel like more than just commentators/ observers to a process and want to be involved as decision makers/active engagement in change processes	We will shape and co-design the system with our education communities in a way that moves them towards active engagement in change processes and more of a decision-making role

Children and families

Safeguarding Partners - Themes	Response through the model
LGBTQ+ young people community did not feel heard, safe or that they had a space for themselves.	We will be shaping and co-designing the system with our LGBTQ+ young people community to enlighten the change processes and represent the diversity of our Dorset young people.

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They asked for training for teachers, about acceptance and different identifies. Specific support for children within middle schools and for those who are out of school/EHE. They asked for teaching and education about LGBT rights in schools and schools to address homophobia and bullying linked to this. The Chesil Youth Pride event 2023 was a co-produced event with young people of this community. The event was visibly supported by agencies and services and the public. Feedback from our LGBTQ+ young people and families was positive. A 2024 event is planned.	
Dorset Children and young people have said they need to have adults notice when things are troubling them. They need to understand what is happening, to be seen, heard, and understood and see action. They need to be kept informed, about assessment outcomes, decisions, concerns, and plans. They need to be able to develop an on-going stable relationship with someone they trust to help them understand decisions which they may not agree with. They need their own support and advocacy to help them put forward their views.	The Pan-Dorset Safeguarding Partnership model is founded on good practice supporting the voice of the child and to maintain effective on-going action to keep the child in focus. This includes listening to the child's wishes and feelings (using observations as well as what they child says about their situation and plans and hopes for the future), providing children with honest and accurate information about their current situation, future possible actions and interventions, involving the child in key decision making processes, providing appropriate information to the child about their right to protection and assistance, inviting children to make recommendations about the services and assistance they need or is available to them, ensuring they have access to independent advice and support (advocates or children's rights officers) to be able to express their views and influence decision making, considering with them, issues arising in relation to identity, diversity, culture, faith, sexual orientation, language, disability, low confidence and trust. We will ensure through our model and workforce development that this is embedded in practice across the whole system.

2. Welcoming and effective Family Help Services

2.1. Service design

The diagram below indicates how locality services will be organised to deliver for all children and families and describes the connection between the different parts of the system.

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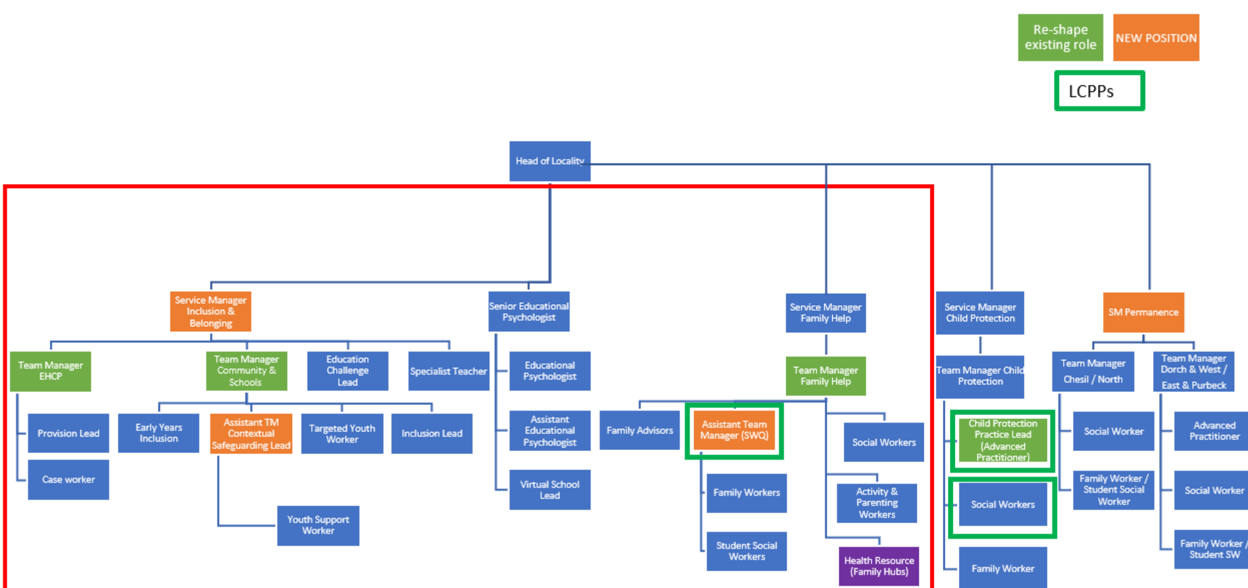

2.2. Overview of how to integrate current early help and CIN services to create seamless support for families.

Our locality teams will seamlessly respond to the spectrum of need across Family Help, utilising the strengths of our locality structure and the offer those locality teams currently deliver. We will bring together teams of family workers and social workers from within our existing locality structure to create our new family help teams. We have designed those teams and our practice operating model to have embedded social work oversight throughout, and we will continue to value the mixed experience and skillset we have in our early help (Family Help) structures. We will further embed our matrix management approach across our senior leadership structure to enable the change.

80% of what we currently categorise as Child in Need (CIN) cases will be held in family help alongside 100% of targeted (Level 3) early help work. The most acute (top 20% of) CIN cases will be held by our locality Child Protection teams to enable the maintenance of strong relationships and reduce professional hand-offs.

We will ensure that we offer structured workforce development, supervision and support to practitioners undertaking the lead family help practitioner role both within the local authority Family Help Service but also to practitioners in partner agencies who also undertake this role.

Makeup and organisational setup of multi-agency FH teams

As can be seen from the structure chart above family help will be delivered as part of a seamless service offer within localities under a single Head of Service working closely together to deliver outcomes for children. Family Help teams within Children's Services will be locality based and include family workers and social workers and be managed under a single Service Manager. The locality structure will also include our "Inclusion and Belonging" strand (sitting within our locality structures as part of the Family help offer). This includes a range of practitioners - EHCP teams, Education Challenge Leads, Targeted Youth Workers, Inclusion Leads, Contextual Safeguarding Leads, Specialist Teachers, Educational Psychologists and Virtual School Leads.

Our 'Safeguarding Families Together' (Adult Services professionals working in our social care teams) offer will work with families in Family Help and Child Protection parts of the system and will include Social Work, Mental Health, Drug and Alcohol Misuse and Domestic abuse practitioners working together utilising a group supervision model.

We intend to go further in enhancing our multi-agency teams in Family Help with a strong focus on the early years, co-locating and / or deepening the level of integration with Health Visiting, CAMHS, Sexual Health and Midwifery through our existing Family Hub programme. Our Family Help service will identify the group of professionals that need to work with the family and will be able draw on the experience and skills of all the practitioners listed above. We also intend to evolve these multi-agency networks, with the family, through multi agency decision making and adopt a family network approach here which enables access to family network packages.

Our Multi-agency Family Help teams will build on the pre-existing strengths of our locality model and the Local Alliance Groups (LAG's) which are the local embodiment of our strategic alliance and who are overseeing our developing network of Family Hubs. Our Family Help teams will include core staff employed by the local authority and with strong networks and integrated access to wider partner agencies, including Health, Policing and Education colleagues, Adult and Housing Services and Voluntary and Community sector organisations. We will support these agencies to take a whole family approach to working with children and families, undertaking the Lead Practitioner role when it is appropriate for them to do so. This will be in circumstances where the child / family has the strongest relationship with that alternative agency professional. We will build on and strengthen the work that we do as part of the 'Supporting Families' programme to enable this to happen.

We are enhancing our youth work offer, which will focus on our response to extra familial harm through education and community contexts. Our contextual safeguarding leads (Assistant Team Manager – Contextual Safeguarding Lead) will support increased focus on contexts within which harm occurs for young people and work with partners within our localities to make spaces and places safer for young people, including schools. Where there is a significant risk of harm outside of the home (extra familial harm), these risks will be managed through our extra familial risk and harm panel and the Multi agency child exploitation (MACE) meeting. These young people will be supported by a family help lead practitioner. A child protection conference would only take place where there is also intra familial significant harm.

Alignment to other / dependent transformation programmes

Dorset is an early adopter of the national Family Hub approach and one of 12 LA's delivering on the DfE's Family Hub Transformation Programme 1. We have aligned governance arrangements across both Family Hub and FFCP programmes, through the Family Help stream, with strong representation from across key partner organisations. Our Family Hub network will provide locality bases, facilitating co- location of our partnership workforce (including multi agency Family Help and Child Protection Teams) and providing accessible place-based delivery of our Family Help offer. Our Family Help offer will be built upon the foundations of strong universal and parent and community led early support provision. Dorset Families Matter (our name for the delivery of the national 'Supporting Families' Programme) will provide training and resources to support and enable partners from across the multi-agency workforce to embed effective whole family working and early help practice, with our developed model of maturity across the early help system enabling progress towards earned autonomy. Our Early Help Systems Guide and forward plan will provide a comprehensive assessment of current systems and practice, supporting development of our Family Help model.

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Dorset is a Family Law Pathfinder, piloting the implementation of the private law recommendations. We deliver reducing parental conflict training across the partnership workforce and our evidenced based interventions are accessible through our early support and family help offer to families via our family hub network.

The pathfinder also provides an opportunity to recognise and join up with wider partnership strategies/ transformation plans to look for links / collaborative working in all areas of practice. This includes system transformation work on the following areas which we will ensure join up with and deliver on the principles agreed in FFCP:

- Health Visiting Transformation programme focused on delivery of the Maternal Early Childhood Sustained Home-Visiting Programme.
- CAMHS transformation – expansion of mental health support teams in schools, integrated front door and commitment to multi-disciplinary teams and service delivery through family Hubs.
- Integrated Care Partnership strategy – the development of multi-agency neighbourhood teams is a key part of this strategy, and we will support that for children through expansion of our locality family help model.
- Birth to Settled Adulthood Service – the creation of a flexible 0-25 service model for children and young people with complex needs across the local authority (launching in April 2024) which will be expanded through greater integration with health services in 2024/25.
- All-age Autism review – including family support and the introduction of 'key workers' a new workforce to support children and young people with autism and learning disability who are at risk of hospital admission. This will be aligned with the launch of our Birth to Settled Adulthood Service.
- Right Care, Right Person Model – this programme is aimed at ensuring that the right people are involved in responding to people with mental health needs, particularly those in crisis.

2.3. Integration with current early support offer and VCS implications

In broad terms, we define "early support" as what is currently known as level 2 early help. There are currently around 800 children in Dorset at level 2, using a 'team around the child/family' approach with lead practitioners from a range of partners including education and health professionals such as health visitors. Through the FFCP, there is a significant opportunity to bolster this early support offer through community led Family Help with a strong focus on the early years. We also see this community/VCS led approach as critical to embedding the Family Network reforms by providing more and earlier Family Group Decision Making in the early support space (see section on Family Network reforms). We will continue to work with our VCS partners to develop and implement Asset Based Community Development (ABCD) approaches and commissioning differently with a focus on development of provision for 0-5's in line with our Strategic Alliance Priority to deliver the Best Start in Life. We have allocated funding through our costed plan to test and learn here.

We are also members of 'New Local', a national organisation which is focused on unlocking community power and will use these connections to help us to test new ways of engaging with communities and community organisations to deliver a new system for early support and family/community led approaches to family help. Our Family Help offer will be built upon the foundations of strong universal and parent and community led early support provision delivered through our Family Hub network.

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2.4. Lead practitioner role

Scope of lead practitioner role

Our Family Help lead practitioners will deliver the minimum expectations as set out in the design specification. In most cases, our practice model is already aligned to the role as described but there is some further refinement we will need to make through implementation.

- We will develop and deliver a training offer and support structure that will enable lead practitioners outside of the LA to feel confident delivering services to families when they are sitting outside of the LA Family Help service and working alongside Lead Child Protection Practitioners at section 47.
- We already operate a whole family approach using 'Team Around the Family' so decision making with families is already happening in practice. We will go further (through the Family Networks reforms) to ensure that Family Help Lead Practitioners are offering Family Group Decision Making (FGDM) to consider how the wider family network could support the family, training the workforce in Family Network approaches and where appropriate commissioning/providing Family Group Conferences.
- We will provide training to practitioners in VCS organisation to facilitate Family Network meetings (and access to family network packages) so that where appropriate families are able to be supported without having to come to the local authority for support.
- Where possible and makes most sense for the child and family, we will facilitate the continuation of the existing professional relationship with the lead practitioner.

We propose replacing references to social workers in section 17 assessment, planning and review with the term 'lead practitioner' to indicate where a broader range of practitioners with the relevant skills, knowledge and capacity can undertake direct work with families, holding the primary relationship with the family and co-ordinating services. We have clarified that when children are referred to children's social care and deemed to need support under section 17, social work qualified practice supervisors or managers should work with partners to agree to allocate a lead practitioner to work with the child and family. We would expect this decision to be taken in consultation with those already in the team around the child, where the child is known. Practice supervisors and managers will support the work of the lead practitioner, providing oversight for key decisions on the plan for support, approval of assessments and any review.

We will work to a principle of joint supervision and secondary allocation between FHLP's and LCPP's and a single plan. We believe the decision for co-working must be driven by what is in the best interest of the family. When there is a clear role, relationship / skill need that has been met up to that point by the FHLP, the FHLP will continue to provide that dedicated support / intervention as required. The FHLP will maintain a relationship with the family and will continue to carry out any direct work that is necessary for the child protection plan.

We do not want to create a model in which all FHLP's stay alongside the LCPP's in perpetuity because it wouldn't be sustainable. Our model will maintain the FHLP while that it is in the best interests of the family, where there is a required role for that worker, and where their contribution is purposeful.

We are committed to the ensuring we are reducing 'handoffs' and change for families where possible and already work to that principle. Where children and families are 'Stepping Down' from Child Protection this will be in a pre-planned way and we will work to bring the Family Help aspect of the work online as soon as we know that is the planned next step, enabling relationships to start and warm handover to be completed.

Considering the principles that we have laid out across practice to deliver the model we have considered those families who are already sitting at the higher end of need and risk in the Section 17 CiN space and that in order to reduce the potential for 'handoffs' that we should work with them on their current plan but in the Child Protection area of the service. We have looked at need across and this group of children and families equates to around 20-30% of our current Section 17 CiN work. We will continue to work in the context of de-escalation and ensuring that we are meeting the needs of these families and where we are able to assess their need has reduced sufficiently, we will work with them to 'Step Down'. Where need and risk may escalate we will be able to respond without significant change to their practitioner support network.

Who can be a lead practitioner?

We will work to implement as system in which the Family Help Lead Practitioner (FHLP) can come from any of our partner agencies. Where dictated by need and risk, the family help service will be able to wrap around that lead professional (with social work oversight and group supervision) to support the intervention to the family. Resourcing constraints and training and development needs may also need to be determining factors in the ability of the FHLP being able to effectively carry out the role and we will continue to test and learn around this during implementation.

How it is chosen who holds it and plans for key relationships

Through referral and assessment processes at the integrated front door, we will identify both the family and professional networks. This will enable us to identify important people and their relationships to the child and family to enable us to effectively choose the Family Help lead practitioner. In many cases, family network and Family Group decision making will be a key determining factor in the choice.

2.5. Supervision and quality assurance

Plans for case holding

Family workers and social workers in our Family Help Teams will hold what we currently describe as Level 3 / Targeted early help and 80% of CIN (least acute cases). We expect our social workers in family help to hold more of the CIN level work. Wherever possible, we will maintain the relationship with the existing worker as the family needs change.

We have modelled the number and ratio of family workers / social workers being able to provide an intensive response and they both will hold an average caseload of 15 families (this is based on 22 children). These caseloads may be subject to revision and change as our new locality structure is embedded.

Supervision

We will adopt a group case supervision model which will be led by social work qualified team managers or assistant team managers. All our Family Help Teams will have a social work qualified assistant team manager. For the most intensive / acute cases, this will involve the members of the multi-agency family help team, including our adult practitioners through our 'Safeguarding Families Together' approach. Social work oversight for non-social work staff will be provided by the assistant team managers. For less intensive cases we will offer a group supervision model through a "line of sight" approach, ensuring social work oversight.

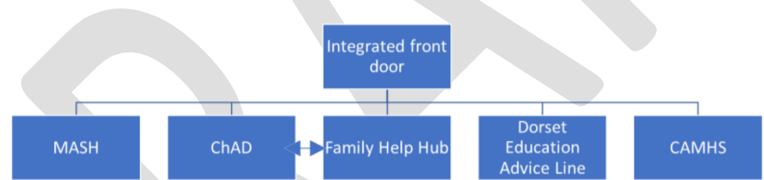
QA framework specific to Family Help reforms to deliver enhanced model

Our Quality Assurance (QA) framework will ensure that we are evaluating the quality of practice and effectiveness across all elements of the Family Help reforms. Our QA framework will also ensure that we are safely testing and learning the reforms and ensuring that policy and legislative implications are applied and responded to through the model, e.g., *Working together guidance.* The design of this framework is built into the delivery plan as one of the first key tasks. practice lead post Advanced practitioners will provide practice leadership within Family Help which will support implementation of practice changes from a "best practice" approach. This will also ensure that the policies, procedures, and frameworks are updated and embedded across the partnership.

2.6. Front door, thresholds, and assessments

Family Help Front door

The diagram below shows the functions that will be included within our integrated front door.



We will establish a single integrated front door to our family help services that will bring together several existing functions including our ChAD (Children's advice and duty service), Dorset Education Advice Line (inclusive of the Educational Psychology consultation service), and the Family Help Hub. This will be a multi-disciplinary team with an increase in core members and a range of practitioners from our localities will provide a link to local place-based services. Practitioners from each of these services will rotate in and we will increase the length of that rotation for continuity and staff development. There will be an opportunity to align access to Child and Adolescent Mental Health

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Services (CAMHS) into the front door as we move forwards and we have built planning and implementation of this into the plan.

Building on our existing conversational practice approach, the new Family Help Front Door will harness skills, knowledge, and expertise from across our partnership workforce to ensure that families receive the right support at the right time.

We will develop systems and practice to enable families to connect to locality based Early Support Advisors enabling access to community based early support delivered through the Family Hub network.

Thresholds for Family Help

In Dorset we have adopted the language of "Need" rather than thresholds and will continue to use this language through delivery of the FFCP. A review of our existing 'need' documentation and guidance will be updated to reflect this as part of implementation. This work will include greater clarification of how "early support" (currently level 2 early help) and targeted Family Help (currently level 3 early help) are integrated into the new Family Help offer. Our working assumption is that the level of targeted early help delivered by the local authority family Help team will remain broadly the same, but we will aim to increase level of "early support" work delivered in the community.

Family Help will hold 80% of what we currently describe as CIN, with 20% of most complex cases being held in the CP teams. We will ensure there are effective mechanism in place for the transfer of cases recognising that we aim to keep the number of practitioner hand-offs to a minimum.

