Public Document Pack

Health and Wellbeing Board

Date: Wednesday, 11 February 2026
Time: 2.00 pm
Venue: Meeting Room 1, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 5)
Steve Robinson (Chair), Sarah Howard (Vice-Chair), Clare Sutton, Gill Taylor, Paula Bennetts, Jan Britton, Sam Crowe, Paul Dempsey, Stewart Gates, Margaret Guy, Marc House, Martin Longley, Jonathan Price and Simone Yule

Chief Executive: Catherine Howe, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic & Governance 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. If you would like to attend this meeting and have any specific requirements please contact the Democratic Services Officer named above.

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Agenda

Item **Pages**

1. APOLOGIES

To receive any apologies for absence.

2. MINUTES 5 - 10

To confirm the minutes of the meeting held on 19 November 2025.

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, 6 February 2026.

When submitting your question or statement please note that:

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

5. COUNCILLOR QUESTIONS

To receive questions submitted by councillors.

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

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

The submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 6 February 2026.

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. TOWARDS A NEW MODEL OF DAY OPPORTUNITIES 11 - 32

To consider a report by the Commissioning Manager.

8. NHS DORSET STRATEGIC COMMISSIONING PLAN 33 - 42

To receive a presentation on the NHS Dorset ICB 5-year Commissioning Plan.

9. WORK PROGRAMME 43 - 44

To consider the Health and Wellbeing Board Work Programme.

10. EXEMPT BUSINESS

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

There are no exempt items scheduled for this meeting.

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Dorset Council

HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 19 NOVEMBER 2025

Present: Cllr Steve Robinson (Chair), Cllr Gill Taylor, Paula Bennetts, Sarah Howard, Rachel Partridge and Jonathan Price

Present remotely: Cllr Clare Sutton and Louise Bate

Apologies: Jan Britton, Sam Crowe, Paul Dempsey, Stewart Dipple, Margaret Guy, Marc House and Simone Yule

Also present: Sian Walker-McAllister (Independent Chair, Safeguarding Adults Board)

Also present remotely: Cllr Jane Somper and Supt. Claire Phillips

Officers present (for all or part of the meeting):
George Dare (Senior Democratic and Governance Officer), Jane Horne (Consultant in Public Health), Jen Furnell (Corporate Director for Education and Learning), Sam Poole (Interim Corporate Director for Commissioning & Improvement) and Sarah Sewell (Head of Service - Commissioning for Older People and Home First)

Officers present remotely (for all or part of the meeting):
Dylan Champion (FutureCare Programme Director) and Fiona Arnold (Community Pharmacy Lead, NHS Dorset)

28. **Appointment of Vice-Chair**

Sarah Howard, the representative for NHS Dorset, was nominated for Vice-Chair by Cllr Steve Robinson and seconded by Rachel Partridge.

There were no other nominations for Vice-Chair.

Decision:
That Sarah Howard be appointed Vice-Chair of the Health and Wellbeing Board for the remainder of the year 2025/26.

29. **Minutes**

The minutes of the meeting held on 24 September 2025 were confirmed and signed.

30. **Declarations of Interest**

No declarations of disclosable interests were made at the meeting.

31. **Public Participation**

There was no public participation.

32. **Councillor Questions**

There were no questions from councillors.

33. **Urgent items**

The there were no urgent items.

34. **Work Programme**

A member asked whether the board could consider what items from Children's Services could be brought to the board, and suggested children's mental health as a topic.

The Board noted its work programme.

35. **FutureCare Programme Update**

The Head of Commissioning for Older People and Home First and FutureCare Workstream Lead outlined the FutureCare Programme Update and Mid-Programme Review. The Board received a presentation which is attached to these minutes. The programme had achieved substantial operational benefits across the health system, including a 30% reduction in care home placements after a stay in Bed-Based Intermediate Care, 55 more people being seen each week for Same Day Emergency Care, and improvements to the quality-of-care people received. Areas identified for improvement included hospital discharge delays, embedding new Transfer of Care Hubs, and capacity challenges in Home-Based Intermediate Care. Case studies showing the benefits of FutureCare were presented to the board.

Board members discussed the update and mid-programme review and asked questions of officers. The following points were raised:

- As prevention of hospital admission and the discharge of hospital patients improves, the next step of the improvement journey would be to deliver integration of care into the community.
- Virtual wards were not a specific workstream of FutureCare, however they were able to help prevent hospital admission and an option for Transfer of

Care Hubs to consider when considering hospital discharge options for patients.

- The Neighbourhood Health Programme would help to improve the amount of care delivered in the community sector to reduce hospital pressures.
- The delivery of FutureCare would need to be sustained to ensure the operational benefits were fully achieved.
- Housing remained a challenge for some people being discharged from hospital. The Transfer of Care hubs were trying to work with housing earlier in the process to enable a more timely discharge from hospital.

The Board recognised the progress that the programme continued to make in respect of improved outcomes but also recognised that mor work was required to further reduce the average length of stay for people in hospital.

36. **Better Care Fund 2025-26 Q2 Reporting Template**

The Head of Commissioning for Older People and Home First introduced the Better Care Fund 2025-26 Q2 Reporting Template for endorsement by the Board. She outlined the key headlines from the report, including performance against the metrics.

There were no questions from board members.

Proposed by Jonathan Price, seconded by Sarah Howard

Decision:
That the Better Care Fund Reporting Template for 2025/25 Quarter 2, approved under delegated authority, be endorsed.

37. **Dorset Safeguarding Adults Board Annual Report**

The Independent Chair of the Dorset Safeguarding Adults Board introduced the Board's annual report and detailed the key areas of the report. Although the Dorset and Bournemouth, Christchurch and Poole Safeguarding Adults Board's operated jointly, there were arrangements to enable them to operate separately to address place-based issues when needed. In addition to the report to the Health & Wellbeing Board, the report had been presented to Healthwatch and scrutinised by the People & Health Scrutiny Committee. The Independent Chair commended the partners that have worked with the Board, in particular the Prisons and Probation Service due to its work in improving safeguarding in Dorset prisons. There had been no statutory Safeguarding Adults Reviews over the annual reporting period, but the Independent Chair expected reviews to be published in the next annual report.

The Chair of the Health & Wellbeing Board was impressed by the quality of the safeguarding arrangements. There needed to be more challenge around how safeguarding could be made everyone's business. The Independent Chair

explained this could be achieve through communication and making it simple for people to understand. She was assured that Dorset Council applies contextual safeguarding.

