



People and Health Scrutiny Committee

Date: Monday, 31 January 2022
Time: 10.00 am
Venue: A link to the meeting can be found on the front page of the agenda.

Membership: (Quorum 3)

Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Piers Brown, Daryl Turner, Barry Goringe, Nick Ireland, Robin Legg, Louie O'Leary, Mary Penfold and Bill Pipe

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

For more information about this agenda please telephone Fiona King 01305 224186 - fiona.king@dorsetcouncil.gov.uk



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[People and Health Scrutiny Committee](#)

Members of the public wishing to view the meeting from an iphone, ipad or android phone will need to download the free Microsoft Team App to sign in as a Guest, it is advised to do this at least 30 minutes prior to the start of the meeting.

Please note that public speaking has been suspended. However Public Participation will continue by written submission only. Please see detail set out below.

Dorset Council is committed to being open and transparent in the way it carries out its business whenever possible. A recording of the meeting will be available on the council's website after the event.

A G E N D A

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1 APOLOGIES

To receive any apologies for absence.

2 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.

3 PUBLIC PARTICIPATION

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

Public speaking has been suspended for virtual committee meetings during the Covid-19 crisis and public participation will be dealt with through written submissions only.

Members of the public who live, work or represent an organisation within the Dorset Council area, may submit up to two questions or a statement of up to a maximum of 450 words. All submissions must be sent electronically to fiona.king@dorsetcouncil.gov.uk by the deadline set out below. When submitting a question please indicate who the question is for and include your name, address and contact details. Questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.

Questions will be read out by an officer of the council and a response given by the appropriate Portfolio Holder or officer at the meeting. All questions, statements and responses will be published in full within the minutes of the meeting.

The deadline for submission of the full text of a questions or statements is 8.30am on **Wednesday 26 January 2022**.

Please refer to the [guide to public participation](#) at committee meetings for more information about speaking at meetings.

4 COUNCILLOR QUESTIONS

To receive any questions from members in accordance with procedure rule 13. The deadline for the receipt of questions is **8.30am on Wednesday 26 January 2022.**

5 HOME FIRST AND AN UPDATE ON ADULT CARE MARKET SUFFICIENCY 5 - 46

To receive an update on the effectiveness and progress of Home First and the Adult Care Market Sufficiency.

6 OFSTED FEEDBACK 47 - 74

To receive the feedback from the recent Ofsted visit which was also considered by the Cabinet at their meeting on 7 December 2021.

7 COMPLAINTS ANNUAL REPORT 75 - 96

To consider the Complaints Team's Annual Report.

8 PERFORMANCE SCRUTINY

A review of the relevant Dorset Council performance dashboard to inform the Scrutiny Committee's Forward Plan and identify items for deep dives.

The following link is for the dashboard for this committee:

[People and Health Scrutiny Committee Dashboard](#)

9 SCRUTINY REQUESTS

For members to review any recent scrutiny requests that had been received.

10 COMMITTEE AND CABINET'S FORWARD PLAN 97 - 108

To consider the Committee's Forward Plan and Cabinet's Forward Plan.

11 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.

12 EXEMPT BUSINESS

To move the exclusion of the press and public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph 3 of schedule 12A to the Local Government Act 1972 (as amended).

The public and press will be asked to leave the meeting whilst the item of business is considered.

Home First update to People Scrutiny Committee (January 2022)

1. Summary

This briefing provides an update on the Dorset Home First Programme, which was established in response to the national mandate to mobilise a system-wide discharge to assess pathway for all individuals requiring additional support on leaving hospital.

The programme mobilised in March 2020, as part of the response to the first wave of the pandemic, with a focus on reducing avoidable delays in hospital, and providing appropriate support and care to enable people to recover in their own homes wherever possible. The 'home first' model has continued to evolve and develop over the past two years, albeit in a persistently challenging operating environment.

The current phase of the programme is centred on how it can effectively transition from an 'incident response' approach to a sustainable health and care offer that is centred on reducing the length of stay for people in acute care, improving people's outcomes following a period of rehabilitation and recovery, and minimising the need for long-term care wherever possible

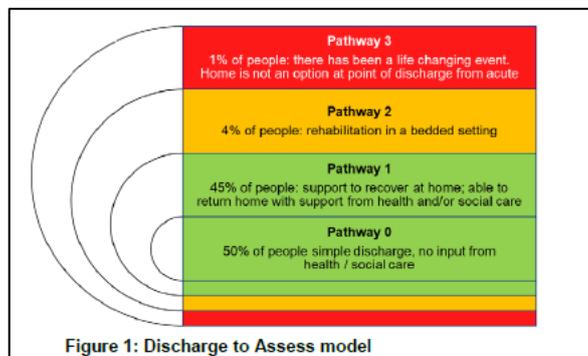
2. National Operating Model for Discharge to Assess

The COVID 19 Hospital Discharge Requirements (March 2020) set out actions for each health and care system to take immediately in to organise the safe and rapid discharge of people who no longer need to be in a hospital bed.

The primary objective in this initial wave of the pandemic was to ensure that acute bed capacity was created and maintained; but it also provided an opportunity for local systems to accelerate and extend work already in train to support a comprehensive discharge to assess approach.

Key features of this accelerated model were

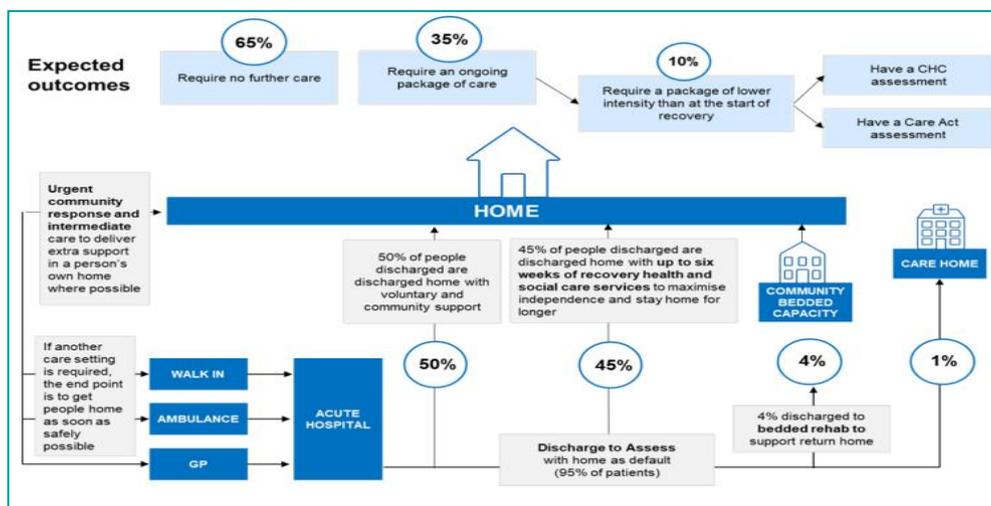
- Daily review of all patients in hospital to identify those who are suitable to leave hospital that day (people who no longer meet the criteria to reside in hospital)
- On the day discharge facilitated by acute, community and social care teams working together with patients and families to transfer people to the right place for the next stage of their care. This should be home for the majority (95%) of individuals



- Central co-ordination of all referrals for people requiring discharges on Pathways 1-3 via a system-wide single point of access and a co-ordinated 'discharge to assess' offer available seven days per week across health and social care
- No assessment for long-term care to take place in hospital, enabled by up to 6 weeks of national hospital discharge funding for post-discharge recovery and support services following discharge from hospital.

This guidance was superseded in August 2020 by the NHS Hospital Discharge and Community Support operating model which sought to embed the 'discharge to assess' model into system operating arrangements. This has been further updated in 2022 but with few material changes.

Fig 2: National operating model



National funding has been maintained over this period, tapering to four weeks funding support from July 2021 and is expected to end on March 31 2022. Local health and care systems are required to put in place a commissioning and operating arrangement to sustain the model after this period as part of ongoing delivery arrangements.

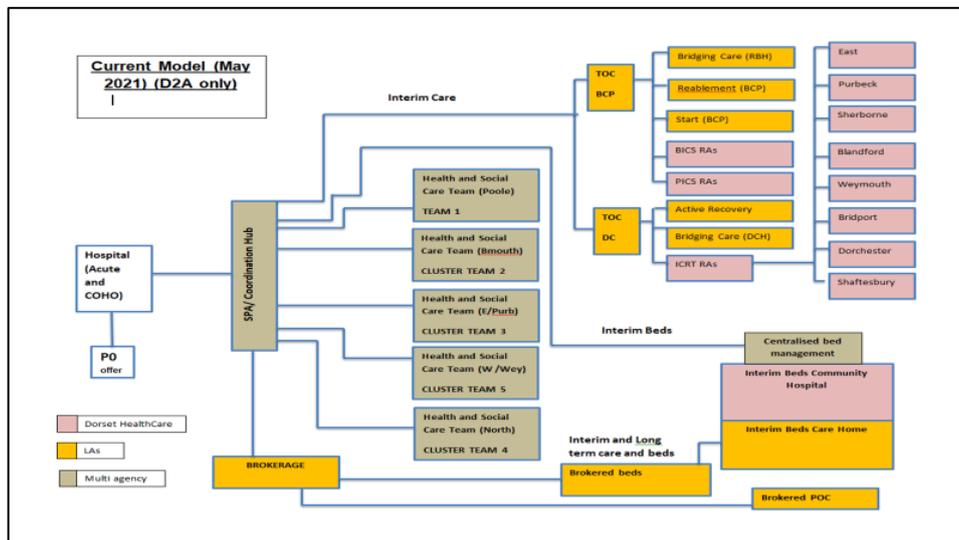
3. The Dorset Home First model

Health and care partners responded quickly to mobilise a Dorset-wide 'discharge to assess' offer. Key features included:

- A 7-day single point of access for all patients no longer meeting the criteria to reside and which tracks all discharges from acute and community hospitals on Pathway 1-3
- Centralised brokerage function for allocation to a Pathway 2-3 community bed and ensuring care requirements in place for those discharges to home on Pathway 1.
- Integrated MDT arrangement across acute, community and social care to facilitate rapid discharge of people onto D2A pathways. This is organised into five geographical clusters to enable better local management with appropriate leadership and co-ordination from each partner.
- Investment in additional short-term care offers (home and bedded care) to enable rapid discharge from hospital, and a centralised approach to community hospital bed management
- Oversight and governance via a Dorset Home First Programme Board with executive representation from all health and care organisations in Dorset to drive delivery and support effective decision making

This infrastructure has largely been maintained since this initial period, but there is evidence of increasing pressure over the last six to nine months as the health and care system returns to usual activity levels. This is exacerbated by the ongoing impact of COVID as well as the negative impacts of delayed treatment and support over the last two years.

Fig 3: Dorset Discharge to Assess pathway



This winter is particularly challenging for all agencies involved in home first delivery: the numbers of people waiting in hospital and at home for care is persistently high and with increasing need. This is compounded by workforce shortages in health and care (sickness and vacancies), and the increasing fragility of the care market which is contributing to reduced capacity and flow across the system.

The impact of this is increased delays for people waiting for care, people not receiving the optimum care they need and the risk to long-term outcomes which may result in a high level of dependency and need for ongoing care. This latter impact is particularly challenging for local authorities.

Additional non-recurrent national funding has been made available over the winter period to help systems to address these challenges. In Dorset, this has included:

- Investment in additional short-term home and bedded care to provide more capacity for people requiring supported discharge, including those at end of life. However, this is limited by market availability and impact of Omicron on the care workforce.
- Investment in working with the voluntary sector to extend the support offer for people with low level needs (Pathway 0 and Pathway 1) to enable people to return home without formal care where appropriate
- Investment in supporting local authorities to address adults social workforce capacity pressures through recruitment and retention activity this winter, working with local providers.

This investment is underpinned by ongoing work across partners, in line with the Home First approach, to review and refine discharge to assess processes and pathways to reduce avoidable delays and hand-offs; and to optimise the use of available capacity (homecare and beds) to ensure a continued focus on improving recovery outcomes.

Looking ahead to 2022/23 and beyond, the Home First programme board is focused on how the current model can be stabilised, refined, and embedded to ensure that Dorset people can consistently receive the best care and support options to meet their needs. A strategic partner (IMPOWER) was appointed in August 2020 to assist system partners in evaluating the current approach, setting the ambition for future delivery, and developing a system business case that describes how this can be delivered. The Board is currently reviewing this proposal.

4. Work to date – evaluation, impact and learning

The Home First model is largely premised on delivering the following outcomes

Better outcomes for individuals	Improved system flow
<ul style="list-style-type: none"> Reduced LOS in hospital bed on account of fewer assessments in hospital reducing risk of decompensation Assessment of needs is undertaken at home in familiar surrounding resulting in improved health and wellbeing May require less ongoing care and support because they have left hospital at a time when they are best able to recover Increase confidence and capability to manage health and well-being, contributing to fewer hospital admissions Allows individuals and families to be involved in process from the very beginning Better experience – joined-up-care, reduced hand-offs, involvement in care plans 	<ul style="list-style-type: none"> Reduced acute LOS and delays in discharge on account of better discharge planning and fewer assessments in hospital Reduced duplication of assessment and unnecessary time spent managing people in the wrong place Reduced cost of long-term care as individuals more likely to require less ongoing care if assessment made at right time and place. Reduced reliance on beds as default solution – more flex and efficiency in non-bed based options Create space for recovery and flow – improved bed occupancy Greater partnership working - benefits for capacity, planning and experience

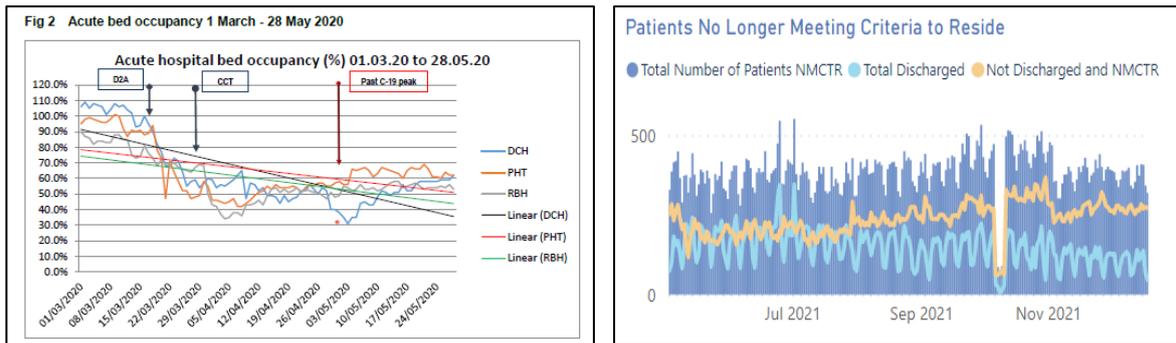
Much of the emphasis in the first phase of the programme has been centred on improving and maintaining system flow, in line with the requirements of the national pandemic response. Working with our strategic partner we have looked at overall system performance and flow over the last year. Key headlines

- Non-elective admissions for over 65s have remained relatively static for both DCH and UHD since March 2021. These levels are higher than seen in 2020/21 and demonstrate ‘winter’ levels of demand through the summer of 2021.
- Average stay length for non-elective admissions had remained static for the 18-64 age group but has been rising since May 2021 for the over 75s (and over 65s at UHD).
- Supported discharges represent just over 20% of acute discharges and referrals to local authority adult social care.
- Despite falling referrals, the number of cases held by the SPA has increased since May 2021.
- Since November 2020 the time taken from SPA referral to discharge has increased for P1 – suggesting supply side challenges, as there has been a reduction for P2 and P3 during the same period.
- The hours of home care required on discharge has remained constant, but the number of clients supported has increased – suggesting that individuals are receiving support following discharge for longer.
- Utilisation of key Pathway 1 contracts has remained relatively consistent averaging around 64-67%.

- Establishing a reliable data picture of the system is challenging. Much of our data is fragmented and often incomplete. There is no yet a regular, easily accessible system overview to enable strategic and day-to-day management.

Reducing the number of people delayed in hospital (people with no criteria to reside) has been a key system metric and achieved some success during the first twelve months of the programme. This position has deteriorated since last summer, in line with growing demand and capacity pressures in health and care. There are currently circa 300 people in hospital waiting for discharge.

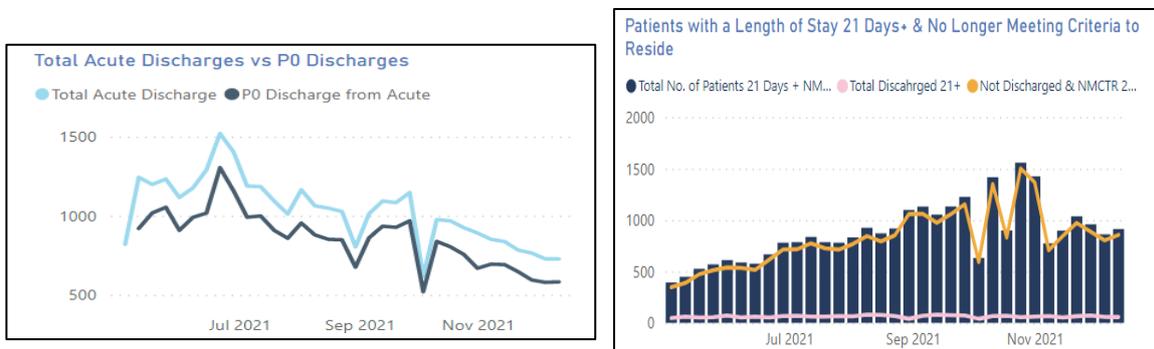
Fig 4: Acute bed occupancy and people not meeting criteria to reside¹



An additional area of focus has been to increase the number of people discharged to home on Pathway 0 and Pathway 1. The national ambition is 95% of people should go directly home (with appropriate support) on discharge from hospital. In the Dorset system, circa 92% are discharged on P0 and P1 (all ages²) with circa 7% going to short-term bedded care (Pathway 2). Very few people (1%) are discharged directly to a long-term placement on discharge (Pathway 3). The number of people discharged to bedded care has increased in recent months, due largely to constraints in the home care market.

The overall rate of discharge has been in continual decline across all pathways over recent months, reflective of wider operational pressures. This means that more people are being delayed in hospital for longer.

Fig 5: Rate of acute discharge and numbers delay over 21 days



¹ No of people who are not discharged but are ready to leave hospital is represented by the yellow line

² The national ambition was premised on over 65s data only. Local data is currently premised all age discharge so may be skewed to higher levels of P0 discharges). Work continue to refine this analysis

5. Next steps – greater focus on outcomes and sustainability

The next phase of the programme is centred on how the system can effectively transition the home first model from an ‘incident response’ approach to a sustainable health and care intermediate care offer that is focused on reducing delays and improving the experience and outcomes for people following a period of acute care

An outline business case has been agreed by the Home First Board with sets the ambition for a reshaped intermediate care offer in Dorset over the next two to three years . This is centred around the following working vision:

We will enable people in Dorset to lead independent lives in their own homes, avoiding admitting them to hospital unless necessary and getting them back home with the right support following an admission.

We will identify the outcomes which matter to the people we serve, and we will be committed to achieving them through a clearly defined intermediate care offer

We will offer a timely and seamless journey through high quality services.”

As part of this, there are a range of tactical opportunities that will be taken forward at pace over the next 6-12 months that will support the stabilisation and optimisation of the current model, and address some of the challenge in demand, capacity, and flow management. These include:

	Opportunities
1	A clear offer and accountability for Admission avoidance both from the community and at ED
2	Commitment to processes and paperwork that reduce handoffs, with staff roles and responsibilities that enable this
3	A staff training programme that focuses on the core knowledge and skills they need to enable effective discharges
4	A vision and enablers in place for a daily rhythm and stimulation for patients on our wards that promotes their wellbeing as well as their physical independence.
5	Options for our more complex patients who don't fit into the standard D2A process that empower staff to be creative
6	Consolidation of and commitment to our providers using our understanding of Home First demand to better match it to our supply
7	System wide contract management that maximises use of the resources we have available
8	A defined advice and information offer and pathways to access universal services

Delivery of the ‘tactical opportunities’ in 2022/23 will enable some rapid wins in intermediate care, showing the benefits of partnership working, whilst delivering clear benefits to the Home First vision and outcomes. A stronger platform will then enable the programme to confidently move into a more ambitious delivery phase –this may be possible during the second half of the 2022/23 financial year.

The following delivery schedule would be possible over the next 3 years with each year building further ambition into the foundations laid by the previous activity and enabling full embedding of the change.

