



Health and Wellbeing Board

Date: Wednesday, 18 September 2024
Time: 2.00 pm
Venue: Boardroom - County Hall

Members (Quorum: 5)

Steve Robinson (Chair), Patricia Miller (Vice-Chair), Clare Sutton, Gill Taylor, Jan Britton, Sam Crowe, Paul Dempsey, Stewart Dipple, Marc House, Margaret Guy, Nicholas Johnson, Martin Longley, Jonathan Price, Simon Wraw and Simone Yule

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

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

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

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Agenda

Item		Pages
1.	APOLOGIES To receive any apologies for absence.	
2.	MINUTES To confirm the minutes of the meeting held on 26 June 2024.	5 - 10
3.	DECLARATIONS OF INTEREST To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration. If required, further advice should be sought from the Monitoring Officer	

in advance of the meeting.

4. PUBLIC PARTICIPATION

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

All submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 13 September 2024.

When submitting your question or statement please note that:

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

5. COUNCILLOR QUESTIONS

To receive questions submitted by councillors.

Councillors can submit up to two valid questions at each meeting and sub divided questions count towards this total. Questions and statements received will be published as a supplement to the agenda

and all questions, statements and responses will be published in full within the minutes of the meeting.

The submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 13 September 2024.

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

6. BETTER CARE FUND 2023-2025: QUARTER 1 2024/25 DISCHARGE FUND TEMPLATE 11 - 26

To consider the report by the Head of Service – Older People, Home First, and Market Access.

7. INTEGRATED CARE SYSTEM - URGENT AND EMERGENCY CARE DIAGNOSTIC

To consider a report by the Strategic Health and Adult Social Care Integration Lead.

(Report to follow)

8. BIRTH TO SETTLED ADULTHOOD INTEGRATION - PROGRESS REPORT 27 - 50

To consider the report by Head of Service – Birth to Settled Adulthood.

9. WORK PROGRAMME 51 - 54

To consider the work programme of the Health and Wellbeing Board.

10. 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.

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.

DEVELOPMENT SESSION

The Health and Wellbeing Board will hold an informal development session following the close of the meeting.



HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 26 JUNE 2024

Present: Cllr Steve Robinson, Sam Crowe, Margaret Guy, Theresa Leavy, Jonathan Price and Simon Wraw

Present remotely: Cllr Clare Sutton, Cllr Gill Taylor, Stewart Dipple, Patricia Miller and Simone Yule

Apologies: Jan Britton, Anna Eastgate and Marc House

Also present: Cllr Nick Ireland, Cllr Carole Jones, Cllr David Northam and Paul Johnson

Also present remotely: Cllr Sally Holland, Cllr Jane Somper and Cllr David Taylor

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

Rachel Partridge (Assistant Director of Public Health), George Dare (Senior Democratic Services Officer), Mark Tyson (Corporate Director for Adult Commissioning & Improvement), Tony McDougal (Communications Business Partner - Adults and Housing), Liz Curtis-Jones (Principal Lead for Best Start in Life), Sarah Crabb (Social Mobility Commissioner), Sarah Sewell (Head of Service - Commissioning for Older People, Prevention and Market Access), Elaine Tibble (Senior Democratic Services Officer), Luna Hill (Deputy Head of Place, NHS Dorset) and Dave Thorp (Thriving Communities Partnership Manager)

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

Amanda Davis (Corporate Director for Education and Learning), Julia Ingram (Corporate Director for Adult Social Care Operations), Alice Deacon (Corporate Director for Commissioning and Partnerships), Kirstie Smith (Senior Communications Officer) and Gary Messenger (Head of Housing)

1. **Apologies**

Apologies for absence were received from Jan Britton, Anna Eastgate, and Marc House.

2. **Election of Chair**

Proposed by Cllr Steve Robinson, seconded by Patricia Miller.

Decision:

That Cllr Steve Robinson be elected as Health and Wellbeing Board Chair for the year 2024-25.

3. **Election of Vice-Chair**

Proposed by Cllr Steve Robinson, seconded by Cllr Clare Sutton.

Decision:

That Patricia Miller be elected as Health and Wellbeing Board Vice-Chair for the year 2014-25.

4. **Minutes**

Proposed by Sam Crowe, seconded by Jonathan Price.

Decision:

The minutes of the meeting held on 20 March 2024 be confirmed and signed.

5. **Declarations of Interest**

No declarations of interests were made at the meeting.

6. **Public Participation**

There was no public participation.

7. **Councillor Questions**

There were no questions from councillors.

8. **Urgent items**

There were no urgent items.

9. **Better Care Fund 2023-2025: End of Year Plan for 2023/24 and 2024/25 Planning Template**

The Corporate Director for Adult Commissioning and Improvement and the Head of Service for Older People, Home First and Market Access introduced the report and outlined the key points in a presentation. The recommendation was to retrospectively approve the End of Year Plan for 2023/24 and the 2024/25 Planning Template.

Members discussed the Better Care Fund and made the following comments:

- There needed to be better governance of the sign-off process, so the board did not have to retrospectively approve Better Care Fund templates.
- The Better Care Fund templates needed improved scrutiny before they were submitted.

- Overview and Scrutiny could have involvement in the Better Care Fund; however, outcomes would need to be fed back to the Health and Wellbeing Board.
- The Better Care Fund could be a vehicle for change however it was limited to what was included in the NHS and Local Authority agreement. There was scope to add more to the agreement, such as including the ICP Strategy.
- There would be an informal meeting to discuss delivery of strategies through the Integrated Care Board, Integrated Care Partnership, and Health and Wellbeing Board.

Proposed by Patricia Miller, seconded by Sam Crowe

Decision:

That the Better Care Fund 2023-2025: End of Year Plan for 2023/24 and 2024/25 Planning Template be retrospectively approved.

10. **Pharmaceutical Needs Assessment**

The Director of Public Health introduced the item. He explained the role of the Pharmaceutical Needs Assessment (PNA) and the proposal to develop the PNA with BCP Council's Health and Wellbeing Board. Supplementary updates to the PNA were made if there were changes in pharmacy provision.

Members discussed the report and the following areas:

- The return of medication to pharmacies when it was no longer needed, and the collection of unwanted and unused medications for disposal.
- Consideration of how pharmacy provision has changed since the last PNA, including what constitutes a gap in service and what this could mean for physical accessibility, such as moving away from a 20-minute drive time.
- NHS Dorset was now the commissioner of pharmacy services. The PNA would be crucial for commissioning pharmacy services in the future.
- Concerns with the safety and quality of online pharmacies.
- In relation to pharmacies on Portland, NHS Dorset was in discussions with a pharmacy provider about whether they would be viable for the community.
- The need for a pharmacist to be available when a place is open, so the place is able to dispense medications during all their opening times.
- The need to think creatively about access, family hubs was given as an example.

Proposed by Jonathan Price, seconded by Cllr G Taylor.

Decision:

That:

- (a) The start of the 2025 PNA development process be noted.
- (b) A single PNA across the Dorset system be developed.

(c) The provisional timeline set out under section 4.1 of the report be agreed.

11. **Thriving Communities**

The Deputy Director of Public Health and the Thriving Communities Partnership Manager introduced the report and gave a presentation, which is attached to these minutes. They covered the development of the Thriving Communities project, inclusion of the Voluntary, Community, and Social Enterprise (VCSE) sector, collaborative engagement, and the key issues from the project report.