We will be mindful of the implications for partners who work across local authority boundaries as we undertake this work (in particular our police and health colleagues) working with potential differences between our "needs" documentation and other LA geographies they serve.

Approach to delivering a single whole family assessment and single plan for all Family Help referrals/cohort, that is strengths based.

We are committed to the development of a single whole family assessment and plan so that families only have to tell their story once, that is family led and that can be the foundation for the identification of further needs or specialist assessments if required. Our current practice model is 'strengths-based' and we use whole family assessment and plans already in the targeted early help space. Further work will be required to ensure that we are able to meet the requirements of recording for s17 work and the CIN census which tend to be at child rather than family level.

This is a complex space. We have discussed the concept with ICT / BI and workstream leads but not the specific document. Our current plan is to retain separate early help and CIN workflows but to adopt a single assessment and plan across the different levels. We will not reassess families as they move between areas if there is a recent assessment that is deemed sufficient. We will also be mindful of not making it so seamless that families are not aware of escalating risk and need. There needs to be a careful balance here that we will explore through test and learn.

We are well set up to deliver as we currently use one case management system for all LA lead Targeted Early Help and CIN and work can transfer from one level of need to another.

Through further work with our CMS system supplier, we are planning to make amendments to make a portal available in summer 2024 to provide technology to support lead practitioners from across the partnership to access key datasets and case information. We will explore expanding access to our CMS where there is a specific need, and it is proportionate to do so.

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2.7. Meeting the needs of specific cohorts

How services support children with SEND and their families.

The integrated front door will include SEND expertise in the form of Family Workers currently operating DEAL (Dorset Education Advice line), being integrated into the rotation of family workers being part of ChAD rotation; Educational Psychologists and utilising pre-existing skills and knowledge within our Early Help (Family Help) workforce with awareness of SEND.

We will upskill the workforce in the Front Door to understand what current SEND workers provide on DEAL. These workers will remain within our localities and rotate in and out of Front Door. Whoever may be contacting Front Door about Education Advice should be able to speak with any member of staff who will have the relevant skills and knowledge to support the conversation.

Our Inclusion and Belonging strand (which will sit within our locality structures as part of the Family Help offer) also includes EHCP teams, Education Challenge Leads, Targeted Youth Workers, Inclusion Leads, Contextual Safeguarding Leads, Specialist Teachers, Educational Psychologists and Virtual School Leads.

Our locality Family Help teams will continue to work closely with our specialist service for children with disabilities (CWAD) and this service will adopt the same assessment, planning and family led decision making approaches that will be adopted elsewhere. Families will continue to have access to additional support such as direct payments, short breaks activities and occupational therapy. We are in the process of expanding this service to meet the needs of children and young people up to the age of 25 years – through our Birth to Settled Adulthood Transformation Programme, this will launch in April 2024.

How service supports specific cohorts and needs identified in population needs assessment.

Our Family Help service will meet the needs of specific cohorts through a variety of mechanisms:

- A multi-disciplinary front door which will include but not be limited to subject matter expertise from social work, youth work, educational psychology, education, SEND, children with additional disabilities and CAMHS.
- Our group supervision model will include adult mental health, domestic abuse, and substance misuse practitioners.
- The multi-disciplinary family help team will include access to and / or co-location with wider partners from health, police and education. We will be continuing to deepen our relationships and co-location with health visitors to meet the needs of vulnerable babies and infants and will continue to work closely with early years settings to ensure that they are equipped to undertake the Family Help Lead Practitioner role when appropriate. Our locality based best Start in Life arrangements will be strengthened and used to ensure that we are collectively meeting the needs of vulnerable babies.
- There is pre-existing co-location with our police colleagues at "the Harbour" (our adolescent residential and edge of care outreach service). This model is expanding to the east of the county as well. Access to policing will also continue to be delivered / sought through our Multi-Agency Safeguarding Hub.
- We will continue to work with and support communities and community groups to work with and support a wide range of specific cohorts through commissioning arrangements as well as delegation of funding. For example Our Space Youth Project (for LGBT people up to the age of 25) has strong links with our family help service and aims to support young people who are or may be LGBT+ and empower them have positive self-esteem, to know they are supported, to have a sense of community and to overcome issues caused or intensified by prejudice in order

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to facilitate freedom of expression.
- Our partnership workforce development offer will continue to strengthen the way in which we work and co-design services with our global majority communities.

2.8. Workforce considerations

Recruitment plans and likely challenges

We are working to ensure minimal disruption and most effective deployment of staff to respond to the pathfinder. Our locality model and existing portfolio of staff can respond to many aspects of the work but currently there is separation between early help and section 17 CIN. We will adapt those structures to enable those aspects of the work to be held together within teams of Family Workers and Social Workers and are developing the correct leadership and oversight structures to enable social work oversight. There will be recruitment needs that emerge during implementation and the funding for new / extra resource to support the new structure will come from both finances allocated through our costed plan and reprofiling existing budgets in some cases.

There is a risk that we are aware of and working to mitigate, around the introduction of some new social work qualified senior roles. We expect our more experienced staff to apply for these and this could leave a gap elsewhere in the structure.

Necessary multi-agency L&D offer/workforce development plan specific to Family Help reforms for all potential lead practitioners to deliver the new model.

Wherever possible we will work to ensure that the partnership Learning and Development / Workforce Development offer span the full spectrum of need over bespoke, smaller packages of training. We will take a proportionate approach that ensures our staff and partners are able to access thematic training that will support them to work with all children, young people and families. *See section on Workforce Development for detail.*

2.9. Stakeholder views

Workforce views

Family Help - Themes	Response through the model
Population Needs Analyses and anecdotal feedback from practitioners across the partnership through co-design, suggest there is an opportunity to enhance our early support commissioning offer with a particular focus on the early years	Commission VCS to support the delivery of early support with a specific focus on the early years. This VCS provision will also support the approach to delivering FNSP’s
Engagement and consultation with Social Workers highlighted some challenges for the current management of current social work caseloads.	The model recognises that Family Workers make the difference to SW caseloads and proportionate caseload allocation is reflected in the new structure.
Engagement and consultation with Advanced Practitioners captured the challenges for the current management of their caseloads	A recognition of the Advanced Practitioner role, their experience and complex case holding is reflected in the new structure.

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Child and Family views

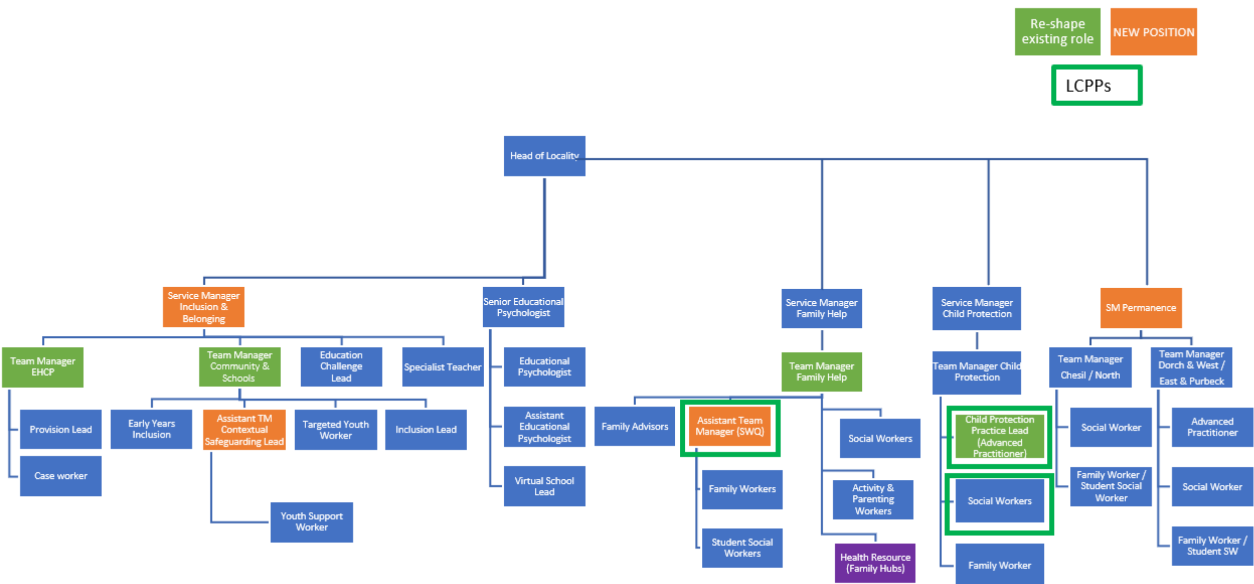
Family Help - Themes	Response through the model
371 young people took part in the Voice X survey (VCS sector) aged 9-19 yrs. across all six Dorset localities. The top 3 topics which were important to young people were, mental health, social media, and body image. The responses to how they were feeling highlighted, tiredness, feeling stressed, and a lack of confidence.	Our VCS engage through partnership with over 250, 0-25 VCS services within Dorset and support over 60 club groups. The voices of young people shape the provision. Our model recognises the value of the VCS partnership, and working together, the design will reflect the difference communities make to CYP needs and support.
Our young people and parents/carers have told us they would like consistency of practitioner.	The Family Help Lead Practitioner will provide consistency of practitioner for our young people and their families.
Our young people told us through the "Your Mind, Your Say" and the "Dorset Student Pledge" feedback that Mental Health support in schools is helpful and easy to access but more is needed.	The Mental Health in Schools Team is embedded within some of our Dorset schools with roll out to all schools. This team working within the shared front door, could identify young people who may benefit from additional support from social care. Joint working with CAMHS Gateway and Social Worker could identify a plan to support and manage anxiety, confidence and self-esteem related to specific situations and or provide parents/carers with strategies to support their child.
Families have told us they need to have confidence in the family group decision process	For family group decision making, multi-agency support and access will reduce the power imbalance families feel and improve the relationships and trust for the longer-term and improve the CP decision making and outcomes for children and their families.
Young people attending recent diagonal slice partnership event told us that they would like to better understand how the different agencies supporting them work together	We will develop a clear early support and family help service offer, to reduce complexity and provide clarity for young people
They have also asked for easier transition for young people moving into adult support services. With more continuity of care is needed to enable young people to develop trusting relationships.	The B2SA – 0-25 Service delivery model for integration as part of the CAMHS review, with the adopted thrive model into CAMHS, highlights the areas where benefits could be realised, some of these areas potentially sit within the B2SA service for those with complex needs and some which are broader. For example, getting advice: a shared front door could give access to a graduated range of responses from targeted advice and guidance through to rapid emergency support. Providing early help support, when needed and at the right time.

Our parents and carers have told us that they would like improved care for children and young people with learning disabilities, autism, and ADHD.	The Birth to Settled Adulthood – 0-25 Service delivery model offers targeted support within a fully integrated multi-disciplinary team of practitioners with expertise of children and young people aged 0-25 with complex mental health issues, learning disabilities and/or ADHD/autism. This would include social workers with experience of working with CYP 0-25, family workers, nursing, psychology, occupational therapy, educational psychology, and psychiatry. Joint assessment, support, and safety planning with practical support to parents to provide necessary skills. They will also be closely linked to the NHS 'key worker' roll out referred to earlier.
Our young people told us through the Dorset CCG, CYP Mental Health project "your mind, your say" and B2SA service design (0-25 Service) that there needs to be more suicide awareness and prevention.	The B2SA – 0-25 Service delivery model offers a shared out of hours function, which is safe, impactful, and appropriately resourced through the fully integrated multi-disciplinary team to support a child or young person and their families through crisis, including jointly agreed crisis response plans. A Tier 3.5 offer to be developed to offer young people whose mental health needs cannot be safely met at home and where psychiatric hospital admission would not be helpful.
2023 Dorset Special Educational Needs and Disabilities Impact Survey completed by parents and carers, informed us that communication is very important to them, that they want good support in schools and that access to services and support from the whole system is not always as quick or as easy as they would like.	The family help model will respond to the many children with SEND who access Social Care and Early Help, between the ages of 0-25 years. We will be shaping and co-designing the system with our SEND children, and families to ensure the change processes represent their needs, in particular those with mental health issues through our links to the CAMHS re-design.
Our young people told us through the Dorset CCG, CYP Mental Health project "your mind, your say" that they need earlier access to services to prevent crisis and a review of the existing criteria.	The Family Help model enables families to feel safe and ask for support before they are in crisis (CP) The inclusion of designated staff from the CAMHS gateway within the Family Help single front door will provide different levels of support (school, home and in CAMHS services) The interface between Social Care and CAMHS will reduce the need for CYP to stay with CAMHS for extended periods of time, offering brief interventions for lower-level symptoms such as anxiety and depression and social care packages offered sooner. Moderate /severe symptoms will be transferred to the regular CAMHS team.

3. A dedicated and skilled Child Protection response

3.1. Service design

The diagram below indicates how locality services will be organised to deliver for all children and families and describes the connection between the different parts of the system.



3.2. Lead Child Protection Practitioner

Definition of the Lead Child Protection Practitioner (LCPP) role.

In line with design specification The LCPP will:

- Lead all statutory child protection functions (enquiries, assessments, and reviews), including development and implementation of child protection plans.
- Work alongside family help lead practitioners to support the parents, child and engage the wider family, including through Family Group Decision making.
- Work as part of the MACPT, including acting as a bridge to the family help team.
- Lead preparation for court work and work in court proceedings, when required.
- Provide child protection advice across the service, including to family help.
- Work with IROs where a child is looked after.

The role of LCPP will be delivered by an Assistant Team Manager in Family Help (Social work qualified) or a social worker in the child protection team. These staff will all be level 2 and level 3 social workers, typically with a minimum of 2 years' experience post qualification. They have different roles and there is the benefit of cross-pollination across FH and CP.

The LCPP will be the lead worker for the child and family. In a minority of cases, the Assistant team manager in the family help space will act as an LCPP. For example, where strategy discussions in the family help space lead to an s.47 enquiry where we do not anticipate a CP conference will be required. This will protect the integrity of the established relationships and prevent disruptions.

Social workers in the Child Protection Service will case hold all children subject to child protection plans

and pre-proceedings. To support de-escalation where possible, the Assistant Team Managers in Family Help will lead child protection enquiries where there is an existing relationship with Family Help and work alongside the Family Help practitioner. There will be a matrix management arrangement which supports the Assistant Team Manager to be part of the multi-agency child protection team.

Assistant Team Managers in Family Help will also undertake section 47 work. Working example outlined below:

- Strategy discussion due to a specific incident (i.e., missing or extra familial harm).
- If they are already open to Family Help, the Family Help Team Manager would discuss with Team Manager in the CP service to consider if an ongoing CP response is going to be likely, and therefore the case would transfer to the CP service.
- If it's not likely, the assistant TM (FH) would be the lead child protection practitioner in this case and come alongside the family help worker (may or may not be SW) to complete the section 47.
- If it is likely that an ongoing CP response is required, the CP social worker to complete the section 47 alongside the FH worker and CP Social Worker would assume responsibility for the case.

We propose replacing references to social workers in section 17 assessment, planning and review with the term 'lead practitioner' to indicate where a broader range of practitioners with the relevant skills, knowledge and capacity can undertake direct work with families, holding the primary relationship with the family and co-ordinating services. We have clarified that when children are referred to children's social care and deemed to need support under section 17, social work qualified practice supervisors or managers should work with partners to agree to allocate a lead practitioner to work with the child and family. We would expect this decision to be taken in consultation with those already in the team around the child, where the child is known. Practice supervisors and managers will support the work of the lead practitioner, providing oversight for key decisions on the plan for support, approval of assessments and any review.

We see the LCPP carrying out and being responsible for all the statutory child protection functions in line with the requirements of the new Working Together guidance. Our model is that the LCPP will have primary responsibility for undertaking / carrying out the statutory child protection work including co-ordination of the Multi Agency plan. Our LCPP is the lead worker for the child and family. This is why we have Assistant Team Managers in Family help as LCPP's who can hold and maintain those relationships across FH and CP. Where a Family Help Lead Practitioner is also allocated, we see their role as supporting the child protection plan in a purposeful manner, delivering an intervention and/or maintaining a relationship in the way that is set out in the section above.

Case Holding

LCPP's will have a lower caseload and we are currently looking at an average of 10 because they will hold responsibility for the most complex children (Child protection, Care proceedings and the top / most acute 20% of what we currently call CIN). The majority of LCPP cases will be child protection and court work. We are expecting 70% / 30% split across Child protection and CIN cases respectively. We also expect this will also make the role more desirable.

Supervision

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Group case supervision which will be led by a team manager or advanced practitioner. This supervision will involve the members of the multi-agency child protection team, including our adult practitioners through our safeguarding families together.

Quality Assurance

Our QA framework will ensure that we are evaluating the quality of practice and effectiveness across all elements of the CP reforms. Our QA framework will also ensure that we are safely testing and learning the reforms and ensuring that policy and legislative implications are applied and responded to through the model. E.G. *Working together guidance.* The design of this framework is built into the delivery plan as one of the first key tasks. Advanced practitioners will provide practice leadership within Child Protection which will support implementation of practice changes from a "best practice" approach. This will also ensure that the policies, procedures and frameworks are updated and embedded across the partnership.

