



People and Health Overview Committee

Date: Tuesday, 28 June 2022
Time: 9.30 am
Venue: Council Chamber, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 3)

Mike Parkes (Chairman), Pauline Batstone (Vice-Chairman), Tony Alford, Pete Barrow, Jean Dunseith, Beryl Ezzard, Ryan Holloway, Stella Jones, Rebecca Knox and Cathy Lugg

Chief Executive: Matt Prosser, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic Services Meeting Contact 01305 224185 - george.dare@dorsetcouncil.gov.uk

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda.

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Agenda

Item		Pages
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	DECLARATIONS OF INTEREST	
	To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.	
	If required, further advice should be sought from the Monitoring Officer in advance of the meeting.	
3.	MINUTES	5 - 10
	To confirm and sign the minutes of the meetings held on 3 May and 11	

May 2022.

4. PUBLIC PARTICIPATION

Representatives of town or parish councils and members of the public who live, work or represent an organisation within the Dorset Council area are welcome to submit up to two questions or two statements for each meeting. Alternatively, you could submit one question and one statement for each meeting.

All submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Thursday, 23 June 2022.

When submitting your question(s) and/or statement(s) please note that:

- no more than three minutes will be allowed for any one question or statement to be asked/read
- a question may include a short pre-amble to set the context and this will be included within the three minute period
- please note that sub divided questions count towards your total of two
- when submitting a question please indicate who the question is for (e.g. the name of the committee or Portfolio Holder)
- Include your name, address and contact details. Only your name will be published but we may need your other details to contact you about your question or statement in advance of the meeting.
- questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda
- all questions, statements and responses will be published in full within the minutes of the meeting.

[Dorset Council Constitution](#) Procedure Rule 9

5. COUNCILLOR QUESTIONS

To receive questions submitted by councillors.

Councillors can submit up to two valid questions at each meeting and sub divided questions count towards this total. Questions and statements received will be published as a supplement to the agenda and all questions, statements and responses will be published in full within the minutes of the meeting.

The submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Thursday, 23 June 2022.

6. URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4)b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

7. HOME TO SCHOOL AND POST 16 TRANSPORT POLICIES 11 - 72

To receive the report by the School Place Sufficiency Manager.

8. COUNCIL PLAN REFRESH 2022-24 73 - 102

To receive a report by the Corporate Director for Transformation, Innovation and Digital.

9. DEVELOPING A STRATEGY FOR THE DORSET INTEGRATED CARE PARTNERSHIP 103 - 108

To receive a report by the Director of Public Health.

10. ADULT SOCIAL CARE WHITE PAPER REFORMS 109 - 120

To receive a report by the Interim Corporate Director for Commissioning.

11. DEVELOPING COMMISSIONING STRATEGIES FOR ADULT SOCIAL CARE 121 - 334

To receive a report by the Commissioning Consultant.

12. COMMITTEE'S FORWARD PLAN AND CABINET'S FORWARD PLAN 335 - 348

To consider the Committee's Forward Plan and that of the Cabinet.

13. EXEMPT BUSINESS

To move the exclusion of the press and public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph 3 of schedule 12A to the Local Government Act 1972 (as amended).

The public and the press will be asked to leave the meeting whilst the item of business is considered.

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PEOPLE AND HEALTH OVERVIEW COMMITTEE

MINUTES OF MEETING HELD ON TUESDAY 3 MAY 2022

Present: Cllrs Mike Parkes (Chairman), Tony Alford, Jean Dunseith, Ryan Holloway, Stella Jones, Beryl Ezzard and Rebecca Knox

Apologies: Cllrs Pauline Batstone and Pete Barrow

Also present: Cllr Belinda Bawden, Cllr Carole Jones and Cllr Andrew Parry

Officers present (for all or part of the meeting):

Vivienne Broadhurst (Executive Director - People Adults), Jonathan Price (Interim Corporate Director for Commissioning), Claire Shiels (Corporate Director - Commissioning, Quality & Partnerships), David Webb (Manager - Dorset Combined Youth Justice Service), Lindsey Watson (Senior Democratic Services Officer) and George Dare (Senior Democratic Services Officer)

92. **Apologies**

Apologies for absence were received from Councillors Pauline Batstone and Pete Barrow.

93. **Declarations of Interest**

For transparency, Cllr Ezzard declared that she was a trustee of Wareham Youth Centre because it was mentioned in the Family Hubs report.

94. **Minutes**

Proposed by Cllr Alford and seconded by Cllr Dunseith.

Decision: That the minutes of the meeting held on 24 March 2022 be confirmed and signed.

95. **Public Participation**

There was no public participation.

96. **Councillor Questions**

There were no questions from councillors.

97. Youth Justice Plan 2022-23

The Manager for the Dorset Combined Youth Justice Service introduced the item. It was a statutory requirement for local authorities to publish an annual Youth Justice Plan. The service had seen several successes over the past year, which included a reduction of children entering the youth justice system, and no child in the Dorset Council area receiving a custodial sentence. The report set out the service's priorities for the next year.

During discussion, the following points were raised:

- Compared to the previous Youth Justice Plan, there was not much change in content, but there was more detail in some sections.
- Some children in the BCP Council area received a custodial sentence.
- 80% of children in the youth justice system have speech and language problems.
- The service received funding for speech and language therapists.
- The therapists also provided training for other services, such as the police and magistrates, so they were aware of communication issues.
- The service had sufficient numbers of staff, with good staff retention.
- The commitment of volunteers was appreciated by the young people.
- Ward councillors have the duty to assist residents where possible.
- The service had links to the community safety partnership and would consider adding a representative to the Youth Justice Board.

Proposed by Cllr S Jones, seconded by Cllr Holloway.

Decision: That the People and Health Overview Committee endorse the Youth Justice Plan and that it recommends to Cabinet that Cabinet recommends the plan's approval to Full Council.

98. Family Hubs

The Corporate Director for Commissioning, Quality, and Partnerships introduced the report on Family Hubs. There would not be hubs in every town due to Dorset being a rural community. The timeline was to set up hubs in East Dorset by September, then roll out the hubs across the county over the next 3 years. Dorset was not one of the 75 local authorities that received funding for family hubs.

During discussion, the following points were raised:

- There would be 8-10 hubs although the locations have not been confirmed.
- There was no reason given why Dorset did not receive funding, however it could have been around prioritisation.
- Some services would be online or by phone.
- The government wanted family hubs to start within 2 years rather than being completed within 2 years.

- The Portfolio Holder for Children, Education, Skills and Early Help was not aware if neighbouring authorities received funding but would ask his counterparts.
- Local Alliance Groups bring local people and professionals in each locality together.
- The 'digital front door' was about having good information available to people through digital access, including webchat, phone, and text messaging.
- Cllr Knox felt that this was prevention at scale and would like to see more finances put in so family hubs can be implemented before the deadline.
- The hubs need to be in the right places and spaces. Libraries would work well on some occasions but not others.

99. **Resettlement and the Homes for Ukraine Scheme**

The Corporate Director for Commissioning, Quality, and Partnerships introduced the report. The Homes for Ukraine Scheme has had an overwhelming response from the community. The council was responsible for accommodation checks, DBS checks for host families, administering the £350 thank you payment, and providing additional support as families arrive. Ukrainian families have arrived in Dorset and 210 families have been matched, with 500 families expected over the coming weeks. The council was awaiting guidance from government about rematching families if the original matches were not right.

The Chairman thanked the community for their response.

The committee discussed the report, and the following points were noted:

- Dorset Direct was able to respond to any queries about the scheme.
- There are 58 children who have either arrived or were coming to Dorset. The School Admissions team were organising school places.
- The Dorset Together group were working on a children's offer.
- Some children could have access to free school meals.
- The council receives the same amount of funding per child, no matter what their needs were.
- The adult learning team were working on Ukrainian and Russian language resources.
- Ukrainians can access learning through online means or local community groups offering transport support if there was no transport available.
- The Home Office would be asked for a formal response on biometric passports.
- Cllr Knox would contact the chair of the Dorset Clinical Commissioning Group about NHS dental care.
- Families congratulated Dorset Council for the work they were doing on the scheme.

100. **Committee's Forward Plan and Cabinet's Forward Plan**

The Committee considered its forward plan and that of the Cabinet.

The committee asked for an update on Family Hubs at the meeting on 27 October 2022.

Cllr Alford asked how the upcoming adult social care charges will impact decisions that Cabinet make. The Executive Director of People – Adults offered to update the committee at the next meeting.

101. **Urgent Items**

There were no urgent items.

102. **Exempt Business**

There was no exempt business.

Duration of meeting: 10.00 - 11.30 am

Chairman

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PEOPLE AND HEALTH OVERVIEW COMMITTEE

MINUTES OF MEETING HELD ON WEDNESDAY 11 MAY 2022

Present: Cllrs Mike Parkes (Chairman), Pauline Batstone (Vice-Chairman), Tony Alford, Jean Dunseith, Stella Jones and Beryl Ezzard

Apologies: Cllrs Ryan Holloway and Rebecca Knox

Also present: Cllr Cathy Lugg, Cllr Andrew Parry, Cllr Molly Rennie, Cllr Jane Somper and Cllr Peter Wharf

Officers present (for all or part of the meeting):

Vivienne Broadhurst (Executive Director - People Adults), Jonathan Price (Interim Corporate Director for Commissioning), Steve Veevers (Corporate Director Operations, Adult Care), Julia Ingram (Head of Locality Services), Imylia Edgar (Senior Service Support Officer), Kate Critchel (Senior Democratic Services Officer) and George Dare (Senior Democratic Services Officer)

103. Apologies

Apologies for absence were received from Councillors Ryan Holloway and Rebecca Knox.

104. Declarations of Interest

There were no declarations of interest.

105. Public Participation

There was no public participation.

106. Councillor Questions

There were no questions from councillors.

107. Urgent Items

There were no urgent items.

108. Exempt Business

Proposed by Cllr Parkes, seconded by Cllr Batstone.

Decision: That the press and public be excluded for the following item in view of the likely disclosure of exempt information within the meaning of

paragraph 3 and 4 of Schedule 12A to the Local Government Act 1971 (as amended).

109. Adult Social Care - Future Services

The committee considered and commented on a report concerning the future services of adult social care.

The meeting was adjourned at 11.50am and reconvened at 12.03pm.

Duration of meeting: 10.00 am - 1.03 pm

Chairman

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People and Health Overview Committee

28 June 2022

Dorset Council School Transport Policies 2022-2023

For Recommendation to Cabinet

Portfolio Holder: Cllr A Parry, Children, Education, Skills and Early Help

Local Councillor(s): All

Executive Director: T Leavy, Executive Director of People - Children

Report Author: Ed Denham

Title: School Place Sufficiency Manager

Tel: 01305221939

Email: ed.denham@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary:

The Local Authority has a duty to publish a suite of policies detailing eligibility/entitlement to school transport for any Dorset resident attending an education setting, both Dorset maintained, Academy or in the case of children and young people with Special Educational Needs and Disabilities, those attending an Independent Specialist Placement.

The policies fully encompass the duties that are placed on the Local Authority by the requisite legislation and its accompanying guidance issued by the Department for Education.

The Policies presented are unchanged in terms of eligibility for accessible school transport support for either those attending a mainstream setting or for those with Special Education Needs and Disabilities attending either mainstream or specialist educational settings.

There is one change in the 2022-2023 policy:

1. The surplus seat cost is to rise from the current £800 per child per year to £825 per child per year.

These policies were consulted on in March 2022. All the responses to the consultations are attached to the report.

The responses to the consultation have been fully considered but it is not proposed that any changes should be made. Four recommendations are placed before the People and Health Overview Committee for agreement and the subsequent adoption of the two policies and one recommendation for the future management of the policies

The policies will be presented to Cabinet on the 26 July 2022 for final ratification subject to any recommendations from People & Health Overview Committee

Recommendation:

1. The People and Health Overview Committee recommends to Cabinet that the Home to School Transport Assistance Eligibility Policy for Children and Young People attending School 2022-2023 be approved and adopted, which includes a rise in the surplus seat price from £800 to £825
2. The People and Health Overview Committee recommends to Cabinet that the Dorset Post 16 Transport Support Policy for 2022-2023 which includes a rise in the surplus seat price from £800 to £825 be approved and adopted.
3. The People and Health Overview Committee recommends to Cabinet that a schedule of increase of the Surplus Seat Cost in line with the prevailing Retail Price Index is implemented each year without the need to re-consult.
4. The People and Health Overview Committee recommends to Cabinet that the Home to School Transport Assistance Eligibility Policy for Children and Young People attending School and Post 16 Transport Support Policy are re-consulted on only either when there is a significant change to the eligibility criteria; or where there are changes to the statutory guidance that would require significant change to either policy; or in October 2026 for the 2027-2028 policy – whichever is the earliest.

Reason for Recommendation:

1. Report

1.1 Dorset Council has a duty to provide Home to School Transport services to eligible pupils and to assist in supporting pupils attending Post 16 provision.

1.2 The duty that is placed on the local authority is referred to in the following:

- Sections 444, 508A, 508B, 508C, 508D, 508F, 508G, 508H, 508I, 509AA, 509AB, 509AC, 509AD, 509AE, and Schedule 35B of the Education Act 1996 (the Act), as inserted by Part 6 of the Education and Inspections Act 2006 (the EIA 2006)
- Regulation 5 and Part 2 of Schedule 2 to The School Information (England) Regulations 2002, as amended
- Equality Act 2010
- Department of Education School Admissions Code - 2021
- European Convention on Human Rights
- The School Travel (Pupils with Dual Registration)(England) Regulations 2007
- Public Service Vehicles (Carrying Capacity) Regulations 1984
- Section 48 of the School Standards and Framework Act 1998
- The policies have been developed in accordance with the Department for Education Guidance to local authorities:
- DFE - Home to school travel and transport guidance – July 2014 (as updated)
- DFE – Post 16 transport to education and training – October 2017

2. Consultation

Dorset Council undertook a consultation on these proposed transport policies between the 7 March – 3 April 2022 for implementation in the academic year

2022-2023. The Council received various responses to the consultation. Responses are categorised under four headings:

2.1 Swanage School Transport Arrangements –

- 2.1.1. There were 15 responses relating to the fact that since the Swanage School unilaterally extended their catchment area, that families across the Purbeck area were still not entitled to transport to the Swanage School except where it is the closest school.
- 2.1.1 In addition, The Swanage School made 2 representations suggesting that it is inappropriate to continue to provide transport to the Purbeck School for families living in the Swanage area, when the Swanage School still has places – their responses to the consultation are found in Appendix D.

DORSET COUNCIL RESPONSE:

- 2.1.2 The Swanage School is a Free School set up with DFE funding based on an application by the local community towards the end of the Purbeck Re-organisation.
- 2.1.3 Transport arrangements, when the school opened, were agreed on the basis that children resident in the Swanage Town area would remain catchment for the Purbeck School and, based on the transport policy, would continue to be eligible for transport to that school regardless of space availability at the Swanage School, subject to all criteria within the policy. Eligibility for transport to the Swanage School would be based on it being a pupil's closest school and subject to the usual 3 mile criterion.
- 2.1.4 The Swanage School has been undersubscribed in many of its year groups and they raised objections in 2017 and 2018 to the fact that Dorset County Council were providing transport to the Purbeck School while there were places available at the Swanage School thus increasing transport cost exposure for the Local Authority.
- 2.1.5 Based on legal advice it was agreed that the Swanage School do have the right to have a transport catchment area that would allow any student within that catchment area to be eligible for transport regardless of distance to the next nearest school but

still subject to the 3 mile criterion and any other policy stipulation.

- 2.1.6 The Home to School Transport Policy for 2018-2019 made provision for an identified school transport catchment area for The Swanage School that would ensure that this legal advice was adhered to.
- 2.1.7 The Local Authority did not make changes that either removed the Swanage Town area from the catchment of the Purbeck School thus removing transport eligibility on catchment grounds, nor change the Home to School Transport Policy to only allow a pupil to be eligible to school transport to their nearest catchment school where the home address falls within the catchment of two schools.
- 2.1.8 To remove the Swanage Town area from being catchment for the Purbeck School would present the LA with significant challenge in pupil place planning and admissions as families in the Swanage Area would be unlikely to gain a place at Purbeck on a 'distance admission criteria'. The distances are greater from Swanage to Wareham than they are to Wareham from parts of the Thomas Hardy, Blandford, Lytchett Minster catchment areas and a significant area of the current Poole Local Authority area. Families in these areas would be more likely to gain a place at Purbeck over Swanage families were the Swanage families not to retain their catchment designation.
- 2.1.9 The removal of the eligibility on catchment grounds would disproportionately affect Low Income families as they are currently able to access either Swanage or Purbeck but once they are no longer catchment to Purbeck from Swanage, as the distance is greater than 6 miles, they would not be entitled to transport under the Education & Inspection Act of 2006 that provides for families on Free School Meals and Full Working Tax Credits and certain levels of Universal Credits to be eligible to transport to one of their 3 nearest schools, thus removing an existing eligibility from these low income families.
- 2.1.10 There is one other location within the Council area where there is a joint catchment and that is Verwood, where families are catchment for both Queen Elizabeth School and Ferndown

Upper School despite the fact that the nearest school will be Ferndown Upper. A change to policy would affect both of these joint catchment areas in order for there to be parity across the Local Authority Area.

2.1.11 The Swanage School have objected to the Home to School Transport Policy for 2022-2023 as there is continued entitlement of Swanage Town residents to be transported to the Purbeck School regardless of places being available at the Swanage School.

2.1.12 Since the consultation in 2018 – the Swanage School has unilaterally extended their catchment to include the whole of the Purbeck area – mirroring the existing historical catchment of the The Purbeck School. This has generated the responses about families across Purbeck not getting access to the Swanage School. It would be setting a very dangerous precedent were the Local Authority to accept that all children, subject to the 3 mile limit, are eligible to transport to the Swanage School from anywhere in this self-declared catchment area. Any Own Admissions Authority would then be able to extend their catchment area and the LA then having a duty to provide transport.

2.1.13 Dorset Council will retain the current transport eligibility policy for residents in the Purbeck Area.

2.2 Post 16 Transport Arrangements Responses–

2.2.1 There were 13 responses in relation to the Post 16 policy all referencing the requirement for young people at the age of 16+ to remain in education, training or employment and yet the Local Authority is not providing free transport for these young people to fulfil their legal obligations.

2.2.2 One of the Post 16 respondents also raised the concern about accessing a bus seat from Alderholt to Queen Elizabeth School, due to the lack of capacity on the school buses into QE.

DORSET COUNCIL RESPONSES:

2.2.3 The issues of Post 16 transport entitlement are regularly under review by the Council and these concerns will feed into that process. Dorset Council intends to continue to adhere to the National Guidance from the DFE that does not require a Local Authority to provide free transport for Post 16 provision subject to specific exceptions as detailed in the current policy.

2.2.4 However, in order to further support the young people of Dorset to access Post 16, a series of potential measures are being reviewed with the intention of providing assistance to both mainstream and SEND young people accessing 6th Forms and local Post 16 colleges in September 2022.

2.3 **Policy Responses** - There were a total of 23 other responses to the consultation. Five of the responses were directly referencing policy issues:

2.3.1 Concerns about how we measure safe walking routes from Colehill to QE, and why does the LA not use the doorstep of the property to the Doorstep of the school. – **DC RESPONSE:** *The LA has consistently measured from the point that a family home meets the public highway, and then to the nearest gate to the school in question. If families are concerned about the distance measured or the safety of the route they may ask for a walked route assessment.*

2.3.2 Concerns around the potential change in national regulations that would not allow fare paying students on buses that are not fully accessible. **DC RESPONSE:** *The LA is aware of the issues that this may pose and are working with colleagues in central government, as are all other Local Authorities, to resolve. Government have advise that this will not be implemented for the 2022-2023 academic year.*

2.3.3 Concerns that students in Sturminster Marshall are able to get transport to Queen Elizabeth School yet families in Spetisbury are not. **DC RESPONSE:** *The village of Spetisbury is over 6 miles shortest driven route. A family on certain benefits are entitled to transport to a school that is over 2 miles but within 6 miles shortest driven. Residents in Sturminster Marshall are entitled to transport to QE as their nearest school, with Corfe Hills being their catchment.*

2.3.4 A proposal to improve Cycle Paths from residential areas around Wimborne into the town to help students cycle to school as well as accessing Lytchett Minster School from Sturminster. **DC RESPONSE:** *This particular suggestion has been forwarded to the relevant team in the Local Authority for this consideration.*

2.3.5 Concerns around distance measurements from rural areas in The Gryphon and Queen Elizabeth catchment areas and the respondent suggesting that there more flexible definitions of the home to school distance (currently over 3 miles) in these circumstances or subsidised busses. **DC RESPONSE:** *The LA feels it is appropriate to maintain the national mandated distance criteria for entitlement to subsidised or free school transport which is set at 3 miles.*

2.4 **Operational Responses** - The remaining responses were around operational issues for both SEND and mainstream students. They included concerns in the following areas:

2.4.1 Concerns were raised that there may be changes to the safety designation for walking routes from Stourpaine to the Blandford School and to Durweston Primary. **DC RESPONSE:** *The designation that these walking routes are unsafe remains.*

2.4.2 A request that children are not dropped off alone or to an unidentified adult. **DC RESPONSE:** *Given the multiple drop off points for some routes, it is impractical to expect the bus driver to wait for a particular adult before proceeding, or to wait and call the school when many schools would already be closed at this point in the afternoon. It is the responsibility of the parents to be at the drop off points in plenty of time.*

2.4.3 The management of Personal Assistants and ensuring there is cover when one is off ill. **DC RESPONSE:** *Dorset Council have permanent adverts out trying to recruit passenger assistants but are finding it very difficult to recruit. COVID has had a very negative effect on the willingness of people to become passenger assistants, especially as many are vulnerable themselves. This also applies to drivers.*

- 2.4.4 Late buses and asking that all children are dropped off a minimum of 15 mins prior to the school day. **DC RESPONSE:** *In principle buses should arrive within a 15 minute window prior the start of the school day. However, other factors do affect the timing of the route over which the driver has little or no control – such as traffic congestion, roadworks, weather and incidents along the route. The timetables also take into account that schools are unable to undertake their safeguarding duties should children and young people arrive on site prior to this window.*
- 2.4.5 Late issuing of Bus passes. **DC RESPONSE:** *Most bus passes are provided by the transport operator and Dorset Council inform all our operators well in advance of when we expect bus passes to reach pupils i.e. the end of August. We also provide guidance to parents about which operator is providing their bus pass. In some cases bus passes are arranged directly by Dorset Council and these have been regularly circulated prior to the end of August, though it is acknowledged that delays may occur in a few cases.*
- 2.4.6 There should be free access to Dorset schools for those residents outside Dorset who are on Pupil Premium. **DC RESPONSE:** *Transport to school is the responsibility of the Home Local Authority.*
- 2.4.7 There were various comments about routings and time spent on buses, with some routes being different in the afternoon than the morning etc. **DC RESPONSE:** *All bus operators are mandated to ensure compliance with the suggested best practice of a maximum 45 minutes for primary aged children and 75 minutes for secondary aged children. If families have specific concerns they should raise them with the bus company concerned.*
- 2.4.8 Concerns about the payment schedules for Surplus eats are only ½ yearly for full cost with no other options for a less burdensome payment schedule. **DC RESPONSE:** *In Dorset Travel we do try to be more flexible around payments for school bus passes. This may vary amongst our operators depending on what staff resources they have to administer the schemes. We would need to review individual details to comment further.*

2.4.9 Concerns were raised about behaviour on school buses. **DC RESPONSE:** *If there are instances of poor behaviour on school transport then these should be raised with the school in the first instance.*

2.4.10 Training for Personal Assistants on SEND transport routes: **DC RESPONSE:** *Dorset Council are under increasing pressure to provide bespoke training to our passenger assistants. This the LA tries to do, but it takes time and with the limited response to our adverts for recruiting new PAs it is making it very difficult to provide cover for PAs with specific skills when they are off sick or for other reasons.*

3 Financial Implications

3.1 The increase from £800 to £825 will help to offset the costs of provision of the surplus seats though does not cover the whole cost of such provision given the rises in prices being experienced in the travel sector.

4 Climate Implications

4.1 Dorset Council continues to form all policy around the Climate Emergency. This policy along with the Admissions Policy encourages families to attend their local school and where possible to walk or cycle to school.

4.2 The Transport policy also ensures that Dorset Council is fulfilling its statutory obligation to provide transport under existing government legislation.

5 Well-being and Health Implications

5.1 Dorset Council is working to ensure that as many children as possible have the opportunity to walk or cycle to school safely, this being a significant contribution to a child's health and well-being.

6 Other Implications

7 Risk Assessment

7.1 **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: Low
Residual Risk: Low

8 Equalities Impact Assessment

A full EQIA has been carried out

9 Appendices

Appendix A: The Home to School Transport Assistance Eligibility Policy for Children and Young People Attending School – 2022-2023

Appendix B: The Dorset Post-16 Transport Support Policy – 2022-2023

Appendix C & D: Representations from the Swanage School

10 Background Papers

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HOME TO SCHOOL TRANSPORT ASSISTANCE

ELIGIBILITY POLICY FOR CHILDREN AND YOUNG

PEOPLE ATTENDING SCHOOL

SEPTEMBER 2022 - August 2023

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Introduction

This policy describes how Dorset Council will support parents and carers get their children to school and, where support is required, the type of support that will be considered.

Dorset Council will work with parents and carers to ensure children achieve their potential. Therefore, this policy aligns to the Council's aim of promoting independence to prepare children for adulthood and aims to give parents and carers a range of flexible options for them to make the best decisions for their children.

Furthermore, this policy has been designed to help the Council achieve its vision for children and young people in Dorset with Special Educational Needs and Disabilities (SEND), as set out in the SEND Strategy for 2018 to 2020 <https://www.dorsetforyou.gov.uk/Draft-Dorset-SEND-strategy>.

In particular, the Council will “work together to give children and young people with SEND in Dorset the best chance to succeed, enjoy family life and go to school as close to home as possible” and that “together, we support children and young people with SEND ... prepare well for adulthood”.

Dorset Council has made a commitment to “deliver a seamless pathway to adulthood and independence”; all decisions made by the council will support this commitment. It is each parent's responsibility to ensure their child receives a good education and, as part of that, their child arrives at school ready to learn. If a parent needs help in getting their child to school, subject to meeting certain eligibility criteria, the Council will provide support in a clear order of preference which is linked to its aim of promoting independence and maximising flexibility for parents.

1. Guidelines for Eligibility/Non Eligibility to Transport

1.1 Children of Statutory School Age

The Education & Inspections Act 2006 (Section 508B) requires local authorities to ensure that suitable travel arrangements for “eligible children” in their area are made to facilitate their attendance at “qualifying schools”.

1.1.1. Eligible Children & Young People

The terms “eligible children” and “qualifying schools” relate to the age of the child, the school which the child attends (including cross border schools) and the distance between the child's home address and the school measured by the shortest available walking route (which may include rights of way). Walking routes are from where the property meets the adopted road to the nearest available entrance to school grounds as measured using the

Dorset Council GIS system. This GIS system measures the distance from home to school according to the shortest available walking routes available. The term “parent” relates to any person responsible for the child. Transport eligibility (free provision) is provided to the end of the respective educational year in the following cases:

- (i) if the child is in Reception Year to Year 4 (aged between 4 & 9) and lives two miles or more from the catchment area or nearest school;
- (ii) if the child is in Year 5 to Year 11 (aged between 9 & 16) and lives three miles or more from the catchment area or nearest school.

1.1.2. Catchment/nearest school or ‘nearest suitable school with places available considering efficient use of resources’.

Your postal address will define your catchment school. If another school is the ‘nearest’, this may also qualify for transport eligibility. These schools may be Community, Voluntary Controlled, Voluntary Aided, Foundation/Trust, Academy or a Free School. If you are applying to a school on denominational grounds, you should refer to section 1.1.15 of this policy.

Eligible transport is currently provided to the nearest, nearest catchment or catchment area school where the child meets the qualifying criteria. Whilst these agreed areas remain unaltered, schools will continue to have eligible transport provided by the LA. However, if any school* (including where this affects a relevant pyramid or network area) chooses to alter their catchment area or admissions policy, they will need to consult on their arrangements with the LA, as the LA is only legally required to provide transport to the nearest appropriate school. If schools change their arrangements, it will be their responsibility to inform parents.

*This refers to all types of schooling including maintained schools, voluntary controlled (VC), voluntary aided (VA), trusts, academies and free schools (Studio Schools and University Technical Colleges included).

If the catchment and nearest school do not have places available you may be offered transport to the ‘nearest suitable school with places available considering efficient use of resources’ – this will be decided by identifying the transport options, routes and timings (see section 1.6.6). You will need to contact the admissions team to find out which school in the area would qualify under this category.

‘Nearest School’ is assessed on the basis of a straight-line distance between the home address and the school using the Dorset GIS system, using the Eastings and Northings for each location.

Children who are subject to an Education Health & Care Plan (EHCP) will only be eligible for transport if they fulfil criteria in 1.1.1 and 1.1.4 and:

- they are attending their catchment or nearest mainstream school; or

- they are attending the closest appropriate base provision; or
- they are attending their closest appropriate Special School.

The statements in Section I of the EHCP will clearly articulate where the named school differs from that which the Local Authority deems appropriate and there will be clear reference as to whether there is entitlement to transport to the named school based on the criteria laid out above. If the named school does not fit the criteria detailed above, transport will not be allocated.

Please also refer to Section 1.1.12 for further information about eligibility in exceptional circumstances for children with SEND, Disability or Medical Needs.

1.1.3. Area Specific Rules

In the case of Gillingham, Blandford, Verwood and Weymouth, where there are joint primary catchments, eligible transport will only be provided to the nearest catchment school and the child is eligible within the terms of 1.1.1. or 1.1.4

In the case of the Dorset Studio School on the Kingston Maurward Campus, as they moved to a Year 7 point of entry from September 2019, a young person will be eligible to transport if the Studio School is the nearest school providing KS4 provision (year 10 and 11).

In the case of Thomas Hardye School, a young person will be eligible if the school is the nearest or catchment school and you are eligible within terms of 1.1.1 or 1.1.4.

In the case of the Swanage School, the Local Authority will recognise a transport priority area that is consistent with the size of the combined local primary schools' yearly cohort capacity and within the Pupil Admissions Number (PAN) of the Swanage School. The transport priority (catchment area) for determining eligibility for transport (subject to 1.1.1 or 1.1.4) will be the combined catchment areas of the Swanage Primary School, St. Mark's CE VA Primary School (Swanage) and St. Georges Langton Matravers Primary School. Children and young people who are outside of this transport priority area may still be eligible for transport support under nearest school grounds (see 1.1.2), or 'one of the three nearest schools' criteria (see 1.1.4).

In the case of the Purbeck School, a young person will be eligible if the school is the nearest or catchment school and you are eligible within terms of 1.1.1 or 1.1.4.

1.1.4. Additional Criteria

Additional criteria apply to children from low income families. If families are in receipt of *Maximum Working Tax Credit, or the child is eligible to Free School Meals*, transport eligibility will be confirmed;

- in the case of children in Year 5 and 6 (aged 9 – 11) – to their catchment area or nearest school where the distance between home and the school is more than two miles (shortest available walking route),
- in the case of children in Year 7 to Year 11 (aged 11 -16) - to one of their three nearest qualifying schools (which includes schools in neighbouring authorities) with places available at the time of the original application by the parent, where the distance between home and the school is more than two miles (shortest available walking route) and less than six miles (shortest available driven route).

Children who are for any reason being educated outside their normal year group will have their transport eligibility assessed according to the year group which they are in.

Parents and guardians will only be sent a pass when they have confirmed that they wish to accept the transport provision offered. Those parents and guardians who do not take up the offer of a pass at the beginning of the academic year, may still apply, at any time, for a pass if their personal circumstances change. In some instances, the most appropriate transport may be a public bus route for which a season ticket will be provided.

1.1.5. Universal Credit

There is no statutory duty on Local Authorities to consider receipt of Universal Credit itself in determining eligibility for Extended Rights to Home to School Transport under section 1.1.4.

However, currently, pupils in households that receive any level of Universal Credit are eligible for free school meals and it is this eligibility for free school meals specifically that entitles them to extended rights to free home to school transport under section 1.1.4

A parent who transfers from Maximum Working Tax Credit onto Universal Credit, will retain eligibility for extended rights (subject to distance criteria, etc in section 1.1.1) as they will automatically become eligible to Free School Meals subject to a family registering their eligibility through Dorset Council.

Eligibility under Universal Credit will be reviewed as and when there is further Guidance from the Department for Education.

1.1.6. Parental Preference:

If a child is attending a school on “parental preference” grounds i.e. the school applied for is not the catchment/nearest school (or one of the three nearest eligible schools in the case of 1.1.4 above) there is no duty for the Local Authority (LA) to provide transport and the families are responsible for their own arrangements.

If a child or young person on an Education Health & Care Plan attends a mainstream school other than their catchment or nearest due to parental preference having that school named on their EHCP, the family will not be eligible for free transport.

1.1.7. Year Group Full Transport:

If families apply '**on time**' (based on the nationally recognised deadlines for applications) for the Normal Year of Entry to a School for their catchment school (or in the case where there is no catchment school the nearest school) and are refused due to oversubscription (referred to as 'year group full') transport eligibility may be provided to the nearest suitable school with places available considering efficient use of resources subject to the age/distance criteria set out in paragraph 1.1.1. A school would only be considered unsuitable if there was a physical reason that the child could not attend. Reasons for this include a boy attending a girl's school, secondary aged child attending a primary school or a private school to which we do not provide transport.

Where an application in the normal year of entry is late, though the application could have been made on time, and an alternative school has to be provided on year group full grounds, then transport provision will remain the responsibility of the parent.

A child who has attended an alternative school **nominated by the LA** (due to year group full or other such reason) will only be eligible to continued transport support at age of transfer to that pyramid's receiver school if the child's catchment area school does not operate the same age of transfer or they would not have been able to offer a place.

The LA has a duty to offer an alternative school place if unable to offer a preferred/catchment or nearest school. Transport will not be provided to the alternative Dorset school if there is a closer school in a neighbouring authority which is under the qualifying distance. In this case parents will be informed of the space/s available in closer neighbouring school(s).

If one child in a family is eligible for transport to a specific school, other than the catchment/nearest, and remains on roll, transport support will normally be provided for all other children from the same family unit to attend that same school (until the standard age of transfer or a change in circumstance).

1.1.8. Moving House:

Parents are advised to check availability of school places before moving house, as there are no guarantees places will be available at the new catchment or nearest school. Unless nearer schools do not have places available in the relevant year group, any request for a child to remain at the existing school upon a house move will be considered as parental preference and, therefore, families will be responsible for making their own transport arrangements.

Transport support provided on exceptional grounds will normally cease if a family move to an area served by a school with places available in the relevant year group.

The LA will not provide transport support for children who have been displaced from their home because of family related issues (e.g. family disagreements).

1.1.9. Temporary Housing:

Occasionally, families have to move involuntarily from their established home address to alternative accommodation on a temporary basis. Transport support to a child's existing school may be considered for a maximum period of two school terms when a family has had to be temporarily re-housed.

Agreement to transport support will depend upon the location of the temporary housing, the age/distance criteria, the basis of the original application (i.e. was the place secured on in-area or parental preference grounds), the cost of transport and satisfactory reasons for the loss of the registered accommodation. Transport support from the temporary address will cease at the end of the two school terms period (unless the cost of providing transport support to an alternative school is greater) or upon a return to the original property or permanent re-housing, whichever comes first.

The Authority will not provide transport support to those families whose main residence is located in another authority's area but who have to move to a Dorset based location on a temporary basis (it is assumed that the 'home' authority will meet transport support needs if proven).

1.1.10. Changing School for other reasons:

Applications for transport support following a parents' decision to change schools (whether or not the decision is supported/encouraged by the existing or receiving school) will not be approved unless the school they transfer to is the catchment/nearest school and/or all avenues of support at the current school have been pursued and the move is supported by the Alternative Provision Team or the School Attendance Team or other professional where the request for support may be considered.

1.1.11. Year 11

If a family moves house when a child is in Year 11, transport support may be provided if it is sought to enable the child to remain at the existing school, if the following circumstances apply;

- The existing school is a reasonable and appropriate alternative school to which transport can be offered from the new address.

- Where exceptional circumstances apply, unavoidable reasons for move or the school(s) that serves the area where the new property is located is/are inappropriate.

1.1.12. Special Educational Needs, Disability & Medical Needs

Children and young people who as a result of their Special Education Need, Disability or Medical need who do not qualify on the distance criteria but, because they are unable to walk to school even if they are accompanied by an adult, may be eligible for travel assistance.

Supporting evidence through a Professional Assessment will always be necessary. Family circumstances will also be taken into account, however an employment commitment is not in itself a reason to approve transport support.

When a child has a need or disability that would prevent them from making the usual type of accompanied journey made by other children of his/her age additional travel assistance may be provided. The conditions that may give rise to such assistance may include:

- Long term severely restricted mobility – for example, circumstances requiring the daily use of significant physical aids such as a wheelchair.
- Long term medical condition resulting in severely restricted mobility due to pain and/or extreme tiredness - for example, juvenile arthritis.
- Long term medical condition resulting in restrictive mobility leading to serious health and safety risks - for example, epilepsy or life threatening heart defects.
- A sensory impairment resulting in severely restricted mobility - for example, where a child is effectively without the use of sight.
- A child has a disability leading to significant social, and / or emotional immaturity in comparison with other children of his / her age. This may mean a child's behaviour leaves them extremely vulnerable in social settings – for example, a child with Asperger's Syndrome who has very little awareness of personal danger
- A child with severe learning difficulties who has an inability to manage the complexity of the process with safety or demonstrates constant challenging behaviour suggesting that this child cannot make an accompanied journey.

All professional assessments have to be in the form of a written statement from a relevant Medical Professional who is treating the young person.

Transport provision in very limited circumstances may operate to suit a reduced timetable and professional advice and evidence would be needed to support this.

If your child has a statement or Education, Health and Care Plan (EHCP), please contact your SEN planning coordinator who will be able to discuss how you can get your child to school and whether any assistance can be given. If your child does not have a statement or EHCP, please apply on an application via <https://www.dorsetforyou.gov.uk/free-transport-entitlement>.

There is no guarantee that siblings of a child with transport provided on these grounds will be eligible to transport. Applications for siblings to travel with the eligible child should be made in the usual way. If the sibling is not eligible but receives a surplus seat place on the same vehicle, please note that this transport will not automatically continue after the transport requirements for the child with the additional needs leaves, or run if this child is ill or excluded from school. If the seat on an available vehicle is required by another eligible child, the surplus seat may be withdrawn at short notice.

1.1.13. Young Carers:

Children who are registered carers and who receive transport support may be considered for alternative methods of transport if the normal arrangements require the child to be away from home for an unreasonable length of time. (Support from Young Carers Association and health care professionals would be required.)

1.1.14. Exceptional Circumstances:

There may be exceptions to the general criteria set out above and these are considered on a case by case basis.

If a family has been identified by a Family Partnership Zone as requiring transport support in order to support their needs, it must be confirmed via the Locality Manager to the Dorset Travel team identifying the reasons and any relevant time scale. Where a place could be offered in the catchment or a nearer school and there would be no cost, the alternative transport should only be considered on a temporary basis for a maximum of a year. In all cases there will be at least termly reviews.

The Family Partnership Zone will liaise directly with Dorset Travel to commission transport under exceptional circumstances.

Transport support may be considered where a temporary, part time timetable is agreed due to medical needs or reintegration programme. Evidence and the views of professionals would be required to support such cases.

1.1.15. Transport provided on Religious or Belief Grounds - Secondary Year 7 – Year 11 (Aged 11 – 16)

Children, whose families are in receipt of Maximum Working Tax Credit/ Universal Credit, or the child is eligible to Free School Meals are eligible to free transport to the nearest denominational secondary school, if the distance is between:

- 2 miles shortest available walking route and 15 miles shortest available driven route.

It is important to note that a parent will need to satisfy the LA of the genuine nature of the religious and or/philosophical belief. Providing evidence of any religion or belief lies with the child's parent/parents.

Examples of acceptable evidence are:

- a. The provision of baptismal certificate
- b. A statement of atheism
- c. A statement of adherence to a particular faith
- d. A letter of support from a priest or equivalent religious leader stating that the child belongs to a particular congregation.

Normally two pieces of evidence will be required. Evidence may be checked with the school.

Parents and guardians will only be sent a denominational pass when they have confirmed that they wish to accept the transport provision offered. Those parents and guardians who do not take up the offer of a pass at the beginning of the academic year, may still apply at any time for a pass, if their personal circumstances change.

