Dorset Integrated Care System: pilot assessment report

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Dorset Integrated Care System
NHS Dorset
Vespasian House
Barrack Road
Dorchester
Dorset DT1 1TS

Introduction and overview

Find out more about integrated care systems

Find out more about how we assess integrated care systems and the quality statements used in this assessment

CQC assessed 2 integrated care systems (ICSs) that volunteered to take part in our pilot programme. We will continue to develop the assessment process based on learning from these pilots.

Our ICS assessment team included specialist advisors and executive reviewers to contribute professional expertise, The team tested how we work with partners and stakeholders, gather evidence and work efficiently to adapt pre-existing processes to find an effective approach for assessing systems.

Using 17 quality statements from the new assessment framework as the basis for assessment, the team looked at how leadership works, how systems are integrated, progress towards reducing inequalities, and how quality and safety is managed across local services.

Dorset ICS actively engaged in this process. Our assessment found system leaders have invested in setting up the integrated care board (ICB) and integrated care partnership (ICP), building relationships across organisations. They involved local people in planning and objective setting, and have started to create the systems, structures and partnerships to create a cohesive, integrated and resilient system.

There are opportunities for Dorset ICS to progress from set-up to delivery to demonstrate impact and value for all stakeholders. There is clear desire to maintain momentum and capitalise on the energy for positive change in the system. The system will need to overcome some challenges to achieve this. System leaders recognise the risks of these barriers. There is early evidence this will lead to greater integration and more equitable allocation of resources to support safe, high quality, responsive and joined up services for the people of Dorset.

Finance

The following information is provided for information purposes only, and has not been factored into our assessment:

- Total ICB income: £909.1 million
- Total planned surplus: £0 million (planned breakeven position)
- Total deficit: £20 million (as at month six of 2023/24 financial year)

- Primary causes of overspends cited: industrial action (£3.2 million), inflationary pressures (£3.7 million), provider overspend (£15 million)

Source: NHS Dorset Integrated Care Board Annual Accounts 1 July 2022 to 31 March 2023; NHS Dorset ICB November 2023 Board meeting minutes, Dorset ICS Finance Report, September 2023.

NHS Dorset met all its statutory and administrative financial duties in its first statutory reporting period ending 31 March 2023. These are to:

- remain within its revenue, capital and running costs allocations
- to ensure cash at year end is no more than the mandated threshold.

Local context

View local context from NHS Dorset Integrated Care Board (ICB).

Local demographics

Approximately 822,000 people live in Dorset. The population profile differs slightly to the England average, with an older population structure where almost a quarter of the population is aged over 65. The population is significantly older than the England average. The population of Dorset increases in summer months when many people visit Dorset for their holidays.

The population of Dorset is generally healthier than England as a whole. Life expectancy for males in Dorset is on average 80.5 years compared with the England average of 78.7, while life expectancy for females is 84.8 years in Dorset compared with the England average of 82.8.

In Dorset, the population is generally more dispersed and low density compared with the England average. Most people are less deprived than the England average. Approximately 3% of people identify as being from ethnic minority backgrounds (compared with 13% England average).

In Bournemouth Christchurch and Poole, there is a higher population density. Population age profiles are in line with the England average. Deprivation levels are equal to the England average. Approximately 9% of people identify as being from an ethnic minority background.

Some groups of people in Dorset have poorer outcomes than others, including spending more of their lives in poor health, and dying sooner from conditions that are preventable. For example, there is a 10-year difference in life expectancy for females in Boscombe West (77.9 years) compared with West Highcliffe (87.5 years) Wards.

Although generally healthier, a higher proportion of the Dorset population has a long-term health condition or disability (19.4% compared with 17.6% for England). People in some parts of Dorset spend an extra 19 years of life in good health than people in the most deprived areas.

Both children and adults are more likely to have an emergency admission to hospital than the England average.

ICS assessment themes

Our ICS assessments consider the core purpose of integrated care systems, as referenced in NHS England's design framework and the requirements of the legislation. They focus on 3 themes:

- Leadership
- Integration

- Quality and safety

Theme 1: Leadership

Direction of travel

There is positive progression with the development of effective and coherent system leadership. There are capable leaders, early evidence of a shared vision, and a focus on inclusion, sustainability and improvement. However, there are risks caused by fragmented governance and limited engagement with the system by some partners.

Summary of strengths

- The integrated care board (ICB) has a stable and capable leadership team and the integrated care partnership (ICP) has representation from across health and social care. Relevant leaders are involved in decision making, including those from the voluntary sector and emergency services.
- Local leaders have a clear vision and plan to develop the Dorset system, underpinned by a constructive and inclusive culture.
- The vision and strategy for Dorset ICS were co-produced with extensive engagement and consultation across Dorset populations. System partners are committed to this vision and there is a clear 'road map' for the system.
- There is focus on addressing local workforce challenges, for example workforce education development programmes and recruitment initiatives. This approach is jointly owned by organisations across the system in Dorset.
- There is high potential for technology and data tools, such as The Dorset Intelligence & Insight Service, to support effective commissioning and allocation of resources.

Areas for development

- There are opportunities to progress strategies and plans into clear deliverables to enable them to have an impact, and ensure all activity is scalable and aligned with system objectives.
- There is a need to balance the focus on both immediate operational challenges and longer-term resilience measures for population health and the system.
- There is scope to improve how to use data to identify system priorities for high impact interventions.

Summary findings for quality statements under the Leadership theme

This theme includes these quality statements:

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Governance, management and sustainability
- Partnerships and communities
- Freedom to speak up
- Learning, improvement and innovation
- Environmental sustainability
- Workforce equality, diversity and inclusion

Quality statement: Shared direction and culture

Key messages

Partners in the ICS share a clear vision and there is early evidence of a developing shared direction and culture, but this is not yet consistently put into practice. There were many examples of ICB and ICP initiatives to engage organisations, the workforce and residents in the development of a common vision and purpose.

Using an evidence based, population-wide strategy

The ICS has an ambitious 5-year joint strategic plan to improve the health and wellbeing of people living in Dorset. There was broad engagement to develop the plan including '100 Conversations' with people across Dorset to agree priorities and 5 core objectives for the system to reduce health inequalities. The NHS Dorset Joint Forward Plan (JFP) 2023-2028 was informed by staff from health and care organisations across Dorset.