3.3. Multi-agency CP teams

Make up of Child Protection Teams

As not all of our services are coterminous with partner agency (police and health) footprints, this has implications for the service delivery model that we will adopt. We have not been able to reach final agreement with our Police and Health colleagues through co-design, but we do have collective agreement on some key elements of the approach. These are:

- A hybrid model with a mix of physical and virtual colocation dependent on agency / partner ability / resource. The MACPT's will bring together multi agency practitioners whose majority of time will be spent on decision making, with clear schemes of delegation and group supervision.
- Team meetings with a core team and by invitation wider partners on a needs dependent basis. Service Managers will be our system leaders operating within a matrix supervision model.
- The MASH strategic and operational groups and SFT programme board will steer the MACPT development and delivery
- Physical co-location of the following professionals as part of our locality model:
    - Adult Mental Health
    - Substance misuse
    - Domestic Abuse
    - Probation
    - Education (Through our belonging and inclusion structure)
- Virtual co-location with
    - Police
        - An aim for greater police presence in joint CP investigations. Police CP resource operates pan-Dorset and is arranged thematically which makes it challenging to have single named resource for the MACPT's. We do have named leads in those police teams who will be part of the virtual MACPT's (Child Abuse Investigation Team, Missing, Child Exploitation)
        - Dorset Police are currently undergoing an operating model review during which seeks to achieve an uplift of a Detective Sergeant and two Constables in our Dorset County Child Abuse Investigation Team based at Weymouth. This would increase capacity and would also allow teams to operate co-terminus with the local authority boundaries. At the present time staff from the Bournemouth team also work across the Dorset geography and vice versa. This realignment will strengthen the place based working relations and robust points of contact can be formed. N.B. This is not yet agreed and is dependent on executive decisions within policing.
        - Police have committed to physically attend all RCPC's.
        - We will manage / monitor the system through our strategic MASH.
        - Our embedded harbour police continuing their work with children in this space
        -
    - Wider health colleagues
        - Health visitors and school nurses in ICPC's
        - Access to wider health colleagues through MACPTs and enhanced front

door with CAHMS integration

- Potential for physical co-location with health visiting in localities
- A drive to further improve our information sharing systems and approaches to allow for deeper integration and co-working especially where physical co-location is not possible. We are planning to give other agencies access to our case management system MOSAIC to enable timely and effective information sharing across partner agencies. Youth justice already have access. The benefits of this extend beyond the MACPT's. For the duration of the pathfinder, we will have seconded leads from health and policing to support the establishment of MACPT's (and other key parts of the pathfinder reforms)

3.4. Shared vision

We have a shared vision as part of our partnership plan that has been signed up to by all members of our Strategic Alliance. This vision commits to work we are going to do as a partnership as part of our Safe at Home and in the community theme:

- Work collaboratively with families, the wider family and community network, through our locality model, to manage and reduce risk, focusing on support, and taking a more investigative approach only where required.
- Routinely use family network decision making processes (Family Group Conferences or Family Network Meetings) through our early help, children in need, and child protection work.
- Maintain a strong, robust, muti-agency 'Front Door' (System that receives the requests for early help and safeguarding from people who are worried and concerned for children).
- Maintain a strong child protection service across the partnership that is informed and improved by the learning from Child Safeguarding Practice Reviews locally and nationally and is staffed by well-trained professionals.
- Learn from the Safeguarding Families Together (SFT) practice model in Chesil, Dorchester and West Dorset to roll out an integrated model of family help and child protection across Dorset.
- Adapt our services and delivery in line with the implementation of the 'Stable Homes Built on Love' strategy.

3.5. Staff structure

We will have specific teams of CP social workers in each of our localities around which will be the multi-agency professionals inclusive of Adult Mental Health, Domestic Abuse, Substance misuse, and Police and Health colleagues some of whom will be co-located and some of whom will be virtual (see MACPT narrative above.)

Our CP teams will be working in the same physical space as our Family Help service, enabling good links across the structure.

3.6. Management arrangements

Our team managers and service managers will be social work qualified with matrix management oversight from two of our heads of locality (who are also SW qualified). SFT workers will have clinical supervision and management oversight provided by their host agencies and have group supervision and part of the team structure within children's services. Further work is needed to confirm arrangements for wider health colleagues and police, but we would expect the SM to have oversight of all allocations, work, QA, and performance of the work of the professionals within the MACPT.

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Restructure

Currently we have SW's working with all children in a social care space, excluding permanence. We are creating a dedicated team for CP that will be within the locality but do not anticipate that this will need formal consultation or change of job descriptions.

3.7. Plans for consultancy service to other agencies on child protection matters.

This is already provided through ChAD and will be strengthened through our group supervision model.

3.8. Collaborative leadership

Many of the pre-existing forums within our strategic multi-agency governance structure create the conditions for effective practice. Examples include:

- FFCP programme board
- Multi-agency Child Protection FFCP workstream
- PDSCP
- Strengthening Services Board
- Our matrix management approach (and development of a further layer through the FFCP). The management structure provides specialist practice leadership (i.e., social work, SEND, inclusion)

We have also consolidated our wider multi-agency transformation portfolio to sit within the pathfinder work where possible (e.g., SFT / FFCP Child protection reforms brought together with multi-agency oversight and leadership)

We will strengthen our practice around CP in terms of understanding key themes, feedback from families to inform how we respond. The service manager has a key role here in multi-agency oversight and response and working alongside QA and multi-agency partners to provide QA, performance, evidence impact of CYPF experiences. We will update our practice standards around multi agency work as well.

Operationally, we will use a mixture of group supervision and our "line of sight" model to ensure collaborative leadership across CP.

Case conferences are also an example of collaborative leadership and involve muti-agency partners.

- Approach to joint decision making and multi-agency feedback.

Joint decision will be made through our group supervision and "line of sight" model. See above.

- Information sharing processes.

We have information sharing agreements in place with all key partners and these will be reviewed and updated to capture the work of the multi-agency CP teams.

3.9. CP conferences and Supervision

Approach to CP conference chairing

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This has been an area of some contention, and we recognise that the minimum expectations have changed over the co-design period. There is significant risk in changing the whole system because it's currently very effective in Dorset. We are proposing that we will not initially change the chairing of CP conferences but will initiate a pilot in one of our locality areas to test and learn what works. This pilot will include social workers chairing conferences with oversight / co-chairing from our QARO's who currently chair CP conferences.

There is certainly an opportunity to change the way that CP conferences are delivered so that families have a greater input and participation in the development of a CP plan. Our work with the Family Rights Group on a pre-proceedings pilot will compliment this and commences in 2024.

Our police colleagues have also stated that they would like to see increased police contribution at Review Child Protection Conferences. At present Dorset Police provide a written report but do not attend the conference. We will move to a position where police attend all RCPC cases. It will have to be resourced from the Police MASH and expect it will result in improved joint working in ongoing CP cases.

Supervision and social work oversight - our model ensures SW oversight of all children in the Family Help Service and the Child Protection Service.

- **Case supervision** will be through a group supervision model in the Child Protection Service with clear social work oversight of the child, family and the plan and will result in a supervision record on the child's file on a minimum 4 weekly cycle. In addition, workers will continue to be supervised in the traditional sense, for wellbeing, for reflection and impact, professional development and performance management.
- **Case supervision** in the Family Help Service will include social work oversight. Initially this will include 1-1 or 2-1 case supervision meetings, which must include a social work manager for oversight and will result in a supervision record on the child's file on a minimum 8 weekly cycle. In addition, workers will continue to be supervised in the traditional sense, for wellbeing, for reflection and impact, professional development and performance management. Social work oversight will also be available through weekly Line of Sight meetings, this offers a space more akin to group supervision and we anticipate development in this space over time to enable an approach more like a group supervision approach.

3.10. Approach to including family networks in CP conferences

We want to promote family networks being involved in and attending CP conferences where appropriate. See section on Family Networks

Parental Engagement and Advocacy

We already commission SWAN (South West Advocacy network) who provide:

- Independent Mental Capacity Advocacy including Safeguarding Advocacy, Litigation Friend, and Relevant Persons Representative
- Independent Mental Health Advocacy
- Care Act Advocacy
- General / Generic advocacy
- Continuing Healthcare Advocacy
- Advocacy for parents during care proceedings

- Carers Advocacy

In Dorset, advocacy is not time limited and is available to parents for as long as it is required.

Our internal QA service will also be a point of contact for all families and young people to provide advice and guidance regarding CP enquiries and conferencing. We will have dedicated resource within this team to enhance the advocacy offer (in line with the expectations in the design specification) as part of implementation.

Other elements to improve parental engagement

We have internal resource in the form of an engagement worker who will work directly with Children, Young People and Families to explore benefits and issues associated with parental engagement across the full spectrum of need. Feedback from these processes will inform the ongoing design and delivery of our model. This engagement officer is also establishing a Family Advisory Board to ensure ongoing engagement and participation of families into the Pathfinder model. Also, as part of our work with the Family Rights Group we will seek to introduce other new parental engagement mechanisms (e.g., Parental Panels).

3.11. Workforce considerations

Recruitment plans and likely challenges

Internally there is a potential challenge for some localities around having enough experienced permanent staff. The prescription that the LCPP must be a permanent member of staff may need to be a longer-term aspiration, but we are committing to it. To do this, we will move to the new model with some level of contingent labour with a plan to resource permanently longer term.

The introduction of additional Advanced Practitioner and Assistant Team Manager roles may lead to our most experienced staff going for these and this could leave a gap. We will advertise externally through a whole FFCP programme campaign approach which will major on the opportunities of working in a LA delivering FFCP.

Within our partner agencies there are resourcing challenges, most notably policing. The resourcing challenge in police is set against the backdrop that many of the specialist policing teams operate Pan Dorset but they have committed to place-based policing where appropriate. Outlining and finding solutions for this and other challenges will be part of the work we will undertake with our partners in the first stages of implementation.

Necessary L&D offer specific to CP reforms to deliver new model.

Wherever possible we will work to ensure that the partnership Learning & Development / Workforce Development offer spans the full spectrum of need over bespoke, smaller packages of training. We will take a proportionate approach that ensures our staff and partners are able to access thematic training that will support them to work with all children, young people and families.

In relation to the CP reforms, we will be embedding the principle of motivational interviewing and strengths-based language through a partnership L & D offer which we will also build into partnership inductions. We will also set out a minimum expectation for practitioners around knowledge, skills and experience in this space. *See section on Workforce Development for detail.*

3.12. Stakeholder views on reforms captured in co-design

Workforce

Themes	**Response through the model**
Co-design highlighted the need for key responsibilities of the LCPP (working alongside FHLP, to support parents, engage with the wider family) and a clear understanding of who is responsible within these two lead roles.	The Family Help Lead practitioner role is well embedded across locality teams (undertaken by early help workers, family workers, targeted youth workers and social workers). Partners currently take the lead in early help systems (educational professionals, health visitors, school nurses) the model will build and develop this to strengthen and grow these roles to embed this support. The new proposed structure and matrix management will provide the clarity for the role and responsibilities for each lead practitioner.
Co-design highlighted the requirement for a clear training offer within learning and development to provide workforce opportunities.	A defined learning and development offer specifically designed to deliver the new model will be developed and commissioned. This is a multi-agency approach for the workforce to embed early help practice. Training and support packages for the workforce will enhance and strengthen confidence, skills, and knowledge across the workforce.
Co-design highlighted the requirement for CP to have one lead practitioner who would have oversight and decision-making responsibility from a strategy discussion and manage the risk.	The lead practitioner for CP becomes the lead within the network of practitioners supporting the child and family. They will be a qualified SW and for any child subject to section 47 and enquiry, or conference will be tasked with the responsibility for facilitating and undertaking the work alongside the family help worker who leads family help and to ensure all agencies act as a team with the help
	offered, as a seamless support to the child and family. The family help worker does not have to be a social worker, this could be a youth worker, family worker or partner practitioner, this will maintain the relationship with the family.

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Co-design highlighted the concern for chairing of the CP whilst maintaining the advocacy (to ensure a chance for all to express their views and voices are heard) for the families and providing scrutiny and oversight to wrap around teams.	A trial is underway to test this process to understand the risks, strengths, and development requirements.
Co-design highlighted the different assessment and plans across the levels of intervention (Early Help, CIN, and CP).	The development of a new single assessment and planning framework will support the family help design model, to provide the continuum of need from early help through to child protection.

Child and Family views

Themes	**Response through the model**
Prior to a child protection conference, families feel they are not given sufficient time to understand the process and there is an inability to challenge.	The QA framework responds to the requirement for SW reports to be shared 2 days before the conference.
Families feel it is inappropriate for reports to be shared amongst partner agencies, without their prior sight.	Reports will be shared and discussed with parents before they are shared with partners.
Surveyed families are neutral or in favour of the step up/step down process for EH, CIN & CP	Step up / step down remains within the proposed model to maintain the fluidity of support from FH through to CP.
Many families have said that although wider family members are welcomed as part of the conference, they are not an active participant unless the Chair allows them to respond.	The model recognises the anxiety and stressful situation and enables wider family members to step in and respond on behalf of the parent/carer. Our approach to this will mirror the rest of our approach and culture towards family networks. We see the value and therefore our new model will promote active engagement of family members in CP conferences.
A small proportion of families who have experienced FGC were unclear about the benefits of this.	The model will provide a respectful and empowering process for parents, children, and members of the wider family to understand and address the concerns shared by the SW to develop a plan, by providing their own solutions to the difficulties they have also identified through collaboration.

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4. Family Network Support Packages + Family group decision making

4.1. Family group decision making

Proposed offer for family group decision making to all families

We will offer Family Group Decision Making (FGDM) to all families, by default, in Family Help, Child Protection and pre-proceedings. Our approach will be to empower the family to make decisions and we will support to varying degrees depending on the need of the child and the family. We recognise that FGDM is a generic term that encompasses a range of different potential approaches, and we will have a range of delivery mechanisms across the spectrum of need.

Broadly these will be:

- Family Group Conferencing (FGC) for all children / families on a CP plan / in pre-proceedings and in some cases for promoting reunification for Children in Care.
- Family Network Meetings for all families in Family Help (including Early Support – currently tier 2 early help)

FGC will be provided by a team of independent co-ordinators / practitioners. This will be a dedicated resource that will either sit within our locality structures or as a central team (to be agreed during pre-implementation). The FGC practitioners will facilitate timely and best practice provision of FGC. To ensure independence, these co-ordinators will solely undertake FGCs as part of their role and will not have pre-existing involvement with the case.

Family Network Meetings (FNM) could be facilitated by any practitioner within the locality model not working on the case (to ensure independence) and/or any practitioner outside of the LA locality structure best placed to support the process and with no prior involvement with the family.

We will embed a lifelong links approach, as part of assessment and consultation, prior to either an FGC or FNM, to cast the net wider and support the identification of family networks.

Our approach to FGDM will be underpinned by a training and development offer for staff across the breadth of the partnership. We are also working with the Family Rights Group on a pre-proceedings pilot which will complement and support the development of this work. This will focus on service development and training for staff in FGC's, establishing good structures and practice in family participation and new approaches to kinship care. We will also develop a local Family Network/Kinship Care strategy as part of implementation ensuring links to the national policy work on a kinship care strategy from the DfE (due for publication by the end of 2023).

Our model for delivery of FGDM will also recognise that FGC / FNM is one step in the process and the strength of the relationship between the lead practitioner and the family will be integral to the delivery of the plan.

Through this work, we will also explore extending and enhancing our advocacy offer to young people and families going through FGDM. This work is likely to be undertaken by our FGC co-ordinators (who are independent). The partnership training package for any practitioner in the FGDM space will also include advocacy. We will provide external advocacy where required, most likely in those cases where there are potential consent issues or where the child doesn't want to or is unable to attend the

meeting. We are, however committed to self-advocacy and creating the conditions for children and young people to be involved wherever possible. As part of our Family Network/Kinship Care strategy we will establish new practice standards and processes to capture family feedback.

4.2. Plan for how FGDM and family network plans are integrated and sequenced as part of family help and child protection.

Family Group Conferencing (FGC) will be offered for all children / families on a CP plan / in pre-proceedings and in some cases for promoting reunification for Children in Care. Family Network Meetings will be offered for all families in Family Help (including Early Support – currently tier 2 early help).

The sequencing and hard deadlines for undertaking these functions will be clarified during pre-implementation but the principle will be to undertake them at the earliest possible point and then at other points during the child and family's journey where it's seen to be helpful, where the family request it or are experiencing barriers to accessing practical support.

4.3. Family network support packages

Proposed model for delivering Family Network Support Packages (FNSP)

We currently have an offer around FNSP's, in all but name, providing practical support to families. These packages include things like providing food, utilities and in some cases the provision of alternative accommodation. Through the FFCP we will grow and invest more in this work and formally label the approach as FNSP's in line with FFCP design specification. We intend to use FNSP's across the spectrum of need in Family Help, Child Protection and for reunification.

This is an exciting and novel area of practice, but we want to take an approach that does not encourage families to feel they need to formally approach the local authority to access support. Wherever possible, we want to see these packages driven and delivered within the community while recognising that independently facilitated FNMs / FGCs are a prerequisite to accessing the practical support provided through an FNSP.

We see a strong link between our intentions around a greater role for the VCS in the "early support" offer and community driven and delivered FNSP's. We also intend to build links between this, and the Family Hubs work to further ensure that support is being provided by organisations and practitioners who have a deep knowledge and understanding of their local communities.

Our scheme of delegation will be updated to include who has authority to agree to what and agreed limits for funding by grade of staff member. We will avoid panels as a mechanism for sign off where possible. We believe the strength of this approach should be rooted in minimal bureaucracy but with robust oversight of packages of funding.

Local eligibility criteria for FNSPs and process used to identify families that will have access to this

The decision for accessing practical support through an FNSP will be made in the FGC or FNM in line with the family plan with a view to supporting the goals of that plan.

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4.4. Plan for delivering family group decision making and family network support packages including workforce considerations:

Plans for rolling out reforms.

There are several key pieces of work we will undertake to deliver the reforms:

- A whole partnership training offer on facilitation of FNMs that will ensure practitioners across the system are skilled and able to independently co-ordinate these meetings.
- Embedding the FGC model of FGDM, which meets the principles set out in the Family Rights Group (FRG) accreditation framework.
- Establishing an FGC team of independent co-ordinators who will undertake FGCs and provide advocacy.
- A therapeutic training offer for families.

Plans for necessary recruitment

We will recruit between 6-8 FGC co-ordinators (exact number to be worked up during pre-implementation.) These will be funded in part through the FFCP and grant and some pre-existing resource that is available following the cessation of an externally commissioned service. This includes some from an external organisation previously providing our FGC service – including a leadership role.

Plans for case holding, supervision, QA, specific to delivering the Family Network elements of reforms.

FGC coordinators will aim to deliver 50 FGCs per year. We expect an average of 50% (25 per worker) of FGC's will lead to a review with those reviews being carried out by lead practitioners in localities. FGC co-ordinators will be supervised by senior staff in our QA service. Our QA framework will audit the effectiveness of FGC family plans and the use of FNSP's. Our evaluation lead will also be involved with this audit. We will develop clear KPI's within the QA framework and softer, qualitative metrics around feedback and engagement from families and children involved in the process. The QA framework will also include clear mechanisms for measuring the effectiveness of FNM's facilitated by independent co-ordinators outside of the local authority.

Links to Kinship care

To further bolster the Family Networks reforms, we intend to bring the SGO service that is currently delivered through the RAA, in house. We will also explore and implement policy changes where possible to streamline the assessment process for kinship carers to facilitate timelier placement and keep children within their family networks wherever possible.

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4.5. Stakeholder views on reforms captured in co-design

Workforce

Family Network - Thematic Themes	Response through the model
Co-design highlighted the need to explore relationships and impact when considering the wider family network (family network is more than just grandparents).	The new model will support the family to identify who their wider family support network/ connected person(s) through genograms, at referral, to understand who they are to them, the risks, and points at which to extend consent at the right time. The model will establish the initial trust and relationship, to avoid crisis and then build over time the strength of an extended family and support network. Practitioners to support, with least intervention and empower the family network e.g. 'X needs some help with her transport so she can visit her grandchildren more often'. Whilst using good professional judgement around safety.
Co-design highlighted the need to consider consent in relation to the wider family network.	The new design model will support the family to understand the benefits of a family network meeting, and how to consent, this can be full, partial or no information. The design will incorporate established frameworks such as Fraser guidelines for a child under the age of 16.
Co-design identified the need for clear language to equip the workforce when talking to families about their network, relationships, and safety.	A defined learning and development mechanism with the training offer for the workforce to improve confidence to use clear language to convey to parents e.g. X will do much better if they have at least one safe adult who they can be with, when sometimes mum and dad are struggling with difficult circumstances in the home, like an auntie or grandparent they see regularly. The learning offer will include the family rights group pilot (an accredited model around FGC).