1.1.16. Alternative provision and Managed Moves

Where a child, through the In Year Fair Access process or the Local Inclusion Panel, is referred to a new school including a Managed Move, then consideration will be given to providing transport. As part of the allocation of a place, consideration will be given as to whether this is the next nearest appropriate school, or the only other appropriate school for the child to attend.

If a Managed Move is agreed as a result of parent making an application, then transport eligibility will be determined based on section 1.1.1 and 1.1.4., the previous school always being considered as appropriate.

Where a child is referred to Alternative Provision, including Learning Centres, then transport will be provided to that setting for the duration of their attendance, or until such time as it is deemed appropriate that they remain and the setting is over the minimum statutory distance for their age.

1.1.17. Distribution of Passes

Once it has been confirmed that a child is eligible for school transport, they will be directed to an online application process where they can confirm that they wish to receive school transport. Dorset Travel will then process the application and passes will be sent to the student's home address by mid-august. Despatch of passes may be arranged by Dorset

Travel or by the bus operator depending on which school the pass is for. Details of the routes and contractors will be available to view on the Dorset website. For children starting or moving school in September, this should be resolved by the end of the previous academic year. **It is important to note that bus passes will not be issued until a family has confirmed that they wish to take up their transport eligibility.**

1.2 Children of Non-Statutory School Age (including Post 16)

1.2.1 Transport for Children attending Pre-School Settings

Transport is not provided for children attending pre-school settings, nurseries, playgroups etc. It is the responsibility of families to make their own transport arrangements. However, if places are available on school transport vehicles, families can apply for a place through the surplus seat travel scheme.

1.2.2 Post 16 Transport Provision

The Education and Skills Act 2008, states that young people are required to stay in education, training or enter employment (up to 20 hours while in a part-time training or education programme) until they are 18.

When making decisions about which course, school or college to attend parents/students must consider:

- the different modes of transport available
- the timings for arrival and departure
- how much it will cost.

There is no automatic eligibility to free home to school or college transport once a student is over 16 even if free transport has been provided in the past.

Dorset Council is committed to supporting Young People in accessing Post 16 education and training and we advise that Home to School Transport Policy is read in conjunction with the Post 16 Transport Support Policy 2022 – 2023.

Those attending Post 16 education placements can apply for a place under the Surplus Seat travel Scheme – see Section 1.3.

1.3 Surplus Seat Travel Scheme (SSTS)

1.3.1 Availability

Spare seats that are available on any of the Council's (LA) contract routes (excluding local public services and One School One Operator Routes) can be used by children who are not eligible to free transport. Details of routes are available <https://www.dorsetforyou.gov.uk/surplus-seat-travel-scheme>

Surplus seats are allocated under the following terms and conditions:

The surplus seat travel scheme is only applicable on Dorset Council contract vehicles where spare spaces are available. This scheme does not apply to public service routes or where operators have commissioned additional vehicles to meet the demand.

Where a single operator has been identified for a specific school, families or young people will need to contact that service provider to secure a bus pass on services to that school. Further details of the operators on these **One School One Operator (OSOO)** Routes are available on <https://www.dorsetforyou.gov.uk/school-bus-routes>. The cost of these passes is set by the commercial operator.

1.3.2 SSTS Charges - £825

These costs only apply to passes on buses and taxis provided directly by Dorset Council. Schedule of costs on the One School One Operator routes are available through the relevant operator.

An annual charge is levied which will apply to all SSTS users irrespective of whether they have siblings already using a surplus seat. The price for a surplus seat for 2022-2023 will be £825. This is reviewed annually. Payment can be made in instalments.

Where seats are provided by DC directly, the seats may be withdrawn at short notice under the following circumstances:

1. Seats are required for children who are eligible to free transport (proportional refund will be given).
 - If re-tendering or re-planning reduces the number of surplus seats.
 - If payment is not received or parents fail to meet their direct debit payments the pass will be withdrawn and any future passes will only be issued if payment is received in full in advance.
 - If the behaviour of the ticket holder affects the safety of the vehicle and/or its passengers.
 - If the transport policy is changed.
 - If the route ceases to be required for the conveyance of eligible passengers.
 - Where passes are not being used (or are being abused) Dorset Travel reserves the right to withdraw the pass and offer the seat to another SSTS passenger.

2. The bus or taxi may only stop at listed pickups, details of which can be obtained from the Dorset Travel team. Requests for a new stop must be made in writing to Dorset Travel. No diversion of route can be made for a SSTS passenger.
3. Applications will need to be made each year.
4. Existing holders of surplus seats will be contacted to check whether their circumstances have changed and whether a seat is still required for the following academic year.
5. If no eligible pupils require the transport (e.g. staff training days or other school closures), the bus will not run.
6. Students should not attempt to travel unless authorised to do so.
7. The price for a surplus seat under this scheme is £825 per year irrespective of use, as partial use (e.g. one way journeys or irregular attendance during study leave) makes the seat unavailable for others.

1.3.3 Priority for the allocation of surplus seats on DCC routes (Not applicable to OSOO routes):

Applications to purchase a surplus seat must be made online prior to the academic year for which the seat is required. Though DC will endeavour to confirm the allocation of surplus seats as soon as possible, a surplus seat allocation may not be finalised until after the October half term once all eligible children have been placed on routes. The information supplied will be assessed after which, any surplus seats will be allocated in the following priority:

- (i) Children and Young People who are in any of the following categories which significantly impacts on their ability to travel to school independently, but do not qualify for 'transport eligibility':
 - A Child in Care or previously in care,
 - Special Educational Needs (those with a statement or Education, Health and Care Plan);
 - Registered Disability;
 - medical condition (supporting evidence from the school and/or appropriate Medical Officer will always be necessary);
 - Young Carer;
 - Vulnerable or living with a parent registered as disabled
- (ii) Children and Young People who are attending their catchment school or for whom the school is the nearest appropriate school (including 'year group full' placements), but do not qualify for 'transport eligibility'.
- (iii) Children and Young People whose parents applied for the school on parental preference' and are in receipt of Maximum Working Tax Credit, or the child is eligible to Free School Meals and so do not qualify for 'transport eligibility'.
- (iv) Children and Young People whose parents applied for the school on 'parental preference' and so do not qualify for 'transport eligibility'.

If there are insufficient places within any of the above criteria, those who travel the furthest distance will be given priority based on the shortest available walking route.

Applications received during the academic year will be offered a seat if available or placed on the waiting list.

1.3.4 Regulations Affecting Surplus Seats

Please note, at the time of updating this policy, it is the Government's intention to enforce the Public Service Vehicle Accessibility Regulations (PSVAR) on all routes carrying paying passengers. In the context of school transport, this means surplus seat pass holders.

This will require that all paying passengers must travel on a vehicle that has suitable access for passengers with disabilities – eg low floors or wheelchair lifts. As many vehicles used on school routes, such as older coaches, do not comply with these regulations, this will mean that they cannot be used to carry paying surplus seat pass holders. This will apply to all local authorities in England, not just Dorset Council.

However, it will not affect those pupils who are currently eligible for free school transport or surplus seat holders travelling on low-floor public service buses, PSVAR-compliant coaches or smaller vehicles such as minibuses and taxis.

This is likely to have some impact on school transport operators during the 2022/23 academic year and could potentially limit the future availability of surplus seats as a result. It is unclear at the time of writing this policy what the scale and timing of this impact will be.

1.3.5 Out of School Activities/Work Experience

The LA will provide transport support to/from the allocated school only at the beginning and end of the normal school day. Families are responsible for meeting the transport needs of children involved in work experience programmes and attending before school activities such as breakfast clubs and after school activities, i.e. sports clubs etc. Only where a child is travelling individually may it be possible to alter the transport times and these would need to be made in advance with the agreement of all parties and at no additional cost. If other students subsequently join the transport, transport times may revert to provide transport for the usual school opening and closing times.

1.3.6 Extended schools

The LA is not responsible for meeting the transport needs of children attending before school activities such as breakfast clubs and after school activities, i.e. sports clubs etc.

Only where a child is travelling individually may it be possible to alter the transport times and these would need to be made in advance with the agreement of all parties and at no additional cost. The school may be able to arrange with the LA to amend transport times/routes to improve access to before/ after school activities. If other students subsequently join the transport, transport times may revert to provide transport for the usual school opening and closing times.

1.3.7 Childcare Arrangements

The LA would provide transport support to/from the allocated school only at the beginning and end of the normal school day to a nominated stop relevant to the home address. If surplus spaces are available, and a childcare provider is on an established route, children may use school transport to transfer to/from the provider at the beginning/end of the school day by arrangement under the terms of 1.3.2 and 1.3.3 above.

1.4 Examples of When Transport Support Would Not Be Provided:

Notwithstanding exceptional circumstances, the following list contains details of cases not referred to above when mainstream and SEN transport support (defined as transport which is provided, or commissioned by the council, such as taxis and minibuses) would not normally be provided and where families would be expected to make their own arrangements;

- To accommodate breakfast/after school clubs
- Trips and journeys during the school day and /or which are in the curriculum
- To or from a venue that is not your normal home address, for example the address of a childcare provider or a short break placement. (unless there is a legal order in place or a statutory care plan agreed by the local authority)
- If your child is unwell and has to be collected from school during a school day
- If your child is excluded during a school day
- Medical appointments or other approved activities which affect the start or end of and during the school day,
- When a child has missed the contracted transport,
- Transitional/integration placements in schools/colleges,
- Attendance at work experience programmes,
- To/from childcare addresses where they are not on an established route,
- To fall in line with childcare arrangements where they are off recognised transport routes,
- Children withdrawn from school by their family and placed in an alternative education setting,
- Other family members travelling in the same direction,
- To support working arrangements for parents and/or children.

Where parents of children and young people are in receipt of the higher mobility component (HRMC) of the Disability Living Allowance (DLA). This is the gateway to the Motability Scheme that supplies vehicles, adapted or not, in return for the DLA, usually on contract hire terms. If a child is the HRMC recipient and the family obtains a vehicle through the Motability scheme, then the vehicle is expected to be used for the benefit of the disabled child and the Council will offer contributions to petrol wear and tear to allow the family to utilise that vehicle to take their child to and from school. This will be part of a discussion with the parent/carer around travel assistance and will include options for a Personal Travel Budget.

1.5 Points of Clarification

It is ultimately the responsibility of families to seek out information about schools and transport provision/arrangements. Lack of awareness is not a reason to provide transport support, if the case does meet the criteria identified in this policy.

A school place can only be based on one address - the home address (identified by the recipient of Child Benefit). However, where a child has split residency, transport support will be provided from the nominated home address, subject to meeting the criteria for transport support to be provided as identified above. Where this is unclear, disputed, or care is split equally and there is no agreement between the parents, the application considered will be that made by the parent at the address identified on the child's registered General Practitioner (GP) record.

1.5.1 Decisions Made in Error

Where an application for transport support is approved in error, the LA will withdraw the provision as follows;

- Where the child is in Year 11 – on completion of the academic year,
- Where the transport support has not yet commenced immediately on discovery of the error,
- In all other cases, at the end of the half-term in which the error has been found.

Where possible a surplus seat could be offered where available (subject to PSVAR regulations – see section 1.3.4) in such circumstances where free transport is withdrawn.

1.5.2 Cost

This policy regularly makes reference to efficient use of resources. Where a child is eligible for transport support then the Authority will meet those requirements. However, having regard to all other factors, the Authority will offer the most cost effective solution on a case by case basis and will not authorise alternative transport provision should the family of an eligible child reject the type of transport support being offered. Dorset Travel or their contracted operator is responsible for the assessment and provision of transport support

considering best use of resources. The Authority will not contribute the costs of the approved transport provision to a proposed alternative.

Transport support under exceptional circumstances will only be considered if the cost does not exceed £35 per child per day and other factors covered by this policy have also been taken into account (in exceptional circumstances, this amount may need to be exceeded for example where infant class size legislation must be considered). Applicants have the right of appeal against any decision to refuse transport support. This also applies where cost is the only factor which results in a decision to reject transport support.

Where a contract vehicle bus pass is provided but lost there will be a charge levied for the administration of replacement of the pass, of £15 for the first loss of the pass followed by payments of £25 for any loss at any time thereafter, subject to regular review. If the pass is provided directly by the bus company charges may differ.

Where transport is agreed either through School Admissions, SEN, Transport Appeal or on the basis of a Safety Audit, the Local Authority will be liable for the cost from 2 weeks from when the authorisation is confirmed with the parent, the date of the appeal hearing or road safety audit, whichever occurs earliest. Any costs previously incurred by the parent will not be subject to a refund.

Families experiencing financial hardship should refer to the Transport Appeal process.

1.5.3 Measurement of Routes

To ensure consistency all transport is considered using routes measured from the LA Geographical system which are a final result of the measurement. Other measurements from outside systems will not be considered.

The system follows the shortest, safest, practicable walking route. This is assessed using roads, pavements, footpaths, bridleways as appropriate and from an appropriate point from the home to the nearest approved access to the school. The GIS maps follow information provided by Ordnance Survey and represents the position at the beginning of the Annual admission cycle i.e. September in the year prior to admission. Any footpaths or roads added after this time will not be taken into consideration until the following September. A map showing the route measured can be provided on request.

1.5.4 Safety of the Route between Home and School

Applicants may submit a request for an audit on the safety of a route between home and school. The criteria ruling all road safety assessments are taken from national guidance. If a route is deemed unsafe for a child to walk accompanied by an adult, that route will be disregarded. A separate policy and procedure is available on <https://www.dorsetforyou.gov.uk/school-transport>

2. Transport Arrangements

2.1 Methods of Transport

Upon determination of transport eligibility Dorset Travel and the SEN Travel Team will normally decide the most appropriate means of supporting children to travel to and from school. Methods of travel support will be discussed in a clear order, linked to the Council's aim of maintaining flexibility and promoting independence, while ensuring cost efficiency. The order the travel support will be considered is as follows:

- Use of public bus and train networks (supported by independent travel training, if required. Independent travel training gives children and young people the essential skills required to travel independently either on foot or by public)
- Personal Travel Budgets which can be used by parents in any reasonable way to get their child to school. More information about personal travel budgets will be available on Dorset Council Website.
- Contract Bus/Council Fleet
- Mini Bus
- Taxi
- Vehicle used by other Council directorates
- Fuel contribution, if it is shown to be a cost effective solution (Families should be prepared to use their own vehicle where there are no suitable or appropriate alternative arrangements in place). The rate paid to families, is for the shortest available driven route only (45p per mile x return journey/s)

Whilst Dorset Travel endeavour to ensure continuity for the children they cannot guarantee that the same driver will be provided for the vehicle for the duration of a particular child's need for transport.

Passenger Assistants are not normally provided. In exceptional cases a Passenger Assistant may be commissioned should the SEND suggest that unaccompanied travel in a vehicle would put the child, the driver or other road users at risk or there is a specific medical reason that a Passenger Assistant is required to safeguard the child during the journey. All professional assessments have to be in the form of a written statement from a relevant Medical Professional who is treating the young person.

Where a passenger assistant is provided for an individual child on shared transport, that PA will only be responsible for that child. The safe boarding and exiting of the vehicle for other children will be the responsibility of the parent at the pickup/drop-off point.

2.2 Journey Times

The maximum journey times are from 'gate to gate' for travelling to and from school following Government Guidelines are as follows;

- The maximum each way length of journey for a child of primary school age is 45 minutes
- The maximum each way length of journey for a child of secondary school age is 75 minutes

'Gate to gate' represents where the property meets public paths and roads. For those families living on islands in Poole Harbour, this will be an appropriate point on the mainland.

Most schools have staff on duty to receive/hand over children 10-15 minutes before and after the school day and it is expected that school transport will arrive/depart within that time frame. Where this is not possible special arrangements will need to be made. It is recommended that children arrive at their stop 10 minutes before the departure time. If children are being picked up from their home address, they should be ready 10 minutes before the transport is due to arrive.

2.3 Pickup and Drop off Points

Every effort is made for children to be collected and dropped at a point close to their home. However, some pupils may have to walk a reasonable distance to and from their home/school to meet the vehicle. Where this is not possible the LA may arrange transport to and from the pick-up/drop off points if;

- A primary aged (4 – 11) child lives more than 0.75 miles from the nearest point,
- A secondary aged (11 – 16) child lives more than 1 mile from the nearest point.

Parents and children are responsible for being at the pick-up point in good time to access the service.

Parents are responsible for their children's safety in getting to and from the notified pick up/drop off points (including awaiting or leaving transport) or to and from the vehicle, if they are picked up at home. Younger children should be accompanied and parents must ensure that they carry their bus passes (if applicable).

2.4 Accompanied Children

Bus Passes may be made available for adults who wish to accompany their children to and from school on local public bus services. This applies only to primary aged children, i.e. up to the end of Year 6. Bus Passes are not made available for adults who want to accompany secondary age children to school. Transport support is not available for adults if their children (of any age) use LA contract vehicles (Bus/Taxi). Bus passes for parents

accompanying Primary School Children (up to end of Year 6) may be restricted to Home to School return journeys on school days only, term time only.

2.5 Personal Luggage

Dependent on the capacity of the vehicle it may not be possible to carry large amounts of personal luggage for individuals. The driver reserves the right to refuse to carry excessive luggage or personal belongings.

3. Advice on Health, Safety and Behaviour on Vehicles

3.1 Advice for Parents

3.1.1 Safety Belts

If seatbelts are fitted, then they **MUST** be worn. Persistent lack of use in a vehicle that has belts fitted could result in transport being withdrawn.

3.1.2 Behaviour

Schools have a key role in ensuring that pupils behave in an acceptable manner whilst travelling to and from school on transport arranged and organised by the LA. Unacceptable behaviour by pupils whilst travelling should be dealt with initially by the school as part of their discipline policy.

Families and schools are expected to take whatever steps are necessary to ensure appropriate behaviour on LA provided transport and to take necessary action when incidents of unacceptable behaviour are reported and that endangers others will not be tolerated. Parents will be responsible for the cost of any wilful damage to the vehicle or property of other passengers caused by their child.

Schools have a legal right to impose reasonable sanctions if a pupil misbehaves and incidents of serious or persistent indiscipline can lead to transport support being suspended. Parents will be informed in writing of any such incidents by the school outlining any action to be taken. In such cases it will be the responsibility of parents to ensure that their child attends school.

3.1.2 Medication

The LA will not normally be responsible for administering medication to children whilst using LA arranged transport to and from school. However, should a specific medical need arise, guidance would be sought from the Senior Advisor for Physical and Medical Needs.

3.1.4 Passenger Assistants

Passenger Assistants are not normally provided on transport unless there are exceptional circumstances for doing so. If a child has a significant, disability, medical or special educational need, and cannot travel on their own, a transport request may be submitted. The Local Authority will consider information from the school and the appropriate health professionals and recommend whether or not a passenger assistant should be provided.

If your child has an Education, Health and Care Plan (EHCP), please contact your SEN planning coordinator who will be able to discuss how you can get your child to school and whether any assistance can be given. If your child does not have an EHCP, please apply on an application via <https://www.dorsetforyou.gov.uk/free-transport-entitlement>.

3.2 Advice for Children & Young People

All students should behave in a way that is respectful of other transport users.

Students must not play at the bus stop, go near the bus wheels, go near the bus until it stops, cross the road in front of the bus or eat or drink on the bus. When children are on the bus they should always stay in their seat with the seat belt on (if provided). Students must not distract the driver.

Children must not wilfully damage or abuse the vehicle in any way. If this happens, parents will be sent the bill for the repairs.

Children who misbehave on the bus can be disciplined by the school or reported to the LA and can be banned from using the bus.

Children should adhere to any current regulations or guidelines around protecting themselves and others from COVID. This includes the wearing of masks or face coverings.

4. Transport Provision Relating to Reorganisations and Other Admissions Related Protocols

4.1 School Reorganisations/Catchment Area Changes

Area or individual school reorganisations may involve displacing children from one school or site to another. In such circumstances, transport eligibility for children whose education has been disrupted will be continued or introduced for a period of three years after the date of implementation. In addition, the minimum distance at which transport eligibility will be

confirmed will be determined on a case by case basis by the Director of Children's Services after consultation with the Cabinet Member for Children's Services.

On occasion the LA may decide to change a school's catchment area. As a result families may find that the area in which they live is served by a different school. In such cases children who attend the 'previous' catchment area school and receive transport support will continue to receive that support to that school for a period of up to six years following the date of implementation.

4.2 Children in Care

Admission authorities are required to give Children in Care (CiC) the highest priority and agree which school best meets the child's needs and also act in the best interests of the child. In accordance with the normal admission allocations process, transport eligibility arrangements for CiC will be the same as for all other children.

Transport support for in year applications may be considered in accordance with the following principles;

- Successful applications for catchment/nearest/parental preference schools will reflect the arrangements that apply to all other children,
- Where a school admits on the recommendation of the Child in Care (Looked After Children) Education Manager (subject to the age/distance criteria) irrespective of the location of and space availability at other schools.
- The family or young person is still subject to the stipulations in section 1.1.2.

4.3 In Year Fair Access

Transport support for applications considered under the LA's (In Year) Fair Access protocol will be considered in accordance with the following principles;

- Successful applications for catchment/nearest/parental preference schools will reflect the arrangements that apply to all other children,
- Where a place is allocated by the panel for an alternative (to the applicants preferred/catchment/nearest) school, transport support may be provided (subject to the age/distance criteria) irrespective of the location of and space availability at other schools.

4.4 Traveller Children & Young People

In recognition of the need for greater stability and consistency in the provision of education for traveller children, transport support will be provided in accordance with a separate Traveller Transport Protocol.

4.5 Children with an EHC Plan

Eligibility for children with an EHC Plan will be the same as for all other children as detailed in section 1.1.1, 1.1.2, 1.1.4 and 1.1.12 . Travel assistance is always provided suitable to a child's needs and as such, arrangements are reviewed annually. This could mean that a child's type of travel support may change or that longer term plans are discussed and agreed during a review so that a child can gradually increase their level of independence over the medium to long term.

5. Complaints and Appeals Procedures

5.1 Complaints

The School Admissions Team will provide information relating to queries and complaints about transport eligibility.

Dorset Travel will provide information relating to queries and complaints about the method of transport, vehicles, contractors, drivers, bus passes, costs/charges, behaviour and safety. Both are contactable through Dorset Direct. Operators will provide information about routine operational matters if the school is within the One School One Operator Model.

The SEN Team will provide information relating to queries and complaints about transport eligibility for children who have Education Health & Care Plans or have a Statement of Special Education Need.

5.2 Transport Appeals

Due to exceptional circumstances, it may be necessary to consider a case on its individual circumstance. Applicants who are refused transport assistance have the right of appeal against the decision only under the following grounds:

- i. They are seeking for their child to be considered as an 'eligible' child or dispensation due to special circumstances
- ii. They would have received either an eligible or surplus seat if the application had been processed correctly
- iii. They are appealing on route safety grounds

Stage 1 of the appeal process: Applicants can submit a Transport Appeal form with full supporting evidence. This must be submitted within 20 days of the receipt of the letter from the Local Authority advising the family that they are not eligible to school transport assistance. The evidence will be reviewed by Senior Managers within the Council to confirm:

- i. There are no grounds for exceptional circumstances
- ii. The application for transport has been processed in accordance with the Home to School Transport Policy

- iii. There are no road safety issues that suggests an incorrect decision has been made.

The family or young person will be notified in writing within 20 days of the result of the appeal review. If the family is still not satisfied with the outcome of this review they have 20 days within which to request that their appeal moves to Stage 2 of the appeal process – where the evidence is reviewed by the Children’s and Adult Services Appeal Panel. .

A copy of the Transport Appeal form together with the Local Authority’s statement justifying the reasons for the decision, the original application and other supporting documents will be submitted to the Committee.

If an appeal goes ahead, the applicant can attend to present the case and may be accompanied at the hearing. The Committee’s decisions are binding on all parties (but do not necessarily set precedence) and may only be overturned following a ruling from the Local Government Ombudsman.

Transport appeals will only be heard for Dorset resident pupils. If you live in a neighbouring authority you will need to appeal to your home authority.

Only one transport appeal for the same journey is permitted in each academic year.

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DORSET POST-16 TRANSPORT SUPPORT POLICY

SEPTEMBER 2022 - AUGUST 2023

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1 Post 16 Provision

The Education and Skills Act 2008, states that young people are required to stay in education, training or enter employment until they are 18.

When making decisions about which course, school or college to attend parents/students must consider:

- the different modes of transport available to them
- the timings for arrival and departure
- how much it will cost them?

There is no automatic entitlement to home to school or college transport once a student is over 16 even if free transport has been provided in the past.

Dorset Council is committed to supporting Young People in accessing Post 16 education and training and in addition have put the following provision in place to support this.

1.1 School Sixth Form Transport

All School Transport into Mainstream Dorset Schools that have 6th Form provision is provided by independent bus companies.

If you wish to purchase a seat on one of these services, you are required to contact the bus company directly. The availability and charges are at the discretion of the relevant bus companies.

School	Contractor	Contact Details
The Blandford School Ferndown Upper School Queen Elizabeth School Lytchett Minster School The Purbeck School Shaftesbury School The Thomas Hardy School Allenbourn Middle School Dorchester Middle School Ferndown Middle School St Michaels Middle School West Moors Middle School	Go South Coast (operating as Morebus and Damory)	01202 338420 http://passes.gosouthcoast.co.uk/
Beaminster School The Sir John Colfox School The Woodroffe School	First Wessex	01305 783645 dorsetschools@firstgroup.com

Sturminster Newton School	Vale Coaches	01963 363000 valecoaches@gmail.com
Gillingham School The Gryphon School	South West Coaches	01935 475872 Schools@southwestcoaches.co.uk
Budmouth College	Public Services provided by First Bus	0871 200 2233 www.firstgroup.com

1.2 Bursary Scheme

Each School and FE College has a Mandatory Post 16 Bursary (16-18) scheme. Eligibility for accessing these bursaries is managed by the individual schools. Some schools also provide other forms of support for Post 16 students to assist access to their place of learning.

**Please contact the school or college directly for further information and charges.
PLEASE SEE APENDIX A or B**

There is also further information on the Bursary Scheme through the following website:
<https://www.gov.uk/guidance/advice-for-young-people-16-to-19-bursary-fund-guide>

1.3 FE College Transport

Colleges have transport routes available to help students access their course. It is important to contact the college to find out what is available and apply to them directly as soon as possible to ensure that transport is available for the start of the course.

Those attending Post 16 FE provision may also apply for a seat under the Surplus Seat Travel Scheme, if there are routes that wholly or partially assist a young person in accessing their Post 16 place and they fulfil the criteria set out in Section 3. They may also qualify for further assistance under Section 2.

Contact the college to find out if there is any support available for transport from the 16-19 Bursary. **PLEASE SEE APPENDIX B**

1.4 Apprenticeships and Traineeships

If a young person is looking to engage with an Apprenticeship or Traineeship, it is essential they talk to the Learning Provider who will be able to inform them of any transport assistance that may be available. Employers and Learning Providers should take into account a young

person's transport arrangements when planning any off the job training, particularly outside normal working hours. **PLEASE SEE APPENDIX B**

If you are studying a traineeship you are also eligible for the 16-19 Bursary Scheme.

1.5 Public Transport

Some local public transport operators have concessionary fares/discount schemes for students.

Transport Operator	Telephone	Website	Special arrangements for students
First Great Western	08457 000 125	www.firstgreatwestern.co.uk	16-25 railcard
Damory /Morebus	01202 338420	www.morebus.co.uk	passes.gosouthcoast.co.uk
First Group	0871 200 2233	www.firstgroup.com	Contact Bus Operator
Transdev (Yellow Bus)	01202 636110	www.bybus.co.uk	Contact Bus Operator
South Western Railway	03456000650	www.southwesternrailway.com	16-25 railcard

There are some situations where a young person travelling on public transport may be entitled to a free bus pass for off peak travel if they have a disability. Details are available at www.dorsetforyou.gov.uk/travel-dorset/bus/national-bus-pass-concessionary-travel

2 Travel assistance for students aged 16-18 with Special Educational Needs, Disabilities or Compelling Medical Circumstances

2.1 Criteria for additional support

Young people aged between 16-18 and fulfilling the criteria set out in Section 3 may also be provided with additional support when:

- A professional assessment clearly indicates that a young person would not be able to access existing public transport routes to a place of learning because of their SEN or disability, and meet the qualifying criteria.

- A young person is within the 3 mile distance criteria of a school but a professional assessment clearly indicates that a young person would not be able to access to their place of learning because of their SEND or disability.

2.2 Supplementary information

Types of assistance that may be provided are:

- PTB's – Personal Travel Budgets
- Contract Bus/Council Fleet
- Mini Bus
- Taxi
- Vehicle used by other Council directorates
- Fuel contribution, if it is shown to be a cost effective solution (Families should be prepared to use their own vehicle where there are no suitable or appropriate alternative arrangements in place). The rate paid to families, is for the shortest available driven route only (45p per mile x return journey/s)

2.3 The Terms and Conditions

Provision of dedicated transport is subject to the following conditions:

- Assisted transport will only be provided for one inward and one outward journey to/from college at the beginning and end of the college day. This may not be according to the start and finish of the timetable day.
- Assisted transport will only be provided between the same pick up/drop off points each day. If other destinations are required this will be parent/carer preference which they will have to organise and pay for.
- Transport is not provided for induction or taster days or work experience.
- If students move outside of the Dorset Council area part way through their course, transport assistance will cease and they must apply to their new Local Authority for assistance.
- The Council expects students to travel by public transport where it is available. Independent Travel Training may enable students to progress to using buses and/or trains. Please contact the school or college who may be able to access limited funds through Dorset Council to support this activity.
- Students who travel on contract bus routes or taxi with other students, have no choice as to the time for outward or return journeys.

2.4 Application process

Applications for transport assistance must be received by the SEN Team, Dorset Council, County Hall, Dorchester, DT1 1XJ, by 31 May prior to the start of the course. A young person must re-apply for transport for each year of study.

2.5 Charges and Contributions

All young people will contribute towards the cost of transport. For 2022/2023, Dorset Council has set this amount at £825.

If the family is on Maximum Working Credits or the student is entitled to free school meals, this will be reduced by 50%, consistent with the overall Post 16 Transport provision. (See **Section 3**)

In exceptional circumstances, the eligibility criteria with regard to 'live over 3 miles from their nearest and/or appropriate school/college' may be dis-applied for a young person with significant disability and/or mobility need and the contribution would be reduced by 50%.

3 Post 16 Reduced Rates for the Surplus Seat Travel Scheme

Dorset Council is committed to supporting families in accessing Post 16 education and has in addition set up the Local Authority 16+ Assistance Scheme whereby a Post 16 student can qualify for a 50% reduction in the cost of their travel pass (including those passes provided by the OSOO Contractors) or a 50% reduction in the £825 contribution towards transport provided by Dorset Council.

50% reduction in not available on public transport routes or rail.

In order to qualify for assistance under the Local Authority 16+ assistance scheme **all students** must meet **each of** the following criteria:

- Be resident in the Dorset Council area
 - Be under 19 on 31 August immediately preceding the start of the academic year or up to 25 if a Section 139a/Education, Health and Care Plan highlights transport is a necessity
 - Live over 3 miles from their nearest and/or appropriate school/college
 - Be in full time education (16 hours or more over 3+ days per week)
- AND**
- Families are in receipt of Maximum Working Tax Credit/ Universal Credit, or the student is entitled to Free School Meals
- OR**
- The student had a compelling medical circumstance prior to post 16 which attracted transport support and a case is made for it to continue (applies to nearest

school/college only and supporting evidence from the appropriate Medical Officer will always be required)

OR

- The student has a compelling medical circumstance that arises during post 16 education (applies to nearest school/college only and supporting evidence from the appropriate Medical Officer will always be required).

Supplementary information:

- Assisted transport is only available for one inward and one outward journey to/from school/college at the beginning and end of the school/college day. This may not be according to the start and finish of the timetable day.
- Assisted transport will only be provided between the same pick up/drop off points each day. If other destinations are required this will be parent/carer preference which they will have to organise and pay for.
- Transport is not provided for induction or taster days or work experience.
- If students move outside of the Dorset Council area part way through their course they must apply to their new Local Authority for assistance.

4 Regulations Affecting Surplus Seats

Please note, at the time of updating this policy, it is the Government's intention to enforce the Public Service Vehicle Accessibility Regulations (PSVAR) on all routes carrying paying passengers. In the context of school transport, this means surplus seat pass holders.

This will require that all paying passengers must travel on a vehicle that has suitable access for passengers with disabilities – eg low floors or wheelchair lifts. As many vehicles used on school routes, such as older coaches, do not comply with these regulations, this will mean that they cannot be used to carry paying surplus seat pass holders. This will apply to all local authorities in England, not just Dorset Council.

However, it will not affect those pupils who are currently eligible for free school transport or surplus seat holders travelling on low-floor public service buses, PSVAR-compliant coaches or smaller vehicles such as minibuses and taxis.

This is likely to have some impact on school transport operators during the 2022/23 academic year and could potentially limit the future availability of surplus seats as a result. It is unclear at the time of writing this policy what the scale and timing of this impact will be.

5 Post 19 Transport

Under Section 508F Education Act 1996 where a Local Authority considers it necessary for a young person between 19-25 to have travel assistance (Section 139a/Education, Health and Care Plans so highlights) in order to access an education institution or training, then the LA is required to provide free travel assistance.

6 General Terms and Conditions

6.1 When can a travel pass (public transport) or OSOO Seat be used?

- If travelling on coaches or other contract transport arrangements, which do not involve season tickets, there will be no choice over the outward or return journey details.
- If travelling with a season ticket these are usually available for use between designated stops and journeys and at an agreed time, morning and afternoon.
- Some bus operators have introduced a fare card system which allows travel in the evening and at weekends at a reduced cost. Check with your school/college or local bus operator.
- Opportunities for tickets, which can be used across transport providers, are not generally available.

6.2 Out of Dorset Council Area Colleges which are beyond daily travel distances

If you are attending a college that is a considerable distance away from the Dorset Council area you should enquire directly to the college about transport support arrangements. Further details can be found at: <https://www.gov.uk/grant-bursary-adult-learners>

6.3 Complaints

Please refer to 5.1 in the Home to School Transport Policy for the complaints procedure.

6.4 Consultation

The Home to School Transport Policy and the Post 16 Transport Support Policy will be reviewed on an annual basis to reflect the changes to costs associated with SSTS fares. If further changes are required Dorset Council will consult with young people and their parents through the consultation pages contained on Dorset for You.

6.5 References

Please refer to other sections within the Dorset Home to School Transport Policy for further information on:

- 2.1 Methods of Transport
- 2.2 Journey Times
- 2.3 Pickup and Drop off Points
- 2.5 Personal Luggage
- 3.1 Advice for Parents
- 3.2 Advice for Children
- 5.1 Complaints
- 5.2 Transport Appeals.

APPENDIX A

Further information on the 16-19 Bursary scheme is available through the following website:
<https://www.gov.uk/guidance/advice-for-young-people-16-to-19-bursary-fund-guide>

Schools and Sixth Form Provision

School, address	Telephone, email, website	Travelling to/from
Budmouth Academy Chickerell Road Weymouth DT4 9SY	Budmouth 6 th Form: 01305 830560 Information and Applications - Budmouth Academy (budmouth- aspirations.org)	There is a Vulnerable Student Bursary and a Discretionary Attendance Bursary. In addition students may apply for a Travel Bursary.
Beaminsters School 6 th Form	Tel: 01308862633 6th Form Bursary Information beaminsterschool	The school operates a 16-19 bursary Fund to support access to Post 16 provision.
The Blandford School	01258451121 https://www.theschoolbus.net/compliancemanager/public/1619-bursary-statement/b9befed4-ee5a-4eb6-bc29-6a28344df18b/26272	The school operates a 16-19 bursary Fund to support access to Post 16 provision.
Ferndown Upper School Cherry Grove Ferndown BH22 9EY	01202 871243 sixthform@fernup .dorset.sch.uk	Ferndown Upper School offer a Transport Bursary: Application-for-bursary-towards-travelling-to-school.docx (live.com) – currently up to £300 to support transport to access Post 16 provision.

		In addition there is the 16-19 Bursary: 16 - 19 Bursary - Ferndown Upper School Sixth Form (fernup.dorset.sch.uk) – to support more general access to Post 16 but can be used in part to support transport.
Gillingham School Hardings Lane Gillingham SP8 4QP	01747 822222 twhyntie@gillingham-dorset.co.uk Financial Support – Gillingham School (gillingham-dorset.co.uk)	The school operates a 16-19 bursary Fund for its students.
The Gryphon School Bristol Road Sherborne DT9 4EQ	019358131 School Transport: School Life - The Gryphon School: Sherborne	The school operates a 16-19 bursary system to support access to Post 16 studies The school contracts a number of buses to transport students from the surrounding areas. Route G800 – Quicksilver Pub to Gryphon via Larkhill Route G801 – Yeovil Marsh to Yeovil Hospital to The Gryphon Route G858 – From the Sturminster Newton Area into the Gryphon Route G802 – Queen Camel – North Cadbury – Wincanton – Templecombe Paid seats available from Somerset - Request school transport on a paying basis (somerset.gov.uk) Paid Seats from Dorset - https://www.southwestcoaches.co.uk
Lytchett Minster School	01202622413 sixthform@lytchett.org.uk Support and Wellbeing • Lytchett Minster School	The school operates a 16-19 bursary system to support access to Post 16 studies
The Purbeck School	01929550077 Sixth Form Transport – The Purbeck School	The school operates a 16-19 bursary system to support access to Post 16 studies. There are also details of various public routes that student can access for attendance at The Purbeck School.

	Bursaries – The Purbeck School	<p>Routes running from The Swanage Area into the Purbeck School</p> <p>Routes running from Wool, Bovington, Lulworth</p> <p>Routes running from Morten, Broadmayne and Knitson</p> <p>Routes running from Weymouth & Poole</p>
Queen Elizabeth's School Wimborne Minster BH21 4DT	<p>01202 885233</p> <p>office@queenelizabeths.com</p> <p>Queen Elizabeth's School - Bursary Funding (queenelizabeths.com)</p>	QE have a 16-19 bursary scheme that will support students in accessing 6 th Form provision.
Thomas Hardy School	<p>01305 756801</p> <p>Welcome - Thomas Hardy Sixth Form (thomas-hardye.net) – Bursary Funding</p>	The Thomas Hardy School have a 16-19 bursary scheme that will support students in accessing 6 th Form provision.
Sir John Colfox	<p>01308422291</p> <p>Welcome to the Sixth Form – The Sir John Colfox Academy</p>	<p>The school manages a 16-19 bursary fund to support access to 6th Form studies.</p> <p>There is transport available between Sir John Colfox School and the Yeovil College as part of the Yeovil College Partnership - Yeovil College Partnership – The Sir John Colfox Academy</p>
Shaftesbury School	<p>Shaftesbury Sixth Form – 01747854498</p> <p>SixthFormOffice@shaftesburyschool.co.uk</p>	<p>Shaftesbury School manages a 16-19 bursary fund to support access to 6th Form studies.</p> <p>As there is a shared 6th form provision between Shaftesbury and Sturminster Newton – there is a free bus service between the two sites.</p>

	Useful Information – Shaftesbury School	
Sturminster Newton High School	01258 472642 Sixth Form Bursary Fund Policy – Sturminster Newton High School (mysnhs.net) Sixth Form Transport – Sturminster Newton High School (mysnhs.net)	Sturminster Newton High School manages a 16-19 bursary fund to support access to 6 th Form studies. As there is a shared 6 th form provision between Shaftesbury and Sturminster Newton – there is a free bus service between the two sites.
Woodroffe School Lyme Regis	Tel: 01927442232 16-19 Bursary Fund – The Woodroffe School	The Woodroffe school manages a 16-19 bursary fund to support access to 6 th Form studies.