The Dorset Integrated Care Partnership Strategy 2022/23 is focused on prevention and place-level activity with a shared vision and commitment for the system to work together across 3 key priorities: prevention and early help, thriving communities and working better together. The Joint Strategic Needs Assessments for Dorset Council and Bournemouth, Christchurch and Poole Council were developed in consultation with people working in frontline health and care, patient and representative groups for people using services and residents.

System leaders articulated a long-term vision and strategic direction and recognised the value of working as an ICS. There was good buy-in to the strategy and vision among most stakeholders, staff and providers we spoke with. They described a clear ICB and ICP ethos of building connections and removing barriers to joint working. Partner organisations within the ICS were starting to align their organisational priorities to the 5-year forward plan.

However, there was a perceived gap between the development of strategies and implementation, and there were some frustrations with a perceived disconnect between strategic aims to improve population health and a focus on immediate operational priorities.

The place-based partnerships have a locally agreed shared vision

There was strong connection and shared priorities among voluntary community and social enterprise sector (VCSE) organisations. VCSE representatives reflected intent and desire to play an integral role at system level, but felt the commissioning model could be a barrier to joined-up working.

There were some positive initiatives to improve collaboration and shared priorities. However, some provider groups, such as those representing homecare (domiciliary) services and care homes, expressed concerns about fragmented funding and limited involvement in developing a shared direction.

The system architecture and information to support delivery and bring places together is in early stages. There is a gradual move to integrate health and social care for more equitable voice in decision making and a shared ambition for place-led design of solutions. System leaders acknowledged the need for clinical expertise and leadership within the system and the GP Alliance represented local GPs in decision making.

There were some good connections and shared aims at executive, manager and operational level across organisations, and some alignment between places. The ICS leaders articulated aspirations for a Pan-Dorset culture and shared ways of working. However, the strong sense of place in Dorset and in Bournemouth, Christchurch and Poole meant each place identified as a singular, defined area and the two places were not working in partnership as equals. In certain areas, places were developing at a different pace, which hindered collaboration and joint commissioning.

Both councils are represented at ICB, ICP and other system level meetings. There is a shared Director of Public Health and joint public health board and opportunities for councillor interaction across both places. However, we were told there is limited exchange of ideas because of different population needs in each area. Furthermore, the two councils are at different points in the electoral cycle, so Bournemouth, Christchurch and Poole Council has a new administration and new relationships were forming.

Quality statement: Capable, compassionate and inclusive leaders

Key messages

Dorset ICS has effective and inclusive leaders that understand the context and challenges of the Dorset health and social care economy. System leaders were engaged, suitably experienced and capable, and had a clear vision and direction for Dorset services. Despite challenges integrating all place partners, there was a sense of hope and energy for positive change in the system.

Collaborative and inclusive system leadership

We saw collaborative and inclusive system leadership, including involvement of clinical and professional leaders. ICB leaders have been effective at convening voices and engaging partners across sectors and there are routine opportunities for chief executives, chairs and non-executive directors from the system to meet in their peer groups to discuss issues and collaborate. The ICP Chair is also chair of the Local Enterprise Partnership, supporting local development of wider determinants of health.

Frontline and operational staff across services described leaders as being open to feedback from different voices and bringing cultural change in the system towards greater openness and transparency, that is receptive to learning and continuous improvement.

As part of the ICS establishment in 2022, the system produced a clinical and care professional leadership framework with clinical leaders. There is recognition of succession planning needs, and cross-sector leadership development opportunities that include VCSE leaders.

The ICB follows established processes to check the background and suitability of its senior leaders. ICB board development sessions are regularly completed to support senior leaders and there is a scheduled board development plan. Board members undertake 'Fresh Eyes' reviews as a group, to consider the impact of the NHS Dorset board as part of NHS Dorset's performance.

Some well-established relationships exist across the system, which support challenging conversations and movement towards a shared direction. However, there continue to be changes in leadership at provider level, which has an impact on continuity in system development.

ICB and ICP leaders recognise the importance of GP engagement and leadership in the system and have GP representation on their boards. NHS hospital trusts in Dorset have also appointed GPs to their executive teams. However, some GPs reported feeling less supported and connected to the ICB and identified limitations to their involvement in decision making and a shift towards an advisory function.

Quality statement: Governance, management and sustainability

Key messages

Dorset ICS has the necessary and expected governance and accountability systems in place, including statutory committees and routes for escalation. However, these systems are in early stage and there are challenges to ensuring they work effectively and consistently. Stakeholders reported fragmented governance structures, with challenges to integrating different services and aligning decision-making processes, particularly between ICB and place-level. Despite these challenges, there is a focus on developing robust governance structures. The ICB and system partners are actively working on strategies and structures and involving various stakeholders to improve governance at system and local level.

Governance systems

There are processes for system-level quality and safety oversight, with accountability structures such as the System Quality Group where safety and performance information are reported. Committee minutes showed some early sharing of quality issues and mutual support among partners. There are agreed system-wide quality themes for 2023/24 and a 'Shared Learning panel'.

Leaders understand the main risks, concerns and challenges within the system and clinical professionals are involved in governance structures. Clinical risks were appropriately escalated and recorded on the ICB risk register. There was less focus on longer-term system-level risks and senior leaders acknowledged there was not equal weighting to urgent and longer-term risks.

There are 2 health and wellbeing boards, each aligned to the 2 places. They have different priorities and reflect local needs, but they share a Vice-Chair. Along with the Joint Director of Public Health for both Dorset and Bournemouth, Christchurch and Poole councils, this provides consistent joint leadership. Work is ongoing to improve the influence of these boards.

Places in Dorset are in the early stages of being established, with plans to build on ongoing work to develop Neighbourhoods and system-level structures. Place-based governance is in development and delegation to place-level is limited.

There is a shared understanding and cross-executive accountability of the Pan-Dorset financial position. Financial directors across the system are closely connected and there is a System Recovery Group for executive support and ownership of system resource allocation. However, non-executive directors and councillors reported challenges in embedding wider determinants of health in financial decision making, and focus on process metrics rather than prevention and outcome metrics. They felt they did not always have necessary information to measure the impact of spending decisions.

There is a push to collect and use data effectively and efforts to systemise how data are used to inform decision making. However, despite having access to a wide range of data, collection of data by the ICS was variable and quality data were not consistently used to inform decisions, for example to inform the impact and effectiveness of initiatives on prevention, community health and wellbeing over time.