Child and Family views

Family Networks - Themes	Response through the model
A small proportion of families who have experienced FGC were unclear about the benefits of this.	The new model will reframe the purpose of the family group conferences and our approach to respond to the basic family need. The design is being informed by the Family Rights Group pilot (accredited model for FGC) to ensure the FGC is a family led meeting, with a network of family and friends, who come together to make a plan for their child. The independent co-ordinator provides the support to the family, and children are supported by an advocate. It is a voluntary process, but we are optimistic that our approach encourages and empowers families to collaborate, to keep children safe within the family network and prevent children from entering the care system.
Other child and family feedback / views: • FGDM at earliest point possible • Reluctance for wider family engagement especially where traumatic • Shame and stigma – not wanting wider family to know. • Kinship carers feeling they are failing at parenting. • Can financial support be provided where we are looking to parents as first point of contact to support kinship arrangements but are in poverty themselves. • There doesn't seem to be much leeway for potential exclusions from school	Development of Kinship Care Strategy with following outcomes: • Embedded Family Group Decision Making Approach. • Workforce development programme for Children's Services and partnership workforce for Family Group Decision Making. • Early identification and support offer for informal kinship care arrangements. • Dedicated digital space with accessible and relevant information. • A designated Kinship Service. • Tailored training and preparation offer for Kinship Carers. • Support for minoritized ethnic kinship families. • Kinship Carers to have access to legal support. • Family Friendly Fostering Panel. • Published offer of Financial Support. • Emotional and therapeutic support offer for kinship carers. • Support for managing family time. • Support to prevent potential breakdowns by kinship care arrangements.

5. Corporate impacts

5.1. ICT / BI / Performance / Data sharing

The overall requirements have significant system impact, in terms of case management form changes and system configuration, report design and creation and measuring impact. These largely fall into the following areas: Front door, identifying the Family Help cohort, single assessment and family plan, system access (including partner considerations), allocated workers and team structure, supervision and oversight, Family Group Decision Making, Support Packages, and Family Group Conferences.

The exact scale of the changes will become apparent as the detail is worked through during a detailed discovery phase and following requirements from the final design. It is anticipated that a large amount of e-system and reporting change will be required and will need to be planned over a period of time to make it realistic and manageable to implement to ensure that implications are considered at each stage of design change. Planning will also consider the timeliness of the practice change and what e-system changes are required to support the practice changes, such as supporting the work of a single assessment and plan. Some elements of practice will be possible without an e-system change (such as family support packages) but will be better supported once systems can accommodate recording. Operational reporting and performance indicators will be developed in a sequential way following system design and will evolve over time, with priority given to ensuring existing measurements are still reportable where required.

Consideration has also been given to statutory return requirements. We want to ensure that operational requirements remain a priority and are not driven by data requirements while maintaining our ability to submit our statutory returns and submit data to Ofsted. We anticipate the increase in certain CIN Census queries *(such as 2991Q and 8825Q where CIN assessments are expected but these may not exist against the CIN episode if recently completed within targeted early help).*

Dorset have numerous data sharing arrangements in place which enable the necessary sharing of data with partners. Once system access requirements are better understood, should an external partner direct case management access be required, data sharing agreements will be checked and updated where necessary to ensure specifics are considered to ensure sharing is done safely and legally. We plan to make full use of the Digital Economy Act, which we have in place for our Supported Families Programme. We plan to use our current partner-based systems to the full, exploiting the benefits of our existing person level electronic system, Dorset Care Record (DCR), and our linked health and social care datasets to allow population health management via our Dorset Intelligence and Insight Service (DiiS). We will also explore the options and benefits of utilising our internal data warehouse.

5.2. HR and consultation

We expect minimal disruption as we move towards the enhanced model, we have worked up during the co- design period. The proposed model is based on growth and improvement, and we do not anticipate that it will require formal consultation in most cases. We will produce a change management document as part of pre-implementation and intend to begin engagement with the workforce as soon as possible. If formal consultation is required, we will follow standard procedures. Early engagement with Trade Unions has already been undertaken and further notification will be required prior to the start of formal consultation, which would be no more than 45 days. Once agreement is reached the next steps would be implementation.

We are aiming for full go-live of our new locality model no later than April 1st, 2024, subject to completing the following steps:

- Engagement
- Formal Consultation – where required.
- Expressions of interest for new roles (6 weeks for internal staff)
- External recruitment where needed as part of whole programme FFCP campaign.

5.3. Workforce development and Learning and Development Offer

Throughout the co-design phase we have captured the additional workforce development requirements to support the implementation and delivery plan.

These include developing and strengthening career pathways and the training offer for new and existing roles to attract and retain employees in the areas of Family Help and youth work. We will be creating entry level routes (e.g., apprenticeships, formalised qualifications), reviewing induction and creating an assessment process to support career grade progression.

We have mapped the requirements against our current workforce development offer and will develop and deliver a training programme to provide the necessary skills set for the workforce and our partnership, specifically for:

- A partnership multidisciplinary group case supervision model.
- Leadership & management including matrix leadership and supervision skills.
- A focus on our Dorset System including system leadership, partnership induction and events.
- Child Protection Conferences.
- Family group decision making approaches including but not limited to family group conferencing.
- Strengthening our practice framework and continue to expand the principles of Motivational Interviewing, Therapeutic Thinking, Trauma Informed, Restorative & Relational Based Practice within our workforce and the partnership.
- Developing a training offer for kinship carers and the locality teams.
- A single whole family assessment and planning process.
- Family Hubs workforce development for the partnership including an introduction to family hubs e-learning module.
- Family network plan training for our lead practitioners (at a minimum) and wider workforce.
- Develop a training offer for the workforce, providers and settings focused on children under 2 years of age.

5.4. Finance and resources

Reforms funded from outside FFCP grant.

TBC pending conversations on grant

5.5. Sustainability

Our working assumption is that the increased resource requirements and associated spend on the FFCP reforms will require an increased settlement after the end of the pathfinder programme to ensure sustainability of the model. We recognise the scale of this assumption and will need to continue to have regular conversations around future funding as we approach the potential cliff-edge at the end of FY 24/25.

Previous investment into our model

It is important to recognise the previous level of investment that has been made into our model in Dorset. These define our pre-existing conditions for success and were determining factor in our selection as a Wave 1 pathfinder site. As other sites come on board nationally, we need to be able to share learning about what needs to be in place (and the costs associated with that) to implement these reforms successfully and at pace. It would not be reasonable to state a position that the grant funding alone is enough to deliver all the reforms if many of these pre-existing local conditions are not in place already.

Significant previous investment in Dorset (and associated benefits) can be demonstrated in:

- Our Quality Assurance service
- Early Help
- Strategic leadership

Nice to have's / need but grant funding doesn't cover

The main part of the model which is not covered through the grant funding is our multi-agency Safeguarding Families Together approach. This is critical to the delivery of our model and requires significant levels of funding from pre-existing local authority budgets but ideally from partnership contributions. We will be rolling this out regardless but would like to explore the potential for increasing the grant fund to cover this service as part of test and learn during the pathfinder.

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6. Delivery Milestones

Key Points to note:

We have separated our high-level delivery milestones into 3 phases.

- Phase 1 = November 23 – March 24
- Phase 2 = April 24 – June 24
- Phase 3 = June 24 – March 25

We intend the for the majority of pre-implementation and implementation to take place in phases 1 and 2. In general, Phase 3 will be categorised by ongoing delivery, test and learn adjustments and evaluation, except for further design and implementation work on the most complex aspects of the reform / those that require further negotiation with our partners and in some cases funding from outside of the FFCP grant:

- A single whole family assessment and plan
- Establishing the final delivery model for MACPT's

The table below contains generic, high-level milestones but we will use the delivery plan below to inform our detailed local implementation plan. For example, go-live of the single integrated front door requires a number of steps which are not contained within the plan below but will be included in our local plan. This local plan will be managed by our programme management / transformation team (this work has not been factored in the tables below).

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Workstream	Phase 1 Nov – Mar 2024	Phase 2 Apr 24 – Jun 24	Phase 3 Jul 24 – Mar 25

Welcoming and Effective Family Help Service	• Integrated Front Door
	  ○ Go live for single front door -processes to be in place, e-system implementation to follow.
	  ○ Establish updated timescales for rotation of multi-disciplinary staff.
	• New Locality Structure for Family Help and Inclusion & Belonging Go Live
	  ○ Alignment agreement of Multi-Agency FH Staff
	  ○ Clarity of case holding numbers & responsibility
	• Early Support Commissioning
	  ○ Commission enhanced VCS early support offer with a focus on 0 to 5years.
	  ○ Explore partnership contributions/social philanthropy.
	  ○ Scoping/Outcomes /Focus (VCS Key)
	• Quality Assurance
	  ○ Updated quality assurance framework in line with new model -processes to be in place, e-system implementation to follow.
	• Needs and Assessment
	  ○ Communication of integration of early help and CIN with implications for staff roles and practice model
	• Supervision
	  ○ Agree multi agency contributions to county wide safeguarding families together offer.
	  ○ Establish line of sight supervision model
		• Integrated Front Door
		  ○ CAMHS integration
		• New Locality Structure for Family Help and Inclusion and Belonging.
		  ○ Embed enhanced multi agency Family help teams.
		  ○ Family Help Lead Practitioners in place and operating.
		  ○ New Locality Structure for Family Help Embed
		  ○ Further layers of matrix management
		  ○ Provision of specialist practice leadership
		• Early Support Commissioning
		  ○ Evaluate review and refine.
		• Supervision and quality assurance
		  ○ Group case supervision model go- live.
		• Need and Assessments.
		  ○ Updated referral and assessments processed at integrated front door to identify family help Lead Practitioner
		  ○ Single whole family assessment and plan go live	

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Workstream	Phase 1 Nov – Mar 2024	Phase 2 Apr 24 – Jun 24	Phase 3 Jul 24 – Mar 25
Family Network support packages - Family Group Decision Making	• Family Group Decision Making ○ Processes to be in place, e-system implementation to follow. ○ Offer FGDM to all families by default. ○ FGC team of independent co-ordinators in place ○ Family network meeting approach in family help live. ○ Agree sequencing and quantifiable timescales for undertaking FGDM functions. ○ Family Right Group pre-proceeding pilot scoping • Family Network support packages ○ Processes to be in place, e-system implementation to follow. ○ Establish approach for use of FNSP across the spectrum of need. ○ Align VCS commissioning offer to support packages. ○ Update scheme of delegation for sign off. ○ Set out local eligibility criteria as part of offering FDGM by default. • Kinship Care ○ Bring SGO service in house. ○ Policy changes to streamline assessment processes. ○ Develop local Kinship care strategy. • Quality Assurance ○ Processes to be in place, e-system implementation to follow. ○ Update Quality Assurance framework to audit effectiveness of Family Network reforms.	• Family Group Decision Making ○ Offer FGDM to all families by default. ○ Family Right Group pre proceeding pilot Delivery. ○ FGC Accreditation • Family Network support packages ○ Full go live • Kinship care ○ New SGO service live ○ Delivery of Kinship care strategy	

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Workstream	Phase 1 Nov – Mar 2024	Phase 2 Apr 24 – Jun 24	Phase 3 Jul 24 – Mar 25

A dedicated and skilled Child Protection response	• New Locality Structure for Child Protection Go Live
	  ○ Introduction of Lead Child Practitioners
	  ○ Social Work oversight across entire model
	  ○ Clarity of case holding numbers & responsibility
	  ○ Processes to be in place, e-system implementation to follow.
	• Supervision and Quality Assurance
	  ○ Updated quality assurance framework in line with new model
	• Needs and Assessment
	  ○ Communication of CIN cases held in CP with implications for staff roles and practice model.
	• Supervision
	  ○ Agree multi agency contributions to county wide safeguarding families together offer.
	• Quality Assurance
	  ○ Updated quality assurance framework in line with new model
	• Multi Agency Child Protection Teams
	  ○ Establish physically collocated multi agency professionals as part of the locality model.
	  ○ Further scoping will design work with police and wider health colleagues.
	• CP Conference Chairing
	  ○ Design pilot in one locality
	• Parental engagement and advocacy
	  ○ Dedicated resource within QA to enhance advocacy offer
	  ○ Processes to be in place, e-system implementation to follow.
		• Multi Agency Child Protection Teams
		  ○ Police and wider health colleagues as part of MACPT (on a needs led basis)
		• New Locality Structure for Child Protection
		  ○ Embed Further layers of matrix management.
		  ○ Provision of specialist practice leadership
		• CP Conference Chairing
		  ○ Pilot approach go live.
			• Multi Agency Child Protection teams
			  ○ Further negotiations and enhancements of police and wider health colleague role and contribution

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Workstream	Phase 1 Nov – Mar 2024	Phase 2 Apr 24 – Jun 24	Phase 3 Jul 24 – Mar 25
Overall design for the system and Safeguarding Partners	• Alignment with partners place based strategies. • Embedding /enhancing strategic partnership principles to address the full spectrum of need (BAME, LGBTQIA) • Youth Voice and engagement officers recruited to capture voice of lived experience. • Start for Life, Family Hub Parent Carer Forum in place. • Kinship Carer Engagement forum established. • Benefits scoping for education community. • Build relationships between education and other statutory partners.	• Education Strategic subgroup of PDSCP • Formally appoint Leads and delegates from education community on the Safeguarding Partnership. • Explore and agree funding Safeguarding partnerships commitments. • Updates to data sharing agreements	• Ongoing test and learn and evaluation of new approach.
Workstream	**Phase 1** **Nov – Mar 2024**	**Phase 2** **Apr 24 – Jun 24**	**Phase 3** **Jul 24 – Mar 25**
Corporate Impacts			
ICT, BI & Performance	• Mapping and enhancing required changes to systems in line with new model. • Updating performance management framework • Agree local resource requirements to support the change. • Update data sharing agreements where required. • Work to systematise single assessment and plan	• Changes to systems • Links to local and national FFCP evaluations • Extra resource in place • Implement single assessment and plan. • Continue to review and update data sharing agreements	

Communications Engagement & Co-production	• Child and family views and engagement
	  ○ Define annual plan.
	  ○ Youth voice officers in post
	• Communications
	  ○ Programme wide partnership comms plan
		• Child and family views and engagement
		  ○ Utilise existing channels with enhancements in line with plan.
		• Communications
		  ○ Delivery of updated comms plan	

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Workstream	Phase 1 Nov – Mar 2024	Phase 2 Apr 24 – Jun 24	Phase 3 Jul 24 – Mar 25
	○ Forward schedule of key strategic and operational partnership forum		
HR Consultation	• Informal/formal consultation as required. • Programme wide recruitment campaign for all new roles	• Consultation and engagement on multi agency staff requirements as needed. • New roles recruited to	
Workforce Development and L & D offer	• Partnership workforce skills audit • Cross programme workforce development training offer • Update partnership induction offer to include key skills and knowledge needed. • Clarification of approach to strengthening career pathways	• Further updates and delivery of L&D /workforce development training offer in line with finding of workforce skills audit.	

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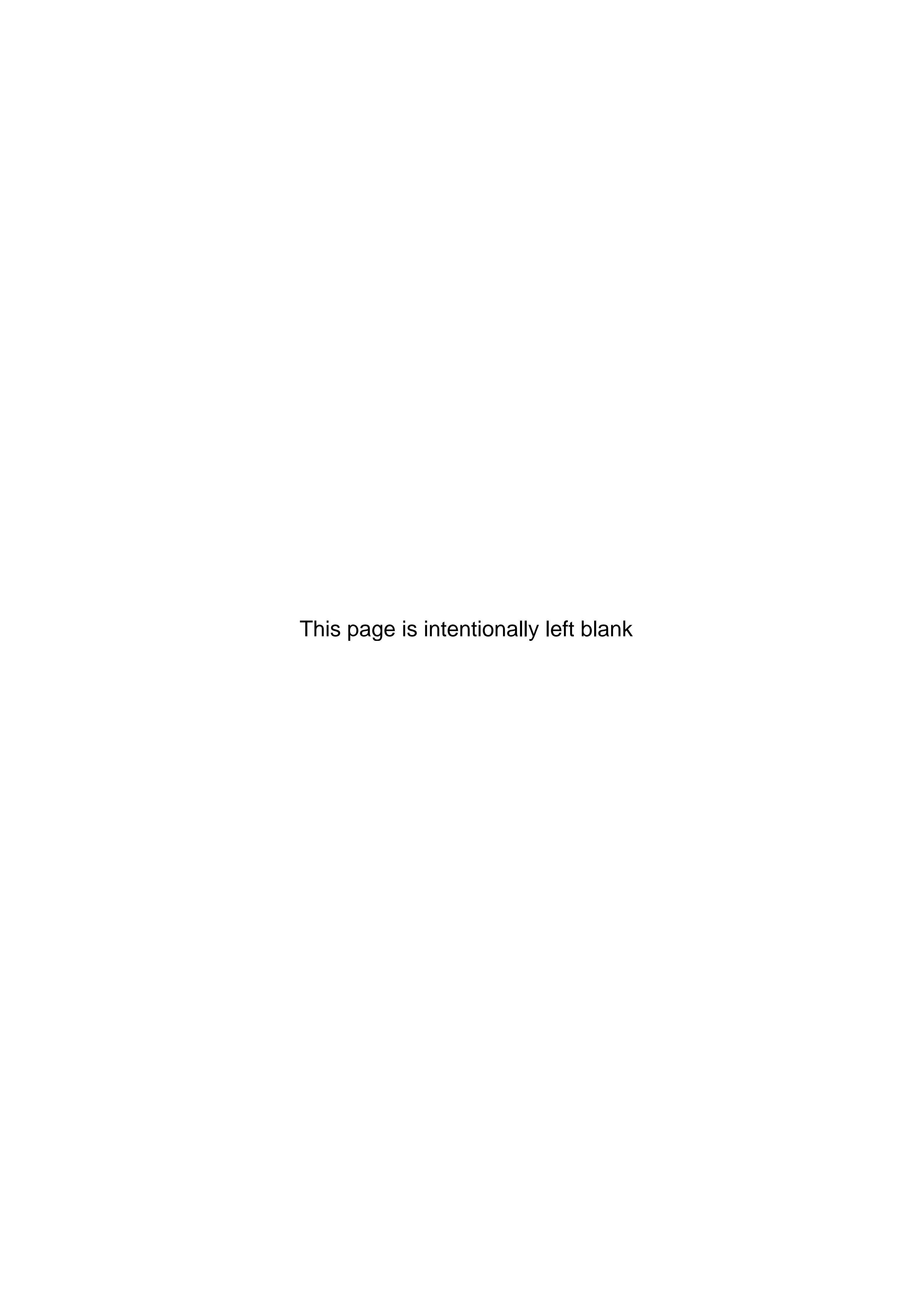
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Pan-Dorset Safeguarding Children Partnership
Annual Report
2022/2023

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The best partnerships aren't dependent on a mere common goal but on a shared path of equality, desire, and no small amount of passion.