Members discussed the report, and the following points were raised:

- There had been engagement with town and parish councils prior to the local elections in May.
- There should be more coordination of the VCSE through an assembly.
- An infrastructure strategy could develop a one public estate which would benefit the voluntary sector.
- NHS Providers have a young volunteers programme.
- Local Alliance Groups were good examples for working with community groups.
- It needed to be simpler for the VCSE to be able to show their value.
- It would be difficult to agree long-term funding, because the NHS was not funded in this way. However, thought could be given to joint commissioning and taking risks.

There was a request for this report to be presented to the Integrated Care Board.

Proposed by Jonathan Price, seconded by Sam Crowe.

Decision:

That:

- (a) The development of a project delivery and transition plan for Option 3: developing a VCS led Thriving Community Network model be recommended.
- (b) That Cllr Steve Robinson be nominated as the Health and Wellbeing Board member sponsor to oversee the next phase of the project.

12. **Improving Social Mobility in Dorset**

The Social Mobility Commissioner introduced the report and outlined data for social mobility in Dorset. The South Dorset Constituency was one of the worst constituencies for social mobility, and the most deprived areas of Dorset were located here. The recommendations were outlined.

Board members discussed the report and made the following points:

- This report connected to Thriving Communities work, however there needed to be more links to the work of the Integrated Care System.
- Social mobility started with children, however there was work that could also be done with adults.
- There were areas of rural Dorset which had causes of deprivation due to a lack of supermarkets and transport.
- The local population was not becoming healthier which affected growth.

The Board noted comments made by Cllr Northam. His comments included:

- The former Weymouth and Portland Borough Council was the 3rd worst area for social mobility.
- Children in the most deprived area of Weymouth needed to travel the furthest to school.
- The Local Enterprise Partnership focussed more on the BCP Council area than Dorset Council, so the council needed to work closer with the Chamber of Commerce.
- There should be a Cabinet Member lead and Executive Director who regularly report on social mobility work.

Proposed by Cllr C Sutton, seconded by Cllr S Robinson.

Decision:

That the following approach be recommended to Cabinet:

That a cross-directorate and multi-agency taskforce be established with the purpose of improving social mobility, reducing poverty, and ensuring cohesive responses across the Council and with wider partners

13. Safeguarding Families Together Evaluation

The Corporate Director for Quality Assurance and Safeguarding introduced the report and gave a presentation, which is attached to these minutes. She outlined the next steps and considerations for the Board. The Cabinet Member for Children's Services, Education, and Skills commented that the Safeguarding Families Together model has been successful in other local authorities as well as parts of Dorset.

Members discussed the report and made the following comments:

- It felt like the evaluation of the work done in Dorset was based upon implementation rather than the actual difference the model has made. The difference would need to be seen before deciding whether to roll out the model across the county.
- Public Health supported the model, however there was a risk to the funding from public health, due to Public Health Dorset separating.

- This report was taken to the Health and Wellbeing Board to ensure that all partners were aware of the proposal. It needed to be clearer about where the decision on the model would be made.
- There should be a broader conversation outside of the Board about place leadership in the Integrated Care System.

14. **Work Programme**

Board members noted the work programme. The work programme would have further development by the chair and vice-chair.

15. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 4.21 pm

Chairman

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Health and Wellbeing Board

18 September 2024

Better Care Fund 2023-2025: Quarter 1 2024/25 Discharge Fund Template

For Decision

Cabinet Member and Portfolio:

Cllr S Robinson, Cabinet Member for Adult Social Care

Local Councillor(s):

All

Executive Director:

Jonathan Price, Executive Director of People - Adults

Report Author: Sarah Sewell

Title: Head of Service for Commissioning for Older People and Home First

Tel: 01305 221256

Email: sarah.sewell@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:

1. To retrospectively approve the Better Care Fund (BCF) Reporting Template for:
 - Quarter 1 2024/25
2. To confirm whether the additional narrative included at section 3 to 6 provides sufficient details, and is helpful context to outline the intended focus of the BCF Discharge Funding and effectiveness to date at resolving the challenges we face as a local Integrated Care System.

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. In response to discussions at HWB on 26 June 2024 in respect of sharing earlier sight with HWB Members, including more detail as to the purpose and effectiveness of BCF investment, HWB Members were provided with the template by email in advance of submission. Further details about the challenges we are trying to address via the Discharge Fund investment, and effectiveness is included in this report. The Quarter 1 Template was submitted on 19 August 2024 on behalf of Dorset Council and Dorset NHS in line with delegated approvals. Retrospective approvals are now sought from the Board at its meeting on 18 September 2024.

1. Introduction

- 1.1 The Quarter 1 2024-2025 Report is at Appendix A. The sole focus is the Discharge Fund element on Better Care Fund, and we have been required to report spend and activity achieved during Quarter 1 against our full 2024-25 Plan.
- 1.2 For 2024/25 the BCF in total brings together Dorset resources worth £152,958,153, including a number of significant external funding streams from central Government. This includes the £6,410,023 Discharge Fund, which is split between the ICB and Local Authority. We report on both elements through the template.
- 1.3 In Dorset, both ICB and Local Authority have invested a substantial amount of the Discharge Fund into the Home First Accelerator Programme, which was introduced in 2023/24 as a two year programme to re-set and invest into key initiatives that would ultimately improve outcomes for individuals requiring support associated with hospital discharge and address significant challenges in our homecare market. HWB Members may recall the Case Study that was submitted as part of the Quarter 3 2023-24 return (please see 14 below 'Background Reports').

2. Discharge Funding Schemes

- 2.1 As outlined at Appendix A, the funding has been allocated across the following workstreams. Appendix A details the number of individuals who have been supported during quarter 1:
- 2.1.1 Home care market investment / Home care packages
 - 2.1.2 Recovery and Community Resilience Contracts
 - 2.1.3 Trusted Assessors
 - 2.1.4 Reablement Beds
- 2.2 The sections that follow explain each workstream in more detail, setting out the challenges, impacts achieved, and further developments planned.

3. Home care market investment / Home care packages

- 3.1 **The challenge, or gap we are addressing;** Dorset, like many areas of the country was severely lacking in home care during Covid pandemic and up to end of 2022/23. We invested this element of funding in a programme of home care optimisation; to make best use of the scarce resource we had by more efficient deployment and embedding local geographical 'zones' into our framework contracts. We also, through early adoption of Fair Cost of Care approach to inform fee setting, increased home care rates, which included enabling better pay for staff.
- 3.2 **The impact to date;** For Dorset Council (DC), this funding line represents just 11% of annual homecare spending, yet it has been central to the recovery of the local homecare market. As, we report via BCF metrics, there is a continued reduction in the rate of admission to long term residential care, and although overall demand continues to challenge the System, we have good flow through home from hospital services due to long term care availability. Now 89% of DC homecare packages are from framework providers (at our published rates) – an improvement from 72% in Jan 23 and we have maintained both a far-reduced waiting list and reduced waiting times. There is often no waiting time for care searches in some zones.
- 3.3 **Future areas of focus;** maintaining a stable, good quality homecare market is key to ongoing success. Working closely, as an ICS, with providers to be well-equipped to support continued demand, that we expect will continue to rise in acuity, is a key area of focus. DC is keen to

further develop opportunities linked to greater zonal optimisation, creating more place-based provision that would further strengthen local community and VSCE networks, linking to wider System priorities of Integrated Neighbourhoods and Integrated Care Partnership.

4. Recovery and Community Resilience Contracts

4.1 The challenge, or gap we are addressing; It is well documented and evidenced that the best place for a person to recover is in their own home. In the back drop of limited homecare capacity we needed to increase availability of Reablement focussed services in order to offer the greatest chance of achieving good outcomes for individuals, through a swift, yet effective offer. Recovery and Community Resilience (RCR) Home Care delivers short term, enhanced support to an Individual following discharge from hospital or to avoid hospital admission. This takes place in an Individual's own home, in order to bring them back to their baseline, prior to their illness or crisis to improve their current situation. RCR Providers can alter care needed during the recovery phase, and contribute to ongoing longer term care and support assessments, when needed, which enables people to move into long term care. A better outcome for the individual, whilst also enabling improved hospital flow.

4.2 The impact to date; The scheme supports a large number of people, 2,700 individuals since its inception in November 2022, with an average of only 30% going on to need longer term care and support, and this is usually at a reduced level of care from that at the point of discharge. On average there are approx. 160 people being supported at home at any one time. For Dorset County Hospital (DCH), RCR provision supports 50% of discharges via pathway 1, a representative picture of the allocation of support for all Dorset Residents from East Dorset area and bordering acutes.

4.3 Future areas of focus; closer working and alignment of RCR provision to core discharge co-ordination, decision making and ongoing clinical oversight is required to further improve outcomes for individuals. Existing RCR contracts will require re-tender later this year, and we plan to include these enhancements, along with improved data sharing arrangements to reduce manual administration. In response to NHS England concern about the financial position of the local system, a decision was taken to cease some additional NHS investment in supporting RCR provision this year (and associated brokering costs). Contracts have not been terminated, whilst partners have agreed to share the risk that further

investment will not be forthcoming to plug this gap in resources. At the time of writing this report, Newton Europe, the system's recently appointed Strategic Improvement Partner, are working through their diagnostic phase of reviewing the Urgent Emergency Pathways, of which Intermediate Care is included. We anticipate their findings being key to informing how we can further improve Pathway 1 provision, and importantly deploy and sustainably fund RCR more effectively to support admission avoidance.

5. Trusted Assessors

- 5.1 The challenge, or gap we are addressing;** Care Homes require an up-to-date assessment of a person's care and support needs, to ensure they can safely provide care. Prior to 2021/22, the assessment process was regularly adding several days to a person's hospital stay. This was negatively impacting those individuals' outcomes, but also 'blocking' acute hospital beds for others needing treatment. Conflicting pressures for both providers and hospital teams had led to often strained relationships, with reduced levels of trust. This had resulted in every individual needing an in-person assessment by the provider, even if the person was returning to their care home placement. The Dorset System needed an independent party, appropriately skilled and experienced, who could carry out swift assessments on behalf of providers, to build trust, but also reduce demands on the hospital staff by improving discharge rates, helping people home as soon as they are medically fit to leave, freeing resources for those waiting. The Dorset Care Association (DCA) now host the independent Trusted Assessor (TA) Service, based in the Acute hospital, to attend the ward to; conduct initial assessment on behalf of identified provider; track the patient through discharge pathway, reducing impact of potential delays, such as pharmacy, paperwork, transport, and follow up with provider within 48 hours of the individual getting home to ensure they had settled.
- 5.2 The impact to date;** Since implementation there have been no failed discharges within the cohort of people the TAs have supported. Each month approx. 65 people are supported to their permanent residence more quickly than prior to the scheme's implementation. Approx 130 adult social care providers are signed up to the TA scheme. Admission avoidance support via on-call arrangement is also provided, meeting individuals at the Emergency Department (ED) and updating directly to the home, or community provider, to secure a return home rather than admission. Several younger aged adults, with more complex needs have

benefited from this ED offer, with TAs able to support the individual, but also offer advice and guidance to hospital staff, as to the most appropriate approach and environment to treat the individual due to more complex Learning Disability or Mental Health related conditions. This has resulted in quicker treatment and a return home, rather than admission. This Service is deemed an example of best practice, with the Dorset Care Association receiving much interest from other systems, keen to understand how we have made this a success.

- 5.3 **Future areas of focus;** If further funding would allow, the service could be expanded to support more people. Further integrating of TAs in to community settings, such as Community Hospitals, may also offer more opportunities to support people home.

6. Reablement Beds

- 6.1 **The challenge, or gap we are addressing;** As described at 3.1, our community based reablement capacity had been hampered by similar challenges to homecare. A shortage of therapists, that has been well documented in previous BCF reports, meant that as a System we were unable to offer consistent therapy support to any additional surge response beds, which was leading to longer length of stays and reduced opportunities to maximise individual's longer term independence. Care Dorset, (DC's Local Authority Trading Company) effected a rapid stand up of 30 short-term bed capacity in winter of 22/23, with a plan to strengthen the therapy leadership as resources allow.
- 6.2 **The impact to date;** Average bed occupancy is 80%, with the average length of stay around 27 days. As the services have embedded, we have improved referral and admission rates. Trend data on long term weekly care requirements of individuals following discharge is consistently reduced from that estimated at start of intervention.
- 6.3 **Future areas of focus;** To date, we have been unsuccessful in fully embedding therapy led support due to the lack of availability of therapists. Primary Care and Community Health colleagues have been able to increase the support available and further training provided to Reablement staff to support a broader range of needs, however there is more work to do to properly embed the full range of wrap around resources to enable an optimum bedded Reablement offer.
- 6.4 The Council's Cabinet has agreed a programme of capital investment to develop new Reablement Centres. This would deliver more effective and

efficient recovery and rehabilitation services, in modern and high-quality environments. DC are working closely with Dorset County Hospital (DCH) Trust following in-principle agreement to utilise part of the DCH site in Dorchester. Scoping is also underway for a centre to replace Sidney Gale House in Bridport, which closed in its current form last month, as well as further sites being considered in the east of the county. The longer-term costs of operating such services will be significant, given current cost of building and borrowing, but equally have the potential to deliver significant system cost avoidance and more effective discharge support. They would therefore be ideal new initiatives for the BCF investment, and could be considered within the next two year planning round.

- 6.5 To support the development of the future Allied Health Professional workforce that will be required to operate the centres and enhance community reablement, we are working in partnership with The Health Science University to ascertain, how together we can:
- 6.5.1 Develop a workforce strategy for the Reablement Centres considering a diverse range of advanced health practitioner and therapeutic inputs to enhance the level of service delivered
 - 6.5.2 Support the Reablement Centres to become a place of learning and innovation by supplying students from the Chiropractic and Allied Health Professions courses, including Dietician, Occupational Therapy, Physiotherapy, Podiatrists etc on a rolling programme.
 - 6.5.3 Develop pathways and new opportunities for college level Health and Social Care programmes into the care sector.
 - 6.5.4 Harness an opportunity for research across social care through their MsC and PhD student cohort in the University.
 - 6.5.5 Support workforce planning and recruitment through the University's new central London base.

A more detailed update on our Reablement Centre and Community Reablement development will be brought to a future HWB.

7. Financial Implications

- 7.1 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.
- 7.2 The Joint Commissioning Board of the Council and Dorset NHS continue to monitor BCF budgets and activity for 2024-25 Plan.

8. Environmental Implications

- 8.1 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.

9. Well-being and Health Implications

- 9.1 Allocation of the BCF supports individuals with health and social care needs, as well as enabling preventative measures and promoting independence.
- 9.2 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, the highest risks continue to be the increasing acuity of health, care and support needs of those being supported both in the community and in hospital, and also lack of lack of therapy led care and support to promote the regaining and maintaining of longer term independence.

10. Other Implications

- 10.1 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.

11. Risk Assessment

- 11.1 Dorset Council and Dorset NHS officers are confident Appendix A provides appropriate assurance and confirms spending is compliant with conditions.

- 11.2 The funds provide mitigation of risks by securing continuation of essential service provision and provides preventative measures to reduce, delay and avoid demand.
- 11.3 Dorset is actively working to alter approaches that enable enhancement of provision to mitigate risks, and promote recovery, regaining and maintaining of independence.

12. Impact Assessment

- 12.1 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.

13. Appendices

A: Dorset's Better Care Fund 2024-2025 Q1 Template

14. Background Papers

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

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

Health & Wellbeing Board, 20th March 2024, Item 7 : [BCF Q3 Reporting Template.pdf \(dorsetcouncil.gov.uk\)](#) & [Home First Accelerator Case Study](#)

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Better Care Fund 2024-25 Quarter 1 Reporting Template

1. Guidance for Q1

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 and Social Care (DHSC), Ministry of Housing, Communities and Local Government (MHCLG), NHS England (NHSE), working with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). The addendum to the Policy Framework and Planning Requirements published in March 2024 provides further information on the reporting requirements for 24-25.

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure against BCF plans, actual outputs against planned, and progress against metrics
- 3) To identify areas of challenge and good practice to inform national conversations around support requirements
- 4) To enable the use of this information for national partners to inform future planning frameworks and for local areas to inform improvements

The information submitted within reports should be used by ICBs, local authorities, HWBs and service providers to understand and improve both planning processes and the integration of health, social care and housing.

Q1 reporting will only focus on the Discharge Fund.

Requirement

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

Note on entering information into this template

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

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

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

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

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

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

Checklist (2. Cover)

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

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and spend 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.

3. 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. Spend and activity

The spend and activity worksheet will collect cumulative spend and outputs for Q1 for schemes against planned values and scheme types.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the 24-25 BCF plans.

You should complete the remaining fields (**highlighted yellow**) with incurred expenditure and actual numbers of outputs delivered in Q1.

- Actual expenditure to date in column J. Enter the amount of spend to date on the scheme.

- Outputs delivered to date in column L. If a unit is shown in column L for a scheme, enter the number of outputs delivered to date. For example, for a reablement and/or rehabilitation service, the number of packages commenced. If no unit is attached, enter NA.

For reporting of outputs, the collection only relates to scheme types that include outputs. These are shown below:

Scheme Type

Assistive technologies and equipment
Home care and domiciliary care
Bed based intermediate care services
Home based intermediate care services
DFG related schemes
Residential Placements
Workforce recruitment and retention
Carers services

Units

Number of beneficiaries
Hours of care (unless short-term in which case packages)
Number of placements
Packages
Number of adaptations funded/people supported
Number of beds/placements
Whole Time Equivalents gained/retained
Number of Beneficiaries

- **Implementation issues in columns N and O** - If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column P and briefly describe the issue and planned actions to address the issue in column Q. If you answer no in column P, you do not need to enter a narrative in column Q.

3. Spend and activity (new schemes)

At the top of tab 3, in cell I3, there is a hyperlink leading you to the "add new schemes" section.

For any additional Discharge Fund schemes that have been introduced in Q1, please fill in the details of these schemes in the "add new schemes" section.

If no new schemes have been introduced since the 24-25 plan then this can be left blank.



Better Care Fund 2024-25 Quarter 1 Reporting Template

2. Cover

Version 1.0

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.

Table with 2 columns: Field Name and Value. Fields include Health and Wellbeing Board, Completed by, E-mail, Contact number, and signed off status.

Checklist table with 6 rows, all marked 'Yes' under the 'Complete:' header.

When all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.



Summary table with 2 columns: Item and Complete status. Items include 2. Cover, 3. Spend and activity, and 3. Spend and activity (new schemes).

<< Link to the Guidance sheet

^^ Link back to top

3. Spend and activity (Discharge Fund only)

Selected Health and Wellbeing Board:

Dorset

Checklist

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Source of Funding
38	Strong and Sustainable Market	Home care capacity investment	Home Care or Domiciliary Care	Domiciliary care packages	Local Authority Discharge Funding
39	High Impact Changes/ Implementation	RCR domiciliary care supporting people out of hospital	Community Based Schemes	Low level support for simple hospital discharges	Local Authority Discharge Funding
44	Maintaining Independence	Recovery Focussed (RCR) enhanced home care	Community Based Schemes	Low level support for simple hospital discharges	ICB Discharge Funding
45	Strong and sustainable care markets	Trusted Assessors	High Impact Change Model for Managing Transfer of Care	Trusted Assessment	ICB Discharge Funding
46	Maintaining Independence	Home First Accelerator Programme	Community Based Schemes	Other	ICB Discharge Funding

[Add new schemes](#)

[existing schemes](#)

Yes

Yes

Yes

Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?
£2,563,700	£640,925	300	170	Hours of care (Unless short-term in which case it is packages)	No
£345,550	£136,923	-	71		No
£1,750,000	£693,434	-	373		No
£420,000	£50,000	-	191		No
£1,330,773	£332,693	-	29		No

Yes

If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.

Unit of measure is the number of people. Planned output (column K) was for full year, so performance is tracking at better than expected at end Q1. Close monitoring of the outputs will continue.

Unit of measure is the number of people

Unit of measure is the number of people

Unit of measure is the number of people supported by the TA service to leave hospital

Unit of measure is the number of people supported via the bedded Reablement Service

Health and Wellbeing Board

18 September 2024

Birth to Settled Adulthood Integration – Progress Report

For Review and Consultation

Cabinet Member and Portfolio:

Cllr. C Sutton, Children's Services, Education & Skills

Local Councillor(s): All

Executive Director:

T Leavy, Executive Director of People - Children

J Price, Executive Director of People - Adults

Report Author: Louise Ryan
Job Title: Head of Service
Tel: 01305 224238
Email: louise.ryan@dorsetcouncil.gov.uk

Report Status: Public Choose an item.

Brief Summary:

The Birth to Settled Adulthood Service is an integrated model of service delivery between Children and Adult Social Care for children and young people with complex health needs, disability and SEND. This is now a 0-25 service hosted in Children Directorate. The service supports integrated working with Adult Social Care to support young people 18-25 to achieve a settled position in adulthood. The commitment to launch the service as agreed under the partnership agreement has been achieved. The remainder of 2024/25 will ensure that operational implementation is delivered. Phase two will focus on opportunities for integration with NHS Dorset. The newly formed service began on 30th April 2024.

Recommendation:

This report is to update the board on progress with the Birth to Settled Adulthood Programme and an opportunity for questions and comments.

Reason for Recommendation:

This was last presented to the Health and Wellbeing Board in September 2023. This is an update on progress for the members of the Health and Wellbeing Board since that time.

1. Report

- 1.1 The Birth to Settled Adulthood (B2SA) launched on 30/4/2024 and achieved the timescales which were committed to in the Partnership Agreement between Children's Services, Adults Services, Housing Services, NHS Dorset and Dorset Parent Carer Council. This was agreed as phase one.
- 1.2 Dorset Council's approach was to ensure that a partnership approach has been used with a focus on improving outcomes for children and young people. Also ensuring there is support in place for parent-carers, young carers and adult carers. Planning at an earlier stage and ensuring assessment and care planning happen in good time will help to achieve better outcomes for children and young adults. The approach will imbed principles of independence, strong links with communities and an ambition that young people are supported to thrive.
- 1.3 There was an Area SEND Inspection Local on Dorset Local Partnership completed by OFSTED and CQC in March 2024. This inspection found that the local area partnership's arrangements for children and young people who have special educational needs and disabilities (SEND) typically lead to positive experiences and outcomes. The reports noted that the local area partnership was taking action where required. The Birth to Settled Adulthood Service was designed to improve children and young people's experiences further and with greater integration. The SEND delivery plan is published on Dorset Council website.
- 1.4 The partnership is underpinned by an effective and equitable Joint Commissioning Strategy that enables us to come together in a place-based service. A prominent feature of the service design is Locality based support which is strong in Children and Adult Services. The ethos is that children and young adults should be supported to live safely in their own communities where possible.

- 1.5 The Head of Service was appointed and took up the position in April 2024. There have been some internal management changes. Two Service Managers have now been appointed. One with a focus on Children's Social Care responsibilities and one with a focus Preparing for Adulthood with a blending of knowledge of legal frameworks and skills required for integrated working.
- 1.6 The operational staff have been completing a programme of induction and training which is planned between April 2024 and September 2024.
- 1.7 The Children's Services adopted Department for Education strategy Stable Homes Built on Love, implementing a Pathfinder programme and a new operational structure across the whole division in June 2024. There are features of the Birth to Settled Adulthood service which are aligned and support this new way of working. There will be more integrated working in safeguarding and child protection. This will help to ensure that there is consistent practice for disabled children and young people. Lead child protection social work roles have been created in B2SA and will integrate to the Locality Child Protection Teams.
- 1.8 Since the launch, Best Start in Life Advisors have joined the service with a focus on education and development for 0-5 years. The Young Carers Service have also been included.
- 1.9 Adult Services have identified the staffing resource required to work with the young adults aged 18-25 who are not yet settled in adulthood. This resource will reach down to start working with young people before the age of 18 meaning that the Care Act assessment can happen at the right time and ensure care and support planning for young people with complex needs has sufficient time for the necessary planning. The focus again is on early intervention, prevention and support through the use of assistive technology and digital as well as supporting people with complex needs navigate into adulthood.
- 1.9 B2SA is currently supporting 672 children and young people who are moving into adulthood. This includes those being supported by the Disabled Children's Occupational Therapy Service. There also 260 people aged 18-25 being supported by Adult Teams who have not yet achieved a settled position in adulthood. A total of 972 aged 0-25 are being supported by this service at the present time. This work also encompasses the Transitional Safeguarding approach to ensure that

vulnerable young people do not get missed in the steps between children's and adult safeguarding frameworks.

- 1.10 The Preparing for Adulthood Team as part of B2SA will also be able to support referrals from other Children's Teams, not within B2SA, and the Transition Steering Group to ensure that young people's needs are identified and supported into early adulthood. This includes transitional safeguarding arrangements. This will ensure that the young person health and social care needs are clearly understood, and they have the support available for a successful move into adulthood.
- 1.11 The partnership felt strongly that the focus should be on improving the outcomes for children and young adults. A clear outcomes framework has been developed which are suited for the age and stage of the child or young person's development. Practice standards and guidance are in development that will take account of Children's Services Practice Standards and Adult Services Practice standards. The quality assurance framework for each service area is being reviewed to ensure the needs of both are met.
- 1.12 Planning has begun on a Dorset Council Integrated Commissioning Strategy with a focus on development of the market and services for the 16-25 age range. This again will support improved outcomes for children and young people as well as providing best value for Dorset Council. These discussions will need to include NHS Dorset for placed based health commissioning.
- 1.13 Planning and workshops have begun integrated the commissioning and purchasing processes with support services for 0-25. It is important that this service is better joined up and they also focus on safety and quality of services, as well as ensuring that services are purchased in accordance with Dorset Council's terms and conditions.
- 1.14 Mark Rogers, Independent Chair, B2SA Partnership Board, left his role in June 2024 and has provided a report on achievements and reflections on progress up to that point.
- 1.15 Cecilia Bufton has been appointed as the Independent Chair of the Delivery Board. The first meeting for the B2SA Delivery Board is scheduled for 14th October 2024. These will take place quarterly. This will provide independent oversight on the delivery progress of please two and integrated working with NHS Dorset.

- 1.16 Planning is also underway for the CQC Quality Assurance Framework for Dorset Council Adult Services which will be the first assessment under the new inspection framework. It is expected this will take place at some point during 2025.

2. Financial Implications

- 2.1 There has been investment in the Birth to Settled Adulthood Programme from both Children's and Adults Services. The programme aims to improve in outcomes for children and young people which will provide better value and use of financial resources for Dorset Council.

3. Natural Environment, Climate & Ecology Implications

- 3.1 This is not having any additional implications.

4. Well-being and Health Implications

- 4.1 The aim of the programme is to improve the health and wellbeing of children, young people who have complex health needs, disability and SEND, and reduce the impact of disadvantages and inequality. The service also aims to ensure that parent-carers, young carers and adult carers are well supported.

5. Other Implications

N/A

6. Risk Assessment

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

Current Risk: Low

Residual Risk: Low

7. Equalities Impact Assessment

- 7.1 We have an internal Equality Impact Assessment, attached as Appendix A. The external document is currently being reviewed and updated.

8. Appendices

- 8.1 Appendix A: B2SA EqIA Report Final May 2024

9. Background Papers

None

10. Report Sign Off

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



Equality Impact Assessment (EqIA) Template

Before completing the EQIA please have a look at the [Dorset Council style guide](#) and also use the [accessibility checker](#) to make sure your document is easy for people of all abilities to read.

Some key tips

- avoid tables and charts, if possible please provide raw data
- avoid pictures and maps if possible.
- avoid using bold, italics or colour to highlight or stress a point
- when using numbering or bullet points avoid using capitals at the beginning unless the name of something
- date format is dd month yyyy (1 June 2021)
- use clear and simple language
- where you need to use technical terms, abbreviations or acronyms, explain what they mean the first time you use them
- if using hyperlinks, make sure the link text describes where the link goes rather than 'click here' Please note equality impact assessments are published on the Dorset Council [website](#)

Before completing this form, please refer to the [supporting guidance](#). The aim of an Equality Impact Assessment (EqIA) is to consider the equality implications of your policy, strategy, project or service on different groups of people including employees of Dorset Council, residents and users of our services and to consider if there are ways to proactively advance equality.

Where further guidance is needed, please contact the Inclusion Champion or the [Diversity & Inclusion Officer](#).

1. Initial information

1.1 The service is called Birth to Settled Adulthood (B2SA). It focusses on improving the way support is delivered to children and young people with complex needs or who are disabled aged 0-25 and their families. This includes those with learning disabilities, mental health issues, are autistic, have sensory loss or severe physical disabilities or long term illnesses, are caring for their parents or a sibling, or have a combination of the needs listed. Please see section 4 for more details on the cohorts of young people identified as needing support through this new service.

2. Is this a new service. (please delete those not required):

2.1 This is a new service. It will be implemented in 2 phases. Phase 1 focusses on integration between Children's and Adults & Housing Directorates, and phase 2 focusses on integration with Health partners.

In Phase 1 the new service aims to bring together the current Children Who Are Disabled team, Young Carers Workers and Adults & Housing Transitions Team. It also aims to bring together some staffing resource from the Best Start in Life Team and Special Educational Needs worker into the new service as well.

It will be delivered in collaboration with employees, children, young people and their families.

This assessment focusses on phase 1. It is evolving and will be reviewed regularly.

3. Is this (please delete those not required):

Internal (Employees only) This assessment focusses on the potential impact of the new service to staff.

An Equalities Impact Assessment has also been drafted to the children and young people and their families potentially impacted by the B2SA programme. This was drafted in January 2023 and is currently being reviewed. The service is assessed as having a potentially positive impact on the children and young people and their families as it will offer a more joined up, seamless offer of support from birth to settled adulthood.

4. Please provide a brief overview of its aims and objectives:

4.1 The purpose of the B2SA service redesign is to improve the support provided to children and young who have complex needs or who are disabled aged 0-25 and their families. The children and young people identified in scope are:

- children with Special Educational Needs who have an Education Health and Care Plan and are likely to have care and support needs into adulthood.
- children and young people known to services who have a disability.
- Children aged 14 plus requiring support for mental health who are likely to need care and support.
- children with high-cost education packages (>£50k/year).
- young people who are at risk of abuse or exploitation and may not meet Care Act eligibility criteria (this is known as contextual/transitional safeguarding).
- children and Young people who have NHS Continuing Care funding

4.2 The B2SA service aims to

- provide good quality information advice and guidance.
- identify complex needs at an early stage and offer the right level of support at the right time.
- provide targeted support to develop skills and strategies which build independence.
- support children, young people and families to plan ahead for adulthood.
- work closely with commissioning colleagues to improve future planning around accommodation, care and support.
- have clear oversight of the most complex young people aged 14+ who are likely to have care and support needs into adulthood.
- meet our statutory duties to children, young people and their families
- provide targeted support to prevent further deterioration and reduce risk of admission to hospital or into care
- effectively safeguard children and young people, addressing abuse and neglect
- support parent carers to build resilience, knowledge and confidence in caring for their child or young person
- ensure social care and health services work together with children, young people and families in a more joined up way.

4.3 The service aims to support children and young people to achieve their outcomes. The outcomes framework is being co-designed with children, young people and their families.

4.4 In order for the aims and objectives to be achieved, Dorset Council Children's and Adults & Housing Directorates will need to organise themselves in a different way. This includes the following:

- create a new integrated 0-25 service offer that is able to support children and young people with complex needs or who are disabled and their families. At present different teams across children's and adult's & housing support them at different age points. The creation of a 0-25 offer will enable a more seamless service for children, young people and their families.
- the management of this service will be hosted in the Children's Directorate. Management oversight includes Head of Service, one Service Manager with expertise in Children's Social Care and one Service Manager with expertise in Adult Social Care. The management team are jointly responsible for the oversight of all children and young people in scope 0-25. This includes the allocation of work, supervision and oversight of the work, performance and financial monitoring and reporting.
- there will be a flexible approach to working with individual children and young people approaching adulthood to reduce the risk of a 'cliff edge' at 18, and to ensure the transition to adulthood is flexible to meet the needs of the young person. "Ready and Steady move into Adulthood" This may mean

children's workers remaining involved with a young person over the age of 18 (up to 25) or adult's workers reaching down to work with a young person from year 9.

- there will be dedicated link workers identified in the Adults operational teams and dedicated workers in Childrens services to offer skills and expertise and reach down or up to start working with the young person as needed. This may be for specific pieces of work or to take lead responsibility for the young person. The B2SA management team retain oversight for the work undertaken.
- matrix management arrangements will be in place to provide the necessary supervision, guidance and oversight to workers. For example, the B2SA manager with adult's expertise will be able to supervise and agree actions with the children's worker if they are related to preparing the young person for adulthood, or are related to adult legislation. The B2SA manager with children's expertise will be able to supervise and agree actions with the adult worker if they are working with a young person aged under 18.
- the B2SA service will align itself to locality working to ensure local networking and joint working can be established. Opportunities for co-location, joint meetings, joint training and group supervision will be developed.
- opportunities to align funding decisions will be developed across SEN, Children's Social Care and Adult Social Care.
- over time there will be a cross pollination of skills, knowledge and expertise. This will include children's workers being able to complete light-touch Care Act Assessments and Support Planning and Adults workers being able to contribute to Childrens statutory assessments.
- specialist support services currently available in Adults and Childrens Social Care could be accessed to provide support to improve the support to and practice of workers. This includes HR, legal, MCA team, CHC team, TEC team.
- Paediatric Occupational Therapists working with children and young people aged 0-17 years will strengthen ties with Adults Occupational Therapists via formalised protocols and joint working.
- the B2SA service will include other disciplines to improve outcomes for children and young people. This includes:
 - Embedding Special Educational Needs workers to ensure synchronicity between social care and Education Health and Care planning.
 - Assistant Educational Psychologists to help develop targeted parenting and behaviour support plans alongside Family Workers.
 - Specialist Mental Health Practitioners to offer specialist advice and support around complex mental health issues.
 - a Parent/carer Mental Health and Wellbeing worker.
 - Early Years Practitioners.

For young people and their families, there will be a seamless support offer, which works on the basis of need rather than chronological age, and joins up services provided by Adults, Children's, SEN and Health. Right contact, right person, right time.

5. Please provide the background to this proposal?

5.1 Feedback from a range of sources highlighted a need to improve the experience for children and young people with complex needs or are disabled and their families as they grow and develop from birth into settled adulthood. This included feedback from the Learning Disability Partnership Board, inspection feedback, parent carer surveys, commissioning workshops and from young people with mental health issues. A paper went to People and Health Overview Committee in August 2021 recommending a transformation programme to bring about the changes required [Birth to Settled Adulthood Review August 2021](#). This was approved and the Birth to Settled Adulthood programme was created.

5.2 The Review told us that the current operating model was 'not delivering the outstanding service our community required'. This included:

- best practice would support childhood through to adulthood, which takes a whole life view of the individual and maximises opportunities for independence
- young people were not well prepared for adulthood
- planning for next steps weren't completed in good time
- children, young people and their families were not provided with good information
- partnership working between Children's, Adults and Health needed to be improved

5.3 The Birth to Settled Adulthood programme is a partnership between Dorset Council, NHS Dorset and Dorset Parent Carer Council. It has a signed commitment from all partners to work in partnership together.

5.4 The Birth to Settled Adulthood programme was divided into separate workstreams. The Service Design workstream was created to focus on making the changes needed to the operating model. This assessment focuses on the impact of the proposed changes to the internal workforce.

5.5 Between September 2022 and July 2023 a series of workshops were held to think through the new service model. A range of people attended the workshops including parent carers, Dorset Parent Carer Council, practitioners from Childrens and Adults and Housing Directorates NHS Dorset, Dorset Healthcare and Dorset County Hospital.

Evidence gathering and engagement

6 What sources of data, evidence or research has been used for this assessment? (e.g. national statistics, employee data):

6.1 In reaching this decision, we considered data relating to

- a) current demand for support from Children Who are Disabled Team (aged 0-18)
- b) current demand for support from Transitions Team (aged 14-25)
- c) current demand for support from Locality Teams for children and young people with complex mental health issues
- d) current demand for support from Adult Social Care teams (age 18-25)
- e) current caseloads for the Children Who are Disabled Team, Transitions Team, Young Carers and Adult Social Care teams
- f) waiting lists for the respective teams
- g) feedback from the workforce survey conducted in May 2023
- h) data gathered from Service Design stakeholder sessions held between Sept 2022 and July 2023.
- i) Equality and Diversity employee data from DES which is the Council's HR database.

7 What did this tell you?

7.1 The figures above indicate the approximate cohort of children and young people eligible for the new service.

7.3 Children Who are Disabled Team (CWAD) currently works with 613 children (0-17). All these are in scope for B2SA.

7.4 The Transitions Team currently have 20 young people currently allocated. This equates to 2 FTE caseloads.

7.5 Adults social care operational teams currently work with 387 young people aged 18-24 across its Learning Disability (208), Mental Health (132), Physical Disability (27) and other (10) teams. Of these, it is estimated 220 would sit within the B2SA service. This equates to roughly 13 FTE caseloads.

7.6 Approximately 20 children are being supported in the Children's Localities who have very complex needs (comorbid autism and mental health difficulties or subject to section 117 of the Mental Health Act) who would be eligible for the B2SA service. Given the complexity, this is assumed to equate to 2 social work caseloads.

7.7 Approximately 120 young carers are supported by the 2FTE young carers workers.

7.8 The information tells us that a range of teams currently support children and young people with complex needs and disabilities.

7.9 The feedback from the workforce survey and the Service Design stakeholder events clearly told us of the need to work in a more integrated way, that reduces the experience of a 'cliff edge' when the child or young person moves between teams.

Bringing together skills and expertise into one service aims to improve this experience and facilitate more opportunities for joint working.

7.10 The proposed service structure is not prompted by any reduction in funding for the service and has enabled opportunity to introduce new roles to augment our capabilities. This should have a positive impact on employee experience as they will work alongside workers with different expertise and experience and learn from each other.

7.11 Equality data for employees tells us about the 45 affected employees. We have used the information available to us to understand more about how we ensure we have considered the protected characteristics of our staff. This is noted in the Section 9, Table 1.

7.12 Employee data has been gathered from DES, which is the Council's HR database. Via the HR database, Dorset Council currently collects data on the following:

- Sex
- Age

7.13 Employees are encouraged to provide additional information on the following and record it in DES:

- Disability Status
- Ethnic origin
- Religion or belief
- Sexual orientation

7.13.1 The above information in DES is reliant on employees populating these fields themselves and as this is not mandatory there are some instances where no information has been recorded, or the individual has chosen not to provide such information.

7.13.2 Dorset Council do not currently ask for employees to provide information on gender reassignment.

7.13.3 Employees provide written notice of their pregnancy by the 15th week before the employees expected week of childbirth and maternity leave is recorded in DES.

8 Who have you engaged and consulted with as part of this assessment?

To date engagement and consultation events have taken place with internal and external stakeholders. This has included:

- October 2022: Engagement event with internal staff across Childrens and Adults and Housing Directorates
- January 2023 Webinar for internal staff across Children's and Adults Directorate
- September 2022- July 2023 – Face to Face and Virtual Service Design workshops held. This included representation from internal colleagues, parent carers, Dorset Parent Carer Council, NHS Dorset, Dorset Healthcare and Dorset County Hospital.

These events helped shape the design of the new service.

A timetable of engagement activity with employees, trade unions, families/carers, cabinet members, Dorset Parent Carer Council & local special schools is planned throughout the project. Engagement activity will help to shape decision making.

See Appendix One – Employee and TU consultation timeline

9 Is further information needed to help inform decision making?

Not at this point

Is an EQIA required?

Yes

Assessing the impact on different groups of people

For each of the protected characteristics groups below, please explain whether your proposal could have a positive, negative, unclear or no impact. Where an impact has been identified, please explain what it is and if unclear or negative please explain what mitigating actions will be taken.

- use the evidence you have gathered to inform your decision making.
- consider impacts on residents, service users and employees separately.

- if your strategy, policy, project or service contains options you may wish to consider providing an assessment for each option.
- see guidance for more information about the different [protected characteristics](#).

Key to impacts

Positive Impact	<ul style="list-style-type: none"> • the proposal eliminates discrimination, advances equality of opportunity and/or fosters good relations with protected groups.
Negative Impact	<ul style="list-style-type: none"> • protected characteristic group(s) could be disadvantaged or discriminated against
Neutral Impact	<ul style="list-style-type: none"> • no change/ no assessed significant impact of protected characteristic groups
Unclear	<ul style="list-style-type: none"> • not enough data/evidence has been collected to make an informed decision.

10 Target Group – Employees

10.1 The outcome of the proposals on employees are broadly neutral on balance. This is because:-

10.2 Redundancy: Out of a large group of employees, we have one employee who is at risk of redundancy but will be offered a very similar role at one grade lower with 18 months pay protection. In addition, they will have prior consideration for the vacant or new roles within the structure.

10.2 Grade Changes: Other than the situation stated above, there are no proposed grade changes

10.3 Changes to Centre of Duty: There are no proposed changes to centres of duty.

10.4 Changes in Directorate or Line Manager. There are proposed changes to Directorate and/or line manager for some employees, in order to achieve better integration of services.

10.5 Investment in workforce. There is an investment in the B2SA workforce from 45 Headcount / 42.95 FTE now, to 58 Headcount / 51.44 FTE proposed.

11.0 B2SA Equalities data:

Current workforce (December 2023):

- **Age:**
 - 16-39 40%
 - 40-49 24%
 - 50-59 22%
 - 60-64 13%

- Please note the age groupings 16-24 and 25-39 have been merged because of small proportions.

- **Disability status:**

- Disabled 18%
- Not Disabled 60%
- Not Declared 22%

- **Ethnic origin:**

The majority of the workforce affected by this proposal identify as white British (73%). A small proportion of identified that they are from ethnic minority. We are following the guidance by the government concerning ethnicity, which states the term ethnic minorities should be used to refer to all ethnic groups except the white British group. Ethnic minorities include residents who are Black, Asian, Arab, Mixed Ethnicities, White (Non-British), Gypsy, Roma and Irish Traveller Groups.

- **Religion and belief:**

- World religion 2%
- Christian 18%
- None/No Religion 18%
- Not Declared 58%
- Other 4%

- **Sexual orientation:**

The majority of the workforce affected by this proposal identifies as heterosexual (58%). A small proportion of employees identify as being Lesbian, Gay and Bisexual (LGB).

Impacts on who or what?	Choose impact	How
Age	Neutral Impact	No specific impacts identified at this stage
Disability	Neutral Impact	Not all employees have declared their disability characteristic in HR record. There are currently some employees with a disability, and we will continue to discuss their needs with them and make reasonable adjustments.

Impacts on who or what?	Choose impact	How
Gender reassignment and Gender Identity	Neutral Impact	<p>An employee's gender identity will not be affected by any changes to their job role, nor will it affect their ability to fulfil their job role.</p> <p>See Section 7 for more information.</p> <p>There are 84% females and 16% males in the affected group of employees.</p>
Marriage or civil partnership	Neutral Impact	<p>An Employee's marital status will not be affected by any changes to their job role, nor will it affect their ability to fulfil their job role.</p> <p>See Section 7 for more information.</p>
Pregnancy and maternity	Neutral impact	<p>Two employees are currently on maternity leave.</p> <p>Change programme managers will provide documents from the consultation process and keep in touch during the consultation. Regulation 10 of the Maternity and Parental Leave etc Regulations 1999 will be followed regarding suitable alternative employment. Proposed new structure: Individual employees who are pregnant may need to modify their working patterns in line with medical advice.</p>
Race and Ethnicity	Neutral impact	<p>Not all employees have declared their ethnicity in HR records.</p> <p>An employee's race and ethnicity will not be affected by any changes to their job role,</p>

Impacts on who or what?	Choose impact	How
		<p>nor will it affect their ability to fulfil their role.</p> <p>See Section 7 for more information.</p>
Religion and belief	Neutral impact	<p>The religion and beliefs of staff are respected. Their religion and belief will not be affected by any changes to their job role, nor will it affect their ability to fulfil their job role.</p>
Sex (consider men and women)	Neutral impact	<p>There are 84% females and 16% male in the affected group of employees</p> <p>An employee's sex will not be affected by any changes to their job role, nor will it affect their ability to fulfil their job role.</p> <p>Any changes made will not be influenced by the employee's gender.</p>
Sexual orientation	Neutral impact	<p>No all employee's have declared their sexuality in their HR record.</p> <p>An employee's sexual orientation will not be impacted by any changes to their job role, nor will it affect their ability to fulfil their job role.</p> <p>Any changes made will not be influenced by the employee's gender.</p>
People with caring responsibilities	Unclear	<p>Individual meetings with employees will identify whether any have caring responsibilities. The flexibility of the proposed operating model may also have benefits for some carers and employees</p>
Rural isolation	Neutral impact	<p>All employees are required to drive and have access to a car as part of their roles now, and any potential role. Employees in rural locations will not be</p>

Impacts on who or what?	Choose impact	How
		adversely affected by this proposal.
Socio-economic deprivation	Neutral impact	Where a role is being deleted and alternative role is ringfenced for them with salary protection for 18 months to mitigate impact. They also have the opportunity to apply for a new role at a grade higher. Career development opportunities offered by the proposed new model may result in some staff being able to increase their lifetime earnings, and acquire qualifications up to Foundation degree level.
Single parents	Neutral impact	No specific impacts identified at this stage
Armed forces communities	Neutral impact	No specific impacts identified at this stage

Summary of impacts

All of the impacts, except one, are classified as neutral (no change).

One impact (people with caring responsibilities) has been classified as 'unclear'. Ongoing individual meetings with employees will identify whether any have caring responsibilities.

The flexibility of the proposed operating model may also have benefits for some carers and employees.

Updated April 2023

Action Plan

Summarise any actions required as a result of this EqIA.

Issue	Action to be taken	Person(s) responsible	Date to be completed by
Unclear impact on disabled colleagues due to proposed changes in work location	The consultation will provide an opportunity to share further information and individual meetings will take place with employees. These will enable reasonable adjustments to be continued or made where required	Hal Williams/Linzi Gow	12 April 2024
Unclear impact on people with caring responsibilities	Individual meetings with employees will identify whether any have caring responsibilities. A change in work location and working hours could negatively impact employees with caring responsibilities. However, the flexibility of the proposed new operating model may also have benefits for some carers. Through the post preferencing process employees can state preferred hours & working pattern.	Hal Williams/ Linzi Gow	12 April 2024

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Sign Off

Officer completing this EqIA: Linzi Gow

Officers involved in completing the EqIA: Andrea Kiy, Hal Williams, Claire Leech,

Date of completion: 23.01.2024

Version Number: 1

EqIA review date: Equality Lead Sign Off:

Updated April 2023

Next Steps:

- the EqIA will be reviewed by Communications and Engagement and if in agreement, your EqIA will be signed off.
- if not, we will get in touch to chat further about the EqIA, to get a better understanding.
- EqIA authors are responsible to ensuring any actions in the action plan are implemented.

Please send to [Diversity and Inclusion Officer](#)

Appendix One

Employee and Consultation Timeline

Task	Commencing on	Complete by
Preliminary Consultation meeting with Trade Unions	29 January 2024	29 January 2024
Issue formal consultation letter to Trade Union	29 January 2024	29 January 2024
Hold consultation meeting with employees and Trade Unions (Hybrid meeting)	30 January 2024	30 January 2024
<p>Teams site go live. To include:</p> <ul style="list-style-type: none"> • Job descriptions and person Specifications • Context Statements • Structure chart • Change Management Document • Support for employees • EQIA <p>Email address go live: b2sa@dorsetcouncil.gov.uk</p>	30 January 2024	30 January 2024
<p>Consultation period – 45 days</p> <p>Respond to issues, replies posted either on Teams site or sent to individual (depending on nature of question)</p> <p>Individual / team meetings to be arranged if required, with Service Managers to respond to any issues staff wish to raise about their employment situation</p>	30 January 2024	14 Mar 2024
Consultation closed		

Updated April 2023

Final structure reviewed, consultation feedback finalised and provided to employees and Unions	From 15 March 2024	3 & 5 April 2024
New and vacant roles are open for applications	From 8 April 2024	26 April 2024
Interviews and appointment decisions made	From 29 April 2024	17 May 2024
Final structure agreed and approved following placement of employees	26 April 2024	
New Structure implemented		30 April 2024

Date of action plan to be completed changed to 12 April due to SEND inspection.

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Health and Wellbeing Board Work Programme

Meeting Date: 18 September 2024

Report Title	Description	Lead Officer	Cabinet Member(s)	Other Information
Birth to Settled Adulthood Progress Report	Progress update on Birth to Settled Adulthood following implementation in April 2024.	Paul Dempsey – Corporate Director for Care and Protection	Cllr Clare Sutton – Cabinet Member for Children’s Services, Education and Skills	
Integrated Care System – Urgent and Emergency Care Diagnostic	Progress update on the review of the urgent and emergency care pathway.	Louise Ford – Strategic Health and Adult Social Care Integration Lead	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Better Care Fund 2024-25: Quarter 1 Discharge Fund Template	Retrospective approval of the Q1 2024/25 Discharge Fund Template	Sarah Sewell – Head of Services for Commissioning for Older People, Home First and Market Access	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Health and Wellbeing Strategy Refresh	Development session to be held following the close of the formal meeting.	Sam Crowe – Director of Public Health Dorset	Cllr Gill Taylor – Cabinet Member for Health and Housing	

Meeting Date: 20 November 2024

Report Title	Description	Lead Officer	Cabinet Member(s)	Other Information
Health and Wellbeing Strategy Refresh			Cllr Gill Taylor – Cabinet Member for Public Health, Environmental Health, Housing, Community Safety and Regulatory Services	
Safeguarding Adults Board Annual Report	To receive and review the Safeguarding Adults Board Annual Report.	Sian Walker-McAllister – Independent Chair of the Safeguarding Adults Board	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Local Transport Plan	Consultation on the Local Transport Plan and its links to active travel.	Wayne Sayers – Transport Planning Team Leader	Cllr Jon Andrews – Cabinet Member for Place Commissioned Services	
Better Care Fund		Sarah Sewell, Head of Service for Older People and Prevention Commissioning	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Right Care Right Person		Lisa Reid – Corporate Director for Quality Assurance and Safeguarding	Cllr Gill Taylor – Cabinet Member for Health and Housing	

Meeting Date: 19 March 2025

Report Title	Description	Lead Officer	Cabinet Member(s)	Other Information

Meeting Date: Unscheduled items

Potential Item	Description	Lead Officer	Cabinet Member(s)	Other Information
Tobacco control work and switching to vaping	Update on tobacco control work in hospitals and the Swap to Stop programme.		Cllr Gill Taylor – Cabinet Member for Public Health, Environmental Health, Housing, Community Safety and Regulatory Services	Possible for 18 September meeting
Integrated Neighbourhood Development	Continued oversight by the Board on the development of Integrated Neighbourhood Teams.			Possible for 18 September meeting
Physical Activity Strategy	Review of the Physical Activity Strategy.			Possibly links to the report on the Local Transport Plan.

Suicide prevention through the Mental Health Delivery Board				
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