Dorset Council

PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON THURSDAY 16 APRIL 2026

Present: Cllrs Toni Coombs (Chair), Jane Somper (Vice-Chair), Sally Holland, Carole Jones, Chris Kippax, Andy Todd and Carl Woode

Present remotely: Cllr Robin Legg

Apologies: Cllr Bridget Bolwell

Also present: Cllr Nick Ireland, Cllr Steve Robinson and Cllr Clare Sutton

Officers present (for all or part of the meeting):
George Dare (Senior Democratic and Governance Officer), Paul Dempsey (Executive Director - Children's Services), Jen Furnell (Corporate Director for Education and Learning), Julia Ingram (Director - Adult Social Care), Dean Spencer (Place Director - Dorset), Sue Evans (Head of Specialist Services) and Chris Heighway (Strategic Performance and Risk Lead)

Officers present remotely (for all or part of the meeting):
Iain Sim (Interim Corporate Director for Housing)

58. Apologies

An apology for absence was received from Councillor Bridget Bolwell.

59. Declarations of Interest

There were no declarations of interest.

60. Minutes

The minutes of the meeting held on 21 January 2026 were confirmed and signed.

61. Public Participation

There was no public participation.

62. Councillor Questions

There were no questions from councillors.

63. **Urgent Items**

There were no urgent items.

64. **2025/26 Quarter 3 Performance Report**

The Strategic Performance and Risk Lead introduced the report and the Executive Director of Children's Services outlined the performance for the key lines of enquiry in the report. The Sufficiency Strategy aimed to increase the number of children in care living with their families. Some of the children in care placed outside of the Dorset Council area were unaccompanied asylum-seeking children or were placed with family members. It was normally within the child's best interest to be placed outside of the county, but for those that it is not in their best interest, the council aims to place them in Dorset.

The Committee discussed the key lines of enquiry and the children's performance indicators. The following points were raised during the discussion:

- There were 2 children in unregistered provision, but the council was planning to move them into regulated provision. There was robust risk management in place for this.
- There was a strategy for increasing the number of placements in the Dorset Council area.
- A number of children from outside Dorset would be placed in Dorset by other local authorities, which was to do with the market and where a child can be placed.
- The enhanced regional fostering imitative means there was a regional hub for marketing and enquiries, before being put in contact with a local authority. The work of regional hubs would be extended to manage the assessment of foster carers.

The Committee discussed the performance indicators for the Adults & Housing directorate. The following points were raised:

- There had been an increase in Section 21 notices ahead of the Renters Rights Act being introduced. A variety of homelessness prevention options were available, and officers would look at the best option available for each individual case.
- There was a consistent number of homeless older people and additional support was given to over 65s. Sheltered accommodation and over 55s accommodation was available to older people.
- The Corporate Director for Housing updated that accommodation had now been found for the pregnant woman and 2 of 3 families in B&B accommodation, which was reported in the data.
- There were currently 40 void houses, and the housing and assets teams were working to include this. A report on Housing Voids would be brought to the next committee.

The Committee noted the Quarter 3 Performance data.

65. **EHCP Working Group - Final Report and Recommendations**

The Chairman introduced and presented the report of the committee's EHCP Working Group. The working group was established in October 2024, following the committee raising concerns about the timeliness of Education, Health and Care Plans (EHCPs). She outlined the processes that the working group took to investigate the issues. This included establishing an inquiry day, followed by further meetings with parents of children with an EHCP, and with NHS representatives. The Chairman thanked everyone who took part in giving evidence to the working group and thanked the panel members for their involvement. The Chairman outlined the recommendations in the report.

