People and Health Scrutiny Committee

30 July 2025

Birth to Settled Adulthood Service (B2SA) Independent Delivery Board Chair Annual Report

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: Cecilia Bufton
Job Title: Independent Chair of the Birth to Settled Adulthood Delivery Board

Report Status: Public Choose an item.

Brief Summary:

The Birth to Settled Adulthood Service (B2SA) is an integrated model of service delivery for children and young people with complex health needs, disability, and Special Educational Needs (SEN).

The B2SA service was created under a Partnership Agreement between Dorset Council, NHS Dorset ICB and Dorset Parent Carer Council. Implementation of the service has been developed in two phases, with Phase 1, focussing on the integration of Adult and Children's services, including housing and education and Phase 2, aiming for further system integration with health delivery teams. Phase 1, implementation began in April 2024 and work continues. Phase 2, is underway, building an understanding of where and how NHS and other health related partners, have opportunities for integrated working.

It is clear from discussions in the B2SA Board over the past 12 months, that this is a complex transformation programme that requires multi-disciplinary working

across a significant number of existing and developing health, social care, housing and education services.

As this Committee received reports on the 6 May, from Louise Ryan, Head of Service B2SA and Kate Halsey, Senior Programme Lead, NHS Dorset, this report will not go into the operational detail of the service, but will present a personal view from the Independent Chair, highlighting progress over the past year, identifying potential risks to delivery and outlining future plans.

Recommendation:
To review the progress of the Birth to Settled Adulthood service and provide feedback on the potential risks for delivery and the future plans.

Reason for Recommendation:
Birth to Settled Adulthood is a major transformation programme for Dorset Council and the Committee has a key role to play to ensure that it is has the desired impact.

1. **Report**

1.1 The B2SA service is only one of a number of new ways of working being developed in Dorset, bringing to life the ambitions of the Integrated Care system, stated in the "Children, Young People and Families' Plan 2023-33": **"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 B2SA focusses on creating integrated service delivery for children and young people with complex health needs, disability, and Special Educational Needs (SEN). It works across an age range from 0 – 25 years and is guided by the Outcomes Framework – a set of descriptive statements co-designed with children, young people and carers, that tell us what good looks like.

1.3 A key driver for the service creation was to improve our understanding of the needs of our disabled children and young people as they develop through to adulthood, and to build opportunities for independence. With services for these individuals, delivered by siloed service teams and reports of interventions captured in separate databases, a clear picture was not easy to see and gaps in delivery were inevitable, as was the need to repeat information already provided. The opportunity for planning was

also hampered as data was not available to teams, responsible for next steps, in a timely manner.

1.4 B2SA has a focus on ensuring that planning, based on the child's needs and the agreed outcomes framework, takes place at an early stage, to enable us better support children and their families to achieve sustainable improved outcomes. Consistent staffing, multi-disciplinary working and shared (or at least interoperable) data systems are all vital elements to providing the "behind the scenes" work that makes the service delivery appear as joined up as possible to children, young people and their families.

1.5 Case examples provided to the B2SA Board are evidencing that this new way of working is resulting in a more coordinated and joined up service. There has been significant investment in setting up the service, from Children and Adults Services, in the expectation that it will deliver sustainable, improved outcomes for children and young people, provide improved value for money and better use of resources. This has included investment in the short breaks provision which aims to ensure that parent-carers are well supported and that children can remain living within their families. It is going to take many years to integrate all the services that the B2SA cohort and their families will need. The priority is to make it as seamless as possible for the user, whilst service delivery teams play catch up with data sharing, commissioning and financial aspects such as best value for money and return on investment.

2. Progress

2.1 In Phase 1, the integration has focussed on bringing together a significant number of adults and children's existing services and plans for Phase 2, NHS integration are in development to align with these delivery points.

2.2 The Phase 2 implementation team are focussed on understanding which NHS services are, or could, support children and young people in meeting the "I know how to look after my health and wellbeing" outcomes within the B2SA Outcomes Framework. Key to this work is ensuring that all B2SA teams know about the support that is currently available and how to access it. The ultimate aim is that all B2SA teams are able to work with children and young people and their families to identify and understand their health needs (both current and potential), understand where these are being met well or where more support is needed, and be able to work

with the right NHS services and professionals to provide an integrated offer of care and support. This will apply to all children and young people being supported by the B2SA Service across all age groups and be focused on needs to achieve the outcomes and goals that are most important to the individual and their family.