Quality statement: Partnerships and communities

Key messages

Leaders in the ICS demonstrated understanding of who they needed to collaborate and work in partnership with and acknowledged that more engagement with some partners, communities and residents was needed. Overall, we found a collaborative and community-centred approach in the ICS. There were early-stage initiatives to focus on outcomes, digital integration and a genuine effort to engage with diverse communities.

System-wide process objectives and processes

The ICB and ICP have involved residents from different communities in making decisions, including people who are in more vulnerable situations, using initiatives such as surveys and outreach programmes. Initiatives such as '100 conversations' and engagement with the voluntary and community sector (VCSE) demonstrated a commitment to understanding community needs and embedding their views in Pan-Dorset strategies and plans.

The ICB is moving towards outcomes-based commissioning and devolving commissioning decisions to place level, to enable more holistic and targeted interventions for meaningful, measurable improvements in community wellbeing. ICB leaders articulated their role in proactively bringing the system together to facilitate local transformation and delegate decision-making.

The ICB has a dedicated health inequality lead, system-wide health inequalities programme and steering group to bring together different sectors to identify and address root causes of health inequalities. New ICS structures have facilitated a more strategic interface between public health and housing teams. However, housing associations do not have a formal voice within the ICS.

Senior leaders within the ICB and ICP acknowledged insufficient engagement with schools and colleges and a need to improve outreach efforts to enhance health education among young people. We also received feedback of limited engagement with certain groups such as people in rural communities, indicating gaps reaching some populations.

How the ICS works collaboratively to address the needs of its population

Well-established networks of relationships between different sectors facilitate information sharing and collaborative working. The ICB has started to build strong partner relationships to develop its understanding of community needs and resources. However, there was inconsistent engagement and partnership working between some community organisations. Some providers described some persistent "protectionist and tribalistic" thinking hindering progress towards integration.

There are 7,700 voluntary and community sector (VCS) organisations in Dorset, employing 15% of the local workforce, with 58% focused on health and wellbeing and 15% involved in social care. The Dorset VCS Assembly was created in 2022 as a forum for VCSEs to share ideas and issues and support connections with public sector partners. The VCS Assembly has two representatives on the ICB Board, with 2 further places allocated for attendance on specific agenda items.

The ICB is tentatively investing in community-based projects as the building blocks for neighborhood teams. Various volunteer initiatives, driven by community needs, showed local communities working collectively as models for neighborhood development. VCSE leaders told us ICB engagement felt like a partnership, but the ICB does not engage all VCSE organisations equally and non-recurrent funding is a problem for some organisations to maintain their engagement and sustainability.

Quality statement: Freedom to speak up

Key messages

The ICS is starting to develop a system-level approach to freedom to speak up (FTSU). The system is early in this work and has not yet developed written or structured plans to bring together speaking up processes across the system.

How freedom to speak up roles and processes are embedded within the organisations and the system

Freedom to speak up and whistleblowing leads from organisations across the system had a clear and shared understanding of speaking up. Health and social care staff could describe what speaking up was and how to do so in their own organisations. Leaders showed commitment to raising the profile of speaking up at system level and are holding wellbeing and speaking up engagement events. Staff could articulate examples of speaking up with system support with appropriate investigation and resolution.

The ICB's freedom to speak up policy published in December 2022 was in line with national policy. Staff and leaders had plans to develop a co-ordinated system response to speaking up and were on track to deliver this in the next 12 months. There were priorities to implement routes for speaking up, embed a freedom to speak up guardian and speaking up mechanisms for staff working in the ICB and using the improvement tool to map their plan over the next 3 years (in line with national requirements from January 2024).

Training, support and flexibility for Freedom to Speak Up Guardians

The ICB has 2 Freedom to Speak Up Guardians and an executive and non-executive director lead for speaking up. They are trained in receiving concerns, supporting and signposting staff. Staff with speaking up roles reported sufficient time and support to discharge their responsibilities. They described strong speaking up mechanisms in their host organisations, and networks were in place to share information and good practice.

Quality statement: Learning, improvement and innovation

Key messages

We found early indications of a system-wide learning culture and shared efforts to innovate and improve services. Dorset ICS has access to powerful data tools and strong connections to collate information from different parts of the system. There is a clear focus on using feedback to improve services. However, it was too early to see how data would be used to monitor progress and measure the impact of learning and improvement initiatives. Learning is not consistently shared between places or from national level, which risked mistakes being repeated across providers and sectors.

Local partners enabled by a system-wide learning culture

The ICB used system architecture to collate and analyse risk information relating to specific services and sectors. For example, using patient satisfaction survey results, Quality and Outcomes Framework results and a self-reported GP alert system as control measures to target support to GP practices. ICB support had resulted in reduced elective surgery waiting lists and system improvements to urgent and emergency care pathways. However, learning from high performing organisations could be better shared and implemented across the system to improve equity and recovery of services.

Tangible and measurable improvements in quality, performance and outcomes

The ICS has invested in digital solutions such as Dorset Intelligence and Insight Service (DiiS) to use data for targeted interventions. The DiiS tool is at the forefront of Dorset's analytical response, linking data from primary care, acute and community providers on a near real-time basis. DiiS contained massive data sets, which will help clinicians and commissioners to understand local pressure points, specific areas of concern and to interrogate a bigger picture of health needs across Dorset.

Staff across the system recognised the importance of a learning culture and there were examples of good system-wide learning, for instance in pan-Dorset safeguarding structures. Staff describe making sure solutions are right for staff and the population using them.

Some VCSE leaders felt there was a gap in engagement and planning strategies for people who were digitally deprived and there were concerns some residents were not able to participate because of the move to digital engagement. VCSE leaders acknowledged digital champions were in place but thought now was the time to ensure that as services have a bigger focus on digital solutions, less digitally active residents of Dorset are not left behind.

Innovation initiatives are evidence based and evaluated on an ongoing basis

There was some evidence of innovation and early shared learning approaches across the system. These were mostly provider-led initiatives rather than enabled or facilitated by the system.

Local higher education institutions had established a Dorset alliance to work together on research and development across disciplines. The ICB DiiS team and primary care networks designed a tool to identify patients who were not on a palliative care pathway when they should be, and to help them to find the right support. It was anticipated this would improve people's experience of end-of-life care and reduce inappropriate admissions to hospital.

Quality statement: Environmental sustainability

Key messages

Dorset ICS leaders and staff understood the negative impact of health and social care activities on the environment. There are some early outputs to reduce this impact, including a green plan to embed and progress the sustainability agenda.