SARAH MACLEAN

GRACIOUSQUOTES.COM

Foreword

I am delighted to welcome you to the 2022/23 Annual Report of the Pan-Dorset Safeguarding Children Partnership. This is our fourth annual report under the 2018 multi-agency safeguarding arrangements.

Our report reflects the safeguarding commitments and hard work of all executive partners, professionals and volunteers alike, as we work together to address shared priorities. These priorities are shaped by the issues facing children and their families across the areas of Dorset, Bournemouth, Christchurch and Poole.

Last year we reviewed the business support functions of the partnership to assure ourselves that we were as efficient and effective as we could be and working in-line with national best practice. This year we have reviewed the partnership structure itself and refreshed the child safeguarding multi-agency arrangements that were put in place in 2019. Providing a partnership platform across the Pan-Dorset area, which has a long tradition of working well together, across unitary boundaries, remains the preferred operating structure. Collaborating effectively on key strategic themes including statutory reviews, training, MASH (Multi-Agency Safeguarding Hub), scrutiny and business support provides an efficient and effective structure. Some areas of improvement were identified in the review, which have now been approved for swift action. Well established placed-based delivery boards operate in both local authority areas ensuring that the operational delivery is locally focussed and respects the accountabilities for partners.

Commissioning and publishing Child Safeguarding Practice Reviews (CSPR) to drive improvement and learning across all agencies is vital work of our partnership. A thoughtful and skilful thematic review of intra-familial child sexual abuse published in March 2022 led the way for a hugely successful conference in April 2022, where delegates were able to learn directly from the review author, strengthening our approach to the valuable learning from the review.

In another significant review this year, surrounding an unaccompanied child arriving from Afghanistan, a broad range of risks and issues were highlighted for services working with unaccompanied asylum seeking children. The partnership worked together, commissioning a strategic assessment and developing a multi-agency plan to heighten our understanding of a growing issue and improve our multi-agency response to keeping children safe.

The PDSCP has worked with local Community Safety Partnerships and Safeguarding Adults Boards to ensure that our priorities are refreshed annually and aligned where they need to be. Informed by this joint working the PDSCP executive refreshed priorities at our annual business planning event in February where it was agreed to focus on: violence as experienced by children, including domestic abuse, sexual assault and knife crime, neglect and emotional wellbeing.

In my role as independent chair of the Pan-Dorset Safeguarding Children Partnership, I witness first-hand how willing and able executive partners are at challenging each other, providing an open environment, where honest and constructive dialogue enables continuous improvements in policy, procedure and practice. Children and young people are genuinely at the heart of their work and every opportunity is taken to learn and reflect on practice to reduce risk and improve outcomes.

I would like to express my sincere thanks to everyone involved in or dedicated to work surrounding and supporting children and young people across the county in whatever role you play.

James R. Vaughan

Independent Chair

Pan-Dorset Safeguarding Children Partnership

Demographics

Dorset Area

The population of the Dorset Council area is 379,578. The 2021 census shows a population rise of 4% (from 2011 census). There are 72,662 children and young people aged 0-19 representing 19.1% of the total population. There was a drop of 3% in the child population. 29.6% of the population are aged 65 and older (nationally 18.6%) and the working age population aged 16 to 64 represents 55.2% of the population.

English is the main language in Dorset with 98.2% of the population in 2021. There are though over 80 languages spoken across Dorset, however residents for whom non-English is a main language make up a very small proportion of the population. The top 5 languages spoken in Dorset are English with Polish, Romanian, Nepalese and Bulgarian spoken by 0.7% of the population. According to the 2021 Census 93.9% of the population are white British, a decrease of 1.7% from the 2011 Census with the remaining 6.1% of residents from Black and Minority Ethnic groups (national 25.6%), this rises to 7.8% for children and young people (aged 24 years and under). Just over half of our residents who are from an ethnic minority, report as being ‘White Other’. This is mainly made up of White European residents.

The beautiful landscapes and towns and villages of Dorset can conceal hidden challenges: there are significant areas of deprivation, mostly in urban areas (mainly Weymouth and Portland). Eleven areas in Dorset are within the top 20% nationally for high levels of multiple deprivation, ten of these within Weymouth and Portland (data from 2019). In 2018, South Dorset was ranked at 533 among 533 parliamentary constituencies in England for social mobility with some 70% of the population of the constituency living in Weymouth & Portland. There is rural deprivation linked to isolation and difficulty accessing housing, transport and essential services. The Children’s Society estimates that approximately 23% of Dorset Children are living in poverty with up to 45% in some wards (2021).

There are 47,575 children from Reception to Year 14 in Dorset (May 2023 school census). Dorset has 158 Schools Academies, Maintained and Free. 83% are good or better (82% of Academies are Good or Outstanding, compared to 86% of Maintained schools). The Key Stage 2 (2022) performance was in the bottom quartile nationally and Key Stage 4 (2022) performance (progress and attainment 8) was in the second lowest quartile. The gap between disadvantaged young people and their peers is still not where we need it to be and faced further challenge due to the pandemic and the impact on school attendance.

Crime is generally low with Dorset being the sixth safest place to live in the UK in Dorset. First Time Entrants of young people to the Criminal Justice System are relatively low in a national context.

Bournemouth Christchurch and Poole Area

BCP Council area population is 400,200 residents.

The BCP area has a smaller proportion of 0-15 year olds (16%) compared to England (19%). 65,000 children under the age of 16 are living in the BCP area. The number of under 16s is set to decrease by 7% between 2018 and 2028, with the decrease being seen predominantly in the 0-5s and 6-10s age ranges. The area, however, has a larger proportion of residents aged 65 or over (22%) compared with England (19%), although a smaller proportion than neighbouring Dorset. The working age population aged 16-64 (62%) is marginally larger than the percentage in the South West (61%) but slightly smaller than England (63%).

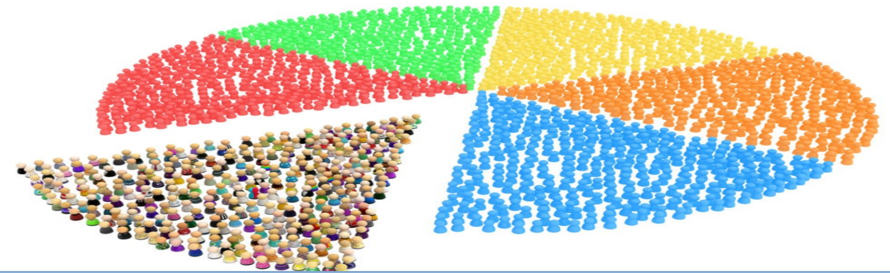
Since the 2011 Census the population in the BCP area has become more diverse with over 80 languages being spoken across the area. The top 5 languages spoken in BCP (excluding English), are Polish, Portuguese, Romanian, Spanish and Hungarian. According to the 2021 Census 82% of the population are white British, a decrease of 6% from the 2011 Census (88%), the remaining 18% of the population in the 2021 Census are reported to be from a non-white British background.

The largest religious group in the BCP area is Christianity with 46.8% of residents identifying as Christian, down from 59.7% in 2011. Around 4 in 10 (42.2%) identify as having no religion, this has increased by 12.9% from 29.3% in 2011. The second largest religion in the BCP area according to the 2021 census, is Islam – 1.7% up from 1.2% in 2011.

Like many places BCP is an area of contrast, including some of the most affluent and most deprived areas in the country. Just under 9,000 children live in families with a low income (i.e. reported income is less than 60% of national median). This is 10% of those aged 0-19 and 13% of those aged under 16. As well as this, using the Index of Multiple Deprivation (IMD) indicator, BCP has around 8,000 children aged 0-14 and 2,700 15-19 year olds living in areas that fall into the 20% most deprived in the country. The greatest levels of deprivation are in the wards of Boscombe West, Kinson, East Cliff & Springbourne, Alderney & Bourne Valley and Muscliffe & Strouden Park. In contrast 15,900 0-19yr olds live in an area in BCP that is amongst the 20% least deprived in England.

There are 98 state funded schools within the BCP area: 66 primaries; 22 secondary schools (including 4 Grammar schools) and 3 all-through schools. There are a further 5 special schools, 1 alternative provision and 1 pupil referral unit. In January 2023, 94.4% of primary and secondary schools were rated as Good or Outstanding for overall effectiveness. Educational attainment for all key stages is above the national average. The authority has three universities within its area with around 22,000 students. Bournemouth University (2021/22) has around 18,000 students with 16% of its student population from outside of the UK.

In 2021, the BCP area had a crime rate of 110 crimes per 1,000 residents. Crime numbers are typically higher in the town centre areas, in part due to the night-time economy.



Governance

The Pan-Dorset Safeguarding Children Partnership (PDSCP) was set up to meet the requirements of *Working Together to Safeguard Children 2018*.

The PDSCP recognises that to achieve the best possible outcomes:

- Children and families should receive targeted services that meet their needs in a co-ordinated way.
- There is a shared and equal responsibility between organisations and agencies to safeguard and promote the welfare of all children in the Pan-Dorset area.
- The responsibility to join up services locally rests with the safeguarding partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children across the Pan-Dorset area.

The PDSCP enables a single, joined up approach in addressing vulnerability and risk for children and young people across Dorset, Bournemouth, Christchurch and Poole.

a) The Statutory Safeguarding Partners

For each of these partners, Working Together 2018 defines the lead representatives from each as the Local Authority Chief Executive, the Accountable Officer of the Clinical Commissioning Group (now Integrated Care Boards - ICB) and a Chief Officer of Police.

For the Pan-Dorset area the lead representatives are:

- Matt Prosser, Chief Executive Dorset Council
- Graham Farrant, Chief Executive BCP Council
- Amanda Pearson, Chief Constable Dorset Police
- Patricia Miller, Chief Executive NHS Dorset

As set out in Working Together 2018, the lead representatives can delegate their functions, although they retain accountability for any actions taken on behalf of their agency. In the Dorset/BCP areas, the lead representatives have identified the following senior officers in their respective agencies who have responsibility and authority for ensuring full participation with these arrangements:

For the Dorset and BCP areas, the agency representatives are as of September 2023:

- Theresa Leavy, Executive Director for People - Children Dorset Council
- Cathi Hadley, Corporate Director for Children's Services BCP Council
- Mark Callaghan, Assistant Chief Constable Dorset Police
- Debbie Simmons, Chief Nursing Officer NHS Dorset

These representatives or delegates:

- Speak with authority for the safeguarding partner they represent.
- Take decisions on behalf of their organisation or agency and commit them on policy, resourcing and practice matters.
- Hold their own organisation or agency to account on how effectively they participate and implement the local arrangements.

The PDSCP has an Executive Group chaired by an Independent Chair and Scrutineer, James Vaughan, and is attended by the agency representatives from the four statutory safeguarding partners.

The Executive Group supports and compliments the place based multi-agency arrangements within both Dorset and BCP areas:

- **Dorset's Strengthening Services Board**

The Strengthening Services Board is the local delivery arm for the Dorset area in the Pan-Dorset Partnership. This is chaired by the Chief Executive of Dorset Council with representatives at executive level across the partnership. The Board meets 6-weekly to oversee progress and impact of the partnership plan and ensure improved outcomes for children and young people. The Board oversees multi-agency safeguarding activity within the Dorset area and highlights from each Board is shared with the PDSCP Executive (see Appendix 1 for structure).

- **BCP Safeguarding Children Partnership.**

The BCP Safeguarding Children Partnership is the multi-agency delivery arm for the BCP area in the Pan-Dorset partnership, it is chaired by the BCP Council Director of Children's Services and meets every 2 months. The group oversees multi-agency safeguarding activity within the BCP area and reports into the PDSCP Executive (see Appendix 2 for structure).

In addition, the PDSCP Executive commissions specific task and finish groups in line with their priorities or emerging safeguarding themes and this has included in 2022/23 work in relation to the Multi-Agency Safeguarding Hub (MASH), Unaccompanied Asylum-Seeking Children, Trauma-Informed Practice and Gender identity.

b) Review of arrangements

In December 2022 the PDSCP Executive agreed to review the PDSCP multi-agency safeguarding arrangements, including the geographical area, covered by the partnership.

The PDSCP Business Manager (who had been appointed in September 2022) led the review and this included direct consultation with a range of stakeholders.

The review recognised that the partnership was able to fulfil its statutory functions and several strengths were identified including:

- Relationships were positive and mature between agencies.
- The Executive was able to offer effective challenge and support to each other.
- The Independent Chair was seen as an effective facilitator and able to work with senior leaders and provide scrutiny in some specific areas.
- There had been work on governance and most sub-groups were working effectively in place-based arrangements.
- The partnership had agreed priorities although these required refreshing.
- There were areas that used data and quality assurance information effectively and an agreed place-based dataset came to the partnership.
- CSPRs were noted as a significant area of strength across the partnership with effective reviews being undertaken in timescales with clear learning identified.
- There was an agreed set of core policies and procedures.
- There was an effective training programme, and this was self-funded including some courses being delivered for free.
- The website was seen as a good source of information and a way of accessing policies, procedures and reports.
- The business team was seen as effective at supporting the work of the partnership.
- There were information sharing arrangements in place although these required updating.
- There was an effective child death overview process.

The review recognised that there were some areas that required further development. This included:

- Revising and reviewing governance arrangements to ensure they were current and fit for purpose, including Pan-Dorset and placed based arrangements.
- To further strengthen and develop BCP place-based arrangements.
- Developing mechanisms to effectively engage with partners in education.
- Developing how the partnership identified its priorities, implements and reviews them.
- Developing the quality assurance process and agreeing a revised multi-agency dataset that sat alongside other quality assurance information.
- Developing the role of independent scrutiny of the PDSCP.
- Developing mechanisms for the voice of children and families to inform safeguarding practice.
- Building on mechanisms for the PDSCP to hear the voice of frontline practitioners to help evaluate safeguarding practice.
- Ensuring that the training and development offer met the needs of all agencies across the partnership including demonstrating the impact of training and development on improved outcomes for children and families.
- Developing the communication strategy including the website.
- Developing the Business support team including increasing capacity.
- Developing an annual report that was strategically driven and met the need across the Pan-Dorset area and each area.

These are being progressed through an action plan for the PDSCP that has been overseen by the Executive.

c) Geographical area

The decision was made in 2020 by the partner agencies that the geographical area covered by the multi-agency safeguarding arrangement should be aligned with the geographical areas currently covered by Dorset Council and Bournemouth Christchurch and Poole (BCP) Councils. The approach taken was in line with several Local Authorities whose safeguarding arrangements covered more than one local authority area.

The Executive took the opportunity to review the area covered by the partnership to ensure that it was still fit for purpose. The Executive noted some challenges to the current arrangements including whether there was sufficient clarity about the relationship between Pan-Dorset and place-based arrangements and whether the priorities of the Pan-Dorset arrangements could meet the place-based priorities.

The PDSCP Executive recognised the advantages of the current arrangements. It was noted that the two Local Authority areas covered the historic County of Dorset boundaries. There was a long history of cooperation across the area and children and families recognised the geographical area. Children and families use services across the borders e.g., hospitals, schools etc. In addition, the area was covered by one police force and one Integrated Care Board. The partnership recognised that they could work most effectively when they worked together, and changes to the geographical area covered by the multi-agency safeguarding arrangements were not required to ensure that the partnership was able to effectively meet its functions. Further structural change could also create a distraction from the fast-paced improvement work underway.

Training and Development

The PDSCP training and development team continues to provide multi-agency training across the BCP and Dorset geographical areas.

The newly appointed PDSCP Training Co-ordinator provides a key link with the both place-based learning groups (Dorset Learning Hub and the BCP Quality Assurance Learning Group) and the PDSCP Business team to ensure that the training reflects the needs and priorities of the partnership. The training programme is linked to the revised PDSCP priorities for 2023/25 and to the findings from local reviews, audits, other quality assurance activity and relevant national developments.

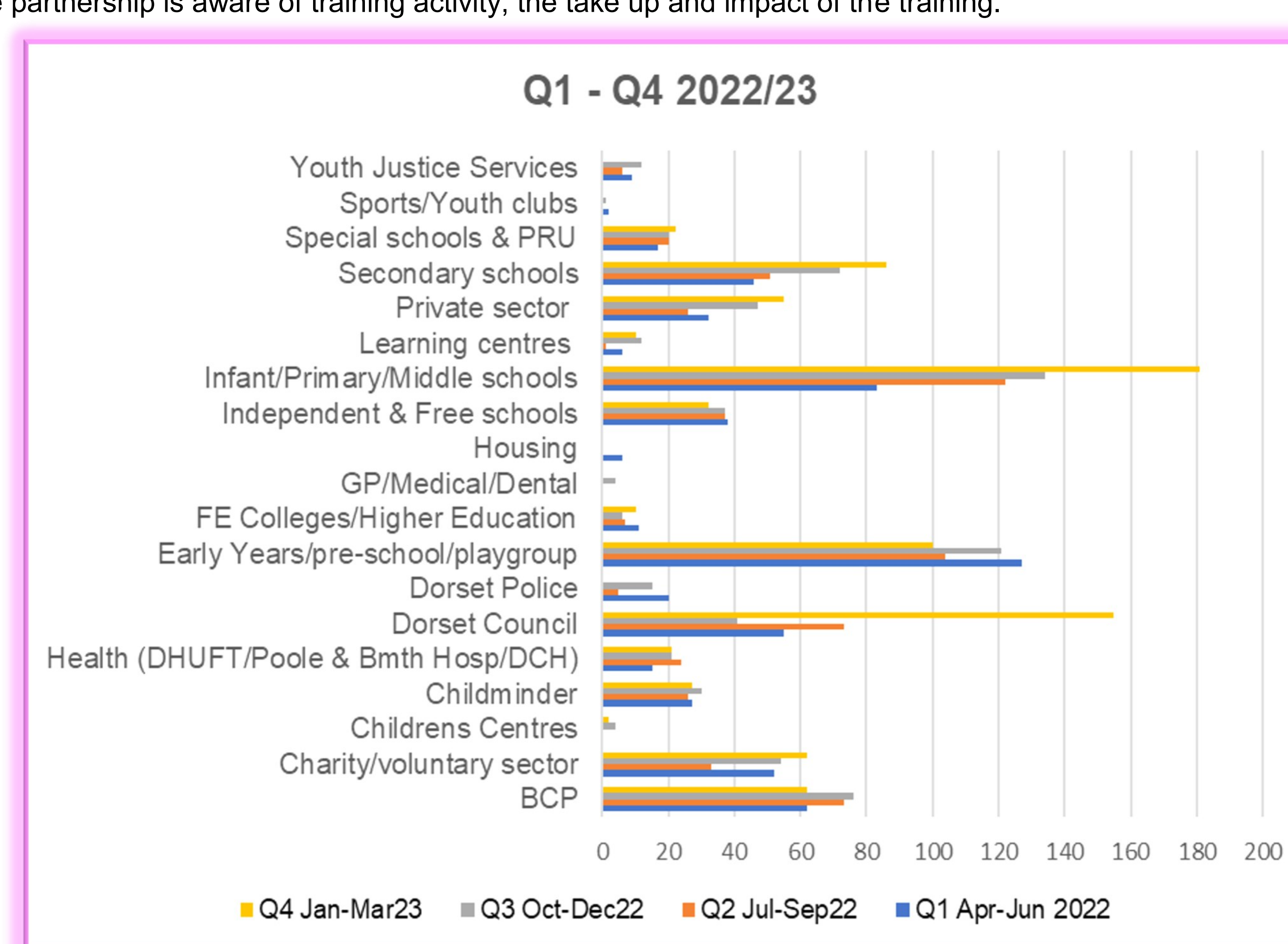
The development of regular reporting ensures that the partnership is aware of training activity, the take up and impact of the training.