In response to question about the differences in safeguarding between rural and urban communities, the Independent Chair explained that rural isolation needed to be considered and that commissioners needed to ensure they understand issues caused by rurality and opportunities for prevention in communities.

The Independent Chair had seen improved planning for children transitioning into adulthood, due to the work of the new Birth to Settled Adulthood Service.

The Health and Wellbeing Board noted the Safeguarding Adults Board Annual Report for 2024/25.

38. **Community Pharmacy Update**

The Community Pharmacy Lead, NHS Dorset, presented a report to the Board on community pharmacies. They key areas of the report were outlined, which included: workforce capacity and training schemes for new community pharmacists; career development for pharmacists; temporary closures of pharmacies and following procedures for temporary closures; and the local community pharmacy assurance group, which discussed local issues with community pharmacies.

Board members discussed the community pharmacy update, and the following topics were raised:

- It was not always easy to access pharmacies in rural areas and access could be made harder for rural communities when a pharmacy closes.
- Pharmacy closures were a national issue which needed to be addressed. Locally, the council could act quickly through issuing a supplementary statement to the Pharmaceutical Needs Assessment following a pharmacy closure, which would enable another pharmacy to go into this space.
- The current model for the Pharmaceutical Needs Assessment controlled pharmacies' entry into the market, rather than considering the quality of access to pharmacies.
- Some services provided by pharmacies were required to be conducted face-to-face whereas some dispensing of medication was able to be done online and delivered.
- Healthwatch examined online pharmacies and was pleased by their use. NHS Dorset has done communications about using online pharmacies in areas where there have been challenges accessing community pharmacies.
- Dorset did not have a place for professional training of pharmacists. If there were plans to explore professional training options, then the NHS should link with Dorset Council to work on this.

39. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 3.35 pm

Chairman

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Health and Wellbeing Board

11 February 2026

Towards a New Model of Day Opportunities

For Review and Consultation

Cabinet Member:
Cllr S Robinson, Adult Social Care

Local Councillor(s):
All

Senior Leadership Team:
J Price, Executive Director of People - Adults

Report author and job title: Sarah Perrett - Commissioning Manager
Email: sarah.perrett@dorsetcouncil.gov.uk

Statutory Authority: Care Act 2014
Report status: Public (the exemption paragraph is N/A)

Executive summary

1.1 In July 2024 People and Health Overview Committee approved proposals for officers to commence a formal consultation on a new model of day opportunities in Dorset. This followed previous engagement events where officers started to build a portfolio of feedback and views of people using services as well as other stakeholders.

1.2 Feedback and best practice research led to the proposals set out in our formal consultation carried out between March and June 2025. The proposals put forward an extended day offer that includes development of community activities as well as a building-based offer for people with complex needs. Reflecting the Council's commitment to whole-population services, and a focus on preventative, community-led support. The report sets the Councils desire that day service transformation optimises resources, aligns with strategic objectives, and leverages existing community assets.

2. Recommendation:

2.1 To review the draft Cabinet report and the future intentions of day opportunities, and to make any recommendations to Cabinet.

3. Reason for Recommendation:

3.1 The intention is that the proposed changes support a much more ambitious, connected community offer for people. That the new model engenders a culture that supports pathways to independence, reducing longer term care needs and supports communities to help define and develop local solutions.

4. **The report**

4.1 In 2021 engagement activity was conducted to determine the views of people attending day opportunities on whether services could be improved and if so, what would enhance the services available.

4.2 In September 2024 Cabinet agreed the recommendation from People and Health Overview Committee for officers to commence formal consultation.

The Consultation – March – June 2025

4.3 The consultation was extensive, and people had various opportunities to feedback including:

- Public meeting at every Care Dorset centre (13) circa 500 people attended.
- Online sessions (6).
- Focus groups of people who use other services.
- Birth 2 Settled Adulthood Service Managers, inviting circulation to young people.
- Visits to professional settings (Schools)
- Written communication to every individual who uses a day service.
- Surveys in public buildings and online (335 responses)

Summary of Consultation Findings on Day Opportunities

4.4 The consultation provided valuable insights into what people want from day opportunities, confirming a strong sense of community attachment and a clear desire for flexible, vibrant, and locally accessible services, particularly among younger people.

4.5 The full published Consultation report can be found here.

Further Engagement and Co-production

4.6 Officers continue to engage with individuals, carers and other stakeholders as the new offer is developed. This will include further face to face meetings in all centres, workshops and published information.

4.7 Members have been fully supportive of the work undertaken so far, initial feedback was provided in July 2025, via a webinar. They key themes from the consultation were acknowledged with agreed further engagement.

4.8 The People and Health Overview Committee were also being engaged on the future proposals at its meeting on 2 February 2026.

Next Steps

4.9 The report is scheduled to go to Cabinet March 2026 to seek approval to initiate the next phase of the “Towards a new model of day opportunities”.

5. Legal considerations

5.1 The Council has a duty under the Care Act to meet assessed needs and adopt a strength- based approach to delivering outcomes for eligible individuals. Moreover, the Care Act supports increased choice and control for people through individual budgets. The proposed changes to our day service operating model will enhance available options for individuals and strengthen the mechanism in which services can be purchased.

6. Financial implications

6.1 Identification of any savings will be clearer when the implementation of the model is more fully scoped and should be reflected in the budget plans for 2026/27 onwards.

7. Natural environment, climate & ecology implications

7.1 Reduction in travel is intended to be an outcome of a more localised and flexible model of day services delivery. This, together with more efficient use of buildings (which often have a significant amount of unused space at present), will support reduction in carbon emissions.

8. Well-being and health implications

8.1 Day services are a valued part of the social care support offer, maintaining daily activity and social connection for people with care and support needs. By improving the connectedness of these services with local community offers and widening the engagement of organisations and groups with the needs of people with disabilities, mental health challenges, and frailty, we are supporting them to stay active and well and improving health and wellbeing.

9. Other implications

9.1 Changes in building use and enhanced community activities will require a review of transport options including the use of the VCSE, Council Transport and increased use of Direct Payments that will support people have more flexibility on how they access a day opportunity.

9.2 As the Council's Property and Asset strategy develops, officers will work to ensure there is a comprehensive understanding of existing community provision and opportunities to design services that address existing gaps and reduce service provision.

10. Risk implications

10.1 Having considered the risks associated with this decision; the level of risk has been identified as:
Current Risk: LOW
Residual Risk: LOW

11. Equalities

11.1 We will ensure fair and accessible services for everyone in Dorset through the delivery of services and improvements as set out in our transformation and council plan. Equality Impact Assessments will be undertaken for each of the 13 Care Dorset Day centres to ensure due regard of the Equality Act 2010 and the Public Sector Equality Duty.

12. Appendices

12.1 Appendix 1: Draft report for cabinet - Towards a new model of day opportunities

12.2 Appendix 2: Towards a new Model of Day Opportunities – Building proposals

13. Background Papers

13.1 Commissioning for A Better Life for Adults in Dorset 2023 to 2028

14. Report sign-off

14.1 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)

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Cabinet

3 March 2026

Towards a New Model of Day Opportunities

For Decision

Cabinet Member:
Cllr S Robinson, Adult Social Care

Local Councillor(s):
All

Senior Leadership Team:
J Price, Executive Director of People - Adults

Report author and job title: Sarah Perrett - Commissioning Manager
Email: sarah.perrett@dorsetcouncil.gov.uk

Statutory Authority: Care Act 2014
Report status: Public (the exemption paragraph is N/A)

Executive summary

1.1 Day opportunities remain a key element of Dorset's adult social care provision, offering structured and purposeful activities to approximately 600 residents requiring support. These services underpin wellbeing, independence, and social inclusion. Recent engagement and research indicate a growing demand for flexibility, diversity, and opportunities for social interaction, particularly among younger cohorts.

1.2 Public engagement exercises conducted in 2021 and 2023 identified key priorities for service improvement. The formal consultation undertaken in Spring 2025 reinforced the need for a broader, more personalised offer. Evidence demonstrates that while some individuals do not seek or require building-based provision, there remains a significant need for people who use services to develop skills, confidence, and pathways to independence. Concurrently, a smaller group of individuals with complex needs will continue to require building-based support.

1.3 Proposed changes reflect the evolving system-wide approach that the council is taking to better align and integrate locality-based working within our communities. This includes our evolving social policy priorities, including Integrated Neighbourhood Teams, the Council's commitment to whole-population services, and a focus on preventative, community-led support. The Council must ensure that day service transformation optimises resources,

aligns with strategic objectives set out in the Council's Strategic Asset Management Plan and leverages existing community assets, such as Children and Family Hubs and libraries ensuring better use of Council property and assets. This integrated thinking will allow for joined-up thinking and approaches to the delivery of shared-outcomes across our local system, placing communities at the heart of how we design service provision and policies moving forwards.

1.4 This paper asks Cabinet to endorse a series of recommendations as set out below.

2. Recommendation(s)

2.1 This report asks Cabinet to:

i) Endorse the review of our commissioning model with Care Dorset and the private sector

ii) Endorse the introduction of the revised delivery model, as described within the report and appendix 1, supporting development of a range of activities across multiple locations for implementation subject to Cabinet approval

3. Reason for the recommendations

3.1 The recommendations aim to create a modern, sustainable model of day opportunities that reflects the changing needs and aspirations of Dorset's residents. They support the Council's ambition to deliver flexible, community-based services that promote independence, wellbeing, and social inclusion, while continuing to provide specialist support for those with complex needs. By endorsing these changes, the Council can make better use of existing community assets, integrate services within local neighbourhoods, and align with wider priorities such as prevention and early help as part of a wider outcomes-based approach that will help drive joined up models of delivery and partnership.

3.2 This approach also ensures that resources are used efficiently and commissioning arrangements with Care Dorset and the independent sector are optimised. It will enable the delivery of the Commissioning for a Better Life Strategy 2023–2028, offering a broader, more personalised range of opportunities that reduce reliance on traditional building-based provision. In doing so, the Council will strengthen pathways to independence, help reduce future care needs, and create a service model that is responsive, inclusive, and financially sustainable.

4. The Report

<u>Consultation</u>

4.1 Extensive engagement in 2021 and 2023 gathered feedback from individuals using day opportunities to identify areas for improvement. This informed the proposal for an expanded offer combining community-based activities with building-based support for those with complex needs. The approach was further validated through formal consultation launched in Spring 2025, ensuring broad participation and representation.

4.2 The consultation provided valuable insights into what people want from day opportunities, confirming a strong sense of community attachment and a clear desire for flexible, vibrant, and locally accessible services, particularly among younger people. The following key themes were identified:

- **Flexibility and Variety:** Younger cohorts expressed a preference for non-building-based day opportunities, favouring local activities that promote independence and skill development.
- **Choice and Change**: Respondents highlighted the importance of greater choice and flexibility, with interest in alternative models of day provision.
- **Local Provision and Community Support**: There was strong support for community-based services, with many people indicating a willingness to access opportunities closer to home.
- **Specialist and Respite Services**: Retention of specialist and respite services was considered essential by service users and carers.
- **Availability:** Weekday mornings were the preferred times for service users, while carers expressed strong support for weekend and evening options.
- **Understanding of the Hub and Spoke Model**: Over half of respondents recognised the potential benefits of this model, demonstrating openness to a broader range of activities and innovative approaches.
- **Transport**: Both service users and carers emphasised the need for more flexible transport arrangements.
- **Communication**: Feedback indicated a requirement for clearer information and improved promotion of available services, as some respondents were unaware of local provision.

4.3 Some concerns were raised regarding the proposed changes. These will require careful management and appropriate support during implementation. It is important to emphasise that all individuals with assessed Care Act eligible needs will continue to receive an appropriate form of day service.

4.4 The full published Consultation report can be found here.

Service Changes and Developments

4.5 The proposal includes implementing a community Hub model across Dorset Council's five localities (North Dorset, Weymouth & Portland, East Dorset, West Dorset and Purbeck) with a range of building and community-based services. The hub model will act as the foundation to support future delivery of more joined up services in Neighbourhoods, working closely with communities. This ambition requires partners to work in a more proactive way, particularly paying attention to early help and prevention and enabling communities to thrive; an ambition that aligns with our Communities for All council plan priority and the required system-wide approach to the delivery of shared outcomes.

4.6 A Hub could provide and host a range of activities, and services that may include:

- Specialist community activities/day opportunities for individuals with complex needs
- Introduction of a community brokerage service supporting individuals access a wider range of bespoke services closer to their homes. Supporting development of the private sector and VCSE options.
- Act as a neighbourhood base for outreach services delivered by health, the VCSE and other partners.

4.7 In addition to the five hubs officers propose to retain and develop two specialist services for people with complex needs in Verwood (East Dorset) and Ridgeway (Weymouth & Portland). The remaining centres will continue to deliver a diverse range of options for community activities/day opportunities for adults across Dorset.

4.8 The Council will offer Direct Payments and Individual Service Funds as a first option to encourage and promote flexibility and choice in accessing day opportunities. People will still be able to access a day service via the block contract mechanism if that is their choice.

Building Changes

4.9 As part of the transformation of day opportunities, the Council has reviewed the use of all 13 Care Dorset-managed building-based services to ensure they are fit for purpose, aligned with community needs, and maximised as local assets. This review considered consultation feedback, demand trends, and opportunities to integrate services within the wider neighbourhood model. While the initial proposals for each building are set out in the *appendix 1*, the overarching approach seeks to retain and repurpose key sites as community hubs, develop specialist provision where required, and ensure that any changes support flexibility, independence, and better use of Council

resources. Under the agreed Strategic Asset Management Plan, the council will work through the asset review process to refine and ensure all factors influencing future asset usage are fully considered.

Review of Commissioning Mechanisms

4.10 The current Care Dorset contract for Day Services is funded via a block contract, comprising of a mix of direct service costs and building costs. Initial work has been undertaken to benchmark the private market, reviewing current volume of market placements, flat session rates, day rates and 1:1 rate. In addition, officers have reviewed Care Dorset financial and operational data as well as analysis of placements, frequency, expenditure, staffing levels and the self-funder market.

4.11 Completion of financial and operational analysis will act as a catalyst for future commissioning mechanisms. This will include removing a proportion of day centre costs out of the block contract and supporting Care Dorset to become commercially independent through the development of the self-funder market.

Next steps

4.12 Officers are committed to continuing the engagement with stakeholders and will ensure there are robust engagement and feedback structures in place. This will include further face to face sessions with people who use services, carers and families. Officers will support engagement with wider council departments where changes may impact, for example transport and utilisation of other resources including libraries. Further discussions will also be had to ensure that future approaches to locality working are symbiotic with this new model, enhancing the delivery of the outcomes that have been recognised through the extensive consultation that has been undertaken. Members will be kept appraised of progress in implementing recommended changes.

4.13 Subject to Cabinet decision, next steps to be prioritised are:

April – Oct 2026

- Review contracting mechanism and cost base for Care Dorset and the private market.
- In line with the Strategic Asset Management Plan asset review process, continue to work with Asset & Property to review lease arrangements, associated costs, building condition, compliance, value, sustainability, and service change implications for each centre.
- Issue new service specifications and contracts
- Further embed ‘pathways to independence’ approach with front line social work staff, users and families and providers, as well as integration with wider approaches to prevention and new approaches to locality working to enhance the delivery of the outcomes identified in this paper.
- Review Community Brokerage model

- Further market engagement with micro providers and VCSE.

5. Legal considerations

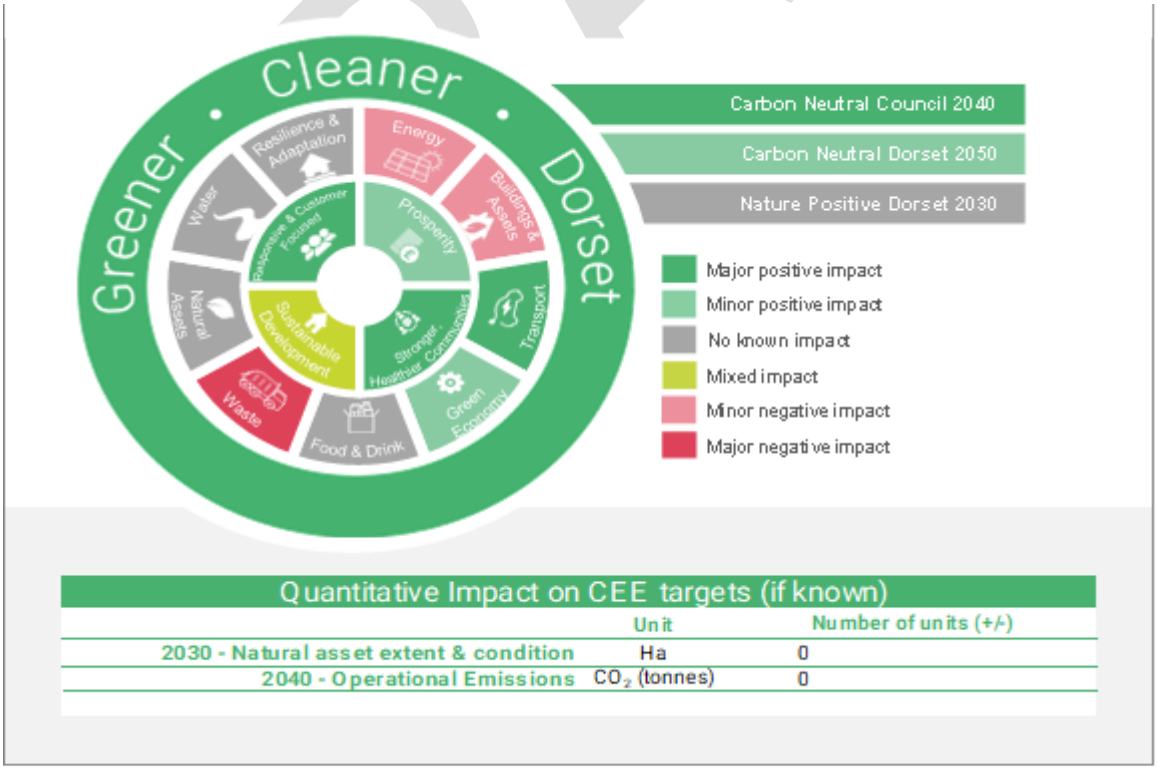
5.1 The Council has a duty under the Care Act to meet assessed needs and adopt a strength- based approach to delivering outcomes for eligible individuals. Moreover, the Care Act supports increased choice and control for people through individual budgets. The proposed changes to our day service operating model will enhance available options for individuals and strengthen the mechanism in which services can be purchased.

6. Financial implications

6.1 There are no immediate negative financial pressures through adopting a new service model. As change is implemented opportunities will emerge to review contracting mechanisms which will drive efficiencies, alongside any changes to building usage may have financial implications related to changes in building usage. The focus on building skills and independence for people who use services will have a positive financial impact over a medium term as care and support needs will reduce.

7. Natural environment, climate & ecology implications

7.1 Reduction in travel and transportation of individuals will result in reduced carbon emissions and carbon footprint. The climate wheel will be utilised against each centre and service change to evidence reduced climate impact.



Quantitative Impact on CEE targets (if known)		
	Unit	Number of units (+/-)
2030 - Natural asset extent & condition	Ha	0
2040 - Operational Emissions	CO_2 (tonnes)	0

8. Well-being and health implications

8.1 The Adults Directorate Transformation programme continues to drive change that improves how the Council supports individuals, ensuring services are tailored to meet diverse needs. The move towards a new model of day opportunities strengthens this ambition by redesigning provision to deliver personalised, meaningful activities in local settings. This approach will be delivered in partnership with community organisations, voluntary groups, and local businesses, creating a richer and more inclusive offer.

8.2 By embedding day opportunities within neighbourhoods, the proposed model enhances the ability of the wider health and care system to improve population health and wellbeing. It supports early intervention and prevention, reduces isolation, and promotes independence, all of which contribute to better long-term outcomes. Through proactive collaboration with partners and local networks, the model will enable communities to thrive and ensure that individuals receive support that is holistic, accessible, and aligned with their aspirations. This forms part of a systems-wide approach to redefine the way that we are working with communities with shared-outcomes at the heart of all we do.

9. Other implications

9.1 Changes in building use and enhanced community activities will require a review of transport options including the use of the VCSE, Council Transport and increased use of Direct Payments that will support people have more flexibility on how they access a day opportunity.

9.2 Aligning to the approved Strategic Asset Management Plan, which was approved by Cabinet in October 2024, officers will work to ensure there is a comprehensive understanding of existing community provision and opportunities to design services that address existing gaps and reduce service provision.

9.3 This paper and the provisions within it align with the broader redefinition of the approach to locality working as articulated in the Communities for All council plan priority, where shared outcomes will be at the heart of how we approach future service delivery.

10. Risk implications

Having considered the risks associated with this decision; the level of risk has been identified as:
Current Risk: LOW
Residual Risk: LOW

The decision is assessed as low risk because it maintains statutory compliance under the Care Act, ensures continuity of support for all

individuals with eligible needs, and introduces changes through a phased, consultative approach.

11. Equalities

11.1 An EQIA has been completed for each centre and approved by the Equalities Team. Consideration was given to any potential impact for people who use services now and those who may in the future. The Impact Assessment evidenced the proposed model of day services increased people's choice, would support more bespoke options particularly in rural areas and support people ambitions to develop more independence and skills.

12. Appendices

12.1 Appendix 1: Towards a new Model of Day Opportunities – Building proposals

13. Background Papers

13.1 Commissioning for A Better Life for Adults in Dorset 2023 to 2028

14. Report sign-off

14.1 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)

Towards a new model of day opportunities
Appendix – Building Proposals
03 March 2026

1. Introduction

1.1 This appendix provides the detailed proposals for each of the 13 Care Dorset-managed day centres, reflecting the feedback received through public consultation and the Council's ambition to modernise day opportunities across Dorset. While the main report outlines the strategic rationale for change, this appendix sets out how those principles translate into local recommendations for each building. The proposals balance the need to maximise use of Council assets with a commitment to maintaining local presence wherever possible, supporting the wider ambition for Communities for All. The next step would be to work with Asset & Property to complete full asset reviews (as per Strategic Asset Management Plan) to ensure all factors influencing future asset use are fully considered. Unlike some local authorities that have closed a significant proportion of their day centres, Dorset is taking a more measured and community-focused approach, retaining most buildings while redesigning how they operate to better meet current and future needs.

2. Building Proposals

2.1 The below describes the context of each centre, the initial proposal and a revised recommendation post consultation.

North Dorset Locality

Blandford
Context: The Blandford Centre is an important community resource for local people. It is currently attended by 15 LD and 6 OP, 4 self-funders. The building is in a good location but is not fully maximised. There is opportunity to harness the centre as a community resource and link the operational activity in the centre to wider community work, such as Integrated Neighbourhoods and Thriving Communities.
Initial Proposal: To close the centre and relocate services to a smaller site in Blandford
Revised Recommendation following Consultation: Keep Blandford open but invest in developing an all-age service by integrating: • Children and Family Services. • Extend community activity for those not assessed as needing building-based care. • Providing expert local knowledge, advice, guidance and support

- Harness new opportunities to work with Health and develop a vibrant community asset

Sherborne

Context:

The day service is operated from an old house that is no longer fit for purpose. Only one floor of the property is used and it is not centrally located to other community resources. 3 people with LD attend, 7 OP and 8 Self funders. Sherbourne Town has significant potential to offer improved services for local people, closer to the centre, harnessing local assets whilst maintaining a more appropriate building base for those that need it.

Initial Proposal:

Maintain the services offered to the current clients but transition from the current building to a community-based model which will include: -

- Commissioning a smaller building closer to the town centre.
- Supporting more people to access community resources and local activities.
- Extend and develop community activity for those not assessed as needing building-based care.

Revised Recommendation following Consultation:

Continue with original proposal.

Shaftesbury

Context:

The day service is currently provided from a large, rented property. It has a small number of attendees. A number of the rooms in the rental agreement are unused and demand from the local population is declining.0 people with LD attend, 8 OP and 7 Self funders. However, officers do recognise the need for a local service and propose to maintain the service in the current building, utilising different space, whilst developing opportunities to develop outreach for those who want it. Officers will also be reviewing the potential to extend out of all our centres in the North to ensure more rural areas have access to services.

Initial Proposal:

To transition the current service to a community-based model.

Revised Recommendation following Consultation:

To keep the Shaftsbury services offer to current clients.

- Renegotiate the lease to reflect actual building space required
- Support more people to access community resources and local activities.
- Targeted work to develop a community-based offer for younger adults
- Extend community activity for those not assessed as needing building-based care.

Sturminster Newton (Stour Connect)

Context:
This day service is operated from a large building with community café and other onsite community provisions (charity shop & sixth form college). Important community resource for local people. It is currently attended by 32 people with LD, 6 OP and 4 Self funders.

The building is not fully utilised by the wider community and has significant scope to be developed further. This will include a range of options with health, the VCSE and other partners to create a local vibrant resource.

