



People and Health Scrutiny Committee

Date: Monday, 11 December 2023
Time: 10.00 am
Venue: Council Chamber, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 3)

Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Piers Brown, Robin Cook, Nick Ireland, Paul Kimber, Louie O'Leary, Jon Orrell, Bill Pipe and Belinda Ridout

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

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

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda.

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Agenda

Item		Pages
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.	MINUTES	5 - 8
	To confirm the minutes of the meeting held on 31 October 2023.	

4. PUBLIC PARTICIPATION

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

All submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Wednesday, 6 December 2023.

When submitting your question or statement please note that:

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

5. COUNCILLOR QUESTIONS

To receive questions submitted by councillors.

Councillors can submit up to two valid questions at each meeting and sub divided questions count towards this total. Questions and statements received will be published as a supplement to the agenda and all questions, statements and responses will be published in full within the minutes of the meeting.

The submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Wednesday, 6 December 2023.

[Dorset Council Constitution](#) – Procedure Rule 13

6. URGENT ITEMS

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

7. COMMITTEE'S WORK PROGRAMME AND EXECUTIVE FORWARD PLANS 9 - 30

To consider the committee's Work Programme and the Executive Forward Plans.

8. UPDATE ON SOMERSET HYPER ACUTE STROKE CARE 31 - 60

To receive a report by the Programme Manager for Stroke, Neurorehab and Community Hospitals, NHS Somerset Foundation Trust.

9. YOUNG PEOPLE'S MENTAL HEALTH SERVICES - YOUR MIND, YOUR SAY

To receive a presentation by the Head of Children & Young People and Mental Health, NHS Dorset.

10. CORPORATE COMPLAINTS TEAM ANNUAL REPORT 2022-23 61 - 92

To receive a report by the Senior Assurance Officer Complaints.

11. PREVENT AND CHANNEL 93 - 136

To receive a report by the Programme Coordinator.

12. EXEMPT BUSINESS

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

There are no exempt items scheduled for this meeting.

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PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON TUESDAY 31 OCTOBER 2023

Present: Cllrs Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Piers Brown, Robin Cook, Nick Ireland, Paul Kimber, Louie O'Leary, Jon Orrell and Belinda Ridout

Also present: Cllr Cherry Brooks, Cllr Byron Quayle and Cllr David Taylor

Officers present (for all or part of the meeting):

Vivienne Broadhurst (Executive Director - People Adults), George Dare (Senior Democratic Services Officer), Paul Dempsey (Corporate Director - Care & Protection), Julia Ingram (Corporate Director for Adult Social Care Operations), Theresa Leavy (Executive Director of People - Children), David Bonner (Service Manager for Business Intelligence and Performance), Joshua Kennedy (Apprentice Democratic Services Officer), Karen Maher (Service Manager - S117 Hub), Mark Tyson (Commissioning Consultant), Robert Payne (Deputy Director – Strategic Commissioning, NHS Dorset), and Matthew Baker (NHS Dorset)

Officers present remotely (for all or part of the meeting):

Tessa Fielding (Programme Manager, South West Dentistry) and Sian Walker McAllister (Independent Chair, Safeguarding Adults Board)

23. **Apologies**

No apologies for absence were received.

24. **Declarations of Interest**

Cllr Ireland declared that he was a governor of Dorset HealthCare.

25. **Minutes**

Decision

The minutes of the meeting held on 11 September 2023 were confirmed and signed.

26. **Public Participation**

There was no public participation.

27. **Councillor Questions**

There were no questions from councillors.

28. **Urgent Items**

There were no urgent items.

29. **Dorset and BCP Safeguarding Adults Board Annual Report**

The Independent Chair of the Dorset and BCP Safeguarding Adults Board introduced the annual report and gave a presentation to the committee, which is attached to these minutes. The presentation outlines the board's statutory duties and the data for Dorset Council's safeguarding activity. The board's strategic plan was summarised, and the board's key achievements were highlighted.

Members asked questions of the Independent Chair; the following points were raised:

- Safeguarding concerns could be reported through a website.
- Data enables the board to strategize and plan to ensure that they are working in the right place with the right people.
- Self-neglect was not just an issue caused by housing; it was often a result of trauma. It was important that homeless people have their care and support needs met.
- There was not a statutory duty for the Board to provide training, however the board could receive training for something significant.
- Adult social care teams manage safeguarding concerns. The demand and the best way to manage the demand was being examined.

The Committee noted the report.

30. **Update on Dental Services and Commissioning**

The Deputy Director for Strategic Commissioning, NHS Dorset, introduced the written report and delivered a presentation, which is attached to these minutes. The presentation covered the following areas: an outline of the Integrated Care System; oral health inequalities; dental access and high street dentistry; the Dental Reform Strategy; how dentistry is commissioned; current risks and challenges for NHS dentistry; what dental reform would bring for children and young people; the dental stabilisation programme.

Committee members made comments on the report and presentation and asked questions of the officers. The following areas were discussed:

- In relation to creating a Dorset contract for dentists to attract them to the county, it would take a lot of time and effort to get to a good outcome, however population health contracts could start to be offered within the next year.

- Dentists would be included within the potential development of proposals for a dental school.
- There needs to be a balance between NHS and private dental appointments.
- There were no statistics about who needed dental treatment and cannot afford it. There were also unknowns about who was and was not accessing dentistry.
- Dentistry received funding for 50% of the area's population rather than 50% of the need.
- A helpline placed emergency patients into commissioned emergency care slots. In some cases, it would be clinically appropriate to visit A&E instead.
- There were benefits of NHS Dorset commissioning dentistry, however not in terms of access to high street dentistry.
- Targets for the next 12 months included looking at underperformance in deprived areas and options to commission in these areas.
- Dentists have guidance on how often patients should return for check-ups, based upon the patient's clinical need.

The Chairman thanked NHS representatives for attending.

31. **Scrutiny Performance Review**

The Service Manager for Business Intelligence and Performance highlighted the performance indicators that were identified by the committee. The performance indicators were:

- The net number of households in B&B for the month.
- The number of care leavers in B&B accommodation.
- The percentage of new children in care receiving their IHA within 20 days.
- The number of special educational needs (SEND) tribunals against the authority.
- The number of staff non-reportable accidents, particularly related to violence.

Officers responded to the indicators raised and made the following points:

- The number of households in B&Bs were improving and there was strong performance, however there was more to do because of high demand.
- The rise in the percentage of new children in care receiving an IHA within 20 days was due to an increase in the number of unaccompanied asylum-seeking children.
- There was an issue with timings of children's medical appointments because it was important that they were not taken out of school.
- SEND tribunals happen when the local authority recommends a school place, but parents would like an alternative.
- The care of children with complex needs may result in accidents that include violence. It may not have had a violent intention.

32. **Committee's Work Programme and Cabinet's Forward Plan**

Members noted the committee's work programme and the Cabinet forward plan.

33. **Exempt Business**

There was no exempt business.

Duration of meeting: 10.00 am - 12.54 pm

Chairman

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People and Health Scrutiny Committee Work Programme

Meeting Date: 11 December 2023

Report Title	Aims and Objectives	Lead Officers / Members	Other Information
Children and Young People Mental Health Transformation	To receive a presentation by NHS Dorset on Children and Young People's Mental Health Transformation.	Elaine Hurlll – Principal Programme Lead, NHS Dorset Cllr Byron Quayle – Portfolio Holder for Children, Education, Skills and Early Help	Consideration by BCP Council's Children's Services Overview and Scrutiny Committee on 21 November 2023.
Complaints Annual Report 2022-23	This annual report provides an update on the numbers, types and outcomes of complaints made against services at Dorset Council across the Directorate.	Antony Bygrave – Assurance Complaints Manager Cllr Spencer Flower – Leader of the Council	
Prevent and Channel Annual Report	A report setting out the councils work to comply with the statutory duties relating to Prevent and Channel.	Andy Frost – Service Manager for Community Safety Ian Grant – Programme Coordinator Cllr Laura Beddow – Portfolio Holder for Culture and Communities	

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Agenda Item 7

Update on Somerset Hyperacute Stroke Care	To receive an update report on acute hospital-based stroke services in Somerset, following the 12-week public consultation.	Julie Jones - Programme Manager for Stroke, Neurorehab and Community Hospitals, Somerset NHS Foundation Trust	
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Meeting Date: 12 January 2023

Report Title	Aims and Objectives	Lead Officers / Members	Other Information
Budget Strategy and Medium-Term Financial Plan Page 10	<ul style="list-style-type: none"> To scrutinise the council's budget for the year 2024-25 To make any recommendations to Cabinet. 	<p>Aidan Dunn – Executive Director of Corporate Development / Section 151 Officer</p> <p>Cllr Gary Suttle – Deputy Leader and Portfolio Holder for Finance</p>	Consideration by Cabinet on 30 January 2024 and Full Council on 13 February 2024.

Meeting Date: 7 March 2024

Report Title	Aims and Objectives	Lead Officers / Members	Other Information
Performance Scrutiny	<ul style="list-style-type: none"> To review the most recent performance information and use this to agree items to add to the committee work programme for further analysis. 	<p>David Bonner – Service Manager for Business Intelligence and Performance</p> <p>Cllr Jill Haynes – Portfolio Holder for Corporate</p>	Link to the performance dashboard: People & Health Scrutiny Dashboard

		Development and Transformation	
SEND Delivery Strategy	<ul style="list-style-type: none"> Review of the SEND Delivery Strategy 	<p>Theresa Leavy – Executive Director People – Children</p> <p>Cllr Byron Quayle – Portfolio Holder for Children, Education, Skills and Early Help</p>	
Registered Providers of Social Housing	<ul style="list-style-type: none"> To follow up on the actions from the report considered by the committee on 11 September 2023. 	<p>Andrew Billany – Corporate Director for Housing</p> <p>Cllr Jane Somper – Portfolio Holder for Adult Social Care, Health and Housing.</p>	<p>Link to the minutes of the meeting on 11 September 2023: People and Health Scrutiny Committee Minutes</p>

Meeting Date: Unscheduled Committee Items

Report Title	Aims and Objectives	Lead Officers / Members	Other Information
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Informal Work of the Committee:

Date	Topic	Format	Members	Lead Officers / Members	Other Information
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	Livewell Dorset	All Member Webinar	All Members		Arising from the work programming session.
	Dementia Services	All Member Webinar	All Members		Arising from the work programming session.
	Pharmacies	All Member Webinar	All Members		Arising from the work programming session.
28 February 2024	Capacity and Capability within the Adult Social Care Workforce	Hybrid Meeting	People & Health Scrutiny Committee	Vivienne Broadhurst – Executive Director People – Adults Cllr Jane Somper – Portfolio Holder for Adult Social Care, Health & Housing.	Arising from the work programming session and a review of the performance and risk dashboards.
Early 2024	Update session from Dorset County Hospital / Dorset HealthCare	Online meeting	People & Health Scrutiny Committee		



**The Cabinet Forward Plan - December to March 2023
For the period 1 NOVEMBER 2023 to 29 FEBRUARY 2024
(Publication date – 7 NOVEMBER 2023)**

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 2023/24

Spencer Flower	Leader / Governance, Performance and Communications
Gary Suttle	Deputy Leader and Finance, Commercial and Capital Strategy
Ray Bryan	Highways, Travel and Environment
Jill Haynes	Corporate Development and Transformation
Laura Beddow	Culture and Communities
Simon Gibson	Economic Growth and Levelling Up
Andrew Parry	Assets and Property
Byron Quayle	People – Children, Education, Skills, and Early Help
Jane Somper	People - Adult Social Care, Health, and Housing
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
December					
<p>Housing Strategy</p> <p>Key Decision - Yes Public Access - Open</p> <p>To consider and agree the Housing Strategy.</p> <p>Page 14</p>	<p>Decision Maker Dorset Council</p>	<p>Decision Date 14 Dec 2023</p>	<p>People and Health Overview Committee 30 Nov 2023</p> <p>Cabinet 5 Dec 2023</p>	<p>Portfolio Holder for People - Adult Social Care, Health and Housing</p>	<p><i>Sharon Attwater, Service Manager for Housing Strategy and Performance sharon.attwater@dorsetcouncil.gov.uk, Andrew Billany, Corporate Director for Housing andrew.billany@dorsetcouncil.gov.uk, Sarah Smith, Housing Strategy Lead sarah.smith@dorsetcouncil.gov.uk Executive Director, People - Adults</i></p>
<p>Dorset Shared Prosperity Fund Investment Plan</p> <p>Key Decision - Yes Public Access - Open</p> <p>To seek Cabinet endorsement of the Dorset Shared Prosperity Fund Investment Plan, incorporating the Dorset Rural England Prosperity Fund addendum</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 5 Dec 2023</p>		<p>Portfolio Holder for Economic Growth and Levelling Up</p>	<p><i>Jon Bird, Service Manager for Growth and Economic Regeneration jon.bird@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>The proposed sale of Wilkins Farm, Cann</p> <p>Key Decision - Yes Public Access - Fully exempt</p> <p>A report seeking approval to the sale of Wilkins Farm, Cann</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 5 Dec 2023</p>		<p>Portfolio Holder for Assets and Property</p>	<p><i>Tim Hulme, Head of Assets and Property</i> <i>tim.hulme@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p>January 2024</p>					
<p>Quarter 3 Financial Monitoring Report 2023/24</p> <p>Key Decision - No Public Access - Open</p> <p>To consider the Quarter 3 Financial Monitoring Report 2023/24.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 30 Jan 2024</p>		<p>Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Sean Cremer, Corporate Director for Finance and Commercial</i> <i>sean.cremer@dorsetcouncil.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p>Voluntary and Community Sector Strategy</p> <p>Key Decision - Yes Public Access - Open</p> <p>The new Voluntary and Community Sector Strategy aims to set out how Dorset Council will enable a thriving, sustainable and dynamic voluntary, and community sector to flourish and help improve the lives of individuals and communities in Dorset over coming years.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 30 Jan 2024</p>	<p>People and Health Overview Committee 30 Nov 2023</p>	<p>Portfolio Holder for Culture and Communities</p>	<p><i>Laura Cornette, Business Partner - Communities and Partnerships</i> <i>Laura.cornette@dorsetcouncil.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</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>Budget strategy and medium-term financial plan (MTFP)</p> <p>Key Decision - Yes Public Access - Open</p> <p>To consider a report of the Portfolio Holder for Finance, Commercial and Capital Assets.</p>	<p>Decision Maker Dorset Council</p>	<p>Decision Date 13 Feb 2024</p>	<p>Cabinet 30 Jan 2024</p> <p>Place and Resources Scrutiny Committee 17 Jan 2024</p> <p>People and Health Scrutiny Committee 12 Jan 2024</p>	<p>Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Sean Cremer, Corporate Director for Finance and Commercial sean.cremer@dorsetcouncil .gov.uk Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>

March

Page

<p>Procurement Forward Plan Report - Over £500k (2023-2025)</p> <p>Key Decision - Yes Public Access - Open</p> <p>The Council defines a key decision, in terms of procurement activity, as those with financial consequence of £500k or more. This report will provide notice of the planned/known procurement activities that Cabinet will need to make a key decision on for 2024/25.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 12 Mar 2024</p>		<p>Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Dawn Adams, Service Manager for Commercial and Procurement dawn.adams@dorsetcouncil.gov.uk Chief Executive (Matt Prosser)</i></p>
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April

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>Quarter 4 Financial Monitoring 2023/24</p> <p>Key Decision - No Public Access - Open</p> <p>To consider the Quarter 4 Financial Monitoring Report 2024/25.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 16 Apr 2024</p>		<p>Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Sean Cremer, Corporate Director for Finance and Commercial</i> <i>sean.cremer@dorsetcouncil.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>

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.



The Shareholder Committee for the Dorset Centre of Excellence (DCOE) Forward Plan For the period 1 NOVEMBER 2023 to 31 MARCH 2024 (Publication date – 31 OCTOBER 2023)

Explanatory Note:

This Forward Plan contains future items to be considered by the Shareholder Committee for the Dorset Centre of Excellence. 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.

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Committee Membership 2023/24

Spencer Flower	Leader / Governance, Performance and Communications
Gary Suttle	Deputy Leader / Finance, Commercial and Capital Strategy
Jane Somper	Adult Social Care, Health and Housing
Laura Beddow	Culture and Communities
Byron Quayle	Children, Education, Skills and Early Help

Subject / Decision	Decision Maker	Date the Decision is Due	Portfolio Holder	Officer Contact
Standing items for consideration				

November

Dorset Council Delegated Decisions Key Decision - No Public Access - Open	Decision Maker The Shareholder Committee for the Dorset Centre of Excellence (DCOE)	Decision Date 20 Nov 2023	Portfolio Holder for People - Children, Education, Skills and Early Help	<i>Claire Shiels, Corporate Director - Commissioning & Partnerships claire.shiels@dorsetcouncil.gov.uk Executive Director, People - Children (Theresa Leavy)</i>
Dorset Council Commissioning Report Key Decision - No Public Access - Part exempt	Decision Maker The Shareholder Committee for the Dorset Centre of Excellence (DCOE)	Decision Date 20 Nov 2023	Portfolio Holder for People - Children, Education, Skills and Early Help	<i>Claire Shiels, Corporate Director - Commissioning & Partnerships claire.shiels@dorsetcouncil.gov.uk Executive Director, People - Children (Theresa Leavy)</i>
DCoE - Report of Chair of the Board of Directors Key Decision - No Public Access - Part exempt	Decision Maker The Shareholder Committee for the Dorset Centre of Excellence (DCOE)	Decision Date 20 Nov 2023	Portfolio Holder for People - Children, Education, Skills and Early Help	<i>Executive Director, People - Children (Theresa Leavy)</i>
Performance of the Trading Activities of the Company Key Decision - No	Decision Maker The Shareholder Committee for the Dorset Centre of	Decision Date 20 Nov 2023	Portfolio Holder for People - Children, Education, Skills and Early Help	<i>Executive Director, People - Children (Theresa Leavy)</i>

Subject / Decision	Decision Maker	Date the Decision is Due	Portfolio Holder	Officer Contact
Public Access - Open	Excellence (DCOE)			
Remuneration Policy Key Decision - No Public Access - Fully exempt	Decision Maker The Shareholder Committee for the Dorset Centre of Excellence (DCOE)	Decision Date 20 Nov 2023 (deferred from 18 Sept 2023)	Portfolio Holder for People - Children, Education, Skills and Early Help	<i>Executive Director, People - Children (Theresa Leavy)</i>
March				

Dorset Council Delegated Decisions Key Decision - No Public Access - Open	Decision Maker The Shareholder Committee for the Dorset Centre of Excellence (DCOE)	Decision Date 11 Mar 2024	Councillor Byron Quayle	<i>Executive Director, People - Children (Theresa Leavy)</i>
Dorset Council Commissioning Report Key Decision - No Public Access - Part exempt	Decision Maker The Shareholder Committee for the Dorset Centre of Excellence (DCOE)	Decision Date 11 Mar 2024	Councillor Byron Quayle	<i>Executive Director, People - Children (Theresa Leavy)</i>
DCoE - Report of the Chair of the Board Key Decision - No Public Access - Part exempt	Decision Maker The Shareholder Committee for the Dorset Centre of Excellence (DCOE)	Decision Date 11 Mar 2024	Councillor Byron Quayle	<i>Executive Director, People - Children (Theresa Leavy)</i>

Subject / Decision	Decision Maker	Date the Decision is Due	Portfolio Holder	Officer Contact
Annual Reports				

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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.

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Shareholder Committee for Care Dorset Holdings Ltd Forward Plan For the period 1 NOVEMBER 2023 to 29 FEBRUARY 2024 (Publication date – 10 NOVEMBER 2023)

Explanatory Note:

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Committee Membership 2023/24

Spencer Flower	Leader / Governance, Performance and Communications
Gary Suttle	Deputy Leader / Finance, Commercial and Capital Strategy
Jane Somper	Adult Social Care, Health and Housing
Laura Beddow	Culture and Communities
Byron Quayle	Children, Education, Skills and Early Help

Subject / Decision	Decision Maker	Date the Decision is Due	Portfolio Holder	Officer Contact
Standing Items for Consideration				
November				
Dorset Council Delegated Decisions Key Decision - No Public Access - Open	Decision Maker Shareholder Committee for Care Dorset Holdings Ltd	Decision Date 5 Dec 2023	Portfolio Holder for People - Adult Social Care, Health and Housing	<i>Jonathan Price, Corporate Director for Commissioning jonathan.price@dorsetcouncil.gov.uk Executive Director, People - Adults</i>
Dorset Council Organisational Update Key Decision - No Public Access - Part exempt	Decision Maker Shareholder Committee for Care Dorset Holdings Ltd	Decision Date 5 Dec 2023	Portfolio Holder for People - Adult Social Care, Health and Housing	<i>Jonathan Price, Corporate Director for Commissioning jonathan.price@dorsetcouncil.gov.uk Executive Director, People - Adults</i>
Care Dorset Update Key Decision - No Public Access - Part exempt	Decision Maker Shareholder Committee for Care Dorset Holdings Ltd	Decision Date 5 Dec 2023	Portfolio Holder for People - Adult Social Care, Health and Housing	<i>Steve Veevers, Managing Director steve.j.veevers@caresdorset.gov.uk Executive Director, People - Adults</i>
Report to Full Council on performance of the trading activities of the company Key Decision - No	Decision Maker Shareholder Committee for Care Dorset Holdings Ltd	Decision Date 5 Dec 2023	Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy	<i>Executive Director, People - Adults</i>

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Subject / Decision	Decision Maker	Date the Decision is Due	Portfolio Holder	Officer Contact
Public Access - Open To provide members with an overview of the company's performance.				
February				
Dorset Council Delegated Decisions Key Decision - No Public Access - Part exempt	Decision Maker Shareholder Committee for Care Dorset Holdings Ltd	Decision Date 27 Feb 2024	Portfolio Holder for People - Adult Social Care, Health and Housing	<i>Jonathan Price, Corporate Director for Commissioning jonathan.price@dorsetcouncil.gov.uk Executive Director, People - Adults</i>
Dorset Council Organisational Update Key Decision - No Public Access - Part exempt	Decision Maker Shareholder Committee for Care Dorset Holdings Ltd	Decision Date 27 Feb 2024	Portfolio Holder for People - Adult Social Care, Health and Housing	<i>Jonathan Price, Corporate Director for Commissioning jonathan.price@dorsetcouncil.gov.uk Executive Director, People - Adults</i>
Care Dorset Update Key Decision - No Public Access - Part exempt	Decision Maker Shareholder Committee for Care Dorset Holdings Ltd	Decision Date 27 Feb 2024	Portfolio Holder for People - Adult Social Care, Health and Housing	<i>Executive Director, People - Adults</i>
Annual Reports				

Subject / Decision	Decision Maker	Date the Decision is Due	Portfolio Holder	Officer Contact
<p>Review of the Committee's Terms of Reference</p> <p>Key Decision - Yes Public Access - Open</p>	<p>Decision Maker Shareholder Committee for Care Dorset Holdings Ltd</p>	<p>Decision Date</p>	<p>Deputy Leader and Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jonathan Mair, Director of Legal and Democratic and Monitoring Officer</i> <i>jonathan.mair@dorsetcouncil.gov.uk</i> <i>Executive Director, People - Adults</i></p>

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.