APPENDIX B

Further information on the 16-19 Bursary scheme is available through the following website:
<https://www.gov.uk/guidance/advice-for-young-people-16-to-19-bursary-fund-guide>

Colleges

College, address	Telephone, email website	Support Provision
Kingston Maurward College Dorchester DT2 8PY	01305 215032 Transport - Kingston Maurward College (kmc.ac.uk) Bursaries - Kingston Maurward College (kmc.ac.uk)	<p>The College manages a 16-19 bursary fund to support access to 6th Form studies.</p> <p>The College run a series of dedicated routes across the County to assist students to access their studies. These routes are finalised on an annual basis depending on demand for each annual recruitment cycle.</p>
Weymouth College Cranford Avenue Weymouth DT4 7LQ	01305 764766 Funding, Finance and Bursary - Weymouth College Travel & Transport and Transport Funding - Weymouth College	<p>The College manages a 16-19 bursary fund to support access to 6th Form studies.</p> <p>There are a range of routes serviced by the College and other public bus providers:</p> <p>Blandford Piddle Valley – Piddlehinton – Charlton Down - Charminster BCP area Dorchester East Dorset Portland West Dorset</p>

		<p>Yeovil</p> <p>As well as local routes in and around Weymouth itself.</p> <p>Students can apply for transport assistance if they live 5 miles from the college.</p>
<p>Bournemouth & Poole College North Road Parkstone Poole BH14 0LS</p>	<p>01202 205660</p> <p>studentfinance@bpc.ac.uk</p> <p>Student Finance Bournemouth and Poole College (thecollege.co.uk)</p>	<p>Student Financial Support 16-18 year old students Vulnerable and Discretionary Bursaries; including College Meal and Travel Support At Bournemouth & Poole College, we can support with the cost of your course and travel costs. If you are a student who is either in care or leaving care, you would be eligible to apply for a vulnerable bursary, which could include a monthly payment, paid direct to you to help you with those little extras, as well as receiving a College Meal Card and Travel Pass. Discretionary bursaries are for those students who have a lower income within their families and are currently receiving one of the benefits stated in the criteria (http://www.thecollege.co.uk/student-support/student-finance).</p>
<p>Brockenhurst College Lyndhurst Road Brockenhurst SO4 7ZE</p>	<p>01590 625533</p> <p>travel@brock.sc.uk</p> <p>Travelling to Brock Brockenhurst College</p> <p>Bursaries and financial support Brockenhurst College</p>	<p>The College manages a 16-19 bursary fund to support access to 6th Form studies.</p> <p>The College is accessible through both public and train services from Salisbury, Southampton, Isle of Wight, Bournemouth and Poole.</p> <p>There are various public bus routes to access Marchwood as well.</p>
<p>Yeovil College Mudford Road Yeovil BA21 4DR</p>	<p>01935 423921</p> <p>iZone@yeovil.ac.uk</p> <p>www.yeovil.ac.uk</p>	<p>The College manages a 16-19 bursary fund to support access to 6th Form studies.</p> <p>The college is accessible from both Bus and Train routes:</p> <ol style="list-style-type: none"> 1. Bus - Gillingham & Shaftesbury to Yeovil – (YC1) 2. Bus - Bridport & Beaminster (YC3)

		<p>In addition there are routes from Blandford and Sturminster Newton, Dorchester, Sherborne – updated routings and timings - Plan Your Journey Traveline</p>
<p>Wiltshire College Salisbury Southampton Road Salisbury Wiltshire SP1 2LW</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 65</p>	<p>01225 350035</p> <p>Travelling to College Wiltshire College & University Centre</p>	<p>Travelling to Wiltshire College</p> <p><u>Studying at the Chippenham Campus - Travelling to Chippenham Wiltshire College & University Centre</u></p> <p>The Chippenham Campus is services by both bus and rail.</p> <p><u>Studying at the Lackham Campus - Travelling to Lackham Wiltshire College & University Centre</u></p> <p>The Lackham Campus is services by bus. The nearest rail service eos to Chippenham (3.5 miles)</p> <p><u>Studying at the Trowbridge Campus - Travelling to Trowbridge Wiltshire College & University Centre</u></p> <p>The Chippenham Campus is services by both bus and rail.</p> <p><u>Studying at the Salisbury Campus - Travelling to Salisbury Wiltshire College & University Centre</u></p> <p>The Chippenham Campus is services by both bus and rail.</p> <p>For students from Dorset – there are bus routes into Salisbury from certain centres in Dorset with a range of ticket options –</p> <p>Salisbury Reds - Buses across Salisbury</p> <p>Morebus -</p>



31st March 2022

Re: Home to School Policy 2022-23 – The Swanage School Clause 1.1.3

I am writing on behalf of The Swanage School to ask you to consider and question the rationale and justification for Clause 1.1.3 in the proposed home to school policy. I am currently the Headteacher and have been part of the senior leadership team from the beginning.

As I'm sure most of you are aware, The Swanage School was opened in Sept 2013 as part of the government free school programme as a response to the closing down of Swanage Middle School. Parents in Swanage wanted a secondary education to remain in the town. Swanage would have been the largest town in the entire country without a secondary school had The Swanage School not opened. Since opening the Swanage School has grown by over 300% in student numbers, enjoyed consistently excellent academic outcomes and has been graded as Good with many outstanding features by OFSTED twice. The Swanage School is now firmly established as a successful academy.

It is fair to say that Dorset strongly opposed the opening of the Swanage School. The senior leadership team from The Swanage School were initially excluded from attending D.A.S.H – The Dorset Secondary Association of Headteachers. We had to fight for our place at the table, looking back it is simply incomprehensible now, I mean imagine if the leadership team from Coombe House School were told they could not attend D.A.S.H meetings or that there would be special transport clauses that would exclude them and their students and this was simply non-negotiable. Ironically, when Mr Hobson, the founding Headteacher, had to retire on medical grounds he was the longest standing member of D.A.S.H and well respected by his peers. My point here is that time has moved on and attitudes have changed and evolved with the times, we are no longer an 'unknown' to be excluded but we are an established good school in Dorset that needs to be supported and included. Our students and parents need to be supported by our local government.

The Swanage School is an excellent school and has been exceptionally successful. The school is truly an asset for the children and parents of Swanage and rural Dorset. It is theretofore puzzling that the Dorset Council Home to School Transport policy continues to discriminate against it.

Finally, and I thank you for your patience. During a Zoom meeting with Rick Perry – Dorset Council Service Manager - Education on Thurs 31st March 2022 he said that the argument that upheld the clause last time was that assurances were made to parents in Swanage at the time The Swanage School opened that they would have the choice to send their children to either Swanage School or The Purbeck school. Our response is the following:

Times Have Changed – What is the cost of this 'choice'?

- There is a climate emergency – we have a social responsibility and obligation to cut emissions not unnecessarily increase them.
- Cost – This is taxpayers money, could the hundreds of thousands of pounds spent on this choice be better spent elsewhere?
- We are now an established successful local school with a proven track record – what more do we have to do to be accepted as equal?
- These assurances have been upheld for nearly 10 years the parents concerned would no longer be affected – you have done what you said you would
- Times and attitudes have changed – people accept that action on climate change comes at a cost

In summary - The key points we are raising are as follows:

- Every year, Dorset Council spends a significant amount of money transporting students who live in Swanage, which has its own established and successful secondary school, to a school which is not their nearest secondary school. Contrary to all established national practice and policy. This has a huge detrimental impact on the environment and is an unnecessary, unethical financial burden on the local transport budget, which is only going to get more costly given the huge inflation in fuel costs.
- Parents who live outside Swanage whose children attend The Swanage School are not given the same deal and have to pay for their transport. They correctly argue this is discriminatory. Some have appealed and have been awarded bus passes on these grounds.
- The proposed Dorset transport policy has a 'special clause', 1.1.3 which explicitly discriminates against The Swanage School, disregards its catchment area and is completely contrary to national and local school transport policy. Why is this? Rick explained it was implemented to give Swanage parents a choice, a commitment dating back to 2011. We must ask why parents of Wareham and Bovington are not given the same level of support and choice? We also ask how long should the current arrangement stand? Surely 10 years is long enough!
- The financial and climate emergencies and resulting responsibilities should trump the luxury of choice in this case.

Just before the pandemic broke I had a meeting with Mark Blackman who assured me that moving forward Dorset Council would be addressing this issue on the principle that Dorset Council should only be providing free transport to the nearest school and recognised that the current practice was a very costly luxury that they could no longer afford to fund or continue to try and justify. But then the pandemic broke out and we all had bigger things to worry about.

The current transport policy consultation has brought this issue to the forefront again.

The Swanage School asks for a common-sense approach to this longstanding issue, but also feels the time has come to seek a judicial review if the matter is not resolved in the current policy review process.

Kind regards

Jenny Maraspin

Jenny Maraspin

Head Teacher



30th March 2022

Response to: “Changes to Transport Entitlement for The Swanage School”

This is the response by The Swanage School to the document entitled “Changes to Transport Entitlement for The Swanage School” and the consultation on the Dorset Council Home to School Transport Policy 2022-23.

Context

Currently students from Swanage and the surrounding area are provided free home to school transport to The Purbeck School, which is not their nearest school, rather it is c.10 miles away in Wareham. In some cases children living within a few hundred metres of The Swanage School are enabled to travel needlessly over twenty miles a day, at council taxpayers’ expense. As a result of this policy The Purbeck School is oversubscribed and this has had the perverse knock-on effect that some students are being transported, also at council taxpayers’ expense from Bovington, past The Purbeck School to The Swanage School.

Specifically, The Swanage School objects on the following grounds:

1. Home to school travel and transport statutory guidance – issued by DfE, July 2014, updated 2017

This guidance is statutory and thus should be complied with.

1.1 Ref. Page 6. Second Main point

The guidance states that there is a *“need for local stakeholders to work together in partnership to agree and deliver transport policies that meet the particular needs of the area”*.

The Swanage School has not been involved in the development of the home to school transport policy at any stage. Indeed, since opening DC has not directly sought the input from The Swanage School or its stakeholders. In November 2016 The Swanage School responded in writing to the admissions policy consultation, but none of the issues raised in that initial response have been taken into account. Indeed, the Headteacher was not contacted directly to draw attention to the fact that a specific paper had been written regarding the updating of the policy!

1.2 Ref. Page 6 Fifth main point

The guidance states that *“Local Authorities should review travel policies, arrangements and contracts regularly to ensure best value for money is achieved”*.

Currently the policy needlessly enables children to be transported away from their nearest school thereby incurring unnecessary transport costs. The policy is therefore in breach of the statutory guidance.

1.3 Ref. Pages 7 to 9. Section 1.1, sustainable school travel. Also Education Act Section 508a (3).

The guidance states that there is a requirement for transport policies to be sustainable:

“The sustainable school travel duty should have a broad impact, including providing health benefits for children and their families, through active journeys such as walking and cycling. It can also bring significant environmental improvements, through reduced levels of congestion and improvements in the air quality to which children are particularly vulnerable”.

The Education Act clarifies this as follows:

This is defined as *“an improvement to either or both of the following:*

- *The physical well-being of those who use them*
- *The environmental well-being of the whole or part of their area.”*

The current policy needlessly transports children from Swanage to Wareham (approx. 10 miles each way). This does not improve individual student physical well-being. Indeed, by changing the policy it would encourage more children to walk or cycle to their local school. Also, by having several unnecessary bus journeys there is a currently negative impact on the environment in the local area.

It is clear therefore that the policy is not sustainable and is therefore in breach of the statutory guidance.

1.4 Page 16 and 17. Discretionary Arrangements

The minimum requirement for home to school transport as required by the Department for Education is to:

“provide free transport for all pupils of compulsory school age (5-16) if their nearest suitable school is:

- *beyond 2 miles (if below the age of 8); or*
- *beyond 3 miles (if aged between 8 and 16)”*

The DCC home to school transport policy satisfies this requirement for almost all schools in Dorset.

However, for the Isle of Purbeck DC have chosen to have a different policy. To be compliant with the statutory guidance the DC home to school transport policy must conform with the guidance on discretionary arrangements.

-
- There is no explicit guidance to allow for the provision for children in a particular location.
 - The guidance states that *"Local Authorities will need to be aware of their obligation not to discriminate under article 14 of the ECHR."*

The current DC home to school transport policy discriminates against children of secondary school age who live within the Dorset Education Authority, outside Swanage by providing free transport to a school which is not their nearest school. Children in Swanage are 'advantaged', whilst others outside the area are accordingly therefore disadvantaged.

The guidance states that: *"It is recognised that local authorities will need to balance the demands for a broad range of discretionary travel against their budget priorities."*

The example given for use of discretionary powers in the guidance is on grounds of religion, low income, SEN and disabilities. None of these are appropriate in this case and therefore, again the LA is not complying with the need to balance their budgetary priorities.

2. Local Government Act 1999 Section 3

In addition to the Home to School statutory requirements DC also have a legal responsibility to comply with the Local Government Act 1999. In particular there is a duty to comply with section 3:

"to secure continuous improvement in the way in which its functions are exercised, having regards to a combination of economy, efficiency and effectiveness."

By transporting children needlessly away from their local secondary school, the current DC home to school transport policy is clearly in breach of this requirement in law.

3. In response to paper entitled: "Changes to Transport Entitlement for The Swanage School"

3.1 The paper identifies a "school transport catchment area" for The Swanage School. The diagram on page 3 is misleading because it fails to indicate that "the school transport catchment area" for The Swanage School is overlapped by "the school transport catchment area" for The Purbeck School. The points raised above indicate that there should be no overlap between the two schools' transport catchment areas.

3.2 The paper refers to the PAN for local primary schools as being 105 and that The Swanage School has a PAN of 84, thus requiring children to be transported away from The Swanage School. The Swanage School is willing and able to increase its PAN to meet the local need. Therefore there is no need, now or in the future, for the LA to provide free transport away from The Swanage School. If there should be an increase in the local demographic, then there would still be no need for the current overlapping school transport catchment areas. Instead, the standard statutory policy to provide transport to the nearest available school would still apply.

3.3 The paper refers to the “right of families to continue to gain transport to their historical KS3 and KS4 school provision”. The Swanage School contests that there is no “right” enshrined in law or by convention that families can access free transport to any school of their choice. Indeed across the county and the country the opposite is the case – children are entitled to free transport to their local school only.

Conclusion

We are advised that, if the council were to proceed with the policy as proposed in the consultation document, then that decision would be an unlawful one which could be challenged by way of judicial review. Obviously, the School does not want to be in a position where it feels it has no choice but to bring such a challenge.

People and Health Overview Committee 28 June 2022

Refreshed Council Plan 2019-2024

For Recommendation to Cabinet

Portfolio Holder: Cllr J Haynes, Corporate Development and Transformation

Local Councillor(s): N/A

Executive Director: M Prosser, Chief Executive

Report Author: Deborah Smart
Title: Corporate Director – Transformation, Innovation and Digital
Tel: 01305 224711
Email: deborah.smart@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary: The Council Plan 2020 – 2024 is being refreshed to ensure the latter two years align to the current strategic priorities for the council. This will ensure that the council clearly describes targets for 2022 – 24 and can measure success through a single delivery plan aligned to strategic performance monitoring. Each Overview Committee is asked to focus on those services and areas of the Council Plan which fit with their remit, to avoid duplication.

Recommendation: Members of the two Dorset Council Overview Committees to give their feedback, including any proposed amendments, to the draft refreshed Council Plan (attached at Appendix A) and the Delivery Plan (attached at Appendix B).

Members of the two Overview Committees are asked to consider:

- Whether the proposed 5 priorities in the draft refreshed Council Plan accurately represent and incorporate the 'leadership mission statement', presented by Leader Cllr Spencer Flower at the Annual Council meeting on 12 May.
- Members are asked for their thoughts on the best format for presenting the Dorset Council Plan priorities (please see p6 of Appendix A). Should we continue to use the 'wheel' format, used in earlier iterations of the

Council Plan, or should we move to a diagram which shows the cross-cutting arrangement of priorities, representing people and places?

- Thoughts on the new Delivery Plan 2022-24 (Appendix B).

Note: both appendix A and appendix B are subject to design work in respect of layout and presentation. This will be completed prior to final approval stage.

Summary of significant suggestions at Place and Resources Overview Committee on 7 June. Additional changes have been made to the draft as suggested by members, but the following relate to the priorities of to the specific recommendations in this report:

Page 5:

- Our equality objectives have been broadened to include 'cultural' objectives and the addition of a modern slavery objective was agreed

Page 7:

- Preference at Places and Resources Overview was for the first diagram depicting the priorities as it represents the people and places approach and interoperability for these priorities and services
- The words 'natural environment' were added to the climate and ecology priority
- The priority "driving economic growth" was amended to "driving economic prosperity"
- The priority "becoming a more modern, customer focussed council" was amended to "becoming a more responsive, people focused council"

Page 9:

- Reference to eco-tourism and to Dorset's built environment was added in addition to further definition of the term 'natural spaces'

Page 13:

- Reference made between climate ambitions and sustainable development, to the provision of rental properties and to the use of housing for tourism and impact of second homes

Reason for Recommendation: Both Overview committees are invited to give feedback and propose changes to the draft refreshed Council Plan. This will then be considered and recommended for approval by Cabinet on 26 July 2022.

1. Executive Summary

- 1.1 The Dorset Council plan is the council's key strategic planning document, which articulates the council's overall aims and ambitions, and is the focus for setting key targets for the council.

1.2 The first iteration of the Dorset Council plan was approved by Full Council on 18 February 2020. A second iteration was developed following the COVID-19 pandemic, to reflect some of the changed priorities in light of the pandemic impact. This was approved by Cabinet on 5 October 2021 and is available on the council website: www.dorsetcouncil.gov.uk/council-plan

1.3 At the Annual Council meeting on Thursday 12 May 2022, Leader Cllr Spencer Flower set out 10 priorities as his 'leadership mission statement'. The 10 priorities are:

- 1) Dorset Local Plan
- 2) Housing for local people
- 3) Adult social care
- 4) Children's services
- 5) Assets and property
- 6) Working with the Integrated Care system
- 7) Climate and ecological strategy
- 8) Community safety
- 9) County deal
- 10) Digital innovation.

1.4 Officers have been asked to review the Dorset Council Plan and ensure the 10 priorities are fully incorporated. Once approved by Overview committees and Cabinet, this refreshed Dorset Council Plan will then become council policy for officers to deliver.

1.5 The main changes to the Dorset Council Plan are as follow:

6 priorities have been changed and condensed to 5 priorities:

Current 6 Dorset Council plan priorities	Proposed 5 Dorset Council Plan priorities
1) Economic growth	Driving economic prosperity
2) Unique environment	Protecting our natural environment, climate and ecology
3) Climate and ecology	
4) Suitable housing	Creating sustainable development and housing (This now incorporates more of the Local Plan work, as well as housing)
5) Strong, healthy communities	Creating stronger, healthier communities (This incorporates activity previously under priorities 5 and 6)

6) Staying safe and well	Becoming a more responsive, people focussed council
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1.6 A new delivery plan 2022-24 has been created which is attached at Appendix B. This sets out the council’s key activities to achieve the 5 priorities in the Dorset Council Plan. These will be monitored quarterly with progress shared with the Dorset Council Cabinet, and annually with Dorset Councillors, residents, businesses and partners.

2 Financial Implications

None.

3 Climate implications

None.

4 Well-being and health implications

None.

5 Other Implications

None.

6 Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: Low Residual Risk: Low

7 Equalities Impact Assessment

EQIAs are in place for each of the areas of work to deliver the Dorset Council Plan priorities.

8 Appendices

Appendix A is the draft refreshed Dorset Council Plan 2019-24.
Appendix B is the new draft Delivery Plan 2022-24.

9 Background Papers

Dorset Council Plan approved 18 February 2020
Dorset Council Plan update with Covid-19 implications approved 5 October 2021

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.



Welcome

Our bold and ambitious Council Plan sets out our key priorities for the next two years, from 2022 to 2025, and is a summary of our Strategic Delivery Plan. It is our commitment to you, our residents, and our partners.

It isn't a list of the hundreds of services that the council provides, nor does it detail all the huge progress we have made since the council was created in 2019. Achievement of our initial objectives is something we are particularly proud of, at a time of huge challenges during the pandemic where we responded with compassion and resilience.

This has given us a renewed sense of determination and ambition and I am optimistic that we can look back with pride having delivered our commitments. Democracy is an important part of our society, and we will stand on our record of achievements. We have worked hard and been able to fulfil the needs and aspirations of our communities.

Ward councillors play a key role in supporting their communities and ensuring that local voices are heard, and issues, both individual and community-wide, are dealt with in an effective and timely manner. Do keep them informed about local issues which affect you and offer constructive challenge. By working together, we can continue to make Dorset a great place to live, work and visit.

The same can be said about the strong and productive partnerships we have established with key stakeholders, helping to create bold and ambitious relationships which deliver the best outcomes for the people of Dorset.

Thank you,

Cllr Spencer Flower

Leader of Dorset Council

Leadership mission statement

Working on your behalf, we will ensure that we achieve the best outcomes, continuing to lobby Ministers and Dorset MPs on a regular basis to ensure a fairer deal for Dorset.

To achieve our vision for 2024 we will:

1. **Dorset Local Plan** – Take a different approach to Local Plan preparation by being far more strategic, including a two-year extension for having an approved plan. We will continue to work with Homes England and the New Communities Team to deliver a sustainable garden town in Dorset.
2. **Housing for local people**- Develop stronger relationships with developing registered providers, working together to deliver affordable housing to rent. We will build on our investment in council owned temporary accommodation to substantially reduce the dependance on bed and breakfast for those who are homeless and need short-term.
3. **Climate and Ecological Strategy** – Deliver on our agreed policy and commitments and attract government funding to enable us to meet our net zero target by 2040.
4. **Adult Social Care** – Change the way we deliver services to ensure that we are able to respond to increased demand at a stable and affordable cost.
5. **Children’s Services** – Continue to roll out our £37.5m SEND investment programme and undertake the objectives set out in our 2020-2023 Children’s Plan and the Strategic Alliance for Children & Young People
6. **Assets and Property** – Drive the disposal and repurposing programme and maximise the potential of the Dorset Centre of Excellence in Shaftesbury.
7. **Working with the Integrated Care System** – Get a better deal for the council in the partnership that will ensure the best outcomes for those who need our support and achieve affordable costs to the council and the NHS.
8. **Community Safety** – Work closely with Dorset Police to ensure we achieve the best outcomes when dealing with local crime and anti-social behaviour. We will work with the Police and Crime Commissioner to make Dorset the safest county in the country.
9. **County Deal** – Work with BCP Council and Dorset LEP to bid for a County Deal agreement with the government which will enhance and drive economic development, the skills agenda, and attract additional government funding.
10. **Digital Innovation** – Continue to pioneer new technologies and create the foundations for long-term economic development. We will work to safeguard and encourage job retention and growth, working with the private sector.

Understanding Dorset

Population

Dorset Council area has a population of 380,000 residents, 29% of whom are aged 65 and older (compared to 19% in England and Wales).

Dorset is an attractive place, and many people choose to retire here. It has a large population of older people, and relatively low birth rates. Currently there are over 7,000 people in Dorset living with dementia, and the number is increasing. Younger people often move away from the area. The population continues to grow slowly, driven by people moving into the county and longer life expectancy. The greatest part of population growth is among over 65s. Dorset's working age population is expected to see a marginal decline over the next 25 years.

The Dorset rural idyll can conceal hidden deprivation. There are significant areas of deprivation, mostly in urban areas (mainly Weymouth and Portland) and also in Bridport and the east of Dorset in Ferndown, Wimborne and Verwood and also some rural deprivation due to isolation and difficulty accessing housing, transport and essential services. Crime is generally low in Dorset, although anti-social behaviour and rural crime are an ongoing problem.

The population is predominantly white British, with 4.4% of our residents from ethnically diverse communities.

Natural, geological and historic environment

Dorset's natural environment is a great asset. 95 miles of coast in Dorset and Devon are classified as a UNESCO Natural World Heritage Site – the only one in England. Over half of Dorset (54%) is covered by the Area of outstanding national beauty; 7% of Dorset is protected as a Site of Special Scientific Interest; and Dorset has one of the largest areas of protected lowland heath in Europe.

These designations together mark Dorset as a special place but also present challenges in terms of available land for delivering housing and employment development.

Dorset also has a rich historic environment, with one in twenty of all the protected ancient monuments in England, a well preserved pre-historic landscape and around 10,000 listed buildings.

Economy and infrastructure

Employment in Dorset is high but, like the UK, our economy has a productivity gap. Manufacturing, health, retail, education and hospitality are all big employers in Dorset. 20,000 businesses are based in Dorset: 86% are micro firms (0-9 employees) and fewer than 1% are large firms. Dorset's economy is worth around £8.1 billion and provides 142,000 jobs. Dorset has an above average number of advanced engineering and manufacturing businesses, but there is also a continuing seasonal, low skill, low wage economy with tourism and agriculture significant industries. The area is rich in valuable minerals, including stone, sand/gravel and oil. Earnings are below average and house prices are high with affordability issues for many young people and keyworkers.

Dorset has no motorway but over 2,500 miles of roads.

97% of premises in the Dorset Council area have access to superfast broadband.

22% of premises in the Dorset Council area have access to full-fibre broadband.

The pandemic in Dorset

Over 25,400 people in Dorset (approximately 7% of our population) had to shield. Sadly between 2020 and 2021 589 people in Dorset died within 28 days of a positive COVID-19 test. The council and its partners provided a wide range of support, including:

- leading a complex health protection programme through Public Health
- handling 34,559 calls through our COVID-19 contact centre, coordinating food parcel and prescription deliveries, practical help with everyday tasks and befriending
- administering £250 million of government grants to support local businesses
- accommodating 49 rough sleepers and homeless households as part of the “everyone in” initiative
- delivering 2,025 food packages and helped local COVID-19 support groups
- working with partners to provide nearly 600,000 vaccines
- vaccinating 96% of care home staff including agency staff

Partners and partnerships

The pandemic has changed how we live, work and think, and one thing it has proved is just how much more we can achieve by working together, across sectors and organisations, to protect those in greatest need. Hundreds of organisations responded to the crisis, including voluntary and community groups, town and parish councils, nurseries, schools and colleges, health and social care providers, registered housing providers and the police, not to mention residents. We need to keep that energy and spirit of collaboration alive as we move towards a ‘new normal’, and focus on delivering the priorities described below.

We can't do this in isolation. Key partners include organisations in the health and social care economy, voluntary and community organisations, education providers, the local business community, Dorset's Local Nature Partnership, digital infrastructure providers, the Jurassic Coast Trust, Dorset Wildlife Trust, the National Trust, Natural England, Homes England, Dorset Police, Dorset and Wiltshire Fire and Rescue Service, Community Land Trusts, Public Health England, colleagues in the Integrated Care System, Dorset Clinical Commissioning Group (and subsequent bodies), Dorset Healthcare Trust, Bournemouth, Christchurch and Poole Council, the Local Enterprise Partnership, the ambulance service, transport providers, the Armed Forces and probation services

Our values, behaviours and principles

The delivery of our priorities will be undertaken in line with our core organisational values.

Our values

At Dorset Council we:

- are an advocate for Dorset on a local, national and global stage
- work together with our communities and our partners to make things happen
- put people first and design services around their needs now and in future
- are open, accessible and accountable
- use time and money wisely
- value people and build on their strengths

Our principles

We want to be:

- an employer of choice
- customer focused
- effective and modern
- a sustainable organisation

Our cultural and equality objectives

We will:

- foster good relations with and within the community
- develop and supporting a diverse workforce
- develop, commission and deliver inclusive and responsive services
- employ a zero-tolerance approach to any form of modern slavery
- remain committed to acting ethically, with integrity and transparency in all that we do

Our behaviours

The Dorset Council behaviours form part of everything we do. Our colleagues will demonstrate them through our attitude and approach when we work with and for you, so that we can help you achieve what you need. Our behaviours are:

- Responsibility
- Respect
- Recognition
- Collaboration

Our long-term vision and transformation plan

While our priorities focus on key areas for 2022-24, our big plans don't end there. Our short-term vision is supported by medium and long-term plans to enable us to think 'bigger and bolder'.

- **Short term:** Our priorities for 2022 to 2024
- **Medium Term:** Our priorities for 2024 to 2029
- **Long-term:** Our aspirations for 2029 and beyond

Our long-term vision will see us strengthen our work with our health partners to deliver the integrated care system '[Our Dorset](#)'. We have joined up to tackle all the things that affect our health and wellbeing, to make real change, and improve things for our communities.

We have developed a transformation programme to improve services for residents. It focuses on:

- 1. Being more commercial**
Modernising the way we operate to ensure we are business friendly, to behave in a more business-like way and commission as one council.
- 2. Putting our customers first**
Working together to design and deliver modern, accessible services to our customers.
- 3. Delivering climate and ecological priorities**
Ensuring our change programme delivers in line with our climate and ecological strategy.
- 4. Making the best use of our assets and leading economic growth**
Reviewing the council buildings and properties to ensure best use and value of assets and help drive prosperity whilst adopting a focus on places and spaces.
- 5. Implementing a digital, intelligent, data led approach**
Using our data to help us predict demand and improve our prevention agenda.
- 6. Shaping the Integrated Care System**
Working with partners to transform our care services by removing traditional divisions between services, and ensure people and communities get the support and care that they need.

Our priorities for Dorset

Our vision is underpinned by five key priorities for 2022-24 that outline the steps we will take to make Dorset a great place to live, work and visit.

We remain focused on improving the lives of **people** as well as protecting and enhancing our local **places**.

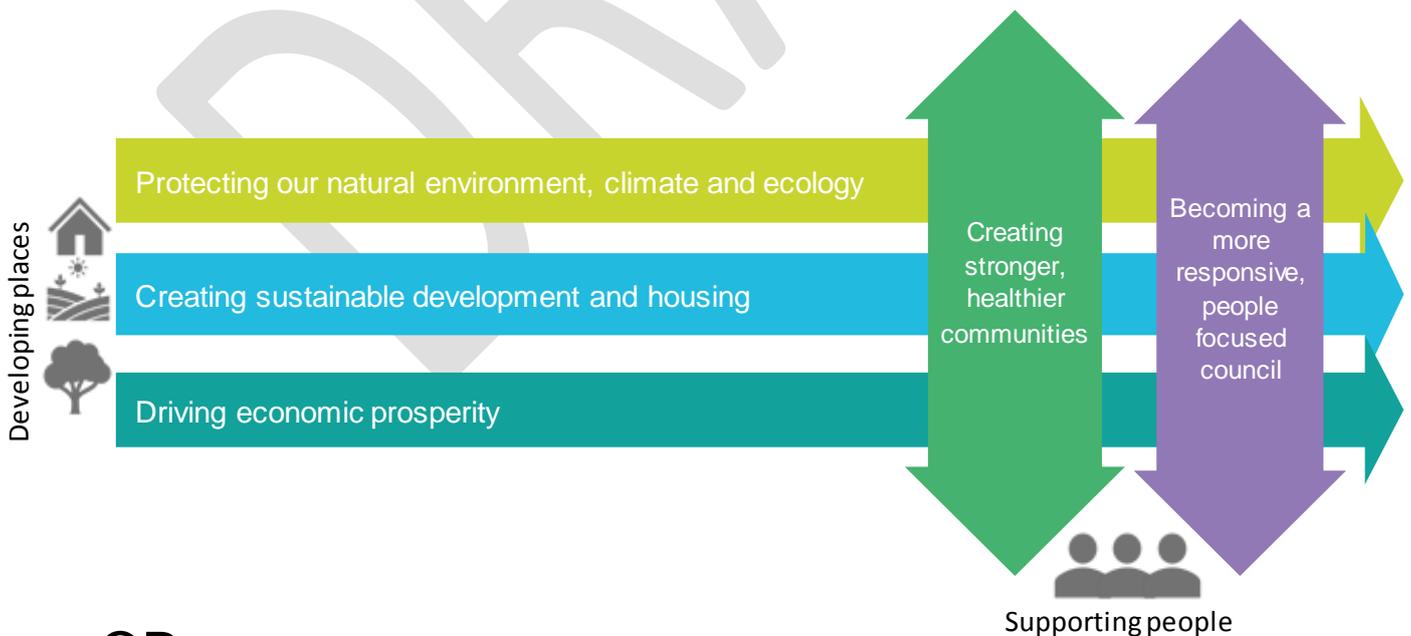
These reflect our key areas of focus over the next two years and are collectively established from the following:

- The local political vision and manifesto
- Our transformation principles
- Planned improvement of our core services
- Response to legislative change or government initiatives

In addition to these priorities, there will be times when we must respond quickly during times of emergency or crisis and will adapt our planning. For 2022-24 this includes, but is not limited to, leading a local response on the following:

- The covid-19 pandemic response and recovery
- The war in Ukraine and the provision of asylum to families
- The cost-of-living crisis and the impact of this on residents and businesses in Dorset

Our Strategic Delivery Plan sets out in detail how we will deliver these priorities over the next two years. Key actions for each priority are monitored and reported on quarterly to the our Cabinet and annually in a report prepared for all Councillors, residents, businesses, and partners.



OR



DRAFT

Protecting our natural environment, climate and ecology

We will improve access to and use of Dorset’s environment in a sustainable way which protects it for future generations.

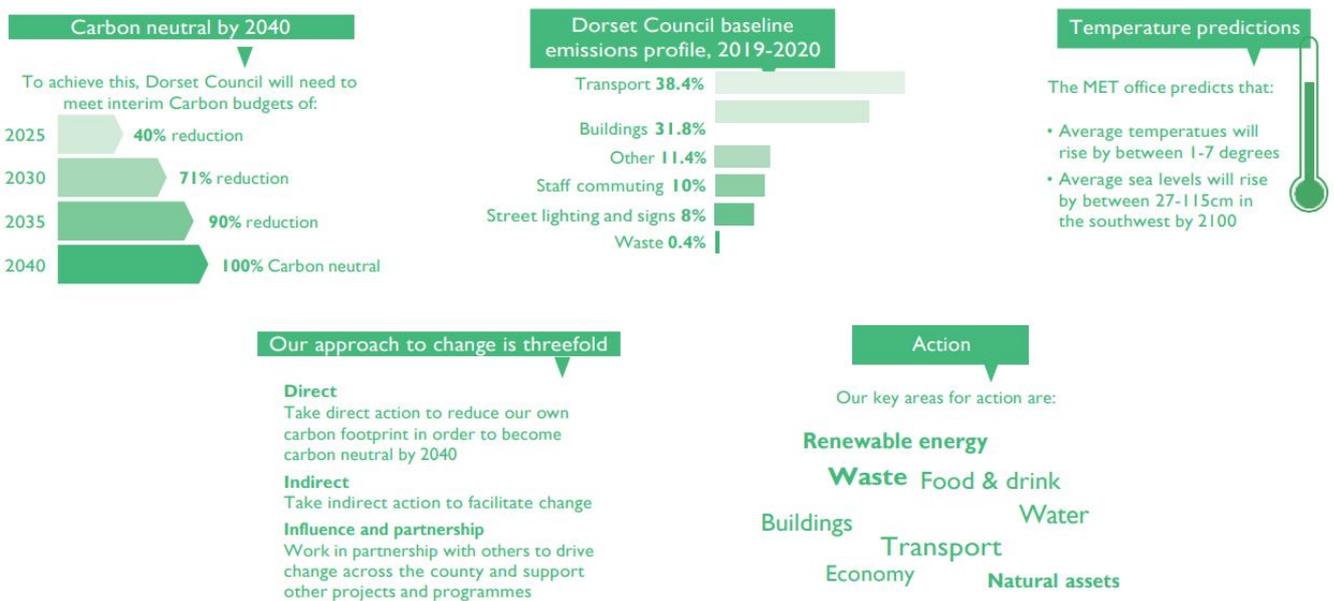
Dorset Council cares about our natural environment and will continue to protect it as buildings are built and developed. This will include working with partners and developers to provide more eco sustainable homes that will protect our climate and ecology.

We will continue to promote socially responsible travel that makes the most of our environment and support residents, businesses, and visitors with ways to best understand and protect our local environments and natural surroundings.

We will take the necessary decisions and actions to be carbon-neutral by 2040 and provide leadership to the whole of Dorset to become carbon-neutral including adaptation by 2050.

We will continue to reverse the decline of our natural places by taking action in areas such as reducing pollution, ensuring wildlife thrives, increasing conservation work to protect habitats.

Dorset Council’s focus in this priority is ensuring that the council meets its net zero target by 2040.



The council declared a climate and ecological emergency at its first Full Council meeting and in July 2021 adopted a strategy and action plan setting out how the council will respond.

This outlines the direct action we will take across our operations to become a carbon-neutral council by 2040. Through our wide ranging services and partnerships, we will facilitate the changes required for the whole of Dorset to become carbon-neutral by 2050, and protect and enhance biodiversity across Dorset.

Our climate and ecological strategy sets the direction of travel over nine areas: buildings and assets, waste, water, economy, transport, natural assets, food and drink, and renewable energy.

Our strategic delivery plan sets out how we will deliver these priorities.

DRAFT

Creating stronger, healthier communities

We will enable our residents, working with partners, to develop strong networks of support and maintain strong communities. We will focus on the most vulnerable in our communities to improve wellbeing and reduce inequality through collaboration between public services, community leaders, residents and voluntary groups.



To add a new metric on food poverty including use of food banks and social supermarkets etc

The pandemic has intensified the challenges many vulnerable adults and our children and young people face, and there are widespread concerns about the impact on babies and the very youngest from lost learning, families facing job losses and diminished income, and the impact of social distancing and lockdowns on mental health and wellbeing.

One of the most positive things to have emerged from the pandemic has been the speed and determination of communities, voluntary and community groups, town and parish councils, local shops, and other organisations to support those who need it.

Local council budgets have reduced every year for over a decade now and the reality is that we cannot continue to provide everything residents, businesses and visitors want and need, so it is more important than ever that we find the best way of working together. We will do more to support and enable voluntary and charitable organisations who are providing valuable help and support and making a positive difference to our communities.

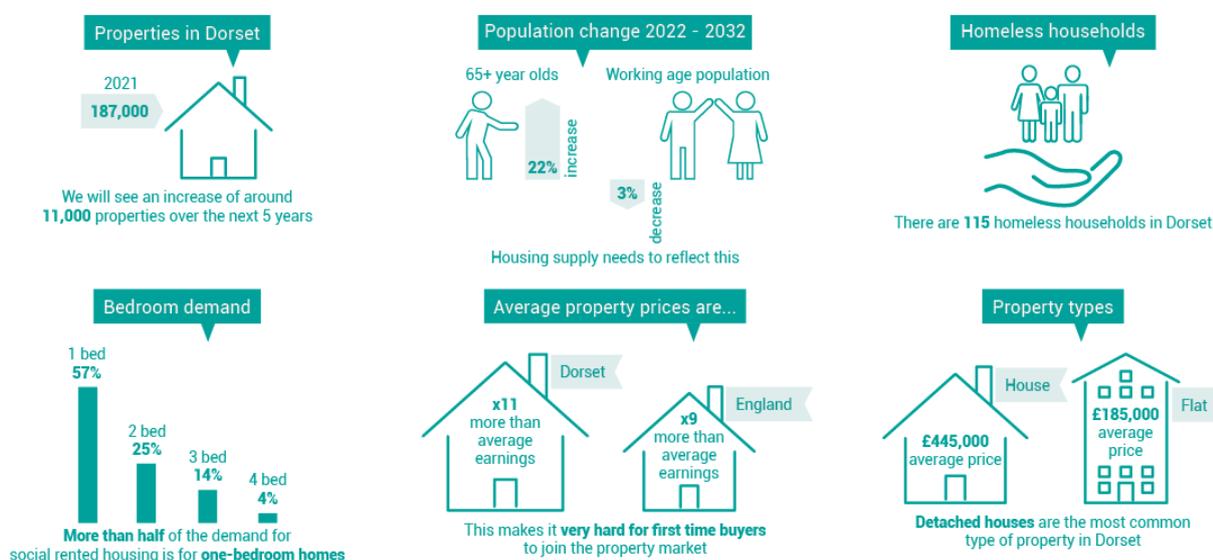
Whether by volunteering for a local group, standing for your local town or parish council, donating to a local food bank, offering your time and expertise to a local initiative or simply learning more about your local community, everyone can do something. We will continue to support new community groups and initiatives to help make this happen.

Our strategic delivery plan sets out how we will deliver these priorities.

Creating sustainable development and housing

We will work with government, registered housing providers, community land trusts and local housing partners to deliver affordable, suitable and decent housing. We will seek their support to help us promote our climate and ecological priorities by providing sustainable services such as rainwater harvesting, solar panels and other such approaches.

We will take a different approach to Local Plan preparation by being far more strategic, including a two-year extension for having an approved plan. We will continue to work with Homes England and the New Communities Team to deliver a sustainable new settlement within Dorset.



To add a new metric on monitoring responsiveness of housing providers to complaints and holding them to account on behalf of residents

The pandemic has put enormous pressure on housing services alongside the pre-existing shortage of suitable land for housing development and, problems with the supply chain in the construction industry.

As we see more people moving to Dorset, changing work practices is also putting additional pressure on the sales and rental housing market. Working with partners and private owners will be critical in coming months and years to prevent homelessness and reduce reliance on short term or poor quality temporary accommodation.

We are committed to supporting providers and private landlords in the increased provision of local rental properties in the same way we remain focussed on the provision of affordable homes for purchase.