The NHS Dorset Joint Forward Plan 2023-2028 sets out ICS sustainability in terms of finance, social impact and the environment. The NHS Dorset Consolidated Green Plan 2022 captures all work being undertaken by Dorset NHS partners, with a shared mission to offer excellent health care in a way that respects the needs of this and future generations. Dorset NHS organisations have committed to reduce their core carbon footprint by 80% by 2030, focused on sustainable estates, procurement and consumables.

There was some progress towards 11 system environmental priorities, including nomination of sustainability leaders and green champions, reducing paper records and encouraging active staff transport. There were good sustainability measures within pharmacy provision at University Hospitals Dorset NHS Foundation Trust as an early sustainable pharmacy champion. All medicines tenders have a sustainability check and the hospital has switched to specific medicines to reduce environmental impact. This is being expanded across Dorset and the south-west.

Governance and accountability reporting structures for sustainability include an executive lead and sustainability leads for each NHS trust. The ICB Chief Medical Officer has board level responsibility. There is no non-executive director equivalent. A monthly green plan group reports into the health inequalities group. Board and sub-committee reports and minutes did not show evidence of environmental sustainability papers submitted to the health inequalities group.

Quality statement: Workforce equality, diversity and inclusion

Key messages

Equality, diversity and inclusion (EDI) is a priority for system leaders and partners with a drive to recruit and retain a diverse workforce that reflects local populations of Dorset enshrined in the ICS People Plan. There are some mechanisms to improve recruitment and support existing staff from different backgrounds, including international recruitment initiatives and establishing staff diversity networks. Some interventions are system-wide, but most were at provider level.

The ICB used an organisational development approach to embed EDI across the ICS and create an inclusive, values-based culture. The ICB funds specific EDI training for system partners. Leaders acknowledged many EDI activities are in early stages of development with limited impact. However, although the aim was for diverse, local recruitment, health and social care staff and leadership in some organisations were not yet representative of local populations and there was limited diversity across protected equality characteristics, which executive leaders acknowledged. For example, in 2023, 3% of ICB staff bands AfC 1-9 are from an ethnic minority background, compared to 7% in the ICS overall (UK Census 2021 data)

At the time of reporting, NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data for Dorset were available up to 2022 only. Only NHS hospital and mental health and community trusts submit WRES and WDES data.

For NHS providers across Dorset, WRES data indicated slight improvements in diversity of representation as a result of international recruitment, but Dorset remained below the national average, with a likely increased disparity of lower and middle bands to senior leadership representation. There were some slight improvements with experiences of discrimination, but generally worse experiences of harassment, bullying or abuse from staff.

For staff working in NHS Dorset ICB, the experience of staff from an ethnic minority background is generally worse than the experience of staff in White ethnic groups, but better than the national average. While 12% of these staff and experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, only 5% of staff in White ethnic groups did. These experiences are better than the national average (28% and 23% respectively). The proportion of NHS Dorset staff experiencing discrimination at work from a manager, team leader or colleagues in 2023 is higher for staff in ethnic minority groups at 6% than for staff in White groups at 4%, which is better than the 2022 national average (17% and 7%respectively).

For NHS providers, WDES data indicated a mixed experience. It indicated improvement in disabled staff experiencing harassment, bullying or abuse versus non-disabled staff from other managers at 6%, and at 2% from other colleagues. Both indicators are better than the national average. Disabled staff felt less valued than non-disabled staff, a difference of 7.6%, and staff feeling that adequate adjustments have been made to enable them to carry out their work has declined from 95% to 90%.

There is good provision of staff equality and inclusion networks at the ICB. Some staff told us fewer people engage with people in ethnic minority groups because of perceived mistrust and hesitancy due to historically differential treatment. Each network is represented in the ICB EDI steering group, which looks at equality impact assessments, leadership and accountability, pay gaps and workforce wellbeing and culture. This feeds into ICB governance structures for escalation and accountability.

Theme 2: Integration

Direction of travel

There is a positive progression for integration, but unclear focus is a risk to achieving integrated commissioning, shared outcomes and improved alignment to tackle health inequalities.

Summary of strengths

- There are many examples of integration and teams working well together. For example:
    - The pan-Dorset safeguarding decision-making structures
    - community-based integrated teams in primary care
    - integration of place and health and wellbeing boards.
- Across the system, there was a clear focus on developing relationships to enable system working.
- The Dorset Care Record supports service integration and information sharing.
- ICB senior leaders managed the transition from clinical commissioning group to ICB well, and there are structures to engage relevant stakeholders.
- The ICB has invested in creating the GP Alliance to support ongoing GP involvement in decision-making.

Areas for development

- There is scope to develop cohesion in system leadership and align priorities. Some relationships are still developing, and there are instances of organisational priorities limiting integration, particularly at place-level.
- Operational level connections between providers were frequently based on individual, existing, relationships rather than integration of services.
- It is not clear who is responsible and accountable for the system-level pan-Dorset children and young people agenda.

Summary findings for quality statements under the Integration theme

This theme includes these quality statements:

- Safe systems, pathways and transitions
- Care provision, integration and continuity
- How staff, teams and services work together

Quality statement: Safe systems, pathways and transitions

Key messages

ICS partners were striving to work together to improve alignment between the health and care sectors to improve population health outcomes and mitigate risk. System leaders were aware of pathway challenges within the system and had started to implement plans to address these to ensure continuity of care when people moved between services. ICS leaders and operational staff understood their populations, including health inequalities and barriers to good health. Some arrangements had been made to refine care pathways, but legacy arrangements remained in place for most, and there was a need for further integrated commissioning to progress shared pathway ownership and development.

Dorset ICS ambitions and objectives for improving people's care journeys are documented in multiple system strategies. However, in practice, most of these aspirations were in early stages. There were projects with evidence of initial successes; many of these were provider-led, rather than system-led.

Multi-agency partners reported considerable efforts and investment across a diversity of programmes to improve discharge from hospital. At the time of our assessment, data showed 90% of people aged 65+ are still at home 91 days after discharge from hospital to reablement or rehabilitation services, which is better than the England average of 82%.

Although in early stages, there was a pan-Dorset focus on providing joined-up care through integrating hospital discharge processes for mental health patients into suitable housing in partnership with a housing association charitable trust. This includes housing officers connected to a patient as soon as the patient is identified as homeless, and 8 step-down beds assigned to homeless individuals ready for discharge where no housing is available.

