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People and Health Scrutiny Committee

Date: Monday, 17 November 2025
Time: 10.00 am
Venue: Meeting Room 1, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 3)
Toni Coombs (Chair), Jane Somper (Vice-Chair), Bridget Bolwell, Barry Goringe, Sally Holland, Carole Jones, Chris Kippax, Robin Legg, Andy Todd and Carl Woode

Chief Executive: Catherine Howe, County Hall, Dorchester, Dorset DT1 1XJ

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Agenda

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Dorset Council

PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON MONDAY 22 SEPTEMBER 2025

Present: Cllrs Toni Coombs (Chair), Jane Somper (Vice-Chair), Barry Goringe, Carole Jones, Chris Kippax, Robin Legg, Andy Todd and Carl Woode

Present remotely: Cllrs Sally Holland

Apologies: Cllrs Bridget Bolwell

Also present: Cllr Steve Robinson and Cllr Gill Taylor

Also present remotely: Cllr Ryan Hope and Cllr Clare Sutton

Officers present (for all or part of the meeting):
Andrew Billany (Corporate Director for Housing), Sam Crowe (Director of Public Health), George Dare (Senior Democratic and Governance Officer), Paul Dempsey (Executive Director of People - Children), Sarah Howard (Deputy Director of Modernisation and Place) and Rachel Partridge (Deputy Director of Public Health)

Officers present remotely (for all or part of the meeting):
Julia Ingram (Corporate Director for Adult Social Care Operations) and Jonathan Price (Executive Director of People - Adults and Housing)

24. **Apologies**

An apology for absence was received from Cllr Bridget Bolwell.

25. **Declarations of Interest**

There were no declarations of interest.

26. **Minutes**

The minutes of the meeting held on 30 July 2025 were confirmed and signed.

27. **Public Participation**

There was no public participation.

28. **Councillor Questions**

There were no questions from councillors.

29. **Urgent Items**

There were no urgent items.

30. **Arrangements for Public Health in Dorset Council following Disaggregation**

The Director of Public Health and Prevention introduced the report on the disaggregation of Public Health Dorset. There were several key issues throughout the disaggregation, which included the need to ensure the disaggregation was safe whilst still maintaining an effective service in both councils. There would be a need for the committee to consider which areas of public health they would like to scrutinise in the future. Public Health Dorset was able to do significant work in the local health system, however the Public Health and Prevention Directorate would need to focus on delivering effectively with a smaller team and BCP Council's public health team.

Members discussed the report and asked questions of the Director and Deputy Director of Public Health. During discussion, the following points were raised:

- The re-procurement of public health contracts was to ensure they were right for the future and due to wider influences such as clustering of Integrated Care Boards and more place-based working.
- Commissioning services separately from BCP Council could be better for integration of public health in Dorset Council, however joint commissioning could be more efficient and better value.
- 5-year projections and inflation were considered for the regional assurance process, due to the potential for 3-year Public Health Grant settlements. Additional grants received by public health would be included in the Public Health Grant.
- Committee members were concerned that public health may receive less money if additional funding was merged into the Public Health Grant.
- The Regional Director led a robust assurance visit and feedback from the visit was incorporated into an action plan.
- Smoking cessation and NHS Health Checks were both examples of public health outcomes with performance measures. The Committee would monitor these metrics in quarterly performance reviews. An all-member webinar would be held on the Public Health and Prevention directorate, with information about smoking cessation and health checks included.
- Members queried the numbers of people quitting smoking. It was the number of validated quitters after 4 weeks. High numbers were achieved through working with digital and marketing teams. Most of the 5-year smoking cessation programme was achieved in year 1, so it was unknown how successful it would be in the coming years. Following a question from

the Chairman, it was confirmed that the majority have transferred to vaping and had not given up entirely.

- A member asked if there had been a lower take up of childhood MMR vaccinations. It was confirmed that Dorset was not achieving the national standards, however the county was outperforming the wider South-West and England averages. Public health worked with the NHS on vaccinations but did not commission the vaccinations.
- A member referenced a scheme in Minehead, where GP appointments were made for young people missing school, which had positive results for helping young people stay at school. The Deputy Director of Modernisation and Place offered to explore this with the NHS. Cllrs Jones, Todd and Kippax would collaborate on this piece of work.
- Members emphasised that outcomes were the key to all the council does. The Director of Public Health and Prevention explained there was not much flexibility for spending the Public Health grant, however through integrating public health into the council and through Integrated Neighbourhood Teams, public health would be able to reach people better, creating outcomes for them.

Committee members commended the seamless disaggregation of public health and aligning it with council directorates and priorities, without a change to service delivery. The Chairman summed up the discussion and emphasised the Regional Director of Public Health's comment about the 'brilliant' public health work in the council.

31. **Dorset Safeguarding Children's Partnership Annual Report 2024-25**

The Executive Director of People – Children introduced the Safeguarding Children Partnership annual report. This was the first annual report since the disaggregation of the Pan-Dorset Safeguarding Children Partnership, due to Dorset Council taking part in the Families First for Children Pathfinder. The new model of the partnership is chaired by a senior person from a statutory partner, rather than an Independent Chair, however an Independent Scrutineer had been appointed to the partnership. Overall, the partnership had achieved deeper integration, better communication, and Ofsted commented positively about it.

The Committee asked questions of the Executive Director of People – Children and discussed the report. The following points were raised:

- A member raised that there are 23% of children living in poverty and gave examples of poverty to remind the committee the challenges that poverty brings to young people.
- Although the numbers were low, members were concerned by the number of young people experiencing harm. The Executive Director explained the work to reduce and prevent harm, which included working with the Community Safety Partnership and the police. The Pineapple Project focussed on safeguarding young women and girls and individual children would have their own Child Protection Plans. If the risk of significant harm increased then support would be increased, with the possibility of the young person being taken into care where necessary.

- A member raised that family hubs were becoming a trusted place for families and asked how the council could measure and show the value of family hubs. The Executive Director explained that metrics for families receiving support would increase and the number of child protection plans decrease over time as family hubs are successful. Specific metrics for family hubs would be explored.
- There were impact reports from the voluntary sector which measured the impacts of family hubs. The Our Future Council programme and developing a new customer model would provide opportunities to how the council receives feedback from customers about services.
- There was a new target to report to Government for the percentage of children achieving a good level of development at early years foundation stage. The council was achieving 70% for this performance measure, however members emphasised the need to be supporting the other 30% of children to ensure they were also being developed.
- A member raised that attainment in schools was lower than average for Key Stage 2 outcomes. This was confirmed by the Executive Director, and it was a target to improve KS2 outcomes in the council plan. Improving attainment was being delivered through the Dorset Education Board, an education improvement strategy, a school improvement team, and education challenge leads.
- Members asked how the role of the Independent Scrutineer would operate in the Safeguarding Children Partnership and requested that they contribute to the annual report in future years. The partnership meetings would be chaired by the council's Chief Executive rather than an Independent Chair going forward.

The Committee Chairman summed up the discussion and reiterated the need to ensure that the council continues to have effective safeguarding arrangements for children and young people in Dorset.

32. **Committee's Work Programme and Executive Forward Plans**

The Chairman outlined the agendas for the upcoming meetings in November and January. The November meeting would have a focus on Adult Social Care due to the upcoming CQC inspection in early December. The January meeting would focus on the budget and Medium-Term Financial Plan.

Changes to children and young people's mental health services would be brought to the committee after a year to review the differences the changes are making.

33. **Exempt Business**

There was no exempt business.

Duration of meeting: 10.00 - 11.34 am

Chairman

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People & Health Scrutiny Committee
17 November 2025
Adults and Housing Deep Dive into Carers
For Review and Consultation

Cabinet Member: Cllr S Robinson, Adult Social Care

Local Councillor(s): All

Senior Leadership Team: J Price, Executive Director of People - Adults

Report author and job title: Julia Ingram, Corporate Director for Operations, Adults and Housing
Email: Julia.Ingram@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public Choose an item.

Executive summary (maximum of 500 words)

Following agreement with the Committee Chair, the Adults and Housing Directorate will undertake a focussed deep dive into two priority areas identified by the Care Quality Commission (CQC).

These are:
a) The waiting lists held across our Directorate and the actions we are taking to manage them.
b) The Directorate's work with unpaid carers.

This paper focusses on priority area b) the Directorate's work with unpaid carers.

Unpaid and family carers are the backbone of the care and support of thousands of vulnerable adults and children in Dorset. Supporting them where they choose to maintain their caring role is a key statutory responsibility of the LA as set out in the Care Act 2014.

Unpaid carers across the country often report feeling undervalued, unheard, and unrecognised. Dorset Council is committed to changing that narrative. We have taken significant steps to improve how we work with unpaid carers, ensuring their voices are heard, strengthening co-production, enhancing our commissioned services, and improving access to personal budgets.

In addition, we have bolstered our operational capacity to deliver timely carer assessments and provide ongoing support and advice through robust case management systems.

This report also highlights the innovative work undertaken to enhance our digital offer, particularly through the development and implementation of the Bridgit Tool.

1. Recommendation(s)

1.1 This report on unpaid carers is provided for the awareness and oversight of Committee members and does not include any formal recommendations.

2. An overview of the Directorates Work with Unpaid Carers

1.0 Definition and Data:

A Carer is someone who provides unpaid help and support to another person who could not manage without their help. This can include caring for a friend, family member or neighbour due to old age, addition, disability or physical or mental illness.

Census 2021 data tells us:

In Dorset Council area there were **35,505 Carers** (14,365 male, 21,145 female).

9.7% of residents (aged 5 and over) provide unpaid care. This is similar to the averages for the South-West (9%) and England & Wales (8.9%).

In Dorset, 6.8% of unpaid carers provide up to 50 hours of care per week, while nearly 3% provide more than 50 hours.

1.1 Partnership Working for and with Carers in Dorset

Dorset uses a collaborative, system-wide approach to supporting carers. This includes Dorset Council, Carer Provider Forums, Dorset Parent Carer Council, Community Health Services, Hospitals, Voluntary and Third Sector organisations, GP Practices, Education Providers, and Commissioned Services.

Key structures and Forums

The Dorset Area Carer Provider Forum: offers an inclusive and collaborative space for stakeholders. The forum promotes best practice and innovation. The forum has expanded to include providers who may support carers indirectly, such as Live Well Dorset, which recently developed a wellbeing course for carers.

Testimonial from Jackie Hicken (Mid Dorset PCN) highlights the value of forums in sharing best practices and innovations like the Carer's Passport scheme:

“The Dorset Carers Provider Forum has been an invaluable and interactive resource in my role as Mid Dorset PCN Carers Lead. It’s a fantastic platform for networking, collaboration, and sharing ideas. Connecting with organisations across Dorset has helped me explore and adapt innovative ways to support carers locally.
For example, attending a forum last year introduced me to the hospital-led Carer’s Passport scheme and work around the patient journey from admission to discharge.”

The Pan-Dorset Carers Steering Group: Led, by a person with lived carer experience, comprises both carers and professionals. The Pan-Dorset Carer Steering Group co-produced, with Carers, a strategic document.

'Together with Carers – A Dorset Vision' published October 2024.

The objectives are :

- ensure all carers are valued, visible, and heard.
- provide all carers with choice and opportunities to take breaks from their caring role, as well as access to support in a crisis.
- support all carers to have a meaningful and fulfilling life, alongside, and after caring.
- understand carers' personal needs and situations and treat everyone fairly.
- provide information, advice, guidance, and practical resources to enable carers to carry out their caring role.
- ensure carers' own physical, emotional, and mental wellbeing are supported.
- be honest, consistent, and work together to manage expectations.

The Dorset Carers Partnership Group (DCPG) serves as the operational arm of the Steering Group. It drives improvements aligned with the Dorset Vision such as Bereavement support and joint approaches to national awareness campaigns. Dorset Council co-chairs the DCPG with Bournemouth, Christchurch and Poole Council.

The 'Our Dorset' joint working initiative exemplifies integrated health and care system collaboration, including shared communications for key events such as Carers Week (June) and Carers Rights Day (November). It includes NHS organisations, councils, public services, and voluntary and community partners such as Dorset Healthcare University NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, University Hospitals Dorset, NHS England, Dorset Parent Carer Council, BCP Carer Support, and BCP Council, Carers - Our Dorset.

This collaborative approach also extended to the Integrated Care System (ICS), which, in partnership with Carers, co-produced a simple two step leaflet to encourage carer identification and promote registration with both their GP Practice and the Dorset Council commissioned service.

1.2 Dorset Council Adult Carers Team:

- Specialist team (8.2 FTE) within Dorset Council, led by an Area Practice Manager and overseen by a Service manager
- Provides consistent practice standards and continuous service improvement.
- Conducts most statutory Care Act (2014) Carer Assessments
- Joint Assessments with cared for people re conducted in partnership with community-based teams
- Champions carers' rights and wellbeing
- Facilitates peer support, training, and drop-ins
- Collaborates with other teams (e.g., mental health, learning disability)
- Uses performance dashboards and weekly Carers Digest for improvement

Having a dedicated team who focus solely on working with carers sends a strong and positive public message that carers are important to us. The team uphold carers rights, ensuring that Equality, Diversity and Inclusion is at the heart of their practice, meeting our Equality Act (2010) duties. The Area Practice Manager (APM) also leads Dorset Council Carer Employee Network which is linked into our Equality, Diversity and Inclusion Strategy.

1.3 Working with Young Carers Reaching Adulthood:

The Adult Carers Team works in partnership with the Young Carers team in Children's Services. This collaboration supports smoother transitions into adult's services, reducing carer responsibilities and streamline processes. The plan is to align adult and young carer assessments with close involvement from the B2SA Team. Regular contact is breaking down silos and improving shared knowledge.

1.4 How we co-produce and hear the voice of carers in our work?

- Carers are involved in service design (e.g., Carers Journal, Bridgit platform)
- Website co-designed with carers for clarity and accessibility
- Feedback used to improve services like the Short Break Service

Co-Production and co-design are crucial elements of our service development. Dorset Council recognises the challenges carers face in managing complex and busy lives. We co-developed the Carers Journal (launched on Carers Rights Day 2024). Designed to simplify terminology and address common questions, the journal helps carers stay organised and informed.

Recent input from a Carers survey has helped us to enhance the Short Break Service improve service quality and communication.

1.5 <u>An overview of Dorset Council's Commissioned Services for Carers:</u>

Commissioned services are managed through partnerships and effective contract management, ensuring high-quality support for carers across Dorset.

Commissioned Service	Offer
Carer Support Dorset (2019–2025)	Carer Support Dorset are the current lead organisation until 21st November 2025. They have provided a service for carers aged 5 years and over. This offer includes a befriending service, regular newsletters, peer and support groups and an offer for young carers. Carer Support Dorset are also linked with the Dorset Race Equality Council to reduce inequalities in the support we provide carers.
Help & Care and MY TIME Young Carers (from Nov 2025)	This contract is due to start on 22nd November 2025 and supports carers aged 5 years and over. This service offers Health and Wellbeing coaching, training opportunities for carers, memory support and advice and the Hope programme- a self-management course for people living with long term health conditions or caring responsibilities. MYTIME are a specialist young carers charity based in Dorset and they actively support young carers whatever the level of need, providing activities and, education and employability support up to 25 years.
Forward Carers ID Card	The Dorset Carer Friendly ID Card is free for anyone who is registered with our lead carer organisation. The photographic card provides identification, gives free access to local and national discounts or entrance to places, provides a space to record In Case of Emergency contact details and comes as a physical or digital card for the mobile phone. Forward Carers are supporting businesses and local organisations to recognise Carers, and support them with varying opening hours, soft lighting, special opening times, or improved accessibility.

	This supports Dorset as a Carer Friendly Community.
SWAN Advocacy	SWAN Advocacy provide independent advocacy, over and above our statutory duty, to Carers who need it. They also provide volunteers to support carers emotionally and provide coaching. Sometimes confidence building or someone to listen is all they need. Although there has been a low uptake on referrals for this service, the added value of the reassurance of a service being available when needed is making a positive impact in the community.
Leonardo Counselling	This is delivered in partnership with Dorset Council and the Leonardo Carer Support. This preventative service has supported Carers in crisis as well as dealing with past trauma which continues to impact them. There can be changes in the relationship when caring for someone which can be instant due to an accident or trauma or increasing over a long period of time. We have supported 98 Carers over the last financial year with 600 hours of Counselling. The standard offer is 6 sessions; some have more some have less, depending on their level of need.
Hospital discharge support (DIPPs)	The Dorset Integrated Prevention Partnership (DIPPs) is recognising Carers. Volunteer Centre Dorset and The YOU Trust for Carers are based at Dorset County Hospital and are providing support to carers who's cared for person is being discharged. Currently based in Discharge Lounge and working upstream into Wards and A&E to identify Carers earlier. Support is provided with information, advice and guidance, equipment needs and contingency planning. They are also supporting with proactive calls to prepare people for admission and offer a personalised service.

8.6 <u>Our Digital Approach to supporting Carers:</u>

Bridgit is a self-serve digital platform designed to empower unpaid carers by enabling them to access support independently. Its development has involved carers.

The platform's is accessible in multiple languages, attracting users who speak Spanish, Ukrainian, Russian, Portuguese, Hungarian, and Polish.

The Brigit platform offers carers the option to complete self-assessments which allows for enhanced carer accessibility and autonomy.

It offers a range of features, including:

- access to information, advice, and guidance
- the ability to notify their GP Practice or Dorset Council's lead Carer organisation of their caring role
- information on local events and activities
- an application process for a digital Carer Friendly ID Card
- smart referrals to relevant support organisations
- tools to create a personalised self-help plan based on selected areas of interest
- the option to begin a statutory Carer Assessment in their own words

The Dorset Care Association promotes The Bridgit platform to its providers, partners, and carers, and has established a Bridgit User Engagement Group to support ongoing collaboration and feedback.

The impact of the Bridgit platform includes: **21,770 carers being identified** by the end of September 2025 with **21,050 self-help plans being generated.**
66,580 support areas were clicked on by carers including depression or dementia.
824 Carers have now signed up to email support generated by Bridgit and 140 Carer Assessments have been requested through Adult Social Care.

Using national-level data, the platform is estimated to deliver approximately:

- £2.75 million in system cost avoidance
- £712,000 in carer-related benefits
- 18,000 hours saved
- Prevention of 90 carer burnouts

Note: These figures are based on national data and have not yet been verified specifically for the Dorset Council area.

The level of carer engagement and reach that has been obtained through the Bridgit platform, alongside the feedback received from carers (included in 8.7), show the value of this accessible platform that offers personalised information and tools. Being able to provide advice when it is most needed for carers, is a positive in offering both flexible and timely support.

8.7 <u>Carer Feedback:</u>

"*I just wanted to say how pleased and surprised I was when I registered as a carer on Bridgit. It was simple to use and full of relevant information. It was great that it informs my GP I'm a carer and registers me with our local carers support. I agreed to a carers card that will give me discounts and it came through straight away digitally. I would strongly recommend if you are supporting someone who co*uld not manage without your help then go to Bridgit*"*

"*Thank you so much for the time you took to reply (and at such length). It was very helpful and full of insight and guidance. So much you said correlated with me and my feelings. It also depicted our situation exactly - the difference when others are present compared to the daily reality."*

"Without my Carers Case Worker and Dr M, I wouldn't be here now. I can talk to her and know that she will listen. My CCW has helped a lot and I know that I can ring her when things get on top of me."

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9. 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)

People and Health Scrutiny Committee

17 November 2025

Adults and Housing Deep Dive into Waiting Lists

For Review and Consultation

Cabinet Member:
Cllr S Robinson, Adult Social Care

Local Councillor(s): All

Senior Leadership Team:
J Price, Executive Director of People - Adults

Report author and job title: Julia Ingram, Corporate Director for Operations, Adults and Housing
Email: Julia.Ingram@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public Choose an item.

Executive summary (maximum of 500 words)

Across the UK there are many people waiting for assessment by adult social care teams. The Association of Directors of Adult Social Services has found growing numbers of very long-waits for assessments in its surveys in recent years. Publishing the Autumn survey the joint chief executive Cathie Williams said: “We are in a vicious cycle, trying to treat the symptoms of NHS and adult social care waiting lists, instead of focusing on the cause, which too often results in care and support being provided in the wrong place, at the wrong time.”

In Dorset, we are seeing increasing demand and requests for support from adult social care.

Requests for support	
2023/2024	19,848
2024/2025	21,249
2025/2026 (estimate)	22,380

We have been working hard over the last 18 months to bring down the amount of people waiting for statutory assessments

To explore the waiting lists across the Directorate we will look at the following key areas:

- Waiting for Care and Support and Occupational Therapy Assessments
- Waiting for Carer Assessments

- Safeguarding Referrals (after initial risk screening by triage)
- Deprivation of Liberty Safeguards (DoLs) applications awaiting allocation

Following agreement with the Committee Chair, the Adults and Housing Directorate will undertake a focussed deep dive into two priority areas identified by the Care Quality Commission (CQC).

These are:

- The waiting lists held across our Directorate and the actions we are taking to manage them.
- The Directorate's work with unpaid carers. See Separate paper.

1. Recommendation(s)

1.1 This report is provided for the awareness and oversight of Committee members and does not include any formal recommendations.

2. The report

2.1 Waiting Lists for Care and Support and Occupational Therapy (OT) Assessments

Section 9 of the Care Act states that:

> Where it appears to a local authority that an adult may have needs for care and support, the authority must assess -
>
> (a) Whether the adult does have needs for care and support, and
> (b) If the adult does, what those needs are.
>
> The duty to carry out a needs assessment applies regardless of the authority's view of -
>
> (a) The level of the adult's needs for care and support, or
> (b) The level of the adult's financial resources

2.2 Waiting for a Care and Support Assessment

Waiting for a Care and Support Assessment matters because it's the process that defines eligible needs and how those needs can be met. A delay in addressing unmet needs can result in people becoming less able to manage on their own and could mean them waiting for help they may require. A delay may result in people coming to harm for example through an increased risk of falls.

On 5th November (2025) across the Directorate, there were 241 waiting for a Care and Support Assessments, this is where either an assessment has not been allocated to a worker in ASC to complete or it has been started but not yet completed. This is a reduction of 40% of people waiting since April 2024.

Across the directorate as of the 5th November (2025) there were 107 outstanding Occupational Therapy Assessments. This has reduced from over 200 outstanding since April 2024.

'Waiting Well' Guidance and Communication Tools

- Recognising the need to ensure safety and wellbeing for those on waiting lists, we have developed a priority and risk rating tool. This helps prioritise cases and ensures individuals are contacted to confirm their current circumstances.
- Where appropriate, individuals are signposted to alternative support and provided with verbal and written information about the assessment process, including how to get in touch with the team they are waiting in if needed. Clear timescales have been established for follow-up contact.

All requests for Assessment are triaged for risk and people at the highest risk both acute and accumulative are prioritised.

2.3 Activity undertaken across the directorate to improve our Care Act and OT waiting list position over the past 18 months:

Transformation Programme Achievements:

We focused on improving the assessment journey and reducing waiting times over the past two years.
The aim is to meet statutory duties by preventing, reducing, and delaying entry into formal care.

Service Changes at the Front Door

Strengthened Information, Advice, and Guidance (IAG) through:

- QR code advice in GP practices
- Community Postcards
- Digital cost calculator tools

Immediate support offered at the new Our Future Council "front door" without delays.

Prevention and Early Intervention Team (launched October 2025):

We have introduced a team of Adult Social Care workers who specialise in prevention work into the Customer Hub in Dorset Council. This includes Occupational Therapists who lead on the prevention work we do and links people to a reablement opportunity.

To assist with this we have introduced the Building Independence and Strengths Assessment (BISA):

- Identifies individual challenges and desired outcomes.
- Uses equipment, home adaptations, TEC devices, and reablement to delay long-term care.
- Delivered virtually, in person, or via clinic appointments.

Impact on Care Pathways:

Early help reduces need for ongoing care for some individuals. It means people are optimisation before Care Act assessments are undertaken this ensure we don't over prescribe care and create unnecessary dependency. The early Intervention and Prevention team can then complete eligibility assessments and support plans, transferring cases to local teams for review.

Expected Outcomes:

- Projected 35% reduction in non-active ongoing casework in long-term teams.
- Increased capacity for complex assessments and reduced delays.

Data Quality Improvements:

- Data cleansing programme launched to improve accuracy and efficiency.
- Draft Data Management Guide trialled with managers to support data-informed practice.

Overall Impact:

This will improve outcomes for people and maintain their independence for longer as close to the point that they contact us rather than bringing them into a process that risk delays in meeting their needs. Achieved a 40% reduction in open waiting assessments (allocated and unallocated).

3.0 Carer Assessments, including young carers and parent-carers

Section 10 of the Care Act 2014 states:

Assessment of a carer's needs for support

(1) Where it appears to a local authority that a carer may have needs for support (whether currently or in the future), the authority must assess—

(a) whether the carer does have needs for support (or is likely to do so in the future), and

(b) if the carer does, what those needs are (or are likely to be in the future)."

Timely carer assessments are important to ensure the Carer receives appropriate support for the vital role they play, both for their benefit and for the benefit of the person they are caring for, in the most extreme circumstances caring arrangements can breakdown altogether if the carer is unable to continue. Timely assessment also reinforces the message that the carer's role is important and valued. Our target for carers assessments to be completed is also 28 days.

All carers are triaged at the initial point of contact to ensure a consistent and preventative approach is applied, while also managing expectations.

3.1 Activity undertaken across the Directorate to improve our position:

Centralised Referral Process

A centralised referral process has been established to ensure consistency across the Directorate. All referrals are now managed by Locality Carers Case Workers, rather than being distributed across different teams. This approach has enabled earlier intervention and improved access to information, advice, and guidance. As a result, individuals are only placed on the assessment waiting list when a formal assessment is required.

Joint Assessments

Where appropriate, carers assessments are now being completed jointly using the updated Mosaic Strengths and Needs Assessment form. This integrated approach allows assessments to be carried out alongside those for the cared-for person, increasing the number of completed assessments and reducing waiting times. Joint assessments are only undertaken when suitable for the individual circumstances.

There is a fuller description of our work around carers in a separate report on this agenda.

3.2 Impact:

Targeted work has reduced the number of unallocated carers assessments to 86. Any assessment not yet allocated to a named worker is being reviewed and assigned by a specialist worker, using the established RAG rating system to ensure prioritisation.

4.0 Safeguarding Referrals awaiting initial review

Paragraph 14 of the Care and Support (Care Act) Statutory Guidance states:

> 14.10 The Care Act requires that each local authority must:
>
> - make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect (see para. 14.16 onwards). An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by who.

Safeguarding waiting lists are managed by the Safeguarding Practice Manager, with prioritisation based on risk. In February 2025, the Safeguarding Team model was revised: the triage team was streamlined, and additional staff were redeployed to support Locality Safeguarding Hubs. This change has ensured that all concerns are screened immediately and has significantly reduced waiting times.

As of 5th November 2025, there is currently 1 referral awaiting initial review.

In Dorset, all safeguarding concerns are triaged on the same day they are received, meaning there are currently no referrals awaiting initial triage.

5.0 Deprivation of Liberty Safeguards (DoLs) applications awaiting allocation

To understand more about Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 (Dols 2009) please use this link - Deprivation of Liberty Safeguards (DoLS) - Dorset Council

The purpose of Deprivation of Liberty Safeguarding is to establish the lawfulness of a person's care arrangements; where they lack capacity to consent to their care and treatment and as a result of those arrangements in a position of continuous supervision and control; and not free to leave, these arrangements only apply in hospitals, care/nursing homes and certain other care settings.

In England, there was an 11% rise in Deprivation of Liberty Safeguards (DoLS) applications during 2023–2024. In response to mounting pressures, the Government has initiated a consultation on reforming the system, which the Care Quality Commission has described as being 'at breaking point'. Because of Dorsets demographics in people over 65 there are significantly higher number of people who would be likely to meet the criteria for a DoLS.

We use the ADASS Task Force Screening Tool prioritisation tool to prioritise DoLS assessments. As of the latest reporting period, there are 1,603 DoLS referrals awaiting allocation.

6. 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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