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People and Health Scrutiny Committee

11 December 2023

Update on Somerset Hyper Acute Stroke Care

For Review and Consultation

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

Local Councillor(s):

Executive Director: Choose an item.

Report Author: Julie Jones

Job Title: Programme Manager for Stroke, Neurorehab and Community Hospitals

Tel:

Email: julie.jones@somersetft.nhs.uk

Report Status: Public

Brief Summary:

The stroke strategy for Somerset was drafted in 2019 and provides a direction of travel for the next five years, setting out how stroke services should operate across the pathway from prevention to living with the impacts of stroke. Many of the recommendations within this strategy have been implemented.

This report provides an update following the 12-week public consultation on acute hospital-based stroke services in Somerset (which ran from 30 January 2023 to 24 April 2023) and describes the next steps which will be taken on the future of acute hospital-based stroke services.

The final decision-making business case is expected to be considered by the NHS Somerset Board in January.

Recommendation:

Members are asked to note the update and review the findings of the public consultation.

Reason for Recommendation:

This change is being undertaken by Somerset Integrated Care System and impacts a small number of Dorset residents who currently use services at Yeovil District Hospital. Somerset have worked with both Dorset ICB and Dorset County Hospital in developing its proposals.

1. Public Consultation – You Said, We are Doing

- 1.1 The paper attached in Appendix One provides an overview of the key insights gathered during the 12-week public consultation on hyper acute and acute stroke services in Somerset. During the consultation period, residents and other stakeholders were invited to provide feedback on the stroke proposal through a wide range of methods. The findings have and continue to be shared with the stroke steering group and the stroke programme team.
- 1.2 The findings from the consultation have been independently reviewed by Opinion Research Services (ORS) and a summary of the key insights from this report are being shared at the November NHS Somerset ICB Board meeting.
- 1.3 The paper highlights the actions we are taking to consider the feedback. The feedback will continue to be utilised to inform the development of the stroke decision-making business case.

2. Update following the Public Consultation

- 2.1 Stroke is both a sudden and devastating life event, with 100,000 new strokes a year and over a million people living with the consequences of stroke. It is the single largest cause of complex disability and therefore has a significant impact on health and social care, unpaid carers, and lost productivity.

Demand for stroke care is predicted to increase over the coming years. As such, the number of specialist stroke staff will need to increase to ensure the delivery of safe and effective stroke care, in line with national guidance.

It is widely accepted that to provide sufficient patient volumes to make a hyperacute stroke service clinically sustainable, to maintain expertise and

to ensure good clinical outcomes, 600 stroke patient admissions per year are required.

This is achieved in Musgrove Park Hospital, (MPH) however Yeovil District Hospital (YDH) does not achieve the required yearly numbers to be able to deliver a clinically sustainable hyperacute stroke service.

- 2.2 This section of the paper provides an update on the viability of the options which were contained within *Somerset Acute Hospital-based Stroke Services Reconfiguration: Pre-Consultation Business Case*¹ considered by the ICB Board on 26 January 2023 and the two options for change were taken to Public Consultation between January and April 2023.

Figure 1 Options taken to public consultation.

OPTION A	OPTION B
A single hyper acute unit in Somerset at Musgrove Park Hospital, Taunton Patients will be taken to their nearest Hyper Acute Stroke Unit (this could be Dorchester, Bath, Salisbury or Taunton)	
An acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital.	A single acute stroke unit at Musgrove Park Hospital, Taunton.

¹ [FINAL-Somerset-Hyperacute-Stroke-PCBC-V4.0.pdf \(oursomerset.org.uk\)](#)

Figure 2 options description

<p>Option A</p> <p>Hyperacute and acute stroke care and TIA services</p>	<p>Option B</p> <p>Hyperacute and acute stroke care and TIA services</p>
<p>Single HASU at Musgrove Park Hospital in Taunton.</p> <p>No HASU in Yeovil.</p> <p>ASU at Taunton and Yeovil.</p>	<p>Single HASU at Musgrove Park Hospital in Taunton.</p> <p>No HASU in Yeovil.</p> <p>No HASU or ASU at Yeovil</p>
<p>SWASFT would take all suspected stroke patients to nearest HASU</p>	<p>SWASFT would take all suspected stroke patients to nearest HASU</p>
<p>Yeovil emergency department (A&E) would not receive suspected stroke patients at any time unless patient walks in</p>	<p>Yeovil emergency department (A&E) would not receive suspected stroke patients at any time unless patient walks in</p>
<p>Patients who would normally go to Yeovil would go to Taunton or Dorchester for their HASU care</p>	<p>Most patients who would normally go to Yeovil would go to either Taunton or Dorchester for their HASU care</p>
<p>Somerset patients would return to Yeovil for their ASU care</p>	<p>Patients would remain in Taunton or Dorchester for their ASU care</p>
<p>There would be some changes to the medical, nursing and AHP workforce</p>	<p>There would be some changes to the medical, nursing and AHP workforce</p>
<p>Once ready for rehabilitation, patients would ideally be discharged closer to home following their acute care – either home or to a community hospital</p>	<p>Once ready for rehabilitation, patients would ideally be discharged closer to home following their acute care – either home or to a community hospital</p>
<p>There will be an impact on other health systems in this option, primarily Dorset</p>	<p>There will be an impact on other health systems in this option, primarily Dorset</p>
<p>TIA service would be delivered 5 days a week in Yeovil and at weekends patients would be directed to Taunton service.</p>	<p>TIA services would be delivered 7 days a week in Taunton. There would be no TIA service at Yeovil.</p>

- 2.3 Somerset ICB undertook a twelve-week period of consultation², from January to April 2023, which gathered feedback on the future of acute hospital-based stroke services in Somerset, from people living in Somerset, people who use Somerset hospitals and partner organisations who are impacted by these proposals.

The findings from the consultation have been independently reviewed by ORS and a summary of the key insights from this report are being shared at the November ICB Board meeting³.

3. Process for Developing the Original Options

- 3.1 The options were developed with substantial engagement from local clinicians and staff, people with lived experience, community and voluntary sector partners and colleagues from neighbouring health systems.

At the start of the process a long list of options was developed then using the hurdle criteria a shortlist with 6 options were developed. The stroke steering group reviewed these options, and they were reduced to 4.

Figure 3 shortlisted 4 options

Option A	Option B	Option C	Option D
Do Nothing • No change to current model	Do Minimum • As for option A, but with shared medical workforce	1 HASU • Single HASU at Monmouth Park Hospital in Taunton • No HASU in Yeovil • ASU in Taunton and Yeovil	1 HASU and ASU • Single HASU and ASU at Monmouth Park Hospital in Taunton • No HASU or ASU at Yeovil
Not taking forward to consultation • Failure to meet the >600 admissions per year criteria. • Failure to improve access to time critical interventions. • Failure to meet the equitable access to 24/7 care criteria	Not taking forward to consultation • Failure to meet the >600 admissions per year criteria. • Failure to improve access to time critical interventions. • Failure to meet the equitable access to 24/7 care criteria	Option to take forward to consultation	Option to take forward to consultation

- 3.2 The four shortlisted options were assessed by a Clinical Review panel of the South West Clinical Senate in September 2022⁴. The panel deemed that the first two options would not address the reasons set out in the Case for Change and provided assurance for two options that were consistent with strong clinical evidence base.

Further modelling and appraisal were done which resulted in the two options that went out to public consultation.

² [Documents, information sheets and videos - Our Somerset](#)

³ [Board papers and meetings - NHS Somerset ICB](#)

⁴ [Somerset-Stroke-CRP-Report-Sept-2022-V1.1_FINAL_.pdf \(swsenate.nhs.uk\)](#)

4. Actions taken since the Consultation

- 4.1 Feedback from the consultation has been gathered and analysed. This analysis has been considered by the Stroke Steering Group, Stakeholder Reference Group and the Stroke Project Board.
- 4.2 We have developed a 'You said, we are doing report' which was published at the November 2023 ICB Board to set out the actions we are taking in response to what we heard during the consultation.
- 4.3 Additional modelling and analysis at a more detailed level about the two shortlisted options which formed the basis of consultation has identified a number of areas which were not available at the time of commencing the consultation.

This additional information can be summarised under two main themes:

- There was significant concern heard during the consultation that family and loved ones play an important role in the patient's recovery and the impact of not being able to see loved ones could have on the wellbeing of patients
 - Concerns around increased travel times to other hospitals for emergency stroke care, especially in the context of the time critical nature of stroke.
 - Suggestions were made around making travel easier for visiting family, helping with car parking costs and having available accommodation nearby.
 - The importance of easy access for visitors was stressed, as visits from loved ones was seen as being crucial to stroke patients' recovery.
 - Concerns raised around the current ambulance waiting times adding to the delay in getting treatment.
- It is not possible to deliver the entirety of Option B at the Dorset County Hospital (DCH) site and even a partly implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorset

County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set.

5. Process for Reviewing the Viability of the Two Remaining Options

- 5.1 Following the public consultation, the two options have been going through some detailed work up by system colleagues, along with Subject Matter Experts within Somerset Foundation Trust and continuing discussion with Dorset County Hospital senior management and clinical staff.
- 5.2 To assess these findings, we used the same process which was originally undertaken to move from a long list of options to a short list of options which involved the application of a series of “pass/fail” criteria. The detail of this is contained within the PCBC⁵ and were adapted from those used by Bristol, North Somerset and South Gloucestershire (BNSSG) in their stroke review.

A summary of these hurdle criteria is shown below.

- Quality of Care - impact on outcomes
 - Clinical Effectiveness / Patient Safety / Access to care
- Quality of Care – impact on patient and carer experience
- Deliverability
 - Expected time to deliver / Co-dependencies
- Workforce sustainability
 - Scale of Impact for Current staff / Future staff
- Travel times for patients, carers, and their visitors
 - Distance, cost, and time to access services
- Impact on equalities

At the initial application of the hurdle criteria, we did not consider the financial impact as this was not available at the time. On the reapplication of the hurdle criteria, we have considered the financial impact of both options.

This has enabled us to evidence whether anything has changed since the initial application of the hurdle criteria which would rule out an option. The

⁵ [FINAL-Somerset-Hyperacute-Stroke-PCBC-V4.0.pdf \(oursomerset.org.uk\)](#)

same range of expert groups were asked to review the Options and support the application of the hurdle criteria, as follows:

- Experts by Experience
- MPH Stroke Team
- YDH Stroke Team
- Dorset Stroke team
- SWASFT
- MPH Emergency Department
- YDH Emergency Department

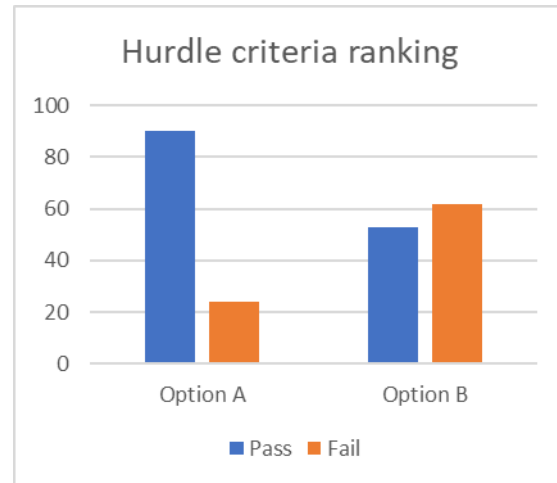
In addition, we asked the Directors of Finance within Somerset ICS, working with Dorset colleagues to assess the options from a financial perspective.

6. Findings of the Reapplication of the Hurdle Criteria

6.1 The reapplication of the hurdle criteria demonstrated that Option B was no longer viable, with more fails than passes, particularly within the deliverability element and travel times for carers.

Option B would require a temporary solution at Dorset County Hospital of a temporary ward, before a final solution was made. This could not be implemented within the next two years.

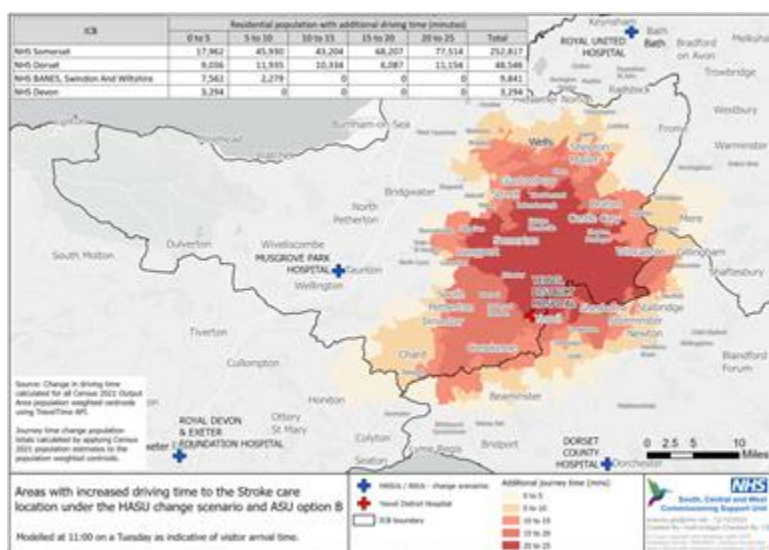
	Pass	Fail
Option A	90	24
Option B	53	62



The main hurdle criteria where there were more passes than fails were on deliverability within two years and travel times. Workforce sustainability also had a higher fail score for Option B.

We know that having carers and family being part of and supporting rehabilitation after having a stroke is key to recovery and this was consistently noted in the consultation feedback.

- 6.2 Further analysis was undertaken to understand the increase in travel time to a stroke care location under the options. The map below shows that a lower proportion of Somerset residents are able to access an Acute Stroke Unit in Option B within the time bandings set out. The increase in modelled journey time at 11.00 and is intended to illustrate the increase in journey time by private car during the daytime. This is most relevant to journeys by friends and family to visit stroke patients at a HASU or ASU.



- 6.3 Support for providing acute stroke care at both Taunton and Yeovil hospitals was also echoed across the other consultation strands. The reasoning for most was wanting to keep services local and the potential impacts of increased journey times to reach an acute stroke unit on patients, visitors, and staff members. Early transfer back to their local area would allow carers/relatives to be more easily involved in patients' on-going care.
- 6.4 The hurdle criteria set deliverability criteria of two years. At the time of the reapplication of the criteria, it was expected that to deliver Option B at Dorset County Hospital would require a temporary ward to provide the bed capacity required before a final permanent solution was made, which could not be delivered within the two years.
- 6.5 Since the reapplication of the hurdle criteria, it has emerged that it is not possible to deliver the entirety of bed requirements for Option B at Dorset

County Hospital site and even a partly implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorset County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set.

7. Understanding the Financial Impacts of the Options

7.1 Further financial modelling of both capital and revenue requirements has been undertaken on the two options. This has included a more detailed analysis by Dorset County Hospital NHS Foundation Trust.

7.2 Capital

Indicative estimates for the implementation of Option B are that the capital required for the temporary solution at DCH is approximately £7.8m, however this would still not provide a solution to accommodate the increased demand in a 38 bed stroke unit on the DCH site, therefore Dorset ICS cannot support option B. Even if this option could accommodate the required number of beds, this represents 25% of the Somerset system capital allocation and by investing this money in stroke services means that we could not invest in other priority areas such as Electronic Health Records and a reduction in addressing the backlog maintenance requirements in Somerset.

The indicative capital costs of option A are £3.5m, and whilst this would have an impact on other areas of the system capital programme, is more manageable than option B.

The SFT capital costs of both options are relatively modest and will be managed within existing operational capital programme allocation.

7.3 Revenue

The indicative additional revenue costs at DCH of Option A is £2.63m in comparison with £3.2m for option B.

The indicative annual additional revenue costs at SFT of Option A are £2.1m and for Option B are £0.9m.

8. Summary

- 8.1 Implementation of the bed requirements under Option B is not deliverable on the Dorset County Hospital site. Even a part implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorset County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set.

Put alongside the strong public opinion heard through the public consultation around the adverse impact on families and carers if stroke services were completely removed from Yeovil, a recommendation was made to the ICB Board on 30 November to discount Option B and to work with Option A as a preferred Option.

- 8.2 No final decision has been made. Based on the modelling and work we have done so far; we think that the only deliverable option for the future of the hyper acute stroke services is for there to be one hyper acute stroke unit at Musgrove Park Hospital in Taunton and an acute stroke unit at both Yeovil District Hospital and Musgrove Park Hospital.

9. Next Steps

- 9.1 Before a final decision on the future of stroke services can be made, further modelling of the preferred option needs to be completed. This includes further analysis of the financial, geographical, and operational impact, and public feedback.

Only once this work has been completed, a recommendation for the future of hyper and acute stroke services in Somerset will be made to the NHS Somerset Board to enable them to make a final decision on the future of stroke services.

- 9.2 We expect our work on acute hospital-based stroke services to be completed in January 2024, and expect a final decision-making business case to be considered by the NHS Somerset Board on 25 January 2024.

10. Background papers

- 10.1 Background papers can be found on the Our Somerset website [Acute hospital-based stroke services - Somerset Integrated Care System \(somersetics.org.uk\)](https://www.somersetics.org.uk)

11. Appendices

11.1 Appendix 1 - Stroke Consultation You Said We are Doing

11.2 Appendix 2 - Stroke Consultation Activity Report



Stroke services public consultation – you said, we are doing

A 12 week public consultation on acute hospital based stroke services in Somerset ran from 30 January 2023 to 24 April 2023. During the consultation, people and communities living and accessing health and care in Somerset were asked to share their feedback on two options:

- **Option A:** A single hyper acute stroke unit at Musgrove Park Hospital, Taunton and an acute stroke unit at both Musgrove Park and Yeovil District Hospital.
- **Option B:** A single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital, Taunton.

A range of methodologies and channels were used throughout the consultation to encourage as many local people, patients, their families and carers, health and care staff, partners and key stakeholders to make their views known to us.



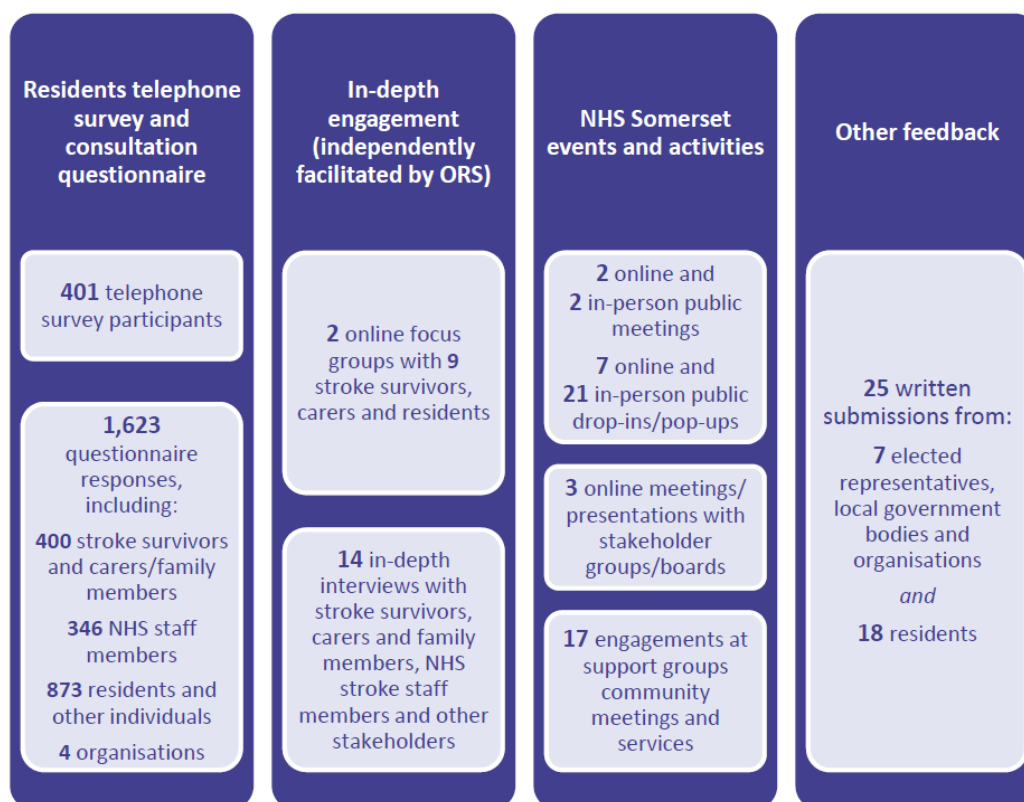
Please see appendix 1 for more information on how we reached people during the consultation.

During the consultation period, residents and other stakeholders were invited to provide feedback on the stroke proposal through a wide range of methods. A consultation questionnaire for residents, staff members, stakeholders and organisations was available online and paper questionnaires were circulated widely and available on request. Easy read, an aphasia-friendly version, and other accessible and translated were also available.

NHS Somerset received written and email submissions from residents, stakeholders and organisations. Opinion Research Services (ORS) also independently facilitated in-depth engagement with staff at the Trust and representatives from communities that NHS Somerset were less able to reach.



ORS also conducted a resident’s telephone survey. The purpose of the telephone survey was to achieve a broadly representative set of views on the proposals from residents. The survey was conducted using a quota sampling approach with targets set on the numbers of interviews required by age, gender, area and working status.



ORS are independently analysing all the feedback received. The themed report is informing the development of the decision-making business case (DMBC).

Consultation findings analysis and deliberations

A detailed programme of meetings and workshops were organised to ensure that the consultation responses were shared and evaluated with members of our stroke steering group and programme team. A workshop, conducted by ORS, was also held with our Board to provide them with opportunity to examine the consultation findings.

The findings have and continue to be shared with the stroke steering group and the stroke programme team.

A brief summary of meetings held to date includes:

Date	Meeting	Purpose	Stakeholders
24/07/2023	Stroke Steering Group meeting	To review the draft feedback from the public consultation and consider actions which need to be taken.	Stroke Steering Group

13/09/23	Stroke Public and Patient Stakeholder Reference Group	To gather further feedback on two questions raised during the public consultation relating to travel times.	Stroke Public and Patient Stakeholder Group
28/09/2023	NHS Somerset Board meeting – development session	To provide the Board with an opportunity to hear from ORS and explore in more detail the feedback given during the consultation.	NHS Somerset Board
7/11/2023	Stroke Public and Patient Stakeholder Reference Group	To gather further feedback and insights on the main topics arising from the consultation feedback.	Stroke public and patient stakeholder group

The feedback will continue to be utilised to inform the development of the decision-making business case.