There are shared efforts to improve community safety, with local authorities and the ICB developing a serious violence plan and joint commissioning on domestic violence support and prevention. Practitioners reported a good history of integration and working together to reduce domestic violence, with shared learning and training for partner organisations.

GP representatives told us system-level discussions about pathway design tended to be dominated by secondary care issues and limited integration between health and local authority partners stifled innovation. As a result, they felt workload pressures and risks had transferred to the primary care setting with limited recognition of this impact. Staff in other sectors also identified parity of esteem as a challenge to integrated pathways, with perceived inequities in attention and resource allocation across different services.

Quality statement: Care provision, integration and continuity

Key messages

Within Dorset ICS there is understanding of the diverse health and care needs of the population. There is a clear and ambitious five-year strategy with a long-term vision to improve health and wellbeing, reduce health inequalities, maximise value for money and contribute to wider social and economic development. System leaders and operational staff recognised the importance of partnership working and provider collaboratives as integral to improving services, and there was clear ambition to integrate community and voluntary, community or social enterprise (VCSE) partners.

There were some good examples of ICB and system-led work, which have made a positive difference.

The ICB and system partners have access to rich population-wide data and have started to interrogate this information. However, the necessary priority to establish system infrastructure and relationships meant that transformation initiatives to tackle health inequalities were less developed. System leaders were not always able to articulate the impact of system-level work on improving the lives of local people.

System leaders had a strong commitment and vision for investing in communities, prevention and early help. They recognised the tension to address immediate challenges and focus on the future. The ICB has taken steps towards pooling human resources and aligning roles to place-based partnerships.

At the time of our assessment there were approximately 380 pilots and projects ongoing across the ICS. ICB leaders acknowledged the need for a 'stock-take' of this activity to ensure all pilots are aligned with the 5 ICS priorities, with clear objectives, measurable impact and ability to upscale. Work was being undertaken to review and consolidate projects and new governance and accountability structures were to be established.

There was some involvement of communities and places in resource allocation, but processes for including user voice in decision making were in early development. There were some examples of co-production with people who use services and ICS partners demonstrated efforts to engage some people and communities. While there was evidence of listening to people who use services and seeking feedback, many system partners reported engagement rather than a strategic approach for genuine co-production.

Patient and service user representative groups told us the ICB and ICP were keen to involve user voice in decision-making and gather people's views and this was an improvement, but there were still barriers.

VCSE leaders gave examples of working with the ICS to make changes in provision to meet the needs of people in Dorset. ICB leaders recognised the potential of VCSE organisations to contribute to commissioning decisions, and there were formal mechanisms for the inclusion of their collective voice in system decision making and transformation with VCS Assembly representatives on the ICB board.

Quality statement: How staff, teams and services work together

Key messages

System leaders were collaborating with partners to improve quality and efficiency to deliver more seamless services. Some progress has been made to establish integrated commissioning and co-location of services, but it was too early to assess the impact this would have on residents and ensure they only needed to 'tell their story' once.

Stakeholders across the system told us there are structural inequalities across the county, with differences in service provision in each place for the same conditions or presentations, for example in stroke response, which resulted in differential experience and outcomes. ICB and ICP strategy documents recognised these concerns with plans to address them, for example a Better Care Fund to support places to improve care and support for older people, and co-ordinating health and local authority plans for adult social care and housing.

The ICS Clinical Plan aims for an active move to prevention and early intervention. There is a clear focus on ensuring people's health and social care needs are considered as a whole, instead of multiple conditions and supporting people to manage their own conditions where possible. This includes focused investment to tackle inequalities in areas of deprivation and the greatest need.

The ICB is exploring pilot projects in use of technology for remote interventions, such as apps to monitor the health of people who have recently left hospital. These plans are based on Core20PLUS5 priorities to help people stay independent.

The Dorset Joint Forward Plan states the ICS intention to use population health management tools to focus support for earlier diagnoses and interventions. The ICS has invested in bespoke solutions for digital integration and it aims to create a unified approach to health and social care data in Dorset. These systems and data sharing mechanisms are in early development but indicate progress towards shared use of data. Data is available within the system, but there is not yet an overarching and cohesive plan to use it to address local health inequalities.

Different providers and organisations in Dorset used different user information and patient record systems, which did not always link to each other and could not be accessed by all providers. This meant there were challenges for practitioners in accessing people's comprehensive records and this hindered seamless information sharing between different sectors. Solid professional connections were used to overcome barriers to information access.

Theme 3: Quality and safety

Direction of travel

There is a positive direction of travel for quality and safety with evidence of system-wide safeguarding processes and shared workforce initiatives. However, limited development of a shared safety culture and insufficient investment in health prevention is a risk to achieving more equitable access and outcomes.

Summary of strengths

- The System Quality Group (SQG) is system focused and provides suitable oversight and assurance of system-level issues and concerns. Place-based quality and safety reporting and escalation arrangements are established and include health and local authority partners.

- There is ambition for shared outcomes to allow place-led design of solutions and progress shared pathway ownership and development. Some arrangements have been made to refine care pathways.
- System leaders are collaborating with partners to improve quality and efficiency for more seamless services. Some progress has been made to establish integrated commissioning and co-location of services.
- Impressive information systems are in place to support delivery, but in early stages of demonstrating impact and understanding of how to use this information to ignite meaningful change. The ICS has invested in digital solutions such as Dorset Intelligence and Insight Service (DiiS).

Areas for development

- Further work is needed to improve oversight and learning from serious incidents at system level, including individual cases, trends and themes.
- System-wide improvements are needed to understand specific population needs, address access and outcomes for disadvantaged population groups, and articulate how specific groups are being prioritised to improve equity of access, experience and outcomes.
- Increased partnership working with local authorities is needed on wider determinants of health to connect local economy factors such as employment with health and social care.

Summary findings for quality statements under the Quality and safety theme

This theme includes these quality statements:

- Supporting people to live healthier lives

- Learning culture
- Safe and effective staffing
- Equity in access
- Equity in experience and outcomes
- Safeguarding

Quality statement: Supporting people to live healthier lives

Key messages

Dorset ICS organisations are starting to work collaboratively to support people to live healthier lives. There is some focus on health prevention and early help, and some initiatives to support people to make informed choices about healthier lifestyles for their physical and mental health. However, at the time of our assessment approximately 2% of the ICS budget was spent on prevention. System leaders recognised the need to increase this and articulated their aspirations to address wider determinants of health.