2.3 **Best Start in Life** - with Advisors who provide education and development support to families with children aged 0 – 5 years who have complex health needs. B2SA staff understand the importance of fully integrating this work with family hubs and early years settings, to provide support and signposting to other available services.

2.4 **Birth to Settled Adulthood Occupational Therapy (B2SA OT) Service** – the service that provides equipment and adaptations to meet the needs of the child or young person and their family enabling them to thrive and fully participate in daily activities at home. System working involves an increased use of assistive technology and technology.

2.5 **Young Carers Team** - focused on the needs of young carers. The B2SA approach aims to support them and ensure that there is more consistency to the support offered, as the carers transition into adulthood.

2.6 **Preparing for Adulthood Team** - supports the system from the age of 14 to start thinking about options and opportunities for the future. The team undertake a percentage of PfA work alongside children's and adults colleagues. A successful transitional move into settled adulthood embeds principles of independence, strong links with communities and an ambition that young people are supported to thrive.

a. Effective operation of this service relies on strong collaboration between Adult and Children's services, including data sharing to support Care Act assessments. These assessments are carried out by children's social workers in B2SA, who already have established relationships with the young people, enabling earlier and more effective preparation for adulthood planning. So far, four children's social workers have completed a Care Act assessment as part of a test and learn. 14 additional staff now have access to adult workflows on Mosaic and will be participating in the next test and learn.

b. There is a proposal for a Multi-Disciplinary Team (MDT) PfA Referral meeting to review all referrals for Care Act assessments and review as an MDT which team/ service would be the most

appropriate team to complete the assessment in line with the spirit of the new model.

c. The following documents were approved at the Adults Quality Assurance meeting in June and will be presented at the children's meeting on the 14 July.

- B2SA Preparation for Adulthood
  – Settled Guidance
  – Escalation Process
  – Finance and Projecting Costs Guidance
  – Link worker role

d. Integration with NHS services will enable the PfA Team to better support the health needs of each young person and develop an appropriate plan of support. This will include a list of all NHS services that are being commissioned and provided in Dorset for ages 14-25 with key contacts and links to resources.

e. This is also a key life stage at which to ensure alignment with All Age Continuing Care (AACC) – to ensure that young people already accessing AACC move seamlessly between the child and adult frameworks where appropriate. And where they were not eligible as a child, but may be as an adult, are assessed in a timely way so that support is in place when they reach 18.

2.7 The "Dorset **Extra Care Housing Strategic Statement 2024 to 2039**" includes within its strategic priorities (4.1.5), the funding of housing models designed to take into account the future requirements of young people with a wide range of need including learning disability, neurodiverse, mental health and physical needs. Housing need is captured on MOSAIC, in the "future needs" area – aiming to capture details of the aspirations of young people and provide this to housing colleagues. The leadership of the housing team regularly engages with the B2SA programme board and are strong supporters of the Outcomes framework and the desire that many children and young adults have to be supported to live safely, where possible, in their own communities.

2.8 **Mental Health & Neurodiversity** - in Phase 2, B2SA service teams will be supported to identify the needs of children and young people relating to their emotional well-being and mental health and/ or neurodiversity. Service Teams will be able to offer appropriate levels of support and know where and how to access additional support as appropriate to the

individual. This will include the Service being able to play an active role in the development and implementation of existing local transformation programmes, to highlight any specific needs of the B2SA cohort and subsequent considerations in being able to support these effectively.

2.9 In addition to integrating existing services, B2SA delivery staff are also aligning their work to new services such as those being developed in the Families First Pathfinder Programme.

3. Outcomes – case examples

3.1 Example 1

Young Person (YP) was open to B2SA social care team. A referral had been received for a Care Act assessment in the PfA team. Regular MDT meetings were being held to support planning for adulthood for the YP, including adults' colleagues. A Care Act assessment and Mental Capacity Act (MCA) assessment were required. YP had health needs and was open to CAMHS (Child and Adolesant Mental Health Services). There was uncertainty about the YP's primary need (e.g. Learning Diasabilty (LD) or Mental Health (MH)). Needed to be clear to understand which team would support. YP was nonverbal and family were experiencing carer stress. Reported that YP would need to leave home at age 18. Uncertainly about YP's capacity to make a decision about their accommodation and support in the future. MCA required.

YP had an increasing package of support to maintain basic daily functions such as eating and personal care. Adults and B2SA staff worked together to complete an MCA assessment.

Heath colleagues in the adult LD team were sighted on the YP and asked to lean in to support planning. Adult LD clinical health colleagues led on pulling together a formulation meeting resulting in a set of agreed actions and system working to better plan for YP's move into adulthood.

What was different?

Earlier MDT meetings to discuss how we could work together to plan for YP's move to adulthood. Care Act assessment completed at the right time by adults. Adults and B2SA social care practitioners worked together to complete an MCA. Adult health colleagues led on a formulation meeting and supported actions coming out of this.

3.2 Example 2

YP was open to a children's locality team. They were an inpatient detained under a Section 3 and as a result had Section 117 (s117) rights. Adults had provided guidance and support to the allocated worker and their manager around completion of the s117 paperwork as this activity isn't part of their everyday practice. The children's social worker had linked with health staff at the impatient setting to work together on the s117 assessment. The children's manager approached the B2SA service manager advising that there was difficulty finding a move on home for the YP. B2SA service manager provided guidance on reaching out to adult's brokerage to complete a search.

A home (placement) was subsequently found. The children's manager then linked in with B2SA to ask about the funding jointly being agreed prior to the YP turning 18 and before any discharge plan and move was agreed. A meeting was convened with adults to discuss the process and working together to ensure that the right provision was commissioned, costs were understood and agreed prior to any planning. Additional support was offered from adults around completion of the required documentation.

An adults social worker was identified to be allocated to the YP and confirmation that they would work with children's colleagues around planning. Focus was placed on the YP having a suitable home to move into upon discharge to avoid a change of accommodation and support post 18 and that the step down to support independence was understood.

What was different?

Childrens locality workers reaching out to B2SA and adults in planning for a young person's move to adulthood. Practice culture around working together at an earlier stage, focus on joint planning for YP and improved understanding of funding agreement.

4. Potential Risks to delivery

4.1 The biggest risk to delivery would be a breakdown of the agreement to integrated working. Recent changes to the ICB caused some concern but agreements to funding for the B2SA programme in the Better Care Fund plans, give confidence that there is commitment to the partnership agreement at the most senior management levels. On the ground

commitment to integrated working as evidenced in the Future Care and the Family First Pathfinder programmes, demonstrates a shift towards a culture of working across historical service silos.

4.2 Data Systems appear regularly in discussions about delays and lack of information sharing. For example:

4.2.1 MOSAIC access for the PfA work is only ‘act for’, which appears to affect reporting – for example making it difficult to report on numbers of assessments and completed by who?

4.2.2 using manual processes to capture data on future need. A Business Intelligence report is needed to pull together the range of complexities into an understandable report. Also need to consider how we share data across health and social care system.

4.3 A key challenge is the sheer ambition of the programme to integrate so many services as each has different ways of working, different regulations and different data systems. An example of these challenges is the sharing of data across the MOSAIC system between adults and children’s services as system developments were needed, delayed due to prioritisation of work for other programmes, and training required. A pragmatic solution has been identified which has enabled access to this data and training is underway to ensure it can be used effectively. As we work towards further integration with NHS services, further solutions will be needed to provide multidisciplinary access across a wide range of data systems.

4.4 The development of a Culture of integrated working is vital for success, with community/ neighbourhood working and empowerment of staff being major elements that will drive realisation of this mission. Regular communication sessions across service delivery teams have been bringing staff together to build a common understanding of the service, its aims and objectives. These continue to help break down silos and create, amongst other things, a common language - which in itself is not an easy task.

4.5 It seems that the needs of the children and young people we work with in the B2SA service are increasingly more complex and there is currently no clear rationale locally or nationally, as to the cause. If this continues, it will impact the B2SA service in so far as more complexity is likely to mean that more expensive packages of support and care may be required. Working to identify need at an early stage – through such programmes as the “Best

Start in Life," may mitigate some of this complexity by acting early and investment in this area of work needs to be considered in terms of long term "prevention."

4.6 As the NHS and some other services deliver across Dorset and BCP, there is a risk that the different ways of working in the two Councils, could cause duplication of effort and potentially overburden senior executives with double the number of meetings. Recognising that there are necessary differences in service strategy and delivery in the two Councils, means that we are mindful of this situation and are actively working together to find practical solutions – allowing for meeting attendance to be delegated, sharing best practice across both Councils where possible and remaining alert to when it might be possible to share an approach.

