Cabinet - 9 September 2025

Public Questions

1. Question from Geoffrey Chopping - Loal Plan Consultation

I am Geoffrey Chopping and although I am a Holt Parish Councillor, I am not asking this question on behalf of Holt Parish Council.

In the current Dorset Council Local Plan Consultation, some settlements are listed for Tiers 1 and Tiers 2 within the text, whilst Tier 3 Settlements are listed in Figure 3.2.

However, within the main document, there is no precise written definition of the extent of the current, or the extent of the enlarged settlements, in Tier 1, Tier 2 or Tier 3. Consequently, sufficient information is not easily available to all residents to know if the areas, in which they are interested, are affected.

The only available precise definition of areas are Civil Parish Boundaries; and 3.2.8 states:

All other areas are either rural in character or comprise small villages/hamlets that do not have a sufficient services or facilities for everyday needs to be met locally. These areas are unlikely to be suitable for growth in line with National Policy5.

Without definitions of any precise areas to the contrary, the only practical textual definition that can be used for areas are Civil Parish Boundaries; and certainly not the vague whims of the strategic planning department.

QUESTION

Can Dorset Council confirm that as changes to the Green Belt can only be made during the Local Plan Consultation Process and as Holt Parish is not directly mentioned within Tiers 1, 2 or 3 as being suitable for development within this Local Plan Consultation, that there will be no changes to the Green Belt for any part of the Holt Parish area as a result of this Local Plan Consultation?

Response from the Cabinet Member for Planning and Emergency Planning

Changes to Green Belt boundaries can only be made through the adoption of new Local Plans. The current consultation process is an early step towards the preparation of a new Dorset Council Local Plan, and we cannot confirm where changes to the Green Belt will or will not take place, until we have considered all the evidence and the consultation responses, and taken the plan through further stages of its preparation, which include a public examination.

The consultation document identifies settlements that are potentially suitable for development, classified as Tier 1, 2 or 3 depending on their size and level of facilities. This is for the purpose of considering options for development around the edges of those built-up areas, that would function as an extension of that built-up area, regardless of whether it is in the same parish.

2. Question from Robert Horne

Good practice in the multidisciplinary assessment of needs for NHS Continuing Healthcare

My question to the cabinet meeting held on 25th February this year was:-

> **Has Dorset Council considered agreeing with NHS Dorset a joint model of assessment?**

I posed the question because I knew that NHS Dorset had, in the case of one care home resident, interfered in the work of multidisciplinary team (MDT) to reverse its recommendation on eligibility for NHS Continuing Healthcare (CHC).

In response to my question Councillor Steve Robinson wrote:-

> **The National Framework states that only in exceptional circumstances, and for clearly articulated reasons, should the multidisciplinary team's recommendation not be followed.**

That is correct, but in the case of interest to me I now know that NHS Dorset holds no records of exceptional circumstances. Nevertheless NHS Dorset tells me its CHC decision making procedure complies with the National Framework. That can't be right, so I investigated further.

I discovered that NHS Dorset has an internal procedure under which it requires MDTs to submit each completed and signed Decision Support Tool (DST) to its Decision Making Team (DMT) before issue to the subject person. Without citing or explaining exceptional circumstances or involving the subject person, the DMT can require an MDT to reconvene to take into account the DMT's assessments of the subject person's health care needs and the DMT's opinion on the eligibility recommendation, all before issuing the DST to the subject person. That certainly isn't right.

I sent to Councillor Robinson on 1st June my information document entitled *Good practice in the multidisciplinary assessment of needs for NHS Continuing Healthcare* which explains where NHS Dorset's reconvene procedure is non-compliant with the National Framework and how it disadvantages both Dorset Council and care home residents.

NHS Dorset should not require Dorset Council to provide additional CHC Social Worker input to an MDT without having good reasons (capable of being clearly

articulated) for believing that there are exceptional circumstances which entitle the return by the DMT of a completed DST to the MDT for reconsideration. I suggest that, as a standard procedure, NHS Dorset is required to produce that information before Dorset Council agrees to commit additional staff time to an MDT reconvene.

My question to the Cabinet is:-

Will Dorset Council require NHS Dorset to produce the evidence of exceptional circumstances with clearly articulated reasons whenever NHS Dorset makes a request of additional Social Services staff time for the reconvene of an MDT?

Response from the Cabinet Member for Adult Social Care

Thank you for your question

Dorset Council is committed to active participation in Continuing Healthcare multi-disciplinary team processes.

The Council employees specialist Continuing Health Care Social Workers to undertake CHC assessments and typically attend the Decision Support Tool (DST) meetings either in person or virtually.

If a Decision Support Tool meeting is reconvened by NHS Dorset, then they usually provide Dorset Councils CHC Social Workers with detailed information to highlight the discrepancies between the evidence presented and the recommendation made in order to agree a way forward.

Your question highlights how complex this area of practice is. We would like to offer you a written response where we can set out in more detail the areas of the CHC framework that governs the way we should work with NHS Dorset to resolve this.