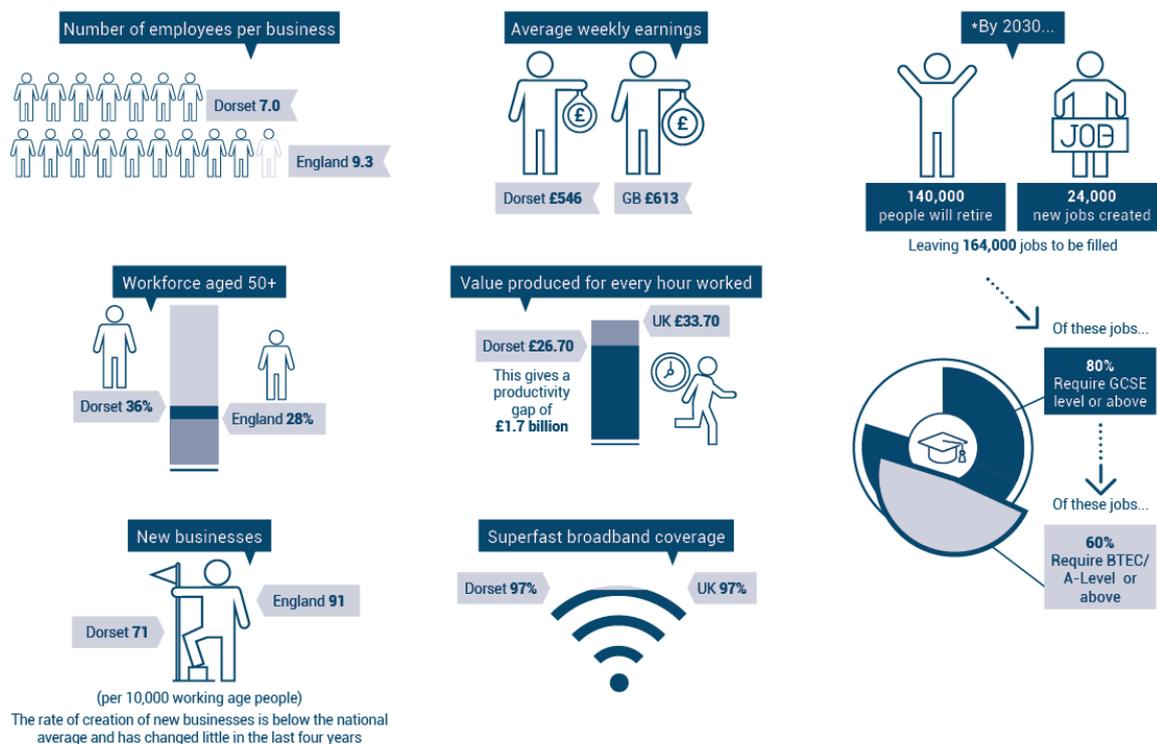
We will continue to monitor the impact of local housing being used for tourism such as holiday home rentals. This is in addition to our response to the use of local housing for second homes and the impact this has on the local economy.

Our strategic delivery plan sets out how we will deliver these priorities.

Driving economic prosperity

We will enable sustainable economic growth across the county, increasing productivity and the number of high-quality jobs in Dorset, creating great places to live, work and visit. We will drive forward a plan whereby Dorset Council is a catalyst for prosperity and growth, working with and supporting local businesses and partners.

We will also create the right conditions to create a highly skilled workforce matched to high-quality jobs, helping businesses stay, start, grow, and be attracted to Dorset.



To add new metric(s) reflecting transport provision and usage

The pandemic has had a significant impact on Dorset's economy, though precisely what those impacts are, and how long they will last, will take years to fully understand. The council has worked hard to ensure local businesses have received government grants, distributing over £250m in just 12 months.

The pandemic has also accelerated flexible and remote working for many people, and this has the potential of supporting Dorset's low-carbon economy and promoting digital skills in future. We will work together to build on these opportunities, driving the roll out of full fibre technology and 5G to enable people to travel less and access opportunities online so that Dorset's economy can become stronger and more environmentally sustainable

Our strategic delivery plan sets out how we will deliver these priorities.

Becoming a more responsive, people focused council

We will continue to be responsive to residents, businesses, partners and visitors in the right way at the right time. We will strive to constantly improve with an emphasis on innovation and working with residents and businesses in a collaborative, co-production approach.

To add metrics and infographics for this priority by end June. This will include using:

- *the residents survey to understand the needs of residents*
- *the stronger neighbourhoods project to identify and deliver palpable improvements to the quality of life of Dorset's residents*
- *customer contact data cross-council*
- *data to show how the organisation is focused on evidence and insight to target our resources effectively*

We will modernise the way we operate to ensure we are efficient, accessible for residents and achieve the best value for money. We will improve the way we respond to residents, businesses, partners and visitors by simplifying and joining up the ways we work as much as we can.

We will ensure residents, businesses, partners and visitors are able to access the information and support they need quickly and easily, using new technology to provide a better online experience.

Equally, we want to attract the most skilled people to work with us and will use opportunities that remote working has provided during the pandemic to do this.

We will work closely with our communities to engage and involve them in decisions that impact them.

Our strategic delivery plan sets out how we will deliver these priorities.

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Council Plan 2022 – 24

Our Strategic Delivery Plan

The following document is in development. The fully developed plan will display the detail of how each outcome target will be achieved in each priority area and by when, the key performance indicators that will be used to measure success and the lead service area for each activity.

This is an example of what the delivery plan for each priority will look like once fully developed.

Outcome	How we will achieve it	Link to KPI	Lead service
<i>The ‘stronger neighbourhoods’ programme will have adopted a place-based approach to improving outcomes in Weymouth and Portland</i>	<i>We will establish a project team, working with community groups and residents to improve the life chances of our vulnerable communities in Weymouth and Portland; reduce inequalities and improve social mobility; and maximise opportunities arising from economic growth and regeneration in the area. We will work to build on strengths already available and listen to where the challenges remain. Working together, solutions for these challenges will be found and put in place with and by our communities.</i>	<i>Link to metrics for:</i> <ul style="list-style-type: none"> • Levels of crime • Health outcomes • Housing conditions • Educational attainment at age 16 • Levels of homelessness • Numbers of children in care • Numbers of vulnerable adults 	<i>Communities and Partnerships Team</i>

Introduction

Our Delivery Plan 2022 to 2024 sets out in detail how we plan to achieve our Dorset Council Plan priorities over the next two years. It sets out our outcomes and targets with the key activities that are being undertaken to achieve those targets.

The plan will be managed and monitored monthly by our Extended Leadership Team through cross-functional working groups, quarterly through the strategic performance framework and annually with all councillors, residents, businesses, and partners.

Which council strategies help deliver the council plan?

The following strategies support the delivery of our priorities by setting out specific ambitions and detailed plans for that service area. These are each developed following research, engagement and consultation with residents, businesses and partners as appropriate.

Strategies that support all five themes	Protecting our natural environment, climate and ecology	Creating stronger, healthier communities	Creating sustainable development and housing	Driving economic prosperity	Becoming a more responsive, people focused council
COVID-19 Recovery Strategy and Workplans (Local Resilience Forum)	Dorset Council climate and ecological & emergency strategy	Community safety plan 2020 to 2023	Dorset Council Local plan (in development)	Economic growth strategy 2020 to 2024	Customer Transformation Strategy
Budget strategy 2021 to 2022	Dorset Harbours strategy (in development)	Dorset SEND strategy 2018 to 2021	Homelessness and rough sleeper strategy	Dorset passenger transport strategy 2015 to 2026	Library Strategy People strategy 2019 to 2024
Dorset Council transformation plan 2020 to 2024	Dorset coast strategy 2011 to 2021	Pan Dorset reducing reoffending strategy 2018 to 2021	Housing strategy (in development)	Bournemouth, Poole and Dorset local transport plan 2011 to 2026	Community engagement strategy
		Children, Young People and Families' Plan 2020-23	Housing allocations policy		
			Building Better Lives		

Procurement strategy 2020 to 2022	Jurassic coast partnership plan 2020 to 2025	Pan-Dorset Child exploitation strategy 2020 to 2022			
Asset management strategy 2020 to 2023	Dorset coastal community team connective economic plan 2018	Youth Justice strategy 2021 to 2022			
Digital strategy	Dorset area of outstanding natural beauty management plan 2019 to 2024	Corporate Parenting strategy 2020 to 2023			
External communications strategy	Cranborne Chase area of outstanding natural beauty management plan 2019 to 2024	Placement Sufficiency Strategy 2020 to 2023			
Diversity and inclusion strategy 2021 to 2024	Dorset rights of way improvement plan* 2011 to 2021	Building better lives			
	Dorset's Joint Municipal Waste Management Strategy 2008-2033	Health and wellbeing strategy			
	Bournemouth, Christchurch, Poole and Dorset Waste Plan to 2033				

Protecting our natural environment, climate and ecology

We will improve access to and use of Dorset's environment in a sustainable way which protects it for future generations.

- There will have been a X increase in residents who are satisfied with their local area as a place to live
- Enhanced natural places status will be achieved by 2030
- We will have protected our wildlife and local species (target and measure to be defined)
- Metrics related to an improved natural environment to be added (target and measure to be defined)
- There will have been a X% improvement in air, land and water quality since last measured
- XX energy and water efficient technologies will have been installed in our properties
- New bidding capability will be in place to attract government funding to enable the council to meet its net zero target by 2040
- Our carbon footprint will have reduced by X%
- We will achieve an 8% year on year budget to reach carbon neutral by 2040
- We will ensure Dorset is carbon neutral by 2050
- Our renewable energy supply will have increased by X%
- We will have increased the number of power purchase agreements in place in Dorset so that energy produced in Dorset will stay in Dorset (target and measure to be defined)
- We will have supported partners to deliver X agri-environment schemes
- Recycling will have increased by X% and waste has reduced by X%
- We will manage the impact of waste on the Dorset environment by implementing a reduce and reuse campaign (target and measure to be defined)
- There will be a joined-up service for place-based management and maintenance (Hedge to Hedge) including assets, highways and coast and greenspaces
- Harbour processes will have been improved to make it easier for visitors to access services consistently (target and measure to be defined)

Creating stronger, healthier communities

We will enable our residents, working with partners, to develop strong networks of support and maintain strong communities. We will focus on the most vulnerable in our communities to improve wellbeing and reduce inequality through collaboration between public services, community leaders, residents and voluntary groups.

- The Integrated Care System will be in place with Dorset Council as an active partner
- Dorset will be the safest county in the country
- Residents' sense of belonging has increased by X% since last surveyed
- Community support to reduce food poverty will be embedded and improving the lives of residents (target and measure to be defined)
- Men and women's healthy life expectancy will have increased by X% since last measured
- XX people will have completed the Livewell Dorset programmes
- The Better Life Programme and Greater Partnership Programmes will have reached successful conclusions
- The Joint Strategic Needs Assessment will have been updated
- The customer strategy and new approach to responding to residents first contact will be in place
- The 'stronger neighbourhoods' programme will have adopted a place-based approach to improving outcomes in Weymouth and Portland
- A new communities strategy will be in place and a council-wide approach to community development agreed
- A directory of community activities will have been produced
- A new library strategy and delivery plan will be published and being implemented
- The council will have an effective preventative offer
- The children's and adult's commissioning strategy will have been developed and will be being implemented
- There will be a plan in place to deliver the Adult Social Care White Paper
- Care Dorset, a new company for delivering care will be in place from October 2022
- A locality model will have been established to deliver early intervention in adult social care
- Adults' day services will have been reviewed to improve opportunities for care and support needs
- We will have recruited an additional X shared Lives carers
- There will be fewer vacancies in adult care roles compared to this time last year

- A Carers' Strategy will have been developed and implemented
- By 2026, we will have delivered an effective care framework to enable procurement as part of the ICS, created a platform for local strength and asset-based approaches and completed a review of adult brokerage systems and processes
- The Children's Plan 2020 – 2023 will have been delivered
- There will have been a reduction in demand for statutory children's services
- We will have embedded specialist workers with children's social workers to operate a single practice model of whole family working by 2025
- A 0-25 birth to settled adulthood offer will have been established to meet the needs of children and young people with SEND
- Coombe House school will be open and providing 280 SEND school places in Dorset
- There will have been a reduction in the gap in educational outcomes between most and least deprived
- The Harbour Service will be delivering outreach and residential provision to young people
- Accommodation for Dorset's Care Leavers will be available in Kirtleton Avenue
- The Children's Residential Home in Dorchester Road will be open and providing placements for Dorset's children
- A new model to support and retain foster carers and improve stability will be established
- We will have recruited an additional X foster carers
- The 0-5 offer through the provision of family hubs within the community will have been embedded
- The number of users of the Dorset Care Record will have increased from XX to XX
- We will have reviewed all waste routes across the county and optimised in terms of efficiency of service, cost and carbon footprint by 2025.
- We will have reviewed the leisure services offer and implemented modern delivery models that are sustainable for the future by 2026

Creating sustainable development and housing

We will work with government, registered housing providers, community land trusts and local housing partners to deliver affordable, suitable and decent housing. We will seek their support to help us promote our climate and ecological priorities by providing sustainable services such as rainwater harvesting, solar panels and other such approaches.

- Dorset Council will be working with government on a strategically based new Local Plan linked to the local transport plan
- The new Local Plan will be on target for agreement in 2026 and work on a 30 year plan will have started
- There will have been significant progress in developing a new settlement for Dorset
- There will be a single planning system in place across the county
- We will implement planning policy to encourage developers to integrate renewable energy approaches
- Homes will have been delivered in line with land supply target and the local plan
- Dorset Council owned temporary accommodation will be provided as an alternative to bed and breakfast accommodation for those who are homeless and need short term support
- XX long-term empty properties will have been brought back into use for housing purposes
- There will have been a XX% increase in the numbers of new social housing built by Registered Providers
- There will be a reduction in the time taken to respond to new housing applications
- There will be a reduction in the number of people waiting for a property on the housing register
- A continued relationship with Registered Providers will ensure that the quality of accommodation is improved, with complaints responded to in a timely way

Driving economic prosperity

We will enable sustainable economic growth across the county, increasing productivity and the number of high-quality jobs in Dorset, creating great places to live, work and visit. We will drive forward a plan whereby Dorset Council is a catalyst for prosperity and growth, working with and supporting local businesses and partners.

- The council in partnership with BCP council and the Dorset LEP will have established a dialogue with government for a county deal for the whole of Dorset to enhance and drive economic development and the skills agenda, attracting additional Government funding into Dorset
- The Dorset County Deal partner will have been agreed and a proposal implemented
- The levelling up fund round 2 bid will have been submitted
- The shared prosperity fund investment plan will be being delivered in a new approach to the investment and empowerment of local communities
- We will deliver a total Dorset plan on Public Transport (BSIP submission)
- By 2026, drive a campaign create vibrant towns through improvements to town planning
- There will be a regeneration plan in place, particularly for Weymouth town centre
- Development will have started on various sites in Weymouth, including North Quay and the Bowling Alley site
- There will have been an XX% increase in the value of contracts with firms based in Dorset
- Delivered the Defence Innovation Centre and maximise the catalytic opportunity to attract further investment in the innovation park
- Delivered phase II of the Innovation Centre at Dorset Innovation Park
- The rural connected community's programme will be being delivered
- Gigabit capable (full fibre) networks will have risen from 6.6% to 85% by 2025
- 2G coverage of A and B roads will have increased from 42.6%
- Ubiquitous full fibre will be available by 2028/2033
- By 2033 enable the local economy to create 9,600 additional local, full time employment jobs with a full time equivalent total target of 365,000
- The Dorset Education Board will have been embedded
- The Education and Skills Leadership Board will have been established

- The Skills Commission will have made recommendations to address Dorset’s skills-gap
- The take-up of the government’s Lifetime Skills Guarantee programme will have increased by XX
- An apprenticeship strategy with a focus on increasing starts in higher and degree level apprenticeships will have been started
- Numbers of level 4+ qualifications will have increased and are appropriate for the future workplace
- The ‘multiply’ plan will have been approved to provide additional support to adults with numeracy skills
- The tourism sector will have been boosted through improvements to productivity, season extensions, sustainability, and accessibility

Becoming a more responsive, people focused council

We will continue to be responsive to residents, businesses, partners and visitors in the right way at the right time. We will strive to constantly improve with an emphasis on innovation and working with residents and businesses in a collaborative, co-production approach.

- The number of residents who think the council delivers value for money will have increased
- The number of people who speak positively about the council will have increased
- All systems will have been converged following local government reorganisation
- Customer service help points will have been integrated with libraries or local community based offices, supporting all customers that need in-person or online help to access services
- Our customer account providing self-service options for customers will have been launched with 'my local' functions followed by frequently used customer services including parking and elections
- Our 'one council front door' customer experience and operating model will have been implemented supported by a newly published customer strategy
- Residents, businesses and visitors will have their queries responded to and their problems solved at the first point of contact
- We will have established a residents panel to consider how we can best work together to co-produce new initiatives
- We will have delivered a new asset management strategy, rationalising our property, co-locating services and developing our commercial approach to property
- By 2027 we will have modernised the way that information and case records are stored and accessed, supporting an agile workforce
- By 2026 a review of how local depots are used and managed will be complete
- Budgets will have been reviewed and repurposed to react to changing priorities and address issues in a timely manner
- We will have set realistic budgets for the council and our spending will have not exceeded them
- Agreement will have been reached with the Department for Education on the High Needs Block historic deficit
- We will have launched an organisational development strategy, supporting and developing skills within leadership and workforce, recognising talent, improving retention and embedding diversity and inclusion.
- An efficient, hybrid way of working for all council employees will have been implemented, reducing office space by X% and saving £X

People and Health Overview Committee

28 June 2022

Developing the first Integrated Care Strategy for Dorset

Choose an item.

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s): All Ward Councillors

Executive Director: S Crowe, Director of Public Health

Report Author: Sam Crowe

Title: Director of Public Health, Dorset and BCP Councils

Tel: 01305-225892

Email: sam.crowe@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary: The purpose of the report is to provide the Committee with:

- an overview of the requirements of the Integrated Care Strategy and the opportunities this will bring for integration, collaboration and to do things differently in Dorset;
- an update on the approach being taken to develop the strategy and the progress made to date;
- potential policy and strategy areas that would benefit from overview and scrutiny consideration, arising from the strategy development process;
- Seek support from the Committee to the approach to building the strategy, and identify opportunities for continued engagement.

Recommendation:

- **Members support** the update on the approach and development of the ICP Strategy;

- **Agree** to consider how the People and Health Overview Committee will have oversight of the strategy development process and provide effective policy input to the shared integration agenda for health and care services in Dorset going forwards.

Reason for Recommendation:

The integrated care strategy for Dorset provides a real opportunity to identify medium term priorities for improving health outcomes and experiences of health and care services for Dorset residents. NHS organisations and Councils will both have to pay due regard to this strategy when published. Early engagement of the People and Health Overview Committee in the process for its development will provide opportunities to identify the most important integration and health and wellbeing issues for inclusion in the strategy.

1. Report

- 1.1 Integrated Care Systems are required to develop and agree an Integrated Care Strategy for improving health care, social care and public health across the whole population including tackling wider determinants of health.
- 1.2 This strategy is required by December 2022 and will be approved by the Health and Wellbeing Boards. The Integrated Care Board is required to have regard to the strategy and set out within its 5-year plan how it will support the delivery of the strategy. Further guidance on the ICP strategy is expected from Department of Health and Social Care in July 2022.
- 1.3 This report updates Board members on:
 - (i) Approach and principles to the developing the strategy
 - (ii) Progress to date
 - (iii) Timeline
 - (iv) Next Steps

2 Approach to developing the strategy

- 2.1 The proposal for developing the Integrated Care Strategy was approved by the System Partnership Board on 10 February 2022. This proposal highlighted some principles for how we work in developing a strategy:
 - (i) Recognising the process as an opportunity to do things differently
 - (ii) Importance of basing priorities on population needs and insights

- (iii) Developing a vision for Dorset with aligned priorities and outcomes
- (iv) Co-designed with communities, employees and partners
- (v) Getting it right rather than doing it quickly
- (vi) Continuous review, engagement and refresh, aiming for a live strategy, not something done once and 'left on a shelf'.

3. Progress to date

- 3.1 A working group from across voluntary, community and social enterprise infrastructure organisations, both Councils, public health and Dorset CCG has been established with Sam Crowe, Director of Public Health as SRO. Three workstreams have been agreed:
- (i) Research insights - summarising the Joint Strategic Needs Assessment and population health insights, understanding opportunities (Paul Iggulden)
 - (ii) Engagement insights - public, service users and employees (Kirsty Hillier)
 - (iii) Systems Leadership - leadership engagement, design and development, governance (Sam Crowe)
- 3.2 A workshop has been held to further develop timelines, resource requirements, strategy purpose and content and alignment of plans for the cultural programme to that of the strategy.

Research

- 3.3 JSNA engagement continues through our two Health and Wellbeing Boards, with a joint development session planned for July to collate the current position in each 'place' and identify potential opportunities to work differently. The output will be expected to identify population health outcomes and inequalities priorities, health and care pathway opportunities, and areas where integration and transformation could make a real difference to outcomes and experience.

Engagement

- 3.4 Public and patients' engagement plans have been developed, focusing on '100 Conversations'. From June 2022, over 6 months, we plan to interview more than 100 people from all walks of life to understand the 'story in Dorset' and what it means to people to 'live their best life'. We are seeking wide representation across geography, age, sex, protected characteristics, deprived communities, minority communities and disability groups.

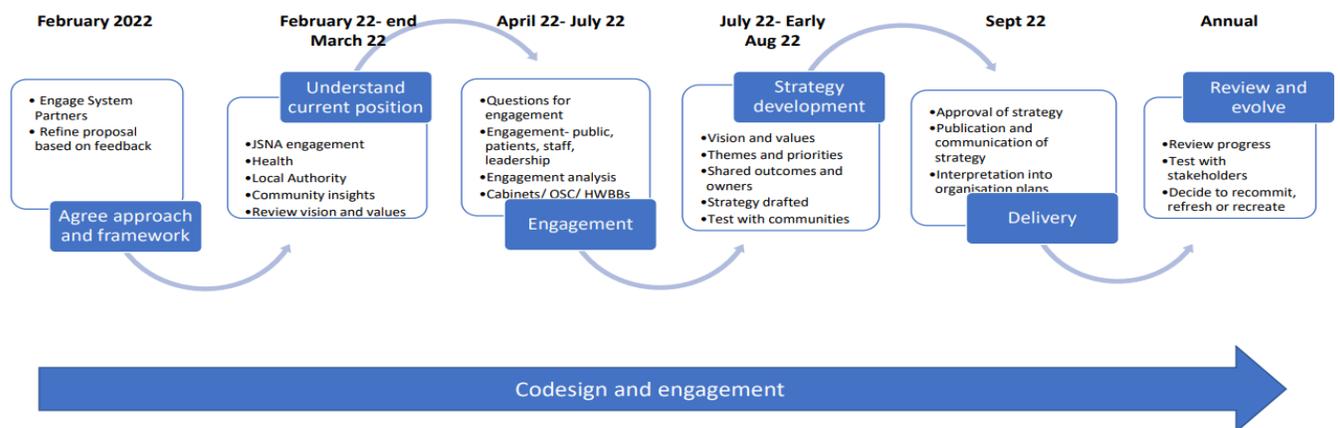
- 3.5 Working together with engagement champions from across the ICS and recruiting additional ones from the community and voluntary sector, we will create a team of 40 interviewers who will receive training and guidance from [Point of Care Foundation](#) in interviewing techniques. All interviewers will be supported throughout the process by colleagues and have access to pastoral care. After every 10 interviews, there will be a feedback/debrief session where we will identify themes and test these back with wider audiences.
- 3.6 This approach will enable us to build future capacity and skills within our organisations. The engagement team is also considering options for using a digital platform to support continuous engagement, which will may require funding in the medium term. In the first year of the strategy, we are planning to use BCP Council's existing community engagement platform, Bang the Table.

Leadership and system engagement

- 3.7 A programme of leadership engagement meetings are underway (see Appendix 1) with our main system groups and organisation's boards, to build engagement and ownership of the strategy with and through our ICS organisations and leaders.
- 3.8 From engagement so far including both Health and Wellbeing Boards it has been proposed that the strategy should set out:
- (i) Population health outcomes that offer opportunities to work differently in each 'place' including inequalities in health;
 - (ii) Health and care pathway opportunities – to inform future commissioning, quality and service improvement programmes;
 - (iii) Transformation opportunities – combining professional and public views and insight to identify where working better together could transform how we support people to live healthier for longer, with less recourse to services

Timeline

- 3.9 The high-level timeline we are working to can be seen below.



3.10 To take forward the development of the strategy the following next steps will take place during the next 2 months:

- (i) Continue JSNA engagement – via the joint development session with our two Health and Welbeing Boards to identify priorities and themes for our places;
- (ii) Continue leadership engagement – seeking views on approach and content, develop engagement opportunities with employees;
- (iii) Recruitment of interviewers and implement training programmes;
- (iv) Finalise costs and identify sources of funding for strategy development
- (v) Hold a workshop with system leaders to develop the over-arching vision and aim of the strategy and outcomes we want to focus on.

4. Financial Implications

No direct implications arising from the strategy development process. Getting a strong strategy in place is however essential for the future sustainability of health and care services.

5. Climate Implications

No direct implications

6. Well-being and Health Implications

The strategy must set out wider health and wellbeing needs of our population, important inequalities in outcomes, and show how the system can address these by working more closely together.

7. Other Implications

There is a legal duty on Councils, NHS organisations and the Integrated Care Board to have regard to the ICP strategy when published.

8. Risk Assessment

8.1 HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: Medium

Residual Risk: Medium

9. Equalities Impact Assessment

Advice is currently being sought from both Councils and the NHS about an appropriate EQIA process to follow as part of strategy development.

10. Appendices

None.

11. Background Papers

None.

People and Health Overview Committee

28 June 2022

Responding to the Adult Social Care White Paper Reforms – “People at The Heart of Care”

For Review and Consultation

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s): ALL

Executive Director: V Broadhurst, Executive Director of People - Adults

Report Author: Jon Price

Title: Interim Corporate Director for Commissioning

Tel: 01305 224685

Email: jonathan.price@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary:

This paper considers the implications for Dorset of reforms proposed in the White Paper

“People at the Heart of Care” encompassing amongst other revisions, introduction of major reforms to funding arrangements for adults in care with an overall cap on the cost of care, a new framework for assurance/inspection of quality of adult social care provision and describing how the care offer needs to be developed over the next ten years.

And the proposed response to those implications.

(Please note a separate paper on this agenda considers the longer-term implications described in the white paper “Health and Social Care integration- Joining up Care for People and Places and Populations”)

Recommendations:

1. To note the proposed reforms to adult social care and health systems and their implications for Dorset
2. To endorse the proposed approach to addressing those implications

Reason for Recommendation:

A response is required to pending legislative changes to the adult social care and wider health systems.

Report

1.0 Introduction to the Adult Social Care “reforms”

1.1 The “**People at the Heart of Care**” white paper sets out a 10-year vision to transform support and care in England based on 3 objectives:

1. People have choice, control, and support to live independent lives.
2. People can access outstanding quality and tailored care and support.
3. People find adult social care fair and accessible.

1.2 The ambitions described to achieve those objectives are extensive, for the purpose of this report they can be summarised as:

- Innovations and investment in models of care, support for the care workforce and for carers.
- A new assurance and inspection framework for the Adult Social Care delivered by Local Authorities and Integrated Care Systems
- “The funding reforms” relating to the care of an individual, and the proposed cap on the overall cost of care.

2.0 Innovations and investment in models of care; enhanced support for the care workforce and carers

2.1 The paper sets out government ambitions to support “outstanding quality care and move towards the choice, control and independence that people want” by:

- **“making every decision about care a decision about housing”**, enabling choice over peoples housing arrangements, be that a new home or their existing home, purpose-designed or not, with access to the adaptations or technologies to live well.
- **“using the full potential of technology to support people’s lives and aspirations”** including:
 - digital tools in homes and hands of those drawing on care and support and their carers
 - equipping the social care workforce with the digital tools, knowledge, and confidence they need
 - creating the digital and data infrastructure needed to drive future transformation in care delivery
- **“building a system that can develop and adopt new ways of providing care and support to people at scale”**.
- **focusing on prevention and health promotion** to support people to live healthier lives for longer

2.2 To translate these ambitions into opportunities, proposals for investment are described of “at least £300 million over the next 3 years to embed the strategic commitment in all local places to connect housing with health and care, and drive the stock of new supported housing” Including:

- “£150 million of additional funding over the next 3 years to drive digitisation across the sector”
- a £30 million “Innovative Models of Care Programme” to support local systems to build the culture and capability to embed into the mainstream innovative models of care.
- Funding a new service to make minor repairs and changes in people’s homes, alongside increasing the upper limit of the Disabled Facilities Grant.
- continue to invest in the Care and Support Specialised Housing Fund with £210 million available for the period 2022 to 2023 through to 2024 to 2025.

2.3 The route to maximising these opportunities so they will meet the needs of people in Dorset, lies in the development and implementation of our new commissioning strategies:

“A Better Life for Older People”,
 “A Better Life: For People of Working Age with Support Needs, and
 “A Better Life for Carers”

which will shape future service delivery and innovation locally.

2.4 These are considered in more depth in their own dedicated report elsewhere on this agenda and so the remainder of this report will focus on the approach to assurance / inspection and “funding reforms”.

3 A new assurance and support framework for the Adult Social Care delivered by Local Authorities

3.1 The government’s ambition is to make it “easy for local people, providers and national government to see how well local authorities are meeting their adult social care duties under part one of the Care Act 2014.”

3.2 Assurance and support proposals will be based around:

- independent assessment of local authorities by the CQC (due to commence from April 2023)
- enhanced improvement support, led by the sector from October 2022
- a mechanism to intervene, as a last resort, if a local authority is failing
- better data: including a new Adults social Care data framework (due to be published imminently and revisions to the current Adults Social Care Outcome Framework (ASCOFF) (in the Autumn of this year)

3.3 Assessments by CQC may look at some, or all, of the following aspects of local authority performance, for example:

- maintaining oversight of the social care workforce in their local area, supporting staff retention and professional development
- managing transitions between services – for example, between health and social care, and the transition from children’s to adults’ services
- preventing people from requiring social care in the first instance – for example, by supporting and developing community organisations working on prevention and reablement
- carrying out their safeguarding duties
- ensuring good outcomes for people through effective leadership
- managing their commissioning and contracting responsibilities
- shaping the care market to meet people’s needs with diverse and quality provision, enabling choice and independence
- meeting the needs of unpaid carers

- assessing the needs of people who may be eligible for care and support them to access what they need, whether or not they receive local authority support or will fund their own care

3.4 The detailed approach to assessment, and the associated “improvement” offer are still under development and this authority will remain part of the collective engagement between local government and CQC as the approach progresses to implementation from the spring of 2023.

3.5 Essentially, the new framework provides the opportunity for the authority to self-assess against an established benchmark, and to use the outcome of that to plan and implement our own improvement and share our intentions for that with the communities we serve. The assurance framework would support and form part of the assurance of our development programme.

4 Reforms to funding the care of an individual, and the proposed cap on the cost of care “The Funding reforms”

4.1 The purpose of these reforms, which were suspended temporarily from the implementation of the original Care Act of 2014, is to secure “a fairer system of adult social care”, where:

- people contribute towards the costs of care if they are able to
- there is a more generous safety net for those who are unable to pay
- people who self-fund their care do not have to pay more than local authorities for the same service
- the public understands the need to contribute to the costs of their care so that they can plan for it, but no one should be required to pay unpredictable and unlimited care costs.
- no one needs to pay more than £86,000 for their personal care costs, alongside more generous means-tested support
- self-funders can access the same rates for care costs in care homes that local authorities pay, ending the unfairness where self-funders have to pay more for the same care, while ensuring local authorities move towards paying a fair cost of care to providers
- ensure fees for care are transparent to allow people to make informed decisions

4.2 These aspirations involve from October 2023 the following reforms to the legal and financial framework for adult’s social care:

- introduction of an overall limit on the cost of care to an individual so that no one pays more £86,000 for their personal care costs (often referred to as “the Care Cap”)
- More generous means tested support for anyone with less than £100,000 in chargeable assets- comprising the lower capital limit rising from £14,250 to £20,000 and upper capital limit from £23,250- to £100,000 (consequently more people will be eligible for local authority funding)
- Section 18(3) of the Act currently means that local authorities must meet a person’s eligible care and support for home and “day” care, from October 2023 this will be extended to Care home provision.
The intention is to ensure that self-funders can access the same rates for care costs in care homes that local authorities pay, ending the unfairness where self-funders have to pay more for the same care, while ensuring local authorities move towards paying a fair cost of care to provider
- Alongside this provision the opportunity will be introduced for an individual to “top up” the cost themselves if they have chosen more expensive care that the local authority would provide (currently only third parties can do this).

Accompanying the white paper, the government has published detailed draft guidance for implementation which is informing local authority planning

4.3 Implications of the funding reforms

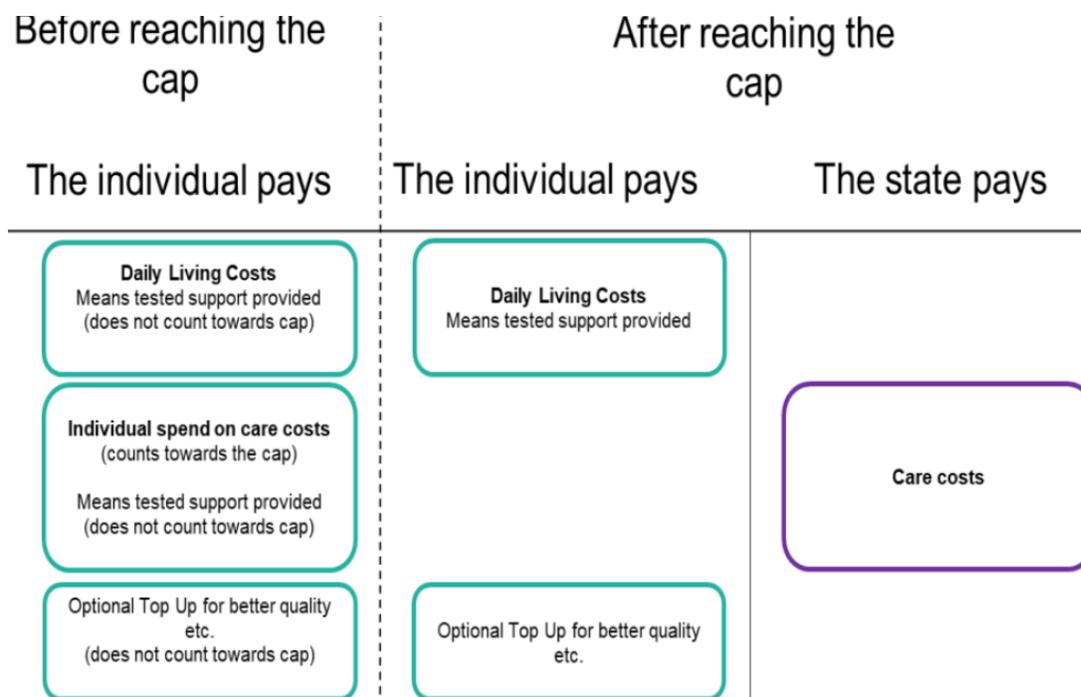
- 4.4 Of all the propositions in the white paper, it is the funding reforms which present the greatest challenge and risk to local authorities, both financially and in terms of implementation
- 4.5 The “Care Cap” itself will require the creation of a care account for every user of services, (local authority and self-funded_, to track the and eligible costs which count towards the total cap on the cost of care of £86,000, a statement of progress (or “metering”) towards the cap, every six months explaining how those costs have been captured and expected point at which the cap will be reached.
- 4.6 The costs eligible to count (or meter) towards the cap will be defined through the formal assessment of needs and care planning conducted in accordance with the care act and captured in a “personal budget” for clients whose care is arranged and funded by the local authority, or an “Independent personal budget” for those people who have arranged and funding their own care (“Self-funders”).
- 4.7 While this represents a technical challenge in terms of systems development to capture and manage all the necessary information, providers of case management systems including the supplier of Dorset’s Case management system intend to

develop the relevant functionality in dialogue with the central government departments driving the reforms.

4.8 Only the costs of care, funded by the individual (excluding any local authority contribution after means testing), at the price the local authority would pay to meet eligible needs which have been defined through the needs assessment process are eligible to count towards the cap.

4.9 The cost of accommodation, food etc (“hotel costs”) which will be set nationally at £200 per week are excluded, as are the costs of any provision over and above what the local authority, would have arranged or paid for (in the case of a self-funder) following the assessment. Once the cap is reached the costs of care will become fully state funded, other costs will remain the responsibility of the individual.

4.10 The diagram below seeks to illustrate how costs are shared between the individual and the state in the lead up to and after the cap is reached



4.11 This is likely to be substantially different to and less than, the total cost many “self-funding” people and families will understand and be paying, and not necessarily what they will be expecting. The process of assessment and establishment of the care account is likely to be more complex in practice than it initially appears, and the risk of dissatisfaction and challenge amongst new customers entering the local

authority care system for the first time because of these reforms, is consequently high.

- 4.12 The processes which the council puts in place will need to consider this and extensive local communication will be required, co-ordinated with the planned national campaign, to explain the reforms and manage people's expectations about them
- 4.13 Higher volumes of people currently funding and arranging their own care are likely to present themselves for assessment:
- in order to establish a care account and begin to protect their financial position,
 - because they now fall within the scope of the revised financial thresholds which make them eligible for financial support,
 - because they hope to secure care at a lower local authority rate and exercise their right to request the local authority arranges their care.
- 4.14 This will present a substantial capacity challenge, in terms of conducting the necessary needs and financial assessments in a timely way and addressing any challenges to the conclusion those assessments reach. Moreover, the anticipated increase amongst those asking the local authority to arrange their care under the extension to S18 of the Act to Care home provision, will increase the volume of placement and brokerage transactions that will need to be supported.
- 4.15 To meet this challenge and smooth out the additional demand, the government has assumed that self-funders will be invited to come forward from April 2023 in advance of the care cap introduction in October 2023, which allows only some ten months to prepare.
- 4.16 Securing sufficient additional skilled resources to conduct needs and financial assessments is recognised as a national issue facing all local authorities. In a recent report commissioned by the county council network and prepared by Newton Europe, estimates nationally that an additional 4,300 social work staff will be required from an existing workforce of 17,400, which currently carries 1,782 vacancies. - This means the total increase required of social work staff nationally is 6,082, or 39% more posts than are filled currently. An additional 700 financial assessment staff will be required from an existing workforce of approximately 2,700, representing a 25% increase.
- 4.17 Even if the challenge of funding all of this additional capacity could be met, it is questionable whether sufficient additional resources can be secured or trained in sufficient time to meet the relatively sudden increase in demand which is

anticipated, it will therefore be essential to streamline approach and process, secure the support of providers and enable higher levels of self service, whilst maintaining appropriate rigour, to free up those skilled resources which are available to focus on the more complex technical aspects where their skills are most required.

4.18 One of the white paper intentions is to *“ensure that self-funders can access the same rates for care costs in care homes that local authorities pay, ending the unfairness where self-funders have to pay more for the same care, while ensuring local authorities move towards paying a fair cost of care to providers, and to ensure fees for care are transparent to allow people to make informed decisions”*.

4.19 In recognition of the potential impact on the market of those adjustments, local authorities are required to have undertaken a “fair cost of care exercise” to establish what is a sustainable fee rate, and to work with providers to assess the impact current fee rates are having on the market and the potential future risks (particularly in the context of adult social care reform and the impact of more self-funders requesting care be arranged by the local authority at its rates).