What you told us in the public consultation and what we are doing

- There was broad recognition of the need for change to address challenges in delivering acute stroke services in Somerset. Moreover, many respondents said they had not previously been aware that 24/7 consultant-led stroke care is not already in place at both current stroke units.
- Overall views on the proposal to deliver hyper acute stroke services from a single hyper acute stroke unit (HASU) at one Somerset hospital were more negative, with a majority of residents (via the representative telephone survey) and respondents to the open consultation questionnaire disagreeing. Agreement varied based on geography, questionnaire respondents living nearest to Musgrove Park Hospital in Taunton were much more likely to agree with the proposal than those living nearest to Yeovil District Hospital.
- When asked if hyper acute stroke services were to be delivered from one hospital in future, whether this should be from Musgrove Park hospital, agreement was stronger among residents (via the representative telephone survey) than it was among respondents to the consultation questionnaire. Similar geographical variations to those outlined above were observed via both methodologies.
- Overall, focus group participants, interview participants, some written submissions and many attendees at the NHS Somerset-run events were more positive about the proposed model for hyper acute stroke services, seeing it as having potential to improve efficiency and quality of care, and make the service more attractive to new recruits. There were, though, concerns about ambulance waiting times, the impact of having to travel further to hospital on patient journey times and outcomes, and the possibility that consolidating hyper acute services would impact visiting.
- Most questionnaire respondents and residents thought acute stroke care should be provided at both Musgrove Park Hospital and Yeovil District Hospital if hyper acute stroke services were to be delivered from only one hospital. This was also echoed across the other

consultation strands. The reasoning for most people was wanting to keep services local and the potential impacts of increased journey times to reach an acute stroke unit on patients, visitors and staff members.

Key themes	Key areas and concerns raised	Further actions we're taking
Transport and travel times	<ul style="list-style-type: none"> • Concerns around increased travel times to other hospitals for emergency stroke care, especially in the context of the time critical nature of stroke. • Suggestions were made around making travel easier for visiting family, helping with car parking costs and having available accommodation nearby. • The importance of easy access for visitors was stressed, as visits from loved ones was seen as being crucial to stroke patients' recovery. • Concerns raised around the current ambulance waiting times adding to the delay in getting treatment. 	<ul style="list-style-type: none"> • The programme team are undertaking significant work to further assess travel times with a deeper dive into travel time modelling. • We took the question of 'how long is acceptable to travel to visit a loved one by car or public transport' to our stakeholder reference group to hear in more detail what matters for those with lived experience. • We are sharing concerns with the Sustainability Steering Group. We are also working with the council to inform their travel plan. • We are looking in more detail on the ambulance handover times and actions in place to improve. • This further analysis will inform the recommendations in the decision-making business case.
Clinical risk / quality of care	<ul style="list-style-type: none"> • Concerns raised around the risk of worse patient outcomes and recovery due to delayed treatment for patients who would have to travel further to access emergency (hyper acute) stroke care. • An under resourced workforce could impact the quality of care received. • An increase in the number of patients at one hospital could impact the quality of care received. • Concerns around the impact on other hospitals if Yeovil District Hospital did not have a hyper acute or acute stroke unit. 	<ul style="list-style-type: none"> • In discussion with our clinical advisors, the programme team reviewed the travel time concerns and suggested mitigations. The steering group reviewed the national recommendations for best practices. • Bed numbers/capacity at each site are being reviewed as part of the development of the decision-making business case, this builds on the beds modelling in the pre-consultation business case and includes work with NHS Dorset to develop their own plans. • Further detailed financial analysis of the two proposed options is being undertaken as part of the decision-making business case development.

		<ul style="list-style-type: none"> We are developing and will recommend some key outcome measures to monitor improvements in the delivery of specialist stroke care once the outcome of the decision-making business case is known.
Equality of access	<ul style="list-style-type: none"> The need for loved ones to travel via public transport was a concern particularly for older people, people living in rural areas, and people who rely on public transport. Concerns were raised about potential difficulties faced by people on low incomes who need to visit loved ones in hospital, particularly those with young children and without access to private transport. People with learning disabilities and other special needs were identified as potentially being put further at risk if their carers are unable to visit or be with them due to distance, traffic or access issues. The potential impact on people on probation who are not able to travel out of county was highlighted. Potential impact on people who experience domestic violence. 	<ul style="list-style-type: none"> Our Equality Lead has met with probation services to explore further any impact and any mitigation required that the changes may have on people on probation restrictions. Our Equality Lead has met with domestic violence specialists to explore further any impact and any mitigation required that the changes may have on people experiencing domestic violence. The Equality Impact Assessment is being reviewed and updated. We are also working with the council to inform their travel plan.
Inpatient environment	<ul style="list-style-type: none"> Visits from family and friends were consistently noted as a key aspect of stroke recovery, the hospital environment needs to support and enable this. Suggestions were made to make it easier for patients to stay in touch with family and loved ones, including better use of technology. 	<ul style="list-style-type: none"> The steering group have reviewed the suggestions made. We are undertaking a review of the options available to enable family and friends to visit and stay in touch including the use of technology and visiting hours.
Workforce	<ul style="list-style-type: none"> Concerns were raised about the impact on staff in rural areas and on low incomes who may need to travel further to work. 	<ul style="list-style-type: none"> A further detailed workforce analysis is being undertaken as part of the production of the decision-making business case.

	<ul style="list-style-type: none"> • Concerns stroke staff at Yeovil District Hospital could become deskilled if they are not seeing hyper acute stroke patients. • Risk losing skilled staff thereby creating more of a recruitment problem. • The impact on the work life balance of staff if they have to travel further to work. • Concerns around the recruitment of the specialist workforce needed at Musgrove Park Hospital and at Dorset County Hospital. 	<ul style="list-style-type: none"> • Further analysis of staff travel is being undertaken. • We are developing a workforce plan which will include training and development of the workforce, recruitment strategies, and new roles that can support health care professionals to deliver care. • We will continue to visit both stroke units in Yeovil and Taunton to keep staff up to date and continue to involve them in discussions around the workforce plan and the environment.
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The public consultation is one part of a bigger piece of ongoing work, that continues to consider all aspects of the proposed changes to stroke services, including financial, geographical, logistic and operational considerations. Part of the process includes a further options appraisal where a range of information will be reviewed to get to a preferred option for the future. Following further modelling, this preferred option will then go to the NHS Somerset for a final decision.

We expect to have this work completed early next year, so we will be able to put forward a final decision-making business case to the NHS Somerset Board.

The final decision-making business case will take into account all of the aspects considered, including the public consultation feedback. This review is not about saving money, but focuses on creating safe and sustainable stroke services in Somerset. All of the evidence gathered will enable the Board to make an informed decision on the best way forward.





NHS Somerset acute hospital based stroke services consultation activity overview

Introduction

Between Monday 30 January and Monday 24 April 2023, NHS Somerset undertook a public consultation on acute based stroke services in Somerset.

In the development of our consultation plan and process, we considered the feedback from our pre-consultation engagement and worked closely with a range of stakeholders. All methods for consultation were developed in line with best practice and co-designed with local stakeholders alongside guidance from the Consultation Institute and the independent research organisation Opinion Research Services (ORS).

The approach to the public consultation was to use a range of methods and channels to ensure local people, patients, their families and carers, health and care staff, partners and key stakeholders were aware of and able to engage and respond to the consultation.

We sought to reach a broad range of people. This included extensive targeted engagement across our people and communities including people with protected characteristics, deprived communities and other seldom-heard groups to capture and understand a broader range of views as possible on the proposals.

In line with our consultation plan, the public consultation had three main workstreams:

- General public consultation: consultation with the general public through events, the questionnaire and special interest groups.
- Staff consultation: in addition to the consultation documentation and questionnaire we held focused discussion sessions with staff working in stroke services.
- Representative telephone survey: led by the independent research organisation, ORS, we sought to gain the views of a representative sample that was reflective of the geography and demography of Somerset and boarding counties.

We sought feedback on proposals on hyper acute and acute stroke services in Somerset. People could provide feedback in a range of ways including:

- Taking part in a consultation event including online and face to face meetings.
- Coming to see us at one of our pop up or drop in events.
- Providing feedback at one of the community support groups or community organisation meetings we attended.
- Completing a consultation questionnaire online or via post (freepost).
- Providing feedback via email, post, social media or phone.

To ensure we consulted with people who may be impacted by our proposals we:

- Focused on reaching out to people where they are, in their local neighbourhoods and local networks.
- We promoted the consultation and provided opportunities with the aim of covering the geography, demography and diversity of Somerset, and surrounding areas impacted including Dorset.
- We advertised to make sure people were aware of the consultation even if they chose not to participate.



- We produced materials taking into account the differing needs of our communities.
- We worked with partners in surrounding areas, including Dorset, to maximise our engagement and communications reach in surrounding counties where local people may be impacted by any changes.

All the feedback gathered has been shared with Opinion Research Services (ORS) for analysis and theming.

Stakeholder analysis

To make sure our engagement effectively captured the widest possible views and feedback we developed an extensive list of stakeholders who are involved in, affected by, or interested in the future configuration of the service, as well as the wider public.

The Equality Impact Assessment (EIA) was utilised to inform our stakeholder analysis and engagement activities.

A detailed stakeholder analysis was undertaken and informed our engagement and communications activity.

Priority audiences included:

- Patient and carers who have experience of stroke services.
- Key voluntary sector stroke organisations including the Stroke Association.
- Protected characteristics identified in the EIA and HEAT analysis as being at higher risk of stroke.
- NHS and social care staff working in stroke services.

Patient and Public stakeholder reference group

A key part of the consultation preparation has been the establishment of the stroke patient and public reference group. The group consists of key voluntary sector organisations and people with lived experience. The public and patient stakeholder reference group is a time limited group established to provide feedback on our developing solutions and offer their perspectives and insights on how we can inform and engage local people in the hyper acute stroke public consultation.

The reference group is made up of a range of individuals and organisations with direct experience of stroke. The group informed the development of the proposals and supported us to plan the consultation activity and materials.

Activity overview



Public consultation events

Our engagement throughout the public consultation was delivered as a set of activities that were adapted to the location and opportunity. Working with our partners across the Integrated Care System, we were able to put together an engagement programme that worked with existing community events to ensure that we were available across the county (including into Dorset) and reaching diverse audiences with varied needs.

Where appropriate we set up a pop-up stand to showcase and draw attention to the consultation in a public space and we attended existing groups (including support groups for people with lived experience of a stroke and talking cafes across Somerset) at which we presented the information and provided the means for people and communities to take part.

Additionally, we ran a series of public events, these consisted of a presentation and an opportunity to ask questions to our panel of professionals involved in the programme.

All the opportunities to come and meet us were advertised on our website, social media, engagement newsletter, citizens' panel. We also shared with partners and networks to also publicise.

We held and attended 52 events.

Feedback from all events was captured and shared with ORS for inclusion in their analysis.

Date	Venue	Event type	Opportunity
30/01/2023	Yeovil library	Pop-up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the main entrance so we could reach passing footfall to share information on the public consultation; including families with young children, parent and baby, people who use the library, including retired people, those of working age but not working on that day.
31/01/2023	Crewkerne and Chard After Stroke Club	Stroke support group	To reach and engage people in Somerset with lived experience of a stroke having survived a stroke or caring for someone who is there because they survived a stroke. People attending the stroke club had been treated at both acute trusts in the county.
01/02/2023	Westlands Entertainment Centre, Yeovil - café space	Pop-up stand	To engage with people and communities who were meeting up at the entertainment centre as a social venue and/or attending an event being hosted in the main ballroom. We set up our pop-up stand in the main entrance so we could reach passing footfall to share information on the public consultation.
02/02/2023	Yeovil District Hospital - Aspire	Stroke support group	To reach and engage people in Somerset with lived experience of a stroke having survived a stroke or caring for someone who is there because they survived a stroke. People attending the stroke group had recently been discharged from YDH having had a stroke. This was also an opportunity to engage with the staff who work at YDH and run the group.
03/02/2023	Bridgwater, Heather Club	Stroke support group	To reach and engage people in Somerset with lived experience of a stroke having survived a stroke or caring for someone who is there because they survived a stroke. People attending the stroke club had been treated at Taunton (on the occasion they had their stroke in Somerset).

06/02/2023	Crispin Community Hall, Street	Pop-up stand	To engage with people and communities who were meeting up at the centre's community cafe as a social venue. We set up our pop-up stand in the main entrance so we could reach passing footfall to share information on the public consultation
06/02/2023	Martock Information Centre	Pop-up stand	To provide a location for those living in Martock to have access to the public consultation, to reach passing footfall and to share information on the consultation and to reach.
08/02/2023	Chard, The Guildhall	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
08/02/2023	Talking Café Live	Live on social media	Presented as part of a Facebook live event version of a Talking Café; recorded and disseminated to people and communities via Facebook.
09/02/2023	Langport library	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
11/02/2023	Taunton library	Pop-up stand	To engage with people and communities who were using the library because it offered a 'Warm Space', this is a destination for different ages across the life course.
13/02/2023	Yeovil District Hospital - entrance lobby	Pop-up stand	To engage with people and communities who were coming to Yeovil District Hospital for an appointment or to see a relative/loved one. This was also an opportunity for the workforce to engage and colleagues use this thoroughfare. We set up our pop-up stand corridor in view of the Outpatients' Reception to reach passing footfall to share information on the public consultation.
14/02/2023	Yeovil, St Peters Community Centre	Warm space	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
14/02/2023	Yeovil District Hospital - entrance lobby	Pop-up stand	To engage with people and communities who were coming to Yeovil District Hospital for an appointment or to see a relative/loved one. This was also an opportunity for the workforce to engage and colleagues use this thoroughfare. We set up our pop-up stand corridor in view of the Outpatients' Reception to reach passing footfall to share information on the public consultation.
15/02/2023	South Petherton Hospital	Pop-up stand	To engage with people and communities who were coming to South Petherton Community Hospital for an appointment or to see a relative/loved one. This was also an opportunity for the workforce to engage and colleagues use this thoroughfare. We set up our pop-up stand corridor in view of the main reception to reach passing footfall to share information on the public consultation.
15/02/2023	Ilminster library	Pop-up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the library so we could reach passing footfall to share information on the public consultation.

16/02/2023	Yeovil, St Peters Community Centre	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
16/02/2023	Yeovil District Hospital - entrance lobby	Pop-up stand	To engage with people and communities who were coming to Yeovil District Hospital for an appointment or to see a relative/loved one. This was also an opportunity for the workforce to engage and colleagues use this thoroughfare. We set up our pop-up stand corridor in view of the Outpatients' Reception to reach passing footfall to share information on the public consultation.
16/02/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for any people and communities who had been unable to attend an in-person session (pop up, talking café or warm space) and any person who had attended and had further questions.
17/02/2023	Crewkerne library	Pop-up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the main entrance to the library so we could reach passing footfall to share information on the public consultation; including families with young children, parent and baby, people who use the library, including retired people, those of working age but not working on that day.
20/02/2023	Wincanton library	Pop-up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the main entrance to the library so we could reach passing footfall to share information on the public consultation; including families with young children, parent and baby, people who use the library, including retired people, those of working age but not working on that day.
20/02/2023	Online	Somerset Engagement Advisory Group, online meeting	Presented the public consultation to this informed group. They meet every 3 months to hear latest from NHS Somerset engagement team. They act as a 'critical friend' function and to take information back to their communities.
20/02/2023	Taunton Musgrove Park Hospital	Pop-up stand	To engage with people and communities who were coming to Taunton Musgrove Park Hospital for an appointment or to see a relative/loved one arriving via the concourse entrance. This was also an opportunity for the workforce to engage and colleagues use this thoroughfare. We set up our pop-up stand in view of the cafe and M&S Foodhall for passing traffic at lunch time/early afternoon.
21/02/2023	Carers Strategic Partnership Board meeting	Presentation - online	This group brings together the main stakeholders working with and on behalf of carers in Somerset. We attended to present the public consultation proposals with guidance on how to take to part.
21/02/2023	Yeovil rugby club	Public event	This was our main panel face to face public event. A presentation on the public consultation was given by Julie Jones (Programme Lead) and Dr Rob Whiting (Clinical Lead) with a Q&A facilitated by NHS Somerset's Chief Nursing Officer, Shelagh Meldrum and Somerset Foundation Trust CEO, Peter Lewis. Provided the

			opportunity for the two options being proposed to be discussed by members of the public.
22/02/2023	Taunton Musgrove Park Hospital	Pop-up stand	To engage with people and communities who were coming to Taunton Musgrove Park Hospital for an appointment or to see a relative/loved one arriving via the concourse entrance. This was also an opportunity for the workforce to engage as colleagues use this thoroughfare. We set up our pop-up stand in view of the cafe and M&S Foodhall for passing traffic at lunch time/early afternoon.
22/02/2023	Williton Community Hospital	Pop-up stand	To engage with people and communities who were coming to Williton Community Hospital for an appointment or to see a relative/loved one. This was also an opportunity for the workforce to engage. We set up our pop-up stand corridor in view of the main reception to reach passing footfall to share information on the public consultation.
23/02/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for people and communities who had been unable to attend an in-person session and any person who had attended and had further questions.
28/02/2023	Burnham on Sea, Methodist Church	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
28/02/2023	Dorset - Sherborne library	Pop-up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the library so we could reach passing footfall to share information on the public consultation.
28/02/2023	Wellington, St John's Church	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
02/03/2023	Bridgwater, The Hub, Angel Place	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
06/03/2023	Taunton, Albemarle Centre	Warm space	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
07/03/2023	Taunton Stroke Club	Stroke club	To reach and engage people in Somerset with lived experience of a stroke having survived a stroke or caring for someone who is there because they survived a stroke. People attending the stroke club had been treated at Taunton (on the occasion they had their stroke in Somerset).

08/03/2023	Online Public Event	Public meeting - online	This was our main panel online public event, repeated online for access by those unable to attend in person session 21st February. A presentation on the public consultation was given by Julie Jones (Programme Lead) and Dr Rob Whiting (Clinical Lead) with a Q&A facilitated by NHS Somerset's Chief Nursing Officer, Shelagh Meldrum and Somerset Foundation Trust CEO, Peter Lewis. Provided the opportunity for the two options being proposed to be discussed and challenged by members of the public.
09/03/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for any people and communities who had been unable to attend an in-person session any person who had attended and had further questions.
09/03/2023	Wells, Bishop's Palace Talking Café	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
10/03/2023	Heather Club, Bridgwater	Stroke Club	Returned with hard copies of the public consultation document.
11/03/2023	Chard Together, Guildhall Chard	Public event	Community event that took place at the Guildhall in Chard. We were invited to attend with a pop up stand by Diverse Communities team, Community Council Somerset.
13/03/2023	Online meeting targeting members of public who are resident on/near the border between Somerset and Dorset	Public meeting - online	Presentation of the public consultation proposals and case for change was given by Julie Jones, Programme Lead with Maria Smith as representative of NHS Dorset in attendance. There was also an opportunity to ask questions.
16/03/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for any people and communities who had been unable to attend an in-person session or had attended and had further questions.
18/03/2023	Veterans breakfast, Yeovil Rugby Club	Pop up stand	Attended this event hosted for veterans living in Somerset (and into Dorset) to present the public consultation proposals and be available to share information on how to take part. Following brief presentation we were available for any person attending the breakfast to find out more.
22/03/2023	Frome stroke group	Stroke support group	To reach and engage people in Somerset with lived experience of a stroke having survived a stroke or caring for someone who is there because they survived a stroke. People attending the stroke club had been treated at Royal United Hospital in Bath and Yeovil District Hospital (as people who lived in Somerset at time of stroke).
23/03/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for any people and communities who had been unable to attend an in-person session and any person who had attended and had further questions.

30/03/2023	Thursday teatime check-in - online meeting at 6pm, open to all	Online	To provide an online space for any people and communities who had been unable to attend an in-person session and any person who had attended and had further questions.
05/04/2023	Shepton Mallet, The Art Bank	Talking Café	To ensure that people and communities who attend the local Talking Café as an information hub could have access to information about the public consultation and ask questions.
11/04/2023	Dorset - Sturminster Newton Country Market	Pop up stand	To engage with people and communities who attended the market. We set up our pop-up stand so we could reach passing footfall to share information on the public consultation.
12/04/2023	Dorset - Sherborne town centre	Pop up stand	To engage with people and communities in Sherborne. We set up our pop-up stand in a central location so we could reach passing footfall to share information on the public consultation.
13/04/2023	Morrisons, Glastonbury	Pop up stand	To engage with people and communities in Glastonbury. We set up our pop-up stand in a central location so we could reach passing footfall to share information on the public consultation.
13/04/2023	Teatime drop in	online	To provide an online space for any people and communities who had been unable to attend an in-person session and any person who had attended and had further questions.
14/04/2023	Dorset - Gillingham library	Pop up stand	To engage with people and communities who were using the library. We set up our pop-up stand in the library so we could reach passing footfall to share information on the public consultation.
20/04/2023	Online meeting with councillors in Somerset	Online meeting	An online meeting was specifically set up to present the proposals to councillors in Somerset. A presentation on the public consultation was given by Julie Jones (Programme Lead) and Dr Rob Whiting (Clinical Lead) with a Q&A facilitated by NHS Somerset's CEO, Jonathan Higman, and attended by Maria Smith as a representative of NHS Dorset.

Telephone and emails

The Engagement team managed and responded to email and telephone queries. Feedback provided on the proposals was logged. This feedback was reported to and analysed by Opinions Research Services as part of their themed consultation feedback report.

Staff engagement

Programme Lead, Julie Jones spent time prior to the start of the public consultation engaging with staff to inform staff on the stroke units at both hospitals. Feedback and insights from staff helped to inform the proposals. Stroke staff were members of the stroke steering group and informed the development of the proposals.

During the consultation, the engagement team visited Aspire, the support group for people recently discharged from Yeovil District Hospital after having a stroke. We also ran a number of pop-up stands in public facing areas of the two acute hospitals and South Petherton Community Hospital and Williton Community Hospital, liaison and facilitation of these opportunity was done with staff at each hospital. Staff could also had the opportunity to visit the pop up

stands. Visits to the stroke units were also completed, giving staff the opportunity to go through the proposals and timelines.

For specific engagement with the staff most likely to be impacted by any changes, the engagement team facilitated the offer of confidential interviews with ORS to ensure that staff who wished to speak, could do so freely. This opportunity was taken up by 4 staff.

Communication activity

We created a variety of communication materials to make sure we met the needs of local people. Public facing materials used information contained within our Pre-consultation Business Case (PCBC). The PCBC was signed off by the stroke steering group, Fit for my Future Programme Board and the NHS Somerset Board.

We tested our communication materials with members of our public and patient stakeholder group and Healthwatch Somerset readers' panel.

Materials included:

- A public facing consultation document
- A summary consultation document
- Easy read summary consultation document
- Aphasia friendly summary consultation document
- Case for change summary
- The first 72 hours of stroke care explainer document
- Patient story examples
- Events list
- Consultation questionnaire (online and hard copy)
- FAQs which were updated throughout the consultation
- Summaries of questions asked at public events were shared on our website
- Videos explaining the proposals and case for change
- Social media infographics
- Launch toolkit for stakeholders
- Stakeholder launch briefing
- MP briefing
- News releases
- A4 Posters
- A5 leaflets
- Pull up banner.

All materials were made available on our website and were available in printed form on request. We also provided printed copies of the consultation document, questionnaire and other key documents at events we held and attended. Materials were also available in different formats on request.

Consultation materials distribution

Printed copies of the leaflet and summary consultation document were distributed to key stakeholder organisations at the start of the consultation and made available at all public listening and pop up events. Paper copies of the consultation documentation were available and promoted at all engagement events.

We shared materials with partners and stakeholders and asked them to share across their channels and networks.

During the consultation, online and hard copies of consultation materials were distributed to key stakeholders.

In recognition of the broad range of people who might be impacted by any changes to hospital-based acute stroke services, we sent copies of the public consultation document and questionnaire to complete (and send to FREEPOST address) to 100 residential homes in Somerset with a view to reaching both residents and workforce. Additionally,

we sent copies of the consultation document and form to complete to 26 organisations who represented a broader view of the population in Somerset with a view to reaching people engaging with these organisations including workforce.