4.7 As the two Councils commission services separately, there is a risk that the smaller scale of each could reduce the capacity to get best value from private providers

5 Ongoing Work and Future Plans

5.1 Work on Phase 2 is moving ahead with the plan that we will have a "roadmap" to integration of health services starting with some key intervention points. The original plan had been to designate a single ICB Senior Responsible Officer to attend the Board, but it is now being discussed that it is more effective for us to work with the ICB Programme Lead and representatives from providers who will be able to give a more first-hand report of how integration is working on the ground. It is anticipated that the Phase 2 plan will be presented at the next Delivery Board meeting (October 2025). As this is a locally devised approach, it will require a more agile approach of test and learn that is needs based and focuses on building knowledge, skills and relationships between teams and professionals while learning from and linking into other development programmes across the wider Dorset system such as Family Hubs, Families First for Children, CYP Mental health transformation and Neurodevelopment models.

5.2 This is a complex programme, working across many areas, it will succeed best if we can continue to remain pragmatic and practical in our approach, using a "test and learn" approach to integrate services (children's, adults, health, housing, education, careers) to improve outcomes in line with our

programme mission. As we agree timelines and attempt to define milestones, this will need to be done with the Outcomes Framework in mind – finding proxies for delivery milestones where needed, to enable service leads to monitor and report on progress. We want to put the emphasis on outcomes over KPIs, with success measured by real-world impact such as number of children in care, residential placements, school attendance, and early years engagement.

5.3 There are yet more services in development, such as the Keyworker Service that will support 0–25s with autism and learning disabilities and the most complex needs. This is a joint project between Dorset Council and NHS Dorset that will enable children and young people who are included on the Dorset Dynamic Support Register (DSR) to be referred to the service and access a designated Keyworker. This service aims to help avoid unnecessary admissions to mental health hospitals by working with children and young people who are at risk of mental health hospital admission or are in inpatient settings.

5.4 As children, young people and carers were involved in the design of the Outcomes Framework, we are planning to survey them to seek feedback regarding their experiences – to take learnings that will help us to continually inform any future service development, joint working arrangements or commissioning needs.

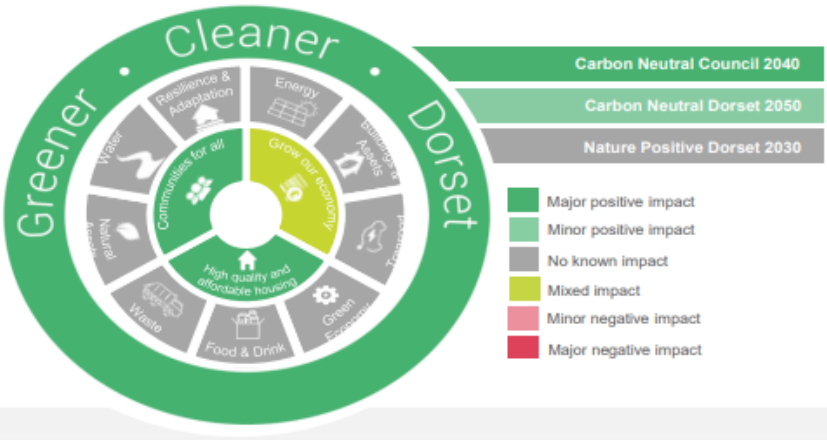
5.5 As a Programme Board we have yet to focus on the opportunities for young people to find work and further independence. We know that work is ongoing through such programmes as “Connect to Work,” “Disability Confident Employers” and Dorset Council’s “Supported Employment Scheme” and it is clear that the leaders of these work programmes are aware of and working for the B2SA cohort.

6. Financial Implications

6.1 There has been significant investment in the Birth to Settled Adulthood Programme from Children and Adults Services. Introduction of the B2SA service will enable sustainable improved outcomes for children and young people, provide improved Value for Money (VFM) and better use of our resources. There has also been investment in our short breaks provision which aims to ensure that parent-carers are well supported and that children can remain living within their families.

7. Natural Environment, Climate & Ecology Implications

7.1 The Birth to Settled Adulthood programme does not have any additional implications.



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 aim of the Birth to Settled Adulthood Programme is to improve the health and wellbeing of children and young people with complex health needs, disability, and SEN, and reduce the impact of disadvantages and inequality. The service also aims to ensure that parent-carers, young carers, and adult carers are well supported.

9. Other Implications

None

10 Risk Assessment

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 Impact Assessment

11.1 The Equality Impact Assessment is available here: https://moderngov.dorsetcouncil.gov.uk/documents/s46115/Appendix%20A%20-%20Birth%20to%20Settled%20Adulthood%20EqIA.pdf

An external Equality Impact Assessment is currently being reviewed and updated.

12 Appendices

None

13 Background Papers

None

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)