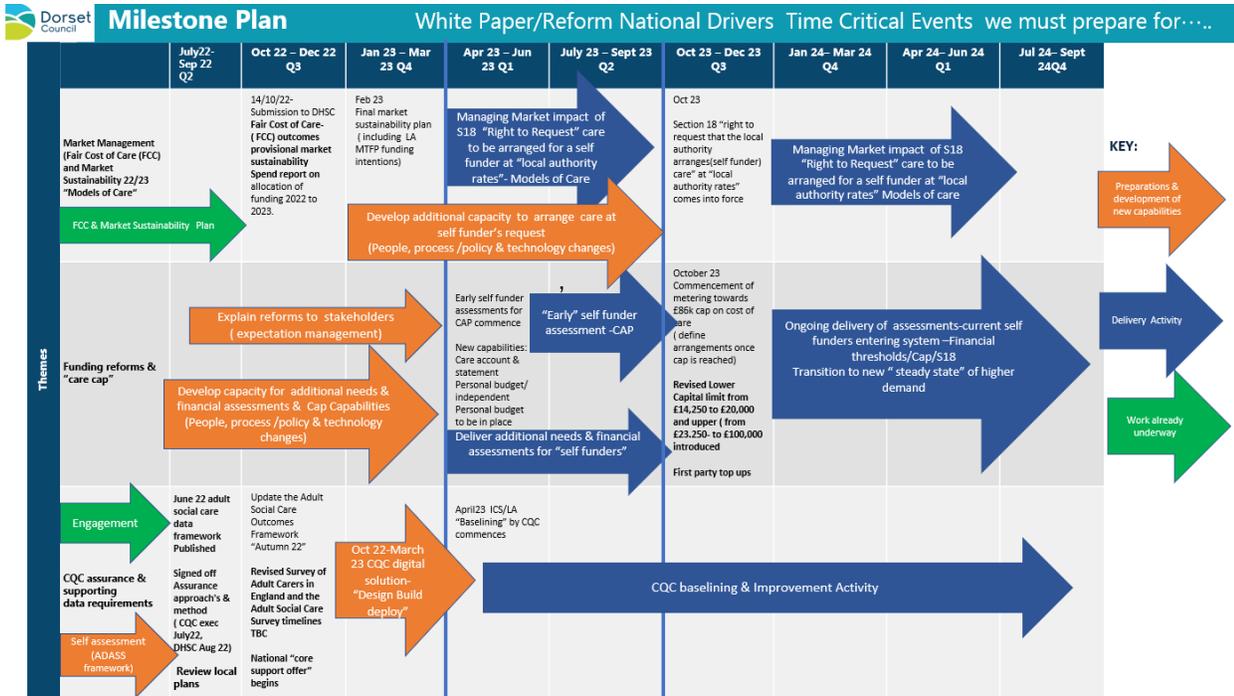
4.20 This assessment will enable local authorities to inform the development of mitigating actions, including how much they will need to increase fee rates over the three-year Spending Review period. A provisional position must be submitted to the department of Health in October of this year, with a final plan, setting out the council’s funding intentions through the MTFP to be submitted in February

4.21 Dorset undertook a fair cost of care exercise in later 2021 and work on the “market sustainability plan” is underway.

4.22 The submission of fair cost of care exercises and market sustainability plans by local authorities in October provide the opportunity to progress individual and collective dialogue with central government to secure adequate funding for these reforms.

Preparing for the reforms

The national funding reforms introduce a tight timetable of challenges which councils must prepare for.



A presentation on the emerging approach to meet these requirements will be given at the meeting.

5. Financial Implications

- 5.1 The collective intention of the reforms is to adjust both costs paid in the market to secure greater parity between local authority and private rates and effect a shift in the funding for the cost of care from the individual to the state.
- 5.2 It is essential that local authorities are fully funded for the additional financial burden these reforms will represent however given that modelling is based, as it must be, on a substantial number of assumptions, the complex and substantial financial and market impacts and risks around funding for the reforms are still being understood both nationally and locally, the proposed program responding to the reforms will interface with MTFP planning as the reforms progress towards implementation.
- 5.3 A senior multi officer group is currently reviewing the totality of local financial impact of these reforms, linking in with independent national assessments being undertaken by ADASS LGA and County Council Network.

6 Climate Implications

The reforms and associated programme to be prepared to address them and develop the social care offer emphasises care at home, home improvement and maximising local opportunities for independence, greater reliance on self service and the “digital offer” which is likely to reduce the need to travel to access and deliver services

Overall, the impact is likely to be neutral or positive.

7 Well-being and Health Implications

The aim of the social care reforms is to maximise and maintain people’s health and wellbeing through prevention and innovation which enhances their independence for as long as possible

8 Other Implications

No other known implications

9 Risk Assessment

9.1 HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: High

Residual Risk: Medium

10 Equalities Impact Assessment

10.1 The national reforms have been subject to national impact assessment and consultation as they progress into law. They seek to enhance people’s opportunity to access a greater range of care opportunities to meet their needs with additional support for carers and care workers.

10.2 The funding reforms seek to extend state financial support to a wider group of people to fund their care.

10.3 The proposed assurance framework within the reforms will enable a more systematic assessment of how well adult social care is delivered locally, based around impact on the individual.

10.4 Assessment of the impact of individual elements of the local response to reforming adults social care in Dorset will be assessed on an individual basis as the program progresses in its delivery

11 Appendices

None

12 Background Papers

Link to the White Paper [“People at the Heart of Care”](#) issued 18th March 2022.

People & Health Overview Committee

28 June 2022

Developing Commissioning Strategies for Adult Social Care

For Review and Consultation

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s): All

Executive Director: V Broadhurst, Executive Director of People - Adults

Report Author: Mark Tyson
Title: Commissioning Consultant
Tel: 01305 224825
Email: mark.tyson@dorsetcouncil.gov.uk

Recommendation:

1. People & Health Overview Committee are recommended to review, note and comment upon the drafts of the commissioning strategies attached to this report; and
2. People & Health Overview Committee are recommended to review the outline timetable for co-production activity, and provide proposed amendments or ways in which it can be strengthened.

Reason for Recommendation:

Over the past three months, work has been underway to form various commissioning intentions and priorities into a coherent overall suite of commissioning strategies that can govern and shape the relevant work of the Council for the coming five years. The intention is to present a comprehensive overview of the future direction for the development of commissioned services, and to set out some clear principles for how commissioning is undertaken. As a first comprehensive account of the future priorities for commissioned services, these documents need to be shared, discussed and shaped with the involvement of local people, partners and providers, which is proposed to start after the Overview Committee in June and run through the summer. Accordingly, there are still elements of the documents that need to be developed further, shaped and finessed.

Attachments:

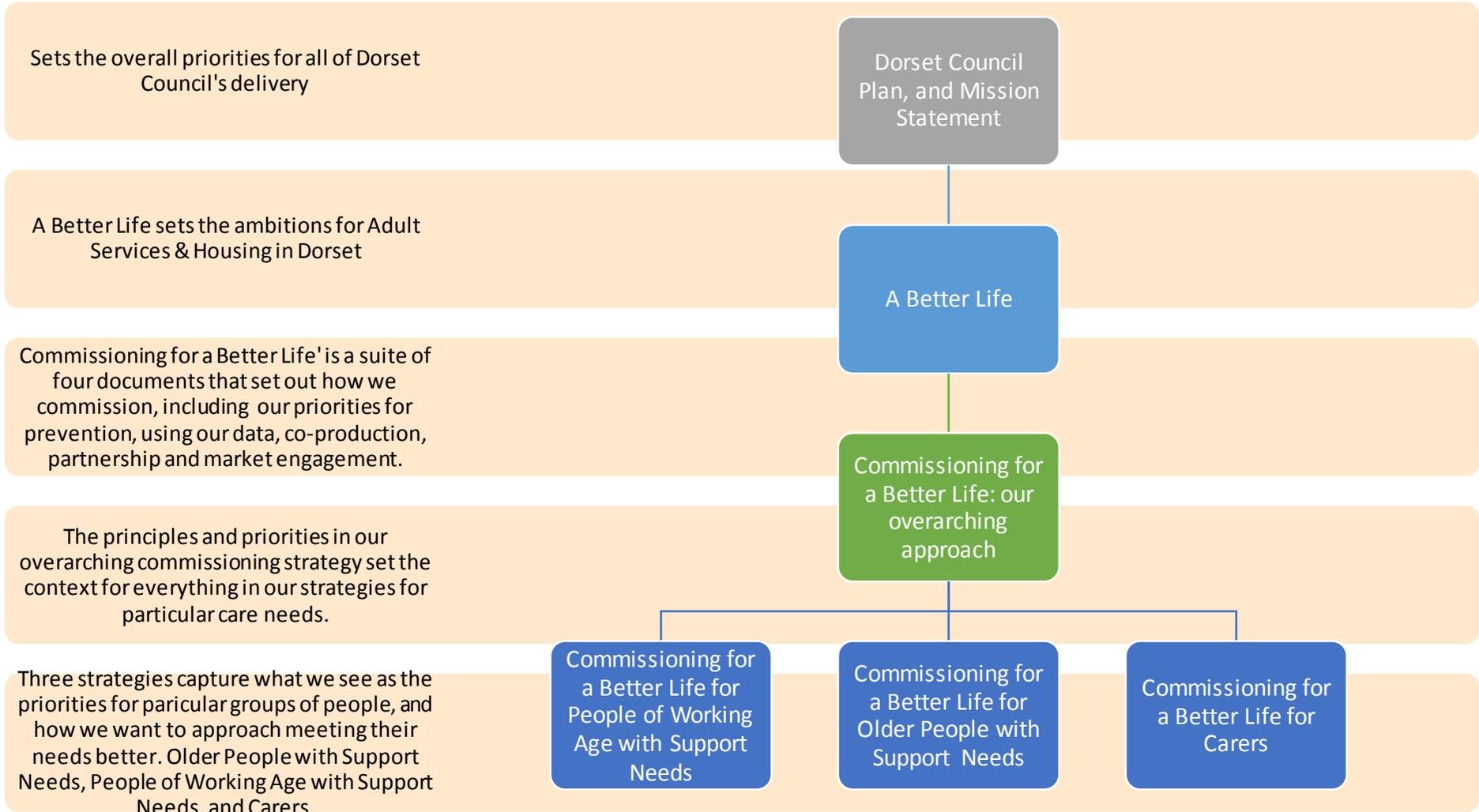
1. Commissioning for A Better Life: Our Overarching Approach
2. Commissioning for A Better Life for Older People with Support Needs
3. Commissioning for A Better Life for People of Working Age with Support Needs
4. Commissioning for A Better Life for Carers

1. Introduction

- 1.1. The strategies attached are the product of a lot of work undertaken within the Adult Commissioning team through 2021 and into early 2022. They start to build a framework, which seeks to present a coherent narrative on the way our services need to develop to meet the needs of the local population.
- 1.2. By setting out those intentions in this way, it is intended that it becomes easier for people to engage with Dorset Council about how future services should evolve: they can see our thinking, and they can engage more directly with how to shape it. At this point, Overview Committee are not being presented with 'final drafts' for sign-off. This is the start of a process to develop these documents into something that everyone recognises as the right way forward for local support and services, or at the very least that people have had the opportunity to engage with and shape. The discussion at Overview Committee is the start of a process to take place over the summer, with the intention of bringing a more final draft for adoption by Cabinet by end of the calendar year. Even at this point, it is still the intention that the documents will continue to evolve in some form as further analysis, engagement and commissioning work continues to develop our collective view on future need.

2. A Better Life

- 2.1. The strategies are all themed to fit within the Directorate's overall vision expressed in 'A Better Life'. Accordingly, the documents are:
 - Commissioning for A Better Life: our overarching approach
 - Commissioning for A Better Life for Older People with Support Needs
 - Commissioning for A Better Life for People of Working Age with Support Needs
 - Commissioning for A Better Life for Carers
- 2.2. It is important to note the 'for' in each title: it is not intended to set out that the Council is commissioning 'a better life' for people, but that our commissioning activity is creating the conditions in which people can live a better life with varying levels of support need.
- 2.3. The vision for each strategy has been gathered under 'right support; right place; right time', and this is intended to strengthen the connection between commissioning activity and the directorate strategy. Importantly, the service has been on a journey over the past few years to build strengths-based practice as the foundation of our approach to delivering personalised social care. These strategies now seek to embed this approach in how we plan and commission services as well.
- 2.4. The overall strategic thread through each document is captured in the diagram replicated in each strategy:



- 2.5. At the outset, the documents try to capture the ways in which we are setting out to improve people's lives. These are expressed as four outcomes in each document, and they are very much open for debate, challenge and further development through the co-production process. Setting out these outcomes then allows us to explain further what some of the current barriers are, and what we will need to put in place to address them. We hope that this is a useful way of opening up our thinking to others, and inviting them to shape it with us – and it is very much an early work in progress.

The Dorset Council Plan and the Mission Statement

- 2.6. The Dorset Council Plan sets an important frame of reference, within which these strategies have developed. The recent announcement of a refresh of the Mission Statement, is also timely to inform the development of these strategies.
- 2.7. Adult Social Care is one key priority from the 10 set out in the Mission Statement, but it will be clear from the strategies that there are many wider impacts from the proposals we are making to develop our social care commissioning in the coming years. Improvements in the building stock for residential or day services, or better route management in homecare delivery, will both assist in delivering the climate change ambition; our plans will contribute significantly to the economy and skills agenda, as social care is a significant local workforce; and digital innovation is also a major theme of our strategy. These are just a couple of examples, but the strategies set a strong foundation for developing partnerships with other parts of the Council, with external partners and communities to delivery on Dorset Council's wider ambition.

Links to national approaches on adult social care reform

- 2.8. In a separate report on this agenda, an overview will be given of the national adult social care reform programme and its potential impact on services in Dorset. The strategies make reference to this in places, but it is very much a developing programme at present, still with a number of unknowns. However, there is high confidence that the broad programmes set out in the strategy create the right conditions through which reform can be implemented.
- 2.9. Some of the key areas referenced include:
- Building on our links between housing strategy and adult social care strategy, which will be the basis for implementing the intention to make every decision about care a decision about housing;
 - The aspirations set out in the overarching strategy with respect to technology-enabled care delivery speak directly to the reform programme's ambition about the potential of technology to improve people's lives;
 - The prevention agenda as described is the foundation for delivering the reform programme's health promotion and prevention intentions, in ways that mean most to the people and community partners of Dorset;
 - In terms of a system that can develop and adopt new ways of providing care and support, the priorities around direct payments, individual service funds and digital access to care information and records are all key;
 - The stated intentions in the overarching strategy around a changed relationship with the market, and specific references in other strategies to understanding and implementing the fair cost of care are critical to the reform programme's priorities around financial reform.

3. Governance and next steps

- 3.1. The documents have been shared with the Stakeholder Advisory Group for A Better Life as part of their journey of development so far, and their comments are being gathered in, as well as plans made for further involving them over the summer. This report marks the first public presentation of the documents, and initiates a process over the coming months to involve key stakeholders and local people in their further development.

3.2. Co-production is about more than engagement processes or consultation. The Council generally adopts the Think Local, Act Personal (TLAP) definition of co-production, which is

“...an approach where people, family members, carers, organisations and commissioners work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects.”

3.3. The principles that underpin this are set out in the overarching strategy itself. The plan is still being worked up, and we have invited partner and stakeholder input to this process, alongside commissioners identifying the priority themes for opening up discussion. The Committee is also invited to comment upon and shape the plan, which in summary will include:

- Opportunities to engage the wider staff team at Dorset Council in exploring what the strategies mean for delivering the A Better Life vision, and so that they are supported and energised to engage in wider conversations through the summer;
- Pulling together a set of resources – printed and online – that are accessible for people to be able to engage with the strategies and what we are trying to say about the future of social care services;
- A set of meetings, in-person workshops and webinars to explore key themes from the strategies in more detail, some of which may be for particular audiences (such as partners, or providers, or community groups) and others may involve a mixture of people;
- A planned programme of open sessions in key venues, advertised with help of partners, where people can drop in to give views and find out more about our plans; and
- An online system, that will be open throughout the process, for people to submit comments (using webforms or similar).

3.4. Elected Members will be invited to participate throughout the engagement programme described above, including Ward Members and Town & Parish Councillors, particularly where we are exploring how to commission the right services for local places.

3.5. By the end of the calendar year the reworked drafts of the strategies, reflecting fully the engagement that has been undertaken, will come back to Overview and then be presented to Cabinet for approval and adoption. This will allow us to take into account the contribution of the wider community, partners and the social care provider market. This will include detail on how the documents will be monitored and managed, and how they will be developed over time to ensure that they remain 'current'.

4. Brief overview of the strategies

4.1. These documents are a strong starting point for discussion on the future of adult social care services in Dorset over the coming five years. However, they are not fully polished and finished documents. With so much information and thinking gathered together for the first time, it is inevitable that there continues to be some scope for development. Indeed, if there were not such scope then the purpose of the summer engagement process would be questionable. Some thoughts on how we will continue to refine them, alongside the community and partner discussions, include:

- Data can only ever be a 'snapshot' in time, but we will want to continue to ensure that we use good, up-to-date and well-referenced data;
- We will want to employ more consistent referencing of links sources in the documents, as we refine the text;
- There are still some connections to be further evolved between the priorities set out in these strategies and other programmes of work, for example housing strategy and NHS plans, and our engagement processes (internal as well as external) will help to develop these;
- Commissioners are keen to ensure that people have involvement in the iteration of the action plans in particular – these are the expressions of what we are practically going to do, so it is important to involve people – this is more critical in some areas than others, where previous conversations have perhaps been less developed; and

- In time we will ensure that there is a more compelling graphic presentation of these documents – we are aware that they are weighty accounts of our priorities, and we will need to find formats to present them for different audiences, of course including accessibility considerations such as easy-read.

Overarching Commissioning Strategy

4.2. This document contains the principles and priorities that will define how we approach commissioning. It describes the link between the commissioning and the overall Council Plan and ‘A Better Life’.

4.3. Important sections in this strategy that influence and inform the others include:

- **Working with the Care Market**
Sets out the links to the Council Commercial Strategy. Outlines the approach to be taken with Market Position Statements and the Market Sustainability Plan. Describes the changes with Care Dorset, as one major new commercial relationship that will need to be nurtured.
- **Commissioning for Place and in Partnership**
Starts to articulate what is meant by place-based commissioning, with some highlights from other strategies on how place-based thinking is shaping the future of services. Also leads into the major partnership interfaces, especially the ICS, and how Dorset Council engages with this partnership to improve the local relevance of its work.
- **Our Prevention and Community Inclusion Approach**
Provides a framework for what follows in the other strategies around approaches to prevention. Sets out two key prevention priorities: participation and community resilience; and support for independence.
- **Our digital ambition**
Gives an overview of digital developments planned over the coming years, and the thinking about how significant digital is for the development of a modern, responsive and enabling service offer.
- **Direct Payments & Individual Service Funds**
Sets a framework for the delivery of improved uptake for direct payments and individual service funds, both of which are important for increasing individuals’ choice and control over their social care services, and which will then apply to all of the strategies that follow.
- **Co-production and Partnership**
This section describes how we approach co-production, how important it is for the work we do, and the principles that govern our approach, plus some of the priority areas identified in the strategies.
- **Insight priorities for 2022/23**
This section, is intended to form a work programme around insight activity so that colleagues can engage and plan the work. It is also about being clear on the ‘what we don’t know’ so that people can engaged with us to help refine our plans.
- **Safeguarding and commissioning for quality**
This section continues to develop, but is aligned to the annual plan for the Safeguarding Adults Board.

Commissioning for a Better Life for Older People

4.4. This strategy presents an initial view on a strategy for ageing well in Dorset, as well as for improving the major types of care delivered to older people. The vision will add strength to the conversations happening through NHS partnerships on ‘ageing well’, and potentially help shape future Health & Wellbeing Strategies around ageing.

4.5. The current outcomes to be achieved by the strategy (on which comment is welcomed to ensure that they are the ‘right’ focus) are:

- Dorset is a great place to grow older, with a range of vibrant community activity, giving people better days whether they have support needs or not, and keeping them well connected to the people around them and where they live
- People have access to the information and advice they need to make good decisions for them, at crucial times in their ageing journey
- People have access to excellent care and support in their home, both responsive short-term reablement and longer-term care, which always puts independence at its heart and helps people to continue to live independently for as long as possible, utilising equipment and assistive technology where appropriate
- A good range and choice of residential care is available, in high quality, modern homes, to meet the increasingly complex needs of the local older population

4.6. The document presents a series of sections covering:

- **Ageing in Dorset**
Gathers some key data about ageing in Dorset, and the developing older population.
- **Our Vision for a Better Life for Older People in Dorset**
The commitments and intentions, across ageing well, day opportunities, home care and residential care are here grouped (as with other strategies) under Right Support, Right Place, Right Time.
- **A Snapshot of Service Demand**
Rather than have sections on demand for each type of service, it has been gathered here at the outset.
- **Ageing Well in Inclusive Communities**
This section seeks to apply the prevention approach to older people's needs. It flows into the ambition around day opportunities as it applies to this population group. Also emphasises an older population as a hugely powerful resource and strength, not only the narrative about being a financial challenge.
- **Care and Support at Home**
Sets out the challenge, and proposed approach, around care and support at home and reablement. Includes emphasis on 'reablement as a preventive intervention' rather than only a post-hospital intervention.
- **Accommodation with Care**
This section has developed with housing colleagues, but will likely need continued development beyond the first draft of the strategy, to flag the thinking about how to develop a stronger strategic and forward-looking position on the development of accommodation with care.
- **Residential and Nursing Care**
Presents overview of demand modelling, and thoughts on the market and its development. Will be developed as the conversation with the market about the sustainability plan develops.

Commissioning for a Better Life for Working Age People

- 4.7. This strategy gathers the priorities, issues and activities for those aged 18-65 with support needs in Dorset. The largest group is those with a learning disability, as well as those with mental health conditions, autism, physical and sensory disabilities. Bringing all of these different needs together, whilst there are common themes, has been part of the challenge of the document.
- 4.8. The current outcomes to be achieved by the strategy (on which comment is welcomed to ensure that they are the 'right' focus) are:
- People have choice and control over their lives, including where they live, how they spend their days, and how they are supported when they need it
 - People, whether those in need of support services or their families, friends or carers, can access high quality information and advice, in a timely way to support them in decisions they need to make
 - People live in communities that support their independence and wellbeing, with health, employment, physical activity and other opportunities available to them

- People have access to high quality support services appropriate to their needs, which promote both their safety and their independence, and work together well to support them through important transitions in life, including from birth to settled adulthood, and later into older age

4.9. The document presents a series of sections covering:

- **Our vision for a Better Life for working-age people with support needs in Dorset**
Collects together the aims and ambitions under the right support, right place, right time banner. And shapes some common outcomes that the action plan can be built around.
- **People with Care & Support Needs in Dorset**
Provides an overview of the data and support provided the different types of care needs. Has an overview of spend across these groups. Data is being sourced to strengthen the sections on sensory and physical disability.
- **Shaping Provision**
This section seeks to present the issues to be addressed for each broad group requiring support, and some of the broad ambitions to meet needs.
- **Birth to Settled Adulthood**
This sets out an introduction to the programme that is developing around transition, however it will need to be adapted to reflect the deepening shared nature of the programme between Children's and Adults, which is currently under active development.
- **Day opportunities**
This section describes a proposed approach to day opportunities that will be explored as part of a continued conversation from the summer of co-production work in 2021. The way forward here will eventually help shape the future of Care Dorset's service offer. These are early thoughts about a way forward, and so it is framed as exploratory, rather than "we will...", and we hope that people will engage to develop this vision further.
- **Accommodation with care**
This section presents some of the issues with current supported living, quantum purchased, etc. and plans. Again, this will be iterated to present the joint adults and housing approach to developing a strategy. Includes reference to shared lives.

Commissioning for a Better Life for Carers

4.10. The strategy for carers has been influenced and shaped in its development by the work led by Cllr Cherry Brooks to identify some of the issues with services for carers. There is also a partnership strategy that is due a refresh, so in time these two documents will "talk to each other".

4.11. The current outcomes to be achieved by the strategy (on which comment is welcomed to ensure that they are the 'right' focus) are:

- Carers are respected and valued across social care and other council departments, and are included and involved
- Carers can find the information that they want, when they want it, and in formats that work for them
- Carers have access to a range of support, responsive to their needs both in the community and from the council
- Carers receive meaningful assessment, with responsive options for receiving the support that they need

4.12. The document presents a series of sections covering:

- **Who is a carer?**
Deals with definitions and terminology, and sets out different 'types' of carer. Responds to carer feedback about terminology.
- **Vision for Carers in Dorset**
Uses the Right Support, Right Place, Right Time grouping to outline the strategic intent. Also references the partnership strategy which is being refreshed at present, and the objectives from which are grouped against the action plan, later in the document.

- **Services for Carers**

An account of the services currently available and commissioned for carers. Also includes some 'additional impacts' that presents some of the needs that carers have beyond those covered in the service discussion.

- **Our Improvement Priorities**

Sets out the main areas that will need work in order to develop a more comprehensive and consistent support offer for carers. Starts by setting out national messages, and what carers have told us in their engagement with us. Includes discussion on issues of culture, respect and recognition, and on personal budgets and direct payments.

5. Conclusion

5.1. These strategies present the first comprehensive overview for Dorset Council of the intentions and plans for commissioning adult social care support for the years ahead. They are not yet in final form, but they lay the basis for a dialogue with those who access support, those who provide it, and those who work with us in the system, about the direction ahead.

6. Financial Implications

6.1. These strategies are based on a coherent gathering of the plans already set out and formed through a number of decisions taken at points over the past months and years. The year one plans are largely already therefore costed into current planning. Longer term aspirations will need to be subject to specific decisions, with associated budget commitments, as they are shaped and agreed.

6.2. Most significantly, the Council is embarking under a distinct programme on implementing the Government's reform of the financial system that supports adult social care. This will have very significant cost implications, which are currently being worked through, and for which an allocation of Government funding is anticipated. There are national debates underway about whether this will be sufficient to meet the future challenge, and the outcome of this will be critical for the sustainability of adult social care both locally and nationally, and therefore for the deliverability of the commitments in these strategies.

6.3. Many of the plans set out in these strategies also underpin savings and efficiency proposals, and the framework that the strategies seek to set out is intended to support such efficiency activity into the future.

7. Well-being and Health Implications

7.1. The intentions set out in these strategies seek always to improve the health and wellbeing of those with need for adult social care support, and those who provide care to them. By starting with living well in supportive communities, each strategy seeks to set out how we will build on the natural assets of local people and communities and support them to build healthier environments and lives. In terms of health ageing, the strategies start to set out some thinking that can inform future developments of the Health & Wellbeing Strategy to articulate what makes Dorset a great place to retire and live into older age.

8. Climate implications

8.1. As set out in section 0 above, there are many potential interventions that can seek to reduce the climate impact of the delivery of adult social care services. Many centre around plans to better support workforce planning so that people can access employment in services near where they live, and that the rostering of the peripatetic care workforce can be more efficiently focused in local 'zones'. However, there are also intentions that would see better use of buildings, which will include opportunities to invest in stock and improve its energy efficiency, as well as making better use of the available property assets.

9. Other Implications

Property and Assets

- 9.1. No specific proposals are set out in the strategies, but the direction of travel will require some thinking about how better, across the whole range of services delivered, to use the property assets within local 'places' more effectively to cater to the range of local needs. Most obviously this affects day services and day opportunities, but the idea around a hub-and-spoke model, set in the context of place-based commissioning, opens up a wider set of possibilities around how to blend a set of services within council and partner buildings in local areas and town centres.

Voluntary organisations

- 9.2. Voluntary organisations are absolutely central to the delivery of these strategies. They start from consideration of the assets of local communities, and this includes the vast network of community activity represented by VCS organisations. For a sustainable social care system to be in place will require a strong partnership to be developed, and the summer of co-production that is planned will be invaluable for promoting the opportunity for our VCS partners to help shape our strategies and have their voice incorporated into the future direction.

Safeguarding Adults

- 9.3. The commissioning intentions represented in these documents are all intended to strengthen local commissioning of adult social care services, and thereby the safety of those who use services. The strategies talk to the Safeguarding Adults Board annual plan and its wider partnership intentions to improve safeguarding practice and awareness. Over the summer, where opportunities become apparent to strengthen the safeguarding vision within the documents, then they will be seized upon.

Risk Assessment

- 9.4. Having just emerged from a pandemic, with all of the additional pressures that it brought, the creation of these strategies is a critical moment in refreshing everyone's commitment to the future direction of adult social care services in Dorset. However, the key risks remain that the sector, which includes the Council workforce, remain stretched by the aftermath of the pandemic, and find it difficult to engage in the development of the new strategy. Whilst we are confident of the delivery of the strategy over its longer term, the early priorities and the ambition that they set, will require careful management to ensure that they are delivered.
- 9.5. The funding situation of the adult social care sector is also at a critical point, post-pandemic. The Government's proposals for market sustainability come with welcome funds, but there are many voices in the sector nationally who are highlighting that the funding is insufficient to meet the real structural challenges in the market. The delivery of these strategies is at risk if this situation is not mitigated by the provision of a robust financial settlement for the future, to come in the later months of this financial year.

Equalities Impact Assessment

- 9.6. There are many equalities implications throughout these strategy documents. With a summer of further development ahead, we will be continuing to use the conversations to build our picture of equality impact, so that there is a robust EIA attached to the formal decision to adopt the strategies by Cabinet, anticipated in November 2022.

Appendices

- 9.7. There are four appendices, representing respectively the four strategies of the suite:
i) Commissioning for A Better Life: our overarching approach

- ii) Commissioning for A Better Life for Older People with Support Needs
- iii) Commissioning for A Better Life for People of Working Age with Support Needs
- iv) Commissioning for A Better Life for Carers

Background Papers

16.1. None

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Commissioning for A Better Life for the People of Dorset

Our Overarching Commissioning Strategy for Adult Services 2022-27

We will work with the communities and people of Dorset, with our partners, and with the social care market, to plan and deliver the right support, at the right time and in the right place. We will develop a modern, responsive social care system, using the best digital tools and personalised options for people to arrange their own support.

Our social care system will first and foremost support people to remain independent, making best use their own strengths and assets and those of their communities to support themselves, knowing that high quality and safe services are available when their needs become greater.



Dorset
Council

Foreword

To follow.

About these strategies

This is one of four strategy documents which is currently in development by Dorset Council, to shape its planning and delivery of adult social care services for the coming years. This draft, presented to the Overview Committee on 28 June 2022, marks the beginning of a wide set of discussions with key people, including our residents, users of our services, carers, our workforce, our partners and the social care market. Through these discussions we want to develop a set of social care plans that command wide respect, and which can shape the Dorset Council works with everyone to build a social care system that is fit for the future.

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The final document will include appendices which will set out specific plans in a 'plan on a page' format. These are in development through the co-production process, so are not yet included in these drafts.

Developing our strategies

Four strategies that fit together

This is one of four documents that gather together the ambition and future direction for the commissioning of adult social care services for the people of Dorset. It talks about how we commission, and how we work to understand what people want and need from their social care support, and how we can deliver it better. There are three other documents, which each go into more specific detail about how we currently see the future of the support system for people of working age with support needs, for older people, and for carers.

As you will see, 'commissioning' is simply the process of understanding what services and support will be needed in the future, drawing up the plans to deliver what is needed, and then seeing that through. At every stage we need to involve the people who will use the services, their support circles, the wider community, and those involved in delivering support now – both our colleagues within the Council, and more widely our partners and community organisations.

Our strategies will develop over time

Looking across all of the adult social care system is a complex task. It involves understanding a large amount of data, listening to many views and perspectives, and analysing carefully where different parts of the system interact with each other. These four strategies present our current view of the future needs of the people of Dorset. We hope that they are also honest about gaps in our knowledge. Where we have set out our vision or intentions, they are as we see them at the moment. Over the course of the five years, the vision and intentions will develop, as we listen to people and understand more – and as the world changes around us and we have to adapt.

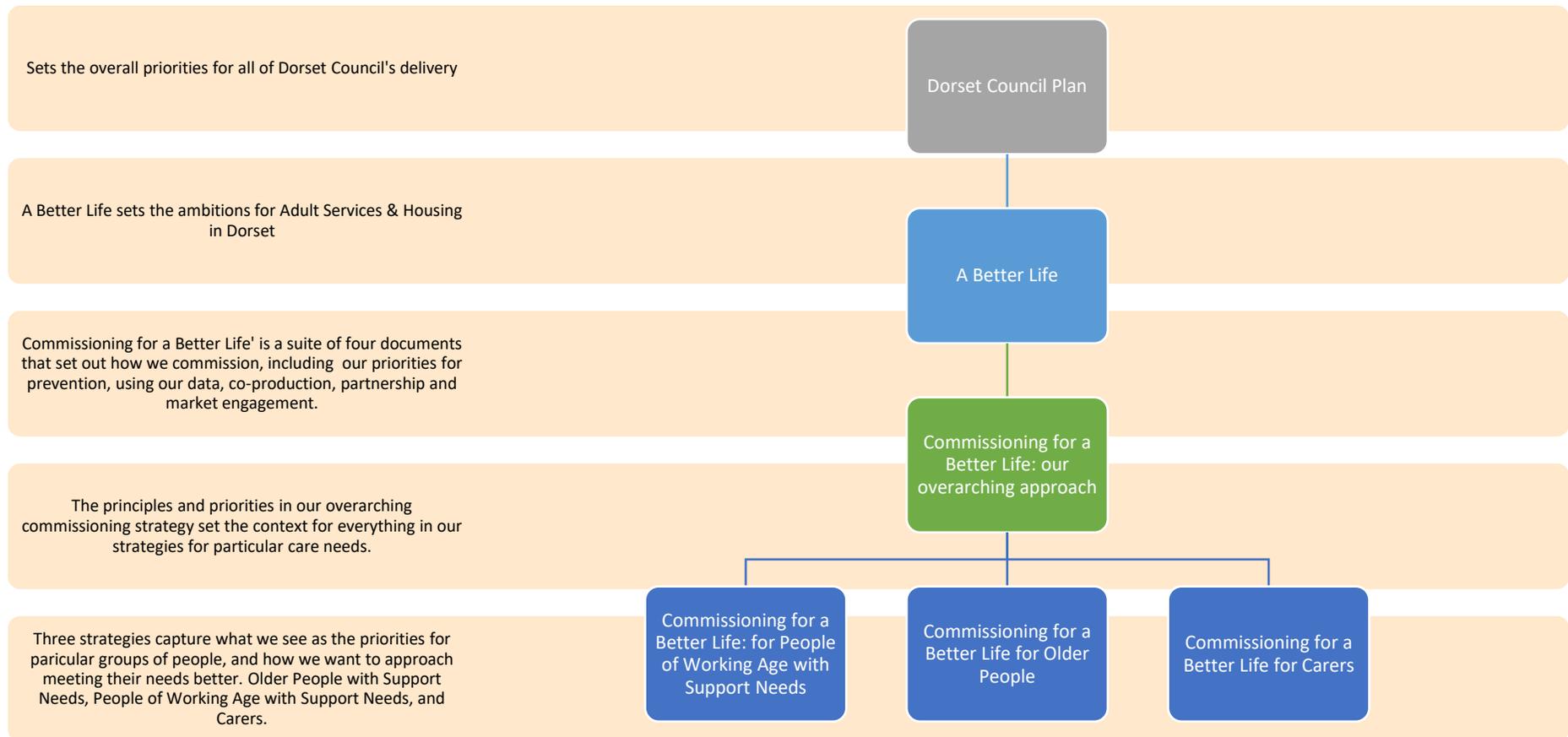
We have set out these strategies so that people can understand where we are coming from in our current thinking. We don't think we have all of the answers. Between all of us involved in delivering or using social care support, however, we will be able to find those answers.

The start of a conversation, not the final word

We really want these strategies to be the start of a conversation about how social care in Dorset develops into the future. We have set out some of the conversations we think will be important, but there may be others that our communities, residents and partners want to explore. We cannot do everything

straight away, but that is why these are five-year strategies. Now is the opportunity to influence the future.

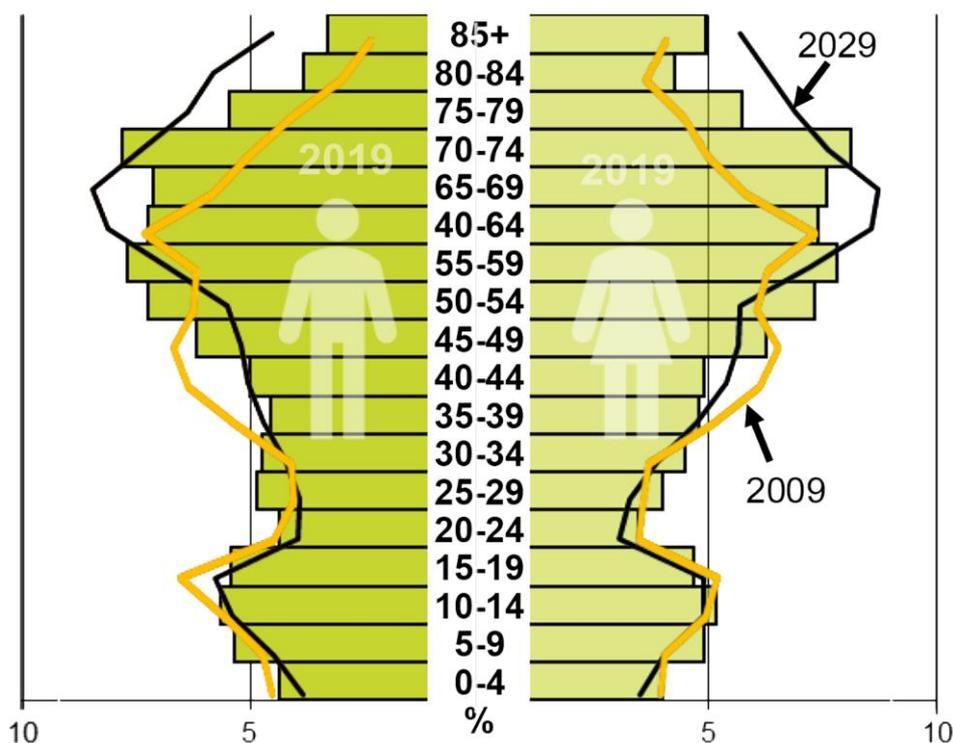
Overview of how the strategies fit together



Our commissioning context

The Dorset population

Dorset Council's current population is 378,500, of which 208,730 are adults between 18-65 and 110,050 are over 65. Whilst the population has remained fairly consistent, and this is expected to continue, the average age of Dorset's population has been increasing steadily; a trend which is also forecast to remain.



The coastline and rurality of the county attracts a large number of people who relocate to Dorset as they approach retirement, resulting in an ageing, often affluent population. At the same time, the limited higher education settings and career opportunities results in significant numbers of young adults leaving the county. The current median population age is 52 (2019) compared to a national average of 40 years, and it is anticipated this will grow to 54.4 by 2029. We expect 24,000 (~21%) more over 65s in the population by 2029, and by 2035 the over 85 population is predicted to increase by 40% (from

16,104 currently to over 22,500). Conversely, the working age adult population is expected to decline slightly over the coming 25 years.

The proportionately higher number of older adults compared to those of working age means there is pressure on the provision of social care, with higher numbers of people requiring social care support but fewer people available to work within the sector.

Population wealth

Whilst Dorset is perceived to be a highly affluent county, it has a varied population wealth, with pockets of significant deprivation. Of the 219 Census “lower super output areas” that make up the Dorset Council area, 11 are ranked within the highest 20% for deprivation, 10 of which are in the Weymouth and Portland locality. A large proportion of the workforce are employed in the leisure, care and farming sector, with typically low wages against a backdrop of high house prices driven up by people relocating to the county later in life or purchasing second homes.

46% of Dorset’s population lives in rural areas, and barriers to housing and essential services are substantial. 66 Dorset neighbourhoods fall in the 20% most deprived nationally for access to housing and essential services and makes for countywide challenges in developing and delivering a range of specialist services.

The deprivation and rural nature of the county also increases risk factors in relation to mental wellbeing. Dorset is amongst the highest nationally for admissions to hospital for self-injury and completed suicides (ASCOF). The impact of the Covid-19 pandemic is yet to be fully known.

4.4% of residents are from minority ethnic communities

Care and support in Dorset – a snapshot in early 2022

- 1,477 people aged 18-65 were accessing care and support in 2021, 17% of whom are aged 18-25
 - 58% have a learning disability
 - 24% have a physical support need
 - 14% have support because of a mental health condition
- 2,401 people aged 65 and over receive care and support
 - Over 1,000 packages of care at home are commissioned
 - 100 care homes provide 3,552 beds, 32% of which have nursing attached; the Council purchases 25% of available beds
- 2,927 older people have a diagnosis of dementia, with actual prevalence estimated at 8,078, and set to grow significantly
- 43,000 people in the 2011 Census identified themselves as carers, with 5,225 formally known to the Council’s services

In 2020, 696 people out of just over 4,000 who receive adult social care support did so through a direct payment; 73 had an individual service fund

A Better Life

The Dorset Council Plan

Our Directorate Plan is closely linked in with the Dorset Council Plan and helps to contribute to delivery of the Council's priorities. At the time of writing this strategy, the Mission Statement which frames the Dorset Council Plan is undergoing refresh, and we will set out the wide contribution that Adult Social Care makes to delivery across the full 10 themes.

Strong, Healthy communities

We will work with our partners in Health & the community to create safe spaces, build and maintain strong communities to help people make choices about how they live their lives.

Staying Safe and well

Working to ensure our residents have a good quality of life, providing them with the information, advice and guidance to live independently, or the care and support they require.

Suitable Housing

We will work with registered housing providers, community land trusts and local housing partners to deliver suitable and decent housing. We will make sure we have the right housing options, including care homes, extra care, supported living and affordable homes to buy and rent

Economic Growth

Adult Social Care & Health is the second largest employment sector in Dorset.

