



Health and Wellbeing Board

Date: Wednesday, 20 November 2024
Time: 2.00 pm
Venue: Meeting Room 1, County Hall, Dorchester, DT1 1XJ

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 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 18 September 2024.	5 - 8
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, 15th November 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, 15th November 2024.

[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. INTEGRATED CARE SYSTEM - URGENT AND EMERGENCY CARE DIAGNOSTIC 9 - 18

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

8. BETTER CARE FUND 2023-25: QUARTER 2 2024/25 REPORTING TEMPLATE 19 - 44

To consider a report the Head of Service for Commissioning for Older People and Home First.

9. DORSET SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2023-24 45 - 74

To consider a report by the Independent Chair of the Dorset Safeguarding Adults Board.

10. STRATEGIC ALLIANCE FOR CHILDREN, YOUNG PEOPLE AND FAMILIES - ANNUAL REPORT 2023-24 75 - 102

To consider a report by the Service Manager for Strategic Partnerships.

11. WORK PROGRAMME 103 - 106

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

12. EXEMPT BUSINESS

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

There are no exempt items scheduled for this meeting.



HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 18 SEPTEMBER 2024

Present: Cllr Steve Robinson (Chair), Patricia Miller (Vice-Chair), Cllr Clare Sutton, Cllr Gill Taylor, Sam Crowe, Paul Dempsey, Marc House, Margaret Guy and Jonathan Price

Present remotely: Simon Wraw and Simone Yule

Apologies: Jan Britton, Stewart Dipple and Nicholas Johnson

Also present: Cllr Carole Jones, Cllr Steve Murcer and Cecilia Bufton (Chair of Integrated Care Partnership)

Also present remotely: Cllr Sally Holland and Cllr Chris Kippax

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

Amanda Davis (Corporate Director for Education and Learning), Rachel Partridge (Assistant Director of Public Health), George Dare (Senior Democratic Services Officer), Sarah Sewell (Head of Service - Commissioning for Older People, Prevention and Market Access) and Louise Ryan (Head of Service - Birth to Settled Adulthood)

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

Eleanor Turner (Democratic and Electoral Services Apprentice), Kirstie Smith (Senior Communications Officer), Tony McDougal (Communications Business Partner - Adults and Housing), Paul Iggulden (Consultant in Public Health) and Louise Ford (Strategic Health and Adult Social Care Integration Lead)

16. **Apologies**

Apologies for absence were received from Jan Britton, Anna Eastgate, Nicholas Johnson, and Chief Supt. Stewart Dipple.

17. **Minutes**

The Chair of the Integrated Care Partnership challenged a comment made by Cllr Northam on the area of focus of the Local Economic Partnership (LEP). She felt that this was not correct and that the LEP Board and Overview and Scrutiny Committee had representatives from both councils, who could provide challenge on funding.

Proposed by Cllr C Sutton, seconded by Cllr G Taylor.

Decision:

That the minutes of the meeting held on 26 June 2024 be confirmed and signed.

18. **Declarations of Interest**

No declarations of disclosable interests were made at the meeting.

19. **Public Participation**

There was no public participation.

20. **Councillor Questions**

There were no questions from councillors.

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

The Head of Service for Older People, Home First, and Market Access introduced the Quarter 1 Discharge Fund Template. The draft Template was shared with the Board prior to submission so there could be more input at this stage. The key parts of the report were summarised, which included home care market investments, recovery and community resilience contracts, trusted assessors, and reablement beds.

Board members discussed the key areas of the report and made the following points:

- Reduced delays in home care has helped with improving hospital discharge.
- There were regular engagement sessions and a partnership approach to notifying the market of future plans.
- There should be a presentation to on the Better Care Fund to the Integrated Care Partnership.
- There were gaps in provision of nursing care at home, following discharge from hospital.
- Whether family members could be paid to look after people at home. The legal framework of this would need to be explored.

Proposed by P Miller, seconded by S Crowe

Decision:

That the Better Care Fund 2023-25: Quarter 1 2024/25 Discharge Fund Template be retrospectively approved.

22. **Integrated Care System - Urgent and Emergency Care Diagnostic**

The Strategic Lead for Health and Adult Social Care Integration outlined diagnostic work being undertaken by Newton to look at patient flow through the system. The findings of the work would be shared with the System Executive Group. The next

step would be to consider a commissioning partner for delivering the transformation.

The Chief Executive of NHS Dorset stated that the system was not working in an optimum way. This work was connected with Integrated Neighbourhood Teams and Thriving Communities. Following consideration of the business case, the work would be committed to through a legally binding contract.

During discussion of the reports, the following points were raised:

- How to consider the benefits at place and neighbourhood levels.
- The importance of the two Health & Wellbeing Boards working together on this.
- Consultation at the People & Health Scrutiny Committee would be needed if there would be any substantial variations to health services.

The Board noted the report.

23. **Birth to Settled Adulthood Integration - Progress Report**

The Head of Service for Birth to Settled Adulthood presented the progress report. She gave a summary of the Birth to Settled Adulthood project, which included preparation of the adulthood model, supporting new ways of working, and the positives and challenges.

Board members commented on the report and the following points were raised:

- Being settled could have different meanings for different people.
- There were connections to the care leavers covenant through the transitions panel.
- There was early intervention from the 0-5 Best Start in Life service
- There were needs for different types of accommodation, including accommodation for care leavers.
- It was important to ensure that there was settled adulthood and that the 'cliff edge' was not being moved from 18 to 25 years old.

There was a request from the Vice-Chair for a report on housing to be provided to the Integrated Care Partnership.

The Board noted and commended the report.

24. **Work Programme**

25. **Urgent items**

There were no urgent items.

26. **Exempt Business**

There was no exempt business.

27. **Work Programme**

The Board noted the work programme and that items for the next meeting would need to be prioritised.

Duration of meeting: 2.00 - 3.29 pm

Chairman

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Health and Wellbeing Board

20 November 2024

Integrated Care System - Urgent and Emergency Care Diagnostic

For Review and Consultation

Cabinet Member and Portfolio:

Cllr S Robinson, Adult Social Care

Local Councillor(s):

All

Executive Director:

J Price, Executive Director of People - Adults

Report Author: Louise Ford

Job Title: Strategic Health and Adult Social Care Integration Lead

Tel:

Email: louise.ford@dorsetcouncil.gov.uk

Report Status: Public (the exemption paragraph is N/A)

Brief Summary:

This report to the Health and Wellbeing Board updates on the work to transform the urgent and emergency care pathway in Dorset. Work progressed rapidly over the summer to complete a system-wide diagnostic review of urgent and emergency care (UEC) pathways in Dorset. On 26 September, the System Executive Group reviewed the outputs from the diagnostic and endorsed a proposal to progress to a full transformation programme. This report provides an overview of the outputs and the next steps in the programme.

Recommendation: That the Health and Wellbeing Board note the findings from the diagnostic phase of the UEC Transformation Phase and endorses progressing to the Design and Delivery Phase of the programme.

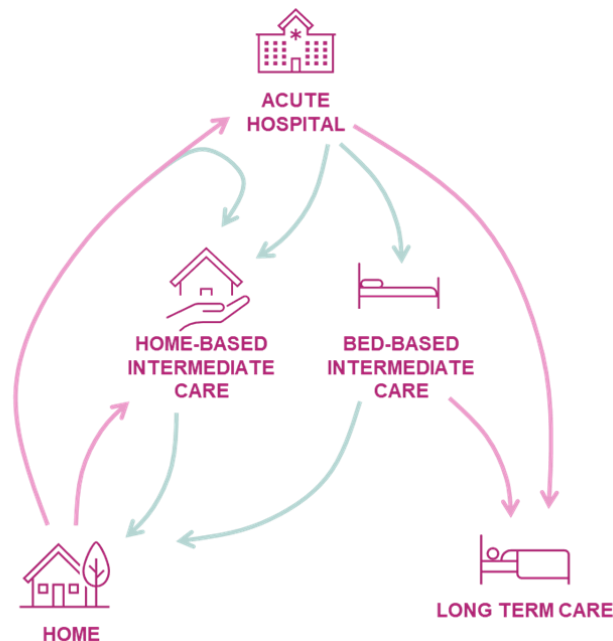
Reason for Recommendation: To confirm the support of the Dorset Health and Wellbeing Board to progressing to the next phase of the programme.

1. Introduction

- 1.1 Following the update to Health and Wellbeing Board on 18 September 2024, this report provides further context on the work underway to develop a system-wide plan to improve urgent and emergency care pathways in Dorset. The diagnostic phase of the programme completed in September and an overview of the findings is provided. Alongside this, further detail is included on the programme (which will take place over the next 18 months) to improve our urgent and emergency care pathways.

Partners and scope

- 1.2 Across the Dorset health and care system a multi-agency programme is underway to improve health and care outcomes for residents who utilise urgent and emergency care services in Dorset. Partners include NHS Dorset, University Hospitals Dorset, Dorset Healthcare and Dorset Council. Dorset Healthwatch are also represented on the Steering Group.
- 1.3 The programme has focussed on unplanned hospital admissions, hospital discharge processes, bed based intermediate care services, home based intermediate care services and the interaction with long term adult social care commissioned services.

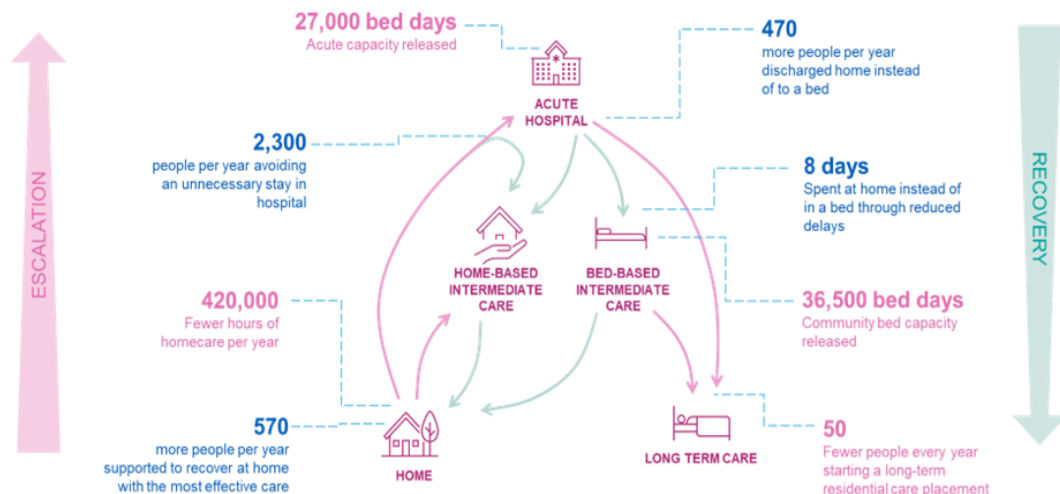


Findings from phase 1 - the diagnostic

- 1.4 Work began on the programme at the end of July 2024 following a procurement exercise to identify a strategic improvement partner. Dorset Council undertook the procurement on behalf of system partners. The exercise identified Newton as the preferred strategic improvement partner most able to support Dorset's needs.
- 1.5 Between 29 July and 9 September, Newton engaged with over 150 team members from across the Dorset system, interviewed more than 50 people to understand their experiences of the Dorset health and care system and analysed more than 100,000 lines of activity and finance data.
- 1.6 A summary pack of the diagnostic outputs is attached as appendix 1 (to follow). Headline findings include:
- While there are substantial opportunities to improve outcomes for people who are delayed in hospital, 91% of people are successfully discharged from Dorset County Hospital on the day that they become clinically fit, and this is significantly above the national average of 87%.
 - Up to 33% of people admitted into hospital beds from Emergency Departments could have been supported at home or in a short-term hospital ward if services worked together better and the right capacity was available.
 - There is a cohort of people in Dorset hospitals with complex needs or who require large care packages; these people can be stuck in hospital beds for long periods of time. Consequently, the average waiting time for patients not discharged on the day they become medically fit from Dorset County Hospital is 11.3 days, which is significantly above the national average of 6 days.
 - On average 40% of patients in intermediate care beds (community hospital and council commissioned short term care beds) are medically fit for discharge and waiting to go home or to another long-term care setting.
- 1.7 As well as analysing data and outcomes for residents, the diagnostic reviewed staff experiences of working in the system and residents' experiences of urgent and emergency services. Team members identified substantial challenges in delivering the changes necessary. At the same time residents expressed their frustration with some of the experiences that they received.



1.8 The diagnostic further identified substantial opportunities to improve outcomes for residents. It is estimated that each year 2300 individuals could avoid a hospital stay altogether if different services were available and a more person-centred approach to care was adopted. In addition, 27,000 acute bed days could be saved if ongoing support were to be identified more quickly and 470 people per year could avoid a stay in a community hospital bed or local authority intermediate care bed if different services were available.

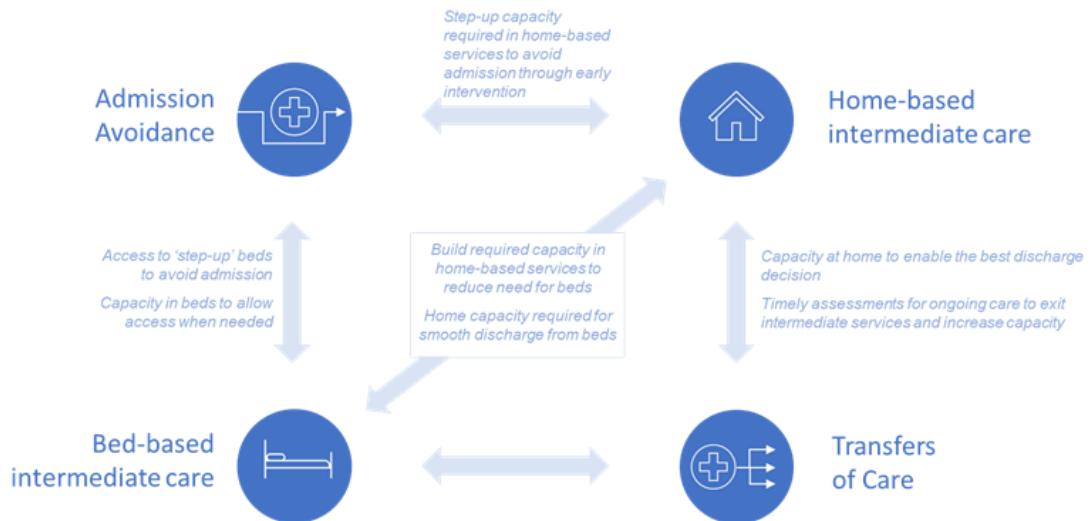


1.9 For those people referred to bed based intermediate care (community hospitals and local authority commissioned short term care home beds), it is estimated that the average length of stay could be reduced by an average of 8 days if better processes were in place. This could release the 36,500 bed days or the equivalent of 100 community hospital beds.

- 1.10 The diagnostic also identified significant opportunities to deliver better value for money. If the improvements identified above were delivered, then it is estimated that health and care partners (including the Council) would save more than £26m per year.
- 1.11 At the Dorset Health and Care System Executive’s Group (SEG) meeting on Thursday 26 September, partners agreed in principle to progress to the next stage of the UEC transformation programme, subject to obtaining support from sovereign bodies and agreeing with the transformation partner an achievable and affordable transformation programme.

2. Next steps

- 2.1 Work to develop and agree the transformation programme is currently underway. It is anticipated that the programme will take 18 months to deliver but by the end of the programme the Dorset health and care system will have substantially improved upon current levels of performance.
- 2.2 The diagram below sets out the key elements of the proposed programme



- 2.3 There are four key areas of activity:
- **Admission avoidance** -this work will take place across the two acute trusts in Dorset and will focus on supporting more people to go home without needing to spend a night in hospital.
 - **Transfer of Care** - many organisations are involved in supporting people with complex needs to leave hospital. This workstream will focus on simplifying and expediting existing arrangements by

improved information sharing, enabling people to have more control over their on-going care and by establishing improved multi-organisational working.

- **Home based intermediate care** - the diagnostic identifies that across Dorset at least 32 different organisations are involved in providing home based reablement services and the support provided can be confusing for residents and staff.
- **Bed based intermediate care** - joint work will be required to reduce the length of time it takes to identify ongoing care for people who have been discharged into a community hospital or other short term intermediate care bed. This could include providing more therapy support and working to identify and source homecare and other support more quickly.

2.4 There will also be two supporting workstreams:

- **System visibility and active system leadership** - this will focus on developing better data systems and business intelligence to identify where people are getting stuck in the system and to speed up decision-making. Data will also be shared so all partners can see a single version of the truth.
- **Change capability** - there will be significant investment in staff training and partnership working across organisations to encourage joint decision-making and better working together. This will include establishing a 'Change Academy' so that Dorset staff develop more expertise in delivering effective change.

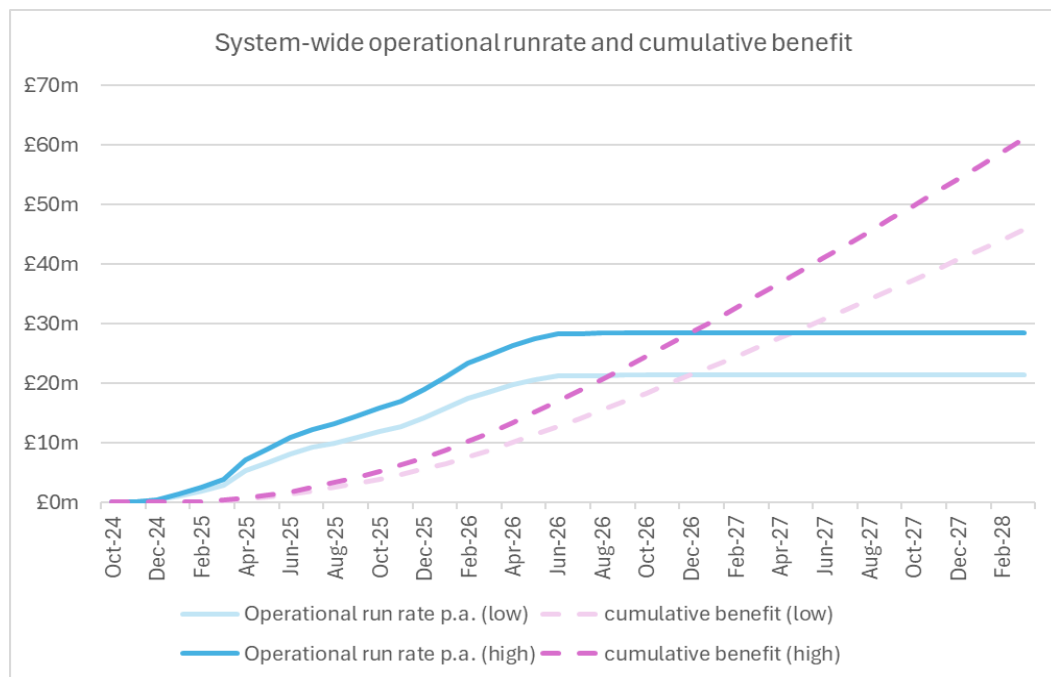
2.5 Once work to agree the detailed scope of the 18-month transformation programme has been completed, sovereign bodies have indicated their support and contractual terms to deliver it have been agreed, it is anticipated that work on the design and delivery phase will begin before the end of the calendar year.

2.6 As outlined in the diagnostic pack the challenges faced to improve urgent and emergency care pathways across the Dorset health and care system are considerable and despite a substantial amount of joint and system-wide work to improve performance, progress is currently slow. For these reasons, it is therefore recommended that Dorset Council Health and Wellbeing Board should commit to the next stages of the transformation programme.

3 Financial Implications

3.1 As well as the substantial detrimental impact of unnecessary and extended hospital stays on outcomes for people, there is also a substantial cost implication for the Dorset health and care system. Acute hospitals could use beds occupied by people waiting to go home to reduce hospital waiting lists faster and more resources could be invested in community-based services if outcomes can be improved and capacity re-utilised. Savings could also be used to address existing budget challenges.

3.2 The graph below identifies the anticipated benefit that will be delivered through the UEC transformation programme. The graph anticipates that by April 2026 the programme will have delivered changes which result in around £28m of annual benefits and, by February 2028 up to £60m of benefits will have been delivered.



3.3 Not all these benefits will flow to Dorset Council, but it is anticipated that by April 2026 around £4m of annual benefits will be realised by Dorset Council; primarily through the delivery of more and better reablement services and the subsequent reduction in average package size.

3.4 The costs of delivering the programme over its lifetime are anticipated to be in the region of £9m. A significant contribution to these costs will be made by the ICB and all partners will be asked to contribute in proportion

to the amount of benefits that they're forecast to receive. It is important to note that benefits received will be significantly greater than costs; overall the impact of Dorset Council participating in the UEC Transformation programme will be positive.

4 Natural Environment, Climate & Ecology Implications

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.

5 Well-being and Health Implications

Dorset, like other areas across the Southwest and nationally, is continuing to experience 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.

6 Other Implications

System Partners will continue to work closely with the Strategic Improvement Partner to develop an implementation plan for an end to end urgent and emergency care transformation programme.

7 Risk Assessment

The key risk for system partners is that if a transformation programme is not progressed at pace, then the urgent and emergency care pathway will not improve, and this will on personal health outcomes and the operational and financial viability of the healthcare system.

8 Equalities Impact Assessment

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.

9 Appendices

Short slide presentation to be presented by Newton colleagues at meeting.

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)

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Health and Wellbeing Board

20 November 2024

Better Care Fund 2023-2025: Quarter 2 2024/25 Reporting 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 endorse the Better Care Fund (BCF) Reporting Template for:
- Quarter 2 2024/25 approved under delegated authority.

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. The template was shared with HWB Members by email on 29 October 2024 in advance of submission to NHSE to provide advance oversight and offer opportunity to comment. The template was submitted to NHSE on 31 October 2024 on behalf of Dorset Council and Dorset NHS in line with delegated approvals. Retrospective endorsement is now sought from the Board at its meeting on 20 November 2024.

1. Introduction

- 1.1 The Quarter 2 2024-2025 Report is at Appendix A and outlines mid-year progress against the original plan for 2024-25. The template reports on a wide range of BCF elements in line with previous template formats, we are required to provide:
 - 1.1.1 Confirmation that National Conditions are being implemented
 - 1.1.2 Reporting of local performance against the BCF Metrics, and narrative about challenges and achievements
 - 1.1.3 Details of BCF expenditure and outputs achieved compared to our initial forecast
 - 1.1.4 Demand and Capacity of resources to meet hospital discharge and community need, along with narrative describing any changes, challenges and learning in the last 6 months.

2. Performance Metrics across our Plans

2.1 Our performance is measured against the following BCF metrics:

- 2.1.1 Avoidable Admissions
- 2.1.2 Discharge to Normal Place of Residence
- 2.1.3 Falls
- 2.1.4 Rate of Permanent Admissions to Residential Care

2.2 Our performance is on track to meet all targets, which is a notable improvement from previous periods, where demand has limited our ability to meet targets for Avoidable Admissions and Permanent Admission to Residential Care. As outlined in section 4 of Appendix A, in relation to Avoidable Admissions, a focused system workstream in 2024/25 centred on reducing preventable admissions with the key objective to drive up utilisation and impact of key services e.g. step-up frailty virtual wards, is providing assurance that the target is achievable for 2024/25. For Residential Admissions, we continue to consistently reduce the overall number

month on month and remain cautiously optimistic that our target can be achieved through Q3 and Q4.

3. Demand and Capacity Reporting

3.1 The template required updated information on actual demand and capacity to support hospital discharge and community need against the forecast submitted at the beginning of the financial year. Sections 5.1 and 5.2 of Appendix A detail the actual demand and provide narrative for activity during Q2 of 2024/25.

3.2 Overall demand was higher across hospital and community pathway 1 (support at home) and 2 (support in an interim care setting) during the first 4 months of 2024/25. This is reflective of higher levels of Urgent Emergency Care (UEC) demand across the county. August and September activity has been more in line with our anticipated plan. The data can be summarised into the following headlines for hospital discharge activity:

3.2.1 For pathway 1 and 2, we supported between 14%-17% more people than anticipated, although estimated timescales from referral to discharge remained on target

3.2.2 We utilised pathway 1 and 2 resources more effectively than anticipated, whilst also closing 11 discharge to assess beds due to affordability and overall performance.

3.2.3 There was less demand for pathway 3 (long term care home placements) than planned, which is in line with our strategy to ensure the majority of people are supported in a core intermediate care offer via Pathway 1 and Pathway 2. On average people waited 2 days longer for care to be arranged than we forecast, this is an area of focus for the next period.

3.3 Data headlines for community activity are as follows, where trends broadly mirror hospital discharge activity, although increased demand for community support continued in August and September, expect for in Urgent Community Response services:

3.3.1 There was approx. 13% higher demand for social support than expected.

3.3.2 Higher demand was also experienced for support at home and in bedded settings to avoid admission – an increase of between 14% - 17%.

- 3.3.3 The demand for Urgent Community Response was notably less than forecast for July, August and September. This is an area we need to monitor and also re-check our data quality.
- 3.4 We remain challenged by the volume of people who are not suitable for our core intermediate care services due to higher level and more complex needs (linked often to delirium and/or dementia). Some of this is due to current approach to decision-making at the point of referrals, but there is also a genuine gap in current commissioned offers that we need to address going forward. We are currently testing some new models of care with our virtual wards to establish whether this offers a safe alternative.
- 3.5 The key risk we have reported for winter is that demand continues to operate at a higher level than planned for. To mitigate for this we are looking at admission prevention offers, including VSCE support, to see how we can better connect and utilise them as part of our winter response. In addition we have work in train to continue to strengthen our Transfer of Care approach with an on-site Multi Disciplinary Team who are working together to make the best use of resources available to support discharge. This provides a more proactive approach with wards and acute teams to support more people home. This is also enabling earlier identification and escalation of issues that cause delays in discharge, allowing more effective and collaborative discharge planning, ultimately better outcome for people who are ready to leave hospital.
- 3.6 As previously reported to HWB, we have recently completed a diagnostics of our UEC and intermediate care pathway supported by Newton. This built on the BCF support programme diagnostic that was completed in Q1 and has validated and provided additional depth to the work we have been doing and is helping to shape our next stage improvement plan. There is further work to do in this space and this will be a key discussion in the next round of BCF planning.

4. Expenditure

- 4.1 Section 6b details each scheme, and the spend to date, which is on track, reporting 49 % of 2024/25 funding has been spent (c£75m of the £154m total). Here we are also required to report on 'outputs' to date, which refers to a range of measures from the number of individuals supported via specific lines to the number of care beds, care hours or equipment purchased. Most of the Q2 data is in line with the forecast, but there is some further work needed on data quality for a small number of schemes, e.g. volume of equipment for Community Equipment Schemes
- 4.2 In time for next years plan we hope to be able to complete some detailed review work that will enable us to refine and combine schemes in order to reduce the number of schemes and improve the description of each.

5. Financial Implications

- 5.1 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.
- 5.2 The Joint Commissioning Board of the Council and Dorset NHS continue to monitor BCF budgets and activity for 2024-25 Plan.

6. Environmental Implications

- 6.1 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.

7. Well-being and Health Implications

- 7.1 Allocation of the BCF supports individuals with health and social care needs, as well as enabling preventative measures and promoting independence.
- 7.2 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. In addition the lack of therapy led care and support to promote the regaining and maintaining of longer term independence continues to challenge us.

8. Other Implications

- 8.1 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.

9. Risk Assessment

- 9.1 Dorset Council and Dorset NHS officers are confident Appendix A provides appropriate assurance and confirms spending is compliant with conditions.
- 9.2 The funds provide mitigation of risks by securing continuation of essential service provision and provides preventative measures to reduce, delay and avoid demand.
- 9.3 Dorset is actively working to alter approaches that enable enhancement of provision to mitigate risks, and promote recovery, regaining and maintaining of independence.

10. Impact Assessment

- 10.1 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.

11. Appendices

A: Dorset's Better Care Fund 2024-2025 Q2 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, 18th September 2024, Item 6 [Better Care Fund Q1 Discharge Fund Template.pdf](#)

Health & Wellbeing Board, 26th June 2024, Item 9 [HWB BCF Report.pdf](#)

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

Better Care Fund 2024-25 Q2 Reporting Template

1. Guidance

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), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE). Please also refer to the Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements which was published in April 2024. Links to all policy and planning documents can be found on the bottom of this guidance page.

As outlined within the BCF Addendum, quarterly BCF reporting will continue in 2024 to 2025, with areas required to set out progress on delivering their plans. This will include the collection of spend and activity data, including for the Discharge Fund, which will be reviewed alongside other local performance data. The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund, including the Discharge Fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform 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 ICB's, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off by HWBs, or through a formal delegation to officials, 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

Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

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 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 submission.

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.

3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercarefundteam@nhs.net

(please also copy in your respective Better Care Manager)

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 Health & Wellbeing Board 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 Health & Wellbeing Board 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, an outline of the challenge and mitigating actions to support recovery should be outlined. It is recommended that the HWB also discussed this with their Regional Better Care Manager.

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's 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,
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process outlined within 24/25 planning submissions.

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 2024-25 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at local authority 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. Please note columns M and N only apply where 'not on track' is selected.

- 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 Actual Activity

Please note this section asks for C&D and actual activity for total intermediate care and not just capacity funded by the BCF.

Activity

'For reporting across 24/25 we are asking HWB's to complete their actual activity for the previous quarter. Actual activity is defined as capacity delivered.

For hospital discharge and community, this is found on sheet "5.2 C&D H1 Actual Activity".

5.1 C&D Guidance & Assumptions

Contains guidance notes as well as 4 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs particularly for winter and ongoing data issues.

5.2 C&D H1 Actual Activity

Please provide actual activity figures for April - September 24, these include reporting on your spot purchased activity and also actuals on time to treat for each service/pathway within Hospital Discharge. Actual activity for community referrals are required in the table below.

Actual activity is defined as delivered capacity or demand that is met by available capacity. Please note that this applies to all commissioned services not just those funded by the BCF.

Expenditure

Please use this section to complete a summary of expenditure which includes all previous entered schemes from the plan.

The reporting template has been updated to allow for tracking spend over time, providing a summary of expenditure to date alongside percentage spend of total allocation.

Overspend - Where there is an indicated overspend please ensure that you have reviewed expenditure and ensured that a) spend is in line with grant conditions b) where funding source is grant funding that spend cannot go beyond spending 100% of the total allocation.

Underspend - Where grant funding is a source and scheme spend continues you will need to create a new line and allocate this to the appropriate funding line within your wider BCF allocation.

Please also note that Discharge Fund grant funding conditions do not allow for underspend and this will need to be fully accounted for within 24/25 financial year.

For guidance on completing the expenditure section on 23-25 revised scheme type please refer to the expenditure guidance on 6a.

Useful Links and Resources

Planning requirements

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

Policy Framework

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/2023-to-2025-better-care-fund-policy-framework>

Addendum

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements>

Better Care Exchange

<https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2Fbettercareexchange%2FgroupHome>

Data pack

<https://future.nhs.uk/bettercareexchange/view?objectId=116035109>

Metrics dashboard

<https://future.nhs.uk/bettercareexchange/view?objectId=51608880>

Better Care Fund 2024-25 Q2 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 section 75 agreement expected to be signed off	
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	
Confirmation of Nation Conditions	
National Condition	Confirmation
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
Yes
Yes
Yes

Better Care Fund 2024-25 Q2 Reporting Template

4. Metrics

Selected Health and Wellbeing Board:

Dorset

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

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period
		Q1	Q2	Q3	Q4		
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	145.6	151.1	156.7	151.2	98.0	On track to meet target
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%	91.57%	On track to meet target
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,933.3	324.6	On track to meet target
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				397	not applicable	On track to meet target

Challenges and any Support Needs <i>Please:</i> - describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans - ensure that if you have selected data not available to assess progress that this is addressed in this section of your plan	Achievements - including where BCF funding is supporting improvements. <i>Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics</i>	Variance from plan <i>Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan</i>	Mitigation for recovery <i>Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan</i>
please note Q2 error in data both with the national SUS pack and local coding, data validation is underway	Focused system workstream in 2024/25 centred on reducing preventable admissions with key objective to drive up utilisation and impact of key services e.g. step-up frailty virtual wards	On track	N/A
please note Q2 error in data both with the national SUS pack and local coding, data validation is underway	Work around higher complexity people being supported via core offer or virtual ward.	On track	N/A
please note Q2 error in data both with the national SUS pack and local coding, data validation is underway	Continue to build on current community offers to prevent admission due to falls, including frailty SDEC services. 24/7 care home support is avoiding 90% of care home falls being conveyed.	On track	N/A
Please note error remains in population calculation BCF target outturn based on correct DC area population is 473.63. At Q1 & 2 performance was 482.32 and 451.91. Improvements in the rate of admissions between Q1 and Q2 show progress towards reducing permanent admissions, we continue to consistently reduce the overall number month on month and remain cautiously optimistic that our target can be achieved through Q3 and Q4.	BCF investment into Reablement led approaches (Home First Accelerator as previously outlined in our returns) and Homecare capacity is continuing to enable us to reduce reliance on residential placements. This is because more people are able to regain their independence, particularly following discharge from hospital, enabling them, where needed, to be supported at home. We no longer rely on residential care due to lack of homecare - our local homecare market is meeting our demand. Our LA strategy around Extra Care is also developing, with tendering concluding at end of Q2 to enable higher levels of care and support to be provided in our existing settings, again delaying and reducing demand for care home placements. One new scheme is due to open in Q3, but in the main this commissioning intervention will take time to show in performance as schemes are in the main fully occupied.	We are on track	n/a

Better Care Fund 2024-25 Q2 Reporting Template

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 any learnings from the last 6 months.

Overall demand was higher than predicted on both P1 and P2 during first 4m months of 2024/25. This is reflective of higher levels of UEC demand across the county. July was a particularly challenging month and has taken several weeks to recover to more normal levels (as reflected in the data). We also took the decision to close 11 ICB commissioned D2A beds in the West of county at end of Q1 due to poor flow and LLOS for those individuals. August and September activity has been more in line with our anticipated plan. P3 has operated at slightly lower levels than predicted which is in line with our strategy to ensure the majority of people are supported in a core intermediate care offer via P1 and P2. Length of delay has reduced in P2 but not seen any material change in P1.

Key areas of learning: Processes have worked better when we have had an on-site Transfer of Care hub working and higher on-site presence on wards facilitating discharge. We have not yet been able to get this working in a sustainable way. There has also been considerable collective effort on reducing LLOS (50 day+ delays) in acute and community hospitals which has helped with reducing 'lost' bed days. One of our challenges remains the volume of people who are not suitable for our core intermediate care services (higher need/complexity). Some of this is due to risk-averse decision-making at the point of referrals; others reflect a genuine gaps in commissioned offers that we need to address going forward. We have recently completed a diagnostics of our UEC and intermediate care pathway supported by Newton. This built on the BCF support programme diagnostic that was completed in Q1 and has validated and provided additional depth to the work we have been doing and is helping to shape our next stage improvement plan

2. How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?

Our focus ofr winter is centred on making better use of the capacity we have by reducing LOS in these spaces; and simplifying processes for accessing this capacity. This is focus of our Transfer of Care workstream which is being supported through the BCF programme and is one of the 6 key workstreams put forward by Newton as part of the next phase of this work. To enable this we are focusing in 3 key spaces: 1) taking out steps in decision-making at start of process (either by TOC working on-site and/or extension of trusted assessor capabilities between teams) 2) Greater focus on earlier discharge planning in all bedded spaces, amd particularly for those at risk of becoming a complex discharge. A planning tool is being rolled out from December across all acute sites. 3) Earlier and more effective escalation to senior-decision makers when a person is likely to become a long LOS. This is helping us to undertaken better risk assessments of discharge plans and work through how our services can flex to meet need. There is no flex currently in resource plans for additional surge capacity so reducing LOS in intermediate care service is key to increase throughput in order to best meet winter demand

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

There remains a cohort of individuals for who there is not a commissioned intermediate care offer. This is largely those with challenging behaviours, linked often to delirium and/or dementia, who needs cannot be safely met in our standard intermediate care offer. At the moment, many of these end up being assessed for long-term care needs in hospital which is not in line with our D2A approach. We are currently testing some new models of care with our virtual wards to see if they can support safe discharge for delirium patients. There is further work to do in this space and this will be a key discussion in the next round of BCF planning

The key risk for winter is that demand continues to operate at a higher level than planned for. The last 2 months have been more in line with expected levels and it is hoped this will continue. However, to mitigate we are also looking at admission prevention offers to see how we can better connect and utilise them as part of our winter response. This includes SDEC and Virtual Ward services linking through our CARE Co-ordination Hub and with stronger links to social care and VCSE support.

4. Where actual 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?

Checklist

Complete:

Yes

Yes

Yes

There are two strands to our approach on this 1) Strengthening out TOC approach with an on-site MDT who are workng together to make the best use of cpacity available, including flexing and bledning of availabble resources and a more proactive approach with wards and acute teams to support more positive risk-taking in order to get someone home (evidence has shown that our approach is quite risk averse and bed dependent) 2) Effective and early identification and escalation of issues that are/will inhibit flow. We know that the need for higher dependency /compexity solution is in part linked to the lenhth of delay in hospital. Proactively managing this risk is key and we are testing an enhanced process both early discharge planning and escalation as part of our winter mitigation

Yes

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

5.1 Guidance

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 months of the year
- modelling and agreed changes to services as part of Winter planning
- 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.

Hospital Discharge

This section collects actual activity of services to support people being discharged from acute hospital. You should input the actual activity to support discharge across these different service types and this applies to all commissioned services not just those from the BCF.

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

Community

This section collects actual activity for community services. You should input the actual activity across health and social care for different service types. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support and this applies to all commissioned services not just those from the BCF.. 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

Better Care Fund 2024-25 Q2 Reporting Template

5. Capacity & Demand

Selected Health and Wellbeing Board:

Dorset

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan						Actual activity (not including spot purchased capacity)						Actual activity to service)
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	191	184	194	186	216	186	221	201	222	239	230	206	0
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	6	6	6	5	5	5	6	6	6	7	8	7	
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	0	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	0	0	0	0	0	0	0	0	0	0	0	0	
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	86	94	94	78	94	109	93	131	103	127	83	115	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	14	14	14	11	11	11	14	9	13	13	11	12	
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	6	6	6	6	6	10	13	5	1	3	3	4	0
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	14	14	14	11	11	11	14	9	13	13	11	12	
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	17	15	25	22	26	39	0	0	0	0	0	0	18
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	51	50	50	45	45	40	51	19	81	60	41	47	

Actual activity - Community		Prepopulated demand from 2024-25 plan						Actual activity:					
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Social support (including VCS)	Monthly activity. Number of new clients.	298	296	278	273	329	336	382	294	329	356	322	365
Urgent Community Response	Monthly activity. Number of new clients.	653	653	653	653	653	653	646	679	636	604	602	552
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	123	123	123	123	123	131	134	114	148	144	158	155
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	10	15	13	10	12	9	13	12	15	14	19	8
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Activity through <u>only</u> spot purchasing (doesn't apply to time)				
May-24	Jun-24	Jul-24	Aug-24	Sep-24
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
14	14	17	18	14

Checklist

Complete:

- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes

- Yes
- Yes
- Yes
- Yes
- Yes



Further guidance for completing Expenditure sheet

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2023-25 Revised Scheme types

Number	Scheme type/ services	Sub type	Description
1	Assistive Technologies and Equipment	<ol style="list-style-type: none"> 1. Assistive technologies including telecare 2. Digital participation services 3. Community based equipment 4. Other 	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
2	Care Act Implementation Related Duties	<ol style="list-style-type: none"> 1. Independent Mental Health Advocacy 2. Safeguarding 3. Other 	Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
3	Carers Services	<ol style="list-style-type: none"> 1. Respite Services 2. Carer advice and support related to Care Act duties 3. Other 	Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
4	Community Based Schemes	<ol style="list-style-type: none"> 1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level social support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other 	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'
5	DFG Related Schemes	<ol style="list-style-type: none"> 1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG 3. Handyperson services 4. Other 	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate

6	Enablers for Integration	<ol style="list-style-type: none"> 1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. New governance arrangements 7. Voluntary Sector Business Development 8. Joint commissioning infrastructure 9. Integrated models of provision 10. Other 	<p>Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes.</p> <p>Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.</p>
7	High Impact Change Model for Managing Transfer of Care	<ol style="list-style-type: none"> 1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other 	<p>The ten changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.</p>
8	Home Care or Domiciliary Care	<ol style="list-style-type: none"> 1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Short term domiciliary care (without reablement input) 4. Domiciliary care workforce development 5. Other 	<p>A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.</p>
9	Housing Related Schemes		<p>This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.</p>

10	Integrated Care Planning and Navigation	<ol style="list-style-type: none"> 1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other 	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>
11	Bed based intermediate Care Services (Reablement, rehabilitation in a bedded setting, wider short-term services supporting recovery)	<ol style="list-style-type: none"> 1. Bed-based intermediate care with rehabilitation (to support discharge) 2. Bed-based intermediate care with reablement (to support discharge) 3. Bed-based intermediate care with rehabilitation (to support admission avoidance) 4. Bed-based intermediate care with reablement (to support admissions avoidance) 5. Bed-based intermediate care with rehabilitation accepting step up and step down users 6. Bed-based intermediate care with reablement accepting step up and step down users 7. Other 	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups.</p>
12	Home-based intermediate care services	<ol style="list-style-type: none"> 1. Reablement at home (to support discharge) 2. Reablement at home (to prevent admission to hospital or residential care) 3. Reablement at home (accepting step up and step down users) 4. Rehabilitation at home (to support discharge) 5. Rehabilitation at home (to prevent admission to hospital or residential care) 6. Rehabilitation at home (accepting step up and step down users) 7. Joint reablement and rehabilitation service (to support discharge) 8. Joint reablement and rehabilitation service (to prevent admission to hospital or residential care) 9. Joint reablement and rehabilitation service (accepting step up and step down users) 10. Other 	<p>Provides support in your own home to improve your confidence and ability to live as independently as possible</p>
13	Urgent Community Response		<p>Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. Through these teams, older people and adults with complex health needs who urgently need care, can get fast access to a range of health and social care professionals within two hours.</p>
14	Personalised Budgeting and Commissioning		<p>Various person centred approaches to commissioning and budgeting, including direct payments.</p>

15	Personalised Care at Home	<ol style="list-style-type: none"> 1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other 	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.
16	Prevention / Early Intervention	<ol style="list-style-type: none"> 1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other 	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
17	Residential Placements	<ol style="list-style-type: none"> 1. Supported housing 2. Learning disability 3. Extra care 4. Care home 5. Nursing home 6. Short-term residential/nursing care for someone likely to require a longer-term care home replacement 7. Short term residential care (without rehabilitation or reablement input) 8. Other 	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
18	Workforce recruitment and retention	<ol style="list-style-type: none"> 1. Improve retention of existing workforce 2. Local recruitment initiatives 3. Increase hours worked by existing workforce 4. Additional or redeployed capacity from current care workers 5. Other 	These scheme types were introduced in planning for the 22-23 AS Discharge Fund. Use these scheme descriptors where funding is used for incentives or activity to recruit and retain staff or to incentivise staff to increase the number of hours they work.
19	Other		Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Scheme type	Units
Assistive Technologies and Equipment	Number of beneficiaries
Home Care or Domiciliary Care	Hours of care (Unless short-term in which case it is packages)
Bed based intermediate Care Services	Number of placements
Home-based intermediate care services	Packages
Residential Placements	Number of beds
DFG Related Schemes	Number of adaptations funded/people supported
Workforce Recruitment and Retention	WTE's gained
Carers Services	Beneficiaries

6. Expenditure

Selected Health and Wellbeing Board:

Dorset

[<< Link to summary sheet](#)

		2024-25			
Running Balances	Income	Expenditure to date	Percentage spent	Balance	
DFG	£4,529,287	£2,219,259	49.00%	£2,310,028	
Minimum NHS Contribution	£35,044,629	£17,200,390	49.08%	£17,844,239	
iBCF	£12,450,566	£6,098,960	48.99%	£6,351,606	
Additional LA Contribution	£58,299,500	£27,685,095	47.49%	£30,614,405	
Additional NHS Contribution	£36,224,148	£18,068,760	49.88%	£18,155,388	
Local Authority Discharge Funding	£2,909,250	£1,316,151	45.24%	£1,593,099	
ICB Discharge Funding	£3,500,773	£2,593,701	74.09%	£907,072	
Total	£152,958,153	£75,182,316	49.15%	£77,775,837	

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

		2024-25		
	Minimum Required Spend	Expenditure to date	Balance	
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£9,907,649	£10,565,234	£0	
Adult Social Care services spend from the minimum ICB allocations	£13,914,160	£6,635,156	£7,279,004	

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
1	Maintaining Independence	A combination of telecare, wellness and digital participation services	Other			0	0		Social Care		LA			Private Sector	iBCF	£2,329,214	£1,164,607	
2	Strong and sustainable care markets	Funding of residential placements	Residential Placements	Care home		154	77	Number of beds	Social Care		LA			Private Sector	iBCF	£4,251,898	£1,999,625	
3	Strong and sustainable care markets	Funding for domiciliary care	Home Care or Domiciliary Care	Domiciliary care packages		55	35	Hours of care (Unless short-term in which case it is packages)	Social Care		LA			Private Sector	iBCF	£1,241,282	£620,641	
4	Strong and sustainable care markets	Enabling service improvement	Other			0	0		Social Care		LA			Local Authority	iBCF	£1,102,300	£551,150	
5	High Impact Changes/ Implementation	Social work staffing capacity to maintain DTOC performance	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		0	0		Social Care		LA			Local Authority	iBCF	£2,223,817	£1,111,909	
6	Strong and sustainable care markets	Resource to manage and review care market	High Impact Change Model for Managing Transfer of Care	Monitoring and responding to system demand and capacity		0	0		Social Care		LA			Local Authority	iBCF	£209,629	£104,815	
7	High Impact Changes/ Implementation	Manage the impact of the confirmed NHS reductions to the existing BCF	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		0	0		Social Care		LA			Local Authority	iBCF	£1,092,426	£546,213	
8	High Impact Changes/ Implementation	Provision of reablement services	Integrated Care Planning and Navigation	Assessment teams/joint assessment		0	0		Social Care		LA			Private Sector	Minimum NHS Contribution	£3,671,278	£1,835,639	
9	Maintaining Independence	Dorset Accessible Homes Service administering DFG	DFG Related Schemes	Adaptations, including statutory DFG grants		1000	216	Number of adaptations funded/people supported	Social Care		LA			Private Sector	DFG	£4,529,287	£2,219,259	
10	Maintaining Independence	Mental health & dementia support - nursing home	Residential Placements	Nursing home		69	41	Number of beds	Social Care		LA			Private Sector	Minimum NHS Contribution	£2,525,252	£1,262,626	
11	Maintaining Independence	Dorset Accessible Homes Service provision of AT and equipment	Assistive Technologies and Equipment	Community based equipment		1140	296	Number of beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	£637,277	£318,638	
12	High Impact Changes/ Implementation	Integrated crisis and rapid response service	Integrated Care Planning and Navigation	Assessment teams/joint assessment		0	0		Social Care		LA			Private Sector	Minimum NHS Contribution	£785,379	£392,689	
13	Maintaining Independence	Occupational Therapy capacity to support minor aids and adaptations,	High Impact Change Model for Managing Transfer of Care	Monitoring and responding to system demand and capacity		0	0		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,443,189	£721,594	
14	High Impact Changes/ Implementation	Various funding arrangements	High Impact Change Model for Managing Transfer of Care	Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge		0	0		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,419,860	£709,930	
15	High Impact Changes/ Implementation	Various funding arrangements	High Impact Change Model for Managing Transfer of Care	Other	Various funding arrangements	0	0		Social Care		LA			NHS Acute Provider	Minimum NHS Contribution	£165,716	£82,858	
16	High Impact Changes/ Implementation	Various funding arrangements	High Impact Change Model for Managing Transfer of Care	Other	Various funding arrangements	0	0		Social Care		LA			NHS Community Provider	Minimum NHS Contribution	£446,977	£223,488	
17	Carers	Direct payment budget for carers	Carers Services	Respite Services		300	203	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	£116,099	£107,693	
18	Carers	Carers case workers	Carers Services	Carer advice and support related to Care Act duties		73	39	Beneficiaries	Social Care		LA			Local Authority	Minimum NHS Contribution	£268,891	£168,774	
19	Carers	Carer's support service to support those care for people with mental health	Carers Services	Carer advice and support related to Care Act duties		60	319	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£117,667	£52,188	
20	Carers	Carer engagement	Carers Services	Carer advice and support related to Care Act duties		94	125	Beneficiaries	Social Care		LA			Private Sector	Minimum NHS Contribution	£7,769	£2,993	
21	Carers	Respite care, short breaks for carers	Carers Services	Respite Services		350	171	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£478,196	£125,566	
22	Carers	GP practice carers support accreditations scheme	Carers Services	Other	GP training	86	44	Beneficiaries	Social Care		LA			NHS	Minimum NHS Contribution	£8,393	£4,197	
23	Carers	Carers training programme	Carers Services	Other	Carers training/activities	2200	1151	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£115,928	£71,825	
24	Maintaining Independence	Dorset Integrated Community Equipment Service	Assistive Technologies and Equipment	Community based equipment		3900	1557	Number of beneficiaries	Social Care		LA			Private Sector	Additional LA Contribution	£1,144,700	£635,000	
25	Strong and sustainable care markets	Joint purchasing of care	Residential Placements	Care home		884	1007	Number of beds	Social Care		LA			Private Sector	Additional LA Contribution	£55,058,800	£26,004,378	

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Health and Wellbeing Board 20 November 2024 Safeguarding Adults Board Annual Report

For Review and Consultation

Cabinet Member and Portfolio:
Cllr S Robinson, Adult Social Care

Local Councillor(s):
n/a

Executive Director:
J Price, Executive Director of People - Adults

Report Author: Siân Walker-McAllister
Job Title: Dorset Safeguarding Adults Board (DSAB) Independent Chair
Tel: contact via Business Manager Claire Hughes, 01202 123662
Email: contact via Business Manager Claire.Hughes@bcpcouncil.gov.uk

Report Status: Public

Brief Summary:

The Care Act 2014 states that each local authority must establish a Safeguarding Adults Board. 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 Board 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 Dorset Council.

A summarised version of our Strategic Plan is on page 7. The full version can be accessed here:

[Strategic Plan 2023 to 2026. Dorset and BCP Safeguarding Adults Boards "Making Safeguarding Everyone's Business" - Dorset Council](#)

SAB priorities are distilled into 3 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. MSP is primarily about ensuring that people have the opportunity to determine for themselves any safeguarding actions and outcomes.

Following the Strategic Plan we have highlighted some of the Board's achievements, including an overview of each subgroup.

The Care Act 2014, sections 44(1), (2) and (3), requires that a Safeguarding Adult Review (SAR) is undertaken where an adult with care and support needs has died or suffered serious harm, and it is suspected or known that the cause was neglect or abuse, including self-neglect, and there is concern that agencies could have worked better to protect the adult from harm. Under section 44(4) a SAR can be undertaken in other cases concerning adults with care and support needs.

On pages 11 & 12 we have summarised the learning from 2 statutory Safeguarding Adults Reviews concluded in Dorset during this reporting year.

The Annual Report then dedicates space to our valuable partner contributions. We appreciate the reflective analysis of partner achievements and challenges and look forward to working together on their future plans to contribute to the SAB Strategic Priorities.

The report concludes with a reminder of the importance of Making Safeguarding Personal (MSP) in the form of an abridged version of the safeguarding story from our September 2023 Board meeting highlighting some of the excellent practice from practitioners working with local residents.

Recommendation:

Members are asked to note and comment on the Annual Report of the Dorset Safeguarding Adults Board.

Reason for Recommendation:

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

1. **Report**

The Dorset Safeguarding Adults Board Annual Report 2023-24 is attached.

2. **Financial Implications**

The budget contributions for the DSAB and BCPSAB are set out on page 5 of the Annual Report. The Boards have a combined budget with partner contributions below for ease of reference.

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

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

None to note.

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

The continual support and challenge role of DSAB with partner organisations and others will contribute positively to the health and wellbeing of local residents. The Annual Report is reviewed by Healthwatch prior to publication.

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 – Safeguarding Adults Board Annual Report 2023-24

9. **Background Papers**

None.

10. **Report Sign Off**

This report has been approved by the DBCPSAB Board at their meeting on 26 September 2024.

Dorset Safeguarding Adults Board

Annual Report 2023-2024



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 Safeguarding Adults Board 2023/2024 Annual Report. The Board meets jointly with the BCP Safeguarding Adults Board and shares all subgroups of the Board. This enables us to work efficiently with our partners across the NHS and Police, and also with the many other public, voluntary and community sector agencies. A separate Annual Report is provided as we have constitutionally retained separate Boards enabling us to have place-based meetings where required.

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 Board must also commission a Safeguarding Adults Review, (S44 of the Care Act) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. Safeguarding Adults Boards must also arrange a Safeguarding Adults Review if an adult in its area has not died, but the Safeguarding Adult Board knows or suspects that the adult has experienced serious abuse or neglect. and must 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.

In 2023 the Dorset SAB published SAR Simon – with recommendations of national significance regarding the transfer of GP records between different countries and counties within the UK. We also concluded SAR Elizabeth, and it was agreed that this would not be published. Summaries from these reports are included in this annual report.

During this year, the Board continued to hold alternate Board meetings in-person and held several events:

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- In May 2023 productive meetings were held in respect of the LGA Adult Social Care Peer Review. This was commissioned by Adult Social Care in Dorset to ensure support in identifying any issues in preparation for forthcoming CQC assessment of adult social care. The Board participated in the review and the outcome was helpful in providing assurance about the effectiveness of safeguarding delivery by adult social care and assurance for the Board about the partnership working to deliver effective services to protect those with care and support needs.
- I attended NHS England regional Mental Health Homicide Review Workshop as it is essential that in commissioning any reviews, we work effectively with partners to ensure that the learning is delivered by the most appropriate organisation.
- This SAB has been proud to include representatives from Housing on our Board for a number of years. In July 2023 we hosted an event for registered housing providers attended by colleagues from the local authority, adult social care safeguarding, and learning & development teams as well, importantly, as many registered social housing providers. Attendees formed a Housing & Safeguarding Reference group enabling them to have a forum to share ideas & experiences. A second event was held in January 2024 for all pan-Dorset Registered Housing Providers with Professor Michael Preston-Shoot presenting on the theme of Adult Safeguarding & Homelessness. The event focussed on the need to identify and use evidence-based practice, ensuring that everyone works across agencies and thinks ‘team around the person’. Rachel Young (Pause Dorset) spoke about the housing issues for working with women whose children are removed. Regular engagement with housing has been welcomed and this network is proactively sharing learning. The SAB has now agreed to facilitate an annual event.
- In July 2023, the first face-to-face CEG meeting was held, providing networking opportunities to improve understanding of the important roles which the voluntary and community sector hold in promoting awareness of safeguarding. Effective engagement with and between community groups enabled participants to showcase their work, forging strong working relationships, understanding each other’s remit.
- We delivered training during the year on the role of the Safeguarding Adults Board, for 200 Dorset staff.

In September 2023 I undertook prison visits to HMP Portland and HMP The Verne, accompanied by the Dorset Council Adult Safeguarding Lead/Service Manager - S117 Hub. HM Prison & Probation Services are represented on the Board and there is much to do to ensure that the Board has assurance that the Care Act responsibilities for prisoners with care and support needs are delivered. This is the responsibility of the local authority which commissions support from healthcare providers based in prisons. Given the numbers of those in prison with mental health needs and the high proportion of prisoners who are neurodivergent; we also commenced work to ensure that preparation for release takes account of the services which will need to be available. This supports individuals and importantly is a matter for public protection.

Our subgroups have seen some changes in chairing arrangements due to changes in personnel but by the end of this reporting year a degree of stability has been achieved. This year saw the establishment of an additional subgroup of the Board - the Mental Capacity Act & Deprivation of Liberty Safeguards (MCA/DoLS) Subgroup (referred to later in this report) – important for the Board’s assurance, this will help address the fact that issues regarding mental capacity assessments and executive function are recurring themes in very many safeguarding interventions and reviews.

I established a quarterly meeting for the Chairs of the Board’s subgroup chairs in September 2023 to ensure that partnership working improved. We are now seeing how the outcomes and learning from safeguarding adult reviews are also reflected in the audit plans for the Quality Assurance subgroup. There is also an improved understanding of the importance of engagements with colleagues in the voluntary and community sector across all groups

Productive working continues between the Board and NHS Dorset and during the year I met regularly with the NHS Dorset Safeguarding Leads including discussion about the pilot CQC Inspection of the Integrated Care System, progress on SARs across the NHS system and revised Pressure Ulcer Guidance.

During the year we updated policies and procedures - including our Board Constitution, Communication Strategy, and Document Retention Policy. Regular review ensures good governance and clarity of understanding across the partnership.

February 2024 saw improved capacity within the Board’s business team with recruitment of a Project Officer to enable focus on key tasks including delivery of more effective communications and delivery of a new website which will be act as a reference point for safeguarding practitioners as well as providing accessible information for the public.

At the close of the year, we facilitated a Board development event in March 2024, which gave us the opportunity to review and update our 3-year strategy and all partners made a commitment to engage in ‘horizon scanning’ during the year ahead.

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 Dorset Council area contact:

01305 221016

During evenings and weekends, telephone 01305 858250

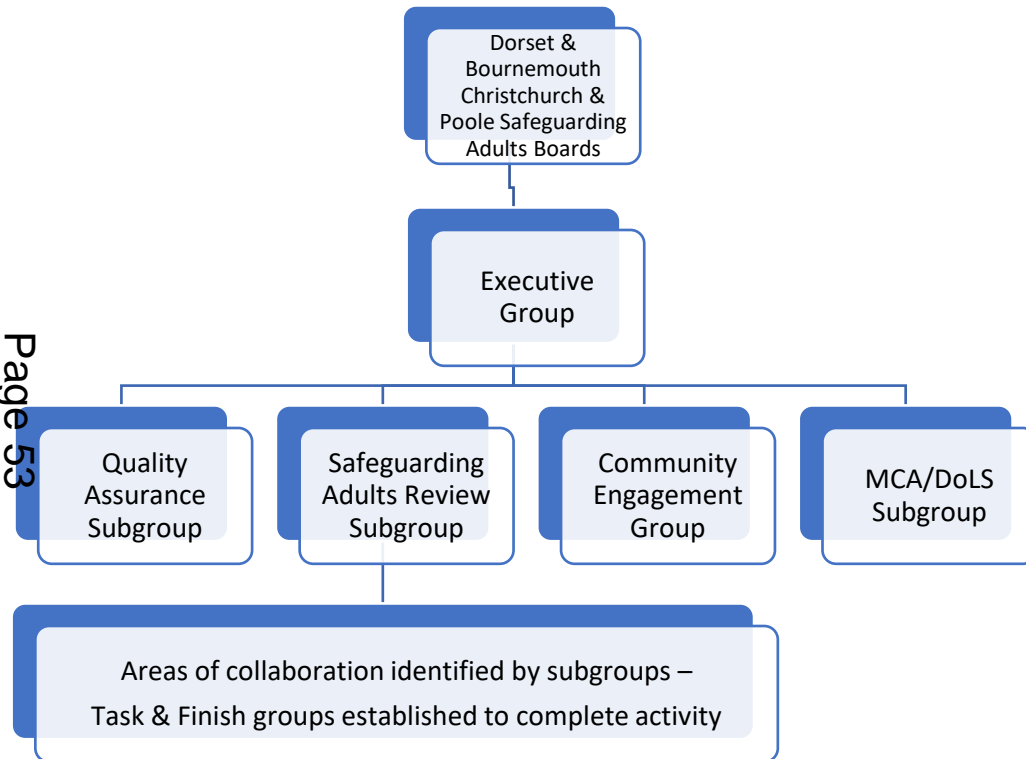


In an emergency dial 999. If the person is not in danger now, dial 101.

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 & BCP Safeguarding Adults Boards

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Dorset & BCP Safeguarding Adults Boards Budget 2023-2024



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 2023-2024, the Business team was carrying a vacancy for a Project Officer and a part time Administrator resulting in an underspend on staffing. During this year the SABs held 5 in-person events, so cost for venue hire had increased since the previous year.

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
Total	£198,149

Dorset Council - Safeguarding Activity & Performance Information 2023-24



2023-2024

S42.1 Concerns received

5673* Concerns received
(Top 3 Referral Sources were Residential Care Staff, Domiciliary Care Staff, Social Care Worker)

Progressed to a S42.2 Enquiry

390* S42.2
2217* Other safeguarding enquiries
(this is what needs to happen to make sure someone is safe)

Breakdown of S42.2 Enquiries

*Volumes of concerns and enquiries are published in the Safeguarding Adults Collection by NHS Digital Safeguarding Adults, England

Top 4 Sources of Risk

41% Service Provider – Private sector
15% Relative/family carer
13 % Other private sector
12% Known individual not related

Top 4 Types of Abuse

46% Neglect & Acts of Omission
11% Physical
11% Financial
7% Psychological

Top 4 Locations of Abuse

44% Own home
33% Care home (Residential)
11% Care home (Nursing)
5% Supported Living

Outcome of Concluded S42.2 Enquiries

(when risk identified)
Risk Removed = 26%
Risk Reduced = 69%
Risk Remains = 6%

Gender & Age

Women (63%) are nearly twice as likely to be the subject of a S42.2 Enquiry in Dorset than men (35%) over all age groups. (There is a notable increase for women over the age of 85.)

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*Volumes of concerns and enquiries as published in the Safeguarding Adults Collection by NHS Digital [NHS England Digital - Safeguarding Adults, England, 2023-24](#)

Strategic Plan for 2023-2026

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).
<p>Prevention Aim: Continued development with partners of preventative work in safeguarding.</p>	<p>Accountability Aim: Continuing to seek assurance on safeguarding practice across system partners.</p>	<p>Partnership working Aim: Assurance on delivery of 'MSP' using a whole family approach.</p>
<p>We will:</p> <ul style="list-style-type: none"> • Review learning from SARs from DBCPSAB & other Boards and revisit thematic learning from reviews to inform preventative work with adults with care and support needs. • Ensure we always take account of the experiences of people who use services or receive safeguarding interventions. • 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 & Development strategy. • Ensure that the Boards' subgroups are able to provide evidence of system learning and working to deliver preventative work. • Ensure there is good multi-agency working with a contextual safeguarding approach to preventative work with people who are homeless. • Improve use of data from all partners to enable us to identify trends which influence preventative work across all agencies. 	<p>We will:</p> <ul style="list-style-type: none"> • Continuously develop how we receive assurance as governance frameworks evolve across every statutory partner. • 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. • Work in partnership across the safeguarding children and community safety partnerships to ensure that complexities of 'Transitional Safeguarding' are understood well. • Seek assurance on delivery of safe and person-centred practice in private mental health hospitals and for all placements of people outside our area. • Seek assurance that 'Think Family' practice across all agencies is embedded. • Continue to seek assurance on health & social care practice and provider care quality. • Seek assurance that the system is working to safeguard people via the new national policing initiative, 'Right Person, Right Care' 	<p>We will:</p> <ul style="list-style-type: none"> • 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. • 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. • Deliver our communication/ engagement strategy to the widest audience with the support of the voluntary and community sector through our Community Engagement Subgroup. • Ensure that the Quality Assurance subgroup continues to audit application of MSP and provides data which evidences that application of MSP is embedded.

What we achieved in 2023-2024

In our strategy we said...	This is what we did
<p>Continued development with partners of preventative work in safeguarding</p>	<ul style="list-style-type: none"> • Continued working with Partners and received updates from Dorset Police on ‘Right Care Right Person’ approach for working with vulnerable people • Ongoing work with the Community Engagement Group (CEG) to facilitate shared learning and awareness of safeguarding • Good partnership working with NHS Dorset and production of a revised local Pressure Ulcer Guidance, this was added to the Safeguarding Adults Procedures • Delivered and published Three ‘7 Minute Learning’ reviews on ‘Multi-Agency Risk Management (MARM) processes’, ‘Safeguarding and Hospital Discharge’ and ‘Learning from BCP SAR Aziza’ • Delivered with partners, 4 x bite-sized videos, published on the Boards’ websites, providing an overview of the MARM process • Revised and updated the Safeguarding Adult Review (SAR) Referral form ensuring clarity and understanding about SAR referrals by agencies, enabling better-informed decisions as to whether the criteria is met for commissioning a SAR • A Transitional Safeguarding Position Statement was published, written to ensure that agencies understand the needs of young people who are moving from Children’s services and need support from Adult Social Care and other services • Established the Housing & Safeguarding Reference group and arranged delivery of learning about ‘Adult Safeguarding and Homelessness’
<p>Continuing to seek assurance on safeguarding practice across system partners</p>	<ul style="list-style-type: none"> • Delivered Safeguarding Adult Reviews on Simon and Elizabeth, continuing to seek assurance through implementation of action plans • Produced and published the Dorset & BCP SAB Communication Strategy • The QA and CEG subgroup Terms of Reference were updated • Subgroup Chairs and Deputies met quarterly to share practice and work together more effectively.
<p>Assurance on delivery of ‘Making Safeguarding Personal’</p>	<ul style="list-style-type: none"> • Making Safeguarding Personal (MSP) was a key feature of the Boards’ Development session in March 2024, with workshops on this theme and discussions around why it is important for all partners to embed this into practice • The focus on application of MSP is always included within terms of reference for safeguarding adult reviews and thus is reflected in recommendations • QA subgroup will be undertaking an audit and review of MSP again in the next year to ensure it is embedded into practice.

Reports from the Chairs of the Subgroups for 2023-2024

<p>Community Engagement Subgroup (CEG)</p>	<p>CEG has continued to welcome an increased membership and more consistent attendance at meetings and events, contributing to the strategic plan. It is Chaired and Vice-Chaired by two Voluntary & 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.</p> <p>The CEG is working towards achieving the priorities outlined in the Safeguarding Adult Boards' 2021/24 Strategic Plan and continues to have a focus on informed and preventative work with safeguarding. This involves talking to various groups about how to ensure that people with care and support needs are kept safe. CEG has received presentations from Prama Care, People First Dorset and the Safeguarding Board business managers, looking at various themes such as hoarding, self-neglect and 7-minute learning reviews to help organisations and volunteers understand how they can support someone where there may be a safeguarding concern.</p> <p>CEG Refreshes and reviews good safeguarding practices within the VCS and shares these findings and learning across the sector.</p> <p>CEG has worked with the subgroups and the board to ensure that the VCS is recognised as often being the first point of contact for Dorset residents and that the sector often initiates reporting a concern when supporting adults in the community.</p>
<p>Safeguarding Adult Review (SAR) Subgroup</p>	<p>The Safeguarding Adult Review (SAR) subgroup met on 7 occasions throughout 2023/2024. Until December 2023, the chair was Sarah Webb from BCP Council. From January 2024 a new chair, Kirsten Bland from NHS Dorset was appointed.</p> <p>During 2023/2024 the SAR subgroup facilitated the publication of a safeguarding adult review - SAR Simon, available from the Dorset Safeguarding Adults Board website Safeguarding adults review - Learning from the circumstances around the death of Simon (dorsetcouncil.gov.uk). SAR Elizabeth was also approved by the Board.</p> <p>The subgroup has considered 8 referrals for a SAR over the last year and four of these met the criteria for commissioning a SAR.</p>
<p>Quality Assurance (QA) Subgroup</p>	<p>The Quality Assurance (QA) Subgroup met on 4 occasions throughout 2023/2024. Initially, the subgroup was co-chaired by Jonathan Price (Dorset Council) and Liz Plastow (NHS Dorset). In May 2023 Simon Hester was appointed to co-chair after Liz Plastow left NHS Dorset. Tanya Dawson-Sheehan (Dorset Council) has chaired the subgroup, with Simon Hester as Deputy Chair since November 2023</p> <p>The subgroup has welcomed updates and demonstrations of the 'Dorset Insight and Intelligence Service' (DiiS) Safeguarding Dashboard, commissioned by NHS Dorset but not intended for use only within the NHS. Discussions as to how partner agencies can be involved and use this new database are ongoing.</p> <p>During the year the group discussed the case recording systems of partner organisations, as detailed recording enables more accurate records. In Section 42 Enquiries more than one abuse type can be recorded enabling more detailed analysis. Analysis of volumes of concerns received provided assurance to the SABs regarding the terminology used in both LA areas.</p>

	<p>Throughout the year the subgroup has undertaken a progressive audit concentrating on Self-Neglect. The most frequent abuse type in both LA areas (and nationwide) is Neglect and Acts of Omission. In November findings from the qualitative audit on Self-Neglect were presented from a variety of subgroup member organisations and others including the Fire & Rescue Service and voluntary and community sector. This provided rich information on what is going well and what improvements could be made; and identified common themes on 'wish lists' which will be examined further.</p> <p>The subgroup identified that the volume of advocacy referrals was lower than expected and will continue to examine the underlying reasons in the next reporting year.</p> <p>The QA Workplan was reviewed and updated with all tasks identified in the SAB strategic plan enabling the subgroup to track and plan our work and where required collaborate with other subgroups.</p> <p>Audit work undertaken by the QA Subgroup in previous years identified the need for greater understanding of the MARM process and promotion of the fact that any agency can convene a MARM meeting. Further progress on training materials for staff was made during this reporting year.</p>
<p>MCA/DoLS Subgroup</p> <p>Page 58</p>	<p>During this reporting year a new subgroup of the Boards was created in response to ongoing strategic discussions about the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and the proposed forthcoming change of law to deliver Liberty Protection Safeguards (LPS) which will be introduced by the Mental Capacity (Amendment) Act 2019.</p> <p>In April 2023 the Department of Health and Social Care announced that implementation of LPS would be delayed “beyond the life of this Parliament”. Board partner organisations had been planning for some time in order to prepare practitioners for the changes in legislation and how these would impact on practice.</p> <p>In December 2023 the Board discussed a review of the governance of MCA / DoLS and unanimously agreed a proposal to convene a Mental Capacity Act Subgroup of the Board to provide consistent governance framework for all partners. Draft Terms of Reference were available at this meeting with some amendments approved at the March 2024 meeting. Betty Butlin from BCP Council Adult Social care was appointed the Subgroup Chair and the first meeting will take place in Q1 of the next reporting year.</p>

Two Safeguarding Adult Reviews (SARs) were approved by the Board in 2023-2024

SAR Simon - Simon, a white British man was aged 71 when he died, experienced mental ill health throughout his adult life, and on several occasions received inpatient hospital treatment to help him become mentally well again. He gained great insight into his own mental health and became 'an expert by experience', using his experience to mentor and advise others.

After a long period of being well Simon moved from Dorset to Scotland to pursue his love of art by taking a foundation course. In Scotland he received treatment for physical illness that for various reasons impacted his mental health, to the extent that he was detained and admitted to a psychiatric hospital for over a year. During this time the Covid-19 pandemic began, and Simon could not see his family for 9 months. Together they decided he would return to Dorset to be closer to them. The authorities in the Western Isles made no formal arrangements regarding Simon's move so his family were left to manage this alone, and unfortunately the restrictions in place at the time meant that when Simon did arrive at the care home in Dorset, he could not see family immediately.

Agencies involved with Simon - Dorset Council and NHS primary and secondary health services, had no information about him, and the care home had minimal information. For the first three weeks following Simon's move back to Dorset, he was left without support for his complex needs due to the need to isolate (Covid guidance) and the lack of information shared. The organisations working with Simon subsequently struggled to support him.

Although the care home was deemed a 'place of safety', Simon's perception was different, and he did not feel safe. Despite the failure of a plan of least restriction being put in place after a Mental Health Act (MHA) assessment there was no contingency plan about re-assessment of Simon's mental health and no planning or resource to provide him with the 'wrap around' care that may have helped him to feel safe in the care home. Practitioners did their best to find and share information, but there was no multi-agency meeting involving all who knew Simon or could offer guidance on working with him. His supportive family was not involved in his care by the community mental health team. Simon died by suicide six weeks after arriving in Dorset, he left notes explaining his fears about his fate in the care home.

Learning from the review has highlighted the need for:

- Careful Planning for transitions between areas together with reciprocal communication
- Strengths-based approaches to practise – Agencies should always consider who is available to support the person?
- Person-centred approaches – Agencies should always aim to understand the person and what lies behind the decisions they make.
- Making contingency plans - *Shared contingency plans to support a person who is mentally unwell, but not detainable under the Mental Health Act (MHA) 1983, should stipulate under what circumstances a further assessment under the MHA should be considered and who is responsible for initiating it. Family and friends can be an important source of information to support contingency plans, their input should be sought as a priority.*
- Effective Multi-agency working

One of the findings from the review of national importance is that there appears to be no system for transfer of electronic records between GPs in different UK countries. The SAB has escalated this issue via the regional and national SAB Chairs Networks and is awaiting a response from DHSC.

Link to the report: [Safeguarding Adults Review - Learning from the circumstances around the death of Simon](#)

SAR Elizabeth - During 2023-24, the SAB completed a SAR relating to a woman in her 40s who was found deceased. She had longstanding mental health problems and alcohol dependency related to trauma experienced as a young adult. Later, her life had become more settled as a result of parenthood and abstinence from alcohol. At the start of the Covid-19 pandemic, however, she experienced a sequence of distressing events, including flashbacks to past traumatic events, which resulted in multiple crises of acute distress and, on occasion, a return to alcohol. Multiple agencies were involved in supporting her.

During this period, she arranged for her child to be cared for by a family member, a placement that was later secured through child safeguarding action.

Learning from the review has resulted in a series of recommendations for improvements in the following aspects of safeguarding practice across the partnership. These are:

- trauma-informed practice.
- collaborative care models uniting mental health, primary care and substance use services
- recognition of adjustments necessitated by Autistic Spectrum Disorder
- improved pathways for interagency information-sharing
- better use of interagency decision-making forums such as Multiagency Risk Management meetings
- clarification of distinctions between safeguarding, MARM and agencies' own risk management pathways
- improved understanding and use of the Mental Capacity Act 2005
- improvement in whole-family approaches where the needs of both children and adults are being met
- improvements to children's social care practice in kinship placements and support for parents in distress
- amendments to inaccurate information recorded in agency records
- learning events to disseminate learning and to review outcomes of action on improvement priorities.

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

Our Statutory Partners



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.

Our Board Member Organisations



HMP Guys Marsh
HMP Portland
HMP The Verne

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DORSET & WILTSHIRE
FIRE AND RESCUE



Department for
Work & Pensions

Probation
Service



Board Members' Reports 2023-2024

Dorset Council

Achievements during 2023-2024

Dorset Council continues to ensure that Making Safeguarding Personal principles are fully embedded and captured throughout all safeguarding enquiries. During 2023-24 this has included a key system change to enable individuals' views to be evidenced at the start of their safeguarding journey, ensuring their voice is consistently heard and recorded clearly.

A specific focus has been given to 'Transitional Safeguarding' with the establishment of a Task & Finish group co-chaired by Adults and Children's services. This has enabled consideration to how young adults who have experienced harm and trauma as a child can be effectively supported into adulthood to remain safe. A transitional safeguarding pathway is in development.

We continue to engage with our local communities to raise awareness of adult safeguarding and how to seek support where there are concerns that an adult with care and support needs is at risk of or is experiencing abuse and neglect. This has included the delivery of 2 community events. One in partnership with Dorset Community Action Network to engage with voluntary and community partners in the Weymouth, Portland and Dorchester area. A further event was delivered to Weldmar Trustees and Members.

Training & Development

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17 Essential Adult Safeguarding Skills Courses delivered throughout year to **255** attendees.

5 Mandatory Adult Safeguarding Annual Updates delivered to **247** staff, providing a focus to local safeguarding practice, learning from SARs, whole family approaches and transitional safeguarding developments.

- Housing Options Team improved its staff induction, to embed safeguarding ensuring all staff undertake safeguarding e-learning and 'Essential Safeguarding Skills' 1-day course, as well as the mandatory annual safeguarding updates. Safeguarding has also been added as a standalone discussion on all caseworker's 121s to ensure that it is at the forefront of the work that officers undertake.
- Adult safeguarding quarterly webinars delivered to partners across the Pan Dorset region focussing on Cyber Influence and social media; the impact of Incels; Lasting Power of Attorneys (delivered by Office of the Public Guardian); Understanding Domestic Homicide Reviews and the launch of the Dorset Council, Missing Persons Protocol (developed in partnership with Dorset Police). A total of **467** colleagues have attended these webinars. A further session was also provided by REACH Drug and Alcohol Services to provide updates on the support they provide.
- During National Safeguarding Adults Week (in November 2023) further webinars, delivered by Bournemouth University included positive stories from social work practice and Child & Adolescent to parent violence and abuse. A wellbeing session was also provided focusing on the importance of staff looking after themselves, in order to better look out for others.
- This year's 15th Mental Capacity Act Conference – 'Power, Choice and Control' was attended by over 300 delegates. Alex Ruck Keene KC (Hon) delivered a session entitled 'Grappling with Deprivation of Liberty' with other sessions focusing on self-neglect, coercive control and Consent & Capacity.

Within the Dorset Mental Capacity Act Team there has been a 68% increase in granted Deprivation of Liberty authorisations during 2023-2024. This is positive as this ensures that vulnerable individuals are getting access to a right of appeal to challenge their deprivations.

Established mechanisms are in place between the Safeguarding service and Quality Improvement Team to work preventatively with providers promoting early intervention, sharing of concerns and to offer support to ensure services are of the expected standard.

What have the challenges been?

We have seen a further increase in the number of adult safeguarding concerns, received with an average of 120-150 each week, compared with an average 101 per week in 2022-23. Ensuring these are risk screened and responded to in a timely manner remains a priority. Undertaking proactive preventative work is key to supporting a reduction in safeguarding concerns.

We continue to strive towards improving our understanding of self-neglect to ensure that each person receives the right support from partners across the system. We have reviewed our current safeguarding team resources and established an Adult Safeguarding Self Neglect Practitioner to provide expertise and develop wider knowledge in this area.

As part of developing better relationships between colleagues in Housing and Adult Social Care we undertook a workshop to discuss the obstacles and challenges both teams face. From those discussions, ASC and Housing have agreed to jointly fund a pilot post to lead on bridging both services and attend appropriate hospital discharge meetings to ensure no delayed discharges and. This replicates the partnership working we already have in place with a similar role with Children's Services and will improve outcomes for those people currently receiving Adult Social Care interventions.

Future organisational plans to continue work on SAB Strategic Plan priorities

- With completion of the Transitional Safeguarding Pathway, we will work closely with Children's Services to launch and embed the approach across Dorset. We will promote our approach locally and nationally to inform good practice and joined up working across the system. This will further embed a 'whole family' approach to practice across the Council and support the work of the newly launched 'Birth to Settled Adulthood' Team.
- Preventative and community engagement events will continue throughout 2024-2025 with 2 new events being planned for the East and North of Dorset.
- We will be launching quarterly Social Care Provider safeguarding webinars in June 2024 with our Quality Assurance colleagues to further embed and develop understanding and knowledge across providers. The first, co-delivered with Dorset Police will focus on Dorset Council's Missing Person Protocol and the Police 'Herbert' Protocol. We will be launching new feedback opportunities for individuals and providers to enable their experiences and views to inform service development.
- A review of the Safeguarding Service model will take place in 2024-2025 to ensure a fluid and flexible service can be offered to all residents across Dorset who have care and support needs.
- We will continue to work closely with Integrated Care Board (ICB) colleagues and other partners to further nurture a county-wide approach to the prevention of abuse and neglect. This will incorporate our commissioning strategies and a review of the Homeless and Rough Sleeping Strategy to consider progress

in key areas such as enhanced housing support and hospital settings to reduce discharge delays and the impact on patient recovery due to homelessness or unmet housing need.

Dorset Police

Achievements during 2023-2024

- The Safeguarding Hubs within each of the two Local Policing Areas (LPA's) are now well embedded, allowing strong partnerships to be developed with the Local Authority teams.
- We have seen examples of excellent cross-agency working in both local authority areas in response to potential adults at risk concerns, including modern slavery and vulnerable adults.

What have the challenges been?

- Demand for specialist resources remains strong against a limited capacity.
- The Safeguarding Hubs have seen a high turnover of resources, often as a result of internal staff promotions and other issues, which can mean having to re-train new staff and losing experience.

The understanding of data could be improved. There are difficulties in extracting data which could assist in the identification of trends and issues which may allow earlier interventions.

Future organisational plans to continue work on SAB Strategic Plan priorities

- Dorset Police will continue to deliver 'Vulnerability' training every year for our frontline staff. This will include a focus on being trauma informed.
- Dorset Police is in the process of developing a new 'Vulnerability Strategy' and governance arrangements. It will use the findings of a recent review by the 'Vulnerability Knowledge Practice Programme' (VKPP).

Dorset Police now has a Multi-Agency Risk Management (MARM) co-ordinator role within the Safeguarding Hub and has developed a governance structure to support the partnership approach and adhere to principles and guidelines. This includes robust triage management, a process to streamline practice and meaningful supervisory oversight. This ensures a whole system approach to understand and manage risk.

NHS Dorset

Achievements during 2023-2024

Continued development with partners of preventative work in safeguarding.

During 2023/24, NHS Dorset worked with NHS provider partners across Dorset and BCP to provide local guidance for the management of pressure ulcers through the policies and procedures published by the SAB.

Continuing to seek assurance on safeguarding practice across system partners.

NHS Dorset helped led the quality assurance sub-group of the SAB during 2023/24. A highlight of this work during the year was a focus on improving safeguarding practice in self-neglect across system partners. NHS Dorset arranged for the development of a self-neglect dashboard by the 'Dorset Insights and Intelligence Service' (DiiS) to aid this work. The dashboard identifies risk factors for self-neglect in the populations of BCP and Dorset to inform the Boards' strategy.

Assurance on delivery of 'Making Safeguarding Personal.'

Safeguarding clinical leads from NHS Dorset undertook safeguarding insight visits during the year to acute and mental health settings and GP practices to meet frontline healthcare practitioners. These visits provided an opportunity to triangulate the assurances provided by commissioned NHS providers about their approach to MSP.

What have the challenges been?

There remain opportunities to improve the volume and quality of partnership data about safeguarding practice available to the NHS Dorset safeguarding leads. A new safeguarding insights and intelligence group was set up and facilitated by colleagues in the DiiS during the year. This has provided a forum for partners to discuss ways to improve the interconnection and flow of partnership data.

Future organisational plans to continue work on SAB Strategic Plan priorities

Whilst commissioning large-scale NHS healthcare services from NHS providers across BCP and Dorset, NHS Dorset also directly employs a small workforce of frontline staff who work with adults with needs for care and support and their families. The NHS Dorset safeguarding clinical leads will continue to provide training and supervision to these frontline staff. During 2024/25 the leads will focus on improving knowledge about strategies for working alongside people who self-neglect and embedding the principles of trauma-informed care into practice in the context of MSP.

Dorset HealthCare University NHS Foundation Trust (DHC)

Achievements during 2023-2024

'Safeguarding adults' remains a priority in service delivery and patient safety across all service areas - mental health, learning disability and community physical health services. DHC has:

- Introduced 'DASH RIC' (Domestic Abuse Stalking and Harassment, Risk - Indicator Checklist') and 'Coercive and Controlling Behaviour' training as a response to learning from Domestic Homicide Reviews.
- Established 'Sexual Safety' task and Finish Group to improve sexual safety on inpatient mental health wards as a response to NHSE national quality improvement plan.

- Undertaken audits and developed plans to improve practice across all inpatient settings around 'Making Safeguarding Personal' including the use of the Mental capacity Act 2005.

What have the challenges been?

- Supporting staff to complete safeguarding training remains a priority but can be challenging when where there are vacancies or workload pressures.
- Measuring the impact of learning from Safeguarding Adult Reviews on frontline practice. The embedding of the Patient Safety Incident Response Framework (PSIRF) will support this going forwards.

Future organisational plans to continue work on SAB Strategic Plan priorities

Some of DHC objectives over the next year include a focus on:

- Homelessness (ensure preventative multi-agency working using a contextual approach to support people).
- Domestic Abuse (improve understanding of DA and coercive and controlling behaviours).
- Focus on Preventative safeguarding work - ensuring the principles of 'Making Safeguarding Personal' are applied in practice and continue to embed 'Think Family' into practice. This Includes knowledge and practice using the Mental capacity Act 2005.

DHC will also focus on

- improving partnership working under Multi Agency Public Protection Arrangements; transitional safeguarding and improving data collection and analysis of safeguarding activity within DHC.
- continue to provide quality assurance to the SAB 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 Group and the Trust's Quality Governance Group.

Dorset County Hospital NHS Foundation Trust

Achievements during 2023-2024

- Dorset County Hospital (DCH) throughout 2023-2024 has proactively contributed to all Safeguarding Adults Board meetings and subgroups. DCH has actively contributed to Safeguarding Adults Reviews, actioned learning and reviewed its implementation through internal audit.
- To support the delivery of the safeguarding agenda within DCH, there is a clear governance framework in place. The framework provides assurance to our commissioners & to the Safeguarding Adults Board that safeguarding is a priority throughout the healthcare system.
- Safeguarding sits within the portfolio of Director of Nursing & Quality and forms part of the Quality Strategy. There are established links from the frontline to the Trust Board of Directors with clear reporting mechanisms in place via structured internal governance committees.
- There is bespoke training for staff, supplementary to the mandatory safeguarding training, with a focus on the principle of 'Making safeguarding Personal'

(MSP) in combination with the application of the Mental Capacity Act to safeguard patients. Inclusion of the `think family` approach is adopted throughout training and advice. The Safeguarding Team offers advice and encouragement to DCH staff to have conversations with the patients/ service users, giving them the opportunity to voice their wishes, needs and outcomes, therefore reflecting the safeguarding personal agenda.

What have the challenges been?

DCH and the whole of the NHS has seen numerous challenges: staff shortages and retention, industrial action, waiting list backlog impacting on patients, financial issues, health care inequalities, social care budgetary limitations, lack of housing for patients and staff & evolving healthcare needs of an ageing population.

Future organisational plans to continue work on SAB Strategic Plan priorities

DCH has undertaken a staffing review and successfully recruited into three new roles within the safeguarding team which will offer the opportunity for qualitative project work to be undertaken, alongside operational demands. DCH has collaborated in several case management processes for Children & Young people (CYP) transitioning through to Dorset Council's adult services. DCH has recruited a Complex Care Coordinator for CYP 0-25 who will work in conjunction with the safeguarding team to provide visible, credible professional clinical leadership, supporting the clinical management of CYP up to the age of 25yrs, with complex needs including social, emotional, and mental health needs

University Hospitals Dorset NHS Foundation Trust (UHD)

Page 67 Achievements during 2023 – 2024

- Strengthened the learning difficulties portfolio to include neurodiversity.
- Continue to support the wider system safeguarding agenda, working collaboratively with safeguarding partners in health, social care, and police.
- Continued to embed the 'Think Family' approach across UHD.
- Engaged in partnership working on the policing 'Right Person Right Care' model.
- Involved families in direct 'lived experience' training stories to improve care.
- Strengthening 'Making Safeguarding Personal' in training and updating our Cause for Concern form, post local audit.
- Achieved the Key Performance indicator for safeguarding adult level 1 and 2 training at 90%, and launched level 3 Adult training, ensuring staff are well informed on safeguarding practices.
- Recruitment of a perinatal mental health practitioner.

What have the challenges been?

- The Trust has been challenged with managing the Mental Capacity Act (MCA) / Deprivation of Liberties Safeguards (DoLS) interface for patients who are medically fit but detained in the hospital for their own safety. These processes are externally managed making the application of the correct framework difficult. Partnership working to resolve this issue has begun.

- The rise in patients presenting with challenging behaviours has continued, resulting in high-cost agency nurse spend to support safe care delivery. A partnership project with Dorset Health Care NHS Foundation Trust, has begun to look at models of care.
- The management of long length of stay 'no criteria to reside' patients awaiting specialist health or social care placement.

Future organisational plans to continue work on SAB Strategic Plan priorities

The key focus of the safeguarding teams at UHD will continue to be ensuring that all our staff continue to safeguard people. We will achieve this through on-going training, education and feedback to teams aligned with partnership working to meet the systems strategic plan and objectives. Key programmes of work this year include:

- Models of care for mental health patients in the acute physical health setting.
- Furthering understanding around neurodiversity in care.
- Refining of referral pathways from UHD to ensure the person's voice is heard and they receive the best fit signposting and offers of support.
- Trust Board assurance on safeguarding practices will continue through internal governance.

Dorset & Wiltshire Fire and Rescue Service (DWFRS)

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Achievements during 2023-2024

We are an active member of the National Fire Chiefs Council (NFCC) Safeguarding Workstream and work for this year has included: the launch of four new guidance documents:

- safeguarding children and adult's competency framework
- managing allegations
- positive disclosure guidance
- guidance on DBS checks for specific FRS roles following the inclusion of fire and rescue authority employees in the Rehabilitation of Offenders Act (Exceptions) Order 1975;

We participate in the NFCC workstream on hoarding and mental health awareness. We ensure that all training for staff is aligned to the principles of 'Making Safeguarding Personal'. We continually exceed our training targets across all levels and referrals continue to increase each quarter which evidences that training and campaigns are effective in embedding safeguarding into the organisation. Following an increase in incidents associated with mental health, we have updated our recording systems so we can collate accurate data on incidents related to mental health and suicide to identify possible gaps in training. This is especially relevant with the introduction of Right Care Right Person.

What have the challenges been?

Like many organisations, uncertainty around finances continues, bringing challenges and a need to find significant annual savings. That said, the organisation takes its safeguarding responsibilities seriously and has invested in the expansion of the safeguarding team to meet demands and ever-

increasing referrals. Challenges when making referrals can be finding support for individuals who are self-neglecting, hoarding and/ or have substance misuse issues. Given that we are seeing an increase in incidents related to mental health, we find that timely resources are lacking which can mean fire crews being delayed at incidents where they are not the right people to be dealing with the situation. Our staff are very positive about safeguarding but receiving feedback following a referral would be beneficial so they can evidence what a difference the referral may have made to an individual.

Future organisational plans to continue work on SAB Strategic Plan priorities

Prevention is always at the forefront of our work. We are reviewing and increasing training and resources, with a particular focus on mental health, safer recruitment, preventative work for people who use emollients and application of 'Making Safeguarding Personal'. To support staff working at incidents with an individual in crisis, the Joint Emergency Services Interoperability Principles ([JESIP](#)) guidance has been finalised and will be implemented soon along with negotiator awareness training being delivered to our technical rescue teams. We are also looking at the possibility of accessing other emergency service mental health support desks to support crews with a timely response when FRS is the only emergency service in attendance. This will be beneficial to staff and the individual.

HMP The Verne (Prison)

Achievements during 2023-2024

- Despite not being funded for resettlement of prisoners we have successfully re-housed the majority of prisoners in the past year on release
- We use a multi-disciplinary approach to preparing prisoners for release, recognising that this is one of the most vulnerable times for a prisoner, Weekly re-settlement meetings are held to discuss prisoners entering release and we signpost prisoners to support services ahead of release and co-ordinate with Community Offender Managers to minimise the risk of failure.
- Following introduction of the Neurodiversity Support Manager Role we now have a good understanding of the needs and vulnerabilities of the prison population with approximately 34% who are Neurodivergent. This has enabled us to put reasonable adjustments and support in place for them in education, skills and work. The overall aim being to reduce the risk of reoffending and focus on the needs of a population who have high rates of self-harm and suicidal ideation within the wider service.
- Significant steps have been taken to up-skill staff in terms of their knowledge of Neurodiversity and make HMP The Verne 'Neurodiversity friendly' for prisoners and staff.
- The Neurodiversity Support Manager has presented to the Dorset Domestic Abuse Forum to raise awareness of her work, which is as relevant to victims as it is to perpetrators.
- The Custodial Manager for Social Care has developed a positive relationship with the Local Authority. This has led to earlier identification of the support needs of prisoners and also timely Care Act referrals and assessments.
- The prison's social care unit opened this year to provide 24/7 support to prisoners with social care needs.
- 'Oxleas' our Healthcare provider has employed a Senior Occupational Therapist who will help in identification of support needs and the service we are able to deliver to prisoners on-site.

What have the challenges been?

- Ageing population with increasingly complex needs.
- We are not currently funded to provide 24/7 nursing care or palliative support.
- We are receiving prisoners much sooner after sentencing, receiving more younger prisoners, some of whom are vulnerable and susceptible to areas of risk such as grooming, county lines and have a history of substance misuse.
- Population of IPP (Imprisonment for Public Protection) prisoners is increasing and, nationally the rates of suicide among IPP prisoners are the highest. Whilst our data shows that the Verne does not reflect the national picture, we have put in place 'progression panels' and a support forum to support this vulnerable population.
- Employment opportunities for Prisoners Convicted of Sexual Offences (PCOSO) remain a challenge. Many are housed post-release in temporary accommodation 'Approved Premises' and require a period of stability before they are permitted to seek work. We know that employment is a key factor in reducing re-offending on release.
- High levels of self-harm among the prison population remains an ongoing area of safeguarding risk. For many prisoners this is an entrenched coping mechanism. However, the risk of accidental death during self-harm incidents remains high.

Future organisational plans to continue work on SAB Strategic Plan priorities

- Page 70
- Continue to embed staff with knowledge relating to areas of safeguarding risk i.e. grooming, self-harm, county lines.
 - Ongoing training for staff regarding the Mental Capacity Act 2005 and Care Act 2014.
 - Review of current Safeguarding policy to ensure that it is in line with both national and local policy and covers areas of emerging risk due to population pressure and changes in demography of the prison population.
 - Continue to build links with the local community.

HMP Portland (Prison)

Achievements during 2023-2024

HMP Portland continues to run 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.

HMP Portland has successfully implemented the ECSL scheme (End of Custody Supervised Licence). ECSL is an administrative and operational scheme that enables the release of eligible prisoners for a period (the Specified ECSL Licence Period) in advance of their Conditional Release Date. Those prisoners released on ECSL will be subject to the full range of licence conditions (including good behaviour) following release.

ECSL will only apply to a specified number of establishments where local population trends indicate that maintaining safe and decent conditions and future new prisoners from courts will require the implementation of this scheme. We have worked closely with probation departments to ensure that those being released under ECSL have been done so in a safe manner. Anyone who was considered to pose a risk to themselves or others, who had Approved Premises accommodation at their conditional release date but not on their ECSL date, were kept in custody until their CRD or until the bed could be brought forward.

The Community Accommodation Service level 3 has been introduced so that all prisoners will have up to 84 nights in basic accommodation provided but this is not available for those men who are released without any supervision from Probation. Those staff involved in domestic visits and family days have completed online safeguarding training.

What have the challenges been?

A shortage of staff in the Pre-Release Team and in the Offender Management Unit and a significant challenge continues to be the volume of prisoners who have been recalled to the prison who, when released at end of sentence with no Probation supervision, have very limited access to support.

HMP Portland is committed to working on this area of need to support by expanding the Pre-Release on supervision and escalate to a manager in the community when support is not being provided leading up to release. Continual changes to early release schemes have put pressure on probation, prison offender managers and pre-release teams due to tight timeframes in which individuals must be released. HMP Portland has developed a working group and strategies to support the safe release, with the pre-release team commencing work earlier than the 12 week point to ensure that all individuals are captured.

Future organisational plans to continue work on SAB Strategic Plan priorities

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.
- Continue information sharing with external partners on individual risk to ensure safeguarding measures are in place both in custody and upon release.
- The introduction of resettlement fayres which involve numerous external agencies and employers. These fayres can be accessed by those working towards release.

Dorset Probation Service

Achievements during 2023-2024

- We have ensured that all practitioner staff in Dorset have undertaken training and have an understanding of the Multi-Agency Risk Management (MARM) process and that it is considered for all appropriate cases.
- All staff are required to complete mandatory training on adult safeguarding. We have also raised awareness amongst middle managers in the organisation to ensure that they are aware when consideration of a Safeguarding Adult Review (SAR) referral should be made. Learning from a SAR was utilised as part of a MAPPA (Multi Agency Public Protection Arrangements) development conference which received positive feedback from attendees.

What have the challenges been?

Ensuring continuity of care within a criminal justice system can be a challenge particularly as some people are placed in prisons outside of the Dorset area and may be assessed in other areas of the country. Prison capacity concerns has meant we've seen people released with less time to prepare for release which has been a challenge when there are needs such as social care to coordinate.

Future organisational plans to continue work on SAB Strategic Plan priorities

- We are going to promote stronger awareness of the needs and challenges related to adult safeguarding in the Criminal Justice System and improve collaboration from all partners. This will include contributing to an extraordinary board meeting of the Adult Safeguarding Board focused on Criminal Justice topics and learning.
- We aim to present learning on developing more efficient working within the MAPPA process, overcome challenges relating to managing a higher proportion of people with social care needs both in prison and the community and raising awareness of the roles such as that of the Health and Justice Coordinator in Probation.

South Western Ambulance Service NHS Foundation Trust (SWASFT)

Achievements during 2023-2024

- Effective Governance - Safeguarding Team Governance processes have been enhanced to include a Safeguarding Committee meeting bi-monthly to monitor safeguarding activity and provide assurance on safeguarding practice. The Safeguarding Committee reports to the Quality Committee providing assurance and raising issues for escalation. The Quality Committee reports into the Trust Board. Safeguarding reports are provided to commissioners via NHS Dorset Integrated Care Board (ICB) and The Head of Safeguarding from Dorset is a member of the Safeguarding Committee.
- Effective Learning - In late 2023 a review of SWASFT safeguarding training was completed by independent reviewers. The review identified the need to strengthen safeguarding training and to undertake a Training Needs Analysis to review training provided to each staff group. This action has been completed and a revised training offer is in place for 2024/25 which includes an additional 4.5 hour face-to-face safeguarding training on the development days, bespoke face to face training for the Emergency Operations Centres and enhanced two-day level 3 safeguarding training for identified senior staff groups. The delivery of formal training will also be supported by ad-hoc learning opportunities, digital learning resources, bespoke targeted training sessions and the provision of safeguarding supervision by the Safeguarding Specialists.
 - Effective Prevention and Protection - The safeguarding team has undertaken a full review of all referral forms, revised to ensure they align to the Care Act, and to provide local authority colleagues with the information they require to facilitate triage of Safeguarding Concerns raised. These also support SWASFT staff in raising high quality referrals and increase availability of data to support assurance reporting, audit and team learning and development.

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What have the challenges been?

SWASFT safeguarding team had limited resource and capacity during 2023/24. This, coupled with a manual referral system handling approx. 51,000 referrals in the year across the whole SW region made it challenging for the team to progress with service improvement and to be a visible partner in the wider system. This has improved following the recruitment of a permanent Head of Safeguarding, a Deputy and an additional 5 Safeguarding specialists

Future organisational plans to continue work on SAB Strategic Plan priorities

SWASFT safeguarding improvement plan was developed following an independent review of safeguarding during 2023/24. Our plan is framed around 5 key deliverables which closely align to the SABs strategic plan. These are robust governance, assurance & reporting; Safeguarding team capacity, a new safeguarding referral system, data capture, audit and learning from incidents; and safeguarding education & supervision.

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 '... and so what?' question - the context of how this might help safeguard an individual.

At its meetings the Board always showcases a person's story, evidencing some of the work undertaken by agencies in Dorset to safeguard people. Here is Cecily's story.

Cecily and her late husband retired to Dorset where they lived in a beautiful home overlooking the sea. Cecily owned her home and had other financial assets. Cecily had enjoyed meeting people through her work and had always taken great care of her appearance; this continued after she retired. She had a great sense of humour and enjoyed the company of others.

Cecily employed a local woman, Lena, to provide care for her over a 9-year period. Of note is that Cecily's support needs increased significantly following a hospital admission to include night care. It is possible that Lena and Cecily met when Cecily had respite in a local care home where Lena was working.

A safeguarding concern was raised by an anonymous person, who later identified themselves as someone who provided 'relief' cover when Lena was unavailable. They were fearful of Lena hence remaining anonymous. The safeguarding concerns raised included financial abuse, neglect and coercive and controlling behaviour towards Cecily.

A number of different agencies were involved including Dorset Police, the GP, an Independent Mental Capacity Advocate (IMCA), the Adult Social Care Locality Team and Children's Social Care (CSC). CSC were involved after it was alleged that Lena's child was also providing care to Cecily. There were also concerns about Domestic Abuse in Lena's household and the impact on her own child (discussed at a High Risk Domestic Abuse meeting, HRDA) as well as drug/ alcohol use. CSC advised adult safeguarding of concerns about the family which supported the adult safeguarding process and robust multi-agency risk management.

The Safeguarding Practitioner built a positive relationship with Cecily over several months to enable her to speak about the abuse and understand the coercive behaviour she was experiencing. Cecily was consulted at every stage and her views and wishes heard. After a period in hospital, Cecily was able to return to her home and was supported to identify suitable live-in carers by the hospital and locality teams. Cecily was supported by the locality team for several months to support her move home and ensure she received the right care and support including the provision of equipment and assistive technology.

This story is a good example of Multi-Agency/ System working, involving an Independent Mental Capacity Advocate (IMCA), Dorset Police, Adult Social Care Locality Team, Nursing/ GP, Mental Capacity Act Team and Children's Social Care (CSC). Making Safeguarding Personal principles were used, Cecily's views and wishes were heard at all stages of the safeguarding intervention. The safeguarding team have developed closer working relationships with the CSC Local Authority Designated Officer (LADO) and now have a clear process in place regarding how information is shared.

Thank you for reading our Dorset Safeguarding Adults Board Annual Report 2023-24.

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

dsab@dorsetcouncil.gov.uk or contact our Business team at bcpsafeguardingadultsboard@bcpcouncil.gov.uk Tel: 01202 794300

Health and Wellbeing Board

20 November 2024

Strategic Alliance's Children, Young People and Families' 2023-33 Plan – Annual Report 2024

For Review and Consultation

Cabinet Member and Portfolio:

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

Local Councillor(s):

All

Executive Director:

P Dempsey, Executive Director of People - Children

Report Author:

Job Title: Richard Belcher, Service Manager – Strategic Partnerships

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Report Status: Public (the exemption paragraph is N/A)

Brief Summary:

Dorset Council is one of the strategic lead partners in Dorset's Strategic Alliance Partnership. The Strategic Alliance was formed in 2020. It co-produced and published its Children, Young People and Families' Plan 2020-23.

In June 2023, the Partnership published its updated 10-year plan, the Children, Young People and Families' Plan 2023-33.

The Plan's aim is:

“We want Dorset to be the best place to be a child, where communities thrive, and families are supported to be the best they can be.”

The Strategic Alliance is chaired by the Lead Member for Children’s Services. Board members are Executive level representatives from partners across Dorset, including:

- Dorset Council
- Dorset Police
- NHS Dorset
- Dorset Healthcare
- Dorset and Wiltshire Fire and Rescue
- Voluntary Community Sector
- Educational settings and Providers
- Dorset Parent Carer Partnership
- Department of Work and Pensions
- Joint Youth Justice Services

The Children, Young People and Families’ Plan 2023-33 contributes to the existing council priorities:

- Protecting our natural environment, climate and ecology
- Creating stronger, healthier communities
- Creating sustainable development and housing
- Driving economic prosperity
- Becoming a more responsive, customer focused council

This Annual Report 2024 identifies the progress and impact the Partnership has made against our Plan to date. This is in addition to focussed and detailed progress updates, in relation to specific Plan priorities, the Strategic Alliance Board receives each quarter.

Recommendation:

Note annual progress against the Children, Young People and Families’ Plan 2023-33 up to October 2024.

Reason for Recommendation:

To ensure progress towards delivery of the Children, Young People and Families’ Plan aligns to and contributes towards the delivery of the Council Plan.

1. Report

- 1.1 The Children, Young People and Families’ Plan 2023-33 overarching aim is: “We want Dorset to be the best place to be a child, where communities thrive, and families are supported to be the best they can be.”

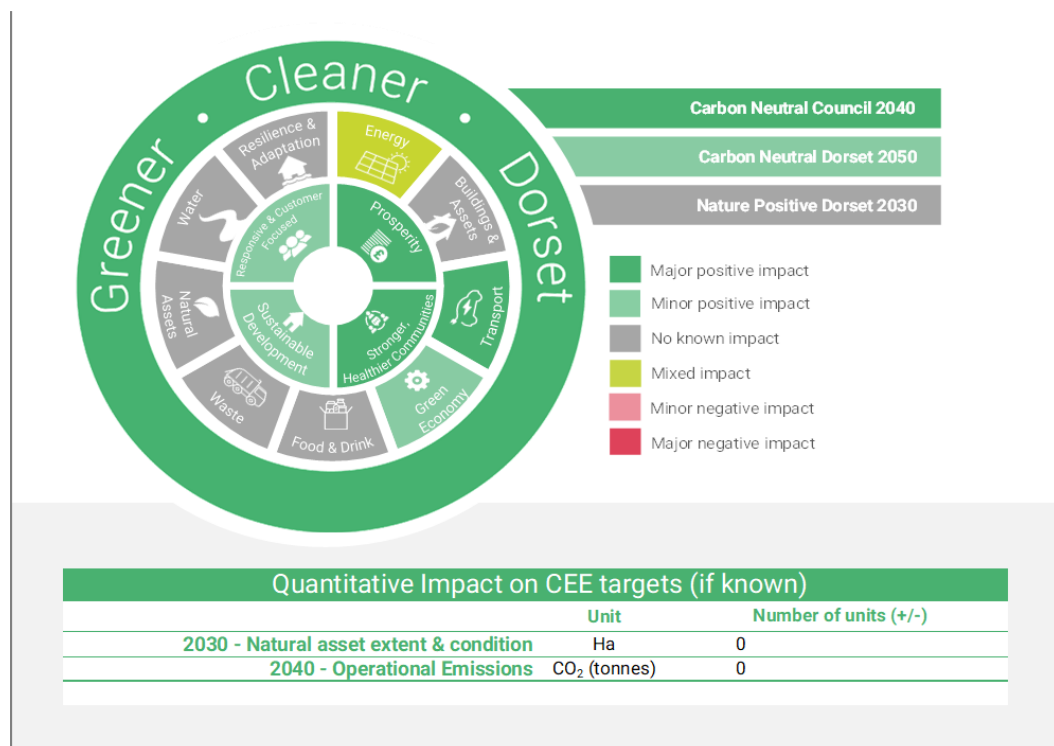
- 1.2 There are 7 priority areas in the Plan, contributing to deliver this aspiration, these are:
- Best Start In Life (BSIL)
 - Young And Thriving (YAT)
 - Good Care Provision (GCP)
 - Best Education For All (BEFA)
 - Best Place To Live (BPTL)
 - Local Family Help (LFH)
 - Safe at Home and in the Community (SHC)
- 1.3 Within the 7 priority areas, there are 99 actions listed as ‘we will’ statements within the Plan. These are long-term objectives, contributing towards improving outcomes for children and young people.
- 1.4 The Strategic Alliance meets each quarter to review the progress and impact against the actions and priorities.
- 1.5 The Annual Report 2024 identifies some of the summary highlights for each of the priority areas as well as the impact this has made for our children, young people and families since June 2023 to date.
- 1.6 Noting that our Plan is a 10-year plan, we will review the Plan and its priorities each year. Our next steps are to review the new Council Plan, once published, to ensure we maintain links towards impacting on its objectives. We will also review emerging local and national needs and policy to ensure our Plan remains relevant and reflects the needs and rights of our children, young people and families in our communities.
- 1.7 We will provide another Report in 2025 to inform the Council’s compliance in delivering its statutory duties in Children’s Services. This will be progressed through our partnership working, overseen by the Strategic Alliance. The Strategic Alliance will review the Plan at the Summer Conference in June or July 2025.
- 1.8 Strategic Alliance Annual Report 2024 - Appendix

2. Financial Implications

The Children, Young People and Families' Plan 2023-33 and its Delivery Plan is costed and will be delivered in line with the council's budget strategy and medium-term financial plan (MTFP).

The MTFP shows how we intend to ensure that money will be prioritised to those services that matter most to residents and how the council will reshape itself to be better able to deliver those services within the available funding. This year's budget setting exercise takes place against a national and global background of extreme pressures for councils. Partners are committed to continue to work together to deliver the shared actions and aspirations of our Plan.

3. Natural Environment, Climate and Ecology Implications



There are no immediate direct implications, however secondary benefits may be realised, for example, improved access to local resources reducing individual journeys taken, or increased investment in access to nature.

The Strategic Alliance, through its partner organisations, is committed to preserving and enhancing the natural environment. Each organisation is delivering its own Climate Emergency Strategy, which the partnership's Plan contributes towards.

For Dorset Council, delivering the Natural Environment, Climate and Ecological strategy, linked to the Council Plan, ensures a joined-up and consistent approach across all council services to ensure that we improve access to and use of Dorset's natural environment in a sustainable way which protects it for future generations, as well as reducing our impact on the climate.

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

The Strategic Alliance Partnership continues to deliver services to support residents with their specific needs. The Children, Young People and Families' Plan is designed to impact positively on the well-being and health of children, young people and families, through the joined up, consistent delivery of across it partners. This includes the provision of universal and specialist services.

5. **Other Implications**

None

6. **Risk Assessment**

6.1 The level of risk has been identified as:

Current Risk: Low

Residual Risk: Low

7. **Equalities Impact Assessment**

The Strategic Alliance Partnership is committed to ensuring fair and accessible services for everyone in Dorset through the delivery of services and activities as set out in our Children, Young People and Families' Plan 2023-33. Where the partnership makes changes to a service or offer, an equality impact assessment will be undertaken to ensure due regard of the Equality Act 2010 and the Public Sector Equality Duty.

The Children, Young People and Families' Plan has a published [Equality Impact Assessment](#) (EQIA). A further review of the EQIA has been undertaken in October 2024, due to be published once approved by Dorset Council's Equality Panel.

8. **Appendices**

Strategic Alliance – Annual Report 2024

9. **Background Papers**

[Children, Young People and Families' Plan 2023-33](#)

10. **Report Sign Off**

- 11.1 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)

Dorset's Strategic Alliance Annual Report 2024



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Foreword

I am delighted to provide Dorset's Strategic Alliance Annual Report for 2024. This report provides an update on our progress made against our ambitious, 10-year Children, Young People and Families' Plan and our vision for the future.

As the new Lead Member for Children's Services, it is an honour and privilege to lead the Strategic Alliance in delivering the partnership's activities that are making a real and positive difference to the lives of children, young people and families in our communities across Dorset.

I pay tribute to my predecessors, who led the partnership from the creation of the Strategic Alliance back in 2020, and all the members of the Strategic Alliance Board that have made our vision a reality. Of course, this has only been possible thanks to strong partnership working and the engagement of our children, young people, families and communities of Dorset. I am always inspired by the passion and power of our communities, and I pledge to continue the amazing work over the next few years.

Our Annual Report sets out some of the progress we have made over the past year and looks ahead to our challenges and opportunities for next year. We hope you find the report as inspiring as I do, and it galvanises our shared desire and ambition in further improving the lives of people of Dorset.



Councillor Clare Sutton, Lead Member for Dorset Children Services & Strategic Alliance Chair

Introduction

Dorset's Strategic Alliance is a partnership bringing together public services and the voluntary community sector to champion the rights of, and improve the lives of, children, young people and families in Dorset. Partners include Dorset Council, the Local Authority, Dorset Police, NHS Dorset, Dorset Healthcare, Dorset and Wiltshire Fire and Rescue Services, the Dorset Parent Carer Council, representatives from the voluntary community sector, early years and educational providers across Dorset.

Dorset's Strategic Alliance published its [Children, Young People and Families' Plan 2023-2033](#) in June 2023, building on our previous 2020-2023 Plan. Over the past year, we have worked across the partnership to progress the actions and activities we have found that make the most impact on improving outcomes for and the lives of our cherished children, young people and families in Dorset.

This Report provides the context of our local partnership arrangements, changes to national legislation and progress we have made over the last year.



Overview

Our partnership continues to meet, as an executive Board, chaired by our Lead Member for Children's Services, to review the progress and impact our services across our partnership are making with our communities.

The partnership also comes together once a year for the annual summer conference where we share and celebrate the progress and impact of our work and look forward to the future to ensure we are focused on the matters that make the most and positive differences for our families.

In September 2023, the government published its vision to reshape how children's social care is delivered in England, to ensure partners work together to deliver effective, joined-up services that safeguard children and young people in the wider community. This policy is called '[Stable Homes Built on Love](#)'.

In progressing the national transformation, the Department for Education identified 3 local authorities across England to co-produce and develop a new social care model, which all local authorities and partners will adopt in the future. Dorset Council was one of the 3-trailblazing 'pilot' local authorities. We were delighted to have the honour, privilege and opportunity to work across our partnership in further developing our highly regarded 'Thrive' model.

Dorset's approach to supporting children, young people and families puts the family at the centre and work with the family to ensure they receive the right support at the right time. This is only possible working across a strong partnership, ensuring that all partners work collaboratively with a shared vision putting families first. Our local delivery for the pathfinder is called 'Families First For Children'

One of our 7-priorities in our Partnership's Children, Young People and Families' Plan 2023-2033 is 'Safe at Home and in the Community'. Progress and delivery of the Families First For Children Pathfinder is delivered through that priority area. However, all areas of our partnership contribute to delivering the pathfinder and all the priorities in our plan contribute towards improving outcomes and lives for people.

The Strategic Alliance Board oversees the delivery, progress and impact of the Families first For Children Pathfinder, alongside reporting to the Department for Education. We will review the learning and findings of the pathfinder to ensure we are providing effective partnership services to help families receiving the right support at the right time. We will check and adapt our plans and priorities to ensure we deliver this pledge.

Updates from the 7-Priority Areas

The following sections show the progress highlights and impact made against the 99 individual actions within the 7-priority areas of our Plan to date. The 7-Priority areas are:

- **Best start in life**
- **Young and thriving**
- **Good care provision**
- **Best education for all**
- **Best place to live**
- **Local family help**
- **Safe at home and in the community**



Best start in life – Headlines



Co-designed and published the online **Dorset Start for Life Guide** available to all families through the Family Hub network



The Graduated Approach - Dorset Council published online and physical versions available through midwives, health visitors, GP's and Family Hub's.



Strengthened our early years support offer with Best Start in Life Advisors across the County and in the Birth to Settled Adulthood Service



Improved family journeys and pathways of support with health partners



£210,000 grant funding available to VCS organisations to deliver 'Best Start in life' Provision through Family Hubs



Best start in life - Impact

Children accessing 'good and outstanding' early years provision

- The number and percentage of **children accessing 'good and outstanding'** early years provision has increased and children benefit from good & outstanding providers

Dorset Start for Life

- More families are benefiting from being able to find & access services

'Pause Programme'

- Improved outcomes for women who are at risk of subsequent children being taken from their care

Healthy Movers - (physical literacy intervention in early years settings)

- A total of 85 settings involved and 2056 children participating



Young and Thriving - Headlines



Launch of the **Young Commissioners** programme



Increased apprenticeship opportunities in and outside of Dorset Council for care leavers and work experience, including paid placement, and opportunities for support back into work



£200k Dorset Youth Grant distributed across 43 voluntary and community sector groups, including Youth Clubs, young carers support, sports & drama clubs



Youth Worker capacity increased and Level 3 and level 6 apprenticeship in youth work now available



Child and Adolescent Mental Health Services commissioned in localities



Young Carers Service is delivering activity with Dorset Youth Voice and adult services to develop the 'Young Carer Strategy'



Young and Thriving - Impact

Increased opportunities for children & young people to engage and participate

- Young peoples' voice heard & feedback that they feel more involved in decision making & shaping services.

Youth work capacity

- We are reaching and supporting more young people on a one-to-one basis and providing more regular & consistent detached youth work, reducing risk and improving attendance.

Young Carers Support

- Young carers continue to benefit from direct one to one support as well as being able to access positive activities and a break from their caring role

Care Leavers

- More of our care leavers are in employment, education and training, providing better financial independence and career opportunities

Supported internships

- Young people with SEND has increased from 4 (2022) to 13 in the current academic year



Good care provision - Headlines

- Expanded our edge of care service to **Harbour East Outreach**
- Enhanced **Fostering & Kinship Service** Model and 4 established Mockingbird Constellations, with the fifth nearing completion.
- Dedicated **Unaccompanied children and young people Service**
- Birth to settled Adulthood** service fully operational
- New **Sufficiency Strategy 2023-2028**
- Implemented the **'Joint Protocol'** between Children's and Housing to help young people at risk of presenting as homeless
- Increased our **'Short Breaks'** offer
- Launched our local model for **'Family Group Conference'**

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Good care provision - Impact

Increased the number of Children's Homes and Care Leaver accommodation in Dorset

- More young people remain living closer to their family & friends in Dorset. Dorset can secure better value for public money, accessing high-quality provision within Dorset

Fostering & Adoption

- £1m fund to enable housing extensions & adaptations to foster carer and adopter homes, expanding capacity. Children & young people have stability in their family lives & can continue to grow & thrive in their community.

Mockingbird Model

- Prevention of resignations, stability support preventing children moving, nurturing relationships between children & young people within the constellations. Recognition of hidden talents within our young people

Increased capacity

- Foster carer recruitment and retention programme, including expansion of Mockingbird has increased our capacity to provide stable homes locally

“

Mockingbird is a place where you can belong and where you will make new friends that you will have for life. You become part of a family.

– Foster child, age 15

”



Best education for all - Headlines



We have **captured student voice** through Key Stage 4 and 5 Student Voice Survey and 'Student Pledge'



Co-produced and published the **Dorset Council Attendance Strategy and Plan 2023 - Dorset Council** and the **Education Strategy 2024-27**



To support the Belonging Strategy the Virtual school have published a toolkit to support schools and educational settings **[virtual-school-belonging-toolkit.pdf](https://proceduresonline.com/virtual-school-belonging-toolkit.pdf)** (proceduresonline.com)



Delivered the **Special Educational Needs or Disability (SEND) Strategy**



Best education for all - Impact

'Attendance Strategy'

- Attendance has increased, less children & young people are missing out on their right to an education & have improved safeguarding oversight, permanent exclusions have reduced

Local Area of Inspection of SEND

- Secured the best possible outcome

Education Strategy

- Improvement in achievement rates at GCSE
- Maintained number of good or outstanding Personal Education Plans and increased timeliness for completion

Let's Talk Event

- Provided a platform for post-16 parents and careers to share with us and ensure our Post-16 strategy is based on lived experiences



Best place to live – Headlines



Strengthened and improved visibility and take up of our **Summer in Dorset, Holiday Activity and Food Programme**, including securing additional £29k from the 'Arts Council'



Planned and delivered **'Echo Fest' Youth Arts Festival**



Dorset Music Service partnered with regional experts training Early Years professionals and the VCS in Dorset to **enrich the provision in the community.**



Launched **'Wraparound Childcare Programme'**



Chesil Youth Pride – 'See Me' event



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Best place to live – Impact

Chesil Youth Pride

- More than 200 children, young people and families attended during the day at the Weymouth college site, more young people reported feeling safe to 'be themselves' in their communities.

Holiday Activity and Food Programme

- HAF Film 2024 on Vimeo working with 65 providers across 80 venues more families were able to access summer activities & food, improving the quality of life for families.

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'Echo Fest' Youth Arts Festival

- Accessible activities for young people 11-16 yrs, gave young singers and bands a chance to perform to an audience, improving confidence and skills

Dorset Music Service

- 4277 children had the opportunity whole class instrumental learning, 10 young people supported as 'Young Creative Leaders' – supporting a career pathway



Local family help – Headlines



Family Hubs – 6 dedicated sites, 23 outreach points, Family Hub Online launched



Family Help Teams – building on our existing model we have re-shaped and grown our multi-disciplinary teams, providing more early help and children in need support



Family Networks – strengthened our family network approach, offering financial support paid to people who are not birth parents who can help in some way



Local Alliance Groups – are leading on the development and ongoing delivery of Family Hub approach in their local communities



Local family help – Impact

Family Help Teams

- Early stages expectation is fewer children on child protection plans, fewer children in care, more children supported to stay with their birth families. Increased support through Early Support and Family Help

Local Alliance Groups

- Funding has delivered projects which has improved school attendance, promoted belonging and improved outcomes for children & young people in their community

Family Hubs

- Providing opportunities for children, young people and families to get early support in their communities in spaces which are familiar to them

“My Family Hub has made me feel more connected to my local community”



Safe at home and in the community – Headlines

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✓ Co-produced and published an **Extra-Familial Harm Strategy** to expand beyond contextual safeguarding

✓ **Multi-agency training** has been developed and delivered addressing recommendations from Child Safeguarding Practice Reviews

✓ **Safeguarding Families Together** model expanded to all Dorset localities

✓ Developed and launched the '**Police Child Centred Policing**' strategy

✓ **Hidden Girls, Pineapple Project** expanded to Swanage, Dorchester, and Portland

✓ Developed multi-agency child protection teams with a multi-agency child protection operational board.

✓ Embedding **education as a safeguarding partner**

Part of the
Pathfinder
Programme



Safe at home and in the community – Impact

Safeguarding families Together

- 338 children and their families received help. Out of the 133 children who have closed to Safeguarding Families Together we are now seeing evidence of families successfully stepping down from Child Protection plans or Child in Need plans and sustaining change.

Extra-Familial Harm Strategy

- Partners work more collaboratively to share data & information in identifying & managing risk. Less young people are known to be at risk compared to 2023 figures & those that are, have the right partnership support identified.

Hidden Girls, Pineapple Project

- 8 business and 50 individual community guardians are championing change and creating more safe spaces for women and girls

Improved efficacy of multi-agency practice from Pathfinder

- Operational Boards and multi-agency teams are resulting in more multi-agency decision making, improving the impact of joined-up services



Epilogue

This Report celebrates the success of the partnership over the past year, we hope you can see some areas of your own experience through some of these brief updates. However, we know our work is not done. We continue to be ambitious in improving outcomes for all children, young people and families in Dorset, challenging inequality and celebrating diversity in our communities. Over the next year, we will continue to review the progress and impact of our delivery plan, working with communities to develop our future priorities and report on our progress in 2025 and beyond.



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Health and Wellbeing Board Work Programme

Meeting Date: 20 November 2024

Report Title	Description	Lead Officer	Cabinet Member(s)	Other Information
Urgent and Emergency Care Diagnostic	Diagnostic outputs and draft implementation strategy	Louise Ford – Strategic Health and Adult Social Care Integration Lead	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
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	
Better Care Fund 2024-25 Quarterly Reporting Template	Endorsement of the Better Care Fund Q2 template.	Sarah Sewell, Head of Service for Older People, Home First, and Market Access	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Strategic Alliance for Children and Young People – Annual Report 2023/24	To receive and review the Annual Report for the Strategic Alliance for Children and Young People.	Richard Belcher – Service Manager, Strategic Partnerships	Cllr Clare Sutton – Cabinet Member for Children’s Services, Education and Skills	

Meeting Date: 19 March 2025

Report Title	Description	Lead Officer	Cabinet Member(s)	Other Information
Right Care Right Person		Sunita Khattra-Hall – Corporate Director for Quality Assurance and Safeguarding	Cllr Gill Taylor – Cabinet Member for Health and Housing	
Better Care Fund 2024-25 Quarterly Reporting Template	Endorsement of the Better Care Fund Q3 template.	Sarah Sewell, Head of Service for Older People, Home First, and Market Access	Cllr Steve Robinson – Cabinet Member for Adult Social Care	

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 Health and Housing	
Integrated Neighbourhood Development	Continued oversight by the Board on the development of Integrated Neighbourhood Teams.			
Physical Activity Strategy	Review of the Physical Activity Strategy.			

Suicide prevention through the Mental Health Delivery Board				
Strategic Alliance for Children and Young People – Annual Report 2024/25	To receive and review the Annual Report for the Strategic Alliance for Children and Young People.	Richard Belcher – Service Manager, Strategic Partnerships	Cllr Clare Sutton – Cabinet Member for Children’s Services, Education and Skills	June 2025
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 Services	
Health and Wellbeing Strategy Refresh		Sam Crowe – Director of Public Health	Cllr Gill Taylor – Cabinet Member for Health and Housing	

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