Q4 21/22	2022/23	2023/24	2024/25
Programme mobilisation			
	Targeted interventions to test tactical opportunities	Rollout of tactical opportunities	Embedding of tactical opportunities
		Scaling up of benefits associated with tactical opportunities, £3.09m-£5.99m	Full year delivery of benefits associated with tactical opportunities, £6.19m-£11.99m
To be delivered concurrently to reduce duplication and ensure momentum of delivery is maintained	Develop ambition and programme to align to national good practice	★ Targeted interventions to test alignment to national good practice	Rollout of national good practice
	Develop ambition and programme for full service redesign	★ Targeted interventions to test service redesign	Rollout of service redesign
		Embedding of national good practice	Embedding of service redesign
		Scaling up of benefits associated with national good practice and service redesign,	Full year delivery of benefits associated with national good practice and service redesign, TBC
<p>★ To ensure embedding of each phase of change the following milestones should be reached before the next phase is started:</p> <ul style="list-style-type: none"> • Developing ambition and programme for the next phase can begin once rollout of the previous phase is under way. • Targeted interventions for the next phase can begin once the previous phase has completed initial rollout and started embedding. <p>Timeframe should be adjusted to account for this sequencing of milestones.</p>			

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People and Health Scrutiny Committee

31 January 2022

Update on Market Sufficiency and the Impact of Covid-19

For Review and Consultation

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s): Cllr

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

Report Author: Lesley Hutchinson
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Report Status: Public

Recommendation:

For Members of the People and Health Scrutiny Committee to:

- Consider, comment and note the updated position and further deterioration in Dorset's market sufficiency of social care provision since the November 2021 report as a result of additional workforce pressures caused by the new Covid-19 variant
- Consider, comment and note the change in Government guidance since the last report and the additional funding released into the sector and the actions Dorset are taking in response to this
- Consider, comment and note the level of risk for Dorset residents and Dorset Council as an organisation
- Review the progress on the short term and medium term actions to mitigate the risk and new actions identified

Reason for Recommendation:

To continue to ensure Members of People and Health Scrutiny Committee are appraised of the current position for adult social care in Dorset and the actions being taken to reduce and mitigate the situation.

1. Executive Summary

1.1 The lack of available care as a direct result of Covid-19 continues to be reported nationally. This has been further exacerbated in December 2021 and January

2022 by the spread of the Omicron – a Covid-19 variant. This spread of the variant has led to a rise in the numbers of care staff having to self isolate therefore reducing workforce capacity and a significant reduction in care home placements available.

1.2 In response to the new variant a plethora of changes to government guidance have been introduced at short notice; additional one off funding provided until 31/02/2022 to support and retain the adult social care workforce and new targets introduced to ensure acute hospitals can manage the forecast increase demand on beds.

1.3 As reported to Committee in November 2021, Dorset Council faces the same pressure being reported nationally where all systems are reporting high demand. Dorset has additional factors exacerbating the scale of the challenge. These factors are unique to Dorset and are set out in the Councils Plan; they include:

- The demographic profile - an ageing population and a decreasing working age population; consequently a higher number of people needing care and fewer people available to deliver it – this means the health and social care sector has to focus on how it will build and retain its workforce
- The rural nature of Dorset – a large dispersed area which requires care staff to travel long distances to deliver support to people in their own homes. This means that individual care staff can support fewer people each day than if there were working in urban areas
- An affluent area (with pockets of deprivation) - a higher than average number of people are able to pay for their own care. This has a direct impact on the provider market as ‘self funders’ are likely to pay more for care than the Council rates. When resources are scarce as they are currently are in the home care sector the Council is less able to compete for care hours unless higher rates are being paid. On the 16/12/2021 the government published *Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023* – this includes the new approach and ambition for parity for self funder and council charges for care
- Property prices – the Council Plan states that property prices are more than 10 times average earnings; social care sector staff paid at living wage rates find it more difficult to buy and live in Dorset reducing the available workforce

1.4 The scope of the report focusses on the sufficiency of the following areas and builds on the report presented at the November 2021 Committee meeting:

- Reablement and short term services
- Home care services (domiciliary care)
- Supported living and supported housing services (including support to individuals in transitions)
- Care homes

1.5 The report confirms the continued shortage of home care and therapy provision in the Dorset area however it also highlights the significant impact the Omicron Covid-19 variant is having on the care home market. The position changes daily however, as a snapshot, on the 04/01/2021 53% of care homes had an incident

or outbreak of Omicron meaning only 2%¹ of care home beds were available for admission without a thorough risk assessment being conducted by the Councils Public Health and Quality teams alongside Clinical Commissioning Group colleagues.

1.6 Lack of care home beds, in addition to the shortage of home care and therapy support continues to have an adverse impact on the local hospitals discharges. Whilst the numbers of people waiting to be discharge remained relatively steady in December there has been a decline in January 2022 because of the shortage of health and care support provision at the same time as the requirement to reduce our number of people who are medically fit for discharge (referred to as No Criteria to Reside) by 50% by 24/12/2021 and 30% by 31/01/2022.

1.7 Dorset hospitals consistently report they are working at Opel 4 level which is the highest level of risk and lack of unoccupied beds however there has been odd occasions this has reduced to Opel 3.

2. Financial Implications

2.1 Since the last report there have been a significant influx of Government announcements and additional funding into the sector. This is short term until 31/03/2022 and primarily to be passported through to providers; ringfenced to alleviate workforce pressures and to support providers to reduce infections:

- Funding ringfenced to support winter workforce pressures for adult social care:
 - Additional national £162.6 million announced on 21/10/2021 – for Dorset equating to just under £1.157 million payable in two instalments* and became available in December 2021
 - Additional national £300 million was announced in December 2021 with guidance published on 16/12/2021 – for Dorset equating to just under £2.136 million payable in two instalments*
- On the 29/12/2021 an extra £60 million (Adult Social Care Omicron Support Fund) to support against the spread of the infection – includes investment in improved ventilation, use of direct payments, paying for Covid-19 sickness and self isolation of workers – for Dorset this equates to approx. £427,000

2.2 The above funds are in addition to support from the Community Outbreak Management Fund; Adult Social Care Infection Control Fund; Adult Social Care Vaccine Fund and Adult Social Care Rapid Testing Fund. The distribution and allocation of these are reported to the Council Audit and Governance Committee.

2.3 Whilst the additional funding is appreciated and helps with workforce retention for the winter it doesn't help strategic long term planning. The Council is planning how to support the sector in 2022/2023 and beyond and is currently undertaking cost of care exercises for care homes and home care / supported living fee rates. This will inform rates for 2022/2023. The Committee following its scrutiny of the

¹ The National Capacity Tracker reports on average between 13-16% vacancies in Dorset Care Home beds however this does not account for the bed closures due to Covid-19 outbreaks or quality concerns.

Councils 2022/2023 budget in December 2022 is aware of the proposed 7% increase for the Adult Social Care and Housing budget which has been identified as the increase needed by both the National Audit Office and the Association of Directors of Adult Social Services (ADASS) if directorates are to meet the increasing complexing of individuals needs. In addition to this UKHCA (UK Home Care Association) and other organisations are also recommending bring direct pay rate of care workers is brought to parity with other sectors eg, retail and leisure and a minimum of £10.50 per hour is paid to workers.

2.4 The Hospital Discharge Programme 4 (HDP4) funding is only available until 31/03/2022 and this covers a number of services which support people who are 'medically fit' for discharge. The Council and CCG alongside discussions with 'system' partners will need to make decisions on the ongoing commissioning of these services and this will depend on further guidance from government.

3. Climate implications

3.1 Staff continue to travel across Dorset in order to deliver care and support. All providers and commissioners are cognisant of climate implications and reducing travel time by delivering support to people in the same areas rather than travelling across from one side of Dorset to the other.

4. Other Implications

4.1 The significant gaps in workforce capacity continue to impact:

- People continue to wait for care in the community for longer than they should or they are being placed in care homes prematurely as there is only limited care available in the community and a lack of therapy. A recent national ADASS survey reports 1 in 10 people are not getting the care options they are assessed to need.
- People are not able to be discharged from hospitals into the service they need in a timely way therefore blocking hospital beds for other patients. As stated in the report during December 2021 all health and social care systems were asked to discharge 50% of people who were 'fit' for discharge by 24/12/2021 and to discharge 30% by 31/01/2022
- Assessments and reviews are not undertaken as timely as the Council would hope as teams need to prioritise people with the highest risk. Carers and the voluntary and independent sector are all being asked to do more. The ADASS National Winter Contingencies Survey published on the 13/01/2022 stated the majority of local authorities are reporting this (see Appendix 4).

5. Risk Assessment

5.1 Having considered the risks associated with this decision, the level of risk has been identified as critical due to:

- The prioritisation of people at greatest risk (critical and high)
- Delays for people accessing assessed levels of care and support because of lack of workforce capacity
- The decrease in care home bed availability due to the Omicron variant

- Continued significant financial risk

6. Equalities Impact Assessment

6.1 Not required for this report.

7. Appendices

7.1 Appendix 1: Services Commissioned from Hospital Discharge Programme Fund

Appendix 2: ADASS Prioritisation Tool for Home Care

Appendix 3: Responding to COVID-19: The ethical framework for adult social care

Appendix 4: ADASS Winter Contingencies Survey

8. Background Papers

8.1 November 2021 Market Sufficiency Report to the Committee.

Footnote: Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

THE REPORT

1. Introduction

1.1 This report builds on the previous report to the Committee on 01/11/2021; setting out the current market sufficiency position, updates on mitigation action being taken and highlights in greater detail the level of risk the council and health and social care system is holding.

1.2 As with the previous report it focuses on market sufficiency in the following service areas:

- Reablement and other short term services
- Home care services (domiciliary care)
- Supported living and supported housing services
- Care homes

1.3 The report makes reference to the sufficiency of health services commissioned by Dorset NHS CCG but does not go into detailed actions being taken however the Home First report to Committee will present part of that situation and these two reports are to be read together.

2. Government policy updates since the previous report

2.1 The White Paper - *People at the Heart of Care: adult social care reform* was published on 01/12/2021. This set out the 10 year vision for adult social care, providing information on funding proposals which intend to be implemented over the next three years. A separate briefing paper will be provided to Committee on this; in relation to commissioning and market sufficiency the white paper states the commitment *to invest in innovation across the sector, to shift away from a reliance on residential care, and offer people genuine options for drawing on outstanding care at home and in the community.* The white paper references the focus on wellbeing within the Care Act 2014 as a *strong foundation* and places a focus of funding on the workforce, housing and innovation.

2.2 Since the new Covid-19 variant Omicron was identified in December 2021 the Government have published a range of changes to national guidance to reduce the spread of the variant and has placed additional targets on health and social care systems. At the time of writing these included:

- Changes to care home visiting guidance put in place to reduce contact and therefore risk of spread to vulnerable residents (applied 30/12/2021)
- Changes to testing guidance for social care workforce from mid December 2021
- Changes to self isolation periods depending on negative Covid-19 tests also introduced in December 2021
- Acceleration of the Covid-19 booster programme with target for all adults to have received the booster by 31/12/2021. Thereby reducing the risk of serious

illness and pressure on the acute hospitals. Dorset met the booster vaccination target

- On the 08/12/2021 the cut-off date for care home workers who are not vaccinated to have this medically certified was extended until 31/03/2022. This extension was to retain as many care home workers as possible during this period. Currently 3% of Dorset care home workforce are not vaccinated
- On the 14/12/2021 MPs approved the mandatory vaccination of all patient facing health and social care workers in England – a requirement by 31/03/2022
- On the 13/12/2021 NHS England and NHS Improvement sent out a letter to all LAs and health providers setting out what needs to be done in preparation for the impact of the Omicron variant and other winter pressures – highlights for this include declaration of a level 4 National Incident. The letter stated the need to roll out the vaccination programme; the need to ensure seven days per week discharges taking place including during Christmas and New Year; the requirement to reduce by 50% the number of people in hospital with no criteria to reside; the set up of a new national discharge taskforce; stepping up the two hour urgent care response model (CCG led); ensuring surge plans are in place and also ensure as much expansion to capacity is taken eg through new models / services being commissioned; consideration of re-opening closed wards, looking to volunteers and to the independent sector
- On the 15/12/2021 government set out for councils what needs to be done to prepare for the potential impact of the Omicron variant and other wider pressures on Adult Social Care – outlined in the letter was confirmation of commitment to and requirement for, all care home staff and residents to have received the booster by 24/12/2021 (subject to no further Covid-19 outbreak); confirmation of the national £300m workforce and recruitment funding which is in addition to the £162.5m announced in October 2021. The letter stated the money was to ensure there is *enough capacity ... and the quicker this can find its way into the pockets of care workers the better*. It also requested a review of business continuity plans and for councils to ensure we have capacity to manage service interruptions. It reiterated the need to ensure we meet the requirements set out in the letter of the 13/12/2021
- On the 16/12/2021 *Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023* was published. The allocation associated with this is not yet clarified however the fund will be used for the following:
 - o *conduct a cost of care exercise to determine the sustainable rates and identify how close they are to it*
 - o *engage with local providers to improve data on operational costs and number of self-funders to better understand the impact of reform on the local market (particularly the 65+ residential care market, but also additional pressures to domiciliary care)*
 - o *strengthen capacity to plan for, and execute, greater market oversight... and improved market management to ensure markets are well positioned to deliver on our reform ambitions*

- *use this additional funding to genuinely increase fee rates, as appropriate to local circumstances. To fund core pressures, local authorities can make use of over £1 billion of additional resource specifically for social care in 2022 to 2023. This includes the increase in Social Care Grant and the improved Better Care Fund, a 1% adult social care precept and deferred flexibilities from last year's settlement*
- 24/12/2021 the Government published a press release on the changes to the Health and Care Visa Scheme for a 12 month period; changes likely to be implemented in February 2022 to try and encourage more overseas care workers.

2.3 Some of the above is time limited and significant because of Covid-19; some is long term to help reform adult social care and the market. All however need attention and action.

2.4 13/01/2022 ADASS published the results of the Winter Contingencies Survey (survey was completed by all local authorities between 24/12/2021 to 05/01/2022). The survey was based on potential emergency contingency measures / list of actions considered by ADASS. It states very clearly:

It was clear in sharing the list and in conducting the survey that whilst these were possible actions to manage rising levels of demand in the face of acute workforce shortages, there was no suggestion that these were desirable or acceptable, though clearly some were unavoidable.

Dorset Council completed the survey as did 93 other local authorities and the information in relation to Dorset in comparison to other areas is referenced throughout the report.

3. Market Sufficiency – Current Supply and Demand

3.1 Care at Home for Older People and Older People with Dementia

3.1.1 Utilisation of Short Term Care at Home Services for People Discharged from Hospital and Those Living in the Community

Appendix 1 of the report sets out the services we currently commission which were highlighted in the last report. Utilisation of the services during November and December has dropped slightly from an average of 75% to 72% - this decrease has been caused by reduced workforce in addition the previously mentioned reasons.

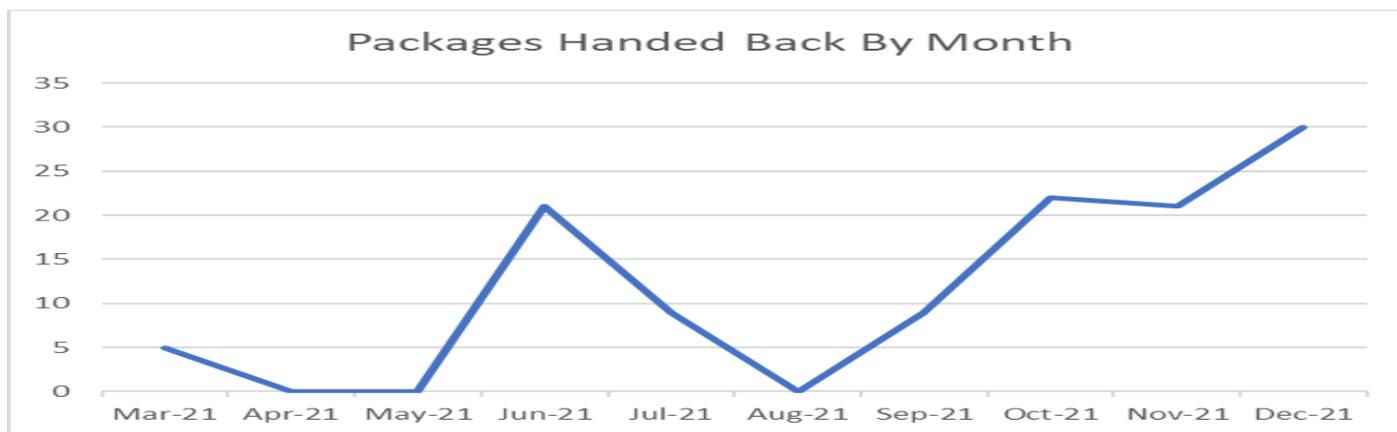
The Roaming Night service utilisation has dropped during October and November to below 50% however in December it started to increase again to just over 60% utilised. This service is to prevent night nurses and ambulance services needing to go out. They support in a rapid response way to divert people from needing emergency care and consequently support admission avoidance. We are working with 'system' partners to promote the service.

Over the last year the Reablement Service like other services has struggled with staffing shortages and are unable to deliver approximately 15% of the contracted hours. In addition to the staff shortages they have redirected some of their team to

deliver home care to people where other home care providers have had to hand back the care packages. As a consequence, they are not able to support the number of people requiring reablement support.

There have been no new block care at home contracts put in place since the last report however other schemes are being considered as part of the system escalation work and may be in place at the point of presenting the report due to the volatility of the market.

3.1.2 Hand backs – packages which providers are unable to continue to service - there are on average 12 hand backs per month (85% of these are from domiciliary care providers who are unable to continue to deliver care and support to the individual in their own home). Staffing shortages continues to be the reason for this. The graph below shows that this is a worsening position. These packages are prioritised for support through the next available provider. On some occasions the provider of last resort has needed to be called upon.



3.1.3 Long Term Care at Home Services for Those Living in the Community

- See Appendix 1 for information on the long term block contracts which remain fully utilised.
- There remain 48 home care providers on the Dorset Care Framework (signed up to the Framework terms and conditions and accepting the published rates) of which 28 deliver commissioned care and support, and 39 providers not on the Framework (ie do not accept Framework rates). All of these providers deliver long term home (domiciliary) care for older people and older people with dementia
- Packages placed with Framework providers is just slightly lower than previously reported 76% down from 77%. The ADASS Winter Contingencies Survey stated that the:

'vast majority of local authorities are needing to change their procedures and are going off-contract to spot purchase home care from good or outstanding providers (88%) while about half this number are going off contract to purchase home care from providers who are Requiring Improvement, with less than one year of experience, following due diligence around risk (46%).'

Dorset are trying not to go off Framework however this is balanced against high waiting lists and the need to commission care which is the priority. 91% of home care providers in Dorset are good with one provider who is CQC rated outstanding; we are purchasing care from the three providers who are rated as 'requires improvement (RI)' but packages are risk assessed before agreement. Services which are rated as RI are monitored via the commissioning teams who work closely with CQC.

3.1.4 Demand for Care at Home

A snap shot of the number of packages commissioned was set out in the previous report however below demonstrates a further reduction as expected given workforce pressures:

Year Snap Shot	No. of People with Packages	Total Number of Hours	Average Cost Per Package
30.09.2021	1,351 (12% reduction on previous year)	27,646	£346.34
04.01.2022	1,266	25,961	£335.41

- The average home care package has decreased slightly during November and December to 20.15 hours (from 20.4 – remaining still a significant increase from pre Covid-19 times of 13.6 hours)
- As of 14/01/2022 the number care hours waiting to be sourced is: 3835.25 (15% below level needed) hours of social care funded home care and 737.5 hours of health funded home care waiting primarily due to lack of workforce capacity and lack of provision
- The number of people waiting for those hours of care across health and social care is 340
 - Please note, each and every person who is waiting for care is going through a risk management process and those at high need are being risk assessed daily. Please see section 4.6.3 below.

There is NOT sufficiency in the market in this area
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3.2 Supported Living - Adults with Disabilities [care in their own home]

3.2.1 Current Provision for Supported Living for Adults with Disabilities

Dorset Council continues to work with 48 providers delivering care packages for adults with Learning Disabilities in supported accommodation. A slight decrease in the number of adults (18-64 years) with learning disabilities in receipt of packages since April – see below.

Year	Care and Support Needs	No of People with Packages	Average Cost Per Package Per Week
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Apr 2021	Learning Disability	344 (8.5% increase on previous year)	£1,081.26
Q3 2021/22 (31/12/2021)	Learning Disability	341 (a decrease of 0.8% from Apr 2021)	£1,159

Dorset Council continues to work with 32 providers supporting people with mental health issues in supported accommodation.

The increase in the weekly average cost of care packages (see below) is attributed to the levels of complexity of people supported in the community. Some of the packages relate to young people who have reached adulthood in the last quarter who have require significant community based care packages 24 hours a day/7 days a week. A further increase in the number of adult in need of support with their mental health is consistent with the national picture.

The level of complexity presents as an in increased risk to themselves and others in the management of their needs.

Capacity within the specialist provider market continues to be a challenge and is impacting on cost, for example the council is commissioning specialist providers who charge enhanced hourly rates, in some instances this will include enhancements for agency staff as recruitment remains an issue.

Commissioners are working with three specialist providers who will be new to Dorset, this is a positive step in developing the market and creating more capacity.

Year	Care and Support Needs	No. of People with Packages	Average Cost Per Package Per Week
Apr 2021	Mental health	66 (37% increase on previous year)	£694.79
Q3 2021/22 (31/12/2021)	Mental Health	74	£928.11

Dorset Council continues to work with 10 providers supporting people with a physical disability in supported accommodation.

The increase in weekly package costs is linked to complexity of the need of the individuals the council supports as they require more intensive packages. Workforce issues are part of the reason for increased costs also as stated through out the report.

Year	Care and Support Needs	No. of People with Packages	Average Cost Per Package Per Week
Apr 2021	Physical Disability	12	£866.83
Q3 2021/22 (31/12/2021)	Physical Disability	10	£913

3.2.2 Demand for Care at Home for Adults with Disabilities

This section highlights the changes from the last report:

- The number of people requiring social care support for mental health conditions has grown by 43% from April 2019/2021; however with the above increases reported this will show a further increase by 2022
- The number of unsourced care at home hours has reduced from 1000 in November to 278 which is a significant improvement and accounts for the increase in number of adults with care packages in the table above

There is NOT sufficiency in the market in this area particularly for people with more complex needs or behaviour that challenges

3.3 Children Transitioning into Adulthood

3.3.1 Demand for Services

- In April 2019 there were 198 18-25-year-olds receiving an adult service this figure has risen by 30% to 259 in October 2021 and on 17/01/2021 rose again to 264.
- The challenges cited in the last report remain the same

There is NOT sufficiency in the market in this area

3.4 Care Homes for Older People, Older People with Dementia and Adults With Disabilities

3.4.1 Current supply of Care Homes

For Older People and Older People with Dementia – this section has been retained in the report as information on an additional two homes has been added which were not included in the previous report:

- There are 100 registered care homes that provide services for older people in Dorset with 3,552² beds
- 6 of the 100 in Dorset Council area are CQC rated as 'outstanding', 86 are rated 'good', 6 'require improvement' and 2 are awaiting assessment
- The care homes are registered to provide:
 - residential care without nursing (1,985 beds)
 - residential care with nursing (1,497 beds)
 - residential care with and without nursing (dual registration, 70 beds)
- 59 of the 100 care homes state that they provide services for people living with dementia
- Dorset's care homes tend to be small, making them potentially less profitable and more vulnerable to closure
- 14 homes have less than 20 beds, 61 homes have 20-49 beds, 25 have 50+ beds. (In general larger care homes with at between 80 and 99 beds are the most profitable).

² National Capacity Tracker 05/01/2022 and CQC Active Locations Report 01/09/2021

- Five companies, have over 100 beds each and together they own 38% of all care home beds in the Dorset Council area
- Supply is distributed unequally across the area - Weymouth has a disproportionately high number of care homes relative to the 65+ population, whilst Purbeck has relatively few

The Council currently purchases a total of 245 beds via its' contract with Tricuro and a further 176 beds via block contracts with Care South (144 beds) and Agincare (32 beds). These arrangements are long standing.

The Council has commissioned a further two block contracts (15 beds) on behalf of the 'health and social care system' in order to secure beds for people being discharged from hospital – these are short term block arrangements until 31/03/2022. One of these with 10 beds has commitment for wrap around therapy support. At the time of writing commissioners are intending to block contract a further five beds however this has been delayed due to Covid-19. These block beds are focussed to support people who are fit for discharge, or to avoid admission, where the individual is waiting for care at home to become available. This is in line with the majority of local authorities who responded to the Winter Contingencies Survey: *81% are co-commissioning more rehab places in care homes or at home and / or more step-down beds with therapy input, and 77% are commissioning or com-commissioning rehab/reablement in care homes (in line with recent guidance).*

The average price paid by the Council:

Type of Care Home for 65+	September 2020 average weekly cost for the Council	September 2021 average weekly cost for the Council
Residential care with nursing	£749.31	£878.77
Residential care without nursing	£784.43	£862.46
	December 2020 average weekly cost for the Council	December 2021 average weekly cost for the Council
Residential care with nursing	£877.77	£902.08
Residential care without nursing	£784.43	£974.11

- There have been no additional home closures since November however there has been a significant increase in Covid-19 outbreaks and incidents with a rise of 25% from the 29/12/2021 when 30/118 care homes were affected to 63/118 (53%) on the 04/01/2021. In addition there are a number of homes closed to admissions as there are quality concerns.

For Adults with a Disability:

- There are currently approximately 128 people aged 18-65 with a mental health need or learning disability in a registered care home.
- Dorset Councils ambition is where possible to support people in their own home not in a care home.

3.4.2 Demand for Care Homes

- In the previous report we stated that care homes bed occupancy levels had dipped to 80% during 2020/21 but were returning to pre-Covid-19 levels with between 13-15% vacant beds indicated. The majority of these are closed to admission because of outbreaks, incidents or concerns about the quality of the home therefore the figure whilst factually accurate does not represent the true availability. On the 31/12/2021 there were 54 residential beds and 24 residential beds with nursing available out of 3724. (2% vacant beds available for use)
- The reduction in care home beds being available for admission is compounded by increased infections, lack of workforce to staff them and additionally the Government drive to move 50% of people with no criteria to reside in hospital out by Christmas Eve. ADASS reported in November that 1 in 10 people are not getting the preferred care option and some are being placed in residential settings because of the lack of care at home. An additional factor affecting care home sufficiency.

There is NOT sufficiency in the market in this area

- This position changes daily with suspensions being placed on new homes and lifted from ones that have reached the end of the required isolation period.

4. Legal Implications for Dorset Council

4.1 The implications of the current situation are extremely serious.

4.2 Our Council is taking mitigating actions to help and increase the supply of social care because, without this, people may come to harm if their assessed needs are not being met. The Council would be remiss in its duties if a person did come to harm, if all actions haven't been taken. Dorset Council needs to be able to evidence all reasonable steps to mitigate harm.

4.4 Mitigations

4.4.1 At the start of the pandemic, local authorities were allowed, through the process of legal easements, to relax some elements of the statutory requirements beholden on it. Dorset Council, like many others did not do so. The situation on some elements of practice and sufficiency are that if this local authority were to take the decision to ration care or any other actions that manage risk at this time, it would need a record of the decision with evidence that was taken into account.

4.4.2 Dorset Council Officers are recording:

- The nature of the changes to demand or the workforce

- The steps that have been taken to mitigate against the need for this to happen
- The expected impact of the measures taken
- How the changes will help to avoid breaches of people’s human rights at a population level
- The individuals involved in the decision-making process
- The points at which this decision will be reviewed

4.4.3 ADASS have developed a risk assessment / prioritisation tool for home care (see Appendix 2 for detail) to enable councils to monitor the risks for individuals. Dorset Council have expanded this to include an additional category of critical and also include people waiting for care homes placements and people with Direct Payments who need additional support. Social care teams review individuals who meet the high and critical criteria on a daily basis and work with unpaid carers, family members and neighbours, commissioners and providers to ensure care is provided. The voluntary and independent sector are also stepping in to help. The risk assessment / prioritisation tool takes account of the *Ethical Framework for Adult Social Care* which was published in 2020 and *Responding to COVID-19: The ethical framework for adult social care* updated in April 2021 (see Appendix 3 for details). This Framework set out the principles adult social care must work to. These include:

- Respect
- Reasonableness
- Minimising harm
- Inclusiveness
- Accountability
- Flexibility
- Proportionality
- Community

5. Actions to Improve Market Sustainability and Sufficiency

5.1 Consistent with the national picture the greatest challenges of sufficiency are in home care, therapy and in care homes. There is significant focus at ‘system level’ on supporting market sustainability. The Home First Update report to the Committee sets out the work the ‘system’ is doing.

5.2 Update on short term actions to improve sufficiency includes:

	Short Term Action	Progress Update Jan 2022
	New activity since last report :	
1	Continue to meet with providers to develop ideas to improve sufficiency	Providers themselves are going overseas to recruit new staff and are lobbying Government for visas. Government has added social care staffing to the immigration shortage occupation list - this demonstrates further recognition from Government that there is not sufficient workforce across the UK

		We are working with providers to understand how we can support them with overseas recruitment and how the latest Workforce Recruitment and retention Fund may be utilised.
2	Distribute Government Workforce Fund – Winter Retention Bonus for Care Home and Home Care staff	In December, just under £1million was issued to Dorset providers (registered staff on the National Capacity Tracker) to be passported to staff as a Winter Retention Bonus, this equated to £150 per person before deductions. 81% of councils who returned the Winter Contingencies Survey reported taking measure to recruit and retain staff with staff incentive payments.
3	Secure / distribute government funding to support providers in their workforce campaigns	£54,000 has been issued to providers and we are continuing to look at any benefits the Council can offer to enhance this
4	Supporting care home providers who will have vacancies due to the loss of non-vaccinated staff by funding agency cover and recruitment costs.	This has been supported by Contained Outbreak Management Fund. At end December £52,000 had been claimed by eligible providers
5	Home Care providers can apply for parking permits at discounted rates and eligible providers have been offered a number of free permits	Approximately 50 permits have been issued to several providers, and reminders have been issued to encourage Providers to apply. Other councils are exploring staff loans for driving lessons or vehicle purchases which Dorset Council will discuss with the sector.
6	Additional support to individuals to prevent hospital admission or to help people home from hospital who need additional but not regulated support	In addition to Fire and Rescue offered mutual aid over Christmas and New Year to provide welfare calls to vulnerable people. The Volunteer Centre also provided additional support over Christmas and are continuing with this offer over the next few months – with out of hours and weekend cover. 92% of the local authorities that have responded to the Winter Contingencies Survey have 'strengthened links with local volunteering networks.'
7	Agreement to proceed with a Care Hotel	A 16 bed care hotel, in the BCP Council area, to support people discharge from hospital whilst their care is being sourced has been approved. The provider is sourcing care workers from overseas to support this. 39% of local authorities are commissioning new accommodation like hotels or using sheltered and extra care housing according to the Winter Contingencies Survey.
8	Quality Visits - the Dorset Quality and Improvement team have maintained regular contact with the whole market, provided advice and escalated concerns where there is	Quality visits had resumed however they have subsequently been paused due to the Omicron variant.

	evidence of provider failure. This has enabled commissioners to intervene at an early stage and support with measures to reduce the risk of home or bed closures.	This is under constant review but regular contact via phone, email, on-line meetings remain in place with the Market.
9	Oversight and support to Care Homes with Covid Incidents	Joint System risk assessments in place for care home placements as required – providing consistent support to all care home providers in the Dorset ICS area.
10	Service Continuity Planning - continue to request providers to assess the risk of home care packages being handed back. Providers are required to develop plans to ensure service continuity and work with the Council to minimise risk.	Providers were asked in mid December for an update on the continuity planning, responses evidenced that providers are managing and mitigating risks within their own Business Continuity Plans. The theme of greatest concern to the market was resilience of the workforce as anticipated.
11	Promotion of Proud to Care / Made with Care campaign	The Councils central recruitment team are directing people to this campaign if unsuccessful in their application with the council. Further work is needed in this areas and funding has been identified for a Workforce Lead. There is a perception from other Local Authorities that the campaign had 'gone silent' hence the rebranding. A joint system workforce recruitment campaign is being developed, including reviewing opportunities to attract and employ overseas workforce to Dorset.
12	Contacted border authorities for joint commissioning potential for care homes	Whilst this did not provide immediate options, conversations confirmed existing intelligence that border authorities are experiencing similar challenges.
13	Exploring whether additional staffing can be secured to re-open unused care home space.	Securing staff is challenging but there are providers willing to work with us to open space (currently closed care home beds) if a care workforce can be found.
14	Started to exploration of increasing the pay per hour to £10.50 to the care worker. The Council is currently undertaking a fair cost of care exercise and awaits the outcome of this however it is cognisant of requests for parity with other sectors.	
The following activity has become standard / business as usual activity to maintain market overview, support providers and manage risk:		
1	Continuous monitoring of short term intervention services to ensure best utilisation.	
2	Working closely with Home Care providers to look review the care they provide to each individual and identifying if any is non-regulated care which can therefore be undertaken by the voluntary sector for a short period of time.	

3	Bringing providers together to review areas they are providing support in and whether they can find any efficiencies with rota changes to reducing travel time. This conversation continues and will be raised again at the next provider forum.
4	Offering provider guaranteed hours or guaranteed referrals – providers are willing but waiting for additional workforce to be recruited.
5	Provider of Last Resort - Commissioners worked in partnership with the provider to increase capacity to support hospital discharges. Time limited packages have been set up with a view to reducing the care hours needed in the future.
6	Where possible request that care users and families are more flexible in their care visit timings this will enable providers to carry out visits through out the whole of the day rather than a specific times.
7	Where possible requests for a preferred gender of carer will only be enabled for exceptional reasons.
8	Continue to offer Direct Payments to family members to hold interim care arrangements – many Local Authorities are also doing this and have been encouraged to do so by Government and ADASS where it is safe to do so.
9	Redeployment of staff – the Council has moved some social workers and managers to support hospital discharge processes. Other staff have also been redeployed into specific teams and this has also occurred in over half of the councils who answered the Survey.

5.3 In the last update a number of medium to longer term actions to improve sufficiency where explained. The table below details specific updates:

	Medium to Longer Term Action	Progress Update Jan 2022
1	Introducing a zone approach for home care	Proposed changes have been shared with Providers for feedback. In addition, this will be linked to the cost of care exercise outcomes where future published rates may rates dependent on 'rural' locations – e.g. time to reach
2	Trusted Practitioner model	Work has begun to instigate the working group needed to develop this model. Best practice is currently being benchmarked so that we can build on and benefit from learning from others, this includes within some areas of Dorset Services.
3	Dorset Care Framework	Work continues to prepare for the launch of the new Framework, this has been delayed but is on track for publication by the end of January 2022.
4	Cost of Care Exercise	Both timelines for care homes and home care have been extended to enable as many providers as possible to take part – recognising the pressures on providers at present. The outcomes of both exercises will be shared with the Council in February.

5.5 The remaining actions continue and we are working jointly with a range of partners to progress:

- **Community groups and micro enterprises – encouraging and supporting entrants** to the market thus seeing growth of a diverse market place. Various workstreams are in place under the Greater Partnership work undertaken as

part of A Better Life Programme and at the next Stakeholder Group the members are looking at what else can be offered.

- **Home First Board** – continue to work as a proactive system partner of the Board and support with the development of new service specification. The Board however will need to make decisions about the continuation of some of the services commissioned via Hospital Discharge Programme Funding as there is no indication this funding will continue post 01/04/2022.
- **Learn from other areas** – jointly with health colleagues continue to review what is working in other areas to improve sufficiency. ADASS have produced a list of things all areas are doing which led to the questions in the Winter Contingencies Survey.
- **Joint working with Children Services** to ensure greater sufficiency for children transitioning into adulthood – a transitions lot is being developed as part of the Dorset Care Framework. This is part of the Birth to Settled Adulthood Board which will improve planning and ways of working.
- **Housing developers and housing support providers – there is no further update on this** – the council continues to bring on stream new accommodation offers for people.

5.6 Dorset Council is also ensuring it distributes (as per the criteria in the government guidance) all funds received swiftly. Audit and Governance Committee receive a report on spend however this Committee may want to have oversight of where and how specific social care funds have been used.

6. Next Steps:

6.1 In addition to the actions identified above to improve market sufficiency and sustainability the Council also needs to focus attention on:

- The delivery of the *Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023*. Dorset Council is in a strong position in relation to the requirement for conducting a cost of care exercise as this is already in hand; work is needed with local providers in relation to self-funders and a Market Sustainability Plan is required. Information on these will be brought to the Committee once completed.

- Working closely with NHS England and NHS Improvement, health colleagues and all partners to improve the discharge position and to ensure a focus on services to support admission avoidance; enhancing the support from the voluntary and community sector in the short term and developing a longer term plan.

- Workforce recruitment and retention and ensuring the Funds are shared with the care workforce.

- Reviewing and monitoring people waiting for care and ensuring community and residential packages are secure.

Appendix 1

Services Commissioned from Hospital Discharge Programme Fund:

Short term block contract schemes:

- Seven Active Recovery Schemes running across Dorset with the capacity to deliver 1,580 hours of care per week for hospital discharges and to support admission avoidance to hospital
- Short-term intervention service delivering 300 hours of support per week
- Getting You Home Schemes running out of Dorchester Community Hospital (DCH) and Poole Hospitals. 700 hours and 270 hours of care per week respectively
- Roaming Night Service, providing two response cars every night, to help with personal care, welfare checks, non-injury falls etc. This service is referred to from urgent care partners, such as 111, 999.
- The Reablement Service is Council wide and is commissioned to deliver
- 2,500 hours of support per week – the majority of use is to support people following hospital discharge

Long term block contract schemes

- Swanage block scheme 100 hours of care per week
- Blandford Forum scheme 100 hours of care per week

Appendix 2: ADASS Prioritisation Tool for Home Care

Note Dorset Council uses a variation of this tool. Dorsets tool includes residential care, direct payments etc and is not limited to home care

	LOW	MEDUIM	HIGH
Living Arrangements	Has family member(s) who live nearby and can meet all care needs.	Has family member(s) who can meet some of the care needs.	Does not have any family members who can meet care needs.
Medication	No medication needs.	Medication required – not time critical.	Critical health need – time critical medication, e.g. Insulin, medication administered via PEG, epilepsy medication.
Equipment/ Moving/Positioning	No equipment.	Low level equipment - single carer call - adult can use equipment independently or needs can be met in bed.	Person's care needs cannot be met without equipment.
Behaviours that Challenge	None.	Occurs daily and are managed with verbal de-escalation.	1 -1 (or above) support required at all times, due to high risk behaviours causing a risk to self or others. Interventions needed include physical ones and occur at least daily.
Dietary Requirements	Able to feed self - may require support with shopping.	Is supported to prepare food and requires some	Modified diets, thickened drinks, PEG fed, choking

		supervision and prompts to eat.	risk. Unable to feed self.
Skin Integrity	No issues.	Lower level wound (e.g. grade 1-2) or no current wounds but high risk of developing them.	Has current skin breakdown (e.g. grade 3 or 4) and have been graded at significant risk of further breakdown. New wounds with no treatment identified.
Falls Risk	No falls risk.	Occasional falls, mainly during periods of illness - has access to (and can use) call alarm.	Recurrent falls - high risk and no support available.
Continence Care	Fully continent or can manage continence needs independently.	Episodes of incontinence that require intervention from others.	Always doubly incontinent and requires intervention to meet continence needs.
Personal Assistant	PA used for social contact only.	PA used for some practical care tasks such as meal preparation and/or some personal care needs, but this can be met by another person.	PA used to meet all personal care needs, no available alternative support.
End of Life	Not at imminent end of life.	End of life pathway but not within the last few days of life.	Within the last few days of life.

Appendix 3: Responding to COVID-19: The ethical framework for adult social care

1. Respect

This principle is defined as recognising that every person and their human rights, personal choices, safety and dignity matters.

To ensure people are treated with respect, those making decisions should:

- provide people with the opportunity to express their views on matters that affect their care, support and treatment
- respect people's personal choices as much as possible, while considering and communicating implications for the present and future
- keep people as informed as possible of what is happening or what is expected to happen in any given circumstance
- where a person may lack capacity (as defined in the [Mental Capacity Act](#)), ensure that a person's best interests and support needs are considered by those who are responsible or have relevant legal authority to decide on their behalf
- strive to support people to get what they are entitled to, subject to available resources, ensuring that there is a fair judgement and clear justification for any decisions made on prioritisation

2. Reasonableness

This principle is defined as ensuring that decisions are rational, fair, practical, and grounded in appropriate processes, available evidence and a clear justification.

When considering how reasonable a decision is, those making decisions should:

- ensure the decision made is practical with a reasonable chance of working
- base decisions on the evidence and information that is available at the time, being conscious of known risks and benefits that might be experienced
- consider alternative options and ways of thinking, being conscious of diverse views from cultures and communities
- use a clear, fair decision-making process which is appropriate for the time and context a decision must be made in, and allows for contributions to be considered seriously

This principle should be considered alongside relevant equalities-related legal and policy frameworks. Although resources may become stretched, it should be upheld that people with comparable needs should have the same opportunity to have those needs met.

3. Minimising harm

This principle is defined as striving to reduce the amount of physical, psychological, social and economic harm that the outbreak might cause to individuals and communities. In turn, this involves ensuring that individual organisations and society as a whole cope with and recover from it to their best ability.

It's important that those responsible strive to:

- acknowledge and communicate that everyone has a role to play in minimising spread, for example by practising thorough hand-washing or social distancing
- minimise the risk of complications in the event that someone is unwell
- provide regular and accurate updates within communities and organisations
- share learning from local, national and global experiences about the best way to treat and respond to the outbreak as understanding of COVID-19 develops
- enable care workers and volunteers to make informed decisions which support vulnerable people

4. Inclusiveness

This principle is defined as ensuring that people are given a fair opportunity to understand situations, be included in decisions that affect them, and offer their views and challenge. In turn, decisions and actions should aim to minimise inequalities as much as possible.

To ensure inclusiveness to the extent possible, those making decisions should:

- involve people in aspects of planning that affect them, their care and treatment, and their communities
- involve families and carers in aspects of planning that affect them and the individual who they care for
- ensure that no particular person or group is excluded from becoming involved
- consider any disproportionate impacts of a decision on particular people or groups
- provide appropriate communications to all involved, using the range of communication methods and formats needed to reach different people and communities
- be transparent and have a clear justification when it is decided to treat a person or group in a different manner than others, that which shows why it is fair to do so

Where appropriate, the above should be considered alongside relevant equalities-related legal and policy frameworks that will inform inclusive decision-making by ensuring that specific barriers to service use are minimised for those who may be or become disadvantaged as the outbreak develops.

5. Accountability

This principle is defined as holding people, and ourselves, to account for how and which decisions are made. In turn, this requires being transparent about why decisions are made and who is responsible for making and communicating them.

Those responsible must be accountable for their decisions and actions by:

- acting on and delivering the outcomes required by their responsibilities and duties to individuals, their families and carers, and staff
- adhering to official guidance, statutory duties, and professional regulations at the time
- being transparent about how and which decisions need to be made and on what basis
- being prepared to justify which decisions are made and why, ensuring that appropriate records are being kept
- supporting others to take responsibility for their decisions and actions

Within organisations, this will also entail:

- continuing to carry out professional roles and responsibilities unless it is deemed reasonable not to do so
- providing an environment in which staff can work safely, effectively and collaboratively, which protects their health and wellbeing as the outbreak develops
- providing appropriate guidance and support to staff who may be asked to work outside of their normal area of expertise or be unable to carry out some of their daily activities
- having locally-agreed processes in place to handle ethical challenges during and in the aftermath of the outbreak

6. Flexibility

This principle is defined as being responsive, able, and willing to adapt when faced with changed or new circumstances. It is vital that this principle is applied to the health and care workforce and wider sector, to facilitate agile and collaborative working.

To ensure flexibility, those making decisions should be prepared to:

- respond and adapt to changes as and when they occur, for example in the event of new information arising or changed levels of demand
- ensure that plans and policy have room for flexibility and innovation where necessary
- provide people with as much opportunity as possible to challenge decisions that affect them in the time that is available
- ensure that the health and care workforce is supported to work collaboratively across disciplines and organisations, as agile and resilient as possible

- review organisational practices, standard approaches and contractual arrangements that may obstruct these ambitions

7. Proportionality

This principle is defined as providing support that is proportional to needs and abilities of people, communities and staff, and the benefits and risks that are identified through decision-making processes.

When considering proportionality, those responsible should:

- assist people with care and support needs to the extent possible
- act on statutory or special responsibilities, while noting any duties that might be amended as the outbreak develops
- provide support for those who have extra or new responsibilities to care for others
- provide support for those who are asked to take increased risks or face increased burdens, while attempting to minimise these as far as possible
- provide appropriate support and communications to staff who may experience unexpected or new pressures

8. Community

This principle is defined as a commitment to get through the outbreak together by supporting one another and strengthening our communities to the best of our ability.

Everyone involved will have a role to play in the response to the outbreak and will be affected in one way or another, and therefore should:

- work with and support one another to plan for, respond to, and cope with the outbreak
- support our networks and communities to strengthen their response and meet needs that arise, for example by helping and caring for neighbours, friends and family
- be conscious of own behaviour and decisions, and how this may impact on others
- share learning from own experiences that may help others

Appendix 4

EMBARGOED TO 1901 Thursday 13th of January 2022

ADASS Winter Contingencies Survey

13th January 2022

Introduction

ADASS responded to concerns from members, DHSC, providers and others relating to staff shortages, social care fragility and the impact of winter and the omicron variant on social care by conducting a member survey between 24th December and 5th January. The survey was based on a list of potential emergency contingency measures drawn up by experienced Directors of Adult Social Services (DASSs). These were shared first to assist DASSs across the country in reviewing their contingency plans and then to assess whether, in the period specified above, any of the measures were being taken. We are clear from responses that sharing the list of actions has been useful. One respondent said:

“We are using the contingency survey as a checklist at our twice weekly Gold planning meetings to ensure that we have worked through every possible scenario prior to consideration of re-prioritising support. It has been a useful tool for us.”

It was clear in sharing the list and in conducting the survey that whilst these were possible actions to manage rising levels of demand in the face of acute workforce shortages, there was no suggestion that these were desirable or acceptable, though clearly some were unavoidable. There was a narrow window of time for survey completion, mainly during a holiday period. Despite this difficulty, and the acute operational pressures being faced by Local Authorities, we received 94 responses.

Not all DASSs answered all questions though the vast majority answered nearly all.

-

Outcome of the Survey: summary

The clear messages from the survey are that of the Councils that responded:

- **All 94 are implementing at least some contingency actions in the current circumstances.** The responses made clear that these are actions which councils judge to be essential, but these are by no means actions which they wish to take. **Even the most experienced directors are being forced to implement actions that they find unacceptable** – e.g. staff are being redeployed to cover shortages but this is clearly undesirable as the redeployment is strategically and tactically into the wrong places – e.g. library staff to care roles or reablement staff to regular long term care at home. There is a real challenge in ensuring that responses remain personalised to meet the needs of individuals
- **49 Councils are, for at least some of the time, taking at least one of the measures needed to prioritise care and assess risk that Directors regard as least acceptable** g. prioritising life sustaining care such as supporting someone to eat, and remain hydrated over supporting someone to get out of bed or complete other activities; being unable to undertake reviews of risk at all or to rely for this on the views of providers, family carers or people using services themselves; and leaving people with dementia, learning disabilities or poor mental health isolated or alone for longer periods than usual.

In reviewing the results of the survey it is important to remember that it represents a snapshot of what was happening on the ground at the precise time of the survey. **It is clear from discussions with ADASS's Regional Chairs that the position is serious across the country but also extremely volatile.** A DASS who might have responded on Christmas Eve stating that they were having to take some extreme measures to manage pressures might have felt able to cope without them now, even though they still face serious challenges in eking out the care available. Equally, a DASS who felt able to cope before Christmas by implementing some contingency actions, and have responded to say so, might be in a much more challenging position now. As one respondent said in terms of the seriousness of the situation and the volatility:

“Our position is very fluid as I am sure most areas are, in terms of life and limb I would say we are prepared for this and are having isolated incidents with providers being unable to fulfil care home runs, or cover shifts in care homes these change and seem to resolve daily, it feels difficult but we are currently managing. We are supporting business continuity and taking a risk approach on a case by case basis....”

The situation is volatile and it is clear that a very significant number of Councils are having to make extremely difficult choices about who receives care and support, and what level of care they can expect given the increasing constraints.

Follow up to the survey

ADASS has followed up with DASSs where their responses indicated that the plans being implemented are posing particular concerns, in order to understand better the position they were in. These were the DASSs who indicated that at that particular time they were having to make the most difficult choices around providing the most

basic levels of care, leaving people with dementia, a learning disability or mental illness alone for longer periods of time than usual, being unable to assess risk or leaving carers or providers to raise concerns. **These actions would have been taken temporarily and in response to shortages and, the fact that they were needed at all is very concerning.** In each case, the DASS has confirmed that a) the risk to the Council has been identified, shared and accepted and b) there is active support or available support to them from that DASS's region. It was important to establish that the DASS was not shouldering the burden alone.

As far as possible DASSs are being supported across the Council and their regions. Examples of comments include:

“The corporate management team and the politicians are well briefed on the risk in both older people LD and MH. I feel as a DASS well supported by our approach to manage and mitigate the risk. I have to say these are extremely risky situations we are dealing with because of the lack of staff and now the period of staff absence due to isolations” and

“We have excellent support from region and sub region ADASS ... regional chair is fully briefed and we are working across the piece on mutual aid ...and sharing best practice etc”.

-

Issues to escalate to Government

DASSs were invited to raise issues for escalation to Government. Responses show a number of common issues of concern:

- Short term fixes being used (and failing) to address long term problems. Staff pay and progression are critically important and need to be addressed if the workforce is to become resilient. While additional funding is welcome, grants at short notice and in the thick of the emergency are difficult to use to best effect and short-term funding will not attract new staff to working in the sector. It cannot substitute for a more realistic long-term settlement.
- Respondents also flagged difficulties accessing sufficient therapists and physios from community services to support recovery and reablement.
- Respondents also noted the pressures on staff, speaking of a tired and stressed workforce.

The survey responses bring home the reality of ‘riding out’ the OMICRON surge. It is having a serious impact on the health and well-being of older, disabled and poorer people, and paid and unpaid carers across the country. Councils are making extraordinary efforts to offer the right support in a fast-changing and volatile situation. **They are looking for Government to recognise the seriousness of their situation, which reflects not only the immediate crisis but the long-term, underlying fragility and under-funding of the sector – which has been raised repeatedly over many months and years.**

It is also clear that once the surge of Omicron has abated, there will remain a very high number of people waiting for care and support or who are in interim arrangements with a depleted and exhausted workforce.

Detailed survey results

The survey looked at three main areas of contingency measures: service supply and provision; need and risk; and assessment. **Where percentages are quoted these relate to the percentage of those who responded.**

A. Survey supply and provision

1. Rewards, incentives and recruitment

- Many Councils are taking measures to improve recruitment and retention with staff incentive payments (81%) and rolling recruitment campaigns (91%). 58% of respondents are supporting fast-track on-boarding of staff e.g. through shortening induction and using the basic rather than enhanced DBS processes.
- Other measures raised by respondents included setting up an in-house domiciliary care provider arm, setting up a social care cadet scheme (a bank of supply staff for the provider market), shortened application processes and increased use of telephone interviews, parallel recruitment of drivers and exploring staff loans for driving lessons or vehicle purchase.
- Issues raised for government included a perception that the national recruitment campaign had 'gone silent' and that there was the risk of a 'cliff edge' when the Workforce Recruitment and Retention Fund ends in March. Changes to the immigration rules were welcomed, but government was urged to go further. DBS checks were reported to be slow.

2. Contracts, purchasing and commissioning

- In normal circumstances, councils select providers 'on contract' - meaning that they have been through a competitive process to select providers based on quality and value. In the current crisis, the vast majority of local authorities are needing to change their procedures and are going off-contract to spot purchase home care from good or outstanding providers (88%), while about half this number are going off contract to purchase home care from providers who are Requiring Improvement, with less than one year of experience, following due diligence around risk (46%). This has longer term cost implications and the risk that councils will not be able to afford to support as many people in the future. Respondents are also having to go off-contract to spot purchase care home capacity from Requiring Improvement providers (55%). This involves risk to the quality of care if providers are struggling to adequately care for the people they already support. Collaboration is a crucial strategy for most councils. 81% are co-commissioning more rehab places in care homes or at home and/or more step-down beds with therapy input, and 77% are commissioning or co-commissioning rehab / reablement in care homes (in line with recent guidance). Around half are taking at least some provision in-house as a provider of last resort (52%), and a substantial minority are commissioning new accommodation like hotels, use of sheltered and extra housing (39%). The extent of support to existing providers is shown

in 57% of respondents moving to payment on plan for some of their providers, and 73% of councils providing further support for providers to access LFTs.

- Other measures raised by respondents included offering 'family payments' to hold interim care arrangements (which might enable a family member to take some unpaid leave, or get in child-care arrangements to enable them to care for a family member as well), developing designated setting places in care homes or community hospitals for people who are Covid positive) with system partners, co-commissioning interim residential places with no therapy and looking at enhancing delivery of community meals to release domiciliary care capacity.
- Issues raised for government included a Lack of Occupational Therapists and physiotherapists is challenge, with a lack of therapy capacity across health and social care reducing the system's ability to offer reablement at home or in care homes, providers handing back packages of care for both staff shortages, and latterly for more money, and little or no interest from the provider market to engage in designated premises provision.

3. *Staffing and redeployment*

- Many councils are facilitating or requiring mutual aid between providers (73%), and a substantial majority are getting home care providers to collaborate, e.g. on best deployment for routes and areas (59%). Over half of councils are redeploying staff from non-essential or non-critical services to meet more urgent needs in social care roles. Only a quarter have introduced flexible deployment across the statutory and independent sector, with access to each other's staff banks (24%). Volunteering is an important resource for many councils. 92% have updated their volunteer schemes and strengthened links with local volunteering networks. 75% are using volunteering for non-personal care tasks, though only 21% are using volunteers and / or redeployed staff in second carer, double-up visits.
- Other measures raised by respondents included stepping up trusted assessor schemes to allow providers to flex packages up/down and enabling VCS social prescribers to support people whose care packages are not in place.
- Issues raised for government included the ongoing stress on the social care workforce – 'people are tired' – and the possibility of incentivising the use of IT/e-scheduling between providers.

B. Need and risk

1. *Prioritising and risk assessment*

- The great majority of councils are continuing to meet people's core assessed needs but asking people using services accept that there will be flexibility in this, for example changes in their usual staffing, times of visits may differ, or visits may be shortened once core needs are met (82%). However, pressures are acute. 43% of councils are re-prioritising support to those most at risk and essential activities only, and 42% are reviewing risk on a reduced and essential basis, including accepting provider view, relying on people drawing

on services and carers or providers to flag issues, and responding only to demands rather than regular review. 38% are moving to welfare calls for some. A small but significant number of councils have had to go further, at least for a short time and in respect of particular services. Some councils report moving to 'life and limb' care only – e.g. help limited to helping to eat, hydration, toileting, and changing continence laundry (13%) in at least some of their area for at least some of the time. A similar number report pausing support for facilitated social contact – leaving people with dementia / learning disabilities / mental ill health isolated or alone for longer periods (11%).

- Other measures raised by respondents include providers identifying care packages that can be reduced, risk rating all care activity by the person using services (working with providers to do so) and devising local a legally compliant model of easement of the Care Act
- Issues raised for government included the question of easements in national policy, and the need for government to appreciate the significant number of people who are waiting longer for assessment, care or reviews that are building up.

2. **Carers**

- The majority of councils are introducing measures to support unpaid carers (71%), with an increased offer of short breaks from 36% of respondents. Nevertheless, 33% of councils say that they are having to ask carers to provide more support.
- Other measures raised by respondents include providing a carers network virtually to listen to and respond to pressures, and a range of hospital discharge carers grant schemes.
- Issues raised for government include councils' limited resources to intervene in support of carers, something which they acknowledge to be 'counter productive' but which is not in their gift to correct. Stress on carers is also being compounded by a 'fear factor', with some people scared of going back to day care.

C. Assessment

- Just over half of councils are making more use of 'trusted assessments' for areas like equipment, freeing up assessment capacity for what only councils can do (52%). Just under half of councils are prioritising assessment capacity to core and obvious safeguarding where life and limb safety are immediately threatened, those currently at most immediate risk in life and limb safety, and for maintaining flow out of reablement or hospital (46%). In a smaller number of cases, assessments have been scaled back, *consistent with the prioritisation principles outline above*. In 20% of councils, referrals are being triaged, but visits (opportunities to gain what can be critical information about circumstances) are being omitted. 27% of councils are reducing DOLS assessments and 24% are delegating some assessments and reviews to providers within a clear framework. A small minority have suspended CHC assessments, and redeployed staff (11%).

- Other measures raised by respondents include looking at DOLS and CHC and Mind doing Care Act work, introducing overtime for OTs to accelerate / avoid blockages in equipment, handling etc and trialling trusted assessment within bridging home care agency.
- Issues raised for government include whether Care Act flexibility is sufficient to meet current risks, and the fact that annual review performance is deteriorating as staffing resources are focused on new assessments and changes in circumstances.

In summary, the need for these measures illustrates the fact that these are unprecedented times: none of the actions described is ideal or desirable and this evidence shows why we describe the current position as a national emergency in Adult Social Care.

NOTE TO EDITORS

The Association of Directors of Adults Social Services is a charity. Our members are current and former directors of adult care or social services and their senior staff. Our objectives include:

- Furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time;
- Furthering the interests of those who need social care services regardless of their backgrounds and status;
- Promoting high standards of social care services.

For any follow up to the statement above, please contact:

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To organise an interview with our Chief Executive or a Trustee

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People and Health Scrutiny Committee 13.01.22 Ofsted Feedback

For Decision

Portfolio Holder: Cllr A Parry, Children, Education, Skills and Early Help

Local Councillor(s): All

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

Report Author: Claire Shiels

Title: Corporate Director, Commissioning, Quality and Partnerships

Tel: 013053224682

Email: Claire.shiels@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:

People and Health Scrutiny Committee is asked to note and consider Ofsted's published report of the recent Inspection of Local Authority Children's Services in Dorset and the next steps identified in the action plan.

Reason for Recommendation:

Cabinet considered a report on the inspection outcome on 7.12.21 and this report now seeks to ensure People and Health Scrutiny Committee are briefed on the outcome of this inspection to understand strengths and areas for development and to provide scrutiny of the next steps identified in the action plan.

1. Executive Summary

1.1 An Inspection of Dorset Local Authority Children's Services took place from 27th September 2021 to 8th October 2021. The inspection was undertaken as part of Ofsted's framework for inspecting services for children. Her Majesty's Inspectors carried out the inspection under section 136(2) of the Education and Inspections Act 2006 (EIA).

1.2 This was the first full inspection of all Dorset children's services since the inception of the new Unitary Authority in April 2019. The last full inspection of all services for children in Dorset was undertaken in 2016 and through Dorset's predecessor council, Dorset County Council.

1.3 Inspectors were on site in Dorset Council offices for two weeks to undertake an extensive and thorough review of: Overall effectiveness; the experiences and progress of children in need of help and protection; the experiences and progress of children in care and care leavers; the impact of leaders on social work practice with children and families. The Inspection of Local Authority Children’s Services is a graded inspection. Inspectors make their graded judgements on a 4-point scale: Outstanding; good; requires improvement to be good; inadequate.

1.4 Ofsted have judged Dorset Children’s Services as follows:

Overall Effectiveness	Good
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care and care leavers	Good
The impact of leaders on social work practice with children and families	Outstanding

1.5 Ofsted have determined services for children and families in Dorset are of good quality and are continuing to improve, finding that senior leadership has a proven determination to give every child in Dorset a brighter future. They have acknowledged the strong political and corporate commitment to improvement, the pride that staff take in their work and that good work is expected, delivered and celebrated. Inspectors have noted the scaffolding for further improvement is firmly in place.

1.6 At the time of report publication Dorset Council was now one of:

- Only 17% of Local Authorities (26 out of 151) who have received an outstanding judgement for the impact on leaders on social work practice with children and families.
- 34% of Local Authorities (51 out of 151) judged to be good or outstanding for overall effectiveness with other judgements good or outstanding.
- 50% of Local Authorities (76 out of 151) to be judged either good or outstanding for their overall effectiveness.