Unique Environment

We will work with partners to help create sustainable, green and efficient development in the right places.

We will create sustainable services and new developments, such as those within the Building Better Lives Programme that will work towards the council aspirations of a carbon neutral council by 2040

A Better Life: Dorset Council’s Adult Social Care & Housing Strategy

Adult Social Care & Housing covers a broad range of services, some of which are statutory and required to be delivered by law. Adult Social Care covers social work, personal care and practical support for adults over 18 with a physical or learning disability, old-age frailty, sensory loss and mental health ill-health. It also includes safeguarding for those at risk of harm and abuse, drug or alcohol dependency, and support for carers. Housing looks to deliver good and decent housing options for our residents, tackle homelessness and rough sleeping and through Community Safety, keep residents safe and well in their communities.

How this commissioning strategy supports A Better Life

- Dorset Community Response**
- Prevention Offer**
- Developing Micro-providers in Dorset**
- Home First – admission avoidance/hospital discharge**
- Working with health – closer integration and joint place-based offer**

The prevention approach is a core part of this strategy, including community response, and microprovider support

It also supports our approach to care at home, which together with our plans for reablement services is integral to Home First.

Setting out our clear ambition on strategic commissioning through this strategy will also support all of our work with health partners.



Affordable Housing Supported Housing Homelessness & Rough Sleepers Housing Standards

These strategies describe a number of these areas, and the commissioning approach to be taken:

- o supported housing and extra care;
- o contracts for care technology and adaptations;
- o services that support those with mental health conditions, substance use problems, and other issues that put them at greater risk of homelessness.

Improving employment opportunities for disabled people with care and support needs
Assistive technology
Birth to Settled Adulthood
Carers
Day Opportunities Strategy & Implementation

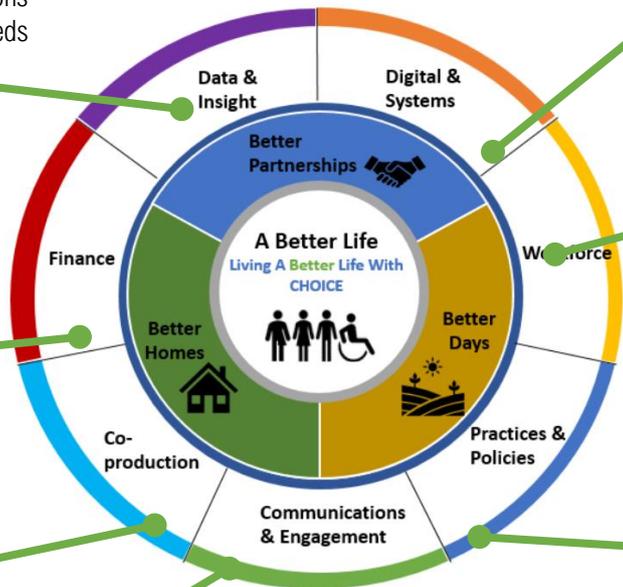
Commissioning plans accompany this strategy to address all of those areas, and commissioners lead the relationship management with partners (internal and external) that support this work to have maximum impact.

We will develop our **data and analytical capacity** so that we can make decisions based on good insight into people's needs and service performance

We will build, maintain and actively use more sophisticated models for the **cost of care**, and use them to inform bold decisions about the care we buy, how we contract it and what we pay.

In our commissioning principles we commit to **making co-production central** to our approach to service design and development.

We commit to being **transparent with our data and insight**, supporting others to engage in the work that we do and to shape our decisions and plans.



Both information, advice and guidance and our ambitions for technology-enabled care will be part of our **commissioned digital offer**

We recognise the significant challenges of maintaining a **stable social care provider workforce**, especially in the rural geography of much of Dorset, and have prioritised work with local providers to address these challenges.

Supporting operational colleagues and services in the development of their **practice approaches**, and through our **Quality Assurance systems** working with providers.

“Commissioning” is a process of business planning and service development by which we use our data-driven insight, our relationships, and our technical knowledge to plan and deliver the Council’s vision for adult social care.

That vision is based upon the ‘CHOICE’ principles, set out on the following page.

C **Care** tailored to the resident

In commissioning we build the fullest picture of what matters to people in the care they receive and how best to meet their needs and aspirations.

H **Homes** of decent and affordable quality, maintaining independence, health and wellbeing

We develop the long-term view that can shape plans for building sustainable and high-quality accommodation for the future, which maintains people's independence for longer.

O **Options** having access to information, advice and signposting about care and housing

We shape the information and advice offer, and work with community groups, residents and our operational teams to understand how it can be improved so that people can make better decisions about their support needs.

I **Independence** in life for as long as possible

By thinking about the strengths of our communities, rather than the need for a service, we can support people to remain in their own homes and neighbourhoods for longer, and to receive the right short-term services that get them back on their feet after a crisis.

C **Collaboration** between residents, networks and community organisations

At the heart of our commissioning vision is the inclusion of people in the process of decision-making: people who use our services, and those who don't; our partners and colleagues from across the system; and our partners in the social care provider market.

E **Empowering** residents' voices and taking control of what the future looks like

We hold vast quantities of information that tells us about how care and support makes people's lives better, or when it doesn't have the impact that it could have. Making this part of our conversations and joint work – with service users, providers and partners – we can empower both individual and share decision-making.

By doing so, we deliver on the Department's overall vision for **The Right Support, in the Right Place, at the Right Time**. As you will see, we have thought about the needs of our different communities, and the work we need to do to deliver for them, under these three headings.

THE RIGHT SUPPORT

First, we think about community assets and strengths and how these help people to live a better life without the need for care interventions. We build upon our understanding of what constitutes good care delivery, informed by our data and analytics on how people access and move through a variety of services, and what people and our partners tell us about their experience. This tells us the types, quality and quantity of care and support that may be required.

THE RIGHT PLACE

Our data tells us about people's journey through systems of care and support, from the 'front door' either to the end of a short-term intervention or into a continued and evolving long-term care arrangement. By ensuring that we keep our eyes on the whole community picture, and we think about care delivered in 'places' (localities, hub arrangements, and so on) we can also work with partners to develop opportunities to prevent, reduce or delay the need for care and support.

THE RIGHT TIME

As a Council we have the tools available to understand how people live in our communities, and to shape places, homes and infrastructure that are better and healthier for people to live in. We have a property portfolio that can help us to deliver care where people need it, and we have partner relationships in the private and public sector that mean we can bring together care and support delivery, or opportunities for prevention where it matters and where it has most impact for people. People getting their support early usually means less need for longer-term or more intensive interventions.

How we commission in Dorset

We have set out some principles that guide how we approach the task of commissioning social care provision. Commissioning is simply a business process, through which needs are assessed, responses planned, and the required services are contracted or arranged, and later evaluated. With such significant demand for social care services in Dorset, it's important that we get this planning process right.

We will face our financial challenges **by being ambitious and creative** in the way we shape future services.

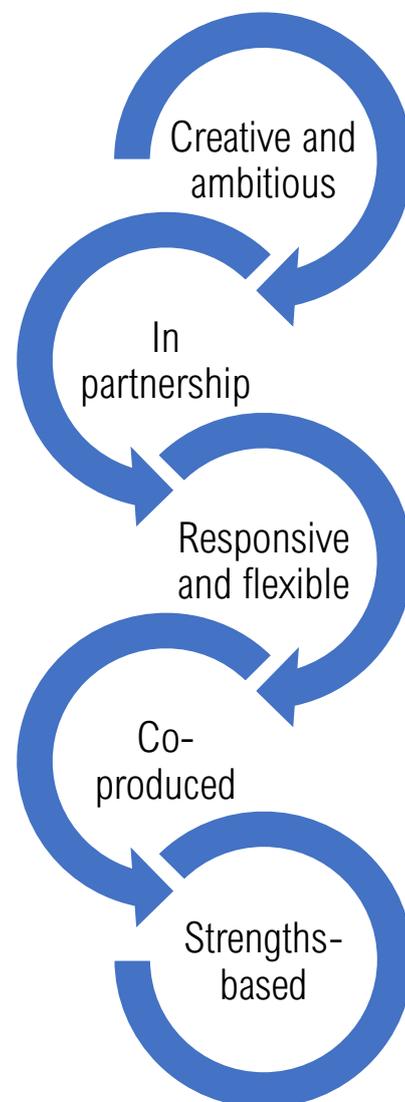
The social care system doesn't work in isolation. We will **develop strong partnerships** to ensure that we commission the right joined-up support.

- We will commission with the NHS and other statutory bodies;
- We will involve the community and community-based organisations in shaping our plans and services;
- We will work with the social care provider market as partners, as well as through contractual relationships;
- We will develop partnerships that focus on 'place', shaping services to local needs;
- We will develop strategic partnerships that focus on a shared understanding of our challenges and the possible solutions.

We will commission services that are **flexible, adaptive and responsive** to local community needs, recognising that needs change over time.

We will involve people – foremost, the people who need our support, and their carers – in the development of support, **using a co-production approach**.

- We will strive to share power, working together, ensuring everyone is involved;
- We will understand co-production as widely as possible: fundamentally about involving those who benefit from our



services, but also wider communities, community organisations, independent providers and statutory partners.

We will deliver **great outcomes through strengths-based commissioning**, building a support system that makes the best use of the strengths and assets of our communities and people.

- For this we will develop a detailed understanding of the actual strengths and needs of adults within the local place at both an individual and population level, alongside risks and opportunities, and work with people and organisations to design and invest in different forms of services and support.

We set out these principles in our Commissioning Intentions, published and shared for comment in February 2021.

Building ‘theories of change’

A key part of the commissioning process is to set out why a set of changes are needed, and how they will improve the lives of the people who need our support. This thought process can be called a ‘theory of change’. These strategies are the first steps in building our case for change, and we want to engage people in whether we have got that thinking right.

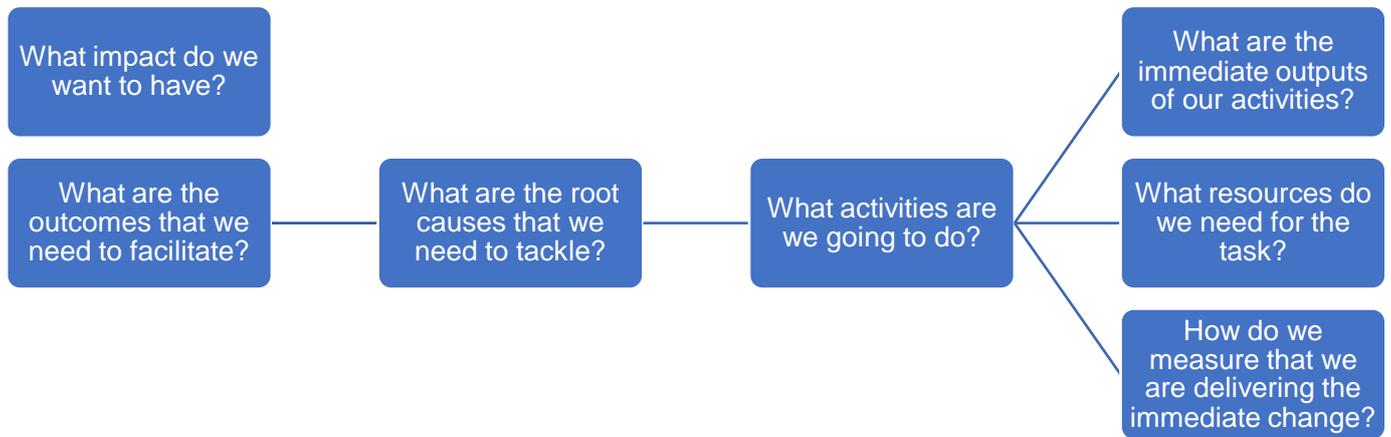
A persuasive case for change starts with the outcomes that people want to achieve. That could be to have “ready access to the information and advice I need to make choices”, or “to live independently in the community with as little intervention from other people as possible”. However it is expressed, this is the ultimate aim that we are working towards.

Then we will need to think about the root causes: what is getting in the way of people achieving their desired outcomes? It could be issues with our systems and or working culture, or it could be availability of the right kind of support, or it could be lack of some assets or resources in the community. But these are things that will need tackling.

To do that, we then need to think through the immediate steps that take us on the journey to fixing it. Do we need a new support service to be contracted? Do we need to do some training and development with people? Do we simply need more research to understand the problem?

These strategies are a gathering together of a lot of work and thinking by many people. We want to work with partners, residents and particularly those who benefit from our support and services, to get a clearer picture that we are working on the right things and heading in the right direction. That is why we want to involve people in developing our ‘theories of change’.

A simplified version of a 'theory of change' is set out below:



Within these strategies, and beyond

You will see that we have used some of this way of thinking to frame what these strategies are saying about our future direction. But it is important that we don't stop there: how we work with people to break down what we are trying to achieve into manageable immediate steps, by using the 'theory of change' model, will become an important part of how we work into the future. The priorities and particular challenges set out in these strategies will in some cases have their own 'theory of change' developed, which in turn shapes the action plans we need to work on.

Working with the care market

A commercially-minded approach for Dorset Council

This strategy has evolved in parallel with the Council's newly defined approach to commissioning and commercial activity. Over the course of the first year we will work with these values and refine and develop our commissioning practice to become an exemplar across the Council. In particular, we will work with other commissioners, both across the Council and within the NHS, to refine our strategy to exemplify the "One Council" commissioning approach.

A new strategic relationship with the provider market: from transactional to transformative

Commissioning is not contracting, although that is an important part of the commissioning cycle. We recognise that our relationship with many providers of social care – even where they represent a very large part of our annual spend – is dominated by the contracts we hold with them. With a system facing such challenges, and needing creativity in how we continue to improve services for our residents, we want to shift this, and foster a culture of strategic partnership with providers, of all sizes and service types. This is represented in our plans.



Working with our new care company

Tricuro is a Local Authority Trading Company (LATCo) which has been jointly owned by Dorset Council and Bournemouth, Christchurch & Poole (BCP) Council. It was established in July 2015, and has been the largest provider of care services to Dorset Council, with a cost of £24m per annum, or 19.2% of the net adult social care budget.

On 8 November 2021, Cabinet agreed to establish a new LATCo, Care Dorset, wholly owned by Dorset Council, and to transfer services for its residents to the new company. At the point of drafting these strategies, the Council has served notice and Care Dorset is expected to commence operation in October 2022, with the Tricuro services transferring on an 'as is' basis.

These decisions present a significant opportunity for us to work with the new company to establish a single programme of reform for a significant portion of our commissioned service spend. Establishing a clearly-boundaried commercial relationship, balancing our role of commissioner with our role as the shareholder of the company, is one of the most important commissioning tasks in the coming year.

The timing of the decision sits well with our statement – through these strategy documents – of our intentions for the coming years. Indeed, the forming of many threads of future ambition into these single strategy documents was a significant catalyst for the decision with regard to Tricuro. Residential care, reablement and day opportunities are major themes in the care-specific strategies that form part of this set of strategies, and the intentions that we set out here will set the direction for our partnership with Care Dorset.

To make this new venture a success, it is essential that there is a structured approach to developing and maintaining the relationships between Care Dorset, commissioners, and the Council's adult social care operations. Defining, at a high level, a key set of roles and responsibilities within Council teams for leading the conversations with the new company will be important. New governance mechanisms for reporting on contract performance and for reviewing progress against the business plan will need to be established. The co-production ambition, which is central to anything that happens to develop or change the portfolio of services in the new Care Dorset company, place further emphasis on the need for good joint working between the company and parts of the Council.

Readers who wish to see how these strategies set a future framework for Care Dorset and the evolution of its services should particularly note:

- In the Older People's strategy, where there is discussion of ambitions around more therapy-led reablement, greater clarity about the role of reablement vs. the provider of last resort, and an emphasis on reablement as being community-based as well as supporting hospital discharge;
- Again in the Older People's strategy, where there is discussion of the demand for residential care, the need for care at higher acuity and for more flexible options, the need for homes with more modern facilities, and the favourable economics of larger homes; and
- In the Working Age strategy and Older People's strategy, where the future landscape of day opportunities is set out, shifting away from the emphasis on building-based provision towards a more flexible, community-embedded offer of day opportunities.

The role of market position statements, and our approach

We recognise that markets are dynamic, particularly as they respond to changing and variable customer demand such as in the social care sector. The recent years have been particularly challenging as a business environment, with underlying workforce instability being made so much worse by the

pandemic. We are keen to support the market as much as possible in the development of social care businesses, aligned to the emerging need of our population. For this purpose we are developing a new Market Position Statement, which will present to the market statements about the types, quantities and quality of services needed to support our population as it grows.

Responding to the dynamic nature of the social care market, we are intending to take a web-based approach to the presentation of the MPS. This will allow us to keep it live, and regularly updated. We will work with local social care organisations in the initial development, and intend to use our market engagement and provider forums to guide its development. Initially, we intend the Market Position Statement to:

- Be aligned to **the themes of this suite of strategies**, principally grouping its messaging around people of working age, older people and carers;
- Include a strong **emphasis on preventive service** needs, as well as the need for service to meet established need, and strongly emphasise the need for social care businesses to be able to work with and **respond to those with direct payments** who are managing their own care;
- Include a blend of **county-wide headlines for some service types**, alongside a more **locality-focused set of messages** that will support us to develop more local service provision and work with partners and the market to commission “for place”.

We intend to have the first iteration of this Market Position Statement online for the summer of 2022, alongside our work to develop our Market Sustainability Plan under the government’s latest policy papers on social care.

Fair Cost of Care, and Market Sustainability

An important shift in the national context

Since the introduction of the Care Act 2014, councils have been under a duty to promote the efficient and sustainable operation of their local care markets. The duty is spelled out in the accompanying statutory guidance, requiring local authorities to “have regard to guidance on minimum fee levels necessary to provide ... assurance” that providers can operate within the local market to deliver a reasonable level of quality, pay reasonable wages, and make a return that makes their business sustainable for the long term.

In practice, as has been widely acknowledged, councils have leveraged their buying power to pay less than the cost of delivering care, the balance for providers being made up by private payers. This operates differently in different sectors of the care market, with the cross-subsidy most heavily embedded where there is most private resource into the system: older people’s residential and nursing care, and care and support provided in the home.

In December 2021 and March 2022 the government made further policy announcements to push forward on addressing inequality in the care market. In particular, the March announcement established a clear programme for all councils to develop a market sustainability plan by September/October 2022, which will set out the roadmap for the following years about moving to a fair cost of care. A significant milestone occurs in October 2023, when the duties under Section 18(3) of the Care Act come into force, such that a person with the means to purchase their own care can ask the local authority to make those arrangements for them, and to access the rates that the Council has negotiated with providers when doing so. Providers will not, however, be able to absorb the loss of income as self-funders receive

care at local authority rates. In effect, this removes the cross-subsidy upon which the national care market's operation has, until now, been based.

In September 2021 the Government announced a Market Sustainability and Fair Cost of Care Fund. This is intended to ensure that local authorities can move towards paying a fair cost of care. Initial provision is made by Government of an additional £1.4 billion over the next 3 years. Dorset Council's initial allocation is £1.2 million, but it is ringfenced for older people's residential, nursing and care at home. Further allocations are expected. Notwithstanding that the Government refers explicitly to the next few years as being a "journey towards" the Fair Cost of Care, this initial allocation will fall some way short of meeting the full cost of implementing FCoC. The cross-subsidy is not the only issue that is impacting on the national fair cost of care, with the industry also grappling with sustainable pay rates (made significantly worse in rural areas such as Dorset), and rising costs for food, fuel and building materials.

Dorset's Approach to Establishing the Fair Cost of Care

In Autumn of 2021, prior to Government announcements, Dorset Council commissioned two independent consultancies to undertake a Fair Cost of Care [FCoC] exercise. Since the Government announcement of the market sustainability policy, other local authorities are now considering similar approaches, but Dorset is one of the early adopters. This exercise was primarily intended to determine the sustainable rates for care, and how Dorset Council benchmarked against other local authorities, as well as establishing a robust evidence base on provider operational costs. This was designed to leave a toolset for officers in Commissioning and Finance to manage future years' uplifts, and to improve the transparency with which the market was engaged in that dialogue. It required providers to supply information to the consultancies, and it was advertised to the whole market to invite their participation. This included workshop events to maximise engagement.

The Market Sustainability Plan

For initial submission in October 2022, the Market Sustainability Plan is an important milestone in the journey towards resetting fee levels in the market. It will use the 'fair cost of care' assessments to set out how the Council proposes to use Government funding over the coming two years, together with its own resources, to implement the new national policy arrangements. In February 2023, a second submission is due, with the plan updated to take account of the budget setting process in local government, and at which point the allocations from national funding will also be known.

The plan will not be only about increasing fee levels. There are many aspects to the sustainable operation of the different segments of the care market that will need to be the subject of joint work between the Council, its partners and operators across the care sector.

A wider reform programme

The reform of the financial basis of adult social care is one significant part of a package of reforms set out by Government in the "People at the Heart of Care" white paper. This 10-year vision is based on three objectives:

1. People have choice, control, and support to live independent lives.
2. People can access outstanding quality and tailored care and support.
3. People find adult social care fair and accessible.

The ambitions described to achieve those objectives are extensive, but can be summarised as:

- Innovations and investment in models of care, support for the care workforce and for carers.
- A new assurance and inspection framework for the Adult Social Care delivered by Local Authorities and Integrated Care Systems
- “The funding reforms” relating to the care of an individual, and the proposed cap on the overall cost of care.

All of our activities within these strategies are supportive of the reform agenda, and strengthen the basis for our delivery of a modern, responsive, personalised and digitally-enabled social care system.

Commissioning in places and through partnerships

What we mean by commissioning “for place”

Place-based commissioning is a key principle of the drive towards Integrated Care Systems, where commissioners take a joint and more complete view of the needs of a population and pool their commissioning power to target the issues that most need intervention. However, we can also apply it at levels below the overall council or partnership area.

In a county like Dorset, with a blend of rural and urban areas, there can be significant differences in how people live and what matters to them. NHS England acknowledges that “the footprint of place should be based on what is meaningful to local people, has a coherent identity and is where they live their lives.” [Thriving Places, Sept 2021] With the majority of social care services being delivered in people’s own homes, and their health services being delivered through local GPs, pharmacies and health centres, getting the join-up right and the balance of provision to meet local needs is critical. Moreover, the networks of support that people turn to first – their friends, family members, neighbours and community infrastructure – is intensely local, and if we are to harness people’s strengths then this needs to be part of our commissioning thinking.

The role of partnerships in commissioning for place

If we commission for place, it pushes us to start with the priorities and issues – not to mention the strengths and assets – that are about the people in our localities, towns, communities and neighbourhoods. That means we are pulled away from our organisational silos, and partnerships and collaboration become even more important to us pooling our strengths and delivering what people need and want locally, and building on what they already have.

This is why the integrated care system is an important development in the health and social care system locally. At the highest level, leaders of the system need to be enabling the people in their organisations to think creatively and across boundaries about how we collectively meet the needs of people in their local communities. Without that enabling culture, the act of commissioning the right services to meet the needs of local places will be a constant tension with the dominating needs of large organisations.

We believe this is the perspective that local government is so good at bringing into the integrated care system, articulating the needs of local areas, and identifying the organisations, local activity and inspiring energy that can add an enormous amount to the work of the statutory sector and our impact on what matters to people.

The most significant issues that affect places differently

Through this suite of strategies you will see a range of areas where locality-based and place-based working are key to our approach. Some key elements include:

- Our early ideas for a new model of day opportunities for those with disability, mental ill-health or dementia would be based around a Hub and Spoke approach, and would develop a locality-based network of community organisations and care businesses providing ‘spokes’, with the specialist ‘hub’ at its heart;
- In time this can link to other community activity and widen out to be a more radical place-based offer of community, preventative support and service delivery – some of this thinking you will see in our prevention ambition, later in this document;
- For our care and support in the home for older people, we are creating a more defined set of operating ‘zones’ so that the travel management is more feasible – and as an example of where this could go from there, drawing on the assets of these ‘places’, if there is a care home in the locality that has some spare space it may become a ‘touch down’ point for local homecare workers;
- Other ideas we would like to explore include, for example, care homes operating as community or provider hubs within localities, bringing them into the network of local wider provision, which can enrich life in the care home, allow providers to tap into care homes’ expertise, and promote the use of spare accommodation capacity to support and strengthen local provider networks.

The Integrated Care System (ICS)

In 2018 Dorset became one of the first Integrated Care Systems in England. Now all areas across England will follow this way of working and become an ICS. The ICS covers the Dorset Council area together with Bournemouth, Christchurch & Poole – over 800,000 people.

Integrated care is about removing traditional barriers between services so people can access the support and care that they need when they need it. The commitments of the ICS are:

- To be collectively responsible for managing things like budgets and staffing and delivering the best care for people in Dorset;
- To give consistent advice and proactive support so people can stay well, particularly those who are vulnerable or at higher risk of developing serious or long-term health conditions;
- To join up care and treatment when needed;
- To improve access to services so everyone is given the right care in the right place at the right time; and
- To work at a local level with communities on how services are delivered.

The final point is critical for Dorset Council, to ensure that the granular local needs of our populations, both urban and rural, are met.

The Dorset Health & Care Partnership provides a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system and communities. It includes NHS trusts and commissioners, together with Council representatives, the Police, Fire and

Ambulance services, and community, voluntary and public representation. It supports integrated working and works together with the Health & Wellbeing Boards in the two council areas.

NHS Dorset is the public name of NHS Dorset Integrated Care Board (ICB), which came into being on 1 July 2022. NHS Dorset will undertake the statutory responsibilities of the current Clinical Commissioning Group (CCG) and will also be responsible for planning to meet the healthcare needs of people and communities in Dorset.

The ICS views 'place-based working' primarily in terms of two partnerships, one in the Dorset Council area and the other in Bournemouth, Christchurch and Poole. Whilst this forms a useful co-ordinating point for our joint work (and aligns with the Health & Wellbeing Boards), it is at the more granular level of towns and natural neighbourhoods that our impact will be felt, as working more closely with such local communities creates opportunities for health and care organisations to improve the services they provide. The aim of the place-based partnership is to:

- Work together to tackle common challenges;
- Talk to and work directly with communities, voluntary sector and neighbourhoods;
- Use local community projects and organisations to deliver services where possible; and
- Co-ordinate local action and support communities to have control over their wellbeing.

What this means for our role in the Integrated Care System

If we are to bring our full potential and strengths to the partnership, we need to have a clear view of the needs of local areas and how services are delivered to them, with what works and what doesn't. Currently, a significant amount of the activity that Dorset Council contributes to the integrated care system is around its role in the flow of people out of hospital and acute settings, resettling and reabling people after crisis. We need to be 'upstream'. By building stronger community alliances and partnership – a recurrent theme in these strategies – we can help to articulate the real, lived experience of people using our services and the services of other parts of the system, we can shift the focus of system leaders onto tackling the root causes that of ill-health and crisis. This is a core part of our mission in the integrated care system, amplifying the community voice in pursuit of a stronger preventive focus.

The ICS has set out its ambitions around working in partnership with people, communities and the voluntary sector, including:

- The co-creation of a strategy for working in partnerships with people and communities – with a focus on collaboration and co-production;
- The setting up of a countywide citizens panel to jointly listen to, and act on, the experience and aspirations of local people
- The co-designing of a voluntary, community and social enterprise sector alliance to enable the sector to have a voice and influence at all levels – whether strategic, place or neighbourhood.

As these plans and structures emerge, it is intended that through these strategy documents some of the aspirations and priorities that Dorset Council has worked up with communities can be played into discussions, and be part of shaping the plans of the ICS.

The Better Care Fund

The Better Care Fund (BCF) is the current national policy approach for integrating health and adult social care. It has been running since 2014/15. The BCF spans both the NHS and local government and seeks to join-up health and care services, so that people can manage their own health and

wellbeing and live independently in their communities for as long as possible. The policy brings together resources from the NHS and local government and requires local plans to be produced and overseen by each Health & Wellbeing Board across England.

The BCF and iBCF (“improved” BCF) provides Dorset with a total pooled budget of £136,827,560. The BCF Policy Framework sets out four national conditions that all BCF Plans must meet to be approved. These are:

- A jointly agreed plan between local health and social care commissioners and signed off by the Health and Wellbeing Board;
- NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution;
- Invest in NHS commissioned out-of-hospital services; and
- Plan for improving outcomes for people being discharged from hospital.

Working collaboratively Dorset Council and Dorset NHS CCG alongside input from the local NHS providers, including Acute Trusts, the provider market and voluntary community sector have continued to invest BCF into the following schemes:

- Maintaining Independence
- High Impact Change – Hospital Discharge
- Integrated Health and Social Care Teams
- Strong & Sustainable Care Markets
- Carers
- Moving on from Hospital Living

These schemes ensure that Dorset Council meets the metric requirements of the BCF as set out in the guidance published on 30th September 2021.

There is clear commitment across Dorset to commission collaboratively and to continue to develop and embed integrated working. The schemes set out in the Better Care Fund evidence this in a number of ways, either as jointly commissioned contracts with the Council leading the commissioning on behalf of the system, or, by our NHS commissioned providers operating and continuing to develop integrated locality teams.

For more details, see:

<https://moderngov.dorsetcouncil.gov.uk/documents/s27391/Dorset%20Council%20BCF%2021.22%20Narrative%20Template%20FINAL%20SUBMISSION.pdf>

Collaboration with the community and voluntary sector

Further support for BCF funded schemes that maintain independence comes from the harnessing of the community resources that arose during Covid-19. The pandemic created approaches to co-ordinate and promote community assets that mean that they are more easily navigated to support the maintenance and regaining of independence. A central portal, hosted by a local voluntary and community sector organisation supports social care workers to source alternative informal and localised opportunities. In addition, the development of micro providers and routes to increase Direct Payments and Individual Service Funds are also increasing person centred local care and support options.

Elsewhere in this strategy, the significance of the partnership with the community sector is described. In terms of living well in the community, either with disability or mental health conditions, or with early

frailty, the activity and responsiveness of the community and voluntary sector is critical. They are typically the next line of support after immediate family and friendship circles, and provide an often invisible 'oil' in the machinery of a functioning health and social care system, through very many different supportive interventions that keep people well and recovering, and provide social meaning to life.

Our digital vision

A Digital Council in a Digital Place

The Council's digital vision is well-aligned to the ambitions of these commissioning strategies. Digital developments can be a powerful enabler of social care outcomes, whether simply giving people more choice and control over the care services that they arrange for themselves, or bringing about a step-change in independence through the use of technology-enabled care. We recognise that adult social care can be a leading contributor to the Council's vision to provide "digital leadership across Dorset" and to set community aspirations. We also recognise that we have a way to go to ensure that the digital mindset, in support of the delivery of the better services that people want and need, is embedded throughout our commissioning and operational services.

In 'A Better Life' we set out the ways in which the directorate is working to deliver effective and efficient services, which where possible, are 'digital by design'. There are a number of Digital Aspirations:

- Meet growing demand for adult social care by targeting digital resources where they are most needed
- Technology will compliment, not replace, personal care with the potential to transform peoples' lives, maintain independence for longer and achieve better value for money
- Ensure services are working as efficiently and effectively as possible with the tools required to enable this
- Look to reduce, or eliminate where possible, unnecessary effort with a range of appropriate and accessible on-line tools for use by colleagues, residents, carers, and external agencies
- Enable residents to engage with the council in a way which suits them, support residents to access the right information at the right time to make informed choices about what to do next
- Contact with Adults and Housing will add value to the individual's situation and not be the last resort because they do not know where else to go
- Digital will help us to monitor the choices that self funders are taking which in turn will inform our commissioning decisions

Some practical developments

Our particular digital developments, as set out in accompanying plans and strategies, are summarised below. In particular, it is worth singling out the development of improved online information, advice and guidance, which is cited as critical by a number of the plans. Supporting self-service becomes more

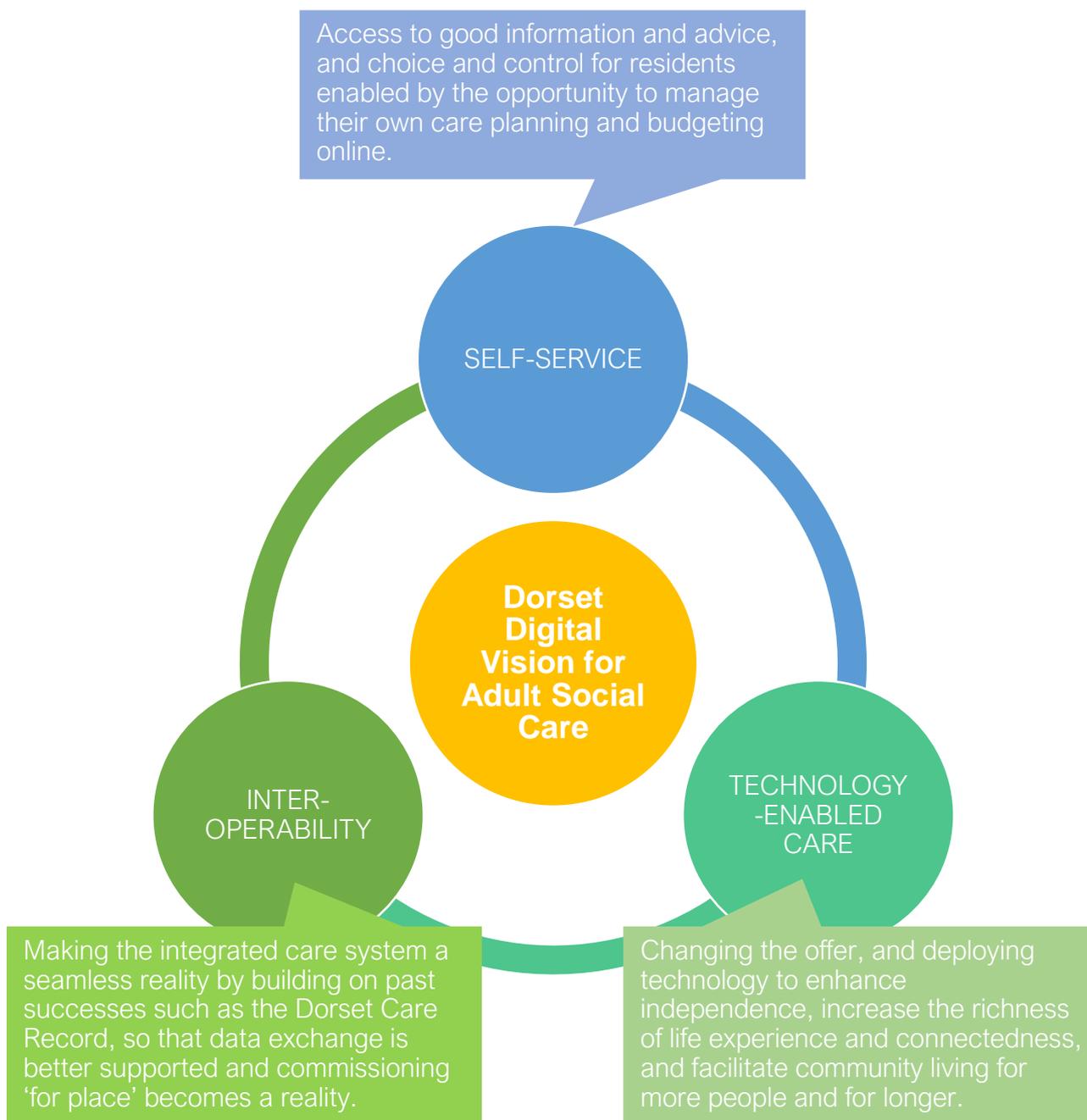
important as the final elements of the Care Act are rolled out around self-funder support, finance and market sustainability.

Expected date	Intervention
Starts 04/2022	PAMMS development Online market engagement around quality assurance
Live from 10/2022	IAG redevelopment Including online financial assessment and online self-assessment (from 11/2022)
From 01/2023	Discharge to assess digital solution
From 04/2023	Online tool for Liberty Protection Safeguards
From 05/2023 (for clients: 07/2023)	E-brokerage system directly supports Local Authorities to introduce new models of commissioning care by enabling the Local Authority to publish new packages of care to approved providers and then receive bids.
From 08/2023	Citizen Portal for online social care record
From 01/2024	e-Marketplace allows self-funders and service users to be able to procure their own care and support through the portal.
From 01/2024	Virtual Wallet for Direct Payments A straightforward way to handle grants, personal budgets and other online payments, providing complete transparency over spend. Money is paid into virtual account to be used to spend within online marketplace or with a range of suppliers

Developing a framework for our digital developments

In a modern social care service, digital is not only about the experience of our residents and those who use our services, it is also about improving the experience of our workforce so that they are in turn better supported to deliver for residents. It can be a crucial intervention in stabilising a workforce that we know needs greater support and investment. We want to work with partners – most importantly those in the social care market who are running the services that are in people’s homes daily – to develop this thinking as we partner with them to build a workforce strategy that can make Dorset one of the best places to work in social care.

We are structuring our thinking as set out in the diagram below:



We have described, above, our ambitions for 'commissioning for place', and below we set out our ambitions for prevention and for direct payments and individual service funds. Both of the following sections have a heavy reliance on improving our digital and technology offers, whether direct provision of technology enabled care, or the improvement of our information and advice offer, or the ways in which DPs are enabled for people by direct access to their care record and purchasing systems.

Our Prevention and Community Inclusion Approach

This strategy supports the development of a clear, local approach to prevention which sets out how we plan to continue to develop our responsibility, taking into account the different types and focuses of preventative support as described earlier. A local approach to preventative support is not just the responsibility of Adult Social Care and the approach seeks to collaborate with system partners to bring about a shared approach, reducing duplication and simplifying pathways to support for the people within the total Dorset footprint.

This is more pressing given the introduction of Integrated Care Systems from April 2022. Whilst strong collaboration with the community and voluntary sector continues, work with other system partners needs more nurturing to support a county-wide approach. Dorset Council commissions some prevention services ourselves, but we recognize that others are more effectively provided in partnership.

We are working collaboratively with VCSE partners to support local approaches to prevention that are owned by – and built upon – local communities’ resources, including local support networks and facilities provided by other partners and voluntary organisations. As part of this work we are actively seeking to broaden the ‘community’ offer, supporting new micro enterprises into the care and support market, ensuring that good quality, local provision is available that can focus on outcomes and support in a move away from “time-and-task” approaches. This will ensure that a person – or indeed social care professionals – can source services from a variety of providers.

We need to consider the number of people with existing needs for care and support, as well as those at risk of developing needs in the future, and what can be done to prevent, delay or reduce those needs now and in the future. We need to make best use of the data currently available to us, such as the Joint Strategic Needs Assessment (JSNA) undertaken by Public Health Dorset, and the Dorset Intelligence and Insight Service (Diis) to determine these cohorts and establish best value interventions that can make a proven difference in achieving a positive outcome.

Work is already underway with VCSE partners to understand ‘cold spots’ within the county, highlighting where services are lacking, and unmet need exists. Identification via the voluntary sector by way of Dorset’s Community Response allows this information to be shared with both system partners and local networks who are then able to be part of the solution. We will strengthen our working partnerships with

Public Health and CCG to ensure our community networks are integrated and working together as one, able to respond to system demand without be overwhelmed by multiple asks.