2022-2023

In 2022/2023 delivery of training continued to be virtual however now some courses are return to face to face. During 2022/2023 the PDSCP delivered 156 courses with an attendance of 2876 multi-agency practitioners. Occupancy rates for these courses averaged 91.5% of capacity which was an increase of 1.5% on 2021/2022.

Local authorities, schools and early years providers continue to make up the biggest cohort of staff attending courses. In response to requests, training continues to be offered on Saturday mornings and twilight sessions to fit in with working patterns of some practitioners e.g., voluntary sector and early years staff.

This graph displays the participation of training across the partnership by agency or sector.



Looking Ahead 2023/2024

For 2023/24 there has been a 5% uplift on course fees linked to the training charges increasing and staff wage increase. The training fees are now £52.50 for a half day of training and £79 for a full day. Charities or community interested Companies (CIC) can apply for free places to ensure they can access trusted safeguarding training. The policy has been changed to include all charities not just those registered (as per the charity Policy).

2023 - 2024 Pan-Dorset Safeguarding Children Partnership Training Offer as of 26/06/2023

- Safeguarding Level 2
- Working Together
- Working Together Update
- Neglect
- Safer Recruitment and Safer Recruitment Update
- Managing Allegations
- Online Safety
- Missing Exploited Trafficked Children (MET)
- Child Exploitation Basic Awareness
- Supervision for Schools
- Gypsy, Roma and Traveller Awareness
- Gender Identity, Trans Awareness
- Intel Training
- Trauma Informed Practice
- Intra-Familial Child Sexual Abuse Training Programme - 5 course offer
- Working with Sex Workers
- Domestic Abuse

Closing the Learning Loop

The role of the newly appointed Training Coordinator has strengthened the relationship for the partnership through close working with the place-based business support officers with a shared understanding of the PDSCP priorities. Monthly meetings are in place to review actions from learning which have arisen through Child Safeguarding Practice Reviews (CSPR's), the National Independent Review of Children's Social Care and other local and national safeguarding issues, case and thematic audits and service developments.

Examples of these actions include:

- Disseminating changes in local and national legislation or guidance to all relevant training providers ensuring that training content is kept up to date.
- The 7-minute Designated Officer Briefing (LADO) which was produced as an outcome of the CSPR 'Charlie' has now been incorporated into relevant training.
- The Cultural Competencies Standards are referenced in the PDSCP training offer to support practice.
- Developing a suite of training on Intra-familial Sexual Abuse an outcome of the CSPR 'The siblings'

Qualitative data from evaluation feedback demonstrates that practitioners are using their learning when they return to the workplace. Courses are quality assured by the Training Coordinator who provides 3-month post training feedback to the Dorset Learning Hub and BCP Quality Assurance and Learning Group who review the feedback, impact, performance of providers and course design and planning.

There are established place-based arrangements that ensure that learning from quality assurance activity includes practitioners e.g., through learning circles and practitioner events. This ensures that there is opportunity for frontline practitioners to reflect on the learning including how they can develop practice to improve outcomes for children and young people.

Local and National Learning

During 2022/23 the PDSCP has reviewed and updated its quality assurance process. This will ensure that the partnership continues to learn from a range of sources including reviews, inspections, case audits, feedback from practitioners, feedback from children and families and findings from data. In addition, the partnership is committed to developing effective plans based on their learning and consistently assessing impact. The key question is whether we are improving outcomes for children and families.

The partnership also responded to national learning including reviewing practice, policies and procedures in relation to the findings from the National Child Safeguarding Practice Review into the murders of Arthur Labinjo-Hughes and Star Hobson. In addition, they have responded to the national review in relation to Safeguarding Children with Disabilities in Residential Settings.

The findings from Child Safeguarding Practice Reviews and other learning events can found on the PDSCP website Child Safeguarding Practice Reviews and Learning Reviews.

Key areas of learning for the partnership included:

- The need to continue to develop trauma-informed organisations and workforce. The partnership has developed some key-principles for organisations in relation to trauma-informed practice, provided tools for organisations and is developing further training.
- Helping practitioners develop their understanding of working with young people, families and systems when there are issues relating to gender identity. This has included gaining the views of children and young people, delivering training and we are developing guidance for practitioners and organisations.

The partnership has also developed their learning in relation to working with intra-familial child sexual abuse including working to improve identification and interventions with children and families and this was the focus of a Conference in 2022.

We have also been working with practitioners to improve their understanding and knowledge of working with children where parents are sex workers, which was a focus of a Conference in 2022.

Unaccompanied Asylum-Seeking Children was an area of focus in 2022/23 . This included the need to ensure there was an effective system to: undertake age assessments, assess and intervene with young people including providing effective education and placements. There was a need to ensure that there were improvements in culturally competent practice.

The partnership identified the need for practitioners, when working with children with disabilities, to ensure that they were effectively safeguarding them including understanding the impact of a disability on a child and where concerns may be linked to abuse or neglect.

There was a need to ensure the effective use of the designated officer (LADO) to protect children especially where there were concerns about transferable risk. This led to the development of a 7-minute briefing.

The partnership has also developed a mental health toolkit for practitioners.

The partnership is focusing work on the experience of older children/young people including in relation to their experience of neglect and domestic abuse, extra-familial harm including knife crime and mental health issues. This was the focus of a Conference in October 2023.

Further learning is also being identified in relation to the risks to babies in relation to physical harm and domestic abuse.

Section 11 Audits

A programme of section 11 audits was completed in 2022 involving both statutory and non-statutory partners across the Pan-Dorset Safeguarding Children's Partnership. Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. The Pan-Dorset Safeguarding Children Partnership (PDSCP) has a statutory function under Section 14 of the Children Act 2004 to '**to coordinate what is done by each person or body represented on the Partnership for the purposes of safeguarding and promoting the welfare of children in the area; and to ensure the effectiveness of what is done by each such person or body for those purposes.'** The PDSCP have chosen to complete a section 11 audit as part of assessing themselves against this statute.

The audit involved the statutory partners (Police, Health and the two Local Authorities) and non-statutory partners (for example, the Dorset Combined Youth Justice Service, Prisons and Public Health) completing an audit tool which consisted of 7 main assessment areas which mirror the requirements of agencies in the statutory Working Together to Safeguarding Children (2018) guidance and providing an individual action plan where areas of improvement were identified. Challenge and support sessions were then held between the statutory partners and then with the non -statutory partners. All sessions were chaired by the Independent Chair for the PDSCP, as a way of holding each agency to account and providing scrutiny to their completed audits. Each agency agreed to take their own action plans through their own quality assurance mechanisms to progress, and the PDSCP Business Support team would request updates for completion of these actions and monitor progress.

Some non-statutory partners required some additional support around the completion of their section 11 audit and this has highlighted where some non-statutory partners may require greater involvement within the Partnership. The PDSCP undertook some focussed work with the prisons within Dorset in respect of their safeguarding arrangements.

Overall, there was some key learning identified in relation to the process of completing the section 11 audit and some areas include:

- Revision of the audit tool is required to ensure this is as succinct as possible, can be translated to individual agencies' own set up and is aligned to the PDSCP priorities.
- The challenge and support sessions to be more effectively structured to allow for agency challenge and scrutiny; this could include advance preparation of key questions to be asked of agencies.

Consideration of bespoke challenge and support sessions for non-statutory partners that cover several different Partnerships, and how this could be co-ordinated across the region.

Funding

The PDSCP is committed to the principles of equitable and proportionate funding with shared and equal responsibilities. There is a dedicated Business Team to support the work of the partnership across the Pan-Dorset area. Following an external efficiency and effectiveness review of the Business team in 2022, a proposed restructure introduced a new single Business Manager across the Pan-Dorset area and introduced further administrative support. Both new roles have been successfully recruited and the remaining roles in the team made permanent.

In February 2022 the Executive approved a recommendation from the review for the need for all partners to contribute an equal share into the PDSCP budget and agreed for 2023/24 that this would be £75,785 per partner. This would mean a total budget of £303,140. It was noted that this would be an increase for the police of £26,940, for Dorset Council of £6,853 and for Health of £785 with a reduction for BCP Council of £7,639.

At the end of 2022/23 the PDSCP carried forward a small surplus of £21,697, due to the unpredictability of Local Child Safeguarding Practice Reviews, which fluctuate from year to year.

What is CDOP?

Statutory guidance Working Together to Safeguard Children 2018 defines child death review partners as “local authorities and any clinical commissioning groups for the local area as set out in the Children Act 2004 (the Act), as amended by the Children and Social Work Act 2017”

When a child dies, in any circumstances, it is important for parents and families to understand what has happened and whether there are any lessons to be learned.

The responsibility for ensuring child death reviews are carried out is held by ‘child death review partners,’ as defined within Working Together to Safeguarding Children 2018 and set out in current legislation

Child death review partners must make arrangements to review all deaths of children normally resident in the local area and, if they consider it appropriate, for any non-resident child who has died in their area. Child death review partners for two or more local authority areas may combine and agree that their areas be treated as a single area for the purpose of undertaking child death reviews.

Child death review partners in Bournemouth, Christchurch, Poole, Dorset and Somerset have agreed to treat Pan Dorset and Somerset as a single area, resulting in a joint Pan Dorset and Somerset Child Death Overview Panel (CDOP) undertaking child death reviews for Bournemouth, Christchurch, Poole, Dorset and Somerset children.

Child Death Overview Panel (CDOP)

During the 2022-23 CDOP reporting year, we were notified of the deaths of 37 Pan-Dorset child residents. The breakdown of these 37 is as follows:

- 22 Dorset area children
- 15 BCP area children

This is in comparison to 2021/22 where we received 23 notifications. There are no apparent themes or patterns to account for this rise. We await the annual report from the National Child Mortality Database (NCMD) to compare our rise with national figures.

During the year, the Pan-Dorset and Somerset Child Death Overview Panel, met 8 times and reviewed a total of 69 cases. 6 panel meetings per year would usually be convened, with 2 additional panel meetings added in response to inquests being resumed following Covid-19. In addition, there were cases coming through following a delay within an out of area hospital trust. Of the 8 panel meetings, 4 were dedicated neonatal cohorts.

The 69 cases reviewed consisted of the following breakdown by local authority:

- 19 BCP area cases
- 18 Dorset area cases
- 32 Somerset area cases

The Pan-Dorset Child Death Review Learning Event was initially planned for November 2022 but was postponed due to availability. The event instead took place in April 2023 and had more than 50 attendees, feedback was entirely positive. There were a number of requests for the event to be recorded and the slides shared, in response, the recording and presentations were shared with a further 100 colleagues who had registered their interest. There was a demand for similar events to be held in the future, and as such, we will continue to pursue making this an annual event.

Plans for the 2023-24 CDOP year:

The neonatal panel has expanded to include Obstetricians from UHD, this will provide further expertise in addition to enhancing challenge and the opportunity to share learning.

Priority Areas 2022/23

Priority Area: Tackling Child Exploitation, early intervention, effective disruption resulting from collaborative decision making.

⇒ Dorset Council

In Dorset the ‘Children at Risk of or Linked to Exploitation’ (CAROLE) model has been in place since April 2019. The Child Exploitation Action Plan implementation is managed by the CAROLE Tactical Group who meet monthly, and this is overseen by the Child Exploitation Strategic group which meets quarterly. Dorset have established Child Exploitation Champions roles within each locality area and across central services. Evidence of good practice has included:

In response to an increase in boys carrying knives and other weapons in parts of Dorset in 2023 a 12-week multi-agency programme focusing on young men’s journey from adolescence to adulthood has been developed to address the issues. This has been designed by targeted youth workers with input from the Targeted Sexual Health team, Circles Southwest, REACH, Dorset Music Hub, Escapeline, Isaiah Dreads and the Airborne Initiative. The programme is complimented by positive activities, targeted interventions, educational resources and creative workshops.

In the south of the County there were escalating concerns in respect of weapon carrying and exploitation. In response to Early Help services, Targeted Youth Workers and Children Social Care worked closely with schools to implement a programme of preventative work including education and awareness. This work was extended to include work with families and the community. Joint work is also being undertaken in this area with Reach within schools and youth clubs to focus on harm prevention with a rise in drug overdoses.

In the north of Dorset successful multi-agency working identified and disrupted the risk of sexual exploitation to a group of young girls from a high-risk adult male.

Multi-agency working led to disruption of a group of concerning adults from Somerset who were frequenting areas in the south of Dorset and were linked to several females in the area. Young people at risk were identified and safety planning put in place. Effective liaison between agencies and the two counties also led to police action to disrupt the adults.

In response to an emerging group of vulnerable young people identified as weapon carrying and forming of a ‘gang’, multi-agency planning took place. Actions have been identified including funding to the youth drop-in centre for targeted preventative work with the group and mapping and referral to the boy’s project.

Work is ongoing with British Transport Police (BTP) to identify and disrupt exploited young people travelling on the train lines. This has included detached youth workers undertaking sessions on the train lines with BTP. Regular information sharing is taking place including a recent example of sharing information re: a high-risk young female who is regularly using the trains to travel to London and we believe experiencing exploitation.

The Child Exploitation strategy is in the process of being refreshed and is to become an Extra-Familial Harm Strategy. The Child Exploitation risk assessment was reviewed and the revised tool is being launched in 2023. This tool will assist practitioners with assessing the wider risks of extra-familial harm.

⇒ BCP Council

In Bournemouth, Christchurch and Poole there has been a focus on ensuring that the right systems, processes and resources are in place. Work has included:

- Reviewing the Child Exploitation Screening tool and introduction of a new tool that brings clarity for staff and aids practice. This includes a shortened version for screening by the Multi-Agency Safeguarding Hub (MASH).
- Implementing the Missing, Exploited and Trafficked (MET) panels to explore exploitation, identify themes and share information to help safeguard the most vulnerable young people.
- Reviewing how the BCP exploitation team (CST) works. Now young people at high risk of exploitation are held by the CST until their risk reduces, so there is one worker responsible for case management.
- All young people being managed either through Child in Need (CiN) or Child Protection (CP) processes, and the use of 'Exploited Team Around the Family' (ETAC) has stopped. This enables independent review of high-risk young people and effective multi-agency oversight, planning and intervention.

There has also been work in BCP in relation to targeted support and Early Help including:

- Ensuring that the voice of children and young people and their lived experience is central to the work.
- Targeted Support Teams offering Child Exploitation (CE) risk screening and assessment for early identification and intervention through sexual health and safe relationships work. Direct work is being undertaken to reduce/disrupt/support vulnerabilities and behaviours through clear safety and wellbeing goals.
- BCP uses a step-up pathway to support the graduated response when safety and complexity exceed safe support offered by Targeted

- Tactical assessment reports provide accurate and up to date information on crime and Anti-Social Behaviour (ASB) and supports resource decisions and deployment of staff. Evidence shows that focused work reduces anti-social behaviour and crime reports in hotspot areas across the BCP area, this includes vulnerable groups at risk of child exploitation.

A planned programme of diversion intervention and positive activity has been offered during peak periods to signpost and support children and young people into structured safer activities. This includes young people at risk of vulnerable cohorts of young people identified as at risk from exploitation.

⟹ Police

The introduction of the two place-based Local Safeguarding Hubs in January 2023 has seen an uplift of resources and a stronger commitment to building local safeguarding partnerships to combat Child Exploitation. Early areas of good practice include the new Missing, Exploited and Trafficked (MET) panel in BCP where emerging cases of concern can be referred in and discussed by partners from police, health, social care, youth justice service and education to triangulate risk and intervene to prevent escalation of risk. The meeting additionally provides accountability and ownership of those children already deemed to be at significant risk.

Police have also invested in two missing persons teams, place-based, who predominantly focus on missing children and working in partnership to address repeat cases. Whilst we understand not every missing child is exploited it presents opportunity to intervene, assess and prevent harm.

Successful evidence led prosecutions have helped safeguard children. https://www.dorset.live/news/dorset-news/london-paedophile-who-groomed-bribed-7879380. Prosecution is not the only outcome and Dorset Police are committed to relentlessly pursue perpetrators of child abuse and giving victims a voice and confidence to report.

⟹ Youth Justice Service (YJS)

The YJS adjusted its procedures for Risk Assessment Panels to hold a Risk Assessment Panel for all children with a weapon offence and increase the use of doorstep curfews, in conjunction with Neighbourhood Police Teams, as part of its risk management plans.

The YJS has improved its data links with both BCP and Dorset Council Children's Services to ensure accurate information is recorded regarding children's Child Exploitation (CE) status. The YJS has also adapted its recording and reporting processes to monitor the numbers and progress of National Referral Mechanisms (NRM) for YJS children.

The YJS was inspected in September and October 2022, with the report being published in January 2023. The inspection included detailed scrutiny of YJS work with 62 children, extensive written evidence and meetings with team members, service users and partners. The service received a rating of 'Good'. One of the inspection recommendations was for the YJS Partnership Board to "*develop a shared approach across the partnership to address child exploitation and county lines and put a framework in place which promotes effective practice".* Action in response to this recommendation is being undertaken at a partnership level, overseen by the YJS Partnership Board and reported to the place-based safeguarding arrangements.

⇒ NHS Dorset

In the process of delivering healthcare, NHS frontline staff are often presented with opportunities to help young people identify and disclose when they are victims of exploitation. It is vital to ensure that NHS staff are confident and competent in supporting collaborative processes which intervene and disrupt this exploitation. Individual NHS provider organisations publish their safeguarding training compliance figures in their public annual safeguarding reports. NHS Dorset assures itself of the confidence and competence of the Dorset NHS workforce through monitoring of the safeguarding training compliance of the NHS providers. The NHS Dorset safeguarding team also assists NHS providers with advice about training strategy and content.