The Executive Director for Children's Services responded to the report and made the following points:

- He believed that there should be more nuance in the report, particularly around what parents say, because not all parents give the same feedback.
- He did not believe that council's rate of tribunals were high.
- Many of the issues captured in the report reflected national issues, which was caused by a system which was not financially sustainable, leading to children's experiences not improving.
- The council's performance in the percentage of EHCP's issued within 20 weeks had improved from 22% in September 2025 to 54% in March 2026. There was an aspiration for issuing all EHCP's within 20 weeks, but this was not likely to be achieved.
- It was a professional decision by the Executive Director for the working group to not speak directly with children. However he offered working group an opportunity to work with the Youth Voice team, which was not accepted by the working group.

The Chairman responded to the Executive Director for Children's Services. She agreed that there should have been more context in the report with regards to national issues, however the report reflected the evidence the working group received. The working group wanted the best outcomes for Dorset children and felt that most issues that were raised were caused by communication.

Members of the committee asked questions discussed the report. The following points were raised through the questions and discussion:

- A member noted that children who had an EHCP were not afraid to express their opinions.
- Good improvements had been made over the past several months, but was progress slowing down? The Executive Director for Children's Services responded that progress was due to remodelling the locality model to increase capacity, although the full change had not been made yet. Using AI in EHCP's was also being introduced which created improvements in other local authorities, therefore further improvements to timeliness were anticipated.

- In response to a question about the form of communication the council receives from families, the Executive Director explained this often included written, legal, or challenging communication to him. All families had a named caseworker and communication with the caseworker would take a variety of forms. A phone line with booked appointments had been trialled in a locality and had very limited take up.
- Dorset Council could make its own improvements to communication, however was the council limited due to communication improvements also being needed in the NHS? The Place Director for Dorset, representing the Integrated Care Board, accepted their part in needing to make improvements to communication. He also explained that changes were being made around waiting lists and the processes for assessing it.
- During the 20 weeks to issue an EHCP, it could be very challenging to complete all the administration, organisation, and getting the responses required from organisations to contribute to the EHCP. It could also be challenging to respond to some frequent communication from some families.
- At 20 weeks, it was the end of the beginning for children with an EHCP. It was good that schools were being recognised as the front line, which was critical for meaningful improvement.

The Executive Director for Children's Services commented on the Schools White Paper. He explained that the white paper had caused some anxiety for parents, however it had been quite well received by most parties involved. The council had received notification that it would receive some Government funding for creating an 'expert at hand service' in mainstream provision. The Council would develop a SEND Reform Plan which would set out how the council would use the funding.

Proposed by Cllr J Somper, seconded by Cllr C Jones.

Upon being put to the vote, the committee unanimously agreed the report and recommendations and that they be submitted to Cabinet for response.

Decision:
That the report and recommendations be agreed and submitted to Cabinet for a response.

ADJOURNMENT

The Committee adjourned for a 10 minute comfort break.

66. **Children out of School or in Home Education**

The Corporate Director for Education and Learning introduced the report. The rate of children missing school or home education was lower than average, particularly across the South-West. The council was aware of all the young people in the report and there was some oversight of them.

The committee asked questions and discussed the report. During the discussion the following points were raised:

- How confident were officers that all the children out of school has been identified? The Corporate Director for Education and Learning responded that the council knows about all the children within the report. The council is notified by a school or another local authority if they are removed from a school's register.
- There were concerns with increased pressure on teams caused by the Children's Wellbeing and Schools Bill.
- Mental health was the most requested reason for home schooling. Mental health support teams were in more than 50% of schools.
- There were concerns about children being permanently excluded from primary schools. 34 children had been permanently excluded across all schools in this academic year. Although there had been an overall decrease each year, there had been an increase in primary school exclusions. The VSEND implementation would ensure that schools had information about children before they start the school, so schools were prepared. There was not as much alternative provision available for primary aged children.
- Officers advised that the council's Best Start Local Plan, for school readiness, had been submitted to the Department for Education. A proposal in this was that each family hub would have a SEND practitioner.
- It was likely that some children leave home education without qualifications, however if young people decide to take up post-16 education, then this presents them an opportunity to gain qualifications.
- There were 118 children and young people on reduced timetables, which was intended to be short term. Officers work with schools to ensure that reduced timetables are kept to a minimum and that they can be used positively to introduce young people into education or if they at risk of exclusion.