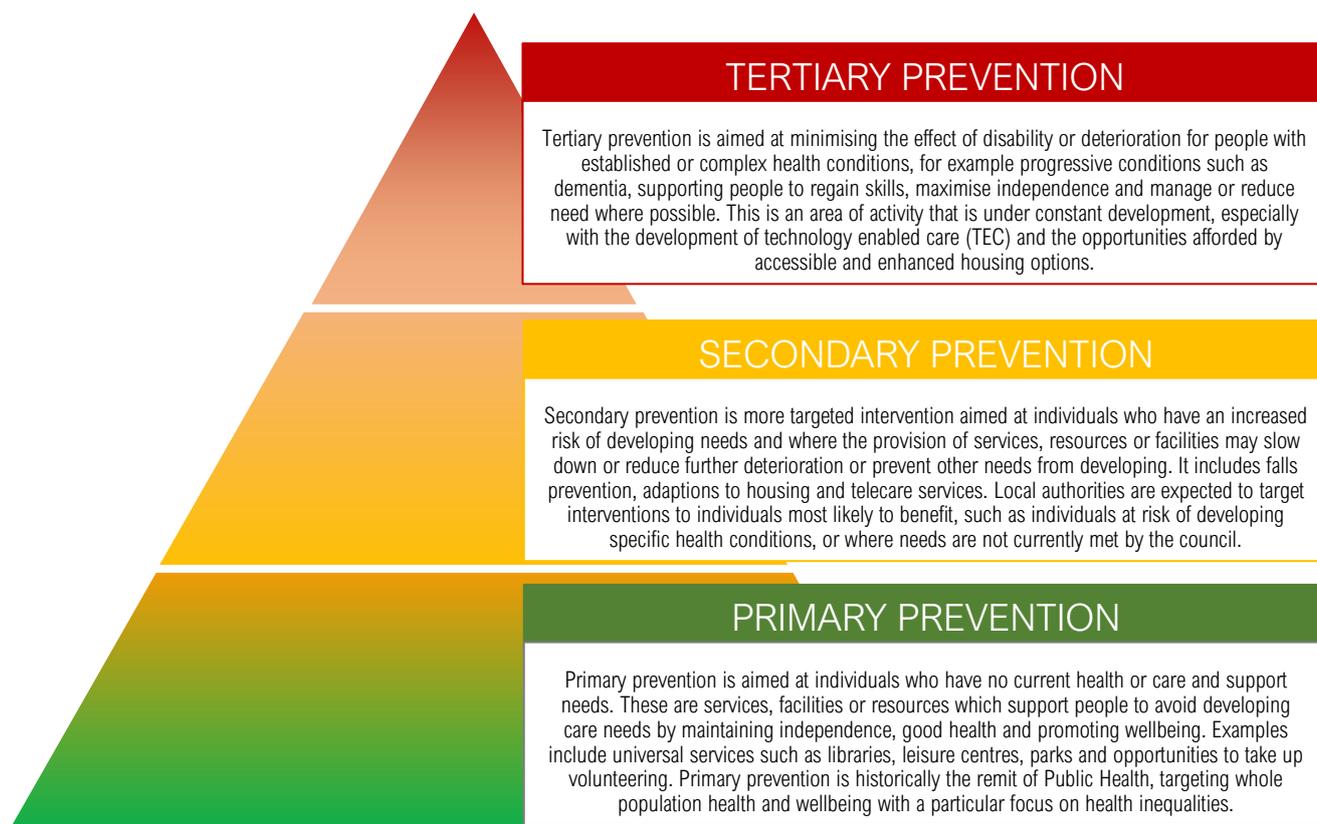
This work will allow us to better identify 'unmet need', where people have needs that are not currently being met, whether by the council or anyone else. Understanding unmet need is crucial to developing a longer-term approach to prevention.

Preventative activity is wide ranging, from whole-population measures aimed at promoting health, to more targeted, personal interventions aimed at improving an individual's health and wellbeing. As a result, it covers many different types of services, facilities and resources and requires a whole system, approach to develop a range of options which allow people to remain well and independent.

Prevention is often broken down into three areas: primary, secondary and tertiary prevention. Services cut across these areas and prevention should be an ongoing consideration and not a single activity or intervention.

We start by creating the environment in which people can support themselves, or be helped by their communities or their family, before needing formal care and support. That approach takes many different forms and informs all that we will be doing.

This is more pressing given the introduction of Integrated Care Systems from April 2022. Whilst strong collaboration with the community and voluntary sector continues, work with other system partners needs more nurturing to support a county-wide approach.



Our Prevention Priority 1: Active Participation, Resilient Communities

In the Dorset Council area alone it has been estimated that volunteers and community groups provided in excess of one million hours of community support to residents between March 2020 and June 2021. This was co-ordinated through #DorsetTogether – a strategic partnership between Dorset Council and local Voluntary and Community Sector (VCSE) organisations in response to covid.

“We have seen local people come together and look out for one another demonstrated by the rapid flourishing of mutual aid groups and an exponential rise in volunteering. We know, therefore, that these ‘assets’ exist and with timely public investment in nurturing this core economy to become sustainable, we have opportunities to develop the capacity of local people. This will act as an important element of resilience both for those that draw on social care support and well-being in general.” [Community Matters in Social Care]

Developing systems of community collaboration

We know vibrant and caring communities play a vital role in peoples’ wellbeing and recognise that local communities are the experts of their local areas. We want to build on the amazing community led response during the pandemic by continuing to collaborate with the VCSE and local communities, supporting them to be inclusive, resilient, vibrant, prosperous where people feel a sense of belonging and can access the support they need and actively participate in the economic, social, cultural and environmental wellbeing of the area.

As part of this we are piloting a number of new and innovative community led offers. These include:

Dorset’s Community Response

A co-produced Community Front Door, which provides a community connector role for social care teams and social prescribers to refer into, offering light touch conversation and triage to support people into the right VCSE offer. This can include activities, clubs and befriending as well as transport. It offers great potential to support the future Integrated Care System (ICS), providing a non-clinical, non-care pathway in Dorset. We want to expand access to this to the public and system wide partners including GPs and the private social care market.

Urgent Welfare Checks

An extension of Dorset’s Community Response, which provides same day, short term support by community volunteers 7 days a week. This includes meal preparation, medicine collection, shopping or a check someone is safe and well. Volunteers will refer back to Dorset’s Community Response for longer term support or escalate to adult social care if an issue is identified.

Case study

The volunteer service provided meals and befriending to a person who had been discharged from hospital over a bank holiday until the social work team was able to undertake a full assessment and establish longer term care needs. This maintained the person at home avoiding a further admission to hospital through self-neglect.

Weymouth & Portland Community Response Pilot

A collaboration between the VCSE and social work locality team, where a link worker identifies and coordinates a community response for local people (from voluntary organisations to small community groups, relatives to neighbours and local businesses) prior to or alongside statutory involvement.

Home Support pilot

A collaboration between the VCSE, system partners and private providers, building on and joining up current services to ensure peoples' homes are safe and accessible, particularly for those at risk of hospital admission or being discharged. Services include handyman, bed moving, furniture / household item moving or removal, waste disposal and cleaning.

Wellbeing Programme

We know the pandemic has had a significant impact on peoples' wellbeing and this pilot aims to expand opportunities to support peoples' health and wellbeing, particularly people and communities with the greatest challenges and at risk of social isolation. This includes group wellbeing, enhanced befriending and counselling. It is being co-produced with the VCSE and the emphasis is on working in collaboration with other organisations to identify where and what the need is and develop existing and new services based on this.

Ageing Well

£1m funding has been secured from the CCG for a 2-3 year programme to work with the VCSE to support models of care focused on anticipatory care and admission avoidance as part of the [Ageing Well Programme](#). Key areas for focus will include understanding the current offers across the DC and BCP footprint, current and future need and demand for VCSE services, what does and doesn't work well, gaps in provision and developing evidence-based solutions to address these. It will be critical to identify and prioritise those at high risk of hospital admission, and to embed the VCSE as an integral partner in delivering community services.

Inclusive communities

A pilot in partnership with the VCSE to work with local businesses, particularly small and medium-sized enterprises (SMEs) in the hospitality and retail sector, to implement a sustainable framework of inclusivity and accessibility for all diverse and marginalised groups and people across the Dorset Council area, particularly those disproportionately impacted by Covid.

Micro providers

Developing the micro-provider market to provide outcomes-based approaches for Direct Payment holders, self-funders and direct commissioning where suitably accredited, by providing a range of support from setup to ongoing development

Community Connectors

Implement community connector training so that people can help friends, family, colleagues and neighbours find support in their communities by signposting to services like health, housing, education, exercise and debt.

Our Prevention Priority 2: Support for Independence

Developing the Dorset Integrated Prevention Service

“We know, intuitively and rationally, that our focus and investment must shift to prevention even within current financial constraints; to do otherwise is increasingly unsustainable with costs (financial, social, human, environmental) shunted elsewhere across related systems (e.g. health, housing, criminal justice); there are few winners, long-term, in maintaining the status quo.” [Community Matters in Social Care, Local Trust]

Dorset Integrated Prevention Services (DIPS) is a joint contract between Dorset Council and three VCSE organisations. It provides an asset-based, holistic approach to reducing, delaying and preventing further deterioration of vulnerable individuals and their families into poverty, insecure housing, poor health and wellbeing, community safety and homelessness.

The range of interventions include:

- Crisis Intervention
- Gaining and maintaining accommodation
- Social reablement and recovery to access health and wellbeing services and develop meaningful occupation within the community
- Support for people facing multiple exclusions

Services are aimed at adults over 16, working with them to retain the greatest control over their lives and the outcomes they wish to achieve. Specialisms include mental health, housing and homelessness, benefits, domestic abuse and substance misuse.

The services are flexible and adapt to respond to emerging needs and gaps in provision. Examples include:

- Piloting a community navigator scheme working with the Adult Access Team for new and returning customers whose outcomes could be met through an intervention outside of a Care Act assessment. Due to the success of the pilot, this has now been made permanent.
- A Community Navigator virtually located with a locality team to trial additional support for existing customers to achieve their outcomes which lie outside of the support they receive through commissioned services. We are looking at the benefits of this model.
- Development of the Home from Hospital service. The original service was about ensuring people had the necessities on return home, plus two follow up visits if required. Since early 2022, we have been trialling having a community worker working directly with patients at Dorset County Hospital to support hospital discharge. This is seeing considerable success both in terms of referrals, positive outcomes for people as well as cost avoidance for both the NHS and social care.

Case study

The worker supported an elderly person with memory issues and COPD to be discharged home. No work had been done on the property in over 40 years and it was in a very poor condition with maggots in the kitchen floor area. The worker initially ensured there was food and drink and the person had their medication. Longer term support the worker put in place included:

- *Arranged a Safe and Well visit by Dorset and Wiltshire Fire Service and smoke detectors were installed*
- *Completed an Attendance Allowance so the person could get a cleaner*
- *Ensured the electric was being paid and now has a Smart Meter*
- *Arranged a rubbish removal company to remove white goods that were not working and numerous bags of rubbish including a full bag of rotten food*
- *Arranged for a deep clean of the property including white goods that were still working*
- *Involved Housing Standards who got some of the repair work done and charged the estate for the work*
- *Arranged a grant from Emergency Local Assistance to pay for a Microwave and some new bedding*
- *A social Worker now in place as client has memory issues and cannot retain information*
- *A neighbour who has known the person for many years now brings around hot meals and will do more now that the interior is in a good state*
- *Currently looking into befriending services as client does get lonely*

This has supported the person to remain safe, well and independent in their own home and is likely to have avoided repeated further hospital admissions.

Our strategic intentions

- Use and share a range of data and intelligence including from partners, communities and those who use services, to co-produce evidence-based services
- Secure funding to support the ongoing development of a diverse and sustainable voluntary and paid for community offer, from complex one to one support through to signposting
- Work with the sector to support both place-based approaches and priority programmes such as Home First
- Grow collaboration across the council, wider system partners and the VCSE so the sector is understood and recognised as agile and responsive trusted/strategic partners
- Ensure the community offer is easily accessible so that people can be supported within their own communities allowing greater choice, control and independence and reducing, delaying or preventing the need for formal care

Reablement as a preventive intervention

Reablement is a goal-focused intervention that involves intensive, time-limited assessment and therapeutic work over a period of up to six weeks (but possibly for a shorter period). It involves a process of identifying a person's own strengths and abilities by focusing on what they can safely do instead of what they cannot do anymore.

The Social Care Institute for Excellence sets out some of the key purposes of reablement provision as:

- promoting faster recovery from illness;
- preventing unnecessary acute hospital admissions and premature admissions to long-term care;
- supporting timely discharge from hospital; and
- maximising independent living and reduces or eliminates the need for an ongoing care package.

Meaningful functional goals and outcomes are developed with the individual, to promote wellbeing, autonomy, independence and choice. It aims to 'enable people to be and to do what they have reason to value'. It helps individuals to learn or re-learn the skills necessary to be able to engage in activities / occupations that are important to them.

One of the key principles of reablement is to support people who are at risk of needing social care or an increased intensity of care to regain functioning, maintain life skills, rebuild their confidence and promote wellbeing. As such, it is not solely an intervention that takes place when a person leaves hospital. A key ambition of our strategies, particularly (though not exclusively) for older people, is to place reablement more firmly as a key short-term intervention to prevent longer term care needs from developing.

Technology Enabled Care

As ADASS reports, telecare systems have been available for many years and provide a simple and effective means of raising an alert with onsite staff or a specialist monitoring centre if they sense an event such as a fire, flood, or carbon monoxide leak. They can also monitor for falls, or people with dementia leaving home and being unable to find their way back. A variety of GPS devices are also available that enable carers to locate someone away from home.

The latest systems offer much more intelligent enhancements to individuals' lives. Big data can monitor patterns in an individual's daily behaviour, giving insight that can enable efficient care planning as part of a strengths and assets-based approach. This predictive modelling can also alert on potential wellbeing issues. For example, motion sensors can detect increased use of the bathroom, which may be an early sign of a urinary tract infection. Conversely, decreasing use of the kitchen may indicate an individual is struggling to self-care.¹

We want to be at the forefront of adopting new and innovative approaches to support people to remain independent in their own home. As reported by the BBC², we are currently piloting the Lilli system which provides a range of sensors for use of kettle, microwave, fridge doors, bed and motion sensors to understand a home users pattern of activity and use this gain early insight into any change in behaviour.

Technology also supports mental wellbeing by increasing contact with friends and family, reducing social isolation, and giving access to online activities and services, such as games, shopping and utilities. During the Covid lockdowns we trialled KOMP, ETHEL and KRAYDEL - digital support devices for those unable to access day opportunities due to vulnerability, mainly for adults with disabilities, older people, and people in the early stages of dementia.

Dorset recognises the essential role that TEC has in supporting people to remain safe and independent. It not only reduces the level of care a person requires, but enabling a strengths-based approach to managing the increasing complexity and risk we are seeing in our communities. This is all the more important with the gap in the social care workforce and financial pressures.

¹ Available from: [Adass](#)

² Available from: [Sensors and AI to monitor Dorset social care patients - BBC News](#)

Equipment, Aids and Adaptations

The Dorset Accessible Homes service (DAHS) currently provides both minor and major aids and adaptations to properties to enable people to live independently at home. They also manage the Independent Living Centre which provides expert advice on the best equipment to meet someone's needs.

The Sensory Impairment Prevention and Support service (SIPS) carries out our statutory duty to register someone as blind or partially sighted and provide advice equipment and mobility training for visually impaired people to remain independent with outdoor mobility. This service also covers hearing impairment and can provide advice and support to people with hearing loss, deaf or dual sensory loss.

The Community Equipment Services (CES) contract is currently led by Bournemouth, Christchurch and Poole Council (BCP). This service - Equip for Living - is aimed at people coming out of hospital or living in the community that need equipment to enable them to live independently or their carers having the right equipment to support the person to remain in their own home.

These services provide a critical role in enabling people to remain safe and independent at home, without the need for more costly and inappropriate interventions.

What actions are we taking?

- Review operational investment to support the contracts through the OT REACH staff being used in a way to fully support the work of the preventative agenda
- Explore how services could in reach into care homes and could be done jointly with health to avoid falls and contractures and support individuals who move in on respite or a temporary placement pending a return home.
- There is a strong overarching link to the Building Better Lives and Better day workstreams falling under our A Better Life transformation programme to support residents in Dorset achieve good outcomes and work towards independence.
- Work closely with operational colleagues to develop their knowledge and skills more to appropriately refer to the service and carry out Care Act assessments under section 6.
- Hospital staff are unable to access technology which the new contract will resolve, as well as driving in some cost efficiencies so we are better able to meet the demand coming through.
- OFCOM have required Openreach to upgrade the old analogue telephone system to a new digitally based system for all telecom providers that will affect the whole of the United Kingdom, and will be completed by 2025. This new "digital switch" will also add to the cost of the service and we will need to scope out the impact of the change- over of the tec equipment to meet the new system.
- We aim to work with our housing enforcement team to have a more flexible approach to larger minor works by raising the level to avoid the lengthy and bureaucratic Disabled Facilities Grant process³.

Challenges for the Equip For Living Contract is the increase in cost and shortages of equipment, most of which comes from China. The service has developed a recovery plan to try and keep costs down and we are looking at ways that we can pull modular seating for adults and children into the contract to avoid the need for expensive seating. There is an equipment review group that constantly looks at alternative equipment supplies but the cost may not necessarily be the issue but rather the supply to meet demand. This contract is also looking to be tendered in the next year.

³ It's important to note that the Minor works level was set at £1000 in the 1970 Chronically Sick and Disabled Person's act in 1970 and this value has never been revised.

Our high level plan is to keep the thread of “promoting Independence” running through all our contracts and we plan to look at supporting workflow in ASC by developing an independent Living centre that could encourage private pay whilst giving people the confidence to trial equipment without a hard sell. This could include two centres across the DC area promoting a TEC lounge in a more accessible way as well as being a full advice and information centre. We are looking at these developments within the tendering of the services.

This work is strongly aligned to the work of the operational TEC team who are supporting a range of preventative digital interventions and pilots.

Information, Advice and Guidance

A critical requirement to support prevention is the provision of good quality, accessible information, advice and guidance (IAG) relating to care and support. Our Dorset⁴ currently hosts a range of information and guidance including a directory of services, allowing people to select the key areas of concern and search support options.

Whilst this is a helpful tool, the site is under review and it has been identified that this isn't meeting user needs in a range of areas. It needs to go beyond a directory of services and include an easy and intuitive way of accessing key information including local support and community-based resources; information on formal care for example care act assessments, eligibility for services, financial assessments and how to navigate a complex system; how to remain independent and avoid an earlier than necessary dependency on care solutions; and understanding the cost implications of care. Successful, targeted messaging can support people to make choices that prevent or delay the need for care.

We also need to understand whether this functionality should sit with the council or within the community. A community owned platform for Dorset hosted by Help and Kindness⁵ emerged during Covid, which is now well known as a trusted community broker. This platform is continuing to grow by identifying and promoting community-based resources and assets, as well as providing networking and support opportunities to these resources.

What do we need to do?

Research undertaken by Citizens Advice in Dorset (CAiD) indicated that information for potential self-funders needs to be available (or targeted) through other means – for example via Solicitors and Financial Advisor or even the U3A.

Policy work has indicated a level of complexity in supporting people to get financial advice regarding planning for care costs, and care is needed in this area to prevent the authority appearing to recommend particular advisors.

This is under review with work to establish how to access information and resources in the most intuitive way, potentially including self-service tools such as self-assessment.

The research being undertaken on the Our Dorset website is supporting the Digital team to develop a more intuitive approach to support people to gain the right information in a timely way, and to allow 'self-service', enabling people to gain the support they need in the least intrusive way.

⁴ Available from: [Home | Our Dorset Adult Social Care and Community Site \(dorsetcouncil.gov.uk\)](https://www.dorsetcouncil.gov.uk)

⁵ Available from: [Welcome to #HelpAndKindness for Dorset](https://www.dorsetcouncil.gov.uk)

Current development work with the Help and Kindness, is supporting a community-based directory of services based on what is available very locally. Whilst this is linked to the Our Dorset website, it allows the platform to continue to develop as a trusted community resource, building on the tremendous work Help and Kindness undertook during lockdown to provide and link in with voluntary and community organisation, micro services and local initiatives.

As a trusted community player, the role of Help and Kindness in supporting key wellbeing messages – including preventative messaging – is significant.

Direct Payments & Individual Service Funds

Our ambition

The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. Dorset Council want to make it as easy as possible for people to exercise choice and control over their lives, including their care and support needs, and recognise that Direct Payments and Individual Service Funds can be an important part of this. The council want to ensure that people understand what Direct Payments and Individual Service Funds are, the freedoms and choices that Direct Payments and Individual Service Funds bring and the responsibilities that go with them. We also want to make sure the process is as easy and smooth as possible and that the right support services are in place to make the process of deciding to take either a Direct Payment or Individual Service Fund as informed and transparent as possible for all.

The Council will respond to the needs and aspirations of people within the context of national legislation and guidance, wider local plans, and available resources.

Both Direct Payments and Individual Services Funds are incredibly important parts of the system of personalised care and support. In a system that focuses on strengths-based assessment and care planning, the action of giving the individual maximum control over their care resources promotes their own independence and decision-making. We want to make this the default 'first line' offer for the provision of care and support, whilst recognising that personalised services can and should still be provided for those that want a more traditionally commissioned/arranged offer.

However, it is by necessity a complex system, and in many instances implies the employment of a personal assistant, which comes with further complexities of managing the contract and relationship. The Council's priority is to demystify this system as much as possible, ensuring that the right information and advice is always on hand, and that there are the right providers in place to support the management of the DP/ISF arrangements where needed.

Uptake is lower amongst older people, and this will be a focus for our activity. Likewise, current uptake of carers' direct payments in Dorset is very low, and we want to improve this offer, recognising that it can be an important mechanism for sustaining and stabilising informal caring arrangements. Likewise we want to extend them to those in receipt of Section 117 After Care.

As part of the system of supportive management for DPs/ISFs, it is important the right financial resources are available for individuals choosing to take the Direct Payment option e.g., Holding Account and Payroll facilities for those that wish to take a Direct Payment although may not want or be able to operate a Bank Account. There needs to be choice of organisations to act as intermediaries (e.g. brokers for ISFs; payroll providers for DP/PA arrangements), and people need to have confidence in them, with Council accreditation and contracting being important in that.

It is also critical that there is a vibrant market of services for people to use their DP or ISF to purchase, which will need work with providers, community organisations, and businesses currently outside of the social care system, to support them to understand the opportunities and how their businesses can adapt to offer into this market.

The Right Support

Through provision of good and responsive information, advice and guidance, we want to ensure that people and their families and circles of support understand what Direct Payments and Individual Service Funds are, the freedoms and choices that Direct Payments and Individual Service Funds bring and the responsibilities that go with them, as well as which mechanism is right for them. We want to ensure that there is a vibrant market from which people can purchase, and that potential providers understand the ways that their businesses can benefit, and need to adapt, to offer into this potential market.

We will establish a set of providers that support the mechanics of the DP/ISF system for service users and circles of support. This will include payroll providers,

The Right Place

Given the geographic challenges in the provision of home care, it will be important to take a similar geographic view on the uptake of DPs and personal assistants, and scope how the PA model can help to address some of the gaps in provision in the county.

The Right Time

It is important that the arrangements around DPs/ISFs don't unnecessarily delay care provision, so we will make the application process as easy as possible, ensuring that all information and communication is clear and presented in plain English and Easy read format as well as being available digitally.

The current position

Direct Payments

The Care Act is clear that the local authority must offer and provide a Direct Payment to someone who meets the conditions in the Care Act and regulations.

A Direct Payment is a payment of money from the local authority to either the individual needing care and support, or to someone else acting on their behalf, to pay for the cost of arranging all or part of their own support. The local authority could make a Direct Payment instead of arranging or providing any services itself if the individual asks them to do so. This ensures the individual can take full control over their own care.

Direct Payments must be used to meet eligible needs, these are identified in the individuals care assessment. For example, Direct Payments can be used to:

- buy special equipment to help with mobility.
- get a home help for a few hours a week.
- attend a day centre and take part in social activities.
- buy other services from a private provider or volunteer agency.
- pay for short stays (up to four weeks per year) in residential care.

However, there are some things that Direct Payments cannot be used for, such as:

- paying someone who lives in the same household to provide care and support (unless in special circumstances and only in prior agreement with the Council).
- paying for permanent care in a residential care facility.
- buying services from the council.

Individual Service Funds (ISFs)

An Individual Service Fund (ISF) is one way of managing a personal budget, where an individual who needs care and support (and/or their family, advocate, or carer) chooses a Provider or Broker to manage the budget on their behalf and works with them to plan care and support services and activities that will help them to achieve their identified outcomes. This arrangement requires a more flexible contracting arrangement between the Council and the Individual Service Fund Providers/Brokers, and person-centred support planning to use personal budgets creatively to meet an individual's needs and outcomes.

Individual Service Funds give individuals the choice and control over their support, without having to manage the money themselves. This is a middle option between Direct Payments, which have high levels of choice and control plus high levels of responsibility, and the Councils commissioned (managed services), which can have low levels of choice and control and where responsibility lies with the council.

Individual Service funds can be used for a range of purchases if they demonstrate that they are achieving positive outcomes for the individual and meeting their needs. The Individual Service Fund Provider/Broker can provide the services themselves or commission other providers or services, for example massage therapy, swimming lessons or yoga classes, and/or use it to purchase and maintain equipment such as assistive technology. In some cases, individuals might choose to share resources and support with other individuals, and the Individual Service Fund Provider/Broker should support this. There are some contractual restrictions about what the Individual Service Fund can be used for, for example alcohol, sexual activities, gambling, drugs, and anything illegal. There will be a three-way conversation between the Council, the Individual Service Fund Provider/broker and the Individuals selecting the option of an Individual Service Fund to decide and ensure that the ISF is used to meet someone's eligible needs.

How people use their direct payments and individual service funds

85% of people currently receiving their personal budget as a Direct payment use this to purchase some form of personal assistant support (PA). The alternative would be a commissioned homecare using PAs provided by a domiciliary care provider. At least 2 thirds of individuals with a PA are either directly employing them or using a self-employed PA. The overwhelming majority of people with commissioned homecare packages are older people with physical disabilities and account for 84% (£15.5m) of the

total £18.4m annual cost commitment for commissioned homecare (gross cost excluding client contributions)

Due to the age profile of customers using commissioned homecare a significant proportion of care packages end in the year (approx. 28%). The annualised current weekly commissioned homecare cost commitment for people over 85 is £7.2m (28% = £2m).

Information, Advice, Guidance and Support

The Care Act 2014 and statutory guidance place particular emphasis on the provision of information and advice: - Information and advice is fundamental to enabling people, carers, and families to take control of, and make well-informed choices about, their care and support and how they fund it. Not only does information and advice help to promote people's wellbeing by increasing their ability to exercise choice and control, but it is also a vital component of preventing or delaying people's need for care and support. The Care Act places obligations on local authorities to establish and maintain a service to ensure the provision of accessible, accurate, comprehensive, bespoke (and where appropriate, impartial) information and advice is available.

Support for local 'micro providers' to establish support and/or care closer to home

DC has been working for Community Catalysts to develop a very local 'micro enterprise' offer since 2018. Micro-enterprises employ less than 8 people.

Pre-Covid, the work had concentrated on a particular area of North and West Dorset where support was recognised as hard to source. In addition, the previous model used a non- local organisation unable to immediately capitalise on existing community strengths and networks but did provide a supportive 'home' for those wanting to develop or grow. The narrow confines of the pilot did not allow the project to reach outside of this area and produced some 30 micro providers during its two-year lifetime.

Post Covid Community Response has changed the landscape, with local networking organisations such as Help and Kindness coming to the fore as 'trusted brokers' working with the Council to develop an offer. In addition, opportunities to provide support to potential micros became simplified into 'virtual surgeries' enabling the support to cover the entire DC area.

Carers

Carers can receive a Direct Payment to support them to meet their needs as a carer. Generally, Direct Payments for carers are a one-off payment given to support the carer to have some time to look after their own wellbeing. For example, the payment could be used to go to the gym or pay for driving lessons or a break away. Sometimes called a Carer Direct Payment or Carer Budget Payment.

Currently the Carers Direct Payment offer in Dorset has a low uptake with only 48 Direct Payments. Dorset is an outlier in the national ASCOF indicator for proportion of Carers who receive Direct Payments (141 out of 152 – ASCOF 2018-19; Dorset = 11.1% vs National Average = 73.4%).

- Dorset is ranked #140 nationally on this indicator.
- Disaggregation shows that Dorset has a comparatively low % of people receiving Direct Payments in all age bands.

Section 117

When a s117 after care plan is being developed, individuals are advised which of their eligible needs or after care services, if any, may be met/provided through Direct Payment or an Individual Service Fund, and individuals should be offered this option. Individuals are provided with information about Direct Payments and Individual Service Funds (rights and responsibilities and how to use and manage them) so that they can make an informed decision. Individuals must request a Direct Payment or Individual Service Fund and may opt in or out of arrangements by notifying the council at any time. Requests for Direct Payments or Individual Service Funds are usually made at the planning stage but may be made at any other time. People aged 16 years and over who appear to be unable to understand their rights and responsibilities in relation to the ways in which they can receive their personal budget, and have no other appropriate person to support them, will be offered an independent advocate.

Finance

The current spend of people receiving their personal budget as a direct payment is shown in the table below:

Type of fund	Number of recipients	Annual Gross Cost £	Average Cost per Person per Annum £	Average weekly cost per Individual £	Percentage of overall Care and Support spend%
Direct Payment	673	15,317,428	22,760	436	11.8
Individual Service Fund	73	2,396,056	23,036	443	

The total weekly value represents 18% of the total weekly cost commitment for all community delivered care and support packages (£1.85m/week).

The financial climate facing the public sector is difficult and unlikely to improve in the foreseeable future. In all our commissioning arrangements, value for money, quality and sustainability will be considered. With less money to meet demographic pressures we have to do things differently.

Over the next three/five years the Council need to continue to be innovative and creative about how we develop services to meet the needs of our Communities, utilising the skills and knowledge of people with lived experience, their carers, the voluntary and private sector. Direct Payments and Individual Service funds provide individuals with the ability and the opportunity to personalise the delivery of their care and support to meet identified outcomes within their agreed financial package and within differing degrees of control.

What people told us about the DP/ISF system

In January 2020 a survey of the individuals who have opted to take a Direct Payment in Dorset was undertaken with a view to informing the development of future services through contributing to the Direct payment strategy. Of the then 675 Direct Payment recipients 185 (27.4%) people responded.

In terms of how people use their direct payment:

- 31% of people employed their own Personal assistant.
- 25% used a self-employed Personal assistant.
- 31% used a personal assistant from an agency.
- 13 % used their Direct Payment for activities and equipment.

Only 20% felt that the process for accessing Direct Payments was good, whilst 16% felt the process was time consuming with too much paperwork and lack of available support staff to arrange and purchase their own care in the community. Overall, 25% of the people that responded asked that the Council make it easier for people to use Direct Payments.

The survey identified areas that they felt the Council could improve in supporting Direct Payments, including:

- Provide more support and/or social work contact to support individuals with setting up the Direct payment
- Improve our response times and setting up of the Direct Payment
- Continue to develop local micro providers
- Develop a register of personal Assistants (PAs) to help people with finding the right PA and establish this as the first choice option.
- Make our Direct Payment offer clear and accessible
- Work to develop the market to help make sure that people can easily purchase using a Direct payment
- Establish a one-stop community online marketplace that people can find, choose, arrange, and purchase the support that they need
- Develop a Personal Assistant (PA) register and wraparound support offer to make it easier for people to find and directly employ a PA
- A proportionate and easier process and offer for low value Direct Payments

This feedback, and much else that we have received both formally and informally, has informed the approach we set out in this strategy.

Our strategic intentions

We want to increase the number of people in Dorset who wish to take their personal budget through a Direct payment by: -

- Making it as easy as possible for people to use Direct Payments to arrange and purchase their own care and support in their local community and establish this as the first choice option.
- Promoting the Direct payment option to older people as currently there is low take up in this age group.
- Developing clear and accessible services and activities that are readily available that individuals can easily purchase using a Direct payment.
- Coordinating a response to promotion and Direct payment wraparound support arrangements.
- Working with the Community Catalyst, Community Response and Help and Kindness to increase the number of people who want to work with Direct payment recipients in Dorset as Personal Assistants.
- Working with the private provider market to develop bespoke activities and opportunities that people can attend during the day using their Direct payment.
- Establishing a one-stop community online marketplace (Brokerage) that people can find, choose, arrange, and purchase the support that they need.

- Developing a Personal Assistant (PA) register and wraparound support offer to make it easier for people to find and directly employ a PA
- Making the process of opting to take a Direct payment proportionate and easier
- Improving our offer for low value Direct Payments
- Working to make Direct payment a more favourable option for older people
- Maintaining access to enough PAs that are available to meet increased demand for employed and self-employed PA s

We want to increase the number of people in Dorset who wish to take their personal budget through an Individual Service Fund by:

- Increasing the number of accredited Individual Service Fund Providers/brokers for individuals to choose from to work with.
- Making it as easy as possible for individuals to use Individual Service Funds to work with their chosen ISF Provider/Broker to identify and create bespoke care and support opportunities in their local community.
- Promoting the Individual Service Funds option to older people and their families and circles of support.
- Developing clear and accessible services and activities that are readily available that Individuals will be able choose with the help of their individual ISF Provider/broker using their ISF.
- Working with the Community Catalyst, Community Response and Help and Kindness to increase the number of people who want to work with Individual Service Fund recipients in Dorset.
- Working with the private provider market to develop bespoke activities and opportunities that people can attend during the day using their Individual Service Funds.
- Developing a register of accredited Individual Service Fund providers/Brokers for individuals to choose from.
- Making the process of opting to take an Individual Service Fund proportionate and easier
- Improving our offer for low value Individual Service Funds

Review of Support Services for Direct payment and Individual Service Funds

The current suite of Direct payment and Individual Service Fund support services have not been reviewed for several years. We are in the process of reviewing the suite of support mechanisms to ensure the Council can provide high quality support that is cost effective and provides the optimum assistance for individuals considering the option of taking their personal budget as either a Direct payment or working with an accredited Individual Service Fund provider/broker as well as continuing to be able to support people once they have opted to take a Direct Payment or Individual service Fund.

Pre-Paid cards

Pre-paid cards' are used by some local authorities to pay Direct Payments without the need for a bank account. The statutory guidance makes clear that individuals should not be obliged to receive a direct payment via a pre-paid card. Dorset Council is exploring the benefits of implementing a pre-paid card solution. If adopted the expectation will be that most new Direct Payment recipients will be offered a pre-paid card as their Direct payment bank account once this solution is in place. Pre-paid cards would also be made available to existing DP users for their convenience. If pre-paid cards are in adopted, and for all budgets, a separate Direct Payment bank account must be opened which must be used solely for receiving and managing Direct Payments. The bank account must have no overdraft facility.

Base Hourly Rate

The rates paid to people who opt to receive a Direct Payment from the Council is currently being reviewed. Work is being undertaken to understand the payment models that other Local Authorities have in place. Consideration is being given to the proposal of the introduction of an hourly base rate for the employment of Personal Assistants, which will provide transparency in the amount of funding available to those not only buying support service from Personal Assistants but also make Personal Assistants aware of the rate they should be receiving as payment for the provision of their support.

Direct Payments for Carers

The focus will be on supporting Carers to be able to take up the option of a Direct Payment. Ensuring appropriate information is available for both Carers, Carers Support Workers and individuals who receive a service to ensure that sufficient information is available and accessible to inform decisions around opting to take a Direct payment.

Choice and control

The core of the Care Act 2014 is the principle of wellbeing. At the heart of the principle of wellbeing is control by the individual over day-to-day life, including over care and support and the way it is provided. Direct Payments provide individuals with the ability to make decisions around when, how and where they are supported, assisted to attend activities or purchase equipment to help meet their individual outcomes. (In line with the permitted items)

Nationally, Dorset ranks 18th for the percentage of adults 18-65 who feel they have control over daily life with a score of 88.6% compared to a national average of 82.4%. This is positive for Dorset and a trend we want to continue through our commissioning activity.

Direct Payments and Individual Service Funds enable people to choose how they spend money allocated to them to achieve outcomes identified, offering more flexibility and creativity. The number of people having a direct payment is increasing across the county, with Dorset scoring above average on the number of 18-65's who have one.

We are ambitious about growing the number of people who can utilise this as a means of purchasing support, alongside increasing an emphasis on Individual Service Funds, where someone can work with a provider to determine the best way to achieve goals which are important to them. This support builds on a community approach, enabling people the opportunity and flexibility to use support in a way, and at a time, which allows them to participate in activities which may extend outside of more traditional working days.

Co-production and Partnership

We have set out that we are committed to co-production, partnership, and to a flexible and responsive approach to developing our services. This strategy has been shaped by many conversations, relationships and pieces of data analysis over the past months and years. We believe that, certainly in its early ambitions, it represents a shared view of how services need to develop to better serve the people of Dorset who need care and support.

However, particularly over the longer time-frame of the strategy, there is still a lot that we need to work on with all those who use, or work within and alongside, the social care system. Under each strategy area we have set out our planned actions for the coming year, and a broader set of aspirations that represent how we see social care evolving in the years that follow. To turn those broader aspirations into action, we have also set out some 'conversations' that we think are important to ensuring that we bring as many partners and people as possible with us.

In February 2021, we published a set of broad "commissioning intentions" for discussion/comment. Those activities have been incorporated into this commissioning strategy. The Strategy also reflects the considerable work that has been done through the integrated care partnership arrangements with the local NHS. At the same time, we hope that by setting out our ambitions for social care more fully in this document, we can give new impetus to those partnership discussions and a clearer basis for our joint working. Finally, over the summer of 2021, we ran an engagement exercise – the "Summer of Co-Production" – which provided us with rich insight into what people want from social care services, particularly day opportunities. Again, this strategy builds on what we heard from people during those discussions.

Defining co-production

'Co-production is an approach where people, family members, carers, organisations and commissioners work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects.'

Think Local, Act Personal

Principles for Co-production

Good project management is essential to service design and redesign – It becomes great project management and excellent service design when we co-produce with our residents, service users and strategic stakeholders.

- **Inclusion** – elevating seldom-heard voices and making it possible for everyone to get involved.
- **Clarity** – ensuring the scope and potential impact of a successful engagement is communicated and understood.
- **Equal partnership** – demonstrating shared responsibility for the design and delivery of services.
- **Openness & Transparency** – need to be clear about our intentions and what information / responsibility we're willing to share.
- **Good Communication** – important to explain impact of co-production and how it influences decisions and important to celebrate success.

The Engagement Ladder



- Co-production is **embedded** throughout the Care Act 2014 – An individual should coproduce their care plan with their social worker. Information, Advice & Guidance should be coproduced. Market shaping and commissioning strategy should be coproduced with service users.
- Co-production is about developing more **equal partnerships** between people who use services, carers, and professionals.
- It is **important to have an agreed definition** between everyone taking part in any co-production activity.
- There are key principles for co-production around **equality, diversity, access, and reciprocity**.
- Co-production can help make the **best use of resources**, deliver **better outcomes** for people who use services and carers, **build stronger communities, and develop citizenship**. (This is how we measure success)

- To do co-production, organisations may need to make **changes to their culture**, structure, and practice and to **regularly review progress**.

Our Vision for Co-production

The council values the contribution residents with lived experience can bring to the development of Adult & Housing Services in Dorset. Our aim is to move away from delivering services ‘for’ residents, to a model where the council collaborates ‘with’ residents and stakeholders.

To do this, we will share power and commit to working in partnership with communities. Collectively, creating services which meet individual needs, improve health, and helps people live a better life.

Short Term (1-2 Years)

Dorset Council will have achieved some ‘Quick Win’ co-production projects that demonstrate our commitment to working in partnership with our stakeholders.

Long-Term (3-5 Years)

Dorset Council will evidence that the people we support have been actively involved in the design and co-production of the majority of our services.

Beyond (5+ Years)

Dorset Council is recognised as a leading Local Authority for public engagement and co-production

Some of the specific strategy issues we would like to explore in 2022/23

From our plans for 2022/23, the priorities we have identified for wider joint work, and which we would like to explore with the users of our services, our partners, providers of social care, informal carers and others include:

- For adults of working age with support needs
 - Strengthen out information and advice service ensuring documents produced by the council as translated into plain English and easy read documents as well as expanding co-production to ensure the voice of residents runs through everything we do
- For transition
 - The experience of people moving through transition, including family carers and service providers, will be essential to informing our plans. Co-production activity here starts with a continuous process of ensuring good communication and listening to the views of residents to inform our work, rather than specific co-productive project activity.
- For technology-enabled care
 - Working with our Digital team to ensure we have a clear programme of work that is deliverable and achievable.
 - Working on pilots with individuals across Dorset, trialling new equipment and devices- checking that the person is capable to using the equipment and the infrastructure is there i.e. mobile technology, for example working with the 5G team and Vodafone to develop a pilot of the Internet of Things (IOT) where there is little or no mobile signal.
 - Working with health colleagues to see where a combined system could develop benefits across the services for both organisations
- For older people
 - As such a substantial and growing part of the Dorset population, it is critical that we continue the conversation about how people can be better supported to age well in Dorset – this will allow this strategy to grow and develop, and provide an opportunity for as many as possible to influence it.