Initial Proposal:
Stour Connect to become a Community Hub for North Dorset

Revised Recommendation following Consultation:

- Continue current services, providing specialist community activities/day opportunities for individuals with complex needs
- Provide specialised equipment and support to local services in towns and villages for outreach services delivered by health, the VCSE and other partners.
- Introduction of a community brokerage service supporting individuals access a wider range of bespoke services closer to their homes.
- Supporting development of the private sector and VCSE options.
- Support more people to access community resources and local activities.
- Extend community activity for those not assessed as needing building-based care.

Weymouth and Portland Locality

Weymouth

Context:
The day service is operated from a large centrally located building in Weymouth. A well, attended provision for adults with learning Disability and older people with cognitive impairment. 30 people with LD attend, 21 OP and 11 Self funders. The service has the potential to develop further, and more will enable the Council to develop services with health and other stakeholders

Initial Proposal: Weymouth Connect to become the Community Hub for Weymouth and Portland.

- Review the long- term viability of the current building and if appropriate commission a more appropriate space.
- Support more people to access community resources and local activities.
- Extend community activity for those not assessed as needing building-based care.

Revised Recommendation following Consultation:

- Review the long- term viability of the current building and if appropriate commission a more appropriate, local, space.

- Continue current services, providing specialist community activities/day opportunities for individuals with complex needs
- Provide specialised equipment and support to local services in towns and villages for outreach services delivered by health, the VCSE and other partners.
- Introduction of a community brokerage service supporting individuals access a wider range of bespoke services closer to their homes.
- Supporting development of the private sector and VCSE options within towns and villages.
- Support more people to access community resources and local activities.

Ridgeway
Context: Large day service on the outskirts of Weymouth with ample outdoor space, on a shared site with Children's service provision. 29 people with LD attend, 1 OP and 11 Self funders. Ridgeway is a key local resource, the model of service delivery could be enhanced to support people plan for greater independence
Initial Proposal: To build on the services provided at the Ridgeway creating a specialist service for the west of the County for adults with Learning Disabilities. Change the service model to focus on building skills and independence.
Revised Recommendation following Consultation: Continue with original proposal.

East Dorset Locality

Verwood
Context: The Verwood day service is located in a purpose built two storey building with good access. 27 people with LD attend, 3 OP and 12 Self funders. Verwood is a key service for local people, the service model can be developed to support people build independence and extend out into the community
Initial Proposal: Develop the service as a Community Hub for East Dorset.
Revised Recommendation following Consultation: To build on the services provided at the Verwood centre creating a specialist Service for the east of the County for adults with Learning Disabilities. Change the Service model to focus on building skills and independence.

Ferndown
Context: Ferndown is well located and has the potential to develop as a strong community asset. There are not high numbers of Council funded people attending (10) and 15

Self-funders. Developing Ferndown as a community resource, linking with children's services. VCSE and Health offers potential to create a local resource that build and extends existing services.
Initial Proposal: To close the service with people attending local community activities or the proposed Verwood Hub.
Revised Recommendation following Consultation: • Retain the current services offered to the Ferndown community • Retain the Ferndown building and develop towards becoming a financially viable community asset for local people, complementing (not competing with) existing provision within the town. • Review the contracting mechanism with Care Dorset • Establish best use of the space and how the building can be managed locally, with revised contracting arrangements developed.

West Dorset

Dorchester
Context: Dorchester plus is a centrally located and easily accessible day service. 14 people with LD attend, 19 OP and 17 Self funders**.** It has potential to integrate with other local services with improved utilisation of the building.
Initial Proposal: Dorchester Plus to become the West Dorset Community Hub.
Revised Recommendation following Consultation: • Continue current services, providing specialist community activities/day opportunities for individuals with complex needs • Provide specialised equipment and support to local towns and villages for outreach services delivered by health, the VCSE and other partners. • Introduction of a community brokerage service supporting individuals access a wider range of bespoke services closer to their homes. • Supporting development of the private sector and VCSE options within towns and villages. • Support more people to access community resources and local activities • Extend community activity for those not assessed as needing building-based care.

Bridport
Context: The day service operates from an old Victorian school building which is in poor condition. 22 people with LD attend, 22 OP and 5 Self funders. A service in Bridport is key to ensuring people in the west have good access to services. However,

building based support is not always right for younger people who feedback they seek broader opportunities.
Initial Proposal: To move the current service to a more suitable building and location in Bridport.
Revised Recommendation following Consultation: No immediate change but explore the development of a new centre, located within the Reablement development in Bridport, or seek an alternative local site. Additionally, develop a community outreach model for people who want to build skills and independence

Purbeck Locality

Swanage
Context: The day centre was transferred to the Swanage and Purbeck Development (SPDT) Trust as part of a community asset transfer in 2024. 2 people with LD attend, 1 OP and 0 Self funders. Some people who previously attended have moved to a new provider in the Swanage area. There remains a need for a local service in Swanage and working with the SPDT and other local providers to develop further is key to our proposals
Initial Proposal: Remove from Care Dorset Block contract and work with the SPDT and local community activities providers to deliver a local service.
Revised Recommendation following Consultation: Maintain services to current clients through the development of spot funding and commissioning of VCSE and other agencies. Develop new, flexible services as need arises.

Wareham
Context: Specialist Day service for older people with cognitive impairment. The service is joined to Anglebury Court residential home in Wareham. 1 person with LD attend, 24 OP and 31 Self funders. Wareham is well located and links well to the attached residential home, proposals to retain Wareham but build community outreach form part of our proposals.
Initial Proposal: To close the current service, redirect people to Purbeck Connect as a Community Hub and develop community activities.
Revised Recommendation following Consultation: To retain Wareham Plus as a specialist service for Older People. Review the contracting mechanism with Care Dorset.

Purbeck
Context: The centre is located on an industrial estate a mile from the Wareham centre. Older

people who use Purbeck fed back that they wanted a different type of service and more opportunities.
Initial Proposal: To keep Purbeck as a local Hub and develop increased community services.
Revised Recommendation following Consultation: • Offer the older people attending Purbeck places in the Wareham Centre, in accordance with their feedback. • Review the use of Purbeck with a medium-term plan to close the centre and transfer services to a community-based service in Wareham. While this is being worked through people will continue to attend the Purbeck Centre. Any changes will need to be considered and aligned to the proposed St Mary's development.