Following the discussion the committee noted:

1. The current position regarding children missing education, children missing out on education, and children who are electively home educated, and Children's Services approach to supporting these children, and,
2. The strong possibility that the imminent Children Wellbeing and Schools Bill will result in additional responsibilities being placed on local authorities with regards to the above cohorts of children and that this is highly likely to require additional resources.

Councillors S Holland, C Kippax and C Woode left the meeting at 1pm.

67. **Continuing Health Care and Joint Funding (Adults) Performance in Dorset**

The Director of Adult Social Care introduced the report. The report was developed following a request from the committee's Chairman and Vice-Chairman and after a number of questions from members of the public. It was recommended to commission a joint deep dive with the NHS. The Head of Specialist Services gave a presentation to the committee to understand the Continuing Health Care (CHC) and Joint Funding performance in the Dorset Council area. The presentation is attached as an appendix to these minutes.

The Place Director – Dorset, representing the NHS Integrated Care Board (ICB), responded to the presentation. He explained that the ICB was put under special measures following an investigation conducted by NHS England into how the ICB was running CHC. This may have been a cause for improvement, as Quarter 4 data showed levels had improved.

The Chairman suggested that it would be useful for the committee to talk to someone with lived experience of CHC as a part of the deep dive process. A final report on the deep dive should be brought to the committee on October 2026.

The Committee agreed to commission the deep dive into Continuing Health Care.

Decision:
That a deep dive be carried out into the CHC and Joint Funding arrangements in the Dorset area.

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

The Committee agreed to extend the meeting beyond 3 hours to complete the remaining items of business.

The Chairman reported that two items had been raised: NHS Community Transport and Registered Providers' disposal of housing stock.

The Place Director for Dorset explained that it was the Integrated Care Board's responsibility for transport and that the council did not provide funding for this. A discussion would take place to see whether scrutiny would be able to have impact on this topic.

A discussion would take place with the Corporate Director for Housing regarding the request to scrutinise registered providers' disposal policies.

The committee noted its work programme.

69. **Exempt Business**

There was no exempt business.

Duration of meeting: 10.30 am - 1.40 pm

Chairman

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People and Health Scrutiny Committee

CHC and Joint Funding for Dorset Council over the last 3 years 2023-2026

Sue Evans – Head of Specialist Service, Adult Social Care CHC Lead

Dorset Council

Purpose for report

- **Purpose of report:**
  - To understand the CHC and Joint Funding performance in the Dorset Council area.

- **Recommendations:**
  - That a deep dive is carried out into the CHC and Joint Funding arrangements in the Dorset Council area.
  - That the report presented to People and Health Scrutiny committee in April 2026 is reviewed.

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What is Continuing Healthcare

- NHS Continuing Health Care (CHC) is a package of care for adults aged 18 years or over which is arranged and funded solely by the NHS
- In order to receive NHS CHC funding, individuals have to be assessed by ICB's according to a legally prescribed decision making process to determine whether an individual has a primary health need
- The National Framework for NHS Continuing Healthcare and NHS funded nursing care (revised 2022) sets out the principles and processes for determining eligibility
- Various forms of CHC funding:
  - Standard CHC – for those deemed to have needs which in totality amount to a primary health need
  - Fast track CHC – for those who are rapidly deteriorating and anticipated to be in final weeks of life
  - Funded Nursing Care (FNC) contribution – for those receiving nursing care, a contribution made towards the cost of nursing

National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK

Dorset Council

What is Joint Funding

- When an individual is not considered eligible to NHS CHC funding but are deemed to have some health needs, the NHS may contribute to the funding of a joint package of care

- The Local Authority should meet the Care Act eligible outcomes for an individual as defined through a Care Act assessment

Care and support statutory guidance - GOV.UK

- The Local Authority is not permitted to meet health needs. S22 Care Act 2014 sets this out as follows:

S22 - Exception for provision of health services

(1)A local authority may not meet needs under sections 18 to 20 by providing or arranging for the provision of a service or facility that is required to be provided under the National Health Service Act 2006 unless—

(a)doing so would be merely incidental or ancillary to doing something else to meet needs under those sections, and

(b)the service or facility in question would be of a nature that the local authority could be expected to provide.