1.7 The inspection has followed an extensive programme of work to strengthen and improve services for vulnerable children in Dorset, through the Dorset partnership Strengthening Services Plan with oversight by the multi-agency executive level Strengthening Services Board. Progress has been reported to Elected Members throughout the journey of improvement. These improvements have been seen by inspectors and acknowledged throughout the published report of the Inspection.

- 1.8 The strong commitment to continuous improvement is embedded in services for children in Dorset, within children's services and the wider partnership. One area for improvement has been identified in this inspection: *Oversight of arrangements when care leavers move in and out of emergency or temporary accommodation.*
- 1.9 This area for improvement and wider learning from this inspection is already being incorporated into a new plan that will support the partnership in its next phase to deliver excellence for children and families in Dorset.
- 1.10 In accordance with the Education and Inspections Act 2006 (Inspection of Local Authorities) Regulations 2007, the local authority is required to write and submit an action plan to Ofsted that responds to the findings in the Inspection report within 70 working days of receiving the final inspection report (by 2nd March 2022).

2. Financial Implications

There are no financial implications arising directly from this report.

3. Well-being and Health Implications

Good quality children's services lay the foundations for essential health and wellbeing of children, young people, and families.

4. Climate implications

There are no climate implications arising directly from this report.

5. Other Implications

This report provides feedback on external regulatory assurance of safeguarding services for children and Corporate Parenting arrangements.

6. Risk Assessment

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

N/A

8. Appendices

Appendix 1 Ofsted's Report of Inspection of Dorset Local Authority Children's Services

[Ofsted | Dorset](#)

Appendix 2: Action Plan

9. Background Papers

Ofsted Inspection of Local Authority Children's Services (ILACs) Framework [Inspecting local authority children's services - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/inspecting-local-authority-childrens-services)

10. Introduction

10.1 An Inspection of Dorset Local Authority Children's Services took place from 27th September 2021 to 8th October 2021. The inspection was undertaken as part of Ofsted's framework for inspecting services for children. Her Majesty's Inspectors carried out the inspection under section 136(2) of the Education and Inspections Act 2006 (EIA). This was the first full inspection of all Dorset children's services since the inception of the new Unitary Authority in April 2019.

11. Background

- 11.1 The last full inspection of all services for children in Dorset was undertaken in 2016 and through the Dorset's predecessor council, Dorset County Council. The 2016 Inspection of services for children in need of help and protection, children looked after and care leavers found services to be requiring improvement to be good.
- 11.2 In 2018 a Joint Targeted Area Inspection (JTAI) of the multi-agency response to child sexual exploitation, children associated with gangs and at risk of exploitation and children missing from home, care or education in Dorset, also under Dorset's predecessor council, Dorset County Council, identified areas of priority action and areas for improvement for the partnership.
- 11.3 An Ofsted Focused Visit to Children's Services in October 2019, reviewing the local authority's arrangements for children in need and those subject to a child protection plan, identified areas for improvement.
- 11.4 Culture of Self-assessment and Strengthening Services – In January 2020 Dorset Council Children's Services embarked on and implemented a rigorous process of Self-Evaluation of its services for vulnerable children as part of its annual strategic planning cycle. A Self-Evaluation in February 2020 informed the development of the Strengthening Services Plan. The Self-Evaluation was further updated in February 2021 to inform Dorset's Annual Conversation with Ofsted. This was presented to People Health and Scrutiny Committee (20th April 2021) and was presented to Cabinet on the 18th May 2021. A further report providing progress since the implementation of the Dorset Children Thrive model was reported to People Health and Scrutiny Committee on the 20th September 2021.

11.5 The Strengthening Services Plan brought together short and medium-term actions that the partnership needed to take to strengthen and improve services for vulnerable children and families in Dorset. Robust governance arrangements were established to ensure the plan was delivered with rigour and pace. Close monitoring arrangements were put into place to ensure improvements were sustained and embedded.

11.6 The multi-agency executive level Dorset Strengthening Services Board was established in summer of 2020 to lead and have oversight of the implementation of the Strengthening Services Plan. The Board is chaired by the Chief Executive of Dorset Council and attended by senior partners from Dorset Council, elected members, Dorset CCG, Dorset Police, health providers, education, schools and early years, Probation, voluntary and community sector representative, parent carer representative and CAF/CASS. The Board supported by many front-line managers and staff, have worked relentlessly together as a partnership to deliver the Strengthening Services Plan. These improvements have been seen by inspectors and acknowledged throughout the published report of the Inspection. The Board is the place-based delivery arm of the Pan-Dorset Safeguarding Children Partnership.

12. ILACs Inspection 2021 activity

12.1 Inspectors were on site in Dorset Council offices for two weeks to undertake an extensive and thorough review of:

The experiences and progress of children who need help and protection

Scope included: early help, identifying and responding to need and appropriate thresholds, making good decisions and providing effective help, management oversight, participation and direct work, identifying and responding to all types of abuse and recognising vulnerability of specific groups.

The experiences and progress of children in care and care leavers

Scope included: making good decisions for children, participation and direct work with children in care and care leavers, helping and protecting, health, learning and enjoyment, stability and permanence, care leavers and transitions.

The impact of leaders on social work practice with children and families

Scope included: strategic leadership, learning culture, performance management, workforce including workforce development.

12.2 Nine representatives from Ofsted took part in the inspection including 6 HMI (Her Majesty's Inspectors) supported by an Ofsted Quality Assurance Lead for the inspection and Ofsted Analytical Officer. An additional HMI Designate attended to shadow the inspection.

- 12.3 Inspector's findings were informed by:
- Attending over 76 meetings and meeting with over 200 people including front line staff, managers, partners, children and young people and parents.
 - Considering over 250 children's circumstances.
 - Reviewing over 365 documents including strategies and plans, policies and procedures, performance data and quality assurance documents.

13. Summary of Report findings

13.1 Ofsted have determined services for children and families in Dorset are of good quality and are continuing to improve, finding that senior leadership has a proven determination to give every child in Dorset a brighter future. They have acknowledged the strong political and corporate commitment to improvement, the pride that staff take in their work and that good work is expected, delivered and celebrated. Inspectors have noted the scaffolding for further improvement is firmly in place.

- 13.2 At the time of report publication Dorset Council is now one of:
- Only 17% of Local Authorities (26 out of 151) who have received an outstanding judgement for the impact on leaders on social work practice with children and families.
 - 34% of Local Authorities (51 out of 151) judged to be good or outstanding for overall effectiveness with other judgements good or outstanding.
 - 50% of Local Authorities (76 out of 151) to be judged either good or outstanding for their overall effectiveness.

13.3 Overall effectiveness: summary

Overall effectiveness	Good
<p>Headlines:</p> <ul style="list-style-type: none"> • Ofsted have judged that 'services for children and families in Dorset are of good quality and continuing to improve' recognising strong leadership with determination to give every child in Dorset a brighter future, and political and corporate commitment to the improvement agenda that supports an environment where good social work can flourish, and children are increasingly better protected. • Ofsted recognised the pace and effectiveness of change in Dorset, particularly in the context of Dorset being a new unitary authority established in 2019 and the Covid-19 pandemic. • Ofsted have reported they found a stable, permanent workforce and that manageable caseloads are enabling constructive relationships to be built with children and families. 	

- Ofsted have reported staff take pride in their work. Good work is expected, delivered, and celebrated.
- Ambitious projects have already had a positive impact on children including the Harbour that is already safeguarding children on the edge of care and at risk of being exploited.
- Ofsted have reported that children in care and care leavers receive the same high standard of care whether they live in or outside of Dorset, although clearer expectations of workers are needed when care leavers live in emergency accommodation.

13.4 The experiences and progress of children who need help and protection: summary

<p>The experiences and progress of children who need help and protection</p>	<p>Good</p>
<p>Headlines:</p> <ul style="list-style-type: none"> • Children receive the help that they need at the right time. Families benefit from a broad range of early help services, tailored to their needs in the places where they live. Partnership working is well developed, offering a range of options that build on family’s strengths and which can be provided without delay. • The challenges posed by Covid-19 have been turned into opportunities to develop stronger relationships with partners, schools in particular, to make safeguarding children everybody’s business. • The Children’s Advice and Duty Service model helps families to receive the right support at the right time. When children are, or may be, at risk of significant harm, social workers investigate quickly, with the support of key partners, including the police, when needed. • Since the Ofsted focused visit in October 2019, when inspectors look at arrangements for children in need or subject to a child protection plan, children have received a more consistently good service. • Social workers and managers are now intervening more effectively and decisively in families where children have been living for some time in unsafe and neglectful situations. Assessments are of good quality. The child’s experience is captured in assessments and in the majority of plans, including those for disabled children. • Ofsted have reported that senior managers are acutely aware of some specific areas where practice is not universally good, and strategies to embed good practice are already proving effective. For example, there is a short delay in escalating some cases when risks change, although this does not have an impact on the ongoing work with the child and family. 	

- Ofsted noted that the pre-proceedings process of the Public Law Outline is used effectively. It was noted that some letters to parents are not sufficiently clear, but better ones are using language that parents can easily access.
- Children are seen regularly, on their own and in settings where they feel comfortable. These arrangements continued during the pandemic and staff were inventive in finding ways to see the children they were worried about.
- Managers supervise worker regularly and they reflect carefully on the best way forward for families. Ofsted noted this discussion, including a review of contingencies, is not consistently captured on the child's record, but noted there is no discernible impact of this on the quality of social work practice and senior managers are already addressing this.
- Children who are missing from education and those who are home educated are tracked well. When child protection concerns are identified, they are addressed with appropriate statutory intervention. A strong and joined up approach between schools and children's social care in this instance keeps children safer.
- When children return from going missing or are at risk of exploitation, their personal safety is addressed quickly. Targeted youth workers, police officers, schools and other agencies also work together to map out who else may be at risk putting in place effective measures to disrupt and prevent further exploitation. The multi-agency Harbour programme is noted as being fundamental to the success of these interventions. Children on the edge of care or on the edge of exploitation or criminal activity can remain in their families as a result of tenacious and trusting relationships between them, their workers and local community groups.

13.5 The experiences and progress of children in care and care leavers: summary

The experiences and progress of children in care and care leavers	Good
<p>Headlines:</p> <ul style="list-style-type: none"> • Children come into care at the right time for them and make good progress while in care. Arrangements for children to return home are managed well, and children only return home if it is safe to do so. • Children in care and care leavers who live outside of Dorset receive the same support and services as those who live within the local authority area. • Ofsted noted that historically the number of children in care has been higher than the places available for them to live in Dorset, however Ofsted noted an increase in the number of older teenagers remaining at home, the 	

commissioning of new provision, the repurposing of existing council premises and brokering arrangements with local providers are beginning to resolve this issue. In the meantime, children are supported to remain in the places where they have strong attachments and that best meet their needs.

- Whenever possible, children in care stay in touch with their family, their brothers and sisters, those important to them and their pets. Children are encouraged to pursue a wider range of hobbies and interests. They have positive and enduring relationships with their independent visitors and receive good advocacy support.
- Permanence arrangements are confirmed with children as soon as possible, so that they know where their long-term home will be. If this is not the plan, they know what their options are and why.
- Most children in care live in foster families. The foster carers are recruited, supported and trained by experienced and aspirational social workers who support them to understand the trauma that children may have faced earlier in their lives.
- The virtual school is highly ambitious for children in care, wherever they live. A particular strength is the impact of more aligned working in the six localities; headteachers, designated teachers and staff at the virtual school work together to secure creative and beneficial outcomes for children.
- Children are helped to understand their life story at a time that is right for them.
- Children in care who are at risk of exploitation are supported well. The information gathered when they return home is put to good use in developing intelligence about risks to both themselves and to other children. Key partners, including local businesses and community leaders, come together in response to the dangers of county lines.
- An increasing number of children's reviews are written directly to children, an important part of helping them to understand key moments in their lives and their story through childhood. Children's voices, either directly or through their advocates, are clearly heard within reviews.
- Disabled children in care receive a consistent and thoughtful service which is responsive to their needs. Communication in all its forms is well understood by the social workers in the specialist teams. Parents are engaged positively in the plans for their children.
- Health assessments are of good quality and children's health needs are well considered. Tenacious efforts by lead officers in health and social care have resulted in a marked increase in the quality and timeliness of health assessments, despite the pressures of Covid-19.
- Children have continued to receive the mental health support that they need without undue delay, which is testament to strong partnerships and advocacy. Care leavers have also benefited from the introduction of a dedicated phonenumber that offers support with isolation and anxiety.
- Adoption is considered carefully and promptly for all children who are unable return home to their birth families who need a permanent

alternative. Senior managers, through regular oversight, assure themselves that children receive an effective service from the regional adoption agency.

- Care leavers are supported well by dedicated personal advisers who work hard to keep in touch with them and offer the support they need, when they need it. This includes those care leavers who are over 21 and, in some cases over 25. The teams working with care leavers are strengthened by working partnerships with the Department for Work and Pensions, housing, adults services and adult mental health.
- Ofsted noted that, young people in more complex situations are prioritised but their written plans are not routinely updated when risks or situations change, however it was acknowledged that work is already happening to address this with senior leaders working alongside care leavers to establish the best way to capture modified plans in a meaningful way.
- It was noted that housing options for care leavers are currently limited with some care leavers housed in temporary accommodation, including a very small number living in bed and breakfast arrangements on an emergency basis. Ofsted have noted that oversight of these arrangements is not sufficiently robust.
- Ofsted noted that senior leaders have responded to the lack of housing options through internal and external commissioning that involves corporate and business partners. Dedicated flats for care leavers, partnership arrangements to increase the number of children’s homes and residential beds at the Harbour are all nearing completion.
- The local authority’s offer to care leavers is underpinned by what care leavers say they need most, it is explained and accessed effectively. An increasing number of care leavers are at university, in college or have a job. An apprenticeship scheme within Dorset Council, for which care leavers are guaranteed interviews, is a good example of how young people are supported by their corporate parent.

13.6 The impact of leaders on social work practice with children and families: summary

The impact of leaders on social work practice with children and families	Outstanding
<p>Headlines:</p> <ul style="list-style-type: none"> • Leaders at all levels and elected members recognise and prioritise the needs of children. An ambitious transformation programme is well underway and is having a positive impact on the experiences and progress of children. • Innovative approaches such as the Harbour project, supporting the development of the care leavers’ charity and the purchase of affordable 	

accommodation, accompanied by a forensic focus on practice, are improving the lives of children and increasing staff satisfaction.

- In a time of scarce resource and additional demand, children have an increasing range of options as a result of imaginative and cohesive commissioning.
- The blueprint for change and the move to a strengths-based locality model of delivery has reaped significant rewards for children and their families. Senior leaders have made rapid and sustainable progress, despite the impact of the Covid-19 pandemic. In some cases, the challenges of the pandemic have created fresh opportunities to build trust and cohesion with partners, and this has increased the pace of change.
- Council leaders had recognised that services needed to change significantly and have given backing, including financial support, to establish the new ways of working.
- Senior leavers know their strengths and weaknesses well. They have a comprehensive understanding of the aspects of the service that still need to improve, and a clear strategy for improvement. The scaffolding for further improvement is firmly in place.
- Peer review, learning from research and input from other good authorities add scrutiny and depth to the extensive performance dashboards and locality meetings that identify emerging themes. Live reporting is used effectively at all managerial levels and enables an agile response if concerns arise. Ofsted noted this intense level of scrutiny is less well evidenced in the care leavers' service where the quality and recording of supervision is not completed to the same high standard. However, Ofsted noted the work to set 'gold standards' for care leavers and actions arising from the associated self-assessment clearly identify the route to improvement.
- The 'triple lock' approach to quality assurance, which adds additional layers to the moderation process to drive improved practice, is adding value. The prime focus of audits is maturing from an emphasis on compliance to a more reflective consideration of quality. Ofsted noted that the involvement of children and families in audits is less strong but learning from the experiences of children through consultation, commissioning, complaints and serious incidents is fully embedded in the development of services. Ofsted noted that participation and advocacy, have a clear focus on strengthening the involvement of all children.
- Ofsted have reported that staff described the new strategic direction and value base as 'transformational' and that they have felt well supported especially during the pandemic. Ofsted have noted that staff have maintained a tireless focus on seeing families, escalating concerns with partner agencies such as housing and health and ensuring that risks are reduced for children.
- Recruitment and retention of staff have been a priority. Social Workers now have manageable caseloads and the workforce is largely permanent.

- When skilled practitioners are identified, they are supported both financially and professionally to be suitably qualified. Work of good quality is recognised and celebrated. Professional development is tailored to core skills and also to Dorset's prime imperative, which is to focus on building resilience in families and in the communities in which they live.

13.7 What needs to improve? Inspectors have identified one area of improvement: *Oversight of arrangements when care leavers move in and out of emergency or temporary accommodation.*

14. Continuous improvement and next steps

14.1 A strong commitment to continuous improvement is embedded in services within children's services and the wider partnership. Learning from this inspection is already being incorporated into a new plan that will support the partnership in its next phase to deliver excellence for children and families in Dorset.

14.2 In accordance with the Education and Inspections Act 2006 (Inspection of Local Authorities) Regulations 2007, the local authority is required to submit an action plan to Ofsted that responds to the findings in the Inspection report within 70 working days of receiving the final inspection report (by 2nd March 2022).

14.3 Learning from the October 2021 ILACs Inspection has been incorporated into an Ofsted action plan, which is provided as appendix 2. This includes the following areas:

- ILACS 2021 area for improvement: strengthen oversight of arrangements when care leavers move in and out of emergency or temporary accommodation.
- Ensure that any changes to plans, including plans to temporary accommodation and the arrangements for a long-term plan, are specifically recorded and updated in the young person's Pathway Plan and electronic case record.
- Strengthen quality and recording of supervision within the care leavers' service.
- Continue work to ensure there are sufficient suitable housing options for care leavers in Dorset.
- Ensure that escalation is consistently timely when risks to children change.
- Ensure that letters to parents in pre-proceedings are consistently written in a way that is clear and accessible to them.
- Continue work to strengthen recording of reflective supervision on children's records.
- Continue work to strengthen the involvement of children and families in audits.

An updated work plan for the Strengthening Services Board will track progress of this as well as areas already identified by the partnership that will build upon the strong foundations put in place. These include:

- Implementation of enhanced reporting of Early Help.
- Continued joint work regarding Domestic Abuse.
- Continued work to ensure robust responses to sexual abuse including on-line abuse.
- Work in response to national and local strategy on violence against women and girls.
- Pathways of support and early support for children and young people at risk of anti-social behaviour.
- Implementation of substance misuse and mental health toolkits.
- Continue to build on Children's Advice and Duty and Multi Agency Safeguarding Hub arrangements.
- Continued focused work on strengthening emotional wellbeing and mental health service pathways, services and responses for children and young people.
- Implementation of plans for 0 to settled adulthood.
- Further enhancing support and information for care leavers.
- Ensure the voice of children and young people is fully embedded at the heart of everything we do.
- Continuing to build on the offer of support for Dorset Council Foster Carers.
- Implementation of additional local placements for children in care.
- Continued relentless focus across the partnership in delivering excellence in practice across all services.

14.4 Progress of the new plan will continue to be monitored through the robust and embedded methods in place both within children's services and the partnership. These include leadership and oversight of the plan by the partnership's Strengthening Services Board, Quality Assurance and Performance Management Frameworks and by seeking continual feedback from children, young people and families.

14.5 Further reporting to Elected Members will continue through the Council's senior leadership performance dashboard. The annual Self-Evaluation of children's services will be prepared early 2022 and will also be reported to Elected Members.

Recommendation:

People and Health Scrutiny Committee is asked to note and consider Ofsted's published report of the recent Inspection of Local Authority Children's Services in Dorset and the next steps identified in the action plan.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

Inspection of Dorset local authority children's services

Inspection dates: 27 September to 8 October 2021

Lead inspector: Steve Lowe, Her Majesty's Inspector

Judgement	Grade
The impact of leaders on social work practice with children and families	Outstanding
The experiences and progress of children who need help and protection	Good
The experiences and progress of children in care and care leavers	Good
Overall effectiveness	Good

Services for children and families in Dorset are of good quality and are continuing to improve. The senior leadership team is an impressive and successful force for change, with a proven determination to give every child in Dorset a brighter future. Strong political and corporate commitment to the improvement agenda supports an environment where good social work can flourish, and children are increasingly better protected.

The pace and effectiveness of change in the context of a local government reorganisation in 2019, resulting in a boundary change and the creation of Dorset unitary authority, and the COVID-19 pandemic, are particularly impressive. Senior leaders have taken the challenges presented by the pandemic as an opportunity to engage partners more firmly in the wider safeguarding agenda and in the vision of making Dorset the best place it can be for children to thrive. A stable, permanent workforce and manageable caseloads enable constructive relationships to be built with children and families. Staff take pride in their work. Good work is expected, delivered and celebrated. Several ambitious projects, including some still at an early stage, have already had a positive impact on children. The targeted youth work offer from the Harbour is already safeguarding children who are on the edge of care and at risk of being exploited. Children in care and care leavers receive the same high standard of care whether they live in or outside of Dorset, although clearer expectations of workers are needed when care leavers live in emergency accommodation.

What needs to improve?

- Oversight of arrangements when care leavers move in and out of emergency or temporary accommodation.

The experiences and progress of children who need help and protection: good

1. Children receive the help that they need at the right time. Families benefit from a broad range of early help services, tailored to their needs and in the places where they live. Partnership working is well developed, offering a range of options that build on family's strengths and which can be provided without delay. The challenges posed by the COVID-19 pandemic have been turned into opportunities to develop stronger relationships with partners, schools in particular, to make safeguarding children everybody's business.
2. The ChAD (children's advice and duty service) model helps families to receive the right support at the right time by clarifying the concerns with referrers and activating local solutions whenever possible. The 'front door' provides a calm, well-organised service, where timely and appropriate decisions are made about how to protect and support children most effectively. Parental consent is obtained if appropriate, and families are not subjected to statutory intervention unnecessarily. However, when children are, or may be, at risk of significant harm, social workers investigate quickly, with the support of key partners, including the police, when needed.
3. Since the Ofsted focused visit in October 2019, when inspectors looked at arrangements for children in need or subject to a child protection plan, children have received a more consistently good service. The effective application of thresholds at key decision-making points is underpinned by the regular professional discussions held by advanced practitioners and their managers. In parallel, a well-structured suite of multi-agency meetings prioritises those children who are most at risk from domestic abuse and exploitation in all its forms. As a result, shared intelligence is used well to identify and disrupt networks of abusers when children are missing from home or otherwise vulnerable.
4. Child protection concerns are investigated appropriately. In their investigations and ongoing work with families, social workers make good use of research, specialists and each other to identify childhood trauma and how best to support victims of abuse. Senior managers are currently looking carefully at section 47 enquiries that do not result in a child protection plan, to ensure that children and families are not subject to unnecessary intervention.
5. Social workers and managers are now intervening more effectively and decisively in families where children have been living for some time in unsafe and neglectful situations. They escalate concerns appropriately and with confidence, enabling children to be better protected.

6. Assessments are of good quality. Parenting assessments are strong, analytical and thorough. They capture the impact of parenting from a child's point of view. They also include consideration of absent parents, whether father or mother. Importantly, restorative work starts during the assessment, enabling change to take place at an early stage. When children have no speech, social workers use triangulated observation to get a better understanding of how they communicate their feelings. The child's experience is captured in assessments and in the majority of plans, including those for disabled children. Advocates are available for children subject to a child protection plan; their independence adds authenticity to reviews when children choose not to attend in person.
7. Senior managers are acutely aware of some specific areas where practice is not universally good, and strategies to embed good practice are already proving effective. For example, there is a short delay in escalating some cases when risks change, although this does not have an impact on the ongoing work with the child and family. Similarly, quality assurance reviewing officers (QAROs) are beginning to ensure that social work reports for child protection conferences are written to children in the first person, to help them to understand why social workers are involved, although this practice is not yet consistent.
8. The pre-proceedings process of the Public Law Outline is used effectively to focus clearly on and identify what needs to change to make children safer. As a result, many children remain with their families. Some letters to parents are not sufficiently clear, but the better ones use language that parents can easily understand. Ultimately, many families are diverted out of pre-proceedings and can see where they have made progress.
9. Children are seen regularly, on their own and in settings where they feel comfortable. These arrangements continued during the pandemic, and staff were inventive in finding ways to see the children that they were worried about; this strengthened the relationships that they have with them. This creativity and care are illustrated by schemes such as giving hampers to young carers and their families at Christmas, providing them with food for several days to reduce pressure on the families and to lessen the risk of exposure to COVID-19.
10. Managers supervise workers regularly and they reflect carefully on the best way forward for families. This discussion, including a review of contingencies, is not consistently captured on the child's record, but there is no discernible impact of this on the quality of social work practice. Senior managers are already considering the best way to capture more reflective conversations.
11. Children who are missing from education and those who are home educated are tracked well. When child protection concerns are identified, they are addressed with appropriate statutory intervention. Dorset saw an increase in children being electively home educated in the context of the pandemic. However, the numbers of children being electively home educated have now

returned to pre-pandemic levels. A strong and joined-up approach between schools and children's social care in this instance keeps children safer.

12. When children return from going missing or are at risk of exploitation, their personal safety is addressed quickly. Targeted youth workers, police officers, schools and other agencies also work together to map out who else may be at risk, putting in place effective measures to disrupt and prevent further exploitation. For example, young people in Weymouth who were being targeted by unsafe adults made good use of the relationships they have with outreach workers to help to keep themselves safe. The Harbour programme, based on North Yorkshire's 'No wrong door' model, working with children on the edge of care, is fundamental to the success of these interventions. Children on the edge of care or on the edge of exploitation or criminal activity can remain in their families as a result of tenacious and trusting relationships between them, their workers and local community groups.

The experiences and progress of children in care and care leavers: good

13. Children come into care at the right time for them and make good progress while in care. Arrangements for children to return home are managed well, and children only return if it is safe to do so. Submissions to the family court are thorough, and include specialist assessments when necessary and well-considered recommendations. Preparedness for court and progression through the various stages are tracked effectively and supported by an experienced legal team.
14. Children in care and care leavers who live outside of Dorset receive the same support and services as those who live within the local authority area. Other local authorities are notified promptly that a child is moving to their area, and social workers ensure that services are in place to meet the child's needs before they move. Historically, the number of children in care has been higher than the places available for them to live in Dorset. An increase in the number of older teenagers remaining at home, the commissioning of new provision, the repurposing of existing council premises and brokering arrangements with local providers are beginning to resolve this issue. In the meantime, children are supported to remain in the places where they have strong attachments and that best meet their needs, including making use of 'staying put' arrangements as they become more independent.
15. Whenever possible, children in care stay in touch with their family, their brothers and sisters, those who are important to them and their pets. Family arrangements, which are often complex, are handled sensitively. Children are encouraged to pursue a wide range of hobbies and interests, from acting to academia, forest school to football. They have positive and enduring relationships with their independent visitors and receive good advocacy support.

16. Permanence arrangements are confirmed with children as soon as possible, so that they know where their long-term home will be. If this is not the plan, they know what the options are and why. Foster to adopt arrangements are commonplace, as well as two or three options being explored in parallel that take account of each child in a family and where they feel most safe and secure.
17. Most children in care live in foster families. The foster carers are recruited, supported and trained by experienced and aspirational social workers who support them to understand the trauma that children may have faced earlier in their lives. Through the challenges of several lockdowns, foster carers have been supported well to build and maintain relationships with children.
18. The virtual school is highly ambitious for children in care, wherever they live. They have an accurate analysis of the strengths and weaknesses of educational provision for children in care and care leavers. A particular strength is the impact of more aligned working in the six localities; headteachers, designated teachers and staff at the virtual school work together to secure creative and beneficial outcomes for children. At times, this has included working with school governors to reverse permanent exclusions. The pupil premium, linked to personal education plans, is used creatively. In the context of COVID-19, this support has extended to extra-curricular activities that benefit children's mental health and help to create the right environment for learning.
19. Children are helped to understand their life story at a time that is right for them. On several occasions, sensitive work to address past trauma has enabled children to settle in a permanent home after several moves, as they more fully understand what has happened to them. Specialist practitioners support colleagues to complete this work to a good standard. Children's unique identity, be it their culture, sexuality or race, is valued and explored with curiosity and care.
20. As with children who go missing from home, children in care who are at risk of exploitation are supported well. The information gathered when they return home is put to good use in developing intelligence about risks to both themselves and to other children. Key partners, including local businesses and community leaders, come together in response to the dangers of county lines. Given the transient tourist population, concerns about children arriving from other areas are addressed with the same level of urgency.
21. An increasing number of children's reviews are written directly to children, an important part of helping them to understand key moments in their lives and their story through childhood. Independent reviewing officers, known as QAROs in Dorset, have regular oversight of children's lives and the plans for their future. Children's voices, either directly or through their advocates, are clearly heard within reviews.

22. Disabled children in care receive a consistent and thoughtful service which is responsive to their needs. Communication in all its forms is well understood by the social workers in the specialist teams, with clear efforts to synchronise augmented communication techniques between home and school. Parents are engaged positively in the plans for their children, whether periods of care are for short breaks or on a longer-term basis.
23. Health assessments are of a good quality and children's health needs are well considered. Tenacious efforts by lead officers in health and social care have resulted in a marked increase in the quality and timeliness of health assessments, despite the pressures of COVID-19. The impact on children's mental health in the same context is a concerning issue in Dorset as much as everywhere else. Children have continued to receive the mental health support that they need without undue delay, which is testament to strong partnerships and advocacy. Care leavers have also benefited from the introduction of a dedicated phoneline that offers support with isolation and anxiety.
24. Adoption is considered carefully and promptly for all children who are unable to return home to their birth families and who need a permanent alternative. Senior managers, through regular oversight, assure themselves that children receive an effective service from the regional adoption agency. This includes post-adoption support that is tailored to the history of the children and their clearly identified support needs.
25. Care leavers are supported well by dedicated personal advisers who work hard to keep in touch with them and offer the support that they need, when they need it. This includes those care leavers who are over 21 and, in some cases, over 25. The move to introduce personal advisers at 16 has been well received and is allowing these relationships to develop sooner. As a result, pathway plans are increasingly constructed alongside young people. The teams working with care leavers are strengthened by working partnerships with the Department for Work and Pensions, housing, adult services and adult mental health. Young people in more complex situations, including when they are in custody, dependent on drugs and alcohol or vulnerable to exploitation, are prioritised, but their written plans are not routinely updated when risks or situations change. Senior leaders are working alongside care leavers to establish the best way to capture modified plans in a meaningful way.
26. Housing options for care leavers are limited. Some care leavers are housed in temporary accommodation, including a very small number living in bed and breakfast arrangements on an emergency basis. Oversight of these arrangements is not sufficiently robust, particularly in terms of visiting arrangements, supporting young people with everyday needs and seeking alternative housing.
27. Senior leaders have responded to the lack of housing options through internal and external commissioning that involves corporate and business partners. Dedicated flats for care leavers, partnership arrangements to increase the

number of children's homes and residential beds at the Harbour are all nearing completion.

28. The local authority's offer to care leavers is underpinned by what care leavers say they need the most. The offer is explained and accessed effectively. An increasing number of care leavers are at university, in college or have a job. An apprenticeship scheme within Dorset Council, for which care leavers have guaranteed interviews, is a good example of how young people are supported by their corporate parent. Although in its infancy, it has the potential to add new options for young people to pursue their careers.

The impact of leaders on social work practice with children and families: outstanding

29. Leaders at all levels and elected members recognise and prioritise the needs of children. An ambitious transformation programme is well underway and is having a positive impact on the experiences and progress of children. Corporate decision-making, which takes account of the views of key partners and community leaders, is informed by an in-depth knowledge of the needs of the local population. Innovative approaches such as the Harbour project, supporting the development of the care leavers' charity and the purchase of affordable accommodation, accompanied by a forensic focus on practice, are improving the lives of children and increasing staff satisfaction. In a time of scarce resource and additional demand, children have an increasing range of options as a result of imaginative and cohesive commissioning.
30. The blueprint for change and the move to a strengths-based locality model of delivery has reaped significant rewards for children and their families. Senior leaders have made rapid and sustainable progress, despite the impact of the COVID-19 pandemic. In some cases, the challenges of the pandemic have created fresh opportunities to build trust and cohesion with partners, and this has increased the pace of change. Council leaders had recognised that services needed to change significantly and have given backing, including financial support, to establish the new ways of working.
31. Senior leaders know their strengths and weaknesses well. They have a comprehensive understanding of the aspects of the service that still need to improve, and a clear strategy for improvement. For example, the implementation of the domestic abuse toolkit, learning from a full review of sexual abuse in Dorset, and an increased emphasis on achieving permanence, are all starting to take effect. The scaffolding for further improvement is firmly in place.
32. Peer review, learning from research and input from other good authorities add scrutiny and depth to the extensive suite of performance dashboards and locality meetings that identify emerging themes. Live reporting is used effectively at all managerial levels and enables an agile response if concerns arise. This intense scrutiny is less well evidenced in the care leavers' service,

where the quality and recording of supervision is not completed to the same high standard. However, the local authority was fully involved in the government initiative to set 'gold standards' for care leavers, and actions arising from the associated self-assessment clearly identify the route to improvement.

33. The 'triple lock' approach to quality assurance, which adds additional layers to the moderation process to drive improved practice, is adding value. The prime focus of audits is maturing from an emphasis on compliance to a more reflective consideration of quality. The involvement of children and families in audits is less strong, but learning from the experiences of children through consultation, commissioning, complaints and serious incidents is fully embedded in the development of services. Participation and advocacy services have been recommissioned relatively recently, with a clear focus on strengthening the involvement of all children, including those placed out of county or with additional learning needs. Learning reviews are intelligently targeted and timely, with practitioners and partners included in achieving consequent improvements.
34. Staff describe the new strategic direction and value base as 'transformational'. They have felt well supported, especially during the challenges of the pandemic. They have maintained a tireless focus on seeing families, escalating concerns with partner agencies such as housing and health, and ensuring that risks are reduced for children. The recruitment and retention of staff have been a priority. Social workers now have manageable caseloads and the workforce is largely permanent, helped by the recruitment of experienced practitioners from overseas. Maintaining stability through a large-scale reorganisation has been achieved with minimal disruption due to clear, open and consistent messages from the leadership team.
35. When skilled practitioners are identified, they are supported both financially and professionally to become suitably qualified. Work of good quality is recognised and celebrated. Professional development is tailored to core skills and also to Dorset's prime imperative, which is to focus on building resilience in families and in the communities in which they live. Opportunities to learn from practice reviews, research and successful approaches in other local authorities are clearly identified and acted upon.

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Dorset Post Ofsted ILACS Action Plan Jan 2021

Dorset Council welcomed Ofsted Inspectors to undertake an Inspection of local authority children's services between 27th September and 8 October 2021.

Inspectors identified the following area of improvement: Oversight of arrangements when care leavers move in and out of emergency or temporary accommodation. As a learning organisation committed to continuous improvement, we have also taken the opportunity to reflect on additional areas identified through the inspection and the senior leadership team where practice could be further strengthened.

This action plan identifies the actions that will be taken as a result and will be added to our existing Strengthening Services Plan.

Strategic accountability for the delivery of this plan is through the Strengthening Services for Children and Families in Dorset Board, a multi-agency Board comprised of executive level senior leaders across the partnership and including Elected Members.

The Board supports the delivery of the partnership's Strengthening Services for Children and Families Plan through:

- Page 71
- Supporting and challenging each other to strengthen services for children, young people and their families in Dorset that lead to better outcomes for children and better performance by agencies.
 - Unblocking barriers to expedite improvements.
 - Delivering the partnership Strengthening Services Plan in line with the milestones and target dates incorporating any significant and new issues into the plan that arise over time.
 - Monitoring the progress of the partnership's Strengthening Services Plan ensuring that actions are delivered robustly and at pace resulting in sustained and embedded change and improved performance that meets or exceeds targets.

Operationally, the Strengthening Services Plan is driven by nominated Action/Project Leads. Project Leads are responsible for the delivery of the Projects within this plan, overseen by the Programme Delivery Group, attended by senior leaders from across the partnership who have the accountability for operational services that are the focus of the plan.

Action Leads will provide 6 weekly progress reports in advance of the Programme Delivery Group which will consider progress alongside Performance and Impact Reporting (including data trends, quality assurance and user experience).

Ref	Action	Action Category	Start Date	Target Date	Senior Lead (Corporate Director/Senior Partner)	Action Lead and contributors	How we will know this has had an impact?	
							For children and young people	Measure
PA	Ofsted Area of Improvement: Improve oversight of arrangements when care leavers move in and out of emergency or temporary accommodation.							
PA1	Update Practice Standards regarding care leavers to include <ul style="list-style-type: none"> Greater focus on Pathway Plans for those in temporary accommodation Visiting arrangements Offer of practical support 	Task and finish	01/12/21	31/01/22	Corporate Director – Care and Protection	Head of Service Children in Care and Care Leavers Service Manager Corporate Parenting and Care Leavers	Care leaver service experience improves and any care leavers who are in unsuitable accommodation are well supported with clear move on plans	Dip sampling shows Care Leavers practice standards are embedded.
PA2	Implement and embed the use of a Care Leaver Business Intelligence dashboard that provides management information for all managers and senior leaders focused on key areas of performance including suitability of accommodation	Task and finish	01/12/21	31/03/22	Corporate Director – Care and Protection	Business Intelligence Business Partner	Care leaver service experience improves	Care Leavers BI dashboard implemented and used regularly
PA3	Develop information for young people (with young people) that explains the wrap around support offer should they require temporary (and unsuitable accommodation). E.g. <ul style="list-style-type: none"> Who to contact if you're worried about anything Contact visits Help you will get What happens next etc 	Task and finish	01/12/21	31/01/22	Corporate Director – Care and Protection	Head of Service Children in Care and Care Leavers Service Manager Corporate Parenting and Care Leavers	Care leavers understand the offer of support and can get help when they need it	
PA4	Ensure the written plans for care leavers living in complex situations e.g. when they are in custody, dependent on drugs and alcohol or vulnerable to exploitation, are routinely updated when risks or situations change. <ul style="list-style-type: none"> To be included within Practice Standards. 	Task and finish	01/12/21	31/01/22	Corporate Director – Care and Protection	Head of Service Children in Care and Care Leavers Service Manager Corporate Parenting and Care Leavers	Care leavers have an up to date pathway plan and are clear about their next steps	Dip sample of pathway plans
PA5	Ensure that any changes to plans, including plans to temporary accommodation and the arrangements for a long-term plan, are specifically recorded and updated in the young person's Pathway Plan and electronic case record.	Task and finish	01/12/21	31/01/22	Corporate Director – Care and Protection	Head of Service Children in Care and Care Leavers Service Manager Corporate Parenting and Care Leavers	Care leavers have an up to date pathway plan and are clear about their next steps	Dip sample of pathway plans
PA6	Continue work to ensure there are sufficient suitable housing and accommodation options for care leavers ensuring care leavers are provided with their permanent homes at pace.	Task and finish	01/12/21	31/03/22	Corporate Director Housing and Community Safety	Head of Service Children in Care and Care Leavers Corporate Director Housing and Community Safety	Care leavers have access to appropriate, affordable homes	Number of in-house care leaver homes available Number of care leavers in unsuitable accommodation

Ref	Action	Action Category	Start Date	Target Date	Senior Lead (Corporate Director/Senior Partner)	Action Lead and contributors	How we will know this has had an impact?	
							For children and young people	Measure
A	Children and young people who need our help and protection receive the best help and support in the right part of the system and are safe							
(ii)	Ensure all pre-proceedings letters are clear and use language that is accessible to parents. <ul style="list-style-type: none"> Review template to ensure this facilitates best practice. 	Task and finish	01/12/21	31/01/22	Corporate Director Care and Protection	Head of Locality and Strategy Policy Officer	Parents are clear about our concerns and what needs to change and so are better placed to be able to support and implement change that improved the child's outcomes	Dip sampling shows pre-proceedings letters are clear and accessible to parents
(iii)	Ensure all social work reports for child protection conferences are written in the first person to children and young people understand why social workers are involved. <ul style="list-style-type: none"> Update practice guidance 	Task and finish	01/12/21	31/03/22	Corporate Director Care and Protection	Head of Quality Assurance and Partnerships	Children understand why social workers are involved in their lives	Dip sampling shows 1 st person recording and reporting CP Chair checklist reporting
B	Children in Care and Care Leavers receive the best help and support and thrive in a setting that is right for them and are achieving good outcomes that set the foundation for a stable and happy future							
Page 73	Strengthen quality and recording of supervision within the care leavers' service.	Task and finish	01/12/21	31/01/22	Corporate Director – Care and Protection	Head of Service Children in Care and Care Leavers Service Manager Corporate Parenting and Care Leavers	Practitioners in the care leaver service are supported to make good decisions. Care leavers who access their records can understand the decisions that have been taken about their lives.	BI report on frequency of supervision Supervision audits evidence reflective case supervision and contingency planning recorded on children's files
C	Strong and robust strategic leadership that is ambitious for our children and young people with continuous improvement plans to deliver excellence							
(i)	Ensure there is a consistent understanding across the service of the Supervision Policy and supporting tools and simplify where appropriate.	Task and finish	01/12/21	31/03/22	Corporate Director – Commissioning, Quality and Partnerships	Head of Quality Assurance and Partnerships	Practitioners are supported to make good decisions. Children and families who access their records can understand the decisions that have been taken about their lives.	Supervision audits evidence reflective case supervision and contingency planning recorded on children's files
(ii)	Enhance guidance on supervision recording (E.g. capturing reflections and contingency planning).	Task and finish	01/12/21	31/03/22	Corporate Director – Commissioning, Quality and Partnerships	Head of Quality Assurance and Partnerships	Practitioners are supported to make good decisions. Children and families who access their records can understand the decisions that have been taken about their lives	Supervision audits evidence reflective case supervision and contingency planning recorded on children's files
(iii)	Continue to ensure that the involvement of children and families in audits is taking place routinely and embedded.	Task and finish	01/12/21	31/03/22	Corporate Director – Commissioning, Quality and Partnerships	Head of Quality Assurance and Partnerships	Children and families can feedback on the services they have received.	BI report on participation rates Learning shared and actions taken following feedback

People and Health Scrutiny Committee Date 31 January 2022 Corporate Complaints Team Annual Report 2020-21

For Review and Consultation

Portfolio Holder: Cllr S Flower, Leader of the Council

Local Councillor(s): Cllr

Executive Director: J Mair, Corporate Director, Legal & Democratic

Report Author: Antony Bygrave
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Report Status: Public

Recommendation: That the Committee scrutinises and notes the Annual Complaints Report for 2020/21

Reason for Recommendation: To have an awareness of the numbers and types of complaints and the organisational learning.