These included:

Name of organisation	Type of organisation
Somerset Care	Company, employer in Somerset
Home Care Taunton	Company, employer in Somerset
Somerset Chamber	Business community
Somerset Energy Innovation Centre	VCFSE
Somerset Wildlife Trust	VCFSE
Creative Innovative Centre CIC	VCFSE
Tacchi Morris Arts Centre	VCFSE
Ilminster Arts Centre	VCFSE
Bridgwater Arts Centre	VCFSE
Wellington Arts Association	VCFSE
Taunton Brewhouse	VCFSE
The SPACE (thespacesomerset.co.uk)	VCFSE
The Princess Theatre and Arts Centre	VCFSE
ACE arts	VCFSE
Black Swan Arts	VCFSE
Halsway Manor	VCFSE
Clayhill Arts	VCFSE
Compass Wellbeing Centre	VCFSE
Courtyard Natural Health	Health and wellbeing company
Nine Springs	Health and wellbeing company
Taunton Chamber	Business community
Company, employer in Somerset	Business community
Yeovil Chamber	Business community
SBA CIC	Company, employer in Somerset
Outsourced HR	Company, employer in Somerset
100 Residential Care homes across Somerset	Care homes

Website

Information on the stroke consultation was shared on the Somerset Integrated care System / Fit for my Future website. The web pages were updated as the consultation progressed. Links to the website were shared across all communications channels promoting the consultation including social media, newsletters, media and radio. The aforementioned materials were published on the website alongside the Pre-Consultation Business Case.

Unfortunately, we do not have any metrics software on the website so are unable to see page views or visits to the site.

Media releases and radio advert

We issued various press releases to raise awareness of engagement opportunities during the public consultation, disseminate information and signpost local people to different ways in which they can find out more about and respond to the consultation.

We also ran a radio advert campaign to raise awareness of the consultation. The 30 second advert ran from 13 February 2023 until 12 March 2023, with 93 spots across the month. The advert ran across Heart West Country, with a reach of 94,000 covering a population of around 433,000.

Social media

NHS Somerset and the Fit for my Future programme both have established social media profiles. We proactively used these channels to promote the consultation and share key messages. We targeted posts to our key demographics including cross border areas. We also posted in individual groups as well as posting organic and paid for content across our channels. We shared a social media toolkit with our partners to support and amplify our reach and encouraged stakeholders to share across their social media channels.

Our social media channels include: Facebook, Instagram, Twitter and NextDoor.

Below is an overview of our posts. In addition to this, we also posted directly to a number of relevant community groups.

	Reach	Engagement	Link clicks
Paid for social media	248,325	2922	2365
Organic social media	233,190	5355	3888
Total	481,515	8277	6253

Our main social media messages encouraged residents to visit our website, attend an event and complete the consultation questionnaire.

The messaging and assets used were adapted during the consultation to encourage engagement with a wider range of people and communities.

Adaptation to our approach following mid-point review

Following the mid-point review of the consultation survey responses at the mid-point of the consultation, we evaluated and adapted our consultation engagement and communication activity. This included:

<p>At mid-point review, proportion of responses:</p> <p>Men 28%</p> <p>Women 72%</p>	<p>To address the gap in the proportion of men to women, we reviewed our existing engagement locations for the remainder of the public consultation and looked for specific opportunities to adapt our approach to reach a greater proportion of men:</p> <ul style="list-style-type: none"> • Targeted men specific engagement opportunities including veterans social/support groups and Men’s Sheds association. We were successful in engaging with a nearly all-male audience at a Veterans Breakfast event in Yeovil. • Targeted organic and paid for digital posts to online groups and individuals (for instance, making use of male focused imagery, identifying male-specific community and community support groups in Somerset e.g. Men’s Sheds and sports groups). • Faith-based community engagement working with our Equalities and Diversity Lead Officer, Lee Reed. • Business-led groups in Somerset, including Chambers of Commerce. • Staff and students over 18 at schools and colleges (with imagery to represent/create emotional connection with the need).
<p>At mid-point review, responses from people aged 18 - 25 were 2% compared to 10% of population of Somerset who are under 25</p>	<ul style="list-style-type: none"> • To encourage greater representation of younger audiences, we maximised our existing contacts and shared targeted creative assets with partners including Somerset County Council for socialising with Young Peoples Forum and Parliament and leading youth charity, Young Somerset. • We also shared the collateral with schools and colleges bearing in mind staff and students may wish to participate. • We reached out to Somerset Activity and Sport Partnership who work with multiple audiences including different life stages and those living more deprived areas (who are impacted by health inequalities).

	<ul style="list-style-type: none"> We ran targeted organic and paid for digital posts to raise profile of intergenerational aspects of stroke as well as highlighting stroke as a condition that affects all people.
Deprived areas – engagement measured through responses to the consultation at the mid-point of the consultation showed greater engagement in areas with lower IMDs	<ul style="list-style-type: none"> Targeted paid for and organic digital adverts aimed at increasing engagement with people living in Somerset’s most deprived areas. Indices of Multiple Deprivation (IMD) data for Somerset highlight some areas of the most urban parts of Somerset as being the most deprived in Somerset. A significant amount of the engagement activity was delivered in areas where there are Talking Cafes and these sessions were in areas that are high on the IMD scale. One way we adapted our engagement plan was to deliver pop ups in low priced supermarkets in the county to give greater visibility to the public consultation; Morrisons in Glastonbury, Asda in Frome, Asda in Taunton (we were unable to do the same in Yeovil due to a packed agenda in one supermarket and a very hard to reach community function in a second supermarket). Working with our Equality and Diversity Lead Officer, we reached out to specific groups identified in the EIA including homeless people and Gypsy Roma Traveller communities. These were in the plan already but engagement with these communities had not been completed at the mid-point review stage of the process.
Dorset residents	<ul style="list-style-type: none"> To ensure that we reached those potentially impacted by changes to Yeovil District Hospital we also delivered on site engagement in three specific areas of Dorset (as guided to by NHS Dorset) – Sherborne, Sturminster Newton and Gillingham. These areas have variations in deprivation but significantly are not likely to have increased representation among deprived areas but may have contributed to proportions of men and younger audiences. To encourage greater representation from Dorset residents, we also shared further targeted creative assets with partners in Dorset. We ran targeted organic digital posts to raise profile of the potential impact on Dorset residents and targeted these to the bordering areas of Dorset.

Analysis of consultation responses

All the feedback from the public consultation has been shared with ORS for analysis. The feedback report will be shared on our website and shared across our channels.

Hearing the views of people throughout the consultation process is an important part of the decision making and will be taken into account alongside other essential factors such as clinical, financial and practical considerations. Any decision to proceed with the proposals will be informed by the feedback from the consultation.



People and Health Scrutiny Committee 11 December 2023 Corporate Complaints Team Annual Report 2022-23

For Review and Consultation

Portfolio Holder: Cllr S Flower, Leader of the Council

Local Councillor(s): All

Executive Director: J Mair, Director of Legal & Democratic

Report Author: Antony Bygrave
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Report Status: Public

Brief 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 and Adult's Services.

Recommendation:

That the Committee scrutinises and notes the Annual Complaints Report for 2022/23.

Reason for Recommendation:

To have an awareness of the numbers and types of complaints and the organisational learning.

1. Report

1.1 Key messages for 2022-23 are:

- There have been 1838 complaints across the Directorates in 2022-23 which is a 31% increase year on year, and 166% increase overall since Dorset Council was formed. Of these only 747 have been considered through formal processes.
- 1091 have been resolved informally, with the Complaints Team working with Operational Managers towards more agreeable outcomes with less undue process.
- Members should be heartened that of these 1838 complaints only 124 reached the Ombudsman, with 114 leading to a decision. Of the 114 decisions only 36 were investigated and 26 of these upheld. This is very similar to 2021-22s findings where 121 reached the Ombudsman, 32 investigated and 20 upheld. Considering the 31% increase in complaints overall, only a 2% increase in complaints finding the Ombudsman seems a good news story. Dorset Council met the recommendations in 100% of these cases. However, it should be known that 1 complaint was judged by the LGSCO to be so serious as to warrant the publication of a public interest report, notices in newspapers and a section 5A Local Government and Housing Act report to the Cabinet by the Monitoring Officer. Of the upheld cases 17 related to Children's Services, 4 to Adult Services, 3 in Place and 2 in Corporate Services.
- The Ombudsman's financial remedies in 2022-23 resulted in a total cost of £40,630 (down from £42,300 in 2021-22). 17 related to SEN delays or children out of education at a cost of £39,680 (up from 6 decision in 2021-22). We should add that a further £21,800 was spent in the service on pre-emptive financial remedy through the complaints process thus preventing LGSCO intervention. The other financial remedies were 1 Adult Social Care finding at a cost of £750 and 1 Place finding at a cost of £200 (Enforcement).
- 21% of responses exceeded the 20-working day timescale which compares to 18% the previous year. This still indicates an area for improvement but proportionate to the increase in volume.
- Only 9% of complaints were considered fully justified with 11% part justified. This is essentially the same as the previous year and forms evidence that, although complaints are continuing to increase, service delivery is not falling across the directorates.
- There were 212 learning points collected by the Complaints Team in 2022-23. This is an encouraging 13% increase, but is again proportionate to the increase in complaint numbers. It does evidence that, if complaints

are being upheld in full or in part, we are getting value from the complaint as an organisation.

- We are pleased to report 537 compliments across the directorates compared to 380 the previous year. This is something for Dorset Council to celebrate and hopefully presents a more balanced report on service perceptions. It is still clear that people were more likely to voice complaints, than compliment a job well done.
- In addition, we received 47 code of conduct complaints regarding Dorset Council and Town and Parish Councillors in Dorset There are 160 town and parish councils and some 1,400 councillors in scope of the councillor code of conduct and so only 3.3% of councillors were the subject of complaint. Councillor conduct complaints have fallen by 22% on 2021-22. Of these, just 6 were investigated and none upheld at the time of this report. 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 and overall increase in complaints year on year. 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, continuing the good work of 2021-22.

2. Financial Implications

Dorset Council have paid £40,630 in LGSCO maladministration charges in 2022-23. This is slightly down from 2021-22 (£42,300) but still a steep rise from £6,750 2020-21 and just £1,800 in 2019-20. This increase is largely centred around SEND and periods where education was not provided. We also note the 1 Childrens Services Stage 2 investigation cost Dorset Council £46,304.60

In 2022-23 £4782 was spent on independent investigators for the more complex complaints cases in Children's Services. This compares to £5703.40 in 2021-22. The Complaints Team are very proud of our positive work with Locality Managers towards informal resolutions and this has had a tremendous impact on keeping these costs down. The early indications in Q1 2023-24 suggest a steep rise is likely.

Whilst reporting on the outgoing finance it is important to note that the Complaints Team have generated £7376 from schools by providing a complaints advice service.

2. **Natural Environment, Climate & Ecology Implications**

None

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 are regularly encouraged, through line management and other Dorset Council support, to be mindful of themselves and their colleagues in-keeping with our behaviours.

4. **Other Implications**

None

5. **Risk Assessment**

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

Current Risk: LOW

Residual Risk: LOW

6. **Equalities Impact Assessment**









None

7. **Appendices**

Appendix 1 - Complaints Annual Report 2022-23

8. **Background Papers**

None

	2020/21	2021/22	2022/23	
 Number of FORMAL complaints	644	544	747	2022/23 saw a significant increase in formal complaints (detailed overleaf).
 Number of INFORMAL complaints	624	862	1091	2022/23 saw a further significant increase in informal complaints (detailed overleaf).
 Upheld approaches to the LGSCO Ombudsman compared to total received	17/30	20/35	26/114	In 2022/23 we received 114 approaches from the LGSCO. 26 complaints were upheld.
 Timescales (overdue)	39%	18%	21%	In 2022/23 21% of all complaints exceeded the deadline for response.
 % fully justified complaints	8%	8%	9%	2022/23 continued to see a low volume of complaints reported as fully justified.
 % part justified complaints	11%	9%	11%	2022/23 continued to see a low volume of complaints reported as partially justified.
 Compliments	633	380	537	We received 537 compliments in 2022/23
 Learnings	119	127	212	We gathered 212 learnings from complaints in 20221/23 (details overleaf).

Total Complaints Overview

1838 Complaints

performance

2022/23

Numbers

Total Complaint Contacts – 1838

This is a 31% increase from the 1406 received in 2021-22 and a 166% increase over the 4 years of Dorset Council. Although the apparent change in culture since the Covid pandemic may still account for some of the increase, (and we are encouraged that the Complaints function is easy to find), we are very mindful of this continual trend of a year on year increase, and this report highlights the areas of greatest concern. Although in some cases complaints have given the authority a chance to learn and implement changes, some communications remain aggressive or vexatious.

Directorate	2021-22	2022-23	%
Adult Social Care	49	143	-4%
Adult Non Social Care	80	138	+42%
Childrens Social Care	120	140	+17%
Children s Non Social Care	174	309	+78%
Place	586	937	+59%
Corporate	172	168	-2%
Code of Conduct*	60	44	-27%
TOTALS	1406	1838	+31%

Out of the 1838 contacts, 747 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. We have also seen an increase in vexatious and aggressive behaviours.

Formal Complaints 747

Of the 1838 complaints received 2022-23, 747 required the formal complaints process to reach an outcome. Figures demonstrate that the split between complaints that require formal resolution, and those that appear resolvable, is similar to the previous year. Both formal and informal complaint numbers have risen, but our appetite to resolve matters and promote positive outcomes is still very much in tact.

Place services continue to have had the greatest numbers as they provide the most visible services to the public, however also provide the best means of resolution without undue process. There is a marked increase in SEN related matters in Children's Services also, swelling the formal process numbers.

Informal Complaints 1091

Of the 1838 complaints received 2022-23 1091 were considered as cases where resolution could be met without the undue process of the formal complaints route.

Local Government & Social Care Ombudsman Complaints

Complaints are up 31% year on year and Members should be heartened that of these 1838 complaints only 124 reached the Ombudsman, with 114 leading to a decision. Of the 114 decisions only 36 were investigated and 26 of these upheld. This is very similar to 2021-22s findings where 121 reached the Ombudsman, 32 investigated and 20 upheld. Considering the 31% increase in complaints overall, only a 2% increase in complaints finding the Ombudsman seems a good news story.

This means that of the 36 complaints 72% were upheld by the Ombudsman which compares to an average of 72% in other similar organisations – so consistent.

Dorset Council met the recommendations in 100% of these cases.

They breakdown as follow::

- Education/Children's - Of the 40 cases investigated – 17 upheld.
- Corporate Services - Of the 11 cases investigated - 2 upheld.
- Adult Social Care - Of the 11 cases investigated - 4 upheld.
- Adult non social care (Housing) - Of the 7 cases investigated – 0 upheld.
- Planning (Place) - Of the 26 cases investigated – 2 upheld.
- Highways (Place) - Of the 10 cases investigated – 0 upheld.
- Environment/Place - Of the 9 cases investigated – 1 upheld.

Total Complaints Overview

2022/23

The financial remedies in 2022-23 resulted in a total cost of £40,630 (down from £42,300 in 2021-22). 17 related to SEN delays or children out of education at a cost of £39,680 (up from 6 decision sin 2021-22).

We should add that a further £21,800 was spent in the service on pre-emptive financial remedy through the complaints process thus preventing LGSCO intervention. We also note the 1 Childrens Services Stage 2 investigation cost Dorset Council £46,304.60. This did not progress to the Ombudsman. Interestingly in only 8% of upheld cases the LGSCO found the organisation had provided a satisfactory remedy before the complaint reached the Ombudsman. This compares to an average of 13% in similar organisations. This pre-emptive work in SEND is making up the 8% referred to in the LGSCOs report.

SEND is an area the Complaints Team are focusing support on as some of these delays and complaints are historic but only more recently finding their way into the Complaints Process. We continue to work closely with Children's Services and are recording learnings wherever possible.

The other financial remedies were:

1 Adult Social Care finding at a cost of £750:

Pay Mrs Y £750 to acknowledge the distress, time and trouble caused to her and her family by the failings in Mr X's care. This figure is a symbolic amount based on the Ombudsman's published Guidance on Remedies.

And 1 Place finding at a cost of £200 (Enforcement)

Within four weeks of my final decision: 30. Mr X will provide the Council with evidence to show the cost of upgrading the fence along his boundary to an acoustic fence. The Council will pay Mr X the difference in cost to enable an acoustic fence to be built. Mr X will arrange with his neighbour to upgrade the fence.

Timescales – 21% Overdue

This is a setback as 18% were overdue the previous year. This however demonstrates the impacts of the increased numbers coming into the corporate complaints team and the challenges for team managers in helping us promote timely responses. The delays are proportionate to the increased numbers. Its worth remembering that in 2020-21 29% were overdue so we are satisfied we are delivering a better services despite the 31% overall increase in complaints.

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.

Justifications – 9% fully 11% partially

This is again similar to the previous years. It may still seem surprising that so few complaints are considered to be justified my responding managers, but the real challenge is to ensure the justified complaints contribute to the lessons learned and continual improvement

Compliments – 537

The is still a massive good news story with a 30% increase in positive feedback year on year. Although we cannot yet boast that the compliments outnumber the complaints, we have not lost any ground in our commitment to generating positive sentiments to offset the complaints.

Learnings - 212

We are pleased to report a 40% increase in the return on learning points from complaints. This is really impressive as it demonstrates commitment to providing genuine value from peoples complaints to Dorset Council

No only have the volume of learnings increased, the quality and supporting action plans overseeing delivery has improved, offering significantly more assurance that loops are being closed and lessons genuinely learned

2022/23

Background

The purpose of this report is to highlight key issues from the Annual Report for Complaints 2022/23. 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 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 greater level of scrutiny on services remains year on year with an increase in most directorates

The Complaints Team have also been heavily involved in helping Dorset Council manage vexatious and unreasonable behaviours.

The council operates 4 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. We have also been delegated the Councillor Code of Conduct complaints to triage and manage. Although not contributing greatly to the overall numbers, it has been an interesting experience trying to apply the same culture of learning to a new and unfamiliar policy to the team.

The team's focus for this coming year is:

Team Wellbeing and Development – Further galvanising a team to deal with increasingly upsetting subject matter, and (at times) vexatious behaviours. We have been very vocal in ensuring staff are aware of the support available.









Reporting/Learning – 2022-23 saw an improvement in the quality of learnings presented by team managers. There is a genuine mutual awareness for delivering extra value. However some complaints are resolvable without grass-roots learnings presenting themselves.

Total Complaints Overview

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2022/23

2022/23









	Q1	Q2	Q3	Q4	Totals
 Number of FORMAL complaints	236	197	151	160	747
 Number of INFORMAL complaints	322	315	209	245	1091
 Upheld approaches to the LGSCO Ombudsman compared to total received	5/27	6/28	8/33	7/26	26/114
 Timescales (overdue)	22%	15%	22%	26%	21%
 % fully justified complaints	10%	9%	6%	9%	9%
 % part justified complaints	10%	9%	9%	15%	11%
 Compliments	129	135	131	142	537
 Learnings	45	50	52	65	212

Total Quarterly Complaints Overview
Total Complaints = 1838

performance

dorsetcomplaints

2022/23









		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	100	85	70	67	322
	Number of INFORMAL complaints	206	189	95	125	615
	Upheld approaches to the LGSCO Ombudsman compared to total received	2/11	1/12	0/14	0/8	3/45
	Timescales (overdue)	10%	26%	28%	28%	23%
	% fully justified complaints	10%	5%	8%	10%	8%
	% part justified complaints	7%	7%	6%	13%	8%
	Compliments	56	97	70	76	299
	Learnings	10	17	18	17	62

Place Complaints
Total Complaints = 937

performance

dorsetcomplaints

2022/23









		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	26	14	9	10	59
	Number of INFORMAL complaints	27	34	13	35	109
	Upheld approaches to the LGSCO Ombudsman compared to total received	1/3	0/2	1/3	0/3	2/11
	Timescales (overdue)	20%	26%	25%	25%	24%
	% fully justified complaints	15%	5%	2%	10%	8%
	% part justified complaints	15%	7%	4%	15%	10%
	Compliments	7	7	5	11	30
	Learnings	1	1	2	6	10

Corporate - Total Complaints = 168

performance

dorsetcomplaints









2022/23

		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	15	28	12	17	72
	Number of INFORMAL complaints	18	24	15	9	9
	Upheld approaches to the LGSCO Ombudsman compared to total received	0/2	0/1	0/4	0/0	0/7
	Timescales (overdue)	33%	9%	17%	32%	23%
	% fully justified complaints	6%	6%	10%	2%	6%
	% part justified complaints	3%	6%	8%	12%	7%
	Compliments	5	1	1	3	13
	Learnings	3	1	1	2	7

People - Adults - Non Social Care
Total Complaints = 81

performance

2022/23









		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	24	23	13	17	77
	Number of INFORMAL complaints	16	14	17	19	66
	Upheld approaches to the LGSCO Ombudsman compared to total received	0/2	2/4	2/3	0/2	4/11
	Timescales (overdue)	33%	16%	18%	48%	29%
	% fully justified complaints	10%	16%	0%	2%	7%
	% part justified complaints	3%	10%	12%	12%	9%
	Compliments	39	15	28	21	103
	Learnings	6	7	7	10	30

People - Adults - Social Care
Total Complaints = 143

performance

dorsetcomplaints









2022/23

		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	62	39	37	42	180
	Number of INFORMAL complaints	23	37	31	31	38
	Upheld approaches to the LGSCO Ombudsman compared to total received	2/8	3/9	5/7	6/11	16/35
	Timescales (overdue)	18%	15%	8%	11%	13%
	% fully justified complaints	10%	13%	12%	20%	14%
	% part justified complaints	17%	13%	12%	17%	15%
	Compliments	10	7	11	20	48
	Learnings	11	20	20	23	74

**People - Children's - Non Social Care
Total Complaints = 218**

performance

2022/23

		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	9	8	10	7	34
	Number of INFORMAL complaints	32	17	38	19	106
	Upheld approaches to the LGSCO Ombudsman compared to total received	0/1	0/0	0/2	1/2	1/5
	Timescales (overdue)	18%	0%	33%	10%	15%
	% fully justified complaints	10%	6%	2%	10%	7%
	% part justified complaints	17%	10%	10%	20%	14%
	Compliments	12	8	13	11	44
	Learnings	14	4	4	7	29

People - Children's - Social Care
 Total Complaints = 140

performance

Appendices

Children’s Service Statutory Reporting Requirements

To get perspective on the small number of complaints received from our Children in Care it is important to understand the overall numbers for Children’s Social Care complaints. Most complaints received are from parents (some estranged) and not necessarily representing the voice or best interest of the child. That is why we need to shine a light on the complaints process and how young people can find it

The figures below show an increase in complaints over all for Childrens Social care, but not limited to Children in Care which feature further down the report. Representations capture the figures for complaints that were resolved informally outside of the Statutory Process

Children’s Social Care	2022-23	2021-22	2020-21
Representations	106	91	131
Stage 1	34	29	51
Stage 2	1	1	1
Stage 3	0	0	0
LGSCO approaches	5 with 1 upheld	6 with 1 upheld	4 none upheld
Children’s Whole Authority			
Representations	129	75	19
Formal Complaint	180	98	37
LGSCO approaches	35 with 16 upheld	13 with 6 upheld	5 with 3 upheld

1 case accepted at Stage 2 relating to a lack of support for a grandparent who sought custody through the courts. This was ultimately upheld and resolved by a back payment of £43,230

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 5 Social Care complaints to be formally investigated by the Ombudsman, maladministration was only found in 1 case, highlighted below

Summary:

Summary: The complainant, a foster carer, alleged that the Council wrongly removed her son from her care and failed over a prolonged period to consider properly her status as a foster carer. The Council investigated the complaint and found fault in the way it dealt with alleged child protection concerns. After an Ombudsman investigation, the Council agreed to refer the complainant to its Fostering Panel and the Council recently decided she should be allowed to continue as a foster carer subject to a further assessment and training. We have now considered the impact of the Council’s faults and recommended a way to remedy the injustice caused to the complainant.