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Role of Local Authorities in CHC assessment

- The National Framework for Continuing Healthcare sets out the role that Local Authorities must play in participating in the decision support tool (DST) assessment used by the NHS to make a decision about eligibility for CHC.

- Paragraph 141 and 142 of the National Framework for CHC requires Local Authorities to provide advice and assistance to cooperate with the ICB in participating in the multi-disciplinary decision support tool assessment.

- In Dorset Council adult social care these duties are delivered through a specialist team of practitioners working in a CHC hub.

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Understanding the Dorset Council data

- Report uses available National CHC data sets and local Dorset Council CHC/joint funding data from April 2023 to year to date 2025/26 for CHC and joint funding activity.
- It is important to note that:

i) Within the National CHC data set:

*** data for Dorset region includes the full Dorset ICB footprint which is wider than the Dorset Council boundary**;

* the local Dorset Council **data held by the Local authority will only be a part of the full Dorset ICB dataset**.

ii) Whilst Dorset Council engages in the CHC process for people that would otherwise be funding their own care (self funders), not all self funding residents will want Dorset Council involvement and may therefore not form a part of the local Dorset Council dataset within this report.

However, it is important to note that any trends within CHC and joint funding process and **outcomes will impact self funding residents as well as those drawing on care and support from Dorset Council**.

iii) Dorset Council **does not hold a full dataset for fast track and funded nursing care** so this report will only refer to National datasets for these areas of health funding.