Other assurance is gained through a range of strategies. Of note in 2022/23 was the development of a new protocol to improve the quality and timeliness of information supplied to child protection conferences by GP practices.

During the year, NHS Dorset also created a role for a dedicated Consultant Nurse for Community Safeguarding. This unique post has created space for an experienced safeguarding health clinician to devote attention solely to working with community safety partnerships to design strategy to reduce exploitation.

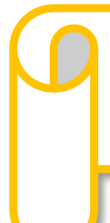
NHS Dorset Chairs the Pan-Dorset Child Safeguarding Practice Review (CSPR) sub-group and this is a particularly useful forum for collaboration in applying learning about effective ways to reduce exploitation. NHS Dorset also leads work with NHS partners to ensure that actions identified for the NHS through CSPRs are effectively managed.

NHS Dorset works in partnership with NHS provides and gains assurance of how the NHS works together to reduce the exploitation of young people through work carried out by the providers. For example, in the Dorset County Hospital (DCH) annual safeguarding report, reference is made to how DCH has noted a rise in attendances to the emergency department due to assaults related to weapon-carrying in young people (both male and female). DCH are members of the Dorset place-based Child Exploitation Tactical Group.

During the year a collaborative Reachable Moments project was launched by BCP Council, Police and University Hospital Dorset (UHD) in response to a CSPR. UHD staff received training from The Children's Society to support this project. The principle of 'reachable moments' is to offer support and signposting to young people as soon as possible after an incident of exploitation-related trauma has occurred.

During the year UHD noticed an increase in assaults to children, by children and non-familial adults. Knife crime was a particular concern. To reduce risk, UHD works with BCP Council and Dorset Council to ensure that children at risk of exploitation are flagged so that frontline staff are made aware of risk when treating them.

Priority Areas 2022/23



Priority Area: Sexual Abuse - intrafamilial, link to violence against women and girls and sexual abuse in schools - peer on peer.

⇒ Dorset Council

This has been an area of focus in Dorset following the outcome of a CSPR. This led to the development of a bespoke sexual abuse toolkit, training and a dedicated conference.

Dorset Council responds to the needs of the community and the areas they live in to address any concerns. An example is the Pineapple Project which was developed following concerns identified for girls and young women in Weymouth and Portland. The project has been developed to support and safeguard young women when they are outside of their family homes.

The Project was set up based on the experiences of young people who spoke about sexual assault, exploitation, and peer on peer abuse. Young women told them that:

- many incidences occur locally.
- incidences have not been reported.
- young women's harmful experiences can become hidden.

The Project believes that all young women should:

- feel safe in the communities where they live
- be given the opportunity to understand their right to safety
- be able to seek the right support at the right time.

The Pineapple Project has reached out to girls and young women to understand their experiences e.g., during firework events in Weymouth where it had over 130 contacts. Assemblies have also been held in three secondary school in Weymouth.

The Project has provided safe spaces for young people and developed community guardians.

Further community guardian recruitment is planned along with looking to roll out across other areas of Dorset.

Further school assemblies are planned including opening the opportunity to primary schools – year 5 & 6 and offering education to boys in schools through targeted assemblies.

⟹ BCP Council

In the BCP area there have been a range of developments including:

- The workforce has been provided with training in recognising, assessing and supporting victims and perpetrators of Harmful Sexual Behaviour and/or are identified as Sex offenders.
- Tools in the Multi-Agency Safeguarding Hub (MASH) have been embedded to support them to identify and respond to concerns about potential Harmful Sexual Behaviour.
- Targeted Support plans have been developed to include specialist services to support recovery from violence, Female Genital Mutilation and sexual abuse.
- There has been work with schools to support them with young people where there are concerns about sexual abuse.
- There has been the development of focused adolescent programs such as Escape the Trap & Who is in Charge that provide education and support to young people that are experiencing peer-on-peer or peer-to-adult abuse.

⟹ Dorset Police

The forces vision is to 'Make Dorset a Safe County for Everyone', with priorities identified to relentlessly pursue perpetrators and put victims first. Many examples have been seen this year of the commitment to protecting vulnerable child victims of sexual abuse. One such investigation undertaken by the Child Abuse Investigation Team saw a 27-year sentence given to a male who abused two children over a 9-year period. https://www.dorsetecho.co.uk/news/23570246.man-sexually-abused-girls-dorset-across-nine-year-period/.

This sends a message to all victims of sexual abuse that Dorset Police will do all they can to investigate offences and ensure offenders are brought to justice and ensure victims are supported.

Learning from Child Safeguarding Practice Reviews (CSPR) for the police included; the over reliance of requiring children to disclose abuse, the requirement for professional curiosity and the development of skill amongst professionals to spot the signs of abuse. The recommendations are now being embedded through training throughout the partnership.

⟹ Youth Justice Service (YJS)

The YJS trained its Harmful Sexual Behaviour practitioners in the updated 'AIM3' assessment and intervention work during 2022/23. YJS also reinstated and reinvigorated its Harmful Sexual Behaviour practitioners group to provide peer reflective supervision.

YJS managers have played active roles in the multi-agency Harmful Sexual Behaviour task and finish group, led by the Integrated Care Board.

⟹ NHS Dorset

During the year, NHS Dorset helped develop a joint protocol for the assessment of intrafamilial child sexual abuse following learning arising from Child Safeguarding Practice Reviews. NHS Dorset gathered constructive feedback from practitioners then led a learning event to enable stakeholder consultation (they ensured that an evening session was provided to allow childminders to contribute). Clear protocols help professionals of different disciplines to work together effectively in these complex situations to ensure that children suffering this type of abuse are protected.

Also, during the year, the UHD safeguarding team initiated quarterly collaborative peer review meetings with the Dorset Sexual Assault Referral Centre (SARC) to improve collaboration and share learning.

Priority Areas 2022/23

Priority Area: Recognising and responding to the impact of domestic abuse involving children and young people (including under 1's and unborn safety and wellbeing)

⇒ Dorset

Dorset Council commissions an Integrated Domestic Abuse Service (IDAS) which is provided by Paragon. The service offer consists of community outreach support, accommodation-based support, helpline, and recovery programmes.

Dorset constantly strives to support practitioners to consistently identify domestic abuse and to build on the range of Domestic Abuse Support services available in our area so that staff can respond effectively with the right support for children and families. Through the Strengthening Services Plan they are working closely with the Community Safety Partnership on a range of actions to strengthen our partnership approach including the implementation of a Domestic Abuse Toolkit.

Dorset has implemented the nationally accredited DRIVE perpetrator programme. This included the creation of a Domestic Abuse Perpetrator Panel (DAPP). DAPP/DRIVE have been in operation since March 2021 and feedback from those involved demonstrates it is having a positive impact. DAPP/DRIVE link closely with the High-Risk Domestic Abuse (HRDA) model, where perpetrators are identified at HRDA, and referred to DAPP for consideration to DRIVE. Where DRIVE is not suitable, partners consider disruptive techniques to reduce the risk and ongoing offending.

Dorset Council continues to work with partners to take a whole systems approach to how they design and commission services. Last year partners came together to create and agree the Domestic Abuse Commissioning Charter. The Charter sets out a range of key principles and commitments for future design work and helps facilitate co-commissioning opportunities.

Dorset are implementing a new model of integrated working, with adult practitioners embedded in the locality teams in the Chesil, Dorchester and West localities. The teams welcomed domestic abuse practitioners in November 2022.

⇒ Integrated Domestic Abuse Court

The Integrated Domestic Abuse Court Investigative Approach (IDAC-IA) pilot in the family court is a new three stage approach to dealing with certain private law children cases* in the family court. The three stages are:

- Information Gathering and Assessment
- Intervention and/or Decision Hearing and
- Review Stage

The pilot, known as Pathfinder, is testing a less adversarial and more investigative approach to managing private law cases. The court will identify families' needs earlier and work with both adults and children, as well as external agencies, to understand their circumstances and help them to reach an agreement (where safe to do so) without the need for multiple hearings. A review stage may be carried out after an order has been made.

Pathfinder Leads feel that identification of domestic abuse has improved. While, domestic abuse was always considered under the Child Arrangements Programme (CAP), the IDAC-IA model has brought a much greater focus on domestic abuse and protecting children and families from harm.

Identification has been enhanced by the inclusion of DASH (Domestic Abuse, Stalking, Harassment and Honour based violence) risk assessments and active engagement with domestic abuse agencies and Independent Domestic Violence Advisers (IDVAs).

Domestic abuse agencies are supporting new families who were not previously known to them. The new risk assessment approach and greater involvement of specialist service organisations suggests the new process is helping to address a need in support for victims of domestic abuse in private law cases.

⇒ BCP Council

In BCP, bespoke training was commissioned by the Council to provide staff with the confidence to understand and work with children and young people in homes where domestic abuse was present, or with families who had previously experienced domestic abuse.

This included providing training in recognising, assessing and supporting victims and perpetrators of domestic abuse. A domestic abuse specialist based in the Multi-Agency Safeguarding Hub (MASH) provides consultation, advice and support to practitioners.

Practitioners work with children and young people to understand their lived experience, to capture their voice and to understand the nature, extent and impact of domestic abuse.

Multi-agency safety planning is key to working with families in BCP and drawing upon a range of domestic abuse services and reviewing risks as they escalate.

Multi-Agency Risk Assessment Conference (MARAC) continues the aim of protecting high risk victims of domestic abuse and helps facilitate a shared understanding of domestic abuse and the local offer.

The Domestic Abuse Strategy Group completed a needs analysis around Housing and Domestic abuse.

There has also been focussed work including training in relation to young people and abusive relationships including making appropriate referrals to services such as 'Escape the Trap' and this has included staff working with care experienced young people.

Dorset Police

Annual vulnerability training has focused on seeking the voice of the child in domestic abuse investigations. Frontline staff attending domestic incidents and those investigating crimes now seek to understand the lived experience of children living with domestic abuse. Officers are encouraged to speak directly to children and not make presumptions on behalf of young people has enhanced the information shared with partners.

Operation Encompass was rolled out across Dorset in 2021 to ensure that schools received timely information to support children living with domestic abuse in their homes. In 2022, this was further expanded to include the sharing of information regarding preschool age children. Police now share notification with Midwifery and Health visitors for pre-school age children ensuring every child pre-birth to 18 years is covered by the scheme. 303 schools across Dorset are signed up to the scheme with 76% of those surveyed finding this information sharing useful. Feedback from safeguarding leads in schools included:

“Information that we otherwise would not have received. On occasions we had no idea the families were in turmoil. Op Encompass gave us a way in”

“Much stronger understanding of the context of pupils' lives”

“We can ensure we are aware of incidents, children's emotional health and stresses experienced by families. This helps us with our own recording adding evidence and information to support families”

NHS Dorset

Healthcare staff are often very well placed to identify risk to children and young people when treating adult victims and perpetrators. NHS Dorset gains assurance that healthcare staff are using these opportunities from operational monitoring and auditing undertaken by NHS providers. This data is triangulated with safeguarding referral data reported by local authorities through quality assurance groups of the Pan-Dorset Safeguarding Children Partnership.

South West Ambulance Service Foundation Trust (SWASFT) frontline staff are often well-placed to identify risk to children when attending to injuries received by adults. During the year, SWASFT actively participated in Rapid Reviews and Child Safeguarding Practice Reviews and attended practitioner learning events connected to reviews. During the year, SWASFT also recruited a new Safeguarding Educational Specialist post to enhance the support of training provided to frontline staff.

Victims of domestic abuse sometimes use medical appointments with GPs as a safe place to disclose the abuse. During the year, NHS Dorset further enhanced a domestic abuse toolkit for GPs. The toolkit helps GPs to give effective support and signposting to victims who disclose domestic abuse, and specifically reminds them to consider the impact on any children involved.

Priority Areas 2022/23

Priority Area: Supporting children to maintain positive mental health and emotional wellbeing, understanding the longer-term impact of Covid-19. Access to services at all levels (e.g., Tier 4 beds locally, CAMHS demand

⇒ Dorset Council

Support for educational settings has been developed in Dorset. This has included:

- Offer of Therapeutic Thinking to all schools with 92/159 settings having attended 3-day training course. In addition, there is ongoing support to implement the approach.
- Relational practice training has been attended by 85 settings.
- Family support workers and pastoral leads in schools attended training on Cognitive Behaviour Therapy (CBT) focused group work for families.
- Providing Emotional Literacy Support Training and Supervision. In 2022-2023, two courses were run and attended by 71 practitioners. 196 Emotional Literacy Support Assistants received half-termly supervision provided by an Educational Psychologist.

There are regular joint meetings between education, social care and Child Adolescent Mental Health Service (CAMHS) to track high to medium risk young people.

⇒ BCP Council

In 2022/2023 we achieved:

- Chat Health supporting parents with anxiety, depression/low mood, emotional wellbeing and worry, suicide ideation:
  - *'Chat Health' reports 883 messages were received and 1,099 were sent between Oct - Dec 2022.*
- Parentline supporting parents with concerns such as infant feeding, physical health and sleep, emotional health and wellbeing, behaviour, continence and eating/nutrition issues:
  - *Parentline 0-5 years reports 5,365 messages were received and 8,028 messages sent between Oct - Dec 2022.*
  - *Parentline 5-19 years reports 898 messages were received and 1,383 messages sent between Nov - Dec 2022.*

In 2023/24 we are redesigning pathways and recommissioning Children and Young Peoples Mental Health Services to enable place based and outcome focused commissioning. We are commissioning parenting support in respect of children and young people with, or who are at risk of conduct disorder.

We are developing staff in family hubs to have a greater understanding of mental health issues, including early intervention and emotional/ wellbeing support, and to ensure that they are able to connect families to appropriate support within the network and local area.

⇒ Dorset Police

Due to an increasing prevalence of responding to children in mental health crisis, this year Dorset Police has equipped staff more effectively to respond. There is positive practice developing between mental health professionals, families and officers in some complex cases where the police response was potentially resulting in greater trauma for the child. The production of trigger plans and guidance to frontline officers has worked to good effect and in 2024 the force will deliver trauma informed training to the wider workforce in our annual vulnerability training.

However, Dorset Police recognises we are not the right agency to respond to a child in crisis and are committed to working with our partners to embed “Right Care Right Person” in the forthcoming year. Stakeholder briefings have commenced, and ambitious timelines will see delivery of this programme to ensure children in need receive help from those best equipped and trained to respond.

⇒ Youth Justice Service (YJS)

The Youth Justice Service added a ‘Trauma Champion’ role to help develop the team’s trauma-informed practice. The YJS Psychologist led multi-agency trauma formulation meetings in respect of YJS children in both Dorset and BCP areas. The Trauma Champion and the YJS Psychologist, led workshops for team members to consolidate and enhance their confidence and application of trauma-informed practice.

The YJS nurses developed a consistent process for providing consultations to YJS colleagues to support the mental health and emotional wellbeing of children in the YJS. A nurse also delivered a workshop to team members on assessing and responding to risks of self-harm and suicide.

The YJS Speech and Language Therapists provided training and support for YJS colleagues in using resources such as Talking Mats to improve communication with young people. They also provided training to other services including The Appropriate Adult Service, The Harbour and to detectives in Dorset Police.

⇒ NHS Dorset

NHS Dorset helped develop a memorandum of understanding (MU) assessing the needs of children and young people with emotional and mental health needs staying in acute settings. This MoU helps partners to work together to find effective solutions for young people who might otherwise not be receiving appropriate care for their unique and individual needs.

Other Work

⟹ Dorset Council

The government's response to national reviews of two tragic child deaths was to commission Josh MacAlister's care review. In response to this the government published their report ' Stable Homes Built on Love'.

Families First for Children is the name the government is using for its project to implement the reforms outlined within 'Stable Homes Built on Love' This includes changes to family help, child protection, kinship care and safeguarding partnership arrangements.

Dorset Council has been recognised for its ground-breaking work with children and families and has been selected as one of three local authorities to be a pathfinder in the government's new programme to ensure families are better supported.

Work has started on the programme in the autumn of 2023 and three local authorities (Dorset Council, Lincolnshire County Council and City of Wolverhampton Council) will work with police, health and education in their areas over the following two years. The programme will attract funding for the Dorset Council area to help with the implementation.

⟹ BCP Council

Children's Services have continued their improvement journey with scrutiny through their Improvement Boards, Department for Education (DfE) Advisor, Sector Led Improvement Partner (SLIP) support and OFSTED monitoring visits (4 completed at the time of this report). They continue to address areas for improvement, monitoring visits and DfE reviews consistently report that Childrens Services is improving and the service knows itself well and demonstrates it knows how to improve. OFSTED have reported that the quality of social work practice in BCP Council continues to improve and is more consistent.

Building Stronger Foundations is the Children's Services transformation programme which has completed a diagnostic and put in place priorities for transformation moving forward, these include service redesign, strengthening partnerships and supporting transformation in Childrens Social Care, Commissioning, Governance and Communication and Culture.

BCP Childrens Services was awarded National Leaving Care Benchmarking Forum Best Project of the Year Award for its innovative 333 Care Leavers Hub, which is a safe space for Care Experienced Young People to seek support, guidance and socialise.

The Keeping Families Together team and the Edge of Care team has an 83% success rate in supporting families to stay together and has expanded to support all age groups from its initial remit of adolescents.

An extensive Early Help and Family Hub Transformation Programme is underway. This work will provide a new Early Help Strategy, new partnership assessment and care planning pathways, and provide a single outcomes framework for Early Help services. This work aims to ensure partnership working is better integrated to meet the identified needs of local children, young people and families. The programme will align Local Authority working on the Integrated Looked After Children (ILAC) and Special Educational Needs and Disabilities (SEND) improvement, Family Hub Transformations and prepare the foundations for the longer term implementation of the Care Review'

⟹ Dorset Police

Following the 2021 National Child Protection Inspection undertaken by His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), Dorset Police has worked to address 8 recommendations relating to how we respond to and investigate incidents involving children. 2022 saw the reinspection where good progress was noted across all recommendations ranging from the response to missing children, the management of sex offenders who present a risk to children, use of Police protection powers and evidence of our working practices with partners.

The Police being a Pan Dorset agency have worked with the partnership to understand and enhance place-based arrangements with the implementation of Local Safeguarding Hubs whilst building on opportunities to unify and create Pan-Dorset opportunities. An example of this is the Multi-Agency Safeguarding Hub (MASH) where we recognise the need to have two place-based Operations Groups aligned to the Local Authority front doors but have unified and sought to find commonality at a strategic level with a number of task and finish groups to prevent duplication of effort and divergence of practice.

⟹ NHS Dorset

NHS Dorset has set out how it will deliver healthcare to the people of Dorset and BCP areas in a five-year Joint Forward Plan (JFP) for 2023 to 2028. The safeguarding priorities of NHS England and local safeguarding partnership were used in the development of this JFP. As well as delivering the JFP, NHS Dorset will continue to contribute to the development of priorities agreed with local safeguarding partnerships.

The NHS Dorset safeguarding team also engaged with regional and national safeguarding including the NHS England Southwest Safeguarding Steering Group, the National Network of Designated Healthcare Professionals for Children, and the Safeguarding Adults National Network, to understand and apply regional and national safeguarding priorities.

The Dorset Insight and Intelligence Service launched a portal for professionals involved in providing services to children providing safeguarding and health insight data. Good quality information and insight allows NHS Dorset to plan and commission services for children in ways that better reduce health inequalities for those who suffer abuse or neglect.

During the year, NHS Dorset gained assurance on the safeguarding strategies and operations of NHS providers through performance monitoring, reviewing the annual reports of NHS providers, and also by attendance at NHS provider's internal safeguarding governance meetings. Attending these meetings provides a useful opportunity for the cross-pollination of safeguarding strategies between providers and partners and provides NHS Dorset with assurance that NHS providers are modelling a partnership approach to safeguarding children and young people.

NHS Dorset safeguarding professionals delivered Initial Health Assessments to unaccompanied asylum-seeking young people in the BCP area to help manage demand due to an exceptional influx. The timely delivery of Initial Health Assessments (IHA) to this cohort of patients allowed trauma-induced mental health illness to be identified promptly so that appropriate help could be sought swiftly.

During the year, NHS Dorset also restructured its arrangements for safeguarding governance. A new Integrated Care Board Safeguarding Assurance Group was created to consolidate safeguarding assurance from a range of child and adult safeguarding work streams. One of the the programme groups is the Child Safeguarding Programme Group. This group brings NHS child safeguarding leads together to coordinate and collaborate on quality assurance tasks identified in recommendations arising from partnership statutory reviews.

Priorities 2023-2025

The Pan-Dorset Safeguarding Children Partnership reviewed their priorities and agreed, in consultation with both BCP and Dorset Community Safety Partnerships and both BCP and Dorset Safeguarding Adult Boards, the following priorities for 2023-2025:

Priority 1: Violence experienced by children and young people

a) Sexual violence and abuse including online abuse

Why is this a priority?

In the Pan-Dorset area the largest proportional increase in suspected sexual offenders has occurred within male suspects of sexual offences aged under 18 years, having risen by 2.5% (from 8.7% to 11.2%) between 2019 – 2022.

Individuals aged under 18 years at the time of reporting the offence to police remain the largest cohort of victims, accounting for over a third (34.0%) of all sexual offence in the last 12 months.

The Children's Commissioner's report on young people and pornography in January 2023 identified that pornography exposure is widespread and Normalised, to the extent that children cannot 'opt-out'. The average age at which children first see pornography is 13 years. By age nine years, 10% had seen pornography, 27% had seen it by age 11 years and half of children who had seen pornography had seen it by age 13 years. They also found that young people are frequently exposed to violent pornography, depicting coercive, degrading or pain-inducing sex acts; 79% had encountered violent pornography before the age of 18 years. Young people expressed concern about the implications of violent pornography on their understanding of the difference between sexual pleasure and harm.

b) Domestic violence and abuse

Why is this a priority?

Each year more than 100,000 people in the UK are at imminent risk of being murdered or seriously injured because of domestic abuse.

130,000 children live in households where there is high-risk domestic abuse.

A quarter (25%) of children in high-risk domestic abuse households are under 3 years old.

62% of children living in domestic abuse households are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of other.

In 2021-2022, 9,477 domestic abuse-related crimes were recorded by Dorset Police up from 9,159 the year before.

c) Physical violence and knife crime

Why is this a priority?

Under 18s continue to account for the largest proportion of Public Place Violent crime victims, in the Pan-Dorset area. In the last 12 months to January 2023 they represented 24.3% (1,875 of 7,715) of all victims. Victims aged under 18 years at the time of the offence are slightly more likely to be a repeat victim (12.4%, 199 of 1,611).

There were 338 recorded knife crimes in the last 12 months and this is an 8.3% increase. There continues to be an increase in under 18s as both victims and perpetrators of knife crimes.

Reviews have indicated that there have been ongoing concerns in this area. Operation Landslide related to two 16-year-olds convicted of murder and both were in possession of knives and the victim died of stab wounds.

Priority 2: Children's mental health and emotional well-being

Why is this a priority?

Child mental health remains a disproportionately high factor within referrals from the police and is the predominant concern in around 10% of referrals to children social care. This is also reflected within referrals from health, as well as child attendances at local emergency departments. There is an increase in both the volume and complexity of mental health, following the pandemic.

Multi-Agency planning is ongoing to review and improve local service provision and there is still a lack of appropriate accommodation for these children and young people.

Priority 3: Neglect

Why is this a priority?

Neglect continues to be a feature in both national and local reviews e.g., neglect featured in 75% of the 166 serious case reviews examined for the period 2017-19. There is a continued need to ensure that all agencies are recognising and responding effectively to neglect.

The Partnership recognises the impact of the cost-of-living crisis, poverty and the increased pressures on family life that can lead to neglect.

Pan-Dorset Safeguarding Children Partnership
Dorset Council
BCP Council
DORSET POLICE
NHS Dorset

Conclusion

In summary leaders and frontline professionals and volunteers are operating in an environment of high risk and uncertainty, whilst undertaking their vital child safeguarding duties. Complex human systems and processes, across many agencies, particularly in the face of increasing demand and continued resource constraint, provide significant challenge. Identifying clear priorities for safeguarding children and then providing evidence of action and impact is essential. Working together in structured partnership provides for rigorous scrutiny, challenge and assurance led by senior executive leaders from the statutory agencies.

In our annual report we have demonstrated how we use an annual business cycle to identify priorities for activity, set objectives for action and then work to deliver continuous improvement throughout the year. We demonstrate how we provide independent scrutiny of our own activities through audit and review and are using a new scrutiny plan developed and agreed for action.

We provide ongoing and consistent strategic analysis of emerging risks and national themes to prompt specific focus, as demonstrated by our work on intra-familial sexual abuse, unaccompanied children and trauma-informed practice.

We provide structured governance which reflects the local delivery needs and accountabilities at unitary local authority level, in our well-developed 'place-based' arrangements and a Pan-Dorset partnership to deliver strategic oversight where it adds value in areas such as Business Support, Training, Reviews and leadership challenge.

We ensure that learning from reviews is implemented and embedded across all agencies and organisations working with children and young people and that this informs the content of our high-quality training provision. Nearly 3,000 frontline practitioners receiving vital training across 156 courses is a clear demonstration of our partners' commitment to continuous improvement.

Glossary

Abbreviation	Meaning
MASH	Multi-Agency Safeguarding Hub
CSPR	Child Safeguarding Practice Review
PDSCP	Pan-Dorset Safeguarding Children Partnership
BCP	Bournemouth, Christchurch and Poole
IMD	Index of Multiple Depravation Indicator
LSOA	Small Statistical Area
ICB	Integrated Care Board
PRU	Pupil Referral Unit
DHUFT	Dorset Healthcare University Foundation Trust
DCH	Dorset County Hospital
WT	Working Together to Safeguard Children
MET	Missing, Exploited and Trafficked Children
IFSA	Intrafamilial Sexual Abuse
GRT	Gypsy, Roma, Traveller Cultural Awareness
DA	Domestic Abuse
LADO	Local Authority Designated Officer
S11	Section 11
CDOP	Child Death Overview Panel
NCMD	National Child Mortality Database
CAROLE	Children At Risk Or Linked to Exploitation
REACH	Drug and Alcohol Service
CE	Child Exploitation
HSB	Harmful Sexual Behaviour
CAMHS	Child and Adolescent Mental Health Service
MoU	Memorandum of Understanding

Abbreviation	Meaning
CST	Complex Safeguarding Team
CIN	Child in Need
CP	Child Protection
ETAC	Exploitation Team Around the Child
ASB	Anti-Social Behaviour
YJS	Youth Justice Service
NRM	National Referral Mechanism
ED	Emergency Department
UHD	University Hospital Dorset
SARC	Sexual Assault Referral Centre
IDAS	Integrated Domestic Abuse Service
DRIVE/DAPP	Domestic Abuse Perpetrator Panel
HRDA	High Risk Domestic Abuse model
IDAC-IA	Integrated Domestic Abuse Court Investigative Court
CAP	Child Arrangement Programme
DASH	Domestic Abuse, Stalking, Harassment and Honour-Based violence.
IDVAs	Independent Domestic Violence Advisors
MARAC	Multi-Agency Risk Assessment Conference
SWASFT	South Western Ambulance Service Foundation Trust
CBT	Cognitive Behaviour Therapy
OFSTED	The Office for Standards in Education, Children's Services and Skills.
HMICFRS	Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services.
JFP	Joint Forward Plan

THE CHILD IN MIND

~ SOCIAL WORKER ~

"History will judge us by the difference we make in the everyday lives of Children"

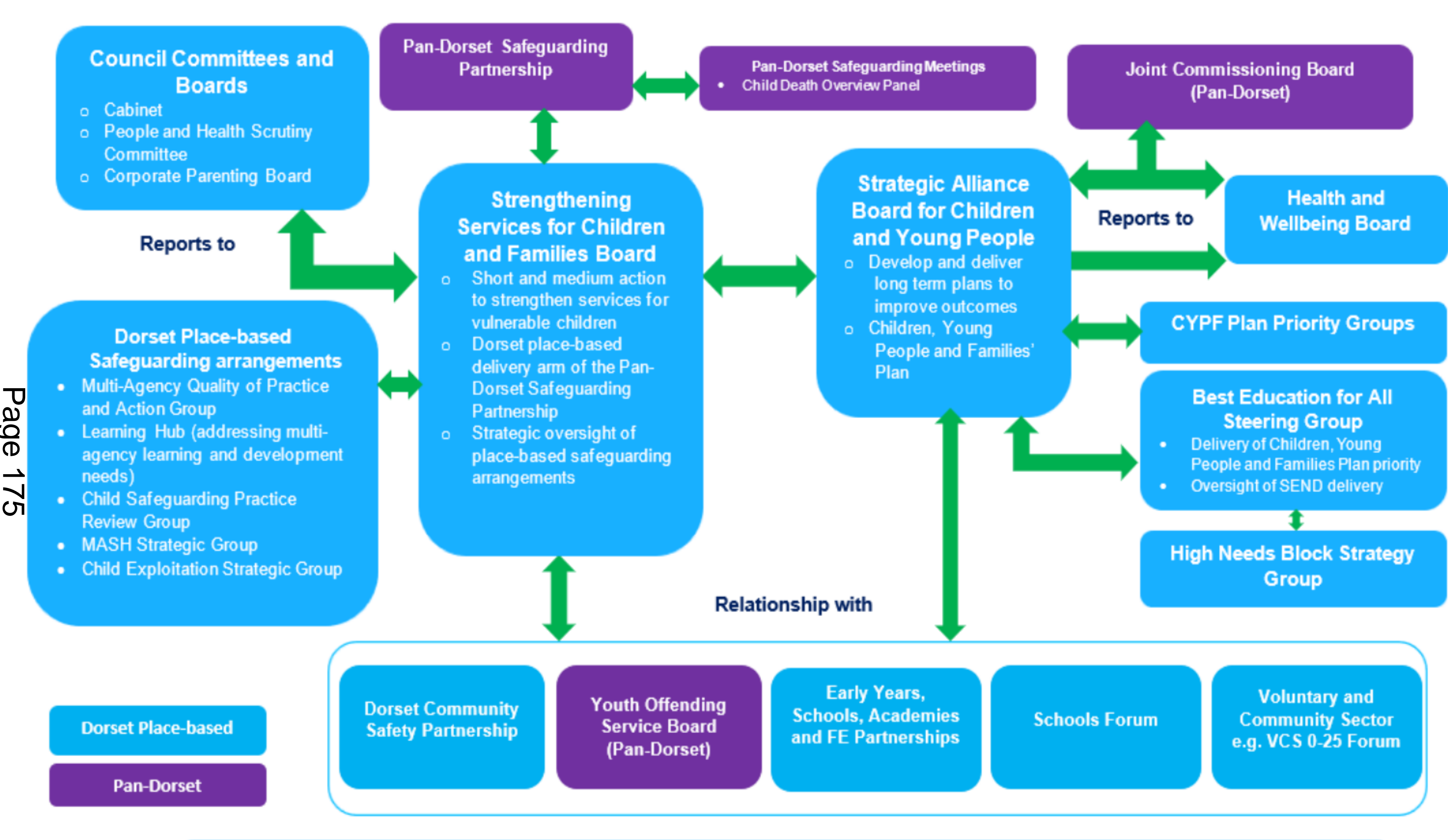
~ Nelson Mandela ~

Appendices

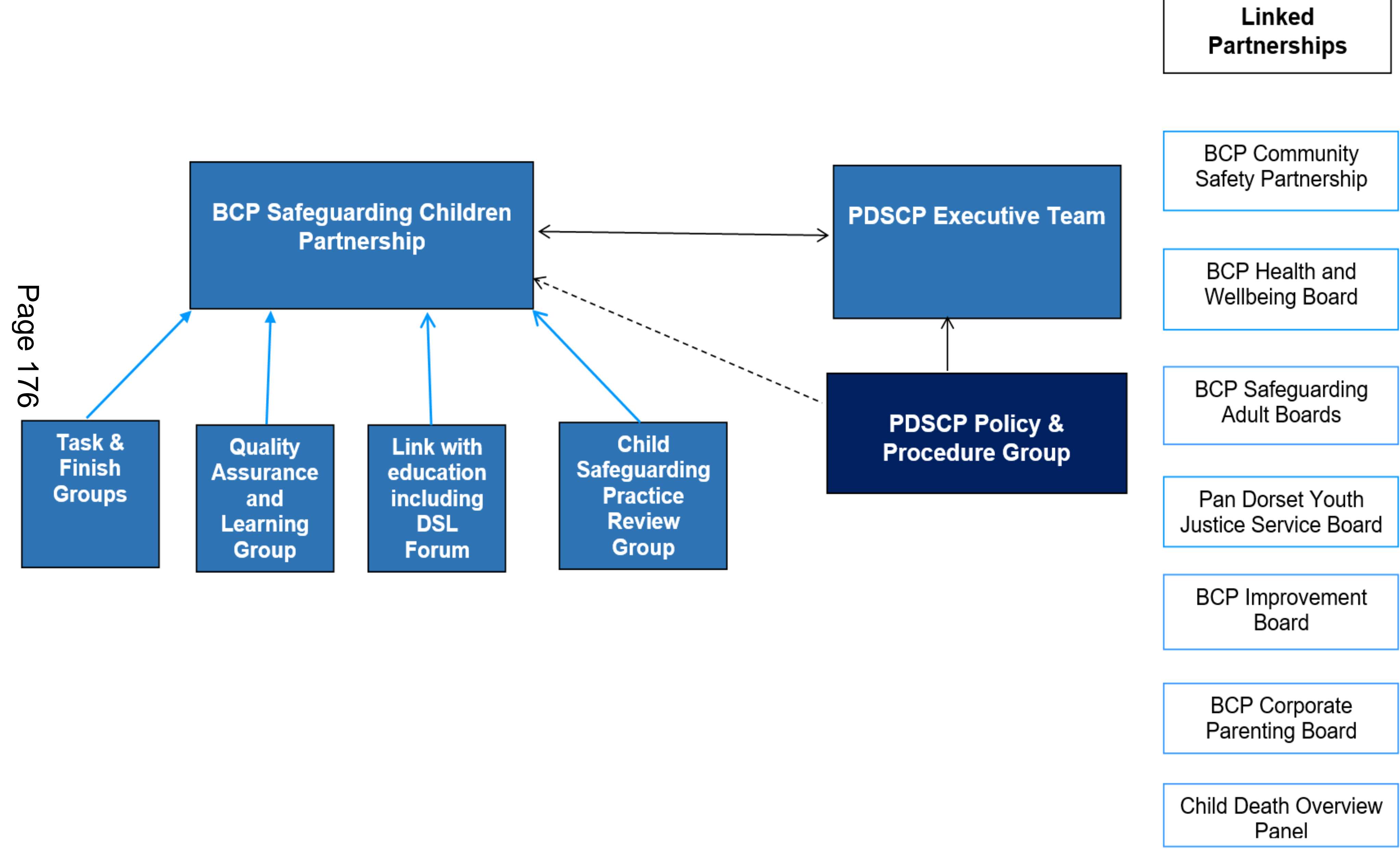
Appendix 1— Dorset Children's Strategic Partnership Governance

Appendix 2 — BCP Safeguarding Children Partnership Structure

Appendix 1 - Dorset Children's Strategic Partnership Governance



Appendix 2 - BCP Safeguarding Children Partnership Structure



Health and Wellbeing Board
Work Programme

Title	Description	Date of Committee Meeting	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Integrated Neighbourhood Teams	Update on the Integrated Neighbourhood Teams of the integrated care system.	**20 March 2024**	Sarah Howard, Deputy Director for Place, NHS Dorset	Portfolio Holder for Adult Social Care, Health and Housing	
Better Care Fund Quarter 3 Template Approval	Retrospective approval of the BCF Quarterly Template.	**20 March 2024**	Sarah Sewell, Head of Service for Older People and Prevention Commissioning	Portfolio Holder for Adult Social Care, Health and Housing	
Joint Strategic Needs Assessment: Narrative Update		**20 March 2024**	Natasha Morris – Team Leader Intelligence	Portfolio Holder for Adult Social Care, Health and Housing	
Children's Safeguarding Partnership Annual Report and the Families First Pathfinder	Review of the PDSCP Annual Report. Outline of the Pathfinder programme and the transformation required for Children's social care.	**20 March 2024**	James Boxer, Programme Manager (FFCP) James Vaughan, Independent Chair PDSCP	Portfolio Holder for Children, Education, Skills, and Early Help	

Title	Description	Date of Committee Meeting	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Health and Wellbeing Strategy refresh		**26 June 2024**			
B2SA Progress Report		**18 September 2024**		Portfolio Holder for Adult Social Care, Health and Housing Portfolio Holder for Children, Education, Skills, and Early Help	
Thriving Communities (VCS)		**18 September 2024**	Dave Thorpe – Thriving Communities Partnership Manager		
Right Care Right Person		**18 September 2024**			
Health and Wellbeing Strategy refresh		**20 November 2024**		Portfolio Holder for Adult Social Care, Health and Housing	
		19 March 2025			

Title	Description	Date of Committee Meeting	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Potential Agenda Items for Future Meetings:					
Safeguarding Adults Board Annual Report	To receive the Safeguarding Adults Board Annual Report.	**Mid - Late 2024**	Independent Chair of the Safeguarding Adults Board	Portfolio Holder for Adult Social Care, Health and Housing	
Housing Strategy	How the Housing Strategy links to Health and Wellbeing.				

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