Annual Complaints Report 2022-23

Non Social Care

The 35 Non Social Care complaints heard by the Ombudsman related to delays with Education Health & Care Plan (EHCP) and poor communication regarding Special Educational Needs (SEN) and children out of education. 16 were upheld by the Ombudsman with financial penalties amounting to £39,680

It should be known that a further £21,800 was spent on SEN complaints for pre-emptive financial remedy that were therefore not heard by the Ombudsman. Positive work, but costs arising from complaints that we need to ensure we share with Senior Leaders

Which customer groups made the complaints;

Of the complainants who categorised themselves, we present the following data on who is complaining to children's services Social Care

Foster Carer	10
Grandparent	12
Parent	79
Young Person	3
Advocate	10
Customer	18
Other Relative	2

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
Communication	7%
Data	2%
Finance	0%
Policy - Disagreement with Decision	7%
Service Provision - Delay	0%
Professional Practice/Quality of Service	74%
Other	5%

The outcome of complaints;

Of the complaints received for Children's Social Care in 2022-23 only 7% were considered Fully Justified by operational managers shows there is some level of justification as outlined below:

Fully Justified	7% up from 6% last year
Partially Justified	14% up from 10% last year
Not justified	79% down from 84%

Annual Complaints Report 2022-23

In 2022-23 the Complaints Team have improved the quarterly reporting and added extra value in terms of learnings and actions from complaints. In many cases however the complaints process is used by parents who are unhappy with records held that cant be legally altered. There is always more work to do in providing robust assurance of our self assessment of the services we provide.

Focus on Children in Care

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. As the numbers are so low there could be concerns we are not hearing the voice of the Child in Dorset through the complaints process and work in 2021-22 has highlighted this with the QAROs

Year	Number of Complaints
Children in Care 2022-23	10
Children in Care 2021-22	8
Children in Care 2020-21	15
Children in Care 2019-20	10
Children in Care 2018-19	20

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

In 2022-23 we have identified 10 cases that related to children in care, all via an advocate representing the voice of the child through the complaints process. You will note the figures are consistently low by comparison to the overall figures.

In Q1 we identified 3 complaint/contacts from a young people in care – all upheld

B (CIC)

The learning from this complaint will need to be taken forward in the Legal Team and Children's Services to raise the importance of planning earlier when a child wishes to change their name. This will ensure that all documents and ID are in place at age 18 to prevent delay for the young person and to ensure their wishes are heard and acted upon promptly and effectively, between teams and agencies.

SP re A

Annual Complaints Report 2022-23

There should have been clearer communications about the urgent transfer of the young person (YP) to a new social worker, and the realistic challenges and limits in the social worker's capacity to be available to offer the family the support needed. This has been discussed with the managers who held oversight at that time to ensure this can inform improved practice and procedures in future. 5

The abrupt decision the home took to end both the YP's placement and education was not a child-centred or positive approach for him and our Commissioning Team have already addressed and raised this with the home to highlight the impact on the YP, and the extended situation this created for the family whilst an alternative matched home was sought.

H (CIC)

Manager to ensure that processes are in place to promote better communication with all involved, and especially the children, when children in care need to move placement.

In Q2 we identified 1 complaint/contact from a young person in care. This relates to contact with the father and we are working towards an informal resolution with the help of the team manager

In Q3 we identified 5 complaint/contact from a young person in care

Purbeck YP is unhappy with Social Worker

West - Lack of contact arranged for YP

East – MP approach seeking help for YP

North – Unhappy with decision to move placement

West – Lack of Communication from SW

In Q4 we have had 1 approach from a child in care in relation to contact with parent – still under investigation

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 within the 20-day statutory timescale. A trend that is improving

Timescales	2022-23	2021-22	2020-21
0-20 Working Days	85%	77%	78%
20+ days	15%	23%	22%

As always, closer observation reveals that some cases exceed the 20 days as a result of agreeing a more informal approach and resolution after the receipt of the original complaint, with good work from locality managers. This can include follow up calls and meetings, so the figure in isolation does not tell the whole story of the journey of the complaints.

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.

Annual Complaints Report 2022-23

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 29 good quality and robust organisational learnings in 22-23 down slightly from 33 last year. In addition, non social care complaints provided 74 cases with valuable learnings, up significantly from 56 the previous year which is really pleasing

Case ID	What we have learned from Complaints	What we have done as a result to improve practice
COM/00000886	Complaint upheld regarding possible parental alienation	Manager confirmed that they have begun to run workshops around Parental Alienation in the East and Purbeck Locality. They are involving Children's Social Care Principal Social Worker in this, so that Parental Alienation is understood by all our Social Workers and taken into consideration when assessing families where parental conflict, separation and divorce is a feature. As a council we are participating in a pilot project where issues of contact between separating parents is being taken out of the court arena and alternatives to litigation are considered.
COM/00001162	Complaint upheld regarding communication and contact with Social Worker	Manager has asked the social worker to ensure that, following the next review, she schedules the next review with the professionals at the meeting. If for any reason this needs to be re-scheduled, the social worker will ensure that another meeting is re-arranged.
COM/00001192	Should have been more oversight from social workers prior to the domestic incident.	Manager to ensure that every effort is made to allocate duty social workers to visit on time where such concerns are known to exist.

Annual Complaints Report 2022-23

COM/00001212	The SEN Team were unable to meet the child's needs in a timely way	The actions taken are as follows: There is wider work underway about the provision of specialist school placements, and Dorset Council are investing in improving provision for all of Dorset's children, including the development of the provision at Coombe House near Shaftesbury. We are also working with our colleagues in the maintained and independent schools to make sure that we have sufficient provision to meet needs.
COM/00001269	Manager has ensured that the social worker, and the rest of the team, are aware of best practice when sharing reports with parents and how they talk to children about issues, as a result of this complaint.	Manager has talked to social worker about how important it is for parents to feel that they are being listened to and they have looked at prioritising the social worker's time.
COM/00001272	Complaint upheld regarding communication of panel decisions	As part of the Panel decision making processes, the panel is now emailing panel outcomes to the SEN Provision Leads by the end of the week of the panel. This ensures that we are able to effectively and efficiently communicate those decisions to all involved, especially to the young people and their families.
COM/00001310	Complaint upheld regarding communication of panel decisions	Manager has worked with the team and, as the chair for the SEND Panel in North Dorset has implemented a process whereby the SEND Provision Leads are notified of the panel outcomes no later than the next working day. This enables us to effectively communicate those decisions to all involved, especially to families.
COM/00001320	Complaint upheld in regards to the lack of communication particularly relaying if scheduled appointments and contact is not going ahead due to social worker on sick leave etc. This has been acknowledged to cause stress and impacts adversely on the anxiety and depression of customer	Manager has asked that the team complete updated training on customer service as I they do not wish level of service to be repeated or caused any further anxiety
COM/00001333	The referral could have been dealt with in a more sensitive manner	Manager has raised this with colleagues to ensure other families do not have the same experience in similar situations
COM/00001383	Manager to ensure that, when there are workers off in the team for a long period of time, children are written to explaining the situation and what their plans will be to have a social worker and also their care plans.	Complaints team to query any follow up actions necessary

Annual Complaints Report 2022-23

<p>COM/00001362</p>	<p>1. Social Worker involved needs to understand when sensitive information is shared, how this should be recorded and discussed with parents in advance of sharing with partners</p> <p>2. Where parents are separated or one parent only has PR for one child and not others involved in assessment it is essential the report is written in a way which enables the information not relevant to that parent to be removed without losing the essence of the assessment and concerns raised.</p>	<p>1. Supervision discussion with Social Worker</p> <p>2. Reflective workshop on information sharing and report writing</p>
<p>COM/00001422</p>	<p>Complaint upheld regarding lack of acknowledgment to emails and lack of updates may have caused anxiety and distress to customer</p>	<p>To make the service work better, we have put significantly more resource into the team over the Autumn, including new caseworkers and specialist Family Workers. We also continue to actively recruit new permanent Provision Leads. Action for the complaints team is to follow this up and to ensure this is completed.</p>
<p>COM/00001440</p>	<p>To make the service work better, we have put significantly more resource into the team over the Autumn, including new Caseworkers and specialist Family Workers. We also continue to actively recruit new permanent Provision Leads.</p>	<p>To make the service work better (SEN ECHP) we have put significantly more resource into the team over the Autumn, including new Caseworkers and specialist Family Workers. We also continue to actively recruit new permanent Provision Leads.</p>
<p>COM/00001496</p>	<p>As learning from complaint and findings, manager will ensure that, through the Senior Management Team, our Legal and Locality Teams all are reminded of the importance of full genograms in care proceedings and consideration of all extended family links and promoting sibling contact as a priority for children in our care. This will take place through Reflective Practice training in our teams and supervisions. Recently, Dorset have implemented the need for a Child and Family Assessment to be completed annually for each Child In Care and this will be a useful tool to gather all family information and consider contact issues further, aside from the Care Plan and Child In Care Reviews.</p>	<p>Complaints team to query any follow up actions necessary and facilitate by means of an action plan to ensure these targets are met</p>

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COM/00001550	<p>Manager confirmed that Dorset Council are working hard to ensure that they have an increase in Foster Placements and Residential Placements based in Dorset for our children and young people in the future.</p>	<p>There are now twice weekly placement meetings that have been introduced between Senior Managers, Fostering and Commissioning to support more proactive identification of placements and addressing barriers or issues relating to placement searches.</p>
COM/00001695	<p>The Service Manager has spoken to the SENDIASS Officer and reviewed with her in detail how the conversation should have been handled differently. We expect our staff to treat everyone with dignity and respect and she has recognised that she should have behaved in this way towards you.</p>	<p>We will be looking at additional customer services training for our SENDIASS team in early 2022. I know that some offers of support have already been made to you: If you would find it helpful, SENDIASS can offer you a different officer to support and advise you and the Chesil Locality Team could offer you some support for you and your family.</p>
COM/00001782	<p>In relation to lack of communication this is something we will be able to address as we move forward, this was predominantly down to a shortage of staff due to sickness and change of agency staff at the time. We now have SEN PLs in place and are recruiting to the SEN Family Worker roles which will support this.</p>	<p>Team Around the Schools support is being put in place in relation to Stalbridge Primary. SEN Team Manager will be responsible by 28.02.2022</p>
COM/00001085	<p>Manager has contacted the Purbeck Team Manager to discuss the nature of this complaint and to make sure they appreciate the strain the complainants are feeling as they continue to care for the three children.</p>	<p>Manager and Social Worker have reflected on, in going through the terms of the complaint, how they can make sure that they take the time to listen to families' concerns and explain decisions.</p>
COM/00001122	<p>Upheld complaint regarding contact arrangements and communication</p>	<p>Manager has ensured that the social worker, and the rest of the team, are aware of best practice when sharing reports with parents and how they talk to children about issues, as a result of this complaint. Manager has talked to social worker about how important it is for parents to feel that they are being listened to and they have looked at prioritising the social worker's time.</p>
CIC (H)	<p>Information was presented to young person in visual format which proved very effective and will be used in future. Young person had concerns about not being able to contact social worker, so a student social worker was also allocated to him so that he has two workers to communicate with.</p>	<p>With regard to Transition Services, manager stated that there are council wide improvements being implemented by Theresa Leavy across Children's Services to address the lack of placements for young people to move on to.</p>
CIC (LB)	<p>The learning from this complaint will need to be taken forward in the Legal Team and Children's Services to raise the importance of planning earlier when a child wishes to change their name. This will ensure that all</p>	<p>Complaints Team to seek update on action plan</p>

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	documents and ID are in place at age 18 to prevent delay for the young person and to ensure their wishes are heard and acted upon promptly and effectively, between teams and agencies.	
COM/00001496	As learning from complaint and findings, manager will ensure that, through the Senior Management Team, our Legal and Locality Teams all are reminded of the importance of full genograms in care proceedings and consideration of all extended family links and promoting sibling contact as a priority for children in our care	This will take place through Reflective Practice training in our teams and supervisions. Recently, Dorset have implemented the need for a Child and Family Assessment to be completed annually for each Child In Care and this will be a useful tool to gather all family information and consider contact issues further, aside from the Care Plan and Child In Care Reviews.
Stage 2 MY	A full IP report and adjudication letter including high level organisational learnings we provided	The Complaints Team and Children's Services are working on a detailed action plan relating to a Stage 2 investigation to ensure actions follow the lessons

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

Happily the data for 2022-23 seems more complete and indicative of trends but these figures are based only on the 1428 records provided, (up from 1146 last year).

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	2022- 23	2021-22
Gender		
Female	50%	47%
Male	33%	37%
Self described or non binary	1%	1%
Prefer not to say	16%	15%
Sexuality		
Heterosexual	67%	66%
Gay Man	1%	1%
Bisexual	2%	2%
Prefer not to say (selected)	14%	15%
Gay Woman/Lesbian	2%	1%
Left Blank	14%	13%
Age		
16-24	4%	1%
25-34	11%	20%
35-44	15%	15%
45-54	16%	15%
55-64	17%	18%
65-74	17%	12%
75 & Older	6%	10%
Left blank	14%	9%
Religion		
Atheist	2%	3%
Buddist	0%	0%
Christian (including Church of England, Catholic, Protestant and other Christian denominations)	30%	29%
Hindu	0%	0%
Jewish	0%	1%
Muslim	0%	1%
None/no religion	36%	35%
Other	2%	2%
Prefer not to say (selected)	12%	12%
Left Blank	18%	17%
Ethnicity		
Asian or Asian British - Indian	0%	0%
Asian or Asian British - Pakistani	0%	0%
Black or Black British - African	0%	0%
Black or Black British - Caribbean	0%	0%
Mixed Ethnic Background - Other White background	0%	0%
Mixed Ethnic Background - White and Asian	0%	0%
Mixed Ethnic Background - White and Black African	0%	0%
Mixed Ethnic Background - White and Black Caribbean	0%	0%
Not known	0%	0%
Prefer not to say	4%	5%
Traveller of Irish Heritage	0%	0%

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White - British	70%	68%
White - Gypsy or Traveller	0%	0%
White - Irish	0%	1%
White - Other White background	0%	1%
Other	2%	1%
Left Blank	24%	24%
Disability		
Mental Health, Learning Difficulty/Sensory	0%	1%
Mental Health Long Term	2%	1%
Mental Health - Unspecified	2%	3%
Physical Disability - Long Term	4%	10%
Physical Disability - Unspecified	6%	3%

A review of the effectiveness of the complaints procedure

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

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Appendices

Adult's Service Statutory Reporting Requirements

We hope the Infographic provides key information at a glance in a format that allows the Quarters to be directly compared. We include the specific the number of complaints and the manner in which they were considered. We have specified the number of complaints which were justified, and the number referred to the Ombudsman. Complaints should be regarded as an important tool and be performance monitored to ensure the Council can evidence that we are a learning organisation. Compliments should also be valued and communicated effectively to staff. Good practice and learning should be disseminated. These are feedback as soon as we receive them and are highlighted in internal quarterly reporting

Complaint Themes and Subject matter

Q1	Number of Complaints
Service Provision / Quality of Service	20
Disagreement with Decision	7
Finance	9
Customer Service	1
Communication	1
Other	2
Q2	Number of Complaints
Customer Service	4
Data	1
Disagreement with Decision	8
Finance	1
Misconduct	1
Quality of Service	12
Service Provision	10
Other	0
Q3	Number of Complaints
Communication	2
Disagreement with Decision	2
Finance	4
Misconduct	2
Quality of Service	20
Q4	Number of Complaints
Communication	2
Disagreement with Decision	9
Finance	3
Data	2
Quality of Service	20

Annual Complaints Report 2022-23

Learning from Complaints

Dorset Council have collected 28 learning points from 2022-23, a slight increase from the 22 the previous year, with a sampling below:

What we have learned from Complaints	What have we done to improve practice
3240 (LW) Adult Care Learning Disability East	Poor communication Manager is reviewing communication with the team and our Business Support staff to ensure that she is available to those who wish to contact her.
2555 (LW) North Dorset Locality Adult Care	Lack of review of care at care home and poor care received at care home. We seek to review support each year to ensure the support remains appropriate and work through any issues identified. Manager has raised this with the Commissioning Team to ensure this is a clear feature in new contracts and shared the complainant's experience with the Quality Assurance Team who undertake visits to providers to ensure they are working to the standards agreed. The issues raised will form part of the next review with Wisteria.
3301 (LW) Dorchester and West Dorset Locality Adult Services	While previously contacting the locality team complainant had difficulty getting through the automated telephone exchange. Manager has asked our IT team to review the system to ensure it is in working order. We are also in the process of exploring whether the default action when a tone is not received can be to be put through to an operator, rather than to be disconnected.
3501 (BL) Adult Care EAST	Assessment and Support co-ordinator to remain allocated and continue to offer support (though this has been continuously declined in past) and will provide information documents on support groups
3643 (LW) Adult Care Dorchester and West	Duty worker worked with Locality Manager and the Area Practice Manager to identify changes in practice which he has implemented and has continued to utilise since this time. These changes include always reading the case notes prior to taking any action, ensuring full discussions are completed with the ward if we are informed by an agency that a customer has been admitted to hospital and to liaise with the Home First Team.

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		<p>Locality Manager also stated that, as a locality they are also fully aware of the guidance regarding hospital admissions, when to protect packages of care and when they need to be ended.</p>
3095 (LC) Adult Finance	<p>We need a clear policy that staff will follow when placements are offered with the Care South homes on block contract -</p>	<p>Payment of £975 will be made which is the difference between Buxton House and Grove House for 3 weeks</p> <p>We will write a clear policy that staff will follow when placements are offered with the Care South homes on block contract - This will include making sure the person and family are aware of the weekly cost of the placement and what that will mean if the person becomes self funding - note to staff on the learning from the complaint. The intention is that this will be turned into an e-learning package and rolled out over the coming weeks. We have already changed the process and correspondence to address the other learning points.</p> <p>Looking at the history to the Care South block contracts and the contract itself. The department is working with an evidence base from its fair cost of care exercise and has shared the initial findings with Care South as part of the meetings.</p>
3227 (LC) Purbeck Adult Care	<p>I have discussed this with K and obtained a written response from her which is attached. K explained to me the detail that she has expressed in her letter to you and has reflected on this instance so she can improve her practice going forward.</p>	<p>From a council perspective our staff follow guidance from BCP's adults safeguarding board in relation to hoarding and utilise a toolkit and checklist to assess for hoarding, so I have gone through this with the worker for future reference. Unfortunately, it does seem to be a poor choice of language which unfortunately has caused you undue distress.</p>
3604 (DMc) Adults	<p>Sometimes callers are frustrated, angry or upset.</p>	<p>Worker and wider team has reflected on how to respond and strategies to resolve calls amicably.</p>
3573 (LW)	<p>Locality Manager has discussed with the Line Manager the need to inform individuals and their representatives when a worker leaves and ensure we communicate what actions are being taken to put an alternative in place.</p>	<p>Locality Manager has discussed with the Line Manager the need to inform individuals and their representatives when a worker leaves and ensure we communicate what actions are being taken to put an alternative in place.</p>
3573 (LW) Adult Social Care North	<p>Record of phone calls not taken and saved.</p>	<p>Case discussed at Complaints Team Meeting, and it was agreed that record of telephone calls to be kept in W folder and added to Infreemation. Also, team are going to ensure internal deadlines are allocated to complaints to stop them being forgotten and that timely reminders are sent so that cases can be escalated to Senior Manager, if no engagement from Manager</p>

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3972 (LC) East Locality	Allocated worker didn't keep in contact with xxx as she was waiting for a SW to be allocated. Duty worker did however maintain contact.	We are meeting in the New Year to look at change the way PODs work to ensure responsibility is maintained even if workers change.
COM 3859 Housing adaptation (DMc)	Communications between the service user, OTs and personnel at DAHS service often dysfunctional. Issues unrelated to delivery of service caused long delays. Service user did not agree with or understand the limitations of the service or recommended works that would meet the need	Manager of DAHS will proactively flag up cases where SU does not agree with assessment of an OT or specification agreed with the service, which will take the form of a request to set up a case conference with managers to agree a strategy. A leaflet to be designed explaining basic steps in the delivery of DFG service which will compliment the verbal communication given to the SU. Communication to be improved between DAHS and OT service by regular liaison meetings to discuss issues where a client may have different expectations of the service.
3501 (LC)	there is currently a significant pressure in social care following on from the recent pandemic, therefore we have had to prioritise our services for urgent and crisis situations. I apologise that we have not been able to complete a full review of xxxxx support plan since your request.	We have created a waiting list for reviews, starting in October 2022, and xxxxxxxxxxxx is due to be allocated a worker to support with a review in January 2023.
COM 4087 (DMc)	Errors made in handling of the case, such as questions needing to be asked to support their decision around priority need. Lack of communication	Staff training in the new year to address shortfalls in approach currently taken.
COM/3879 (BL) East Locality	Social Worker mislead complainant as to when meeting would take place	Apology issued/SW aware of language used and will be more mindful going forward. Reassessment of subject may be warranted. All parties involved will be advised accordingly.
COM/3708 (LC)	Dorset Council didn't recognise that Mrs C's needs would require CHC.	ASC - CARE REVIEWS - We have created a waiting list for reviews, starting in October 2022, and Ms C is due to be allocated a worker to support with a review in January 2023.
COM/4333 KB	'Blanket' emails sent from a Dorset Council Team address (rather than an individual) can be misleading and cause confusion to the recipient	<ul style="list-style-type: none"> • Correspondence to be proofread prior sending to ensure it is accessible by the recipient • To sign emails off from a person, rather than from a generic team account • Will be covered in a refreshed 'DC Style Guide' released by Comms
COM/3963 KB	Assessment wasn't prioritised, despite client's depleting funds	1. We have identified a worker to handle enquiries relating to capital depletion, in order that people can be seen in a timely way when their funds are reaching £23,250.

Annual Complaints Report 2022-23

	<p>It is not clear whether our Operational Team or our Financial Team offered sufficient information about 12-week property disregard & Deferred Payment Agreements</p> <p>No updates were provided on progress of assessments, unless customer chased the team</p>	<p>2. We have also reminded both operation and finance staff of the need to provide clear information in relation to 12-week property disregard period and well as Deferred Payment Agreements.</p> <p>3. We have reminded staff of the importance of providing regular updates, to clients and their family to ensure that tasks are allocated until completed.</p>
COM 4125 DMc	<p>Delay and lack of continuity in allocating and supporting a social worker. Ineffective communication.</p>	<p>Review how to allocate and prioritise work effectively within the Team. Remind staff of importance of keeping people informed of progress.</p>
COM/3530 LW/KB	<p>There has been learning about the need to ensure everyone involved has the same understanding of how an individual's needs will be met and that the voice of family can inform this. This has also highlighted the need for good communication to manage the expectations on all sides about what can be achieved and roles and responsibilities.</p>	<p>Manager will ensure that this learning is cascaded to Dorset Council's Adult Social Care Teams. This will be achieved through the Joint Specialist and Locality Managers meetings by the end of April 2023.</p>

LGSCO Findings

Complaints for 2022-23 at Dorset Council were up 31% year on year but members should be heartened that of these 1838 complaints only 124 reached the Ombudsman, with 114 leading to a decision, (presumably 10 spurious). Of the 114 decisions only 36 were investigated and 26 of these upheld.

This is very similar to 2021-22s findings where 121 reached the Ombudsman, 32 investigated and 20 upheld. Considering the 31% increase in complaints overall, only a 2% increase in complaints finding the Ombudsman seems a good news story.

Dorset Council met the recommendations in 100% of these cases.

They breakdown as follow:

- Education/Children's - Of the 40 cases investigated – 17 upheld.
- Corporate Services - Of the 11 cases investigated - 2 upheld.
- **Adult Social Care - Of the 11 cases investigated - 4 upheld.**
- **Adult non social care (Housing) - Of the 7 cases investigated – 0 upheld.**
- Planning (Place) - Of the 26 cases investigated – 2 upheld.
- Highways (Place) - Of the 10 cases investigated – 0 upheld.
- Environment/Place - Of the 9 cases investigated – 1 upheld.

Of the 4 upheld cases only 1 resulted in a requirement for a financial remedy of £750:

Pay Mrs Y £750 to acknowledge the distress, time and trouble caused to her and her family by the failings in Mr X's care. This figure is a symbolic amount based on the Ombudsman's published Guidance on Remedies.

People & Health Scrutiny Committee 11 December 2023 Prevent and Channel

For Review and Consultation

Portfolio Holder: Cllr L Beddow, Culture and Communities

Local Councillor(s): All

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

Report Author: Ian Grant

Job Title: Programme Coordinator, Community Safety Team (Adults & Housing)

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Report Status: Public

Brief Summary:

This report has two aims; to provide an opportunity for Elected Members to scrutinise the council's work in compliance with the Prevent Duty 2015 (and subsequent 2023); and to provide an opportunity for Elected Members to scrutinise the council's work in compliance with the Channel Duty Guidance 2020 (and subsequent 2023).

Recommendation:

To consider and comment on the Council's work on Prevent, including the Channel system.

Reason for Recommendation:

To support the Council in its duty to have due regard to the need to prevent people from being drawn into terrorism and ensure it meets its statutory duties and expectations relating to Prevent and Channel. Channel Panels are multi-agency practitioner groups that come together when someone is identified as being at risk of being drawn into extremism.

1. Executive Summary

- 1.1 [Section 26 of the Counter-Terrorism and Security Act 2015](#) places a duty on local authorities in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism.
- 1.2 [The Prevent Duty Guidance for England and Wales](#), which was updated in September 2023, following the release of the Independent Review of Prevent, sets out requirements on local authorities to:
 - Work in partnership to co-ordinate Prevent activity
 - Assess the risk of individuals being drawn into terrorism
 - Develop action plans relating to Prevent
 - Train staff
 - Reduce permissive environments by ensuring council resources are not used to provide a platform for extremists or to disseminate extremist views
 - Collaborate with other councils on Prevent issues
 - Act as priority areas for Prevent (specific councils only)
 - Work with other agencies and organisations supporting children
 - Monitor and quality assure Prevent delivery
- 1.3 Whilst the new guidance does not place new functions on the council, it does reflect current best practice as well as strengthen guidance for councils to follow.
- 1.4 Officers assess progress against Prevent duties each year using the updated '[Prevent Duty Toolkit for Local Authorities](#)' and through an annual benchmarking exercise with officers from the Home Office (Regional Prevent Advisor). The appended benchmarking results demonstrate that Dorset Council is meeting compliance, though some work is ongoing and needs to be regularly updated.
- 1.4 Channel Panels are multi-agency practitioner groups that come together when someone is identified as being at risk of being drawn into extremism. Panels put support packages in place to steer individuals away from extremist activity.

- 1.5 The '[Channel Duty Guidance](#)', which has been updated in October 2023, sets out expectations for local authorities in carrying out their functions in relation to Channel.
- 1.6 Officers assess progress against Channel duties each year using the Home Office 'Annual Assurance Statement' as a guide. The latest assessment shows that Dorset Council is meeting its duties, though some work is ongoing.
- 1.7 Since the last committee update, officers from across the council have worked hard to strengthen the council's response to Prevent and Channel. Some key highlights include:
- Embedding local Channel arrangements.
 - Strengthened assurance processes for the Pan Dorset Prevent Partnership Board.
 - Strengthened local community engagement work, particularly young people, professionals and wider community.
 - Worked with Home Office to help shape national policy.
 - Continued to demonstrate strong compliance.
- 1.6 The Home Office recognises that local authority elected members play a key role in local Prevent delivery. They have published a 'Prevent Elected Members Handbook' that explains the Prevent programme in-depth, helps build understanding and can be used in meetings and when engaging with local communities. Officers are currently working with the Home Office to explore further opportunities to strengthen engagement with elected members.

2 Financial Implications

Financial implications are considered minimal, with work being picked up through existing budget arrangements.

3 Natural Environment, Climate & Ecology Implications

None.

4 Well-being and Health Implications

None.

5 Other Implications

Community safety, as set out in the report.

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

The Council's work on Prevent and Channel is directed by Government legislation and statutory guidance. It is assumed the Government has completed relevant equality impact assessments on these.

8 Appendices

Appendix 1 – Dorset Council Channel Annual Assurance Statement 22/23

Appendix 2 – Home Office Benchmarking Tool 22/23

Appendix 3 – Prevent Elected Members Handbook

9 Background Papers

Prevent Duty Guidance - [here](#)

Prevent duty toolkit for local authorities – [here](#).

Channel Duty Guidance - [here](#)

Home Office e-learning on Prevent - [here](#)

Independent Review of Prevent Home Office Factsheet – [here](#).

CONTEST Strategy – [here](#).

1. Legal Requirements under CTSA 2015

	1.1 A panel is in place for the area (or combined area) with the sole purpose of providing support to those identified individuals who are at risk of being drawn into terrorism.	1.2 Membership of the panel includes the local authority and police for that area which is wholly or partly within the authority.	1.3 Partners of the panel (as listed in Schedule 7 CTSA) act in cooperation with panel in carrying out its functions under section 36(4) CTSA. This includes the giving of information to determine whether an individual should be referred to the panel (section 38(3)). <small>[All references to panel partners comprise those identified by the Channel chair, in addition to partners listed within Schedule 7.]</small>	1.4 Partners of the panel have regard to the Channel duty guidance issued by the Secretary of State.
Green/ Amber/ Red	Green	Green	Green	Green
Please include here any further details behind any amber/red entries or examples of good practice	Single Channel Panel is in place, covering adults and children. Channel Panel meets monthly, even where there aren't live cases, to enable continuity, sharing best practice and learning points.	Single Channel Panel is in place, covering adults and children. Channel Panel meets monthly, even where there aren't live cases, to enable continuity, sharing best practice and learning points. Local Authority and Police (South West Counter Terrorism Unit) attend panel.	Single Channel Panel is in place, covering adults and children. Channel Panel meets monthly, even where there aren't live cases, to enable continuity, sharing best practice and learning points. Partners of the panel include those listed in schedule 7 and this is written in the Panels terms of reference.	Yes partners have regard to the guidance and discuss when making decisions on referrals.
Please include here areas for improvement and timescales for completion				

2. Strategic Governance

	<p>2.1 Channel Panel activity is overseen by a local strategic multi-agency partnership board where Channel is a specified agenda item. The Channel chair attends this board.</p>	<p>2.2 The chair/deputy chair should not hold line management responsibility for officers leading case management delivery and should not hold responsibility for strategic governance to which Channel is accountable</p>	<p>2.3 An escalation process to strategic governance is in place for the Channel Panel. This process is publicised to panel members/partners and referred to in any relevant governance public facing websites</p>
<p>Green/ Amber/ Red</p>	<p>Green</p>	<p>Green</p>	<p>Green</p>
<p>Please include here any further details behind any amber/red entries or examples of good practice</p>	<p>The Dorset CONTEST Board has overall responsibility for the local overview and monitoring of partners implementation of Channel and the wider Prevent duty. Officers in the council with responsibility for Channel / Prevent report to councillors through Dorset Council's People and Health Scrutiny Committee. There are also strong links with the Pan Dorset Prevent Partnership and Dorset Community Safety Partnership (CSP).</p>	<p>The Chair / Deputy Chair do not hold line management responsibility for officers leading case management delivery and do not hold responsibility for strategic governance to which Channel is accountable.</p>	<p>The Dorset CONTEST Board has overall responsibility for the local overview and monitoring of partners implementation of Channel and the wider Prevent duty. Officers in the council with responsibility for Channel / Prevent will report to councillors through Dorset Council's People and Health Scrutiny Committee. There are also strong links with the Pan Dorset Prevent Partnership and Dorset Community Safety Partnership (CSP). Governance arrangements include provision for addressing escalated concerns. Terms of reference are including in Council's constitution, and this includes setting out governance - TOR are publically available via the constitution online.</p>
<p>Please include here areas for improvement and timescales for completion</p>			

3. Chairing skills / core competencies

	<p>3.1 The Chief Executive (or equivalent Head of Paid Service) has designated local authority officers as named chair and deputy chair, details of whom have been provided to HSG. [Changes to designated Channel chairs/deputy chairs must be notified to HSG via Channel@homeoffice.gov.uk]</p>	<p>3.2 The Chair and deputy chair have experience in chairing multi-agency panels and hold sufficient authority to direct multi-agency delivery.</p>	<p>3.3 Chair and deputy chair have a sound understanding of Channel, Prevent and CONTEST strategies.</p>	<p>3.4 Chair and deputy Chair have a degree of separation from any Home Office Prevent funded post in the local authority.</p>	<p>3.5 Chair and deputy Chair are committed to completing training programmes requested by HSG.</p>
<p>Green/ Amber/ Red</p>	<p>a. Named Channel chair and email contact: Paula Golding, Head of Locality & Strategy, b. Named Channel deputy chair and email contact: Julia Ingram, Corporate Director for Adult Social Care,</p>	<p>Green</p>	<p>Green</p>	<p>Green</p>	<p>Green</p>
<p>Please include here any further details behind any amber/red entries or examples of good practice</p>	<p>Dorset Council Channel Panel Chair and Deputy Chair have recently undergone some changes. This includes; •Paula Golding (Head of Localities, Children’s Services) moving from Vice Chair to Chair. •Jon Price (Corporate Director, Commissioning, Adults & Housing) stepping down (as Chair) and Julia Ingram (Corporate Director for Adult Social Care, Adults & Housing) taking on the Vice Chair position</p>			<p>Dorset does not receive any Home Office Prevent funded posts.</p>	<p>Dorset Council Channel Panel received Channel Panel training from the Home Office within the past 6-9 months. Our Channel Chair / Deputy Chairs are committed to undertaking any training required to fulfill the role.</p>
<p>Please include here areas for improvement and timescales for completion</p>					

4. Panel Function

	<p>4.1 The Panel assesses the extent to which identified individuals are susceptible to being drawn into terrorism and creates a support plan to address identified needs.</p>	<p>4.2 The support plan for individuals is kept under review to ensure individual needs are being met in line with identified or changing susceptibilities as identified within the VAF. The panel assesses the impact of its actions or inactions when reviewing the support plan.</p>	<p>4.3 All standing panel members are actively involved in panel discussion, decisions and delivery.</p>
<p>Green/ Amber/ Red</p>	<p>Green</p>	<p>Green</p>	<p>Green</p>
<p>Please include here any further details behind any amber/red entries or examples of good practice</p>			
<p>Please include here areas for improvement and timescales for completion</p>			

n & Form

<p>4.4 Panel meets monthly to oversee all Channel cases in their area where there are live cases for discussion, referrals for decision or case reviews to be undertaken.</p>	<p>4.5 Information is effectively shared between panel members and partners and is facilitated by an information sharing agreement (ISA).</p>	<p>4.6 Consent to receive support is obtained in writing and no later than 3 months after the panel first adopts a case and offers an individual support. Consent is informed, explicit and freely given without coercion or duress.</p> <p>Consent to access Channel support should not feature as part of any process whereby a sanction is imposed for non-compliance (e.g Child safeguarding arrangements, Probation or Youth Offending licence conditions, or court orders)</p>	<p>4.7 The initial VAF is circulated to all relevant panel members and partners in advance of the meeting and are updated by the Channel Case Officer at least every 3 months or when any significant event impacts on the individual's susceptibility to being drawn into terrorism.</p>
<p>Green</p>	<p>Amber</p>	<p>Green</p>	<p>Green</p>
<p>Channel Panel meets monthly even where there aren't any live cases, in order to share learning, best practice and keep up to date on any broader agenda items.</p>			<p>Completed by case officer and provided to Channel admin prior to the meeting who should circulate.</p>
	<p>Personal Information Sharing Agreement has been created and out for consultation / signatory. To be completed within 3 months.</p>		

<p>4.8 Home Office approved Intervention Providers are considered for all cases where support is to be offered and the rationale for their use or preclusion is documented in the minutes.</p>	<p>4.9 The panel, in conjunction with counter terrorism police, keep the safeguarding risk and the terrorism risk under review when considering actions taken or proposed. Mitigating actions to reduce these risks are considered.</p>	<p>4.10 A minute taker (Independent of Channel panel membership) is available at each panel meeting to take minutes, Channel minutes accurately reflect decisions made by the panel and a rationale for those decisions. Draft minutes are circulated to all core panel members for review and are approved by the panel at the following scheduled meeting.</p>	<p>4.11 All adopted cases are reviewed by the panel at least 6 and 12 months after closure which includes police checks, relevant service involvement, change of circumstances (including making family contact where appropriate), concerns arising since case closure and contact with initial referrer.</p>
<p>Green</p>	<p>Green</p>	<p>Green</p>	<p>Green</p>

<p>4.12 Channel panel is proactive in considering families (where appropriate) within the assessment process and the support offer.</p>	<p>4.13 There is a structured, agreed process for providing updates to family members.</p>
<p>Green</p>	<p>Amber</p>
<p>From the implemented friends and family toolkit, there is now an information leaflet that the case officer will hand/send to relevant family members. 2.-A-factsheet-for-friends-and-family.final_.pdf (apps.police.uk)</p>	<p>Panel members will agree which panel member will update family as appropriate, however, further work required to ensure this is formally built into the meeting on the minute template.</p>
	<p>3 momnths</p>

5. Data Protection					
	5.1 Management of data is compliant with the Data Protection Act 2018 and General Data Protection Regulations 2018.	5.2 Local Data Protection Information Notices have been updated to reflect Channel Panel functions and use of personal data.	5.3 Local data protection policies are being followed for Channel data stored locally	5.4 All relevant Channel case documents including minutes, VAFs, Intervention Provider reports and support plans are uploaded onto the HSG approved Case Management Information System.	5.5 All individuals receiving support from Channel are signposted to the Home Office Channel Data Privacy Notice for the HSG-approved Case Management Information System.
Green/ Amber/ Red	Amber	Amber	Amber	Green	Green
Please include here any further details behind any amber/red entries or examples of good practice					The consent form has been in use for some time and this includes the relevant signposting.
Please include here areas for improvement and timescales for completion	Personal Information Sharing Agreement has been created and out for consultation / signatory. To be completed within 3 months.	Personal Information Sharing Agreement has been created and out for consultation / signatory. To be completed within 3 months.	Personal Information Sharing Agreement has been created and out for consultation / signatory. To be completed within 3 months.		

This assurance statement provides an accurate assessment of compliance with Channel panel requirements for the financial year 2022/23, as detailed within the CTSA 2015 and Channel Duty guidance 2020. A commitment is made for those areas identified for improvement to be progressed within the timeframes stated.

The **Local authority Chief Executive/ Strategic Director** needs to electronically sign in the box below **marked with an 'X'**.

Double click on the X below to open the signatory window. The box may automatically let you sign it, which you can do so by using your mouse to scribe your signature. If not, it'll ask you to select an image of your signature, if you already have one please upload. If not, to draw up a signature, open up the Paint app and using the pen/ pencil function draw your signature and save as an image/ photo in your documents. Then please open this form back up again, double click on the signatory 'X' and attach the file in the box specified.

Local authority Chief Executive/ Strategic Director Signatory:

Signed X

Date

Position

Local Authority.....

Please indicate if part of a combined panel.....

Please return completed statements to Channel@homeoffice.gov.uk by **16 June 2023**.

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Prevent Directorate
Homeland Security
Group
Home Office
2 Marsham Street
London
SW1P 4DF

Andy Frost
Service Manager for Community
Safety
Dorset Council

CC: Ian Grant, Programme Co-ordinator

9 May 2023

Dear Andy

Annual Prevent Duty Assurance 2022/2023

I am writing as the Home Office Regional Prevent Adviser for the South West region, covering Dorset.

Section 26 of the Counter-Terrorism and Security Act 2015¹ places a duty on certain specified authorities - including all local authorities in England and Wales, and Scotland - in the exercise of their functions, to have “due regard to the need to prevent people from being drawn into terrorism”. The Act states that the authorities subject to the provisions of the Act must have regard to the Prevent Duty guidance² when carrying out the statutory Prevent Duty. The full list of specified authorities subject to the provisions can be found in Schedule 6 to the Act.

As Regional Prevent Adviser/ Prevent Account Manager my responsibilities include ensuring that all local authorities within a region are meeting the statutory Prevent Duty.

As part of this, the Home Office completes an annual assurance exercise, which includes working with local authority partners to evaluate the extent to which they are meeting the Duty. This process normally includes asking the person with operational responsibility for Prevent within each local authority (i.e. the Prevent Lead or Prevent Coordinator) to complete a self-assessment using the Prevent Local Authority Performance Self-Assessment Tool within the Prevent Duty Toolkit³. This toolkit includes ten benchmarks and a set of performance criteria. The assurance process uses a scoring system based on a scale of 1-5. A score of 3 against a benchmark indicates that that Duty is being met,

¹ [Counter-Terrorism and Security Act 2015 \(legislation.gov.uk\)](http://legislation.gov.uk)

² [Revised Prevent duty guidance: for England and Wales - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

³ [Prevent duty toolkit for local authorities and partner agencies - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

whereas a score of 1-2 indicates that statutory responsibilities are not being met, and a score of 4-5 indicates that the Duty requirements are being exceeded.

Once the Prevent Lead has considered their scoring, I would usually arrange a meeting with the Local Authority Prevent Lead to discuss why certain scores have been applied and may request evidence to support some scores. By the end of this process, we would expect to have a set of agreed scores for your area, and have identified up to three recommended actions, where necessary.

We recognise that every area is different, and that the threat and risk is variable, both in terms of its nature and scale. Our expectations of performance in lower threat areas may be different to a higher threat area where we would expect local authorities to have considered prioritising the delivery of the Prevent Duty, including having dedicated Prevent resource in place.

The scoring also reflects the requirements of the Duty as opposed to an in-depth evaluation of how effective your local authority is in reducing risks from radicalisation and terrorism. This is particularly true of Benchmark 5 given Channel is subject to additional assurance processes, through the Annual Assurance Statement (AAS).

Some benchmarks are more directly related to mitigating the threat e.g. benchmark 1 – *Risk Assessment*, whereas others are more tangential e.g. benchmark 9 - *Engagement*. Therefore, benchmark scores will not be equally important in terms of mitigating the threat, and the importance of meeting some benchmarks will be greater than others.

Please note that benchmark 5, in relation to your Channel Panel, has not been scored as part of this process as an assessment of Channel performance will now be linked to Channel observations, which are completed by separate Home Office Channel Quality Assurance Leads, who may also wish to draw on an assessment of AAS, which has only recently been issued to local authorities for completion.

We are aware that some scores may have decreased from last year despite there being no noticeable decline in performance. This reflects that the Regional Adviser network and performance process last year was new we have taken a more rigorous and consistent process to reviewing performance, including more routinely requesting evidence to substantiate scores.

Summary of Performance

In terms of your performance, overall Dorset Council is exceeding the requirements of the Prevent Duty in most areas and meeting them in some.

The following actions are recommended in order to assist you in responding to the outcome of this process, namely:

1. Utilise the recent Home Office Prevent Communications Toolkit to develop your Communications and Community Engagement Task & Finish Group work programme
2. Ensure that membership of the Prevent Partnership Board includes representatives from the relevant military establishments in the county
3. Ensure that mechanisms are in place for partners to work together to recognise and disrupt any issues or events promoting extremism within the county

I have attached a summary of your agreed scores as an annex to this letter. I would be very happy to discuss these scores in more detail with you, or your wider partnership.

Given that these scores also reflect the performance of your Local Prevent Partnership, I would encourage you to share these scores with your Prevent Delivery Group (PDG), with a view to including any actions resulting from this process in your Prevent Action Plan and report the outcome from this process with your local strategic governance group. In addition, I would encourage PDG representatives from specified authorities to make their senior leadership team aware of this assessment. Please note that we may wish to write directly to Chief Executives in future to ensure that they are aware of how your local Prevent Partnership is performing. As such, you may wish to share this overview with them.

I would like to thank Ian for engaging with this process, including completing and returning the self-assessment, and for their time in discussing their scoring with me. I appreciate that this can be an onerous process, though we know from the feedback we receive from local authorities that this process has been helpful in clarifying the requirements of the Duty, and identifying areas that may need additional attention. It has also been helpful in identifying areas of good practice, which we routinely share with other local authorities to support their own work to build full compliance with the Duty.

We look forward to continuing to work constructively and collaboratively with you over the coming year.

Yours sincerely,

A black rectangular redaction box covering the signature of Andrew Williams.

Andrew Williams
Prevent Regional Adviser



	Benchmark	Score 1-5	Summary of scoring
1	Risk Assessment The organisation has a local risk assessment process reviewed against the Counter Terrorism Local Profile	4	A Situational risk assessment is in place and refreshed annually on the back of the CTLP publication. The CTLP questionnaire is used to gather information from various Council departments and partners, which has been forwarded to CT Police. A summary of the risk assessment and delivery plan is taken to the Councils Senior Leadership Team and a separate report is taken to Scrutiny Committee on an annual basis.
2	Multi Agency Partnership Board There is an effective multi-agency partnership board in place to oversee prevent delivery in the area.	4	There is a pan-Dorset Partnership Board in place, which involves all relevant partners who fall under the Prevent duty. Prevent & Channel champions within the local authority also meet on a regular basis. Dorset Council now provide Vice-Chair role for the Partnership Board. The Strategy is now agreed and driving work through Task & Finish Groups Council Portfolio Holder is involved. There is maybe a need to look at who from military/MoD is involved in the partnership
3	Prevent Partnership Plan The area has an agreed Prevent Partnership Plan.	4	A Delivery Plan in place based upon the CTLP and risk assessments. In the main actions fall to the local authorities and Police. 4 priority areas have been identified: <ul style="list-style-type: none"> • Workforce Development • Education • Community Engagement • Local problem-solving mechanisms The Plan also includes CTLP recommendations. T&F groups are in place to deliver against priority areas.
4	Referral Pathway There is an agreed process in place for the referral of those identified as being at risk of radicalisation.	4	Dorset use the national referral form, which is publicised on websites and through training. There have been increased referrals over the past twelve months and more Channel Panels cases, but this has dropped off recently. The Council have investigated how wider safeguarding issues are addressed within Adults and Children's Services to ensure all referrals are received into the relevant service. This work will continue as the impact from the Independent Review recommendations are introduced nationally and any changes to statutory guidance.
5	Channel Panel There is a Channel Panel in place, meeting monthly, with representation from all relevant sectors.	N/A	

6	<p>Problem Solving Process There is a prevent problem solving process in place to disrupt radicalising influences.</p>	3	<p>Some structures in place to facilitate response to operational issues, such as local resilience forum & operational partnership co-ordinating groups, who understand community tensions and would be able to co-ordinate partnership actions in response to any issues.</p> <p>Mechanisms in place to ensure issues are shared with the relevant teams. This has been identified as a priority within the action plan and discussion are taking place with Neighbourhood Policing around addressing these issues.</p> <p>Prevent is more visible due to sharing of information with senior leadership team.</p>
7	<p>Training Plan There is a training programme in place for relevant personnel.</p>	4	<p>A training plan is being further developed with BCP.</p> <p>Mandatory Prevent training is a requirement for all LA staff and it is also included in induction. Take-up is monitored and completion rates are high.</p> <p>Using the HO online modules, rather than face to face training for the majority of staff whilst safeguarding leads will undertake other Channel & specialist training.</p> <p>Face to face training for Channel Panel members has been undertaken.</p> <p>Looking at what other members of staff need, particularly those without access to IT. DfE resources circulated to relevant staff.</p>
8	<p>Venue Hire and IT Policies There is a venue hire policy in place, to ensure that premises are not used by radicalising influencers, and an effective IT policy in place to prevent the access of extremist materials by users of networks.</p>	3	<p>Venue hire and IT policies are in place for Council buildings and public IT networks. Clauses written into leases and hiring policies for Council owned buildings.</p> <p>Contracts within Children's and Adults all have relevant clauses ensuring that Prevent is embedded into services.</p>
9	<p>Engagement Activity There is engagement with a range of communities and civil society groups, both faith-based and secular, to encourage an open and transparent dialogue on the prevent duty.</p>	3	<p>Through the Prevent Partnership there is some community engagement and also through the Councils' Equalities, Diversity and Inclusion work.</p> <p>A T&F Group has been created to look at this area of work. Plans in place to look at a possible week of action, looking at young people, online risks etc</p> <p>Elected Members are also briefed on Prevent and have an important role in community engagement. Engagement with Town & Parish Councils has also been undertaken.</p> <p>Safeguarding Board are looking at how they engage faith communities in wider safeguarding work.</p>
10	<p>Communications There is a Communications Plan in place to proactively communicate and increase transparency of the reality / impact of prevent work and support frontline staff and communities to understand what prevent looks like in practice.</p>	3	<p>A Communications Plan is being developed for the Prevent Partnership, and some Prevent specific Comms work is undertaken, but currently on an ad hoc basis. The communication plan will detail:</p> <ul style="list-style-type: none"> • Standing calendar of events for raising awareness of Prevent • Annual week of action in the autumn • Updated prevent webpages on the council sites • Updated intranet pages listing LA prevent leads in DC for advice and guidance • Development of a Prevent leads network for sharing advice and reviewing anonymised case studies • Updated programme of training, including face to face • Identifying target groups for engagement and upskilling on Prevent to enable a Trusted Voices approach identifying extremism • Continuation of the BCP/Dorset Prevent newsletter <p>The Council website contains details about Prevent and Channel, including details of how to refer issues of concerns.</p>

Prevent Local Authority Performance Scoring Criteria

Benchmark 1 - Risk Assessment

The organisation has a local risk assessment process reviewed against the Counter Terrorism Local Profile

1. Local authority's Prevent leads uninformed about local threat of radicalisation and terrorism. CTLP not utilised and no local Prevent risk assessment process in place.
2. Prevent risk is described in broader, cross-partner risk assessments. Prevent partnership understanding is limited and relies solely on CTLP to understand risk.
3. Prevent activity is informed by a risk assessment, utilising the CTLP and local understanding. Risk assessment process is limited (e.g. low partnership engagement) and is not widely disseminated.
4. Prevent activity largely corresponds to local threat. Risk assessment process incorporates evidence from a combination of local knowledge, data and the CTLP. LA officers proactively work with police to develop the CTLP. Risk is presented to the Prevent partnership.
5. Risk assessment process clearly integrates all local risks as well as corporate risks such as the risks of not meeting the Prevent Duty. Relevant local partners of appropriate seniority are all aware of these risks and regularly discuss evolving threat and emerging issues. The assessment drives Prevent activity.

Benchmark 2 - Multi Agency Partnership Board

There is an effective multi-agency partnership board in place to oversee Prevent delivery in the area.

1. Little or no governance of Prevent.
2. Only single agency governance of Prevent.
3. Prevent is nominally overseen by a multi-agency group but rarely discussed.
4. Delivery against the Partnership Plan is clearly driven by a multi-agency group, with oversight of referral pathways and Channel. Some ad-hoc partnership work occurs with neighbouring local authorities.
5. There is an effective Prevent Partnership Board (including the use of existing multi-agency forums) driving delivery against the Partnership Plan and is established within the local authority governance structure. There is proactive involvement of a designated elected member and impact of Prevent work (including impact on local communities) is effectively monitored. Local authority Prevent leads share relevant information between Partnership Board and regional Prevent network meetings.

Benchmark 3 -

The area has an agreed Prevent Partnership Action Plan.

1. No Prevent action plan in place.
2. A Prevent action plan exists but is owned by a single agency with no link to risk assessments. Actions have no timeframes or owners and are not regularly reviewed.
3. Multi-agency Prevent plan in place which references recommendations from the CTLP or risk assessment. Actions are reviewed infrequently and owned by one or two individuals.
4. The multi-agency Prevent plan describes statutory obligations. All relevant partners are named and involved in its development. Actions are clearly linked to the risk assessment, have ambitious timeframes and are owned by a broad range of partners.
5. The action plan achieves all of the above and is overseen by the Multi Agency Partnership Board. Partners are regularly held to account for actions. The plan includes progress updates which are disseminated across the organisation and used to inform future delivery.

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Benchmark 4 - Referral Pathway

There is an agreed process in place for the referral of those identified as being at risk of radicalisation.

1. No agreed local process in place for the referral of those who are identified as at risk of being drawn into terrorism.
2. The agreed local Prevent referral pathway is inconsistently applied and little understood by those likely to generate or receive safeguarding referrals. There are frequent delays with identifying Prevent concern and sharing information with relevant partners.
3. Information on the agreed local referral pathway is accessible to those likely to generate or receive safeguarding referrals. Prevent referral processes are not necessarily mainstreamed into regular safeguarding systems. Counter-Terrorism Police are immediately notified of all Prevent referrals for deconfliction.
4. Clear and agreed Prevent referral pathways are understood and utilised by those likely to generate and receive safeguarding referrals. The process complements and functions well with mainstream safeguarding mechanisms. Information on referral pathways is documented and easily accessible. Cohorts likely to generate and receive safeguarding referrals are proactively targeted for training on Prevent referral pathways.
5. Feedback is provided where appropriate to the referrer. Process aligns with mainstream safeguarding systems, ensuring a holistic approach to safeguarding needs. Individuals not supported through Channel are referred on to other multi-agency services where appropriate. The success of referral pathways is reviewed regularly using relevant data, with training plans adapted accordingly.

Benchmark 5 - Channel Panel

There is a Channel Panel in place, meeting monthly, with representation from all relevant sectors.

1. No named chair or deputy. A panel may exist but has not met for a significant period of time.
2. Panel meets occasionally. No terms of reference or other standard operating papers exist. Lack of clarity over the named chair and deputy. Partners rarely attend. Limited use of interventions. Cases not regularly reviewed at 6/ 12 months.
3. Named Channel chair but no deputy. Panel meets sporadically with representation from some partners. Interventions are tailored to the individual. It is sometimes unclear when cases are formally adopted or closed.
4. Panel has a named chair and deputy. Panel functions well and meets regularly with most partners in attendance. Intervention providers and other bespoke interventions are used appropriately. Panel systematically reviews closed cases at 6/12 months.
5. Channel chair and deputy are trained, independent from other Channel roles/ oversight measures, and part of the national network. Panel meets monthly and has clear TOR, uses risk assessment tools, commissions a range of holistic interventions. Accurate record keeping, cases systematically reviewed and timely submission of the annual Quality Assurance Statement.

Benchmark 6 – Prevent problem-solving process

There is a Prevent problem-solving process in place to disrupt radicalising influences.

1. No formal mechanism or strategy in place for identifying and disrupting radicalising influences, including individuals, institutions and ideologies present in the area.
2. Named leads exist but may have a limited understanding of the local risk and mechanisms for disrupting radicalising influencers. Any disruptions activity is solely managed by the police.
3. Established multi-agency mechanisms are in place to identify and disrupt local radicalising influences. Mechanisms align with and involve local police.
4. Local partners, such as local businesses and education establishments, are engaged in the process as required. Information sharing is consistent and effective, including ad-hoc insights provided to the Home Office. Mechanisms and tactics for disruption are tailored to the local need but may include responding to radicalisers who operate via recruitment in public spaces, out of school settings or one-off events.
5. All relevant local partners are fully aware of how to respond tactically to radicalising influences and are involved in the coordination and delivery of the strategy. Detailed and timely local insights are shared with the Home Office. All named leads are trained in disruptions and have suitable security clearance. Deputies are named.

Benchmark 7 – Training

There is a training programme in place for relevant personnel.

1. No Prevent training taking place.
2. Training exists only as signposting to e-learning and is voluntary. No record of those undertaking learning.
3. Suitably experienced trainers undertake face to face sessions which are proactively advertised to all relevant staff. Raw attendee numbers are collated. Links to E-learning are proactively circulated via internal communications. All relevant staff in the partnership and its commissioned services understand when and how to make Prevent referrals and where to get additional support.
4. Suitably experienced trainers undertake face to face sessions. Staff mandated to attend training based upon role in organisation. Training is offered to different teams and sectors (including education) and is successfully tailored to the audience. Records kept of attendance. E-learning targeted at relevant practitioners and attendees asked to retain evidence of completion. All local statutory partners understand when and how to make Prevent referrals and where to get additional support.
5. Strategies in place to identify those requiring training. Prevent training embedded in all staff induction programmes. Plan in place to identify and deliver training jointly with statutory partners, ensuring clear uniformity and reduction in mixed messages. Strategy in place to prioritise cohorts (using Prevent referral source data to justify where possible), upskill others to conduct training, and collaborate with key partners (CTP, Health, Probation). Prevent leads regularly engage with learning & development opportunities.

Benchmark 8 – Venue Hire and IT Policies

There is a venue hire policy in place, to ensure that premises are not used by radicalising influencers, and an effective IT policy in place to prevent the access of extremist materials by users of networks.

1. No regard to Prevent Duty evident in local authority's venue hire or IT policies.
2. Some regard to Prevent Duty evident in the venue hire guidance issued for council owned properties. However, mitigation measures have not been effectively communicated to staff responsible for taking venue bookings. Basic firewall in place for IT systems operating in council buildings.
3. Audit of council-owned venues undertaken to understand and identify risk. Clear policies created for council owned venue hire and included in contracting arrangements. Venue staff have a sound awareness of the local risks and threats. Firewall blocks terrorist content for council staff.
4. Venue hire policies in place for all publicly owned venues and staff responsible for bookings are trained on how to conduct appropriate open source due diligence checks. A directory of all publicly owned venues exists. Information on local risks and threats is shared

across agencies. Events are disrupted where risk and threat are identified. Firewall blocks terrorist content for council staff and IT provision for the public (libraries etc).

5. Information shared, in collaboration with partners such as counter-terrorism police, with all relevant venue staff on local risks and threats. Venue staff are aware of who to contact for additional support or information. Multi-agency tasking is in place to analyse issues and disrupt activity in partnership. Those responsible for other venues (parish councils, faith & community organisations, private sector companies) are encouraged to adopt similar policies. Firewall blocks terrorist content for publicly provided WiFi hotspots. The local authority report concerns to relevant national bodies (Home Office, Department for Education, NHS England).

Benchmark 9 - Engagement activity

There is engagement with a range of communities and civil society groups, both faith-based and secular, to encourage an open and transparent dialogue on the Prevent Duty.

1. No local Prevent-related community engagement taking place.
2. Some community engagement takes place on an ad hoc basis – such as in response to incidents – but no regular programme undergoing with a significant focus on Prevent, and no evidence of join-up with local partners.
3. Community engagement takes place at regular but infrequent standpoints, such as annual events and bi-monthly engagement with key groups. Engagement provides an opportunity for dialogue on Prevent with local citizens, including members of the public and key community figures such as school governors, faith leaders and youth workers. Consistent join-up with local partners, e.g. CSOs, to deliver engagement.
4. Basic engagement strategy in place, with community engagement taking place at regular, frequent standpoints – such as monthly engagement with key groups and two-three roundtable events per year depending on the area's unique circumstances. Strategy reviewed semi-regularly and some join-up with local partners to bolster approach. Prevent Advisory Group or similar permanent structure(s) in place but may not meet regularly and membership not fully representative of the local community. Occasional, ad hoc sessions with elected members. Evidence that engagement is leading to increased awareness and trust in Prevent or removal of other local barriers.
5. Bespoke engagement strategy in place and community engagement is fully embedded in business-as-usual Prevent delivery. Engagement spans community and elected members, and is regularly reviewed and refined to ensure it targets the right audiences and is impactful. Engagement through an established Prevent Advisory Group or similar permanent structure(s) that meets regularly (such as quarterly), allowing sufficient focus on Prevent and which is representative of the local community. Evidence that engagement is leading to significantly increased awareness and trust in Prevent, as well as other bespoke local objectives and/or removal of local barriers.

Benchmark 10 – Communications

There is a communications plan in place to proactively communicate and increase transparency of the reality / impact of Prevent work, and support frontline staff and communities to understand what Prevent looks like in practice.

1. No activity to illustrate local Prevent activity through local authority website, or other channels such as newsletters or social media. No other proactive communications activity.
2. Limited and sporadic activity (e.g. in response to specific incidents) on owned media channels containing reference to the Prevent programme, such as the local authority website, social media or newsletters. Owned media channels are kept updated with accurate contact details. No communications strategy in place and no other proactive communications activity taking place, such as media or resource development.
3. No communications strategy in place but evidence of regular proactive communications activity, such as monthly news stories on owned media channels such as newsletters, and quarterly development of comms materials such as case studies (where possible). Press opportunities are flagged with the Home Office comms team for support and some instances of proactive opportunities being highlighted – such as local achievements. Owned media channels have accurate contact details and detailed information about Prevent.
4. Communications strategy in place that works to set objectives (such as increasing transparency and awareness, or reducing inaccuracies about the programme). Opportunities for positive press are consistently shared with Home Office comms and reactive opportunities are flagged for support. Regular (e.g. monthly) publication of new materials and resources to owned channels, such as newsletters or on the Local Authority website. Owned media channels have accurate contact details and detailed, localised information about Prevent.
5. Extensive communications strategy in place, tailored to local objectives and audiences. Approach reviewed/ evaluated annually or more frequently where appropriate. Strategy is aligned with partners' activity with regular comms join-up, such as sharing each other's resources if applicable. Evidence of comprehensive and regular implementation, such as publication of information through owned media channels – such as statistics, and development of bespoke resources such as videos, where possible. Area volunteers to support national publications and regularly flags opportunities for proactive press to the Home Office.



Home Office

PREVENT

Handbook for Elected Members



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Prevent - Handbook for Elected Members

The purpose of Prevent is to safeguard vulnerable individuals from becoming terrorists or supporting terrorism, by engaging with people vulnerable to radicalisation and protecting them from being targeted by terrorist recruiters.

Prevent uses a similar approach to public health models, which focus on prevention rather than treatment. Focusing solely on confronting ideologies alone will not undermine terrorism. Prevent provides holistic support to address some of the personal and social conditions which make vulnerable people receptive to radicalisation.

Alongside other public-sector bodies such as policing, healthcare and education institutions, Local Authorities play a vital role, and have a legal duty to implement Prevent to protect vulnerable people and manage the threat from terrorism.

As leaders and representatives of local citizens, Elected Members have the reach and understanding to create and maintain meaningful relationships with their communities. Although tackling radicalisation may appear to be distant from the typical day-to-day role of Elected Members, the delivery of Prevent requires the support of local communities, local partnerships and local leaders to be implemented effectively.

This document provides information for Local Authority Elected Members about the context, purpose and implementation of Prevent. It looks at the important role that Local Authorities and Elected Members can play at a local level, and how they can lead the vital work that is necessary to safeguard individuals against radicalisation.



THE UK COUNTER-TERRORISM LANDSCAPE

The Threat

- The UK is currently facing a number of different terrorist threats, ranging from Daesh and Al'Qa'ida-inspired to right-wing terrorism.
- The current level of threat from terrorism in the UK is substantial - which means an attack is considered likely.
- The threat has mainly been caused by Daesh (also known as Islamic State of Iraq and the Levant - ISIL). Their ability to direct, enable and inspire attacks makes the group the most significant global terrorist threat.
- There is also a growing threat from right-wing terrorism. The Government has banned three right-wing terrorist groups - National Action, Sonnenkrieg Division (SKD) and Feuerkrieg Division (FKD).
- Since 2017, there have been nine Daesh-inspired attacks and two right-wing terrorist attacks in the UK. These attacks have resulted in the tragic loss of many lives, as well as severe injuries and psychological impacts for victims.
- Terrorism also represents a huge cost to the country financially, with the direct and indirect costs of the 2017 attacks alone running into the billions of pounds.
- Some online spaces are used by terrorists to spread sophisticated propaganda designed to radicalise, recruit and inspire people, and to incite or provide information to enable terrorist attacks. Since 2010, over 310,000 pieces of illegal terrorist material have been removed from the internet by the Counter-Terrorism Internet Referral Unit (CTIRU), a body set up by the Home Office to help counter the spread of terrorist propaganda online.

CONTEST

- The UK combats the threats from terrorism through CONTEST, the UK's counter-terrorism strategy. The aim of CONTEST is to reduce the risk of terrorism to the UK, its citizens and interests overseas so that people can go about their lives freely and with confidence.
- The most recent version was published in June 2018 as a result of a review of all aspects of counter-terrorism. The review was undertaken to ensure that Britain has the best response to the heightened threat, seen through the attacks in London and Manchester in 2017.

The framework for CONTEST, is made up of four 'P's:

Prevent:

to stop people becoming terrorists or supporting terrorism

Pursue:

to stop terrorist attacks

Protect:

to strengthen our protection against a terrorist attack

Prepare:

to mitigate the impact of a terrorist attack

WHAT IS PREVENT?

The purpose of Prevent is to safeguard people who are at risk of radicalisation and to stop them from being exploited by people who would want them to support terrorism. It is also about building resilience in communities through a variety of projects and civil society organisations.

The Prevent programme uses early intervention to protect individuals and communities from the harms of terrorism. Prevent works in a similar way to programmes designed to safeguard people from other harms, such as gangs, drug abuse, and physical and sexual abuse, by tackling the underlying causes of radicalisation. Intervention support for vulnerable individuals is both confidential and voluntary. Prevent is delivered through a wide network of partners within communities, civil society organisations and public-sector institutions.

Prevent work also extends to supporting the rehabilitation and disengagement of those already involved in terrorism through the Desistance and Disengagement Programme. This programme is a new element of Prevent that provides a range of intensive tailored interventions and practical support, designed to tackle the drivers of radicalisation. Support could include mentoring, psychological support, theological and ideological advice.

PREVENT IS:

- An extension of existing multi-agency safeguarding principles
- Working with communities and local civil society to build resilience to terrorist narratives
- Promoting debate in schools and universities
- Tackling terrorism in all its forms

PREVENT IS NOT:

- A spying mechanism
- Focussed on any particular religion or ethnicity
- Stifling free speech in higher education

Success in Preventing Terrorism

Over 310,000 pieces of terrorist material removed from the internet, since February 2010

203 community based projects were delivered in 2018/19 reaching over **142,000 participants**

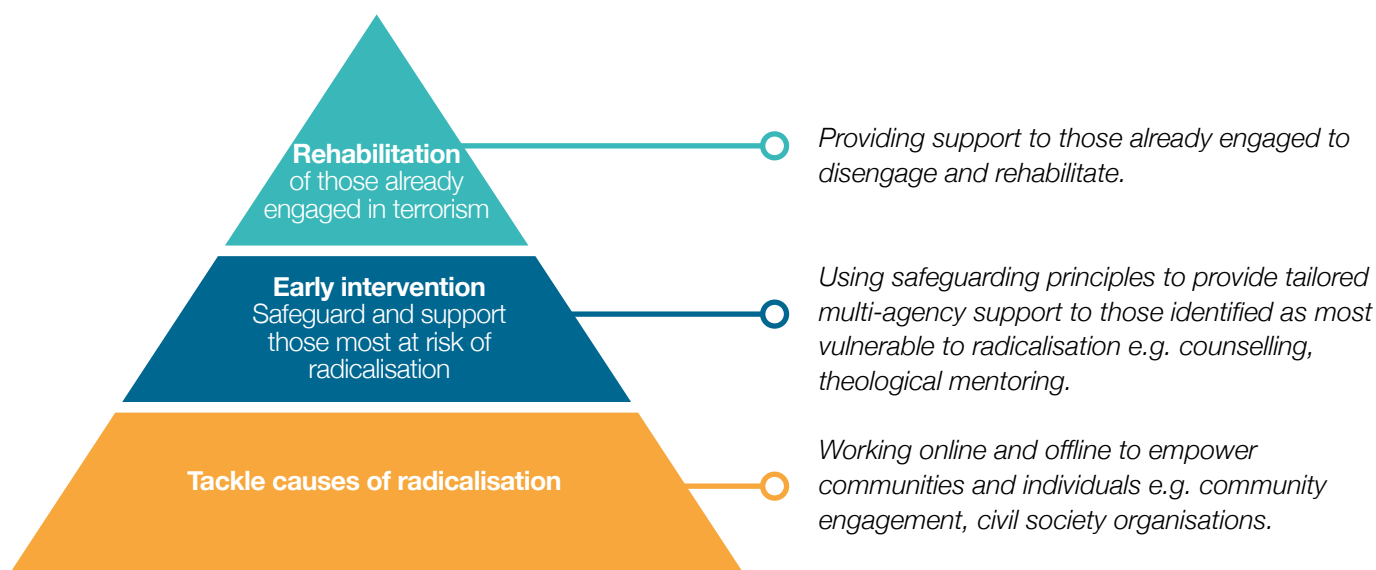
Over 100 children safeguarded by the Courts from being taken to conflict zones in Iraq and Syria since 2015

2,200 people adopted onto Channel since 2012

Prevent training has been completed **over 1.1 million times**

The Prevent Delivery Model

Prevent is risk-based and proportionate. The Prevent delivery model sets out how a broad range of Prevent initiatives tackle both the causes and risk factors that can lead an individual to become radicalised, and directly support those who are at risk through early intervention. Prevent also aims to rehabilitate the relatively small number of higher risk individuals who have already engaged in terrorism.



Tackling the causes of Radicalisation

Civil Society Organisations – what is their role in the delivery of Prevent?

Prevent works with a broad range of civil society organisations. In 2019/20 there were 226 community-based projects across the country with over 142,000 participants, addressing vulnerabilities from social isolation to substance misuse.

These civil society organisations play a vital role in building community resilience to extremist narratives and increase the understanding of the risks of radicalisation across the community. They can be key to providing holistic support to vulnerable individuals.

Case study: Prevent-funded Civil Society Organisations

Kikit Pathways is a Prevent-funded Black, Asian and Minority Ethnic (BAME) specialist drug and alcohol support service that provides a range of services to meet the needs of vulnerable people.

Based in the West Midlands, Kikit work with mosques and communities to provide mentoring and support for individuals who are vulnerable to terrorist recruiters, particularly those suffering problems with drug and alcohol abuse – who can be targeted by recruiters. Kikit then help to establish referral pathways to the relevant safeguarding services, including Channel early intervention support where appropriate, so that individuals can get the assistance that they need.

The project provides specialist practitioner support and tailored mentoring for those exhibiting signs of radicalisation and grievance and, once assessed, beneficiaries are provided with holistic support to reduce their vulnerabilities. Kikit have a strong track record, including in preventing people travelling to Syria to fight for Daesh.



See some examples of the civil society organisations in your local area below:
(Please fill the below section in with examples of civil society organisations in your local area including, who they are, what they do and how they can help vulnerable individuals).

Example 1

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Example 2

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Early Intervention

What is Channel?

Channel is an early intervention safeguarding programme and the element of Prevent which provides bespoke support to children and adults identified as vulnerable to radicalisation, before their vulnerabilities are exploited by terrorist recruiters who would encourage them to support terrorism, and before they become involved in criminal terrorist related activity.

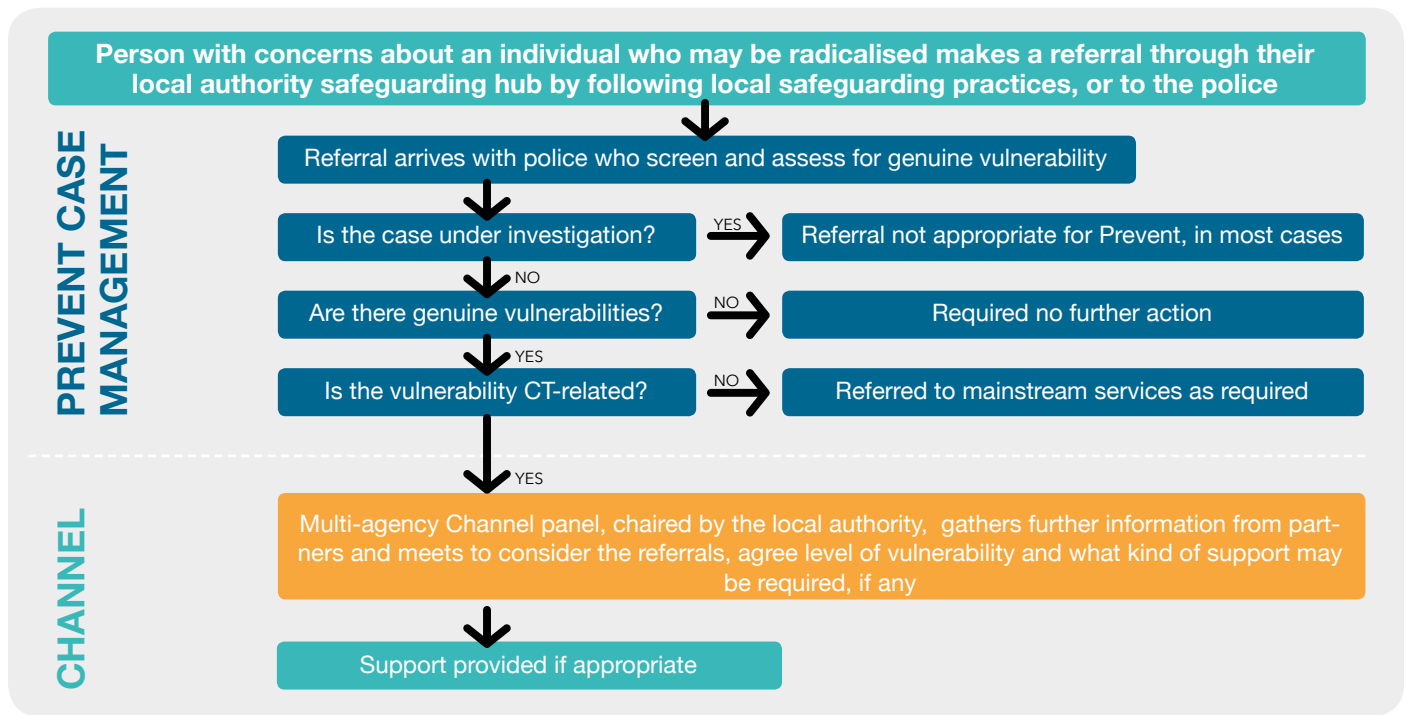
Channel works like other safeguarding interventions, identifying individuals at risk through referral, assessing the nature and extent of the risk and then by developing a support plan for the individual concerned. It is a voluntary and confidential programme.

Channel takes a multi-agency approach, involving a range of partners including the local authority, the police, education, social services, health providers and others to tailor the support plan to the individual's needs.

The type of support available is wide-ranging and bespoke. It can include help with accessing other mainstream services, such as education or career advice, dealing with mental or emotional health issues, drug/alcohol abuse, and theological or ideological mentoring from a specialist Channel Intervention Provider, who works with the individual on a one-on-one basis.

In 2018/19, 561 individuals were adopted as Channel cases nationally. Of these, almost half were referred for concerns related to right-wing extremism, higher than the number who were referred for Daesh or Al Qa'ida-inspired extremism.

In 2018/19, 11% of Prevent referrals came from Local Authorities, while the education sector accounted for 30% and the Police 29%. Of individuals adopted as Channel cases in 2018/19, 88% were male and 66% were aged 20 years or under.



Case study: Channel intervention for 'Leon'

Leon was referred by teachers to Prevent at the age of 15, after searching for extreme right-wing material on the school internet. He had also been disclosing to staff that he felt angry and intimidated because he is a minority in his classes.

Leon disclosed that he hates all Muslims because 'they are all ISIS', and that he was part of an extreme right-wing group on Facebook. He also expressed his interest in football violence and gang culture, and that he felt picked on by teachers.

Through Prevent, a range of actions were undertaken as part of Leon's package of support, including providing mental health services to treat his anxiety and insomnia, a specialist Channel mentor who was able to discuss the origin of his views, and advice on internet safety for his parents. The local Prevent team also helped Leon enrol on the work placement scheme of a national construction company, which included support from a careers mentor, and onto the Premier League Kicks programme with his local football team.

Leon's case was successfully concluded and his behaviour in school noticeably improved, with no further issues of him being involved in anti-social behaviour. His mother expressed her gratitude for the intervention, saying "without the intervention from the Prevent team my son wouldn't be on the path he is now on".



Case study: Channel intervention for 'Misbah'

Misbah came across extremist propaganda online while struggling with his identity as a British Muslim teenager. He started to become supportive of the extremist material he was viewing online as it made him feel part of a bigger cause and gave him the direction he had been lacking.

After making worrying comments in class about terrorism, Misbah's teachers became concerned about him and his vulnerability to radicalisation, and he was referred to the local authority Prevent team.

Through the voluntary and confidential Channel early intervention support, Misbah was offered a specialist mentor who met with him weekly and with whom he discussed a range of issues from theology to his future ambitions.

The mentoring allowed Misbah to gain valuable knowledge and exposed him to new and challenging ideas which he may not have had the opportunity to consider otherwise. Misbah found it easy to relate to his mentor, who had a similar background, and they forged a relationship of mutual trust.

This, coupled with support from a teacher at his school, ensured that Misbah had positive influences which helped him overcome the negative ones, and he was able to reconsider his worldview.

Misbah went on to study interfaith reconciliation at university. He reported that he now has a clear direction in life and is considering a career in counter-extremism after graduation.



Rehabilitation

What is the Desistance and Disengagement Programme?

The Desistance and Disengagement Programme focuses on rehabilitating individuals who have been involved in terrorism or terrorism-related activity and reducing the risk they pose to the UK.

The programme works by providing tailored interventions which support individuals to stop participating in terrorism-related activity (desist) and to move away from terrorist ideology and ways of thinking (disengage). The programme aims to address the root causes of terrorism, build resilience, and contribute towards the deradicalisation of individuals.

The Prevent Duty

The Counter Terrorism and Security Act 2015 introduced the Prevent Statutory Duty. The Duty requires Local Authorities, schools, colleges, universities, health bodies, prisons and probation and police to consider the need to safeguard individuals from being drawn into terrorism, embedding Prevent as a part of their wider existing day-to-day safeguarding duties. The roll out of the Duty has been supported with guidance for each sector and a dedicated training package.

Prevent, Counter-Extremism and Integration

HM Government's Prevent Strategy, Counter-Extremism Strategy and Integrated Communities Strategy all play important roles in tackling terrorism, challenging extremism and building stronger, more cohesive communities that are resilient to divisive narratives. Whilst these strategies are complementary, they each have distinct, separate objectives:

- **The Prevent Strategy** aims to safeguard those vulnerable to radicalisation, to stop them becoming terrorists or supporting terrorism.
- **The Counter-Extremism Strategy 2015** aims to protect the values which underpin our society - the rule of law, individual liberty, democracy, mutual respect, tolerance and understanding of different faiths and beliefs – by tackling extremism in all its forms. It addresses the promotion of hatred, the erosion of women's rights, the spread of intolerance, and the isolation of communities all of which can increase the risk of hate crime.
- **The Integrated Communities Strategy 2018** aims to create communities where people, whatever their background, live, work, learn and socialise together, and where many religions, cultures and opinions are celebrated. This is built upon shared rights, responsibilities and opportunities and underpinned by the shared British values that champion tolerance, freedom and equality of opportunity.

Integrated communities provide an important protective factor against the threat of terrorism, because of the association between support for divisive terrorist narratives and the deliberate rejection of strong and integrated societies. Marginalised communities who do not or cannot participate in civil society are more likely to be vulnerable to radicalisation.

LOCAL AUTHORITY PARTNERSHIP SELF-ASSESSMENT TOOL

As Prevent is largely a locally-led programme, Local Authorities are at the forefront of tackling radicalisation using their local knowledge, expertise and networks. While national Government provides a framework, guidance, support and funding for Prevent, it is essential that local partners develop responses to tackling radicalisation that are tailored to their local area.

To enable effective delivery of Prevent, the Home Office has worked with a range of local partners to produce the Prevent Duty Toolkit. It has been designed to enable Local Authorities to assess Prevent delivery in their local area against statutory requirements and examples of best practice from peers around the country.

All areas are expected to have Prevent plans in place that are proportionate to the local risk – that might mean some areas where the risk of radicalisation is higher should plan to exceed the delivery outlined in the benchmarks below.

Here is a summary of key benchmarks expected of Local Authorities in delivering Prevent activity:

1. The organisation has a local risk assessment process reviewed against the Counter Terrorism Local Profile.
2. There is an effective multi-agency partnership board in place to oversee Prevent delivery in the area.
3. The area has an agreed 'Prevent Partnership Plan' – this is a local delivery plan, developed against an assessment of local risk, which drives activity where it is most needed in an area.
4. There is an agreed process in place for the referral of those identified as being at risk of radicalisation.
5. There is a Channel Panel in place, meeting monthly, with representation from all relevant sectors.
6. There is a Prevent problem solving process in place to disrupt radicalising influences.
7. There is a training programme in place for relevant personnel, mostly frontline staff such as nurses and teachers – so that they understand the signs of radicalisation and the referral process for vulnerable individuals.
8. There is a venue hire policy in place, to ensure that premises are not used by radicalising influencers, and an effective IT policy in place to prevent the access of extremist materials by users of the networks.
9. There is engagement with a range of communities and civil society groups, both faith-based and secular, to encourage an open and transparent dialogue on the Prevent Duty and local delivery.
10. There is a communications plan in place to proactively communicate and increase transparency of the reality and impact of Prevent work and support frontline staff and communities to understand what Prevent looks like in practice.

Full details corresponding to the benchmarks are provided in the Prevent Duty Toolkit, which was published by the Home Office in September 2018 (a web address can be found in the 'Further Information' section of this document).

ROLE OF ELECTED MEMBERS

Elected Members are crucial for successful delivery of Prevent, by overseeing and scrutinising local plans which ensure that citizens are kept safe, and vulnerable people are given safeguarding support from the harms of radicalisation. Elected Members also play a critical role in representing members of their local community. They act as both a voice of local citizens; raising issues and concerns, whilst speaking on behalf of the Local Authority to communicate how policies and programmes operate.

There are three key roles for Elected Members in shaping and delivering local Prevent activity:

1) Leadership and Strategic Direction

Elected members can use their authority and legitimacy to challenge extremist narratives in the community by building community trust and ultimately, community resilience. In this vein, they can work with individuals and the Local Authority to amplify counter messaging to those aiming to harm the community and misrepresent its values through extremism.

Council Leader

The council leader has overall responsibility for setting the strategic direction of Prevent in their area. As a figurehead for the local area, the Leader of the Council has responsibility for ensuring understanding of Prevent services and activities locally. By explaining Prevent's position in the context of wider safeguarding practices, the Leader can become best positioned to talk about Prevent as a vital means to protect people from those looking to harm vulnerable individuals and protect the local community's values. The Leader can also consider the risks, demands and resourcing of Prevent in the broader context of service delivery across the borough.

Portfolio Holder

The portfolio holder with responsibility for Prevent plays a vital role in the delivery of Prevent locally. They ensure that the local authority is fulfilling its statutory obligations in delivering the Prevent Duty, through holding to account officials and supporting those holders of related portfolios (for example, Children's Services or Health) to meet their responsibilities. The portfolio holder should seek to stay updated on the work of the multi-agency partnership boards with responsibility for the governance of Prevent. They can provide advice and insight into how Prevent should be delivered in line with the Council's strategic direction of travel.

2) Community Dialogue

As representatives of their local communities, Elected Members often understand the challenges, tensions and concerns facing the local area. This means that they are well positioned to listen to and raise community concerns, and to be identified as the public face of Prevent delivery for the area. This provides the opportunity for Elected Members to talk to communities openly about Prevent, to listen to their concerns, explain the duty and role of the Local Authority in protecting individuals, and help to raise awareness about referral mechanisms and supportive interventions.

Elected Members should have the confidence and knowledge to engage the community, address concerns and answer questions about Prevent in any forum. By acting as the point of contact between the community and council through ward surgeries, regular emails and general local visibility, Elected Members can help diffuse tensions and misconceptions about Prevent. In some areas, Elected Members chair regular Prevent Advisory Groups; regular community platforms that provide the public with opportunities to play a role in shaping local Prevent plans, plus forums for dialogue.

It is vital that Elected Members understand their local Prevent referral processes in order to give the best advice and assurance to vulnerable individuals, and to those concerned about those individuals. Given this, Elected Members can enhance the number and quality of Prevent referrals from the community allowing an increasing number of vulnerable individuals to be supported.

3) Scrutiny

Elected Members may also consider their role in providing transparency and accountability in delivering Prevent through formal scrutiny procedures. By holding to account the local delivery of Prevent, improvements can be made to implementation, and communities can be reassured by increased transparency.

Elected Members have the opportunity to scrutinise the local implementation of Prevent as part of a Scrutiny Committee - these offer a continuous review and evaluation of local Prevent programmes.



RESOURCES AVAILABLE TO ELECTED MEMBERS

Elected Members should be able to access:

- A version of the local area’s Counter Terrorism Local Profile (CTLTP) and/or the risk assessment based on the CTLTP. The CTLTP is produced primarily by local counter-terrorism policing with input from the Local Authority and provides insight on the local threat picture. The risk assessment based on the CTLTP can be more widely shared and should inform the Prevent Action Plan (see below).
- The Local Prevent Action Plan. This document is informed by the CTLTP and outlines how Prevent is going to be delivered locally, including aspects such as Prevent projects, Channel and community engagement. This plan should reflect the risks highlighted in the CTLTP and risk assessment.
- Prevent training delivered by Local Authority officials specifically for Elected Members. It is best practice that officials provide training opportunities to Elected Members on Prevent. This should not take the same format as WRAP training, which is used for statutory partners.
- Minutes of the multi-agency group responsible for Prevent. In some areas, Prevent may come under the Crime and Disorder group however, others have a group dedicated to Prevent work.

Case study: Luton – Elected Member

Luton Council’s ‘Member Prevent Engagement Group’ (MPEG) provides Elected Member-led support, advice, challenge and scrutiny of the council’s Prevent Board, which coordinates Prevent activity across Luton.

The MPEG is a sounding board on sensitive community issues linked to terrorism and radicalisation and as a conduit for direct and best practice on engagement with local people and institutions whilst being responsive to local and national requirements. The group is chaired by the Prevent Portfolio Holder and is made up of cross-party members.

MPEG’s role is to:

- Advise on Prevent communications and engagement activity, including reviewing plans and messages.
- Participate in engagement on Prevent with local stakeholders.
- Help the Prevent Board to develop counter narrative messages against extremist rhetoric.
- Provide a focal point for Elected Members on Prevent, including support for training and development, as well as Member-Led scrutiny and challenge.



Priority Areas Only

Overview of Prevent Staff in the Local Authority

(Please fill this section in with a list of funded posts in the local area, who is occupying them and their contact details)

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MYTHS AND MISCONCEPTIONS

There are widespread misconceptions surrounding Prevent. These myths do not reflect what the Prevent programme is or how it operates. Some common questions are outlined below:

Does the Prevent strategy target Muslims?

Prevent does not target a specific faith or ethnic group - it deals with all forms of terrorism, including right-wing. Rather, Prevent protects those who are targeted by terrorist recruiters. Although right-wing terrorism is a growing threat, currently the greatest threat comes from terrorist recruiters inspired by Daesh and Al Qa'ida. Prevent will necessarily reflect this by prioritising support for vulnerable British Muslims.

Anyone who is at risk of any type of radicalisation can receive support from Channel. In 2018/19, almost half of those who were adopted as Channel cases were related to right-wing radicalisation, more than those related to Daesh and Al Qa'ida-inspired radicalisation.

Is Prevent doing enough to tackle right-wing extremism?

Prevent is implemented in a proportionate manner that takes into account the level of risk in any given area or institution. In some areas the risk of right-wing terrorism may be significant and Prevent activity will therefore focus on this threat – including protecting those most likely to be vulnerable to it. In 2018/19, 561 individuals were adopted as a Channel case. Of these, almost half were referred for concerns related to right-wing extremism.

Does Prevent encourage spying?

There is nothing in law, in the guidance, or in any form of training that requires, authorises, or encourages any form of spying whatsoever in connection with the Prevent Duty. The Prevent Duty does not require teachers to spy on pupils or to carry out unnecessary intrusion into family life. It is about ensuring that teachers know how to identify behaviour of concern and how to refer pupils who may be at risk of radicalisation for appropriate support.

Does being on the Channel programme mean you get a criminal record?

Being referred or supported by Channel is not any form of criminal sanction; Channel is a safeguarding programme and not a programme to further an investigation. It will have no bearing on a person's education or career prospects.

Isn't the Prevent Duty an attack on freedom of speech in universities?

The right to free speech and protest are cornerstones of British democracy, which the Government has committed to protecting. Universities in particular represent one of the most important arenas for challenging extremist views and ideologies. The Prevent strategy in no way, shape or form undermines this commitment.

In 2019, the Government published guidance to help protect and enhance free speech on campus, to ensure they remain forums for open and robust enquiry. The Prevent Duty explicitly requires further and higher education institutions to have regard to their duty to secure freedom of speech and to have particular regard to the importance of academic freedom.

GLOSSARY

Counter radicalisation – refers to the process of protecting vulnerable people from being drawn into terrorist related activity.

Extremism – is defined in the Prevent Strategy as vocal or active opposition to fundamental shared values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Interventions - projects intended to divert people who are being drawn into terrorist activity. Interventions can include mentoring, counselling, theological support, encouraging civic engagement, developing support networks (family and peer structures) or providing mainstream services (education, employment, health, finance or housing).

Islamism – this term refers to the interpretation of Islam as a utopian model of politics, law and society superior to any other model. Islamists - those that follow the ideology of Islamism - seek to overturn systems based on non-Islamist values, which they consider to oppose their political interpretation of divine law and theology. Islamism is a political ideology and it is wrong to equate it to the Islamic faith.

Radicalisation - refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Right-Wing Extremism – in the UK can be broadly divided into three strands;

- Cultural Nationalism is a belief that Western culture is under threat from mass migration into Europe and from a lack of integration by certain ethnic and cultural groups.
- White Nationalism is a belief that mass migration from the 'non-white' world, and demographic change, poses an existential threat to the 'white race' and 'Western culture'.
- White Supremacism is a belief that the 'white race' has certain inalienable physical and mental characteristics that makes it superior to other races.

Terrorism – an action (defined in the Terrorism Act 2000) that endangers or causes serious violence to a person/people; causes serious damage to property; or seriously interferes or disrupts an electronic system. The use of the threat must be designed to influence the government or to intimidate the public and is made for the purpose of advancing political, religious or ideological cause.

Vulnerability - within Prevent, describes factors and characteristics associated with being susceptible to radicalisation.

FURTHER INFORMATION

Prevent: An Introduction - Home Office produced video explaining how Prevent works

<https://www.youtube.com/watch?v=Otc2eaRY32s&feature=youtu.be>

Prevent Duty Toolkit for Local Authorities and Partner Agencies

<https://www.gov.uk/government/publications/prevent-duty-toolkit-for-local-authorities-and-partner-agencies>

Prevent Duty Guidance for England and Wales

<https://www.gov.uk/government/publications/prevent-duty-guidance>

Channel Guidance

<https://www.gov.uk/government/publications/channel-guidance>

UK Counter-Terrorism Strategy

<https://www.gov.uk/government/publications/counter-terrorism-strategy-contest-2018>

Prevent E-Learning

<https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html>

Freedom of Speech Guidance

<https://www.gov.uk/government/news/free-speech-to-be-protected-at-university>

Let's Talk About It – Counter Terrorism Policing website to provide practical help and guidance to the public in order to stop people becoming terrorists or supporting terrorism.

<https://www.ltai.info/>

Educate Against Hate - Department for Education and Home Office website giving teachers and parents advice and resources on protecting children from radicalisation.

<https://educateagainsthate.com/>

Safe Campus Communities - Provides access and links to a range of guidance, resources and case studies for the Higher Education sector.

<https://www.safecampuscommunities.ac.uk/>





Home Office