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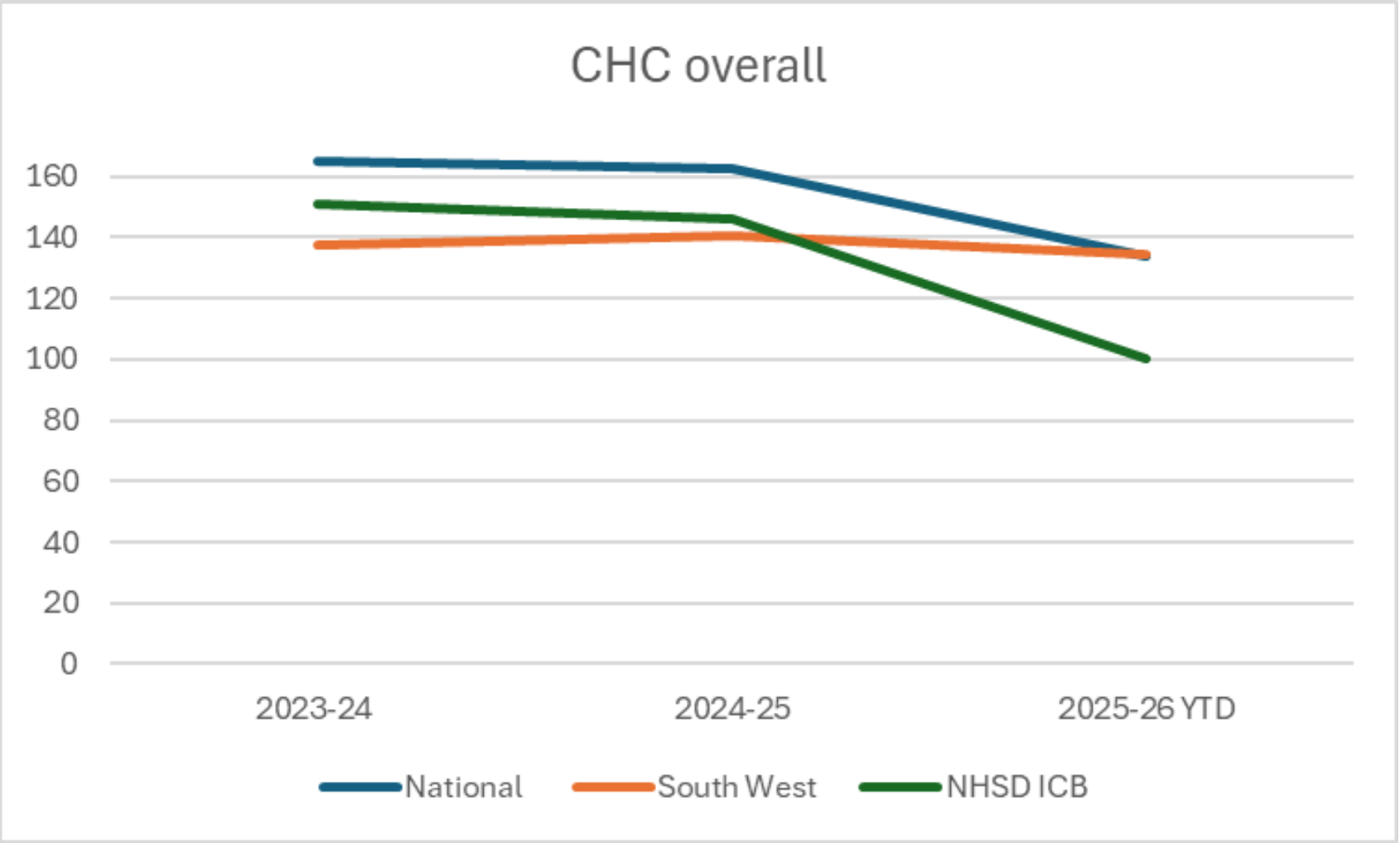
Trends over last 3 years and impact on people

- A shift in the outcomes of assessment for CHC and joint funding seen over the last three years
- The trends seen within Dorset ICB, particularly in 2025/6 to date, appear to be significantly out of line with the trends seen in both South West region and National data as reported in NHS England statistics for Continuing Healthcare and NHS funded nursing care.

Statistics » Continuing Healthcare and NHS-funded Nursing Care

- An increase in the numbers of people being deemed non eligible for CHC and joint funding in this current financial year (2025/2026), either following a new application or following a review of those already in receipt of CHC, fast track and joint funding.
- The reduction in those being deemed eligible for CHC or receiving joint funding impacts residents in Dorset:
  - People may be required to fund their own care and support (self funders), or
  - People may need to draw on care and support from the Local Authority and may be required to contribute towards the cost of that care and support following financial assessment.
  - People and their carers/representatives may experience uncertainty, anxiety and distress caused by the CHC assessment/reassessment processes and changes to their

What does the National Data Set for CHC tell us?



Above chart uses NHS England data for overall CHC and Fast Track eligible numbers per 50K population

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National Statistics for 3 years – eligibility per 50K

Chart uses NHS England data for overall CHC and Fast track eligible numbers per 50K population to assess likely impact for the population within the Dorset ICB footprint.

	2023-24 – End Q4 year to date stats			2024-25 – End Q4 Year to date stats			2025-6 – End Q3 Year to date		
Type of CHC	National eligibility per 50K	South West region eligibility per 50K	NHSD ICB eligibility per 50K	National eligibility per 50K	South West region eligibility per 50K	NHSD ICB eligibility per 50K	National eligibility per 50K	South West region eligibility per 50K	NHSD ICB eligibility per 50K
Standard CHC	47.74	39.67	55.77	46.35	40.64	58.46	41.83	41.62	46.08
Fast track	117.03	97.78	95.23	116.03	99.86	87.36	91.87	92.56	53.97
CHC overall (Std and FT)	164.77	137.45	151.00	162.37	140.50	145.83	133.69	134.18	100.05
FNC	120.21	160.53	159.78	121.57	157.09	147.79	109.92	136.07	134.17

	Difference year to date eligibility per 50K 2023 to 2026			
Type of CHC funding	National	South West	NHSD ICB (NHS data using population data of 690,171	Approx number of people eligible (difference)
Standard CHC	-5.91	+1.95	-9.69	-133 people
Fast track	-25.16	-5.22	-41.26	-569 people
CHC overall (Std and FT)	-31.08	-3.27	-50.95	-703 people
FNC	-10.29	-24.46	-25.61	-353 people

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People previously funded by Dorset Council transferring to CHC funding

Dorset Council data details the number of people who draw on care and support from Dorset Council who have had an **eligible CHC determination** over the last 3 years

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Year	Total numbers of DC funded adults determined eligible	Number of DC funded adults determined eligible within Dorset ICB footprint	Number of DC funded adults determined eligible within out of area /other ICBs	Approximate cost of packages when DC funded
2023/24	37	36	1	£2,336,468
2024/25	34	30	4	£1,353,306
2025/26 (to 1/3/26)	24	22	2	£730,490

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Trends in checklist submissions being discounted

Dorset Council data also shows that there is increasing impact from the following:

i) CHC checklists submitted but discounted:

Whilst the submission of checklists via Dorset Council CHC hub remains relatively static, the numbers of checklists being discounted has increased and the numbers going to full assessment (DST) have reduced. This is particularly evident in year 2025/6 to date (data to 28/2/26)

Year	Number checklists submitted	Number checklists awaiting to be submitted	Number checklists discounted	Checklists that went to full assessment (DST)
2023/4 (full year)	170	0	22	148
2024/5 (full year)	169	0	29	140
2025/6 (to 28/2/26)	148	10	61	87

Trends in CHC determinations of non eligibility from new applications

Dorset Council data shows that there is increasing impact from:

ii) CHC determinations of non eligibility resulting from new CHC applications:

Whilst DC does not hold a full data set for previous years, in 2025/26 Dorset Council has **11 new CHC applications where the outcome has been non eligible, but where Dorset Council believe there is evidence of a primary health need.**

These are a matter of dispute between Dorset Council and NHS

Dorset Council

Trends in CHC determinations of non eligibility as outcomes from reviews of those previously in receipt of CHC funding

Dorset Council data shows there is increasing impact from:

iii) CHC determinations from reviews of people in receipt of CHC funding:

In 2025/26, NHS Dorset has undertaken a significant programme of review for people already in receipt of CHC eligibility. Whilst Dorset Council does not have a full dataset for previous years, in 2025/26 year to date to 1/3/26, **Dorset Council has seen 34 people being determined no longer eligible for NHS Continuing Healthcare from reviews**

- For 26 of those 34 people, Dorset Council believes there is evidence of people having a primary health need

Annual reviews for people in receipt of CHC funding should be held and further reviews in the event of a change in need.

The National Framework (paras 201-211) state that the primary focus of a review should be on whether care plan and arrangements are appropriate to the needs of the individual, with an expectation that in the majority of situations there would be no need to reassess eligibility.

Only where there is clear evidence of a change in needs to such an extent that it may impact on the persons eligibility for NHS CHC funding should a full assessment and completion of a new decision support tool be required.

Impact of trends on people and Adult Social Care

- **For people that need to draw on support from health and social care:**
  - **Anxiety and distress** caused by the process of having a review of the funding and care support arrangements
  - **Uncertainty** created through changes in funding authorities for their care and support
  - **Financial impact** of changes in funding – having to fund their own care and support which was previously provided free under NHS CHC
- **For Dorset Council:**
  - Skills, workforce and workload **pressures from supporting increasing numbers of people often with significant complexity of need and risk** with their care arrangements.
  - **Financial impact** of increasing numbers of people being determined as non-eligible for CHC and coming to the Local Authority for assessment/funding for their care
  - Significant pressure and **risk on Adult Social Care budgets where disputes are unresolved**.