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NHS Dorset

Dorset Health and Wellbeing Board

Dorset ICB Commissioning Plan

11 February 2026

Agenda Item 8

Purpose

- Present a draft of the Dorset Five Year Strategic Commissioning plan (strategy)
- Seeking endorsement of the plan from Health and Wellbeing Board Members

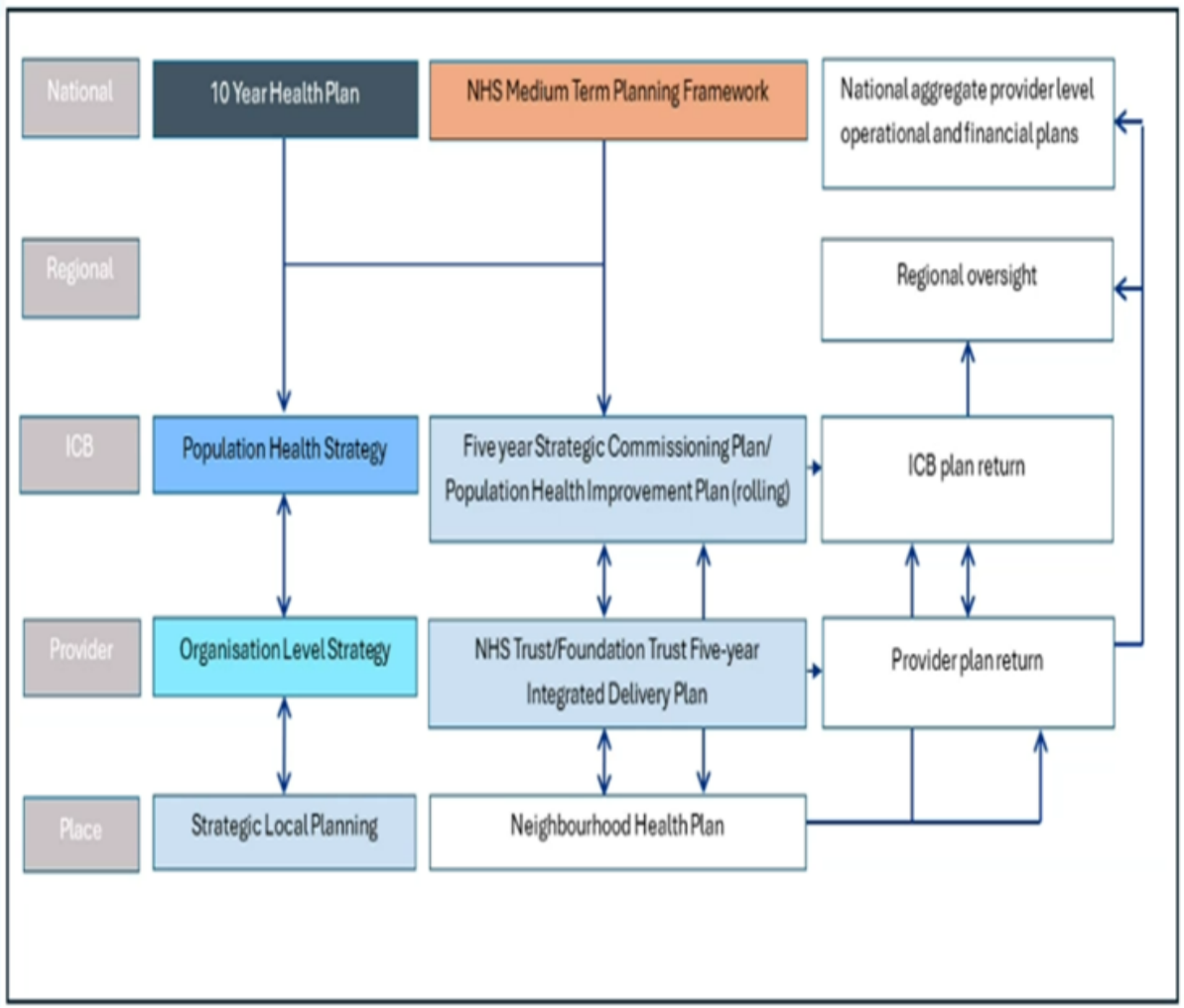
Medium term planning framework - delivering change together 2026/27 to 2028/29

The planning asks….

- Planning footprints are at existing ICB level not cluster, although cluster ICB should look to align where appropriate
- ICBs are required to:
  - develop an evidence-based five year strategic commissioning plan to improve population health and access to consistently high –quality services
  - create outline commissioning intentions for discussion with providers
- Providers are required to:
  - develop a credible, integrated organisational five year plan that demonstrates how national and local priorities will be delivered, including securing financial sustainability
- Five year plans to be year one operational detail, higher level ambitions for years two and three and strategic directions for years four and five
- Consistency is required between ICB and Provider plans

5-year plans will be collected at an organisation level at the full plan submission stage (early February).

The ICB plan will replace the functions of the JFP as well as setting out the strategic commissioning plans.



National Requirements

- NHS England published the Medium Term Planning Framework- delivering change together 2026/27 to 2028/29 on 24 October 2025;
- Shift away from short-term operational focus toward long-term, locally-led improvement across the NHS; underpinning the ambitions of the 10-Year Health Plan;
- Seeks to empower local innovation through a revised operating model and financial regime, supporting major improvements in neighbourhood health services, digital transformation, and quality of care;

Key national priorities include:

  - **Financial discipline:** 3% real-terms revenue growth and 3.2% capital funding, with all systems to achieve balance or surplus by 2029 and deliver at least 2% annual productivity gains.
  - **Operating model:** Empowering Integrated Care Boards (ICBs) and providers to deliver integrated, prevention-focused care through eight strategic themes: local integration, neighbourhood health, prevention, digital transformation, quality improvement, patient experience, workforce and leadership renewal, and embedding genomics and research.
  - **Operational delivery:** 15 national success measures will underpin performance monitoring through the NHS Oversight Framework, supported by new technical guidance and productivity tools.

- Submission 12 February 2026.

Purpose of the Five Year Strategic Commissioning Plan

- The commissioning plan set out in this paper sets out the ambition of Dorset ICB to further **transform health services over the next five years**, working as part of the wider ICB cluster.
- Takes forward the work previously set out in the **ICP strategy**, **Joint Forward Plan** and **Clinical Services Review,** and now incorporates the ambitions articulated in the **NHS Ten Year Plan.**
- Our plan adds further detail to our **commissioning intentions** (approved by the Board last year) for **transforming a range of key services that will deliver the three shifts.**
- **Delivering on these outcomes** will drive the **delivery of our intentions** and be the key metrics by which we will evaluation success.
- The plan is iterative and will be updated annually and will reflect **Place and the developing neighbourhood plans**.