1. Executive Summary

Executive Summary:

This annual report provides an update on the numbers, types and outcomes of complaints made against services at Dorset Council across the Directorate. There are also appendices that meets statutory reporting requirements of Children's Services.

Key messages for 2020-21 are:

- There have been 1268 complaints across the Directorates in 2020-21 which is a 76% increase year on year
- Of these only 644 have been considered through formal processes

- 624 have been resolved informally with the Complaints Team working with Operational managers towards more agreeable outcomes with less undue process.
- Of the 19 Ombudsman investigations only 6 cases revealed maladministration. 3 relating to SEN delays at a cost of £6,750 to the council, up from just £1800 in 2019-20. The adult social care and place cases required an apology without financial penalty
- 39% of responses exceeded the 20 working day timescale up from 16% 2019-20. This is largely attributed to volumes and the pressures associated with the Covid19 pandemic
- Only 8% of complaints were considered fully justified with 11% part justified.
- There were only 119 learning points collected from complaints suggesting more focus is required on the self-assessment of the services we provide.
- Also we are pleased to report a tremendous increase in compliments across the directorates 633 (up 112%).
- In addition we received 54 code of conduct complaints regarding DC and Town and Parish Councillors in Dorset (some 160 councils and 1,400 councillors). Of these, just 8 were investigated and 3 upheld. In line with our approach to other complaints we will look in the future to how we can learn from complaints about councillors as part of promoting high standards of conduct.

The Complaints Team as an Assurance function continue to make a difference in promoting a culture of learning from complaints despite well documented challenges across the directorates due to the Covid19 emergency. We are also pleased to report that we are able to support managers across the directorates in resolving complaints without undue process, where possible. This is also having a financial benefit with a reduction in Stage 2 complaints and independent investigators fees.

2. Financial Implications

Dorset Council have paid £6750 in LGSCO maladministration charges in 2020-21 compared to £1800 2019-20. This is largely centred around SEN and periods where education was not provided

In 2018-19 **£15,961.75** was spent on independent investigators for the more complex complaints case. Our positive work towards informal resolutions had reduced this figure to just **£30** in 2019-20. Because of the complexity of some Children's Services cases in 2020-21 we have paid £4334.60 to Independent Investigators, but still a great reduction to 2018-19, and historically

3. Well-being and Health Implications

The increase in complaints, coupled with associated vexatious behaviours have had an impact on staff wellbeing and the team area regularly encouraged through line management and other Dorset Council support, to be mindful of themselves and their colleagues in-keeping with our behaviours

4. Climate implications

None

5. Other Implications

None

6. Risk Assessment

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

None

8. Appendices

Appendix A – Children’s Services Statutory Information

9. Background Papers

None

APPENDIX A

	2019/20	2020/21	
 Number of FORMAL complaints	358	644	Formal complaints have increased by 80% on 2019/20. Place services, particularly Planning issues, have had the greatest impact.
 Number of INFORMAL complaints	364	624	Informal complaints have increased by 72% on 2019/20. While many complaints need to enter the formal process we try to employ a common sense approach to resolve matters where possible.
 Upheld approaches to the LGSCO Ombudsman compared to total received	4/34	6/19	Of a total of 1268 complaints received, only six resulted in upheld decisions from the Ombudsman at a cost of £6,750 to Dorset Council.
 Timescales (overdue)	16%	39%	39% of complaints exceeded timescales for response compared to 16% in 2019/20. A detailed analysis can be found overleaf.
 % fully justified complaints	5%	8%	8% of complaints were recorded as being fully justified. The Complaints team will need to engage managers to obtain more representative justification data going forward.
 % part justified complaints	24%	11%	11% of complaints were recorded as being partially justified. The Complaints team will need to engage managers to obtain more representative justification data going forward.
 Compliments	298	633	It is encouraging to see that 2020/21 saw a 112% increase in compliments received.
 Learnings	151	119	It is concerning that so few complaints yielded learning points (21% down on 2019/20). We hope to improve on this in the year ahead.

Total Complaints Overview

1268 Complaints Page 78 2020/21

performance

2020/21

Numbers

Total Complaint Contacts – 1268

This is a 77% increase from the 722 received 2019-20. Perhaps no surprise as Dorset Council and its services have become more visible to the general public during the Covid19 emergency. With furlough, working from home and a reduction in social opportunities, residents have had more time to scrutinise and take to the online complaint forms. Although we are pleased that the complaints process is accessible and easy to find, we have also seen an increase in vexatious and aggressive behaviours. Although in some cases complaints have given the authority a chance to learn and implement changes. Out of the 1268 contacts, 644 of these were considered as formal complaints. The focus on early resolution continues to pay dividends for both council staff and those complaining but we need to ensure that we don't obstruct statutory processes due to the significantly increased demand.

Formal Complaints 644

This is an 80% increase on the 358 received 2019-20. Place services have had the greatest impact as they provide the most visible services to the public. Planning matters have featured heavily as well as neighbour disputes. We feel this evidences some of the impacts Covid19 has had on people's tolerances to one another.

Informal Complaints 624

This is a 72% increase on the 364 received in 2019-20. Although we are encouraged by Dorset Council's appetite for informal resolution we also recognise some formality is required for some areas, (particularly Planning and Adult Finance), to ensure outcomes are reached without unnecessary bureaucracy. We do however need to employ a common sense, outcomes-based approach to complaints handling when possible. The issue in 2020-21 is at times untenable volumes of both.

Local Government & Social Care Ombudsman Complaints

Members should be heartened that of 1268 complaints, only 6 of the complaints we have received last year resulted in upheld decisions from the ombudsman. This is from a total of 19 approaches at a cost of £6,750 to the council, up from just £1800 in 2019-20. Three of these fines related to SEN delays and one related to an Adult Social Care matter. The other two findings required apologies without penalty.

Timescales – 39% Overdue

This compares to 16% overdue in 2019-20. The complaints procedures operated by the Council vary in timescales for responses. The Whole Authority procedure is 20 working days, the Children's Services Social Care procedure is 10 working days, up to 20 by exception (with automatic escalation to an independent investigation if not met. This can be costly). The Adult Social Care procedure does not specify exact timescales, and we are now looking to establish these on a case by case basis depending on the gravity and risk of the complaint and the time need to investigate it. For last year, the timescale for these cases was set at 20 working days, which was not always achievable. The 39% of complaints exceeded the deadline of 20 working days is a reflection on volumes of complaints and pressures across the directorates during the Covid19 emergency. In response to the Covid19 efforts there were two occasions Dorset Council's Complaints team were closed for non statutory complaints and redeployed. This resulted in a large backlog we have still not recovered from

Justifications – 8% fully 11% partially

This compares to 5% fully 24% partially in 2019-20. It is surprising that so few complaints are considered to be justified by responding managers. The Complaints Teams role in 2021-22 is to perhaps challenge this a little more to see if complainants really do have a point on occasions. That said it has been an unprecedented year for complaints.

Compliments – 633

The good news story in 2020-21 is that compliments have increased 112% from 298 to 633. The Complaints team have captured and shared these compliments which has been really beneficial both to the individuals and the Complaints team themselves. Its important we recognise a job well done as well as the scrutiny and critique.

Learnings - 119

Our main concern is the apparent limited value all these complaints are bringing the Local Authority. 119 is 21% down on the 151 learning points from operational managers in 2019-20. Given the 77% increase in complaints, we would hope for a proportion increase in learnings, actions and value. At the time of this report, the resources managing the 77% increase in complaints is the same as 2019-20. We hope we can address this so we can restore the respected 'learning from complaints' culture we had worked so hard to establish since the Corporate Team was formed.

Total Complaints Overview

2020/21

Background

The purpose of this report is to highlight key issues from the Annual Report for Complaints 2020/21. There is a full annual report to support this executive summary together with material to meet the statutory functions associated with Social Care.

Introduction

The corporate Complaints Team was established in the Shaping Dorset restructure to manage complaints for a new Dorset Council. The team sit in Legal & Democratic as an Assurance function, with the emphasis more on learning from complaints, rather than merely processing numbers. As the report will show, the well documented challenges of Covid19 has led to a greater level of scrutiny on services and there have been times where the extra value has been hard to capture due to 77% increase in volumes.

The Complaints Team have also been heavily involved in helping Dorset Council manage vexatious and unreasonable behaviours. The number of people now managed through a Single Point of Contact at Dorset Council has increased by 133% and involved a great deal of resource in the team

Although a challenging year, we are proud of some of the work done across the team but must accept that current resources are not equipped to sustain a 77% increase. There were two occasions Dorset Council's Complaints Team were closed for non statutory complaints and redeployed. This resulted in a large backlog we have still not recovered from

The council operates 3 complaints procedures. The Council's own – which is a one stage process with a review process as necessary and Children's Services and Adult Services Social Care have their own legal procedures. Full details of these procedures are found in Appendix 1 and 3 as full reports which are required to satisfy legislation. In addition, we receive representations from our service users. These still require a response and/or the issues raised need to be resolved and we arrange with operational managers to do this. Should this approach be unsuccessful, we then consider the matter as a formal complaint.

The team's focus for this coming year is:

Team Wellbeing and Development – Galvanising a team remotely in isolation has been a genuine challenge in 2020-21, especially as inviting some of these negative sentiments and behaviours into your home can have a tremendous impact on staff wellbeing. We have been very vocal in ensuring staff are aware of the support available.

IT developments – Covid-19 had slowed the developments for the new operating software planned this winter. We are nearing a time where we can roll this out across the Council in an effort to speed up allocations without losing the learnings

Reporting/Learning – Due to service pressures during the Covid pandemic, we have seen a worrying backward step in 2020-21 in learning and actions from complaints. We need all Complaints staff to engage still more with managers in an effort to further improve the good work that was able to be achieved.

Total Complaints Overview

dorsetcomplaints

2020/21

		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	18	28	31	38	115
	Number of INFORMAL complaints	10	16	14	10	50
	Upheld approaches to the LGSCO Ombudsman compared to total received	0/0	0/1	0/1	1/2	1/4
	Timescales (overdue)	11%	11%	11%	20%	13%
	% fully justified complaints	4%	0%	0%	5%	2%
	% part justified complaints	7%	7%	20%	20%	14%
	Compliments	35	18	33	19	105
	Learnings	4	3	8	3	18

People - Adults - Social Care
Total Complaints = 165

performance

2020/21

		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	6	12	6	9	33
	Number of INFORMAL complaints	0	0	0	7	7
	Upheld approaches to the LGSCO Ombudsman compared to total received	0/0	0/0	0/0	0/0	0/0
	Timescales (overdue)	Unknown	Unknown	Unknown	50%	Unknown 50% Q4
	% fully justified complaints	Unknown	Unknown	Unknown	Unknown	Unknown
	% part justified complaints	Unknown	Unknown	Unknown	Unknown	Unknown
	Compliments	0	0	0	0	0
	Learnings	0	0	0	3	3

**People - Adults - Non Social Care
Total Complaints = 40**

2020/21

		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	23	120	123	80	346
	Number of INFORMAL complaints	79	120	44	93	336
	Upheld approaches to the LGSCO Ombudsman compared to total received	0/0	0/1	1/2	0/4	1/7
	Timescales (overdue)	10%	4%	78%	67%	40%
	% fully justified complaints	5%	4%	3%	10%	6%
	% part justified complaints	5%	5%	5%	15%	8%
	Compliments	117	92	58	97	364
	Learnings	6	17	10	33	66

Place Complaints Overview
Total Complaints = 682

performance

2020/21

		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	9	7	10	9	35
	Number of INFORMAL complaints	0	0	0	38	38
	Upheld approaches to the LGSCO Ombudsman compared to total received	0/0	0/0	0/0	0/0	0/0
	Timescales (overdue)	Unknown	Unknown	Unknown	67%	Unknown
	% fully justified complaints	Unknown	Unknown	Unknown	Unknown	Unknown
	% part justified complaints	Unknown	Unknown	Unknown	Unknown	Unknown
	Compliments	40	6	4	14	64
	Learnings	0	0	0	1	1

Corporate - Total Complaints = 73

performance

2020/21

		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	10	22	12	7	51
	Number of INFORMAL complaints	27	42	33	29	131
	Upheld approaches to the LGSCO Ombudsman compared to total received	0/0	0/0	0/2	0/2	0/4
	Timescales (overdue)	4%	13%	22%	50%	22%
	% fully justified complaints	4%	8%	8%	4%	6%
	% part justified complaints	15%	16%	11%	8%	13%
	Compliments	30	14	8	20	72
	Learnings	5	10	7	4	26

People - Children's - Social Care
Total Complaints = 182

performance

2020/21

		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	1	5	12	19	37
	Number of INFORMAL complaints	3	3	2	11	19
	Upheld approaches to the LGSCO Ombudsman compared to total received	0/0	1/1	1/1	1/3	3/5
	Timescales (overdue)	25%	0%	36%	70%	33%
	% fully justified complaints	25%	12%	14%	20%	18%
	% part justified complaints	0%	25%	14%	0%	10%
	Compliments	11	6	9	2	28
	Learnings	2	1	1	4	8

**People - Children's - Non Social Care
Total Complaints = 56**

performance

Appendices

Children's Service Statutory Reporting Requirements

Representations made to the local authority and the number of complaints at each stage and any that were considered by the Local Government Ombudsman

Children's Social Care	2020-21	2019-20	2018-19
Representations	131	83	51
Stage 1	51	40	65
Stage 2	1	0	2
Stage 3	0	1	1
LGSCO approaches	4 none upheld	6 none upheld	7
Children's Whole Authority			
Representations	19	23	31
Formal Complaint	37	37	57
LGSCO approaches	5 with 3 upheld	4 none upheld	14

1 case accepted at Stage 2. This was resolved by the good work from the HoS for Chesil and housing colleagues. No maladministration was found in the few cases that reached the Ombudsman.

The Local Government Social Care Ombudsman (LGSCO) investigates complaints from the public about councils and other bodies providing public services in England. It also investigates complaints about registered social care providers.

Social Care

Of the 4 Social Care complaints to be formally investigated by the Ombudsman, 2 were in relation to contact, and 2 were allegations of shortcomings in children's services with a desire for financial recompense.

Non Social Care

The 5 Non Social Care complaints heard by the Ombudsman related to delays with EHCP and poor communication regarding SEN. 3 were upheld by the Ombudsman with financial penalties amounting to £6750

Which customer groups made the complaints;

Changes in software midway through 2020-21 has made it difficult to accurately report on Customer Groups. We can however report that 'other family members' are equally if not more active than the parents for Children's social care issues.

The types of complaints made;

Most complaints fall under subcategories of Service Provision, largely around delays of perceived failures to deliver a service

Themes	Children's Social Care	Children's Non-Social Care
Communication	11%	12%
Data	0%	2%
Finance	1%	0%
Policy - Disagreement with Decision	5%	12%
Service Provision - Delay	0%	20%
Service Provision - Professional Practice	40%	6%
Service Provision - Quality of Service	33%	20%
Service Provision -Attitude of Staff	10%	12%
Service Provision -Failure to provide service	5%	10%
Service Provision -Inadequate Service	5%	6%

The outcome of complaints;

Of the complaints received for Children's Social Care in 2020-21 only 6% were considered Fully Justified by operational managers shows there is some level of justification as outlined below:

Fully Justified	6%
Partially Justified	13%
Not justified	81%

On 2021-22 the Complaints Team will be feeding in to QAP audits meetings and looking more into closing the loop on learnings and challenging more on complaints that appear to have no justification. In many cases they don't as the process is usually used by parents who are unhappy with records held that can't be legally altered. There is more work to do in providing robust assurance of our self assessment of the services we provide.

Details about advocacy services provided under these arrangements

The table below demonstrates a breakdown of Children in Care complaints. All complaints by young people are coming to the Complaints team via an advocacy service. There clearly is a concern that we are not hearing the voice of the Child in Dorset

Year	Number of Complaints
Children in Care 2020-21	15
Children in Care 2019-20	10
Children in Care 2018-19	20
Children in Care 2016-17	17
Children in Care 2017-18	12

In 20-21 we have identified 15 cases that related to children in care, all via an advocate representing the voice of the child

A summary of these can be found below:

L (Via A4C) Service Provision Representation (Informal) Complaint about Children's Services and foster care placement

Q (Via A4C) Service Provision Stage 1 Complaint about Children's Services & SW

K(CIC) Service Provision Representation (Informal) Complaint about Children's Services & SW

D Service Provision Representation (Informal) Complaint about Children's Services & SW

S - Unhappy with lack of contact from social worker and feels there is a conflict of interests because SW knows his parents

O Unhappy with Children's Services for not allocating a Social Worker to attend LAC reviews

O (Via A4C) Complaint about Children's Service's Social Worker

K (CIC) (now Mr – complaint erroneously in name) Informal Complaint about Children's Services

L – Complaint about foster placement

Q – Complaint about Social Worker

K– Complaint about Social Worker

D– Complaint about Social Worker

G – Complaint about placement and feeling uncomfortable

A – Lack of support from Children's Services

G – General complaint about Children's Services

The majority of these matters were able to be resolved informally

Closer analysis of the timescales revealed that of the 5 cases have exceeded the Statutory 20 day window for investigation and response. Although perhaps a concern, these delays were largely due to efforts to resolve the complaints informally

Advocacy is described as supporting children to have their say and making sure their views and wishes are taken into consideration on decisions and matters that affect them, it is also about ensuring that rights are upheld. Article 12 of the United Nations Convention on the Rights of the Child sets out the right of children to be listened to in decisions which affect them. There is a statutory duty to provide an independent advocacy service that supports children and young people to have their views and wishes taken into account when key decisions are being made about their lives.

An advocate can help if:

- something needs to be started, changed or stopped, for example, if the child is unhappy about their treatment by children’s social care or there are worries about plans being made, such as a move
- a child needs support during meetings to make sure their voice is heard
- children need advice and want to know their rights
- a child needs support to make a complaint

The contract for advocacy during 2020/21 has been with Action for Children. In accordance with Public Contract Regulations 2015, the Council was required to seek competitive tenders for this service provision at the end of the current contract (31/07/2021). The tender was awarded to the highest scoring bidder, and from 01/08/2021 advocacy will be provided by National Youth Advocacy Service (NYAS).

Referrals to Advocacy by quarter is shown below

Referrals	Q1 (Apr-June 20/21)	Q2(Jul-Sept 20/21)	Q3 (Oct-Dec20/21)	Q4 (Jan-March20/21)
New referrals to advocacy	161	176	197	166

Compliance with timescales, and complaints resolved within extended timescale as agreed;

The table below show the majority of all Stage 1 cases for Children’s Services Social Care were over the 20-day statutory timescale.

Timescales	2020-21	2019-20	2018-19
0-20 Working Days	78%	75%	74%
20+ days	22%	25%	26%

The complaints team have worked hard to ensure timescales improved and had put escalation protocols in place for 2019-20. With the engagement of senior staff, earlier in the process we were confident this would improve. This is encouraging despite the challenges of Covid19 across the services.

learning and service improvement, including changes to services that have been implemented and details of any that have not been implemented;

Learning points are collected at all stages of the complaints procedure. At stage 1, Operational Managers identify learning from complaints and learning actions. At Stages 2 and 3, action plans are compiled based on the recommendations of the investigator’s or panel chair’s report. In addition,

the LGSCO will include recommendations to remedy complaints, and actions are monitored by the complaints team to ensure that they are completed.

How we disseminate learning

Quarterly reports to Children's Services Leadership Team produced by the Complaints team

Dissemination of the quarterly report to Operational Managers to be discussed at Service Team Meetings.

The complaints team also feed into the performance data for SLT each quarter

How we learn from complaints

Improvement in Stage 1 responses - Additional Training to be provided to Team Managers on how to complete and present and stage one investigations. The Complaints Team Manager will be attending meetings to advise and update

Improvement in communication, sharing of Assessments and CIN Plans - Practice issue raised. Notes from Meetings to be completed in a timely manner and a copy sent to the attendees, including the family. Operational Managers to ensure that Team Managers and Social Workers are clear about the need to record meetings. Robust quality assurance processes put in place.

Improved use of complaints as a measure of performance and quality control:

Evidence of sharing of quarterly reports and using to track individual team performance. The Senior Assurance Officer will be leading on this

Examples of learning from Complaints:

We have collected 26 organisational learnings in 20-21 which is a disappointing return and a reflection of the pressures on the Complaints Team and Children's Services during an unprecedented operational period

Apologies given and worker involved no longer works for DC. New worker allocated and the follow to be arranged: A Family Group Conference to discuss future contact arrangements. Direct work 1:1 sessions with both girls, to complete 'Keep Safe' work with them. An advocate for one child, as requested; one to be arranged for other child should she want this. Provision of contact details of the author of the Lucy Faithful Foundation Report.

Manager spoke to the worker involved to ask her permission to hold a small workshop on 'learning from an investigation following concerns being raised' anonymously with the team. Manager to set out the learnings found and ask them to contribute on their views of good practice within each area to learn from each other and to devise their own templates etc to help with this if they feel they would be beneficial.

Manager confirmed that she will share learning from this investigation with the relevant staff, and wider service, to support improving practice.

Commissioning Officer, has acknowledged error in withholding payment for LF's education and that payment has now been made.

Text sent to complainant in error. Manager has spoken to social worker about managing work and personal phones and shared learning with team to prevent this from occurring again.

Manager is now keeping a record of all 'un-met needs' for all service users to ensure that social workers update parents on current position, with regard to how we are trying to meet the needs of their children.

Action for Children (AfC) advocate made a complaint on behalf of (obo) a young person (YP), however the YP completed a signed authorisation form, giving his Personal Advisor (PA) permission to be sent all complaint documents. This was agreed on the understanding the PA was aware of the arrangement, however they were not. On reflection, the PA should have been contacted to ensure they were aware, before agreeing the arrangement with AfC.

AfC will continue to be copied in on complaint correspondence sent to the YP to ensure there is an independent eye. The PA cannot advocate obo the YP as they are not independent from Children's Services.

To ensure a similar thing doesn't happen again it will be raised in team meetings as a learning topic and request an audit sample to test further.

Simple bullet point letters with key points - Request to social workers to wear a mask when visiting

Manager will be speaking to the team to ensure everyone knows when a Pathway Plan should be completed.

It is important as a social work team that we endeavour to include parents' views as accurately as possible within assessments. Manager to remind team of this best practice with a view to ensuring that in future such a scenario as can be avoided.

Change in our admin support caused problem with telephone numbers. This is being rectified and should not be a problem in future. Email address for contact also provided.

The learning for the Fostering Service, which manager will share in Service Meeting, is around how team communicates with foster carers and partner agencies. This will prevent this situation repeating itself in the future.

The learning from this will be shared with service, with a focus on how we communicate information and processes with children and their families. This will be done in our next team meeting.

Reminder to managers of the importance of sharing such letters with our Complaints Team when they are received, to ensure they are responded to within a timely manner.

Manager to remind all staff of the importance of logging all contact with customers on appropriate database.

There is learning for us as a service about how we manage very difficult meetings in this new virtual way of working

Manager has spoken to the social worker about ensuring that contact details are shared so that parents can make contact easily.

Manager has spoken to the social worker about their practice on this occasion and the need to ensure that parents are given information to allow for understanding, to ask questions and to challenge whether appropriate decisions have been made.

Information leaflets should have been provided to complainant as a matter of routine. In reviewing the availability of such documents on the back of the complaint it is apparent that this is not something that is adequately available to social workers to provide families. Manager will be raising this within the department so that changes are made and that information leaflets about areas such as protocol's, Section 17 and Section 47 and parental rights are made clear for families to understand and consider.

Apology letter sent. (This action is now complete)

Manager to ensure that when messages from a parent are passed onto the allocated SW that the parent is called back.

Manager to ensure that all information from both parents is included in the referral form and subsequent early help information request. Email sent to whole team.

Better care should have been taken to consult with complainant following meeting.

Manager to ensure that this point is reiterated to team of social workers with a view to ensuring that similar situations do not occur in future.

Ensure Staff are following up on actions from meetings i.e. making referrals when they say they will.

Ensure staff return calls and emails in a timely manner. Add line to out of office to say " we will reply within X amount of days". Time scale to be advised by senior managers. This will give a clear message to recipient.

As a result of investigations, it was found that some aspects of the complaint are justified, and we will have a look at the OT processes to ensure that this does not happen again. It is important that the complainant is kept up to date with OT progress and informed in writing following visits and assessments to ensure that they have the relevant information that they require. Any involvement from an OT manager perspective will then be followed up in writing to from the manager directly to ensure that there are no misunderstandings on either part and that the complainant clearly understands the outcome of assessments, home visits and or meetings.

Again in 2021-22 the Complaints Team will be feeding in to QAP audits meetings and looking more into closing the loop on learnings and challenging more on complaints that appear to have no justification so we can ensure service improvement where possible

Sharing Information

Professionals need to ensure they have explicit permission to share information, either through statutory guidance or with the consent of the children and family involved. This includes when sharing information with other family members.

Maintaining confidentiality within a family is complex and checks should always be made of the records to confirm what can and cannot be shared with each family member. A handover of key information between practitioners and their managers in respect of any changes in family's circumstances should take place after periods of absence to ensure clarity about what has happened and what information can be shared with whom.

Data Protection and Appropriate Action to take

Managers need to contact Data Protection Team as soon as possible following a potential breach to seek advice about immediate actions to mitigate risk and distress to the family. When aware that a data breach has occurred, advice must be obtained from the Data Protection Team about immediate actions required. Information on how to report a data breach can be found at <https://intranet.dorsetcouncil.gov.uk/task/report-a-data-breach/> Unless advised otherwise, contact should be made with the family to alert them to the breach and to provide apologies, reassurance and information about what the service will be doing to rectify the situation and mitigate the risks.

Safeguarding, the Legal Framework and Good Practice

Reference Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers.

A summary of statistical data about the age, gender, disability, sexual orientation and ethnicity of complainants

All complainants to Dorset Council are sent an equality and diversity monitoring form as part of the complaint process. Complainants are asked to complete this form but it is completely voluntary. If complainants contact us via the online form, we currently collect any information offered. We will need to introduce manual collection for postal complaints in future. The percentages are based on those who completed the form only and not specific to Children’s Services as they are anonymous

Female	53%	British White	87%
Male	40%	Mixed Ethnic Background	3%
Prefer not to say	7%	Indian	3%
		Prefer not to say	7%
Heterosexual	76%	Christian (including Church of England, Catholic, Protestant and other Christian denominations)	44%
Gay	1%	None/no religion	40%
Bisexual	3%	Other	1%
Prefer not to say	20%	Prefer not to say/didn’t complete form	15%
16-24	1%	Learning disability	4%
25-34	2%	Mental health illness	18%
35-44	16%	Hearing impairment	5%
55-64	44%	Physical Illness	31%
65 and older	37%	Prefer not to say	42%

A review of the effectiveness of the complaints procedure (see section 5.7 on Monitoring and Quality Assurance).

The Complaints Team send out forms to gather feedback from complainants about their experience of complaining in order to continually improve the service. Regrettably there has been very little uptake on this and there is no reportable data of any value established.

Monitoring the effectiveness of the Complaints Procedure

We need to improve on current arrangements for collecting this information and the Complaints Team are aware that customer feedback on the complaints process is important.

People and Health Scrutiny Committee – Forward Plan

Title	Description	Date of Committee Meeting	Requested by	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Integrated Care System update through winter	Review of system response to winter pressures including Home First	14 March 2022		Sue Sutton, Programme Director Urgent and Emergency Care, DCCG Lesley Hutchinson, Corporate Director of Commissioning.	Portfolio Holder for Adult Social Care and Health	
Update on Treatment Centres	Review of the newly created treatment centres at Beales and South Walks House	14 March 2022		Ashleigh Boreham, Deputy Director Design and Transformation, DCCG	Portfolio Holder for Adult Social Care and Health	
ICB Set-up	An update on the progress of the ICS	14 March 2022		Vanessa Read, Director of Nursing, CCG Kirsty Hillier, Public Health	Portfolio Holder for Adult Social Care and Health	
Fostering Service	Review progress on the fostering improvement plan	14 March 2022	Chairman	Sarah-Jane Smedmor, Corporate Director for Care and Protection	Portfolio Holder for Children, Education, Skills and Early Help	Corporate Parenting Board
Community Safety Annual Scrutiny Report	People & Health Scrutiny Committee is the Council's formal Crime & Disorder Committee. It is a legal requirement for the Committee to receive a report	14 March 2022		Andy Frost, Service Manager Community Safety	Portfolio Holder for Housing and Community Safety	

Title	Description	Date of Committee Meeting	Requested by	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
	once a year on progress with community safety work.					
Performance Scrutiny	A review of the relevant Dorset Council performance dashboard to inform the Scrutiny Committee's Forward Plan and identify items for deep dives.	19 May 2022	David Bonner	David Bonner, Service Manager for Business Intelligence and Performance	Portfolio Holder for Corporate Development and Change	
		19 July 2022				
		20 September 2022				
		8 November 2022				
Budget meeting		9 December 2022				
		10 January 2023				
		9 March 2023				

Title	Description	Date of Committee Meeting	Requested by	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Potential agenda items to be considered						
Dorset Centre of Excellence	To scrutinise the provision of the service	TBC Post September 2022		Theresa Leavy, Executive Director People, Children	Portfolio Holder for Children, Education, Skills and Early Help	
Progress of Implementation of the Dorset Care Framework	Consider whether actions contained in the Cabinet report 220621 have resulted in better outcomes for residents and DC	Timing TBC (dependent on when contract is agreed and following time needed to settle in) (November 2022 TBC)		Vivienne Broadhurst, Executive Director People, Adults	Portfolio Holder for Adult Care and Health	
Sufficiency of SEND Provision	Scrutiny Review	TBC End of 2022		Vivienne Broadhurst, Executive Director People, Adults	Portfolio Holder for Adult Care and Health	

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The Cabinet Forward Plan - January 2022 to April 2022 (Publication date 16 December 2022)

Explanatory Note:

This Forward Plan contains future items to be considered by the Cabinet and Council. It is published 28 days before the next meeting of the Committee. The plan includes items for the meeting including key decisions. Each item shows if it is 'open' to the public or to be considered in a private part of the meeting.

Definition of Key Decisions

- Key decisions are defined in Dorset Council's Constitution as decisions of the Cabinet which are likely to -
- (a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates (**Thresholds - £500k**); or
 - (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority."

In determining the meaning of "*significant*" for these purposes the Council will have regard to any guidance issued by the Secretary of State in accordance with section 9Q of the Local Government Act 2000 Act. Officers will consult with lead members to determine significance and sensitivity.

Cabinet Portfolio Holders 2021/22

Spencer Flower	Leader / Governance, Performance and Communications
Peter Wharf	Deputy Leader / Adult Social Care and Health
Gary Suttle	Finance, Commercial and Capital Strategy
Ray Bryan	Highways, Travel and Environment
Graham Carr-Jones	Housing and Community Safety
Jill Haynes	Corporate Development and Transformation
Laura Miller	Customer and Community Services
Andrew Parry	Children, Education, Skills and Early Help
Tony Ferrari	Economic Growth, Assets & Property
David Walsh	Planning

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
January 2022					
<p>Quarter 3 Financial Management Report</p> <p>Key Decision - Yes Public Access - Open</p> <p>To consider the Council's revenue budget position at the end of Q3 and the changes since Q2</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 18 Jan 2022</p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p>Quarter 3 Council Plan Monitoring Report</p> <p>Key Decision - No Public Access - Open</p> <p>A quarterly report on the delivery of the council's plan</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 18 Jan 2022</p>		<p>Portfolio Holder for Corporate Development and Transformation</p>	<p><i>Bridget Downton, Head of Chief Executive's Office</i> <i>bridget.downton@dorsetcouncil.gov.uk</i> <i>Chief Executive (Matt Prosser)</i></p>
<p>Budget Strategy Report</p> <p>Key Decision - Yes Public Access - Open</p> <p>The Council is required to set a balanced revenue budget, and to approve a level of council tax as an integral part of this.</p>	<p>Decision Maker Dorset Council</p>	<p>Decision Date 15 Feb 2022</p>	<p>Cabinet Place and Resources Scrutiny Committee People and Health Scrutiny Committee 18 Jan 2022 10 Dec 2021 10 Dec 2021</p>	<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Corporate Director, Legal and Democratic Services - Monitoring Officer (Jonathan Mair)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>"ROC" Reducing Repeat Removals of Children into Care Project Procurement Approval</p> <p>Key Decision - Yes Public Access - Open</p> <p>To seek procurement approval and delegations.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 18 Jan 2022</p>		<p>Deputy Leader and Portfolio Holder for Adult Social Care and Health, Portfolio Holder for Children, Education, Skills and Early Help</p>	<p><i>Sam Crowe, Director of Public Health s.crowe@dorsetcc.gov.uk, Executive Director, People - Children Executive Director, People - Children (Theresa Leavy)</i></p>
<p>Revised Inter Authority Agreement for Joint Archives Service</p> <p>Key Decision - Yes Public Access - Open</p> <p>The item is subject to internal governance at BCP Council and may be delayed if unable to progress in time for cut off dates at Dorset Council.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 18 Jan 2022</p>		<p>Portfolio Holder for Customer and Community Services</p>	<p><i>Lisa Cotton, Head of Customer Services, Libraries & Archives lisa.cotton@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren), Corporate Director, Legal and Democratic Services - Monitoring Officer (Jonathan Mair)</i></p>
<p>Educational Alternative Provision tender for implementation from September 2022</p> <p>Key Decision - Yes Public Access - Open</p> <p>The current Alternative Provision framework is due for renewal. A new Alternative Provision delivery model for educational provision will be required from September 2022 and we will go out to tender if this is approved by Cabinet.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 18 Jan 2022</p>		<p>Portfolio Holder for Children, Education, Skills and Early Help</p>	<p><i>Stuart Riddle, Senior Manager Stuart.Riddle@dorsetcouncil.gov.uk, Kim Saint, Project Officer kim.l.saint@dorsetcc.gov.uk Executive Director, People - Children (Theresa Leavy)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
March					

Annual Self Evaluation of Children's Services Key Decision - Yes Public Access - Open To receive the annual self-evaluation report.	Decision Maker Cabinet	Decision Date 1 Mar 2022		Portfolio Holder for Children, Education, Skills and Early Help	<i>Claire Shiels, Corporate Director - Commissioning, Quality & Partnerships claire.shiels@dorsetcouncil.gov.uk Executive Director, People - Children (Theresa Leavy)</i>
Anti-social Behaviour Public Space Protection Orders Key Decision - Yes Public Access - Open A review of the existing Anti-social Behaviour Public Spaces Protection Orders for Weymouth & Portland, Dorchester, Bridport, West Bay and Lyme Regis as well as consideration of supplementary orders to tackle antisocial behaviour in additional areas as identified by the Community Safety Team in consultation with the Police.	Decision Maker Cabinet	Decision Date 1 Mar 2022	Place and Resources Overview Committee 10 Feb 2022	Portfolio Holder for Housing and Community Safety, Portfolio Holder for Customer and Community Services	<i>John Newcombe, Service Manager, Licensing & Community Safety john.newcombe@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i>
Procurement Forward Plan Report - over £500K (2022-23) Key Decision - Yes Public Access - Open	Decision Maker Cabinet	Decision Date 1 Mar 2022		Portfolio Holder for Finance, Commercial and Capital Strategy	<i>Dawn Adams, Service Manager for Commercial and Procurement dawn.adams@dorsetcouncil.gov.uk</i>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>Cabinet is required to approve all key decisions with financial consequences of £500k or more. This report provides a list of anticipated procurement activity for the period 2022-23.</p>					<p><i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p>Charmouth Parish Neighbourhood Plan 2021-2035</p> <p>Key Decision - Yes Public Access - Open</p> <p>The report relates to the making (adoption) of the Charmouth Parish Neighbourhood Plan.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 1 Mar 2022</p>		<p>Portfolio Holder for Planning</p>	<p><i>Ed Gerry, Prinicpal Planning Policy Team Leader ed.gerry@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i></p>
<p>Review of the Highways Asset Management Plan</p> <p>Key Decision - Yes Public Access - Fully exempt</p> <p>To review the Highways Asset Management Plan</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 1 Mar 2022</p>	<p>Place and Resources Overview Committee 10 Feb 2022</p>	<p>Portfolio Holder for Highways, Travel and Environment</p>	<p><i>Jack Wiltshire, Head of Highways jack.wiltshire@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i></p>
<p>QE Leisure Centre Future Management</p> <p>Key Decision - Yes Public Access - Part exempt</p> <p>Feedback on the recent consultation of QE Leisure Centre and the Council's consideration to its ongoing role in the management arrangements at the centre.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 1 Mar 2022</p>	<p>Place and Resources Overview Committee 10 Feb 2022</p>	<p>Portfolio Holder for Customer and Community Services</p>	<p><i>Paul Rutter, Service Manager for Leisure Services paul.rutter@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>Adult Social Care - Future Services</p> <p>Key Decision - Yes Public Access - Fully exempt</p> <p>To seek a decision on the provision of future services for Adult Social Care.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 1 Mar 2022</p>		<p>Deputy Leader and Portfolio Holder for Adult Social Care and Health</p>	<p><i>Lesley Hutchinson, Corporate Director for Adults Commissioning Lesley.Hutchinson@dorsetc.c.gov.uk Executive Director, People - Adults</i></p>
<p>April</p>					
<p>Quarter 4 Council Plan Monitoring Report</p> <p>Key Decision - No Public Access - Open</p> <p>A quarterly report on the delivery of the council's plan</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 5 Apr 2022</p>		<p>Portfolio Holder for Corporate Development and Transformation</p>	<p><i>Bridget Downton, Head of Chief Executive's Office bridget.downton@dorsetcouncil.gov.uk Chief Executive (Matt Prosser)</i></p>
<p>May</p>					
<p>Dorset Council Air Quality Action Plan</p> <p>Key Decision - Yes Public Access - Open</p> <p>A report summarising the findings from the Air Quality Action Plan Consultation together with an attached draft Air Quality Action Plan.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 17 May 2022</p>	<p>Place and Resources Overview Committee 21 Apr 2022</p>	<p>Portfolio Holder for Customer and Community Services</p>	<p><i>Janet Moore, Environmental Health Team Leader and Health Projects Manager Janet.Moore@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
June					

<p>Finance report - outturn 2021/2022</p> <p>Key Decision - Yes Public Access - Open</p> <p>To consider the Council's performance against its revenue budget in 2021/22 and the impact this has upon reserves, including the general fund.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date</p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
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Private/Exempt Items for Decision

Each item in the plan above marked as 'private' will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the shadow council proposes:-
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.