Collaboration to address the wider determinants of health

Health Index data show that people's health in Dorset is generally better than the England average. Dorset ranks seventh in England, with a Health Index average score of 106.7 in 2021. Dorset has consistently scored above the national target since 2015. This means overall population health in Dorset is better than the England average was in 2015. In Dorset, 10.4% of adults smoke, which is below the England average.

The NHS Dorset Joint Forward Plan 2023-2028 documents many examples of current and planned work to support people to live healthier lives. There is clear focus in the integrated community care model on helping people stay healthy by preventing problems before they start. There is intent to support and invest in voluntary and community organisations to help people do this. This includes a planned services review to make sure they are joined up, easy to access and closer to home, and connect people with support and physical activity opportunities through social prescribing. There are outcomes focused on children's health, inequality in access, outcomes and experience and social isolation.

The Dorset ICS Clinical Plan states the need for an active move to prevention and early intervention, so that people's health and social care needs should be considered as a whole instead of multiple conditions; services must be designed to support and encourage people to manage their own conditions where possible, including focused investment to tackle inequalities in areas of deprivation and the greatest need.

Dorset VCSE leaders recognised the challenges faced by different communities, and gave examples of quality relationships that had developed to support residents during the Covid-19 pandemic which had created strong, vibrant and lasting networks.

Many VCSE representatives felt well-integrated and connected to other local voluntary organisations. There was a shared desire for a holistic approach to address local health issues and tackle health inequalities, greater VSCE representation in ICP decision making and more certainty around funding and commissioning, which they felt was a barrier to joined-up working around health and wellbeing.

Leaders recognized the need for increased focus on transformation to ensure that prevention, early help and health inequalities are addressed on equitable terms with operational priorities. However, there was recognition of national priority pressures and the need for cultural change across the ICS to shift the focus from protecting immediate needs to investment in prevention. Leaders identified a risk that delivery of the ICS's 5 pillars is dependent on a positive shift in wider determinants of health for the population.

Quality statement: Learning culture

Key messages

There is a positive learning and safety culture developing in the system. However, leaders recognised there is no mechanism for sharing learning across the system and were working to address this. There are opportunities to use existing mechanisms and develop new systems to share learning and identify and embed good practice. Some staff gave a varied picture of how well-developed the learning culture is in the system.

The Dorset System Quality Group (SQG) is established and maturing. The group has good representation from system partners. A quality board is responsible for identifying, managing, mitigating and meaningfully learning from risks in local authorities. The collective strategic view on how to cascade information to teams and managing risks at a tactical level is still developing. The system identifies a collective management, and ownership of the risk is key to put learning into practice and co-production. However, the system does not yet have the structures to support this level of co-production, though it is working towards a proactive learning culture. Minutes for the last 2 meetings of the quality and safety committee did not reflect that sharing learning is embedded in this committee.

The system holds much data to support identification of risks and concerns. However, leaders acknowledged gaps in data about risks and concerns in the community and social care sector. Staff perceived a greater focus on learning from acute sector organisations because of these data gaps. ICS leaders were committed to addressing gaps in data to allow them to allocate resources to support all sectors.

The system is working towards a single process for addressing and responding to complaints in NHS trusts as a 2023/24 priority. The approach aims to improve how to respond to complaints from patients who receive care from multiple providers. The aim is for a single meaningful response from all providers that answers all concerns, as well as creating a system to share learning across organisations that are currently siloed. The timescale for completion was March 2024, but there was no action plan to implement an ICS-wide complaint response process.

There are system forums to share learning and ideas for specific provider groups and at place. At the monthly Registered manager group, staff from care homes found it helpful to share ideas and volunteer to be involved in different groups in their local area. There is also a well-established provider forum in place where staff told us they could raise concerns, felt listened to and received feedback. Key staff who attend the provider forum also attend ICB meetings and information is shared both ways through this group.

Designated safeguarding staff in NHS services regularly review patient safety incidents. However, they are no longer involved in outcome investigations, which limited opportunity to share learning across organisations and disciplines.

Staff representing homecare (domiciliary) services described useful learning cycles where funding is available to support improvement initiatives. However, lack of capacity or resources meant they cannot always progress initiatives, complete learning cycles or develop new unfunded ideas.

There are some processes for sharing learning and experience across health and social care leads. The Chair of the Integrated Neighbourhood Community Operational Group (INCOG) is integrated across the 2 local authorities with good links between health and social care leaders. Staff told us they share learning and recommendations into INCOG and learning from this group feeds into place-based pilots.

Executive leaders told us safety culture is set by the board; they are completing relevant training to support that positive learning culture. Key executive ICB members attend meetings and committees in other organisations to keep oversight of safety culture in the region, for example the Chief Nursing Officer attends local NHS trust quality committees to maintain oversight.

Quality statement: Safe and effective staffing

Key messages

Senior leaders across sectors and organisations identified workforce challenges as the biggest pressure and risk within the ICS, with a mismatch between capacity and demand for services. This meant the workforce was highly stretched and services across Dorset, particularly in social care, experienced operational and service delivery constraints. Medical staffing and social work staffing were concerns. There are system workforce plans to address shortages, improve retention, enhance education and training, and create supportive work environments. There were examples of integration and successful joint working, but it was too early to assess the impact of system-level workforce interventions.

There are organisational structures and governance mechanisms to address workforce issues. The ICB People and Culture Committee is attended by representatives across the system, with early signs of collective accountability and shared delivery. The system-wide workforce plan: 'Dorset Integrated Care System People Plan, Planning for the future 2023-2028', clearly articulates workforce challenges and the principles and objectives to address them. The system People Plan was developed collaboratively with input from all sectors in the ICS.

The joint workforce strategy acknowledges that the system needs to add value to Dorset communities by providing inclusive employment opportunities to address deprivation and local economic development.

In practice, we found many workforce initiatives were in scoping phase and more work is needed to establish a systemic, unified approach to HR and people policies across the system. Staff reported sovereignty barriers and protectionism were limiting workforce integration in some areas. Collaboration among stakeholders, including local authorities, providers, and voluntary organisations, is work in progress.

Retention is a key focus of the system workforce plan. Across all NHS providers in Dorset, data shows a higher rate of staff leavers than the national average of 8.2%, with Dorset County Hospital experiencing the highest rate at 9.6%. Retention efforts are co-ordinated across the system by the ICS People and Culture Steering Group and led by a central responsible senior leader. The ICB had secured funding to support cross-organisation retention plans. Several initiatives are working well to support and retain health and social care workers.

There is good recruitment support for internationally trained nurses, paramedics and ambulance technicians across bands and services. The ICB and ICS have also supported the establishment of a health and social care scholarship programme, which provides pathways and opportunities to individuals from less-advantaged local communities.

There is early development of a proactive, system-wide approach to workforce learning and development, including alignment of education and training programmes with health and social care system needs. System partners engage with local universities and employers to develop nursing apprenticeship schemes. There is a joint approach to leadership development and coaching. The GP Alliance, supported by the Primary Care Training Hub, provides primary care workforce training. Staff across sectors reported good formal supervision initiatives.

Quality statement: Equity in access

Key messages

There is early evidence the ICS is implementing changes to address inequalities in access to services. At all levels and from staff across Dorset, we heard commitment to the vision of investing in communities, equality and early prevention. Leaders were clear on the need to address inequalities in access and understand the challenges people face to access the services and support they need in a timely way. While intentions and ambition were clear, in practice we found the system's rich data sets were not yet being used as an insight and intelligence tool to address inequalities in access.

Improved access to health and care and reduced inequalities in access

Leaders and staff told us their challenges in providing the population with equal access to services. These include:

- providing services in rural and remote areas of the county
- access to GP and dental services
- access to child and adolescent mental health services (CAMHS)
- acute and mental health bed capacity including challenges in discharge which affects bed capacity
- access to reablement and community services, including delays in access due to commissioning timescales.

Other challenges limiting people's access to services included:

- isolated and deprived communities
- people living in poverty and the cost of living
- infrastructure barriers such as transport and housing.

The ICS has progressed several workstreams in 2023/24 to start to address equality of access and service delivery in CORE20PLUS5 priorities:

- elective care

- cancer care
- maternity services
- hypertension and respiratory disease
- antibiotic prescribing
- tobacco dependence
- access to children and young people's emotional wellbeing and mental health support services.

ICS plans to build on these areas to reduce inequalities and improve outcomes include developing an ICB forward plan, reviewing reporting and performance structures, and developing a health inequalities strategy.

The ICS Joint Forward Plan focuses on developing an integrated community care model to help people stay healthy and prevent problems before they start. As part of this, the ICS has committed to reviewing services to make sure they are easy to access when and where people need them. This is focused on:

- access to mental health integrated community care
- access to urgent care and treatment as close to people's homes as possible
- urgent treatment centres and other community units to allow quick and safe access to hospital
- people with a learning disability having access to the right care and support to live well
- plans to increase the number of children and young people accessing annual health checks to help find problems early and help them stay healthy.

The ICB added additional funded sessions so additional capacity was not blocked for routine dental care. The ICB plans to develop this work to identify other areas with insufficient access to target additional commissioned capacity for dental care. Some providers used DiiS to identify vulnerable populations or individuals who might benefit from additional support, but there was limited evidence of ICS partners utilising DiiS to inform commissioning activity or upscale activity in one area to pan-Dorset interventions. We were informed of challenges collating data from all areas of the system, which meant available data tended to be healthcare focused.

GP Patient Survey 2023 data show 8% of people who could not get a GP appointment went to A&E, better than the national average of 12% And 17% said the practice helped in another way, above the national average of 10%. The results overall show access to GP services in Dorset was better than the average experience in England, but with variations across neighbourhoods. In Blandford Primary Care Network, satisfaction of making an appointment was 42% compared to Mid-Dorset PCN where the experience was good at 83%. Although access to GPs in Dorset was better than the England average, access was not equal across the ICS.

Some VCSE groups have worked with the ICS on engagement strategies to address equity of access, including personalised communications and digital platforms. They acknowledged services need to reach out to, and be in, communities, not expect hard-to-reach communities to come to them. This work is ongoing.

Quality statement: Equity in experience and outcomes

Key messages

The ICS is starting to implement changes to address inequalities in experiences and outcomes for people using services. Everyone we spoke with demonstrated commitment to addressing health inequalities. Leaders are clear on the need to address inequalities in outcomes and experiences, and they understand the main challenges they face. The drive and ambition are evident, but we did not always hear a consistent view on how data would be used as an insight and intelligence tool to address these inequalities.

Monitoring and learning from peoples' experiences of care

The joint forward plan includes developing an integrated community care model, focused on helping people to stay healthy, preventing problems before they start and addressing inequalities in experience and outcomes. The ICS has committed to reviewing services to make sure they are easy to access when and where people need them.

System leaders and partners acknowledged that structures to address health inequalities are in their infancy. Dorset is data rich, but systems and processes to analyse data and use that analysis are not yet embedded in practice.

The system does not consistently tailor care and support to meet the needs of these population groups. Data show that 9% of people in Dorset who have a learning disability received an annual physical health check, below the England average of 11%, and 59% of people in Dorset with severe mental illness received an annual physical health check, in line with the England average. The target for cervical cancer screening is 75% nationally; in quarter 4 of 2022/23, 73% of eligible Dorset residents were screened. Although slightly below target, this was an improvement on the previous year. The ICS ranked 14th of 42 systems nationally.

Some staff told us about a disconnect between systems and strategies that are being developed, which affect people's outcomes and experiences. For example, people have care home provision moved due to the fair cost of care initiative, which is distressing and not person-centred. Providers could not address the moves because they were linked to funding, and they were unable to offer care at a lower price.

Leaders and system partners articulated the importance of listening to people's voices when developing plans to improve experience and outcomes. The ICS engaged in '100 voices' to involve local people in service planning and delivery. Staff told us about plans to increase 100 voices to 10,000 voices using technology to expand the project, but plans were not yet developed to do this.

Quality statement: Safeguarding

Key messages

Dorset ICS system partners are collaborating well in a multi-agency approach to discharge their safeguarding responsibilities. There are strong networks and professional connections between staff and organisations, which enable formal and informal information sharing of local safeguarding intelligence as well as robust support and challenge. There is an open and transparent culture around reporting safeguarding and whistleblowing, and people feel able to speak up, share experiences and seek advice.

Although structures are in place, full integration and information sharing between NHS and other partners is in early stages and a true partnership approach is not fully established. There is also limited inclusion of the voice of children and young people in safeguarding processes and strategies.

Statutory safeguarding roles and formal governance systems are in place, including a Pan-Dorset System Quality Group and Adult and Children Safeguarding Boards, as well as place-based East and West Quality Groups. Chairs meet regularly to identify common issues and concerns. Actions from the board are cascaded to both places and there are mechanisms to share learning across both places.