Work we have undertaken to develop our plan

Developed strategic commissioning intentions and engaged upon them with key partners

Developed in collaboration with ICB portfolio and commissioning leads to further develop the commissioning intentions and delivery milestones and timescales

Alignment to the 10-year plan has been central to identify ambitions and opportunities

Developed Integrated Needs Assessment

Based on JSNAs, PHM data, Performance data and insights

Reviewed existing insights including LA public insight reports to ensure our Commissioning Intentions reflected these and tested these back with the public

Completed the Equality and Quality Impact Assessment

Developed with a cluster approach based on the national guidance

Dorset Context- Integrated Needs Assessment

- **Rising demand from an ageing population**: Dorset has an older, growing population with higher levels of long-term conditions and demand for care. By 2040, one-third of residents will be over 65, sharply increasing unplanned activity without early intervention and prevention;
- **Health Inequalities**: Overall outcomes better than England, however there are gaps in life expectancy gap: 6.3 yrs (men), 5.4 yrs (women) between most/least deprived area. CORE20 communities concentrated in coastal PCNs;
- **Growing waiting lists:** Elective, community, and mental health backlogs surged post-COVID good progress has been made in improving waits but we are still not meeting all the constitutional standards;
- **Service Access & Inequalities:** Differences by age, sex, deprivation and ethnicity across urgent care, planned care, cancer, mental health, diabetes, LD&A, maternity and prevention. Deprivation linked to higher emergency use; older people have later cancer diagnosis; data gaps for small ethnic group
- **Workforce:** Systemwide shortages, reliance on temporary/overseas staffing, and pressure on staff wellbeing;
- **Finance:** £2.1bn system budget under significant pressure; efficiencies required to maintain financial balance and invest in priority areas;
- **Digital:** Digital tools and data offer scope to improve efficiency, patient experience, and proactive care, but maturity and investment vary across organisations and risk of digital exclusion.

What people have told us

We reviewed five years of insight from 38 engagement reports across the NHS, councils, VCS and Healthwatch. 11 public engagement events, confirming the themes reflect what people experience “You said – we are doing/planning”.

The key areas that people feel are most important in terms of health and wellbeing are:

- Integration and joined-up working;
- Voluntary and community sector and social connection;
- Prevention and early help;
- Inequalities and inclusion;
- Digital inclusion and choice;
- Mental health and wellbeing;
- Access and barriers to services;
- Communication and information;
- Workforce and relationships;
- Wider determinants of health.

How this shaped the plan:

- “You said – we are doing/planning” tables were shared at 11 public engagement events, confirming the themes reflect what people experience.
- Feedback from these events led to changes in the plan, including:
  - stronger focus on cross-boundary working
  - embedding communication throughout
  - supporting digital confidence while protecting face-to-face choice
  - better consideration of marginalised and ethnically diverse communities
  - greater emphasis on access and people’s lived experiences
  - stronger commitment to co-production with communities and the VCS

Our Five Year Commissioning Plan

Strategic Priorities:

- Neighbourhood-based care;
- Prevention and early intervention;
- Service sustainability;
- Digital and data transformation.

Neighbourhood Health

18 Integrated Neighbourhood Teams in place

Focus on proactive, joined-up local care

End-of-life rapid response & 24/7 advice

Strengthening primary care, pharmacy, oral health

Mental Health, LD and Autism

Earlier access and open-access models

Expansion of CYP support and THRIVE model

Improved physical health checks for SMI

Neighbourhood mental health hubs

Planned Care and Cancer

End-to-end pathway redesign (dermatology, ophthalmology)

AI-enabled triage and clinical decision support

Straight-to-test diagnostics & community models

Improved communication and waiting-well support

Maternity, Women and CYP

Better early years support and school readiness

Improved speech & language pathways

Continuity of care across maternity and early years

Reducing inequalities in CYP outcomes

Urgent and Emergency Care

Hospital-at-home and same-day emergency care

Transfer of Care and Home First

Stronger alternatives to admission

UEC Front Door Transformation

Mental Health Flow Improvement

Digital and Data

Shared digital ecosystem & single patient record

NHS App as main digital front door

Digital skills framework for workforce

Real-time analytics via Dorset Intelligence & Insight Service

Estates and Infrastructure

Community hubs and modern primary care estate

Acute service reconfiguration

Estates utilisation

Net-zero aligned estate development

Finance

Shift investment towards prevention & community

Recurrent productivity improvements Outcome-based contracts & population-based budgets

Market shaping and sustainability

What this means for Dorset

- More care delivered locally and proactively;
- Better outcomes and reduced inequalities;
- More efficient use of resources;
- Strengthened partnership working across sectors.

Health and Wellbeing Board
Work Programme

Meeting Date: 11 February 2026

Potential Item	Description	Lead Officer	Cabinet Member(s)	Other Information
Towards a new model of day opportunities	To consider the results of the consultation on the future of day services in Dorset and use this information to shape a way forward for these services. The consultation was launched on a set of proposals across Dorset arising from Cabinet's agreement in principle to the new model for these services at its meeting on 10 September 2024.	Karen Stephens – Head of Service, Commissioning - Working Age Adults & Disability	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
NHS Dorset 5 Year Commissioning Plan	To comment on NHS Dorset's 5 Year Commissioning Plan ahead of final submission.			

Meeting Date: 18 March 2026

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

FutureCare Programme Update	Progress update on the FutureCare programme.	Dylan Champion – FutureCare Programme Director	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Better Care Fund Quarterly Reporting Template	Endorsement of the Better Care Fund quarterly reporting template.	Sarah Sewell, Head of Service for Older People, Home First, and Market Access	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
National Neighbourhood Implementation Programme		Sarah Howard – Deputy Director of Modernisation and Place		
Joint Strategic Needs Assessment	Update on development of the JSNA.	Natasha Morris – Team Leader Intelligence	Cabinet Member for Health and Housing	

Meeting Date: Unscheduled items

Potential Item	Description	Lead Officer	Cabinet Member(s)	Other Information
Thriving Communities – 1 year evaluation				Autumn 2026
Dorset Intelligence and Insight Service				