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Dorset Council data: 25/26 impact of demand on adult social care

	Outcome	Numbers of people	Approx cost of packages	Overall impact
Eligible and transferred to NHS CHC funding	Eligible for CHC (previously DC funded from adult social care)	22	£530,587	**£730,490**
	Eligible for CHC (previously DC funded via childrens social care before 18th birthday)	2	£199,903	
Not accepted/determined non eligible for NHS CHC funding	CHC checklists not been accepted where DC is disputing	3	£261,237	**Estimated between £5,454,792* and £8,755,024****
	CHC new applications where DC is disputing outcome	11 (6 NHS Dorset and 5 out of area ICBs)	£1,806,059	
	CHC reviews where DC is disputing outcome	26	Estimated between £ 2,094,248* and £5,394,480**	
	CHC reviews where DC has agreed a non eligible outcome	18	£1,293,248	

Estimated cost pressures on Dorset Council Adult Social Care budget due to changes in CHC eligibility status

* based on average cost of packages determined as non eligible in year

** based on highest cost of packages determined as non eligible in year

Trends within joint funding

- For those people deemed non eligible for CHC but deemed by the ICB to have health needs, the NHS can agree to contribute to a jointly funded package of care.

- There are various forms of jointly funded care - this report does not include s117 mental health joint funded packages of care

Dorset Council

Joint funding trends over 3 years

A significant change in 2025/2026 year to date with the numbers of new joint funded applications being agreed and the numbers of people becoming non eligible for health contributions to joint funded packages of care.

Financial Year	Numbers of joint funded packages at start of year (excl s117)	Numbers of joint funding packages at end of year	Financial value of health contributions to joint funded packages	Difference in year
2023/4	41	42	£ 1,974,062	+ £ 40,548
2024/5	42	51	£ 2,453,778	+ £327,704
2025/6 (to 1/3/26)	51	26	£ 1,925,038	-£573,242

NB: There are various forms of jointly funded care - this report does not include s117 mental health joint funded packages of care

Impact of trends in joint funding

- Dorset Council holds significant risks from such trends as they are, in the main, the commissioner of the joint funded packages.

- When NHS withdraw from a joint funded package, the person may still require the same level of care. In these cases, Dorset Council is left supporting the individual even where the Council believes that the needs may be outside of the limits of the Local Authority as set out in the Care Act 2014.

- This also places increased pressures on the workforce in adult social care who are then supporting the individual and their care arrangements.

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Financial risk to Dorset Council Adult Social Care 2025/6 due to joint funding changes

- The following table demonstrates the impact on Dorset Council of the trends with the joint funding outcomes for 2025/6 to 1/3/26 and suggest that there is currently approx. a £1.8M cost pressure from joint funding where the Local Authority does not believe it is responsible for meeting needs.

- As at 1/3/26, there are 26 remaining joint funded packages of care. We understand these are currently in the process of being reviewed or due to be reviewed by NHSD.

Dorset Council

2025/6 estimated financial impact for Dorset Council from joint funding application/review outcomes

	Outcome	Numbers of people	Approx cost of packages per annum	Overall impact per annum
Agreed eligible and in receipt of health contribution towards joint funded package of care	Eligible for joint funding subsequent to new Joint funding application (previously solely funded by DC adult social care)	2	£60,309	**£60,309**
Not accepted/determined non eligible for NHS health contribution towards joint funded package of care – costs transferred/remain with DC	Joint funding reviews where DC agree with NHS determination	5	£75,301	**£1,975,238**
	Joint funding reviews where DC disagree with NHS determination	20	£1,355,992	
	New joint funding applications where DC disagree with NHS determination	10	£543,845	

Dorset Council