There is a systemised approach to learning from safeguarding incidents such as Safeguarding Adults Reviews (SAR) and practice reviews, and a yearly commitment to train over 3,000 staff across Dorset providers and organisations in safeguarding. Safeguarding practitioners reported good supervision structures, including formal supervision for GPs.

Although structures were in place, full integration and information sharing between NHS and other partners was in early stages and a true partnership approach was not fully established. Senior leaders and safeguarding leads recognised this was an area for development.

The safeguarding adults multi-agency policy issued in February 2023 was developed with local authorities and other system partners, but still contained references to pre-ICB structures. There is also a multi-agency safeguarding procedure which had not been updated since the ICB had been established. There are risks that staff accessing this policy may not find the information they need in a timely way to support safeguarding responses.

Secretary of state's priority area: Children and young people

The assessment had a focus on the Secretary of State's priority area for children and young people.

Shared direction and culture

At system level, services for children and young people reflected broader complexities and challenges to integrate services, align strategies and build trust across stakeholders in the Dorset system. Local alliances are aligned with strategic plans. However, the ICS is slow in integrating services and lacks a unified approach to address the needs of children and young people effectively. There is limited co-ordination and use of existing resources, such as local authority properties, to address local challenges promptly.

Capable and compassionate leaders

There were some concerns about a lack of cohesive leadership in children and young people's services at system level. Service representatives felt local authority and commissioning leaders were doing their jobs well, but there was a lack of cohesive leadership at a system level, with uncertainty about which senior ICB leaders were responsible for aspects of services, a lack of cohesion at the highest level of system decision making and limited co-ordination and use of existing resources. There was desire for more integrated leadership of services.

Governance, management and sustainability

Services reflected the complexities and challenges faced in efforts to integrate governance and assurance processes across the system. There were some successes, for example the establishment of a pan-Dorset strategic safeguarding partnership and associated sub-groups. However, there were risks that lack of defined system leadership could lead to gaps in oversight and accountability.

Partnerships and communities

We found varied levels of maturity regarding integration of children and young people's services in Dorset. There is a focus on building partnerships and efforts have been made towards a Dorset-wide approach, although actions and integration are at early stage and challenges persist. There is strong focus on ensuring young people's voices are heard, with specific surveys and initiatives designed to gather their input and improve services.

However, commissioning of services across the ICS is not fully integrated, leading to slow progress and inconsistent improvements in service provision for children, young people, and their families. Variations in approach and services exist between both places, leading to inconsistencies in service delivery and challenges in achieving uniform service provision between the 2 geographic areas.

Learning, improvement and innovation

There were some examples of pan-Dorset and cross-sector learning in children and young people's services, including a system-wide approach to autism awareness training, and improvements to learning and understanding about transition to adult services, resulting in some instances of improved outcomes for children, young people and their families. However, representatives from services told us learning and good practice is not routinely shared between organisations, and data was not used effectively or collated into a single database.

Safe systems, pathways and transitions

There was some evidence of effective pathway integration for children, young people and families. This included a focus on transition from children's to adult health services, which was identified as a systemic risk. Practitioners identified that their biggest gaps and failures were in transition into adulthood. Reports on transition experiences across Dorset were variable, with a lack of clarity for young people and their families, which had led to frustrations and confusion.

Some CYP services had reviewed pathways to identify touchpoints where more could be done earlier in a child's development to improve earlier prevention. Services recognised that young people who were hard to engage and disengaged were at risk while waiting for assessment. A policy has been developed to address this, but staff continue to consider how to identify these young people.

Care provision, integration and continuity

Practitioners told us CAMHS transformation is being progressed within the ICS, but with recognition that current provision is not developing at a pace that meets increasing need. There is a multi-agency co-production approach to obtaining the views of children and families to ensure CAMHS services can better meet their needs. However, limited use of data to inform how services are designed is a contributing factor in delayed implementation of planned changes.

How staff, teams and services work together

There was some evidence of effective integration and team working to support children, young people and families, and ensuring they only need to tell their story once when they move between different services.

There were improving links between education and health and care providers. However, people using services reported some disconnection, particularly during transition from child to adult services.

Supporting people to live healthier lives

The ICS has strategies and models to make sure children, young people and their families get help for their mental health as soon as possible and have the best chance to be happy and well. However, we received feedback from some voluntary organisations that support for children and young people is variable across Dorset and that CAMHS are "stretched to the limit".

Dorset's mumps, measles and rubella vaccination rate was better than the national average of 85% although it was below the national target of 95%. In quarter 4 of 2022/23, 90.6% of 5-year-olds living in Dorset had been vaccinated.

Learning culture

Staff from children and young people's services perceived a focus on individual local authority learning and development, and did not describe examples of shared learning or development beyond their organisational boundaries.

Safe and effective staffing

Services reported a lack of system resilience around staffing, which restricted their ability to deliver services safely and effectively. There were not enough children's social workers to meet increasing local demand so there was heavy reliance on existing staff and risk of many single points of failure in the system. Limited capacity also affected the development of strategic commissioning for children's services.

Equity in access

ICB and ICP leaders understood system demography and where there were potential health inequalities. Priorities for health inequalities work focused on early health interventions for children to improve their health prospects into adulthood. Data on emergency admissions for children with lower respiratory tract infections (LRTIs) show the ICS ranked 32 of 42 areas in 2021 and puts Dorset ICS in the lowest quartile nationally. More children were admitted to hospital as an emergency rather than managed in primary and community care settings.

Equity in experience and outcomes

We heard examples from different system partners of engaging with children and young people. For example, one local authority has a youth voice team, and a peer group for the CAMHS adolescent unit to hear the voices of children and young people about their experiences of using services, and one partner employed a special educational needs and disability youth voice staff member to support improving provision of services.

Safeguarding

There are robust arrangements for cross-Dorset children's safeguarding.

There is an early focus on transitional safeguarding for young adults. Safeguarding practitioners told us there was system-wide recognition that exploitation does not end when people turn 18. At the time of our assessment there was a shared position statement for transitional safeguarding. Staff told us there is a good multi-agency approach to missing, exploited or trafficked (MET) young people, including a MET panel in Bournemouth, Christchurch and Poole . Here, there is also a multi-agency preparing for adulthood board, which reports transition safeguarding issues.

However, there was limited inclusion of the voice of children and young people within Dorset safeguarding processes and strategies. System leaders acknowledged there is a need to improve how feedback from children and young people is captured and report back on actions taken in response to feedback.