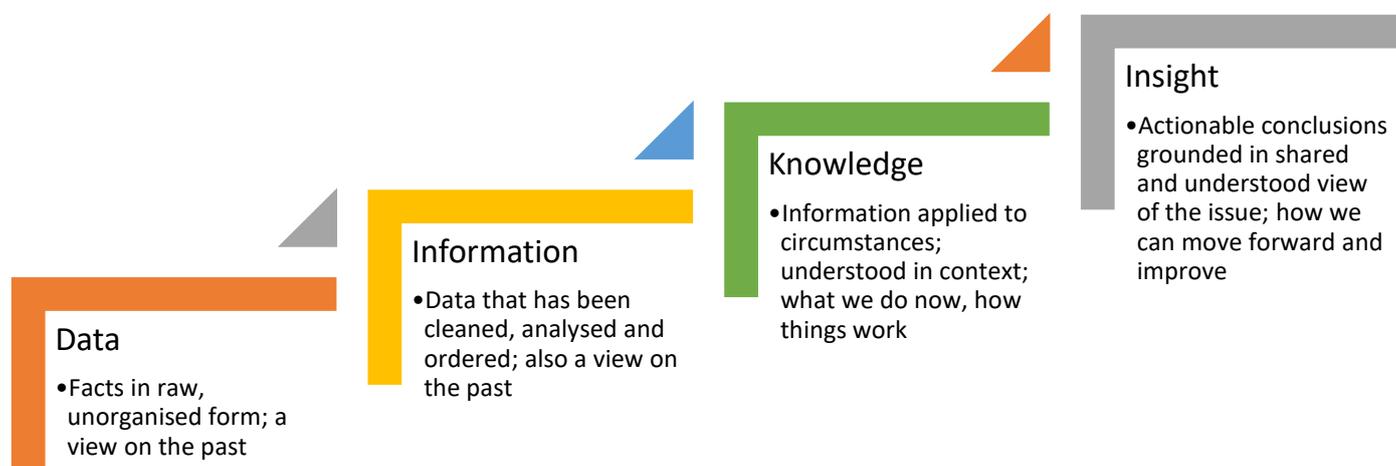
- We will also specifically start a conversation about the future of dementia services, as part of our review, and to continue to inform the development of a dementia friendly community.
- We also want to ensure a continued conversation about how our town centres and high streets, plus “hyperlocal” communities, can develop as supportive environments for ageing well, and what the Council and partners can do to better support this.
- For residential care (for older people)
 - We always want to maintain an overview of people’s experience of living in residential care. However, we are particularly keen to have discussions with self-funders who are new to residential care, and their families, about the choices that they made and what alternatives could have been made available for them to remain living independently for longer. Where people are in council-funded placements for want of alternative options, we also want to understand their experience.
 - There are also opportunities for community organisations to be part of enhancing the richness of life in our care homes and we must develop the conversation further with the market as we continue to share information about the future of provision. This will include discussions about the property and environmental challenges and opportunities in the sector, and how the physical estate can be improved. It will also include conversations on developing and supporting a stable workforce.
- For Direct Payments/Individual Service Funds
 - We have a considerable wealth of information available to us about the people that the Council arranges residential care for, but this is not currently in formats that support commissioning decisions. This will allow us to bring more people into our decision-making, including the care market and health partners.
 - We need more insight into the self-funder market, as well as the placement activities and trends of our healthcare partners. This will all be part of building greater insight into the functioning of the market, including within specific geographies within the county.
- For day opportunities
 - The new vision for day opportunities will drive some significant change in how services are currently delivered, and that must be a change shaped with those who use services, those who care for them, and the wider partnership. This is our major immediate co-production opportunity, and it builds on conversations held over Summer 2021 which have shaped this strategy.
 - Alongside this joint work, we will develop our partnerships with the voluntary sector, including working with smaller and micro-providers where we can support them to be part of commissioned packages, and working with them on developing partnerships and participation in local neighbourhood networks.
- For community resilience and participation
 - We recognise local communities are the experts and know what’s needed in their areas and have great ideas. Rather than focusing on work on specific issues, we will work to develop a regular forum for exchange of information. This will support continued work with VCSE infrastructure partners as well as the wider sector and local communities
- For care at home (for older people)
 - We need to better understand people’s current experiences of home care and how this could be improved or supported in a different way.
 - A key focus we will pursue in the coming year is workforce and the challenges of maintaining and improving resilience and stability, including solutions to address current geographic challenges.
 - With our partners, it is critical that we co-design a more streamlined home care pathways, including reablement, community prevention, hospital admission avoidance and discharge that supports both long term and intermediate care requirements.

- For carers
 - We will work to further develop the Dorset Carers Reference Group, which can oversee and shape with us the co-production activities that we plan. Listening to carers and involving them in shaping the support system is critical, and there are a number of areas identified where we will be developing new service offers, and we need to involve carers from the earliest stages. This will include around improving carer breaks provision.
 - We will also engage with provider forums to ensure that the insight that they hold on how carers are supported can inform our developments.

Our insight priorities for 2022/23

Stepping up our use of data: delivering actionable insight

Our overarching aim is to build more systematic and insightful use of data to support decision-making, particularly decision-making in partnership, in co-production settings, and in the bridge between commissioning and operations. In saying that, however, we also recognise that data should never replace professional judgment, particularly in a social work practice context. However, good data analysis can support professional judgment, by providing robust insight into how systems are functioning, and the decisions people make within them. Data can also alert to possible developing problems, with predictive analytics pointing us to where people may benefit from preventive interventions.



In the context of our overall commissioning strategy there are two key areas where we need to build our analytical capacities and a suite of shared products. One is in support of our ambition to change the relationship with the market, in which we need to develop a greater commercial and market data capacity, to understand business viability and commercial concerns and actions. Alongside this stands the information assets that can build a cohesive overall view of commissioning for place. For this, we want to marshal our data and insight to drive a stronger place-based commissioning approach. We want to bring together the challenges, opportunities and interventions in particular places or localities so that we can maximise the value of our investment and the delivery of better services for residents.

Some discussion of the areas that have been identified for further analysis across all of our commissioning strategies are set out below. We aim to work with our colleagues in business information teams, partners and community organisations to build a programme of analytical work to support both our delivery of the strategy, and our delivery of everyday services – and to build our capacity to iterate these strategies for the future.

Data and intelligence Identifying those who may benefit from preventative support

We need to work smarter with the available data and evidence base to identify and target those individuals who may benefit from particular types of preventative support. There are a number of interactions and access points that could bring a person into contact with the council or a partner organisation and act as a trigger point for the council to consider a preventative service. For example:

initial contact through the Council – via the Central Access Team (CAT) and the Adult Access Team (AAT), whether by the person concerned or someone acting on their behalf

contact with other professionals such as GPs, community nurses, housing officers, for example, which leads to a referral to the council

an assessment of needs or a carer's assessment.

Pilot work is underway to redirect referrals from the Adult Access Team into a 'case holding' community connector service for non-care referrals who will benefit from an early support intervention.

There are key points in a many people's lives where an intervention may be particularly appropriate. We need to understand these flags and consider how best to identify and respond to potential opportunities. We know examples will include:

- Bereavement;
- hospital admission and/or discharge;
- people who have been recently admitted to or released from prison;
- application for benefits such as Attendance Allowance, or Carer's Allowance;
- contact with/use of local support groups;
- contact with/use of private care and support; or
- changes in housing.

As highlighted previously, data sets from the Diis are able to indicate people with particular vulnerabilities, such as being at risk of falling, who could then be targeted with a preventative offer. We know that many enter hospitals as a result of falls, and that they are more likely to need some ongoing care and support as a result of this. This would involve working closely with health colleagues but could have a direct impact on the demand for all system partners.

In addition, evidence suggests that targeting people with two or more co-occurring health issues can make a considerable impact on their need for further care as well as health interventions. Evidence? Snip from DIIS showing potential data sets and ability to drill down to individual level

Many people with low level care and support needs will approach the voluntary sector for advice in the first instance. We are already working proactively with the sector to develop a public facing 'Community Front Door' which aims to support the sector locally to step up and respond.

For adults of working age with support needs

The service reviews referenced in the actions for year 1 will require considerable data analysis to ensure that they are evidence-based.

For transition

An analysis of the choices of young people coming through transition has already been of assistance in shaping our day opportunities proposals. The strategic review of the current service offer will require such insight in order to inform the development of the service.

For technology-enabled care

Working with Universities and technology providers to test equipment and evaluate the outcomes for the service user and services during our pilots

Researching new technology coming onto the market working with our new provider looking at Innovation not just across our service but sharing the learning across all of their contracts.

Further work is required with our provider and the Digital team to demonstrate how we can capture data that measures benefits- ASCOF reporting on people with certain conditions being supported to live independently, older people coming out of hospital being supported to avoid readmission within 91 days and avoidance of admission to long term care for younger adults and older people. We have a temporary OT post to support some of the data capture from the pilots but going forward we will need to look at how we capture reports from AI systems and co-ordinate a response in a more managed way

For older people

Understanding the choices made by people on their journey through older age will be important – particularly when people make decisions (either on their own or with the support of services) about care that they need. This will include a more in-depth modelling of housing demand for older people and the choices that people want about housing for older age.

For residential care (for older people)

We have a considerable wealth of information available to us about the people that the Council arranges residential care for, but this is not currently in formats that support commissioning decisions. This will allow us to bring more people into our decision-making, including the care market and health partners.

We need more insight into the self-funder market, as well as the placement activities and trends of our healthcare partners. This will all be part of building greater insight into the functioning of the market, including within specific geographies within the county.

For Direct Payments/Individual Service Funds

Building a good data picture about DPs/ISFs will be important, although there is a greater priority at this stage in gaining greater qualitative insight. Nonetheless, building data insight into who does and doesn't take up a DP/ISF, and when such arrangements end or fail, will be important.

Analysis of the base rates and the costs involved in purchasing/providing care through this method will also be important, to ensure that it remains a viable options for service users.

For day opportunities

We have a reasonably clear picture on the kinds of services people want to access and how they want to spend their days. However, we also know that we have further data analysis to undertake to inform our continued discussions. This will be an early priority. In particular, we want to understand more about access to private day opportunities, and how moves to direct payments will further expand that market.

For community resilience and participation

A dedicated Performance Analyst role has been secured to develop the evidence base for cost savings and cost avoidance against locality budgets in the community response work, where social work teams are able to gain support from the local community and voluntary sector, reducing their time.

There are a number of interactions and access points that could bring a person into contact with the council or a partner organisation and act as a trigger point for the council to consider a preventative service, and we need to work smarter with the data available to understand the currently missed opportunities. In particular, we want to improve on identifying and prioritising those at high risk of hospital admission/health inequalities

For care at home (for older people)

With geography such a critical factor, it is important that locality-based analysis is undertaken to inform all of the interventions in this strategy. This will need to be kept 'live' and regularly refreshed, particularly as some localities are affected more than others by seasonal pressures. These analyses will also show changes in flow through short-term services, and inform future decisions about reablement and rapid response services. It is important to understand when, how and why homecare breaks down and what else could be done to prevent escalation on to residential care. Analysis of handed back cases will also allow for a model to identify providers at risk of failure, with the intention of minimising demand for 'provider of last resort' intervention.

For carers

Significant work is underway to understand the picture in Dorset, building on work done to link Dorset Council data sets with Health and providers. However, this is limited to those carers identifying themselves within that role and removing duplicated records.

As part of that, understanding more clearly what data can tell us about the risk to caring arrangements breaking down will be invaluable.

Safeguarding and commissioning for quality

Dorset Safeguarding Adults Board brings together all public sector and voluntary/ community sector agencies across Dorset and BCP with the aim of working together to protect adults at risk from abuse, harm, or neglect. The Board seeks to provide joined up strategic leadership and collective accountability, and Dorset Council is an active

From the 2021/22 Annual Report

Challenges

- Responding to a sustained increase in safeguarding activity during the pandemic
- Application of the ethos of 'Making Safeguarding Personal' – further work is needed to support staff and embed this in practice
- Continuing to ensure services are safely staffed and can meet the needs of the community – this is likely to be extremely challenging from a workforce perspective

2021/22 Areas of focus

- Enable citizens to contact adult social care more easily by enhancing our 'front door' approach
- Establishment of a Quality Improvement Process in adult social care to drive and monitor safeguarding practice, quality assurance and performance across operational teams.

From the 2021-24 Strategic Plan

- Continued development with partners of preventative work in safeguarding - will feature in all our work, reports to the Board, audits, reviews, and general assurance.
- Work within the new Integrated Care System in the context of the safeguarding assurance framework – continuously developing how the board delivers assurance with the evolving governance frameworks within the NHS and social care . This will be developed through effective partnership working
- Transitional Safeguarding - working closely with Safeguarding Children's Partnership to ensure that the complexities for children and young people who have transitioned from children's

service intervention are recognised when safeguarding concerns are considered by adult services and that there is good information sharing, when necessary, between the service areas

- Homelessness - ensuring that there is good multi-agency working with a contextual safeguarding approach to preventative activities for people who are homeless
- Involving people in the work we do - through reviewing how we communicate more widely to citizens and ensuring we listen to the voices of those who have experienced safeguarding interventions. Delivering our communication/ engagement strategy to the widest audience with the support of the voluntary and community sector
- Improving assurance on health and social care practice and provider care quality - by understanding the significant impacts on commissioning services by health and social care; by understanding how we work in partnership with citizens (through Healthwatch) and the regulator (CQC); through having oversight, through single and multi-agency audit which shows how risk is identified and responded to
- Improving assurance on delivery of safe practice in private mental health hospitals - through understanding the extent of commissioned out of area placements and the quality assurance mechanisms in place together with service review which safeguards and protects people needing support from these (often specialist) services
- Developing assurance on the delivery of Liberty Protection Safeguards - and in particular the changes which will be implemented in 2022 for Liberty Protection Safeguards
- Enhancing understanding and recognition of domestic abuse and coercive and controlling behaviour and its impact on people with care and support needs - by working closely with the Community Safety Partnerships and the Pan Dorset Safeguarding Children Partnership assurance will be provided on the improved usage of the Multi-Agency Risk Management Framework
- Continuing assurance on the application of learning from SAR's and where appropriate DHR's, improving legal literacy through multi-agency audit, supported by an effective training strategy which supports organisational learning from SARs and other reviews. We will implement learning from SAR Katherine on adult safeguarding and domestic abuse
- Assurance on delivery of 'Making Safeguarding Personal' - through shared learning from people's experience of safeguarding interventions via the Community Reference Subgroup or via case stories presented at the Board
- Continue to seek Assurance that all practitioners in all agencies 'Think Family' and embed this in practice

Our action plan

Four outcomes

Year 1 implementation plan

The actions we are currently working on, and which inform the development of action plans for the longer term of this strategy are set out here.

Outcome 1: Communities are resilient, vibrant and inclusive through working in partnership with the voluntary and community sector

Action	Expected date
Develop and review the pilots underway to evidence their impact and build into a longer term approach	September 2022
Work with the CCG, BCP and VCSE to co-produce and implement the hospital avoidance programme as part of Ageing Well	April 2023
Joint targeted volunteer recruitment campaign	July 2022
Internal comms and engagement to develop and promote new and emerging opportunities	April 2023
Build on partnerships and engagement to explore new opportunities with the wider VCSE and system partners including ICS	April 2023

Outcome 2: People can easily access a range of local community based resources which support their health and wellbeing

Action	Expected date
Recommission Dorset Integrated Prevention Services using system wide data and intelligence to understand need and demand, what does and doesn't work, identify additional funding streams	April 2023
Implement community navigators	December 2022
Accelerate existing work to support micro providers to setup	September 2022

Outcome 3: People have ready access to a range of technology options that can support their independence and their ability to receive long-term care in ways that work best for them

Action	Expected date
Embed the new Technology Enabled Care contract within Dorset to support staff across Health and social care support people through their journey to keep them safe and well.	
Develop a training programme to educate colleagues on how technology works and how it can benefit people.	
Develop the TEC lounge by moving it to bigger premises at Greenwood to allow easier access, extend the range of equipment this will support our work towards a self-funder offer.	
Enable a self-funder offer from our TEC service provider to support a wider range of individuals which will include a responder offer.	
Develop a work programme to move to the digital careline service being replaced by OFCOM /Openreach and the Telecom provider network.	
Developing a training centre for care at home staff to learn about technology so they can support people to use it confidently in their homes.	

Outcome 4: People are supported to manage their own care through the use of direct payments and individual service funds, with a vibrant marketplace from which they can choose and buy their support

Action	Expected date
Develop Dorset DP/ISF Project Group and Oversight Group <ul style="list-style-type: none"> Establish training programme across system, including social work teams 	
Information and advice overhaul	

Support service development <ul style="list-style-type: none"> • Review current DP/ISF support arrangements • Implement change with full tender processes where needed 	
Scope the options on prepaid cards and take formal decisions on future plans	
Develop all-age offer, working with Children’s Services	
Establish programme of activity to develop the provider market for DP/ISF, working with provider networks, and VCSE organisations – to include microproviders and personal assistants	
Develop Council offer on carers’ Direct Payments (see also Carers’ strategy)	

Development priorities for our commissioning systems

We are looking to develop a specific action plan about how we improve our commissioning systems, including actions across:

- Co-production capacity
- Digital
- Insight
- Markets
- Partnerships

We want to explore with people whether these are the right priorities to explore further.

Years 2-5

Community prevention

The actions above prepare the ground for a jointly produced programme of activity to continue to strengthen the preventive power of local community activity. We will work to capture this potential in an action plan for years two to five, which ensures:

The actions above prepare the ground for a jointly produced programme of activity to continue to strengthen the preventive power of local community activity. We will work to capture this potential in an action plan for years two to five, which ensures:

1. A diverse voluntary and paid for community offer to support both place-based approaches & high priority programmes such as Home First
2. A community offer accessible to Direct Payment holders, Individual Service Fund holders, as well as self- funders
3. A changed culture of accessing care & support allowing greater choice and control
4. VCSE understood and recognised as agile & responsive trusted/strategic partners
5. Embedding the VCSE as an integral partner in delivering community services

Direct payments, individual service funds

1. Continued promotion of DPs/ISFs, keeping information and advice under review so that it best supports service users
2. Working with recipients to understand how the process can be continually improved
 - a. In particular to ensure that the Council maintains a “geographically-informed” view of where there are local market issues compromising the uptake of DPs/ISFs, as well as issues arising for specific groups of service users
3. Working with the market to ensure that there remains a vibrant, diverse and high quality offer for people who are looking to purchase care and support with a DP/ISF

Technology-enabled care

1. Continue to roll out replacement of old analogue equipment.
2. Develop further discussions with health and the ICS developments to embed the Digital change and technology first culture across the organisations, developing more integration with health
3. Build in online self-assessment so inform people of the options to consider
4. Embed the Technology offer in our review process- ensuring the reviewing team are fully aware of the support it can offer
5. Working on the consultation and outcomes of the white paper- looking at how we can extend the Technology offer within the Disabled Facilities Grants offer to make homes more accessible.
6. Build additional OT capacity within the TEC team to help with reporting and capturing the data and benefits of the TEC service.

Developing the infrastructure to monitor and manage this Strategy

The next steps to ensure we are lined up to deliver this Strategy are set out below. Alongside our co-production discussions, we are working up the governance and performance systems to ensure that we can account to Members and to the community for delivering on our commitments.

Performance metrics

- There is already a process proposed by which the ambitions of 'A Better Life' are shaped.
- As the overall approaches described in these plans are shaped and refined, then alongside this we will develop performance metrics, which it makes sense to ensure are developed as part of the A Better Life approach already planned.

Governance

- External: The thematic strategies identify a number of externally-facing governance forums, whether with partner organisations, or that support the co-production ambitions that we have set out. These will be further mapped so that it is clear where the conversations are happening that develop this thinking further.
- Internal: To deliver the strategy will of course require the participation of teams other than commissioning, and to manage those relationships better we will need to establish internal groups – for example, on data management or co-production – so that action plans can be shared and jointly owned.
- Reporting lines: ensuring that there are clear progress reports, bringing together both data and tracking achievements, will be critical – and aligned to A Better Life.

Developing the detailed action plans

- Draft action plans were produced to aid in the development of these strategies, However, we want to use our conversations to properly explore if what we are working on is the right set of activities.
- The creation of internal monitoring systems, to ensure that there is team cohesion around delivering the strategy can then follow (using, for example, Planner as used by ABL programme office).

Commissioning capacity development

- Outside of any formal training, the actions in this strategy imply the need to develop the commissioning capacities of the organisation.
- Some of that will include the development of the tools and mechanisms highlighted to organise the work and to assist in the management of the relationships required to deliver it (with market, service users, ops teams, contractors, etc.)
- There will also be the need for the sharing of skills and the development of approaches within the commissioning team and between the commissioning function and its partners, for which a planned programme of activity will be helpful.

Glossary of terms (in development)

This glossary accompanies all four of the strategies in this suite. If you see something in the documents that needs to be explained, let us know and we will add it here.

We will develop the explanations as we gather in the full list of terms that people want to see clarified across the four documents.

A Better Life

Acute

Admission avoidance

Assessment, Care Act

Assessment, financial

Assets-based approach

Assistive Technology

Better Care fund

Brokerage

Building Better Lives

Care market

Carers

Clinical Commissioning Group

Commissioning

**Community & Voluntary
Sector/VCSE**

Co-production

Council Plan

Dementia

Digital

Diis

Direct payment
Domiciliary care/home care
Fair Cost of Care
Frailty
Health & Wellbeing Board
Hospital discharge
IAG
Inclusion
Individual service fund
Integrated care system
Integration
Joint Strategic Needs
Assessment
Learning disability
Liberty Protection Safeguards
Local Authority Trading
Company (LATCo)
Lower Super Output Area
Market Sustainability
Median
Mental health condition
Micro-provider
NHS Dorset
NHS provider
Nursing care
Older People
PAMMS
Personal assistant
Physical disability
Place/place-based
Prevention
Provider
Residential care
Sensory impairment/loss
Strengths-based
Technology-Enabled Care
Transition
Working Age

Commissioning for A Better Life for Older People with Support Needs in Dorset Our Strategy 2022-27

With a higher over-65 population than anywhere else in the country, it's especially important that Dorset provides the opportunity for a great quality of life for older people. We want to work with residents, communities and local service providers to continue to strengthen the supportive community networks of Dorset, develop housing and other infrastructure that supports people to make the best of their strengths and age well, and ensure that the best quality information, support and services are in place as people's health and care needs increase.



Foreword

To follow.

About these strategies

This is one of four strategy documents which is currently in development by Dorset Council, to shape its planning and delivery of adult social care services for the coming years. This draft, presented to the Overview Committee on 28 June 2022, marks the beginning of a wide set of discussions with key people, including our residents, users of our services, carers, our workforce, our partners and the social care market. Through these discussions we want to develop a set of social care plans that command wide respect, and which can shape the Dorset Council works with everyone to build a social care system that is fit for the future.

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The final document will include appendices which will set out specific plans in a 'plan on a page' format. These are in development through the co-production process, so are not yet included in these drafts.

About this strategy

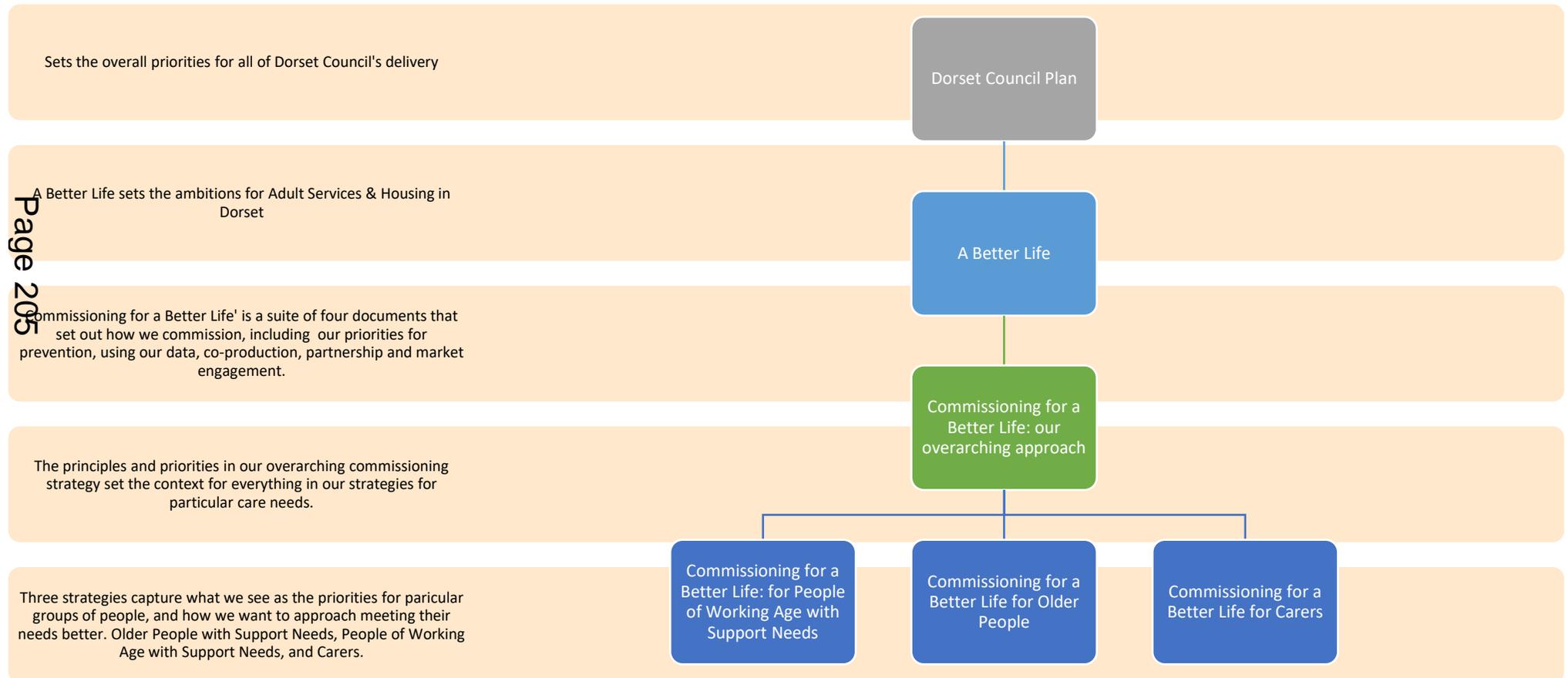
This is one of four strategies that sets the framework for how we will commission and develop services and support into the future. 'Commissioning for A Better Life' is the overarching commissioning approach, and should be read in conjunction with this document that deals more specifically with how we will improve the support received by people of working age with support needs.

This strategy is intended to be used as a live document, allowing us to build on the existing service delivery, review progress to date and then continue to review throughout the 5-year period the strategy covers. It has been produced in mid-2022 to make it easier for people to engage with us and tell us what needs to improve and how we should do it.

This strategy is as a result of much consultation, engagement, and research over the past months and years, involving those with lived experience, providers, local councillors, and partners. However, we know there is much more of this to be done, and we hope that by setting out our 'current view' of the way services need to develop it will help people to engage with us.

Throughout 2022, Dorset Council will embark on a co-production journey empowering residents to get involved in discussions on how to better support residents. This will enable the Council to co-produce and co-design further, and more detailed, iterations of the action plan, which will deliver better outcomes through strengths-based practice and commissioning. The Council would like to co-develop services that are flexible, adaptive, and responsive to residents' needs. The council aims to strengthen its partnerships with our NHS colleagues, the voluntary sector and social care provider market whilst acknowledging the financial challenges we are currently facing. This will require an ambitious and creative approach to how we shape services.

Our Strategy Framework



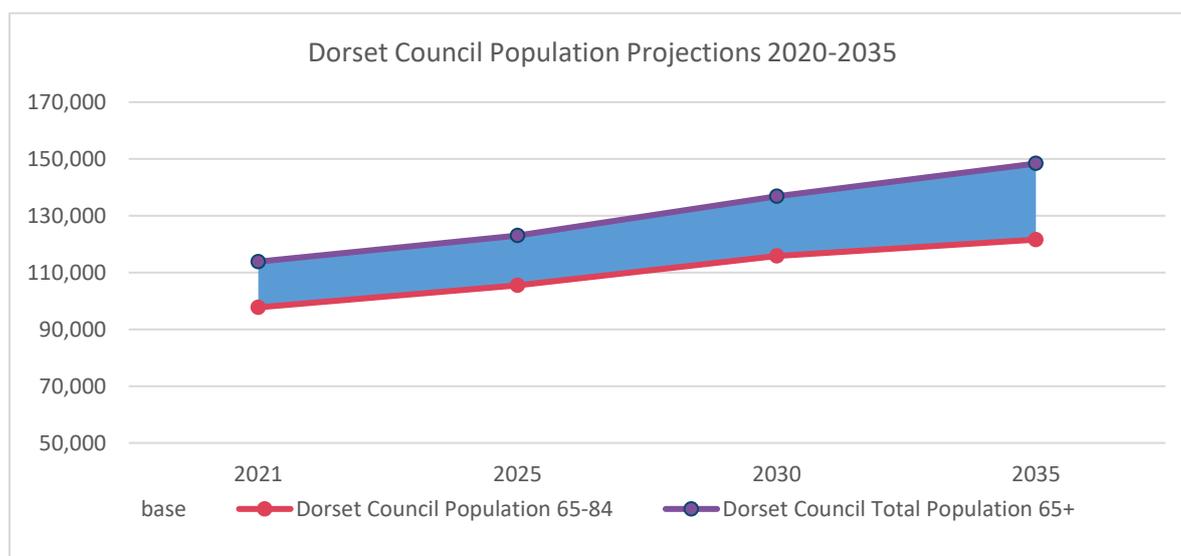
Ageing in Dorset

The population of Dorset, mirroring that of the UK, is aging. It is happening more rapidly in Dorset due to our larger older population and declining birth rate. The median age in Dorset is 51, up by 4 years since 2009, compared to a median age of just 40 for England, up by less than one year in the last 10 years. Typically, Older People refers to those who are no longer of working age, so traditionally 65+. However with increased life expectancy an increasing number of people find themselves either having to work, or wanting to work beyond what was traditionally retirement age.

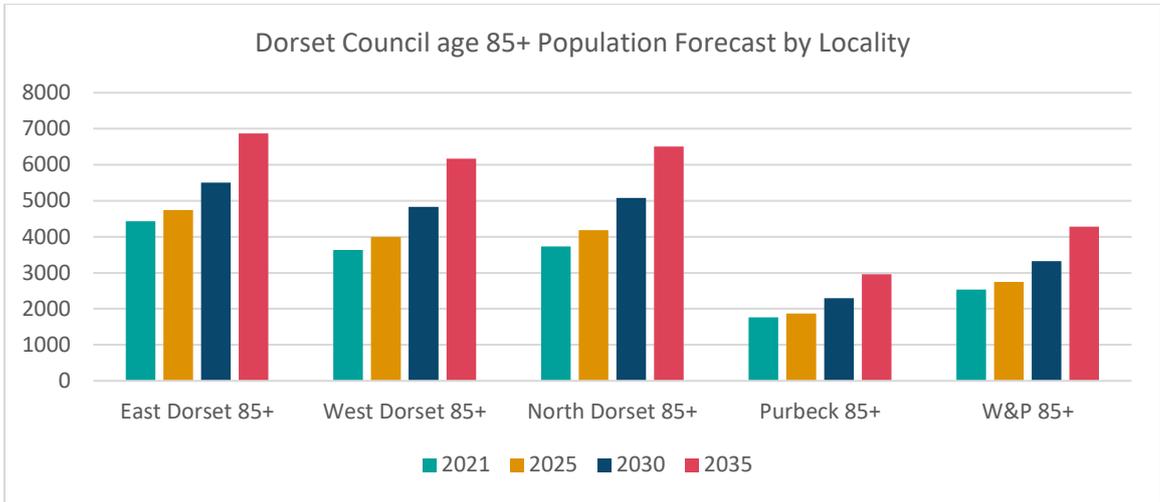
In England there are 295 older people per 1,000 working age population. In Dorset this figure is 527.

29% (113,843) of the population of Dorset is aged 65 years and over, compared with 19% of the population of England and Wales. The predicted growth rate for the over 65 population across Dorset between 2021 and 2035 is 23.3%, to 148,375.

Population growth will continue and be highest among the population aged over 85, as illustrated in the following graph. Currently there are around 31,000 people over 80 in Dorset.



Whilst all Localities in the Dorset Council area will see population growth, the largest growth in the 85+ population will be in the East, North and West Localities.



The increase in Dorset’s total population is however driven not by indigenous growth so much as by immigration, especially by people in the middle and older age groups who chose to retire or relocate to Dorset in later life. Net migration figures in Dorset are highest for the 60 to 65 age group.

In the Dorset Council area, 72% of households are owner-occupiers. This rate of ownership increases to 81.1% in East Dorset and falls to 67.4% in Weymouth and Portland. People aged 65 and over are far more likely to own their own home. Almost three-quarters of people aged 65 in England own their home outright. In the Dorset County Council area in 2011, 83.5% of over 65s own their own home.

With increases in life expectancy, the official retirement age and the state pension age rising, 65 as the start of older age could be becoming out of date. Nationally employment rate for those aged 65+ has risen over the past ten years from 7.4 in the Feb-Apr quarter of 2009 to 11.3 in the same quarter in 2020. 6% of the total workforce in the Dorset Council area at the time of the last Census were aged 65 or over, compared to 3% for England.

In England and Wales one in five carers is aged 50 to 69. In 2016 informal adult care was valued at £59.5 billion per year for the UK. According to Census 2011 30% of the 43,500 unpaid carers were aged 65 and over compared to 22% for England. As the population ages there will be increased need for informal care but also a need for older people to stay in the workforce longer.

Our vision for a Better Life for older people in Dorset

The Right Support

With a higher over-65 population than anywhere else in the country, it's especially important that Dorset provides the opportunity for a great quality of life for older people. We want to work with residents, communities and local service providers to continue to strengthen the supportive community networks of Dorset, develop housing and other infrastructure that supports people to make the best of their strengths and age well, and ensure that the best quality information, support and services are in place as people's health and care needs increase.

We want older people to be able to live healthy, independent lives, in their own homes for as long as possible. We want to strengthen the role of the home care sector and its workforce locally, both to deliver a good choice of high quality and sustainable long-term care options. Reablement will become the default first intervention, offering a more robust, therapy led and proactive short-term offer, whether to respond to a preventative community need or a crisis, or to enable a hospital discharge. This will avoid or reduce long-term care needs by empowering people to regain and maintain independence following a period of crisis or illness. We will need to work differently as a local System and we are committed to working with System Partners, including the voluntary and community sector, to develop this enhanced approach and will support providers, where needed, to upskill the workforce.

It is critical to the future development of good, responsive homecare in Dorset that we have sound relationships across the provider market, supported by effective contracts and contract management. We have conducted a cost of care exercise to understand what a fair price for care should be. This will inform our retender of the Dorset Care Framework: an early priority. There are opportunities to consider different types of contracts to better support the provider market and Dorset residents, focusing on outcomes rather than time-and-task.

On workforce, we plan to work with providers, partners and agencies such as Skills for Care, to make care a career of choice and understand where we can act together to stabilise and strengthen the homecare workforce, including in targeted hard to reach areas of Dorset.

We need to establish a clearer system of reablement, in order to develop both a robust preventative community offer and also an effective hospital avoidance and discharge pathway. Dorset must have a

therapy-led reablement service from our principal provider, complementing other provision contracted from both the provider market and voluntary sector. We will need to do this jointly with our NHS partners, and ensure that it is focused on empowerment and strengths-based working.

We want permanent admission to a care home considered only when all other options have been exhausted. We will work to ensure there is a range of suitable, affordable, quality care home services, both now and in the future, with an emphasis on developing the range of services more appropriate to the developing needs of the population.

The right support for older people starts with communities that offer plenty of opportunity for connection, informal support and a varied and active life. The Council cannot “provide” this, but we can work with partners in the community, residents’ groups and others to foster the existing community spirit. Where we have buildings and other assets, we can support people to access and use them to provide opportunities for older people to have better days. We will increasingly move away from day service provision (retaining it for specialist support where needed) and instead promote day opportunities within communities from a wide range of providers.

We will work with the care home market to define and develop the services that will be needed into the future. We will seek to be more consistent in our contracting and purchasing arrangements, and develop different types of contracting arrangements to secure provision.

As part of this we will work with health partners and providers to enhance the healthcare inputs into homes. This will form one part of a wider focus on developing higher acuity provision to which the Council can have reliable access when purchasing beds. Workforce development will be an important priority for creating the capacity and capability needed. We will work alongside the Council’s own care company as well as the wider market to review current provision, aiming, where possible, to develop the care home estate in Dorset to better meet the needs of the population.

We will also build a sustained programme, through our market relationships, to support quality improvement in the residential care sector, aiming to increase the numbers of homes rated both outstanding and good.

The Right Place

As part of our ambition to develop our high streets, we want to improve their accessibility for older people, and explore with local organisations and businesses (including town and parish councils) how to foster connected and supportive communities. We want to ensure that Dorset has wide uptake of the principles of Dementia friendly communities, recognising the increasing prevalence of this condition.

We also want to move from fixed location day service provision to a greater emphasis on networks of community-based offers for day opportunities. We expect to still provide some specialist day services with care included, where complex care and support needs can be met. We want to build a hub-and-spoke arrangement that can link this specialist provision to wider community networks, offering choice and flexibility.

To enable people to live as independently as possible in their own home providers will promote strengths-based care and support.

We will develop an area zoning system across the county, increasing provider contact time by reducing travel time. This will also enable providers to develop greater local connections with voluntary and community organisations - making the most of all resources available.

In terms of where people live as they age and develop the need for support, we currently have plans for some substantial developments of extra care housing (Purbeck, Bridport, Gillingham), but we know that we need more over the coming years, both for rental and for ownership. Where people stay in their own homes, we also have plans to improve our offer for equipment, adaptations and care technology.

We know that often people want to access long-term residential care near to their communities. However, we also know that specialist care, including intermediate care, cannot be universally sited across the county because it needs a specialist workforce. We will seek to balance these demands by better understanding emerging need across localities.

Reducing number of avoidable care home admissions by self-funders will include alternative provisions, such as extra care housing options and improvements in the range, responsiveness and availability of homecare provision. This will change what and how we buy residential care, and set up the market for sustainable future provision, within a county that supports people to live as independently as possible for longer.

The Right Time

We want to build more opportunities for the identification of social isolation in older people, especially recognising Dorset's largely rural nature.

Crucially, as older people start to consider the types of support that can keep them living healthy and independent lives, we want to ensure that the right information and advice is there to help them make well-informed and good decisions. To do that we also need to ensure that more people are digitally connected.

To promote independence and deliver the right level of care when needed we want to adopt a Trusted Practitioner model, so that we empower homecare providers to make a range of amendments to the care required by individuals, based on their professional judgment. This will focus care where it is most needed, and improve providers' knowledge and ability to recommend alternative support via Assistive Technology and Equipment. In addition, providers will be able to highlight where needs could be met via an alternative resource available for local voluntary and community sector organisations and groups.

For those making decisions about their care needs, we will improve the timeliness and clarity of information and advice, including financial advice, so that they are supported to make better decisions.

Four outcomes

All of these aspirations are captured in four high-level outcomes that guide our work. These help us to think about what the issues are that get in the way, and what we need to work on to fix them. At the end of this strategy is our action plan for year 1 and, in outline, for future years – the actions are grouped under these four outcomes.

1. Dorset is a great place to grow older, with a range of vibrant community activity, giving people better days whether they have support needs or not, and keeping them well connected to the people around them and where they live

Root causes we need to address include:	Emphasis on day services not day opportunities; emphasis on commissioned care options not self-directed support; availability of timely and appropriate information and advice; need for a wider community support for ageing well, and for the opportunities of an ageing population
Activities we need to do include:	Further embed our strengths-based working; expand use of direct payments and individual service funds; develop the market to support that; develop new housing options; develop the information and advice offer; community projects and conversations to develop community support for ageing well
Outputs and measures include:	<ul style="list-style-type: none"> ○ Community conversations about ageing well ○ Day services model, co-produced ○ Strengths-based and personalised care planning (including numbers of direct payments/ISFs) ○ New entrants to the day opportunity market, offering packages that can be purchased with direct payments ○ New information & advice offer

2. People have access to the information and advice they need to make good decisions for them, at crucial times in their ageing journey

Root causes we need to address include:	Multiple and confusing information and advice on adult social care options; lack of easy access to financial planning advice about care options
Activities we need to do include:	Raionalise options and develop new online content, including interactive and other media. Establish financial advice and appropriate links through to advisers who can support individual planning
Outputs and measures include:	<ul style="list-style-type: none"> ○ New content ○ New web routes and links ○ Financial advice portal

3. People have access to excellent care and support in their home, both responsive short-term reablement and longer-term care, which always puts independence at its heart and helps people to continue to live independently for as long as possible, utilising equipment and assistive technology where appropriate

Root causes we need to address include:	Workforce instability; rural challenges; increase uptake of options such as direct payments, and the PA market
Activities we need to do include:	Fair Cost of Care implementation to stabilise market and workforce; zoning to support better workforce deployment and planning; PA market development; address resistance to direct payment and associated administration systems

<p>Outputs and measures include:</p>	<ul style="list-style-type: none"> ○ Fair Cost of Care report and Market Sustainability Plan ○ New contracting options, DCF2 implementation, including zoning systems ○ New provider forum approaches ○ PA market development ○ Direct Payment/ISF expansