



## Health and Wellbeing Board

**Date:** Wednesday, 15 November 2023  
**Time:** 2.00 pm  
**Venue:** A link to the meeting can be found on the front page of the agenda.

**Members (Quorum: 5)**

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

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

For more information about this agenda please contact Democratic Services Meeting Contact 01305 224185 - [george.dare@dorsetcouncil.gov.uk](mailto:george.dare@dorsetcouncil.gov.uk)

Members of the public are welcome to view this meeting, apart from any items listed in the exempt part of this agenda, using the following link: [Link to watch the Health & Wellbeing Board meeting.](#)

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### Agenda

Item		Pages
1.	<b>APOLOGIES</b>  To receive any apologies for absence.	
2.	<b>MINUTES</b>  To confirm the minutes of the meeting held on 20 September 2023.	5 - 8
3.	<b>DECLARATIONS OF INTEREST</b>  To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.	

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

#### 4. PUBLIC PARTICIPATION

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

All submissions must be emailed in full to [george.dare@dorsetcouncil.gov.uk](mailto:george.dare@dorsetcouncil.gov.uk) by 8.30am on Friday, 10 November 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](mailto:george.dare@dorsetcouncil.gov.uk) by 8.30am on Friday, 10 November 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. DORSET AND BCP SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022-23 9 - 36**

To receive a report by the Independent Chair of the Dorset & BCP Safeguarding Adults Boards.

## **8. BETTER CARE FUND 2023-2025: QUARTER 2: QUARTERLY REPORTING TEMPLATE 37 - 54**

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

## **9. NHS HEALTH CHECKS UPDATE 55 - 64**

To receive a report by the Consultant in Public Health.

## **10. HEALTH & WELLBEING BOARD - WORK PROGRAMME 65 - 66**

To consider the Health and Wellbeing Board's work programme.

## **11. 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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## HEALTH AND WELLBEING BOARD

### MINUTES OF MEETING HELD ON WEDNESDAY 20 SEPTEMBER 2023

**Present:** Cllr Jane Somper (Chairman), Patricia Miller (Vice-Chairman), Sam Crowe, Anna Eastgate, Margaret Guy, Theresa Leavy and Simon Wraw

**Present remotely:** Richard Bell, Cllr Cherry Brooks Marc House and Cllr Byron Quayle

**Apologies:** Vivienne Broadhurst, Cllr Spencer Flower, Martin Longley and John Sellgren

**Also present:** Paul Johnson and Cecilia Bufton

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

Rachel Partridge (Assistant Director of Public Health), Claire Shiels (Corporate Director - Commissioning & Partnerships), Jane Horne (Consultant in Public Health), Jonathan Price (Interim Corporate Director for Commissioning), Julia Ingram (Corporate Director for Adult Social Care Operations), George Dare (Senior Democratic Services Officer), Paul Iggulden (Consultant in Public Health), Sarah Sewell (Head of Service - Commissioning for Older People, Prevention and Market Access) and Neil Bacon (Chief Strategy and Information Officer, NHS Dorset).

14. **Apologies**

Apologies for absence were received from Vivienne Broadhurst, Cllr Spencer Flower, Martin Longley, and John Sellgren.

15. **Minutes**

The minutes of the meeting held on 21 June 2023 were confirmed and signed.

16. **Declarations of Interest**

No declarations of interests were made at the meeting.

17. **Public Participation**

There was no public participation.

18. **Councillor Questions**

There were no questions from councillors.

**19. Better Care Fund - 2023-2025 Plan Approval**

The Head of Service for Commissioning for Older People, Home First and Market Access introduced the report and gave a presentation which is attached to these minutes. The presentation included the objectives and framework of the Better Care Fund, the key changes and opportunities within the plan, and outlined the recommendation to the Board.

Board members discussed the report and in particular the inclusion of metrics on falls and how it was linked across the integrated care system. There was a need for more local indicators in addition to the national indicators.

Proposed by Sam Crowe, seconded by Cllr Somper.

**Decision**

That the Better Care Fund Plan for 2023-25 be retrospectively approved.

**20. Birth to Settled Adulthood**

The Corporate Director for Adult Care Operations introduced the report and outlined the Birth to Settled Adulthood transformation programme. This included transition points within the 0-25 age group, creating a pathway for young people and removing barriers for a young person transitioning into adulthood, and creating an integrated model across health and social care organisations.

Board members discussed the report and raised the following points:

- There was a challenge around understanding need and supporting families for young people with neurodiverse needs.
- There was collective agreement for the NHS Joint Forward Plan which had two pillars about children and young people and complex behaviours.
- There were some local metrics in place for the programme.
- Children with complex needs was a target group that would benefit from the programme because they will be identified early.

Board members supported the approach to the Birth to Settled Adulthood programme.

**21. NHS Joint Forward Plan 2023-2028**

The Chief Executive, NHS Dorset, introduced the item. The 5-year forward plan was a requirement introduced by NHS England and in Dorset a system-wide forward plan was created that satisfied the regulator.

The Chief Strategy and Information Officer, NHS Dorset, gave a detailed verbal report on the Joint Forward Plan. He outlined the development of the forward plan and explained the five key outcomes of the plan, which are:

1. To improve the lives of 100,000 people impacted by poor mental health.
2. To prevent 55,000 children from becoming overweight by 2040.
3. To reduce the gap in healthy life expectancy from 19 years to 15 years by 2043.
4. To increase the percentage of older people living well and independently in Dorset.
5. To add 100,000 healthy life years to the people of Dorset by 2033.

Board members asked questions and discussed the report. The following points were raised:

- Whether there was a need to be using 'right weight' rather than overweight.
- It was positive to see there were measurable outcomes, whereas the ICP strategy was to do with culture change.
- For social mobility, there needed to be inclusion in schools.
- Organisations all had a role to play in the wider determinants of health.
- Men and women had different life expectancies and there were unique health issues that affect each of them.
- There was a lack of understanding within the NHS around some serious issues that affect women's health.
- At patient level there was a lack of knowledge and understanding of NHS Dorset.
- In relation to the loss of young people from the county and how that would be mapped against the forward plan, there were discussions with the Department for Education about opportunities and there were apprenticeships through the NHS long-term work programme.
- Resources in the NHS could be used in different ways with a focus on prevention, which would help reduce pressures on the NHS.

## **22. Health & Wellbeing Board - Work Programme**

Board members noted the work programme.

The Chairman informed the Board that there would be an informal discussion following the meeting about the development of the work programme.

## **23. Urgent items**

There were no urgent items.

## **24. Exempt Business**

There was no exempt business.

**Duration of meeting:** 2.00 - 3.56 pm

**Chairman**

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## Health and Wellbeing Board

15 November 2023

## Dorset and BCP Safeguarding Adults Board Annual Report 2022-23

### For Review and Consultation

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

**Local Councillor(s):** All

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

Report Author: Siân Walker McAllister

Job Title: Independent Chair, Dorset & BCP Safeguarding Adults Boards

Tel: 07710 160 856

Email: [sian.walker-mcallister@outlook.com](mailto:sian.walker-mcallister@outlook.com) or via Dorset Business Manager  
Claire.Hughes@bcpcouncil.gov.uk

**Report Status:** Public

### Brief Summary:

The Dorset Safeguarding Adults Board (DSAB) works closely with the Bournemouth Christchurch & Poole Safeguarding Adults Board (BCPSAB). Both boards share an Independent Chair and a Business Team but remain as two separate place-based boards, working together. This arrangement offers efficiencies for partner organisations while enabling each local authority area to retain the ability for place-based working.

The primary role of a Safeguarding Adults Board is to ensure that all public sector agencies work together to ensure that adults with care and support needs in its area are protected from abuse, harm, and neglect; where because of their care and support needs they are unable to protect themselves. The Care Act 2014 sets out that Safeguarding Adults Boards (SABs), should agree a local safeguarding strategic plan and set out in its Annual Report how it has delivered that plan. The Boards also, in commissioning a statutory Safeguarding Adults Review, should ensure that partners demonstrate how they work together so that

lessons learned impact the future delivery of services to those with care and support needs.

The achievements of the Boards, subgroups and member organisations are detailed in this annual report alongside details of referrals of safeguarding concerns to the local authorities. For the purposes of this committee, members may wish to pay particular attention to the Dorset Council data.

The future plans of the Board are set out on page 7 of the Annual Report in a summarised version of our Strategic Plan. The full version can be accessed here:

[Safeguarding Adults Board Strategic Plan 2023-26](#)

DBCP SAB priorities are distilled into three key areas:

- Preventative work in safeguarding
- Seeking assurance on safeguarding practices
- Assurance on delivery of 'Making Safeguarding Personal' (MSP)

With this last priority in mind, we would like to take this opportunity to inform members that an integral part of each Board meeting is a 'safeguarding story' where board member organisations highlight the safeguarding experience of and contact with an individual and how partnership working made a difference to them. Making Safeguarding Personal is primarily about ensuring that people have the opportunity to determine for themselves any safeguarding actions and outcomes.

### **Recommendation:**

That the Health and Wellbeing Board notes the report which informs the committee about how the Safeguarding Adults Board has carried out its responsibilities to prevent abuse and neglect of adults with care and support needs during 2022-23.

### **Reason for Recommendation:**

To offer committee members the opportunity to review and discuss the report and ask any questions that arise.

### **1. Report**

The DBCPSAB Annual Report 2022-23 is attached.

**2. Financial Implications**

The budget contributions for the DBCPSAB are set out on page 4 of the Annual Report and also here for ease of reference.

Dorset Council	£70,000
BCP Council	£70,000
NHS Dorset	£38,745
Dorset Police	£19,404
<b>Total:</b>	<b>£198,149</b>

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

None to note.

**4. Well-being and Health Implications**

The continual support and challenge role of the DBCP SAB with partner organisations will contribute positively to the health and wellbeing of local residents.

**5. Other Implications**

None to note.

**6. Risk Assessment**

None to note.

**7. Equalities Impact Assessment**

The SAB works with partner organisations to ensure that all residents have the same opportunity of receiving services in relation to

safeguarding, without discrimination. The SAB Quality Assurance Subgroup works with data analysts from statutory partners to identify any potential statistical differences in respect of those accessing safeguarding services and any relevant demographic factors.

8. **Appendices**

Appendix 1 – Dorset and BCP Safeguarding Adults Board Annual Report 2022-23.

9. **Background Papers**

[Safeguarding Adults Board Strategic Plan 2023-26](#)

# Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report 2022-2023



***The Safeguarding Adults Boards bring together all public, voluntary and community sector agencies across BCP and Dorset with the aim of working together to protect adults at risk from abuse, harm, or neglect. We achieve this through joined up strategic leadership and collective accountability.***

Welcome to the Dorset & BCP Safeguarding Boards' 2022/2023 Annual Report. We have two separate Boards and combine our governance so produce one Annual Report.

The primary role of a safeguarding adults board is to ensure that all public sector agencies work together to ensure that adults with care and support needs in the area are protected from abuse, harm, and neglect; where because of their care and support needs they are unable to protect themselves. The Care Act 2014 sets out that Safeguarding Adults Boards (SABs), should agree a local safeguarding strategic Business Plan and set out in the Annual Report how it has delivered that plan. The Boards also, in commissioning a Safeguarding Adults Review, should ensure that partners demonstrate how they work together so that lessons learned impact the future delivery of services to those with care and support needs.

During this year, the Board and its subgroups met virtually as well as holding face to face meetings, recognising the immense value of sitting down together to get straight to the heart of safeguarding matters. We held a facilitated development event in March 2023, which gave us the opportunity to review our strategy, identify issues and trends that we need to address as a whole system and for individual partner agencies. We developed a new strategy and plan going forward for the next 3 years.

The Dorset & BCP Safeguarding Adults Boards have continued to seek assurance that the adult safeguarding duties within the Care Act 2014 have remained "everyone's business" and that statutory, voluntary and community services have worked together effectively to prevent and/or protect individuals from abuse and neglect. The Board is concerned to ensure that cooperation and collaboration; working together across agency and organisation boundaries, is maintained. We have seen increased demand for care and support with rising referrals of adult safeguarding concerns, particularly for those people who have suffered self-neglect. We continue to commission Safeguarding Adults Reviews and during this year, concluded and published one review - 'Aziza'. A summary of SAR Aziza is included in this report. We also begun work on several other statutory Safeguarding Adult Reviews and these will be published in 2023/24.

This year saw the culmination of an efficiency review process to consider the governance and structure of the Boards' Business Team. We have begun the implementation of agreed changes with more equitable funding arrangements in place and a planned structure that will enable the Board to fulfil its statutory duties more efficiently and effectively. There will be scope for further changes once the new structure is fully embedded. We have introduced a co-chairing system within our subgroups with the aim of improving resilience of chairing arrangements. As an additional benefit this model affords all statutory partners an opportunity to lead and develop our subgroups and their work.

During the year we worked closely with a number of agencies outside of the formal Board arrangements and met regularly with a group comprising safeguarding leads within further and higher education with the aim of improving their safeguarding partnerships across the wider public sector. We also commenced work with social housing providers and faith groups. All statutory partners worked together through evolving structural change and ensuring business continuity – NHS Dorset evolved its work as it changed from a Clinical Commissioning Group to an Integrated Care Board and we were supported as Dorset Police changed their structures.

Many partner organisations remain challenged by a lack of financial and human resources. This remains a concern, however, partners have mitigated some of the impacts through how they structure and organise service delivery.

Finally, I would like to thank all those who have contributed to safeguarding adults, with dedication, hard work and strong leadership from across our partnership. In particular I would like to thank our Boards' Business Team, who have each contributed significantly to delivery of our work.



Siân Walker-McAllister, Independent Chair

## Safeguarding Adults

Safeguarding adults is about protecting the rights of people with care and support needs to live in safety, free from abuse, harm and neglect.

If you are concerned about a person who is over the age of 18 years, who has care and support needs, and you feel they are being abused or at risk of abuse from another person, you should seek help for them.

**To report a safeguarding concern in the BCP Council area contact:**

**01202 123654**

**During evenings and weekends, telephone 0300 1239895**



**To report a safeguarding concern in the Dorset Council area contact:**

**01305 221016**

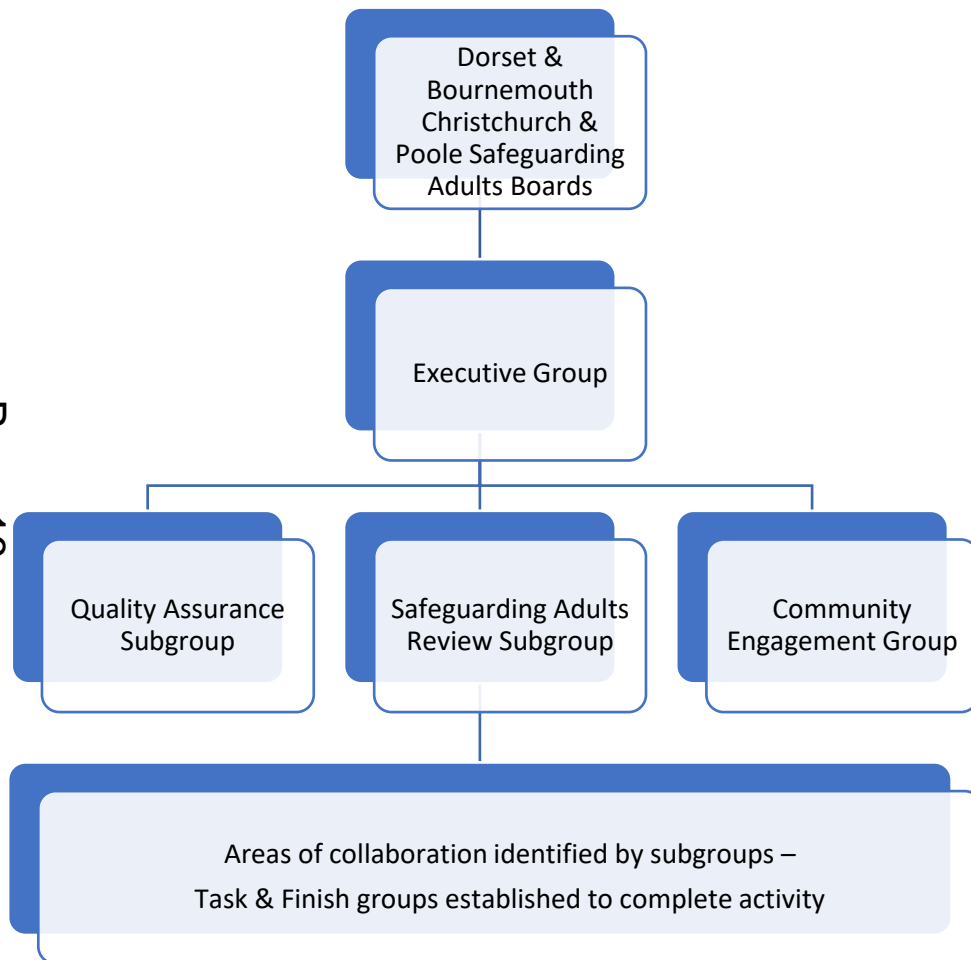
**During evenings and weekends, telephone 01305 858250**



**In an emergency dial 999. If the person is not in danger now, dial 101.**

**If you are not sure what to do, or need some advice, there are people who can help. You can talk to your GP or nurse, a social worker, a police officer or your key worker. They will help you to respond to the concerns.**

# Structure of the Dorset and BCP Safeguarding Adults Boards



## Dorset & BCP Safeguarding Adults Boards Budget 2022-2023



The Dorset & BCP SABs maintain a working budget to enable them to undertake their work and the priorities identified in the business plan. Each year, contributions are received from statutory partners to support this work. During 2022-2023 the two Boards merged the Business Units and subsequently the budgets.

During much of 2022-2023, the Business team was carrying a vacancy for a Business Manager and a Project Officer, resulting in the total spend for staffing being below that projected. During this year the SABs held one in-person event, and so costs for venue hire were minimal. In 2023-24, as more face-to-face events are planned, this will increase spending. It is envisaged that there will be no uplift to partner contributions for 2023-2024.

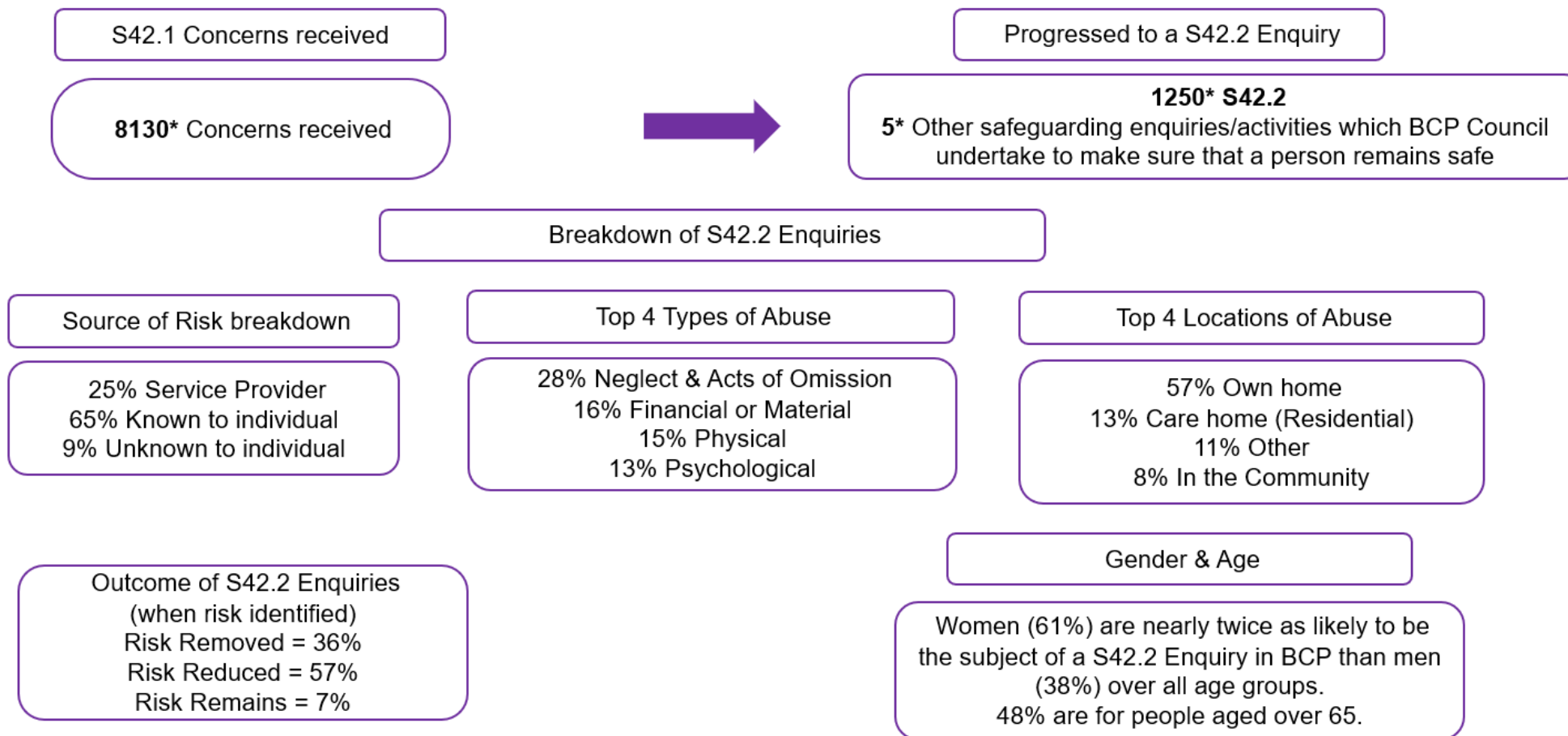
The Dorset and BCP SABs are grateful for the financial support of our partners which enables us to carry out our work.

BCP Council	£70,000
Dorset Council	£70,000
NHS Dorset	£38,745
Dorset Police	£19,404
<b>Total</b>	<b>£198,149</b>



# BCP Council - Safeguarding Activity & Performance Information 2022/23

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## Safeguarding Adult Reviews

During 2022/23 the BCP Safeguarding Adults Board has been conducting two Safeguarding Adults Reviews (SARs). SAR Aziza was published in March 2023, and it is anticipated that further SARs will be published in 2023/24. Multi-agency action plans for each SAR are prepared, and key learning resources developed. In some cases, a statutory SAR is not commissioned and the Board will always look to develop reflective learning, using a variety of different methods across all agencies.

\*Volumes of concerns and enquiries as published in the Safeguarding Adults Collection by NHS Digital [Safeguarding Adults, England, 2022-23 - NHS Digital](#)

# Dorset Council - Safeguarding Activity & Performance Information 2022/23

S42.1 Concerns received

**5270\*** Concerns received

(Top 3 Referral Sources were Residential Care Staff, Domiciliary Care Staff, Primary Health)

Progressed to a S42.2 Enquiry

**305\* S42.2**

**3155\*** Other safeguarding enquiries/activities which Dorset Council undertake to make sure that a person remains safe



## Breakdown of S42.2 Enquiries

### Top 4 Sources of Risk

45% Service Provider – Private sector  
16% Relative/family carer  
11 % Self  
8% Known individual not related

### Top 4 Types of Abuse

51% Neglect & Acts of Omission  
12% Physical  
9% Psychological  
9% Financial

### Top 4 Locations of Abuse

43% Own home  
34% Care home (Residential)  
14% Care home (Nursing)  
4% In the Community

### Outcome of S42.2 Enquiries

(when risk identified)  
Risk Removed = 32%  
Risk Reduced = 66%  
Risk Remains = 2%

### Gender & Age

Women (62%) are nearly twice as likely to be the subject of a S42.2 Enquiry in Dorset than men (37%) over all age groups. There is a sharper increase for women over the age of 75 and over the age of 85.

### Safeguarding Adult Reviews

During 2022/23 the Dorset Safeguarding Adults Board has been conducting two Safeguarding Adults Reviews (SAR). Neither of these SAR's are currently ready for publication but it is anticipated that one will be published in autumn 2023. A multi-agency action plan will be prepared, and key learning resources developed.

## The Dorset and BCP Safeguarding Adults Boards Strategic Plan 2021-2023

Work closely with the Pan-Dorset Safeguarding Children's Partnership and both Community Safety Partnerships to ensure that young people in transition from Children's service intervention are recognised when safeguarding concerns are considered by adult services; and there is good information-sharing between services.		Involve people and communities in the work of the Board to ensure we listen to their voices and enable them to contribute to the design and delivery of our strategic aims and planning processes.
Better understand the significant impact and pressures on commissioning services within health and social care.	Work within the new Integrated Care System/ Integrated Care Board in the context of safeguarding assurance framework	Ensure there is good preventative multi-agency working using a contextual safeguarding approach to support individuals who are homeless.
Continued assurance of the application of learning from SAR's (Safeguarding Adult Reviews) and where appropriate DHR's (Domestic Homicide Reviews) and CSPR's (Child Safeguarding Practice Reviews) where each relate to safeguarding adults.		Enhancing understanding and recognition of domestic abuse and coercive and controlling behaviour and its impact on people with care and support needs.
Develop assurance on the delivery of proposed Liberty Protection Safeguards.	Preventative safeguarding work will continue to be developed with all our partners	Seek assurance that 'Making Safeguarding Personal' (MSP) is understood and the principles are consistently applied.
Improve assurance on delivery of safe practice in private mental health hospitals		Continue to embed 'Think Family' into practice

## What we achieved in 2022-2023

In our strategy we said...	This is what we did
<b>Continued development with partners of preventative work in safeguarding</b>	<ul style="list-style-type: none"> <li>Continued work with the Community Engagement (CEG) subgroup to involve a wider range of people to share information as to how to stay safe.</li> <li>Planned face-to-face meetings with people and groups representing the voice of the 'un-heard' person.</li> <li>Continue working with people from Higher &amp; Further Education establishments to ensure that students and those working in the sector are aware of safeguarding practices and have good links with the wider safeguarding sector.</li> <li>Published two '7 Minute Learning' papers on 'Understanding Homelessness and 'Exercising Professional Curiosity'.</li> <li>Presented information at the Dorset Healthcare Forum for professionals working with people with complex behaviours.</li> <li>Delivered learning at 'Safeguarding Adults Week' with keynote speakers.</li> <li>Developed an Information Pack for Board Members.</li> <li>Attended the Pan-Dorset Safeguarding Childrens Partnership (PDSCP) Executive Development event where priorities were shared with the PDSCP and our two Community Safety Partnerships</li> <li>Delivered a reflective development event with an external facilitator for Board Members which enabled us to reflect on how we evidenced delivery of assurance about adult safeguarding and facilitated discussion on how the Boards can improve on our preventative work, including by analysis of data and by strategic planning.</li> </ul>
<b>Continuing to seek assurance on safeguarding practice across system partners</b>	<ul style="list-style-type: none"> <li>SAR 'Aziza' was published with an Action plan for all agencies.</li> <li>Produced and published a DBCPSAB Training Strategy</li> <li>Reviewed the Boards' business arrangements to ensure effective delivery of our business.</li> <li>Commenced work on aligning Dorset/ BCP data.</li> <li>Updated our Safeguarding Adults Policy &amp; Protocols.</li> <li>Planned and started to deliver a mix of models of board member engagement and working to ensure a renewed energy and commitment to providing assurance on safeguarding after the pandemic. We now also meet in person as well as hold virtual meetings.</li> </ul>
<b>Assurance on delivery of 'Making Safeguarding Personal'</b>	<ul style="list-style-type: none"> <li>QA subgroup oversaw an audit of Making Safeguarding Personal (MSP) resulting in actions for agencies to provide evidence that MSP is embedded in practice - this and other outcomes are being monitored. The findings were presented to the Boards and further actions will be reviewed in 2023.</li> <li>Agreed that delivering MSP will be strengthened through training and development.</li> <li>Focussed on MSP at the Boards' Development Event to ensure both challenge and assurance about how it is delivered.</li> </ul>

## Strategic Plan for 2023-2026 on a page

The Dorset and BCP Boards strategic aim is to ensure adults are safeguarded by empowering and supporting them to make informed choices and decisions (Making Safeguarding Personal).

Preventative work in safeguarding	Seeking assurance on safeguarding practices	Assurance on delivery of 'Making Safeguarding Personal' (MSP).
<b>Prevention Aim:</b> Continued development with partners of preventative work in safeguarding.	<b>Accountability Aim:</b> Continuing to seek assurance on safeguarding practice across system partners.	<b>Partnership working Aim:</b> Assurance on delivery of 'MSP' using a whole family approach.
We will: <ul style="list-style-type: none"> <li>Review learning from SARs from DBCPSAB &amp; other Boards and revisit thematic learning from reviews to inform preventative work with adults with care and support needs.</li> <li>Ensure we always take account of the experiences of people who use services or receive safeguarding interventions.</li> <li>Seek assurance on an annual basis from partners that learning is embedded in the work of all frontline staff in all services in line with our Training &amp; Development strategy.</li> <li>Ensure that the Boards' subgroups are able to provide evidence of system learning and working to deliver preventative work.</li> <li>Ensure there is good multi-agency working with a contextual safeguarding approach to preventative work with people who are homeless.</li> <li>Improve use of data from all partners to enable us to identify trends which influence preventative work across all agencies.</li> </ul>	We will: <ul style="list-style-type: none"> <li>Continuously develop how we receive assurance as governance frameworks evolve across every statutory partner.</li> <li>Ensure data is understood/ used to identify themes for every partner to progress in their safeguarding work; that information and learning is shared across the system.</li> <li>Work in partnership across the safeguarding children and community safety partnerships to ensure that complexities of 'Transitional Safeguarding' are understood well.</li> <li>Seek assurance on delivery of safe and person-centred practice in private mental health hospitals and for all placements of people outside our area.</li> <li>Seek assurance that 'Think Family' practice across all agencies is embedded.</li> <li>Continue to seek assurance on health &amp; social care practice and provider care quality.</li> <li>Seek assurance that the system is working to safeguard people via the new national policing initiative, 'Right Person, Right Care'</li> </ul>	We will: <ul style="list-style-type: none"> <li>Seek assurance from all partners that Making Safeguarding Personal (MSP) is embedded throughout all agencies' safeguarding work. Seeking evidence that people have opportunity to express their outcomes at every stage in their safeguarding journey.</li> <li>Involve people in the work we do – review how we communicate more widely with people and listen to and act upon the voices of those who have experienced safeguarding interventions.</li> <li>Deliver our communication/ engagement strategy to the widest audience with the support of the voluntary and community sector through our Community Engagement Subgroup.</li> <li>Ensure that the Quality Assurance subgroup continues to audit application of MSP and provides data which evidences that application of MSP is embedded.</li> </ul>

## Reports from the Chairs of the Subgroups for 2022-2023

Community Engagement Group (CEG)	<p>Has evolved with an increased membership and consistent attendance at meetings and events, contributing to the strategic plan. It is co-chaired by 2 Voluntary &amp; Community Sector (VCS) representatives from BCP and Dorset Council areas, bringing together a wide range of skills and knowledge of the wider sector in Dorset. A number of new members from the wider VCS have joined, increasing the awareness of safeguarding issues within the community.</p> <p>Is working towards achieving the priorities outlined in the Safeguarding Adult Boards' 2021/24 Strategic Plan and has a focus on preventative work with safeguarding. This involves talking to various groups about how to ensure that people with care and support needs are kept safe.</p> <p>Has received presentations from Dorset Advocacy (now SWAN – Southwest Advocacy Network) and has reviewed the current DBCPSAB website and contributes towards the 7- Minute Learning Tools.</p> <p>Continually refreshes and reviews good safeguarding practices within the VCS and shares these findings and learning within the CEG.</p>
Safeguarding Adult Review (SAR) Subgroup	<p>The Safeguarding Adult Review (SAR) subgroup met on 6 occasions in the year, chaired by senior members of staff Dorset Police and Adult Social Care.</p> <p>SAR 'Aziza' was completed and published:  <a href="https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/safeguarding_adults_review_aziza.pdf">https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/safeguarding_adults_review_aziza.pdf</a></p> <p>Action Plans for SAR Katherine and SAR Aziza continue to be monitored by the SAR subgroup. Information about SAR 'Aziza' is included in this report.</p> <p>The subgroup considered 13 referrals for SARs in 2022-2023. Of these, 4 referrals were identified as meeting the criteria for a SAR and were commissioned – decisions will be made at the end of the process as to whether they are published. A variety of different review models have been utilised to produce reports which will be considered by the Board in the forthcoming year. Learning and training resources will be developed from the SARs and these will be implemented by all partner organisations.</p> <p>Any referrals which did not meet the criteria for a SAR, resulted in ongoing learning being developed within partner organisations and a completed Action Plan considered.</p> <p>The Boards' SAR Policy can be accessed via the following link:  <a href="https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/dbcpsab_sar_policy_updated_september_2021.docx">https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/dbcpsab_sar_policy_updated_september_2021.docx</a></p>

<p>Quality Assurance (QA) Subgroup</p>	<p>The QA Subgroup met on 4 occasions and was co-chaired by senior members of staff from Dorset Council and NHS Dorset.</p> <p>The group has combined intelligence from partner organisations and findings from the National Review of SARs to identify themes for audit. Task &amp; Finish Groups were set up to progress this work.</p> <p>An audit focused on how the principles of ‘Making Safeguarding Personal’ (MSP) were evidenced within agencies’ work with people, was carried out in Autumn 2022 with findings shared with the Board. In over 85% of cases application of MSP was in evidence. Resulting from the audit, practitioners were reminded of the importance of recording MSP outcomes, so this is expected to improve further.</p> <p>There were updates on an innovative new data dashboard which will enable partner organisations and the Board to better understand data - the Dorset Insight and Intelligence Service (DiiS) Safeguarding Dashboard, commissioned by NHS Dorset but not intended for use only by the NHS. Work is ongoing to enable partner agencies to have improved access to this dashboard for cross-referencing information to build a clearer picture of what the data shows, and this will be developed further for use by the group in the next year.</p> <p>The subgroup has been working on challenges to overcome how agencies’ separate data recording systems can support benchmarking and the ability to identify trends. Case management systems can vary significantly, and the subgroup is now able to work proactively to achieve improved data comparisons with thanks to the partner agency data analysts for their continued support. Joint reporting is now possible to assist identifying data on gender and ethnicity as we all primary support reasons where safeguarding concerns have been referred.</p> <p>Work is ongoing to arrange information events for staff on the Multi-Agency Risk Management (MARM) process as a result of audit work carried out by this subgroup in previous years which led to updated guidance being published on the SAB website.</p>
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## **Safeguarding Adult Reviews (SARs) published in 2022-2023**

### **SAR Aziza (published March 2023)**

[https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/safeguarding\\_adults\\_review\\_aziza.pdf](https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/safeguarding_adults_review_aziza.pdf)

#### **Background**

Aziza came to Bournemouth in September 2020 to study animation at university. Very soon after arriving, Aziza's flatmates raised concerns that she was extremely distressed; she had informed the University that she had a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and that she had experienced suicidal ideation since she was 12 years old. The University's 'Wellbeing Service' supported Aziza in respect of her psychological wellbeing and provided practical support with finances, accommodation, obtaining prescriptions and access to statutory services.

Following a risk assessment from the Wellbeing Service, Aziza's GP referred her to the Community Mental Health Team (CMHT) where she was diagnosed with Emotionally Unstable Personality Disorder (EUPD). Aziza was later discharged from the CMHT after missing an appointment and was subsequently re-referred by her GP, as was recommended by the CMHT if required. Over time, the Wellbeing Service was able to help to resolve some of Aziza's social stressors and believed that she was making positive progress. However, in early March 2021, Aziza took her own life.

#### **Key Learning Points:**

- The use of the Multi-Agency Risk Management (MARM) Meetings should be used more widely to avoid discrepancies of understanding between professional organisations.
- When making and receiving referrals for a service, agencies should include information about the preferred method the person wishes to be contacted and if they are difficult to contact.
- Health and mental health partners should review their virtual consultation policies to ensure that where patients are known to be at active risk of self-harm, measures are in place to ensure medical oversight of these issues during periods when appointments regularly take place remotely.

### **Other Safeguarding Adult Reviews which commenced in 2022/2023**

We also commenced 3 other SARs in 2022/ 2023 and anticipate these will be published in 2023-2024. They will be referenced in next year's Annual Report.



## Dorset and Bournemouth, Christchurch and Poole Safeguarding Adults Boards' Membership

The Dorset and BCP Safeguarding Adults Boards are made up of senior representatives from the following agencies:

### Our Statutory Partners



**DORSET  
POLICE**



### Our Board Member Organisations

Local Authority representatives from Dorset and BCP Councils include senior officers from Adult Social Care and Housing as well as Cabinet Members for Adult Social Care.



Probation  
Service



HMP Guys Marsh  
HMP Portland  
HMP The Verne

**BCP Council Adult Social Care, Housing, Commissioning and Operational Services**

**Achievements during 2022-2023**

The Assertive Engagement Team (AET) have supported 'Transitional Safeguarding' by engaging with Children's Social Care (CSC) to produce a report on what the pre-18 preparation and post-18 pathways look like across CSC. The team has attended CSC planning meetings and offered signposting/ advice for young people approaching 18 who are supported by the Complex Safeguarding Team – with some good outcomes.

The Homelessness Intervention Team (HIT) has worked with housing partners to gain grant funding for permanent recruitment of temporary Social Workers. HIT is well established within homelessness services and works assertively with people who are homeless, have multiple needs and are difficult to engage – there are numerous positive outcomes.

A Safeguarding Peer Review was undertaken in March 2023 which focussed on 'Making Safeguarding Personal' (MSP). Positive and constructive feedback was received; the Report cited observation of strengths-based practice.

BCP Council service improvement team (SIT) continues to monitor quality across all commissioned care home and home care providers. Care provider quality in the BCP Council area remains above the national average. The SIT continues to work in close partnership with safeguarding practitioners to identify and support providers of concern.

**What have the challenges been?**

An increase in the number of people who are presenting with mental health distress, but not willing to engage with Homeless Health Team, have resulted in HIT currently bridging that gap.

Care provider recruitment for all staffing roles, particularly in home care services has been a challenge along with the cost pressures. Attendance at meetings from provider care agencies remains inconsistent which impacts on decision making, however the team continue to share information and intelligence and proactively support providers with improvements to prevent escalation of shortfalls.

**Planned work for 2023-2024 to support the SABs' strategic plan**

The AET will further promote Transitional Safeguarding by a representative attending Pan-Dorset Childrens Partnership meetings. The AET plans to increase the engagement with other adult social care teams, to support the awareness of contextual safeguarding and support people who present with more complex needs. The HIT plans to undertake engagement activities with other adult social care teams to provide more peer support, enabling smoother transfers of care and seek to prevent homelessness. The Pan-Dorset Advocacy contract has recently been re-tendered with a new provider taking over the contract in June 2023.

## **Dorset Council**

### **Achievements during 2022-2023**

A significant amount of work has been completed to ensure 'Making Safeguarding Personal' (MSP) principles are embedded and understood and that recording accurately captures conversations. The safeguarding team has attended in-person community events to increase awareness of safeguarding and take opportunities to network. Dorset Council continues to deliver a wide range of safeguarding learning events across the health and social care sector with partners, including our 14th Annual Mental Capacity Act Conference delivered online with over 400 attendees.

The 'Birth to Settled Adulthood' programme (B2SA) aims to improve the transitions pathways for young people moving into their adult lives. A key workstream in this programme is Transitional Safeguarding to ensure risks are managed for those individuals who fall between services or thresholds but are still vulnerable young people.

Our enhanced weekend social work team facilitates hospital discharges for people in need of care and support, working closely with the voluntary and community sector, so avoiding unnecessary delays in hospital which may become safeguarding events. Mechanisms are in place for our quality team and safeguarding team to work preventatively with providers and to promote early intervention to share any concerns, ensure action is taken, or support offered so that services are of the expected standard.

### **What have the challenges been?**

We have seen a significant increase in the reporting of safeguarding concerns over the last two years across all types of abuse categories, with an average of 101 concerns reported each week compared to approximately 80, two years ago.

Ensuring feedback is collected from people who have experienced a safeguarding enquiry is an area for continued improvement, as is understanding the context and mechanisms required to support young people to move safely into adulthood. We are seeking to improve understanding of self-neglect across all age groups and how we can work together effectively to provide the right support at the right time. There are ongoing concerns about contractures and how we can support learning and embed consistent preventative change across the system.

### **Planned work for 2023-2024 to support the SABs strategic plan**

Following the introduction of the Integrated Care System and the Integrated Care Board (ICB) in July 2022, further work is required with other system partners to nurture a more 'county-wide' approach to prevention of abuse and harm and safeguarding. Work is ongoing to ensure that the emerging housing strategy is closely aligned with the 'A Better Life' commissioning strategies – particularly around the housing needs of people with care and support needs. This also links to the 'Homelessness & Rough Sleeping Strategy'. We will increase our safeguarding presence at local community events to raise awareness and how/ where to seek support. We will improve joint working with children's services to promote and deliver a whole family approach to practice and support delivery and implementation of a transitional safeguarding approach for young people moving into adulthood who fall between services.

## **Dorset Police**

### **Achievements during 2022-2023**

In terms of Prevention - we have improved the response to episodes of people who are missing by the creation of 2 place-based Missing Persons Teams (MSTs) within both local authority boundaries. This dedicated resource is focused on improved standards of investigation, improved quality of return interviews and achieved reduction in risk and missing episodes.

In terms of Protection - we have created 2 place-based 'Local Safeguarding Hubs' within the local authority boundaries. This has resulted in a 7-day a week capability to respond to and investigate crimes that impact adults at risk. These include crimes within care homes, modern slavery and human trafficking, forced marriage and honour-based violence. Investigations now receive added value and expert advice from police specialising in these crime types. The local Safeguarding Hubs combine the specialism associated with Child & Adult exploitation to prevent silo working and provide focus on whole family needs and transitional safeguarding of young people from childhood into adulthood.

Learning-through annual 'Vulnerability Training' has focussed on statutory reviews on topics such as Missing Adults, Stalking & Harassment and Domestic Abuse. Part of the training is to ensure that recommendations from reviews are understood by all practitioners, and they are provided with the skills and knowledge to support their continued professional development.

Governance restructuring of Dorset Police into 2 Local Policing Areas in 2021 has evolved further with the introduction of Local Safeguarding Hubs in 2023. Whilst they are in their infancy, these place-based partnership working relationships are already demonstrating a commitment to addressing complex safeguarding issues with a more preventative mindset to addressing issues earlier with the aim of reducing harm in our communities.

### **What have the challenges been?**

The National shortage of Detectives is also felt in Dorset. The offences linked to adult safeguarding are often complex and require the additional skills held by Detectives but at present Dorset Police is carrying several Detective vacancies. Whilst we are optimistic that the benefits of the national uplift programme will be felt in the future it is anticipated there will be challenges in resourcing for a further 2/3 years.

### **Planned work for 2023-2024 to support the SABs strategic plan**

In BCP plans are currently being developed to create a new proposed meeting structure for the multi-disciplinary team to work with Adult Social Care on a list of the most complex adult safeguarding issues and victims. The purpose will be to provide ownership and multiagency solutions to complex problems. Work with partners to commission provision of Independent Domestic Violence Advocates (IDVAs) for all risk levels and for the 'Save Lives' recommendation to outsource the high-risk service currently offered by Dorset Police is going forward.

We also plan to implement the national 'Right Care Right Person' programme which will focus on delivering the most appropriate service for the individual's needs. We will continue to embed and build place-based initiatives to support adults with care and support needs utilising specialist staff from the Local Safeguarding Hubs.

## **NHS Dorset**

### **Achievements during 2022-2023**

NHS Dorset has continued to develop the digital data collection platform (Dorset Insights and Intelligence System – DiiS) to collect data about safeguarding and health inequalities in Dorset.

The organisation has worked with other NHS and social care organisations to make sure the Learning from Safeguarding Adults reviews (SAR) is being put into practice.

The organisation used a SAR from Dorset in training to staff to improve knowledge of coercive & controlling behaviour.

### **What have the challenges been?**

The organisation has asked for a data set to be identified by the Safeguarding Adults Boards (SAB) Quality Assurance sub-group. This is still being developed with this subgroup.

Agreement on how Liberty Protection Safeguards (LPS) will be introduced across Dorset is still to be reached and this will be agreed once the government has indicated when LPS is likely to be introduced,

### **Planned work for 2023-2024 to support the SABs strategic plan.**

NHS Dorset is working with regional NHS organisations to analyse the Mental Capacity Act training and how this can be embedded into our daily work.

The organisation will continue to improve the safeguarding training on offer to staff.

## **NHS England (South West)**

The Safeguarding Team at NHS England (South West) have oversight of the DBCPSAB Board papers however since July 2022 is no longer attending the Board meetings. NHSE (SW) continues to attend the SW Regional Independent Chairs Network and meets with the ICB heads of safeguarding on a regular basis, and produces their own Annual Report which is usually published in the autumn.

The Safeguarding Team and the DBCPSAB Business Team remain in contact for any matters that need to be discussed.

## **Dorset HealthCare University NHS Foundation Trust (DHC)**

### **Achievements during 2022-2023**

DHC enhanced its adult safeguarding arrangements across all service areas - mental health, learning disability and community physical health services. Safeguarding adults remains a priority in service delivery and patient safety.

DHC has:

- Reviewed staff requiring Level 3 Safeguarding training, with more staff now having it as a mandatory requirement.
- Shared the learning from SAR Katherine and SAR Aziza
- Focussed on improving knowledge, skills and practice relating to transitional safeguarding and multi-agency working with those who experience homelessness.
- Highlighted the principles of 'Making Safeguarding Personal' and embedding the 'Think Family' approach.

### **What have the challenges been?**

This year still had its challenges as we moved out of the Covid pandemic. Staff sickness in some areas has been high, with vacant posts adding pressure on the system, including time to complete training. The success of remote working continued although staff moved to work more face to face; this includes for training.

There continues to be an increase in calls to the DHC safeguarding advice line from staff within the Trust. The challenge is capturing data on all systems to identify good practice and gaps.

### **Planned work for 2023-2024 to support the SABs strategic plan.**

DHC objectives for the following year are to:

- Continue to share learning from SARs.
- Audit to identify good practice and areas for improvement.
- Ensure staff apply 'Making Safeguarding Personal' and embedding 'Think family'.
- Improve practice in relation to the Mental Capacity Act 2005.
- Make sure patients on our wards feel and are 'Sexually Safe'.
- Improve data collection and analysis.

**Quality Assurance** - DHC will continue to provide assurance to the DBCP Board that safeguarding priorities are in line with best practice and evidence positive outcomes for families. We will monitor our objectives to ensure they are delivered in line with the Board strategic plans through the Trust's bimonthly Safeguarding Meeting and the Trust's Quality Committee.

## **Dorset County Hospital NHS Foundation Trust**

### **Achievements during 2022-2023**

Through 2022/ 2023, Dorset County Hospital NHS Foundation Trust employees have continued to work within both the preventative and the operational safeguarding agenda.

There has been an emphasis on ensuring the accurate application of the Mental Capacity Act in preparation for the now postponed Liberty Protection Safeguards; the focus being that staff recognised the importance of putting the person at the centre of any decision making.

Dorset County Hospital (DCH) has continued to attend and submit assurance data to the Quality Assurance subgroup.

Significant work has been completed through safeguarding training regarding recognition of the impact of domestic abuse on families and carers through our alignment work with domestic abuse charity 'Paragon'. This has been proven by the increase in enquiries and referrals for victims and potential victims of domestic abuse.

### **What have the challenges been?**

The most concerning issues through 2022/ 2023 have been in respect of reduced levels of health and social care workforce and resources.

### **Planned work for 2023-2024 to support the SABs strategic plan.**

As a Trust our strategic aims are to ensure that our approaches are human centred, co-designed with our communities, whilst also ensuring quality of care delivery for all that use our services. This strategy aligns with the Boards' strategy and safeguarding objectives with the recognition of a person-centred approach. There is a 'whole family' safeguarding lens always considered, but also our acknowledgement of contextual issues that may affect our communities or societal issues that may impact on individuals' ability to keep themselves safe.

As an Acute Health Trust, our priorities remain to safeguard everyone, those with care and support needs that are Care Act defined, and also those that are not, for example, people who are victims of domestic abuse.

The DBCPSAB's preventative priority remains high on the DCH's Safeguarding Team's work plan. This will be implemented through the early recognition of those with care and support needs and effective communication with the people who use services, in respect of sharing the variety of community-based support systems that they can utilise.

## **University Hospitals Dorset NHS Foundation Trust (UHD)**

### **Achievements during 2022 – 2023**

- The Safeguarding Team structure and governance process for the new UHD organisation, post-merger, has now been implemented across the organisation.
- A new e-form has been embedded, for use by professionals for supporting patients with learning disabilities.
- Following a recent CQC inspection UHD received positive feedback about observed safeguarding practices in the emergency departments and maternity services.
- UHD continued to support the wider system safeguarding agenda, working collaboratively with safeguarding partners in health, social care and police.
- An increase in referrals relating to domestic abuse for both patients and staff has been noted. This is linked to the impact of the Domestic Abuse Workers from the domestic abuse charity 'Paragon' working within the hospital in partnership with staff.

### **What have the challenges been?**

- Page 32
- There has been an increase in the number of patients with mental health needs waiting in acute hospital care for placement within mental health services.
  - UHD has seen a rise in patients presenting with challenging behaviours which requires additional resources to manage.
  - The number of patients waiting in UHD for on-going health and social care referrals, or placement post-hospital discharge has risen.

### **Planned work for 2023 -2024 to support the SABs strategic plan**

The key focus of the safeguarding teams at UHD will be to continue to work in collaboration with system partners to meet the system objectives. These will be monitored through our internal governance processes as well as through providing assurance to the Board. In addition, we will ensure that all our staff continue to safeguard people using our services and embrace the 'Think Family' approach through applying professional safeguarding curiosity. For UHD, a key focus for the coming year will be to further our work around care of patients with learning difficulties and neurodiversity.



## **Dorset & Wiltshire Fire and Rescue Service (DWFRS)**

### **Achievements during 2022-2023**

DWFRS has a key role in safeguarding those most at risk. The organisation fully recognises its duty to protect adults and children at risk.

Following our HMICFRS (His Majesty's Inspectorate of Constabulary and Fire & Rescue Services) inspection, which found the service to be 'outstanding' in efficiency, with a 'good' rating across effectiveness and people. We are one of the highest performing Fire and Rescue Service (FRS) in England and the best in the South-West.

An audit was carried out by our Internal Audit Service, to provide assurances around the DWFRS safeguarding arrangements for protecting vulnerable people. The outcomes from the audit were positive, 'A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited'.

We have developed effective partnerships to support risk reduction services to those identified as vulnerable and at risk from exploitation from abuse. We have 148 partnerships which refer vulnerable adults for 'Safe and Welfare' visits where we can identify possible abuse and neglect. Notable partnerships include, for example, Thames and Wessex Water where those at risk are referred to us from the priority services register and Scotia Gas Networks (SGN) and Wales & West utilities, who provide funding for risk reduction equipment for vulnerable users.

We launched a new Home Safety Leaflet with safeguarding paragraph <https://www.dwfire.org.uk/wp-content/uploads/2022/09/A-Safer-Home-A5-Booklet-WEB-Jun22.pdf>

### **What have the challenges been?**

Due to financial uncertainty and new challenges, there has been a restructure of the Prevention Department and a large reduction in the Youth Intervention services we can offer.

### **Planned work for 2023-2024 to support the SABs strategic plan.**

We continue to deliver various national and local campaigns throughout the organisation. Training is ongoing and targets are consistently achieved.

We continue to work with our partners to improve the wellbeing of vulnerable people by helping them with their additional needs and signposting to appropriate help, advice and services as well as helping them with basic crime prevention and signposting.

## **HMP Portland (Prison)**

### **Achievements during 2022-2023**

HMP Portland has introduced a weekly 'Release Planning Meeting' that identifies all prisoners within 12 weeks of release and checks that either accommodation is in place, or appropriate measures have been taken, such as DTR (Duty to Refer) and CRS (Commissioned Rehabilitative Services) to ensure accommodation can be provided as soon as practicable on release.

Those prisoners assessed as vulnerable are prioritised and where gaps are identified, actions are taken from the meeting to provide the necessary support. This involves multi-agency working with the Prison Offender Manager and the Community Offender Manager acting as liaison between prison and community services.

Accommodation in place on release has consistently been in the high 90 percentile for prisoners being released from HMP Portland.

### **What have the challenges been?**

There have been various challenges such as a shortage of staff in the Pre-Release Team with effectively one practitioner working with the entire cohort.

Another significant challenge has been the volume of prisoners who have been recalled to prison and, when not released after a parole board review; released at end of sentence with no Probation supervision and therefore limited support in place.

HMP Portland is committed to working on this area of need to support by expanding the Pre-Release Team to have two full-time and one part-time practitioner and we have a system in place now to identify those prisoners likely to be released without Probation supervision and escalate to a manager in the community when support is not being provided leading up to release.

### **Planned work for 2023-2024 to support the SABs strategic plan.**

Homelessness: lack of suitable accommodation on release has been shown to have a direct impact on mental health, likelihood of reoffending, risk of self-harm, drug and alcohol misuse etc. There are many measures in place within the prison to support vulnerable adults such as the CSIP (Challenge, Support and Intervention Plan), SIM (Safety Intervention Meeting), ACCT (Assessment, Care in Custody and Teamwork) document. However, where support is not there in the community other agencies are hampered when someone has no fixed abode.

CAS3 (Community Accommodation Service level 3) is being introduced in the forthcoming year (June 23) so that all prisoners will have up to 84 nights in basic accommodation provided but unfortunately this will not be available for those men who are released without any supervision from Probation.

## **Dorset Probation Service**

### **Achievements during 2022-2023**

Transitional Safeguarding - We continue to focus on our transitions between the Youth Justice Service to Adult Probation Services to ensure young people's needs are met and they are safeguarded.

Homelessness – We have co-commissioned Housing Navigators in both council areas to develop housing pathways for people on probation. We are introducing a Community Accommodation Service (CAS3) for people leaving prison and have also allocated a Probation Service Officer

Involving People in the Work we Do – We have employed a manager to engage with people on probation.

### **What have the challenges been?**

We continue to have a shortage of trained Probation Officers in the Dorset Probation Delivery Unit; however we have a large cohort of Trainee Probation Officers (PQIPs); these staff develop knowledge in Safeguarding Adults during their training.

### **Planned work for 2023-2024 to support the SABs strategic plan.**

We have made a commitment to staff a Family Safeguarding Hub in Dorset Council Area – this will allow us to support a multi-agency team to address Domestic Abuse in the pre- conviction space.

## **Department of Work and Pensions (DWP)**

DWP in Dorset continues to train staff on safeguarding awareness in particular:

- identifying customers, their families or members of their household at risk of abuse, harm and neglect
- referral procedures to statutory agencies for safeguarding
- general signposting support to non-statutory agencies for help
- training Dorset DWP colleagues to understand and support vulnerable people through domestic abuse, gambling and radicalisation problems
- working with SABs by participation in Boards and the subgroups and contributing to SARs and DHRs

DWP in Dorset, as part of the DWP national approach, is working intensively with its front facing staff who visit the most vulnerable customers to provide an improved service. The main change is management by leaders who are skilled in vulnerable customer support, known as Advanced Customer Support Leaders. These leaders will lead on awareness, training and escalation routes for serious cases.

## A Safeguarding Story

In the previous pages Board members have shared how they have worked towards achieving the Boards' objectives. It is important to answer the 'so what?' question - the context of how this might help safeguard an individual.

Here is a safeguarding story showcasing some of the work involving colleagues from the local authority housing and homeless intervention teams, the police and NHS and how together they made a difference for Paul.

Paul was experiencing homelessness; although placements were identified for Paul he was evicted on several occasions due to behaviour which presented a risk to himself and others. The behaviour was related to alcohol dependency. Paul was assessed and found not to have any severe mental health condition including alcohol related dementia. He had previously been known to the Adult Social Care (ASC) Learning Disability Team but following assessment was deemed not to have a learning disability but to have learning difficulties.

Paul was a vulnerable individual due to these combined issues of learning difficulties, alcohol dependency and anxiety. Whilst sleeping rough he was assaulted which led to the Police raising a Care Act s42 safeguarding concern to Housing, who were able to secure emergency accommodation for Paul. Paul continued to drink alcohol which led to issues in the setting, he presented a risk to himself, to other residents and to the staff working there. An alternative placement was found for Paul. Over time, practitioners from several teams built up a relationship with Paul. They encouraged him to access healthcare and specialist services for people dependent on alcohol. During this difficult time professionals worked together to assess and manage the risks that Paul faced, whilst knowing that not all risks can be removed.

In the following months Paul decided for himself that reducing his alcohol consumption would be a positive step for him. With sustained improvements and the support of practitioners he was accepted for a place on a rehabilitation programme. Paul made the decision to discharge himself from the programme and the police were once again involved in looking for him. Paul continued to engage with the support workers around him and received assistance with finding suitable accommodation through a housing provider. In his new accommodation Paul remained determined to continue to abstain from alcohol. Paul's circumstances after the intervention of practitioners are much more suitable for keeping him safe from abuse and harm.

In his own words Paul said *"When you are in addiction you are in a bubble. I am now one year dry and have my freedom and life back"*.

Thank you for reading our Dorset, Bournemouth, Christchurch & Poole Safeguarding Adults Boards Annual Report 2022-23.

If you would like to get in touch please do so using the following email or telephone contact details:

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## Health and Wellbeing Board

15 November 2023

## Better Care Fund 2023-2025: Quarter 2: Quarterly Reporting Template

### For Decision

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

**Local Councillor(s):** All

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

Report Author: Sarah Sewell

Title: Head of Service for Older People and Prevention Commissioning

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**Report Status:** Public

### Recommendation:

1. To retrospectively approve the Better Care Fund (BCF) Quarter 2 2023/24 Quarterly Reporting Template.

### Reason for Recommendation:

1. NHS England (NHSE) require the Health and Wellbeing Board (HWB) to approve all BCF plans, this is one of the national conditions within the Policy Framework. This includes planning documents at the beginning of a funding period, and template returns reporting progress against the plans mid-year, and at the end of the year.
2. There is usually a relatively short window of time between NHSE publishing the reporting templates and the submission date. NHSE allow areas to submit their plans under delegated authority, pending HWB approval. At the HWB meeting on 12 January 2022 delegated authority to approve BCF plans, if a HWB meeting could not be convened within the NHSE sign off period, was granted to the Executive Director for People – Adults following consultation with the HWB Chair.

3. NHSE published the Quarterly templates during the last week of September 2023, setting a mandatory return date of 31<sup>st</sup> October 2023, therefore submission was made on behalf of Dorset Council and Dorset NHS in line with delegated approvals. Retrospective approval is therefore sought from the Board at its meeting on 15<sup>th</sup> November 2023.

## **1. Report**

- 1.1 The Quarter 2 Quarterly Report is a single document (Appendix A) that consists of several elements:
  - 1.1.1 Confirmation that National Conditions are being implemented
  - 1.1.2 Reporting of local performance against the BCF Metrics in Q1 and Q2
  - 1.1.3 Narrative against Capacity and Demand Assumptions
  - 1.1.4 Refresh of Capacity and Demand Data for November 23 to March 24
- 1.2 In 2023/24 the BCF provides Dorset with total funding of c.£146m.
- 1.3 The Dorset health and social care landscape continues to challenge performance; Dorset are on track to meet 2023/24 targets for:
  - 1.3.1 Avoidable Admissions
  - 1.3.2 Discharge to Normal Place of Residence
  - 1.3.3 Falls
- 1.4 Performance is not on track for:
  - 1.4.1 Rate of Permanent Admissions to Residential Care
  - 1.4.2 Reablement
- 1.5 Performance in relation to permanent admissions to residential care is an area Dorset Council have been closely analysing as despite an improving availability of homecare, admissions were higher than was expected. Over the last 6 months, the rate of admissions appears to have slowed from the strong trajectory seen over the 18 months prior.
- 1.6 This measure tracks only new admissions and does not account for overall movement in the care home population. Analysis shows that whilst it appears there is an increased need for Care Home beds, the DC funded care population has remained stable. Care Home occupancy (from Capacity Tracker) is around 85% of available beds which suggests that current CH capacity is not under

pressure. Permanent admissions are occurring due to movement from Community ASC (home), hospital discharge and capital depletion.

- 1.7 Close monitoring of this indicator continues as business as usual within Dorset Council Adult Social Care.
- 1.8 In relation to Reablement performance, the availability of therapy support continues to challenge our ambitions for Reablement in Dorset. Collaborative work across the System is ongoing, with proposals in train to attract therapists that can be dedicated to support implementation of therapy led Reablement. We continue to utilise Dorset's bedded Reablement capacity as a route to support individuals requiring more significant care at home as a step-down option prior to being supported at home. This supports a journey of recovery to more resilient independence, reducing re-admission risks. Again, this is being kept under close review by Dorset Adult Social Care as business as usual.
- 1.9 Despite performance against the above metrics being off target, there are related achievements for Dorset to be proud of. As described in Appendix A our ongoing implementation of a Discharge to Assess Model is enabling more people to be supported home from hospital more swiftly, with local home care market recovering during the last year and now offering sufficiency to support flow out of intermediate care pathways onto long term care where needed.
- 1.10 Capacity and Demand data has been refreshed, although this is an area that Dorset have requested additional support from the National Team. Initial conversations are scheduled with BCF Team in early November.
- 1.11 Despite there being some gaps in capacity to meet anticipated demand, Dorset has a strong narrative around our collaborative System approach, particularly to embedding Discharge Assess which provides System Resilience. Whilst Winter will undoubtedly challenge the Dorset System, our quarterly report evidences our plans to support and respond to pressures.

## **2. Financial Implications**

- 2.1 The Council and Dorset NHS are required to work within the financial envelope and to Plan, hence continuous monitoring is required. Joint commissioning activity and close working with System partners, including Acute Trusts, allow these funds to be invested to support collective priorities for Dorset.
- 2.2 The Joint Commissioning Board of the Council and Dorset NHS continue to monitor BCF budgets and activity for 2023-25 Plan.

## **3. Environmental Implications**

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

#### **4. Well-being and Health Implications**

- 4.1 Allocation of the BCF supports individuals with health and social care needs, as well as enabling preventative measures and promoting independence.
- 4.2 Dorset, like many other areas across the South West and nationally, is continuing to experience many challenges in providing and supporting the delivery of health and social care. For Dorset, as referenced above, one of the highest risks continues to be the challenge brought about by lack of therapy led care and support.

#### **5. Other Implications**

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

#### **6. Risk Assessment**

- 6.1 Dorset Council and Dorset NHS officers are confident the BCF Quarterly Report provides appropriate assurance and confirm spending is compliant with conditions.
- 6.2 The funds provide mitigation of risks by securing continuation of essential service provision and provides preventative measures to reduce, delay and avoid demand.
- 6.3 Dorset is actively working to alter approaches that enable enhancement of provision to mitigate risks, and promote recovery, regaining and maintaining of independence.

#### **7. Equalities Impact Assessment**

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

#### **8. Appendices**

A: Better Care Fund 2023-25: Quarter 2 Quarterly Reporting Template

#### **9. Background Papers**

[2023 to 2025 Better Care Fund policy framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/better-care-fund)

Health & Wellbeing Board, 20<sup>th</sup> September 2023, Item 6 : [Better Care Fund report.pdf \(dorsetcouncil.gov.uk\)](#)



## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 1. Guidance for Quarter 2

#### Overview

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

The key purposes of BCF reporting are:

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

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

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

#### Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

#### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

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

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

#### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) and copying in your Better Care Manager.

#### 2. Cover

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

#### 3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

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

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

#### 4. Metrics

The BCF plan includes the following metrics:

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

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

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

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

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

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

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

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

#### 5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March 2024.

This section is split into 3 separate tabs:

##### 5.1 C&D Guidance & Assumptions

Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data issues.

##### 5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

##### 5.3 C&D Community

Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.

If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update our records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.



HM Government



## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 2. Cover

Version 3.0

#### Please Note:

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

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Dorset
Completed by:	Sarah Sewell
E-mail:	<a href="mailto:sarah.sewell@dorsetcouncil.gov.uk">sarah.sewell@dorsetcouncil.gov.uk</a>
Contact number:	01305 222156
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No
If no, please indicate when the report is expected to be signed off:	Wed 15/11/2023

<< Please enter using the format,  
DD/MM/YYYY

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 3. National Conditions

Selected Health and Wellbeing Board:

Dorset

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

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

#### Checklist

Complete:

Yes

Yes

Yes

Yes

# Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

## 4. Metrics

Selected Health and Wellbeing Board:

Dorset

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

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

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

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	152.0	125.7	133.8	118.3	128.5	On track to meet target	Total of 3,058 avoidable admissions recorded in 22/23, representing increase in activity over the last 2 year as we recover from pandemic. Aim to reduce levels by 1% during 23/24, to pre pandemic levels. Q1	NHS Dorset has commissioned NAPC to support the system with the development of an Out of Hospital Integrated Care Framework that will build on our multi-disciplinary Health and Social Care approach
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.0%	92.0%	92.0%	92.0%	91.11%	On track to meet target	23/24 plan to achieve 92.0% each quarter (overall average for 22/23) Overall performance remains consistent with Q1 23/24 at 91.1% slightly below the desired target, ICS focus remains support various	The development of the ambitions as detailed in the Local plan have commenced and is work in progress across the Dorset ICS. We are continuing to develop our recovery-focused intermediate care (Home
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,401.2	424.5	On track to meet target	Maintain 22/23 outturn, using local logic based on SUS dataset - to account for data quality and ensuring consistency in data capture via Acute PAS systems. Latest Q1 figures are inline with trend over the last 2	As indicated within the Local Plan submission, we expect Year 2 will deliver the full ambitions. We continue to develop our models of care across Dorset to support those who are at
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				371		Not on track to meet target	** As per previous returns the population data in this template is incorrect *** (denominator should be 112,275, ONS census data 2021) Plan for 2023/24 is 429.*****This has been raised with BCF	BCF investment in Pathway 1 is providing capacity to support more people home wherever appropriate. Therefore, the need to use residential placements as a temporary alternative to getting a person
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				84.9%		Not on track to meet target	Performance for the rolling year to Qtr 1 is 78.7%, Performance for Qtr 2 is 78.5% Availability of therapy support continues to challenge our ambitions for Reablement in Dorset. Collaborative work across the	Dorset continues to develop the Discharge to Assess Model, reducing the number of restrictions within the admission criteria. This is enabling people to be supported home via our Core Offer, which includes

**Checklist**  
Complete:

Yes

Yes

Yes

Yes

Yes

## Better Care Fund 2023-24 Capacity & Demand Refresh

### 5. Capacity & Demand

Selected Health and Wellbeing Board:

Dorset

#### 5.1 Assumptions

##### 1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?

Our demand has continued to rise. We have compared our forecasted demand with actuals over the last 5 months, and refreshed our plans for November to March accordingly. We have applied this site by site. The data highlights a growing gap in demand, particularly for Pathway 1, but also spikes in some months for P0 Community Support, but we have several initiatives in place that will help manage these risks.

##### 2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g how have you accounted for demand over winter?)

###### Demand:

Refreshed demand figures have been projected based on the increases experienced since the last plan.

We have several initiatives underway to reduce LOS, and enhance the support commissioned providers can offer in order to support increased demand expected over winter.

As explained below we continue to work hard to embed D2A, including greater use of core offer via P1 & P2 - over the course of the next 6 months we expect there to be movement between pathways, as we push to

###### Capacity:

As mentioned above, since writing our Plan, our increased focus on D2A, and maximising use of core offers has enabled greater numbers of people to be supported via P1 and P2. We have achieved this by including pre-commissioned resources within our Core D2A offer, reducing restrictions on criteria to access, and continuing to embed new initiatives such as Trusted Assessment and Reviews to support movement through pathways more quickly, reducing LOS where possible.

##### 3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?

Our approach to full utilisation of Core offer on P1 and 2 for a wider range of individuals is supporting our drive to assess more people outside of the hospital setting. Compared to last year we have swifter movement

##### 4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?

There is still a shortage of therapy resources in Dorset, despite recruitment attempts. This does limit the options to make optimal use of existing D2A and Reablement beds (P2), and to further enhance Reablement at

##### 5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).

Whilst much of our data collection is automated, analysis and conversion to Capacity and Demand reporting and narrative is manual. This is an area we have highlighted as welcoming support from the BCF National Tea

##### 6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?

Closer working, and better utilisation of our local VSCE resources to support, or blend with regulated care in order to offer the most appropriate support, and use of resources is a key priority for Dorset. In addition, for

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

#### 5.1 Assumptions

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

#### 5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

#### 5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

#### 5.2 Capacity - Hospital Discharge



This section collects refreshed expectations of capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Social support (including VCS) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be  $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$ .

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

### 5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected by source, and you should input an overall estimate each month for the number of people requiring intermediate care or short term care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 2 of the 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

### 5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload\*days in month\*max occupancy percentage)/average duration of service or length of stay.

Caseload (No. of people who can be looked after at any given time).

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility.

Please consider using median or mode for Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services."

## Better Care Fund 2023-24 Capacity & Demand Refrresh

## 5. Capacity & Demand

Selected Health and Wellbeing Board:

Dorset

Hospital Discharge	Previous plan					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot purchasing)				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	-2	27	-8	34	-4	-2	10	-8	34	-4	-2	10	-8	34	-4
Reablement & Rehabilitation at home (pathway 1)	-9	4	-28	-23	-67	-36	-19	-63	-54	-75	-36	-19	-63	-54	-75
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	34	3	10	42	5	28	-6	-1	36	-4	28	-6	-1	36	-4
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	0	-13	-14	-9	-13	-8	0	0	0	0	0

Capacity - Hospital Discharge		Prepopulated from plan:					Refreshed planned capacity (not including spot purchased capacity)					Capacity that you expect to secure through spot purchasing				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	150	150	150	150	150	150	150	150	150	150	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	142	142	142	142	142	165	165	165	165	165	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	133	133	133	133	133	133	133	133	133	133	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly capacity. Number of new clients.	23	24	15	23	11	23	24	15	23	11	13	14	9	13	8

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## Checklist

Complete:

Yes

Yes

Yes

Yes

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## Better Care Fund 2023-24 Capacity & Demand Refresh

### 5. Capacity & Demand

Selected Health and Wellbeing Board:

Dorset

#### Community

Capacity - Demand (positive is Surplus)	Previous plan					Refreshed capacity surplus:				
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	-6	60	-19	76	-14	-7	72	-22	92	-16
Urgent Community Response	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home	2	2	2	2	2	2	2	2	2	2
Reablement & Rehabilitation in a bedded setting	5	-2	-2	1	-1	5	-2	-2	1	-1
Other short-term social care	0	0	0	0	0	0	0	0	0	0

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly capacity. Number of new clients.	350	350	350	350	350	420	420	420	420	420
Urgent Community Response	Monthly capacity. Number of new clients.	163	220	224	208	235	163	220	224	208	235
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	133	133	133	133	133	149	149	149	149	149
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	11	11	11	11	10	11	11	11	11	10
Other short-term social care	Monthly capacity. Number of new clients.	3	3	3	3	2	3	3	3	3	2

Demand - Community		Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)		356	290	369	274	364	427	348	442	328	436
Urgent Community Response		163	220	224	208	235	163	220	224	208	235
Reablement & Rehabilitation at home		131	131	131	131	131	147	147	147	147	147
Reablement & Rehabilitation in a bedded setting		6	13	13	10	11	6	13	13	10	11
Other short-term social care		3	3	3	3	2	3	3	3	3	2

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

## Health and Wellbeing Board 15 November 2023 NHS Health Checks Update

### For Review and Consultation

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

**Local Councillor(s):** All

**Executive Director:** Sam Crowe, Director of Public Health

**Report Author:** Sophia Callaghan  
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**Tel:** 01305 225887  
**Email:** Sophia.callaghan@dorsetcouncil.gov.uk

**Report Status:** Public

#### Brief Summary:

This report sets out progress on the NHS Health Check (NHS HC) refresh programme. The report summarises:

- Our programme changes for 2023/24
- Mobilisation and implementation of the new universal and targeted models
- Performance Quarter One and Two for primary care and LiveWell Dorset
- Challenges.

Overall there has been an increase in the invitations and number of checks delivered, especially in more deprived areas in line with the Director of Public Health report recommendations.

#### Recommendation:

The Health and Wellbeing Board is asked to:

- 1) Note the programme changes and mobilisation of the new service
- 2) Note activity increases among those communities in most need
- 3) Consider performance phase one

#### Reason for Recommendation:

The Director of Public Health report identified that the delivery of the health checks programme had been challenging. It recommended a continued focus to

ensure that delivery of checks improves, especially in the most deprived areas, where risks are higher. This update is part of that continued focus, to keep the board sighted on an important area of improvement work.

## **1 Introduction**

- 1.1 Cardiovascular disease (CVD) accounts for a quarter of deaths in the UK and is a significant cause of premature deaths in people aged under 75 years. CVD death rates vary with age, gender, and socioeconomic status; with higher levels of morbidity and mortality being seen among people living in the most deprived communities compared to those in more affluent areas.
- 1.2 Local authorities are mandated by the Department of Health and Social Care to provide an NHS Health Check (NHS HC) programme. Locally this is commissioned by Public Health Dorset and provides a cardiovascular risk assessment, to help identify individuals (aged between 40 and 74), who are at risk of CVD. The checks are free and can spot early signs of stroke, kidney disease, heart disease or type 2 diabetes. The programme aims to invite one-fifth of the eligible population every year over a 5-year period. Thus, everyone should receive a check once every 5 years.

## **2. NHS Health Check Programme Changes 2023/4**

- 2.1 The NHS HC Programme was paused during COVID, giving the opportunity to review performance and refresh the programme. Activity data highlighted that across Dorset, communities from the least deprived areas were more likely than those more deprived areas to receive an invite and have a check. Looking forward, PHD wanted to:
  - a) Increase provision in communities where CVD risk is higher, to better align NHS HC work towards reducing inequalities;
  - b) Re engage primary care providers to send out NHS HC invites and deliver checks in communities with higher CVD rates;
  - c) Provide additional capacity to the system to increase NHS HC numbers, especially amongst those most at need.
- 2.2 The programme was redesigned and options for a local delivery model were approved at the Joint Public Health Board in February 2023. These changes included changes to payment for invitations to incentivise activity, asking practices to invite patients with key risk factors as a priority, with incentives for targeting to higher risk, and developing a new outreach service via LiveWell Dorset.

## **3. Mobilisation of the new NHS Health Checks model**

### **3.1 Primary care**



This year the re start programme successfully mobilised within primary care networks (PCNs) on 1<sup>st</sup> April 2023. In March, new specifications were shared through our existing contract and service level agreement mechanisms. Providers were supported with information briefs by contracts teams.

We have worked with PHD locality leads to coordinate communication and any queries with practices. We also developed an NHS HC dashboard to monitor and evaluate activity. We are now reviewing the first quarter's data, to assess delivery and activity gaps. Supporting providers where needed to get started and keep them updated with progress.

To start the evaluation programme a September campaign will help us understand why some people haven't responded to their NHS HC invite, and support more targeted communications. In October, "lunch and learn" sessions alongside NHS Dorset took place to help providers understand new data recording and payment processes.

### **3.2 LiveWell Dorset (LWD)**

LiveWell Dorset NHS HC delivery model targets communities with higher risk factors for CVD, as well as supporting PCNs with limited or no provision. The mobilisation plans included team recruitment, NHS HC training, equipment purchasing, and standard operating processes. We worked with PHD locality teams to introduce and connect PCNs to the new offer and identify the areas to focus, starting with delivery in Bournemouth East, Weymouth & Portland, North Bournemouth. The programme launched in June 2023.

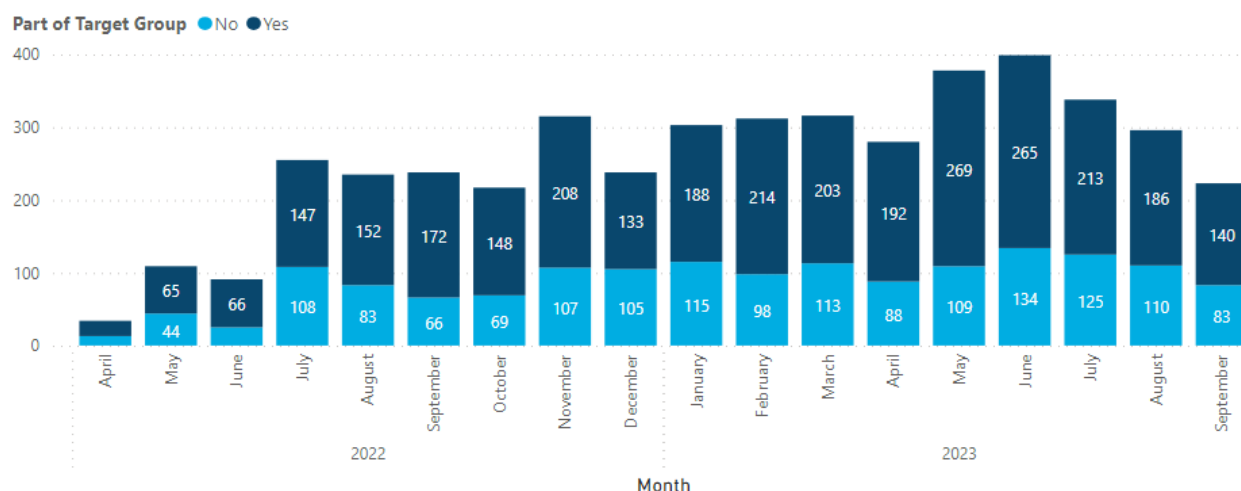
The LWD team also deliver NHS HC to selected workforces across the county (see Appendix one), systems are in place for easy NHS HC direct booking for people via the LWD website along with resource materials to promote checks.

Uptake of LWD NHS HC has been extremely popular, showing that already there is demand for an outreach offer from different communities across Dorset.

## **4. Performance 2023/24**

- 4.1 Quarter one activity levels for Dorset are the highest since the programme re-launched after the Covid-19 pandemic, for both the number of NHS HC invitations sent and NHS HC completed. Quarter two activity levels are tracking just below quarter one levels.

## Health Checks By Month



- 4.2 The dashboard shows 5,615 NHS HC invitations were sent across Dorset, and 2,356 NHS HCs were delivered in primary care settings (1400 of these met the criteria for CVD risk factors). This equates to 42% uptake.

	Invites sent	Checks delivered	% uptake
<b>Dorset</b>	5,615	2,356	42%

- 4.3 This level of activity is higher than observed levels of activity pre-covid and under the previous programme model. Our ambition for this year is to match pre-covid activity levels, so this is positive start during quarters one and two (Appendix two shows comparison with 2019/20).
- 4.4 Health Checks are now being offered in almost every locality across Dorset Council area, at varying levels. Christchurch PCN, Purbeck PCN, Sherborne area and Weymouth and Portland PCN have sent higher numbers of invitations and completed more checks (see Appendix three).
- 4.5 Gaps in primary care activity have been identified across a range of PCNs including Blandford, East Dorset, Mid Dorset and Weymouth & Portland PCNs. They will be key communities for LiveWell Dorset to target over the coming year.

## 5. LiveWell Dorset Activity

- 5.1 Since June LWD have delivered 342 checks, with another 770 in the pipeline across a range of communities (see appendix one for examples). Of these completed checks, 198 checks were carried out in the Dorset Council area.
- 5.2 Quarter one data records suggest an increase in people having NHS NC with CVD risk factors identified (e.g., blood pressure or overweight) and attendance from those in more deprived communities. It is early in the programme to identify

changes in relation to the new delivery model, evaluation next year will see whether the programme changes have been successful at reaching higher risk patients.

## **6. Challenges**

- 6.1 There are several challenges for the NHS HC programme to overcome throughout the remainder of this year. One of the biggest challenges remains unequal access to the programme. Provision is limited in some high CVD risk areas. Increasing primary care provision in these areas will remain an area of focus for the programme.
- 6.2 Another challenge this year will be to increase uptake across the Council area. Great work has been happening sending out invitations, but so far uptake rates haven't improved. Understanding access barriers for people will help increase the number of invitations that result in a completed check.
- 6.3 A further challenge for the programme will be to encourage people from black ethnic communities to engage with the programme who are typically less likely to attend than others within the community. Early data from quarter 1 shows this little change in the percentage of people accessing NHS Health Checks of black ethnicity.

## **7. Financial Implications**

- 7.1 To enable the addition of a new provider, the NHS HC budget (£600,000) has been split in the following way:
  1. Allocated £400,000 to primary care (to deliver the programme across primary care settings)
  2. Allocated £200,000 to LiveWell Dorset (to deliver to people at risk of CVD)

## **8. Wellbeing and health implications**

- 8.1 Improving delivery approaches and targeted access will improve health and wellbeing for those with greatest need.

## **9. Environmental implications**

- 9.1 The peripatetic element of the targeted LWD delivery model will embed low carbon transport measures. We will do this by:
  - running events, rather than one to one sessions
  - utilising local staff in each of the areas to minimise transport
  - looking at an incremental development plan to keep emissions low.

## **10. Other Implications**

10.1 None identified in this paper.

## **11. Risk Assessment**

11.1 Having considered the risks associated with this financial monitoring, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

## **12. Equalities Impact Assessment**

12.1 EQIA Assessments form part of commissioning for all public health services and are published in accordance with Dorset Council guidance.

## **13. Appendices**

Appendix One: BCP case study and example of LWD targeted events

Appendix Two: Activity comparison pre/post Covid

Appendix Three: invitations and NHS HC numbers by PCN

## **Appendix One: Case study examples**

“At BCP Council we take wellbeing seriously, when Learning & Development heard about LiveWell Dorset’s NHS Health Checks we jumped at the chance to create a partnership to enhance our colleague’s physical health.

Lucy and her expert team carried out health checks at our satellite offices and buildings that enabled busy colleagues access to much needed advice and guidance at a venue and time suitable to them. For many this was key as it gave reassurance and the opportunity to gain valuable information from the assessments carried out. Colleagues feedback was full of gratitude and praise for LiveWell Dorset and this enhanced emotional and physical wellbeing within our teams.

Following their checks, many of our colleagues realised that changes needed to be made to their lifestyles and this has prompted healthy choices and good habit forming. The difference LiveWell Dorset has made to our colleagues at BCP is profound. Not just in terms of their health but mental wellbeing, confidence and moral.

The staff at BCP cannot speak highly enough about the checks impact on their lives and the peace of mind it has given them. Due to its success, health checks are being rolled out at the Civic Centre to enable even more colleagues to benefit.”

### **Community Events in Dorset Council**

- Swanage – Mowlem Theatre Event via UHD – Rural area targeting elderly.
- Weymouth Information Shop - Area of Deprivation
- Osprey Leisure Centre - Area of Deprivation
- Ferndown Library
- Weymouth Library – Area of Deprivation
- Wareham Library

### **Workforce Events in Dorset Council**

- Dorset Council Staff at County Hall
- Dorset County Hospital – Estates Team
- Vespasian House – targeting lower band / grade staff.
- Dorset & Wiltshire Fire Service

## Appendix Two: Comparison to 2019/20 Q1 activity

The data available for quarter 1 2019/20 is by CCG locality rather than PCN. When comparing data from 2019/20 to 2023/4, we can see overall activity is very similar to 2019, which is our ambition for 2023/4.

Locality	2019/20 Q1	2023/4 Q1
East Dorset	315	177
Mid Dorset	232	64
North Dorset	1	285
Dorset West	172	0
Purbeck	11	253
Weymouth & Portland	383	263
Total	1114	1042

### Appendix Three: Activity levels by Primary Care Network:

Health Checks are being offered in almost every locality across Dorset council area.  
Work is ongoing to ensure residents in North Dorset are also able to access the programme.

PCN	Invited	Completed	% uptake
Blandford Primary Care Network	0	0	0
Crane Valley Primary Care Network	244	119	48.8
Jurassic Coast Primary Care Network	168	42	25.0
Mid Dorset Primary Care Network	216	63	29.2
Purbeck Primary Care Network	548	251	45.8
Sherborne Area Network	291	254	87.3
The Vale Primary Care Network	107	31	29.0
Weymouth and Portland Primary Care Network	995	263	26.4
Wimborne and Ferndown Primary Care Network	410	108	26.3
<b>Grand Total</b>	<b>2979</b>	<b>1131</b>	<b>28.1</b>

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## Health and Wellbeing Board Work Programme

Title	Description	Date of Committee Meeting	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
<b>Safeguarding Adults Board Annual Report</b>	To receive the Safeguarding Adults Board Annual Report.	<b>15 November 2023</b>	Sian Walker, Independent Chair	Cabinet Member for Adult Social Care, Health and Housing	
<b>Better Care Fund Quarterly Template Approval</b>	Retrospective approval of the BCF Quarterly Template.	<b>15 November 2023</b>	Sarah Sewell, Head of Service for Older People and Prevention Commissioning	Cabinet Member for Adult Social Care, Health and Housing	
<b>NHS Health Checks Update</b>	Update pm the progress of the NHS Health Check refresh programme.	<b>15 November 2023</b>	Sophia Callaghan, Consultant in Public Health	Cabinet Member for Adult Social Care, Health and Housing	
<b>Integrated Neighbourhood Teams</b>	Update on the Integrated Neighbourhood Teams of the integrated care system.	<b>20 March 2024</b>		Cabinet Member for Adult Social Care, Health and Housing	
		<b>20 March 2024</b>			

Title	Description	Date of Committee Meeting	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
<b>Potential Agenda Items for Future Meetings:</b>					
<b>Joint Health &amp; Wellbeing Strategy</b>	Reviewing the JHWB Strategy as place-based partnership	<b>TBC</b>	Sam Crowe, Director for Public Health	Cabinet Member for Adult Social Care and Health	
<b>Safeguarding Adults Board Annual Report</b>	To receive the Safeguarding Adults Board Annual Report.	<b>Mid - Late 2024</b>		Cabinet Member for Adult Social Care and Health	

**Areas for consideration in order to achieve a more targeted approach to meet the requirements of the HWB Strategy:-**

Children's Services

Home First

Building Better Lives

Sustainable Transport

Social Prescribing

Cultural Strategy (in relation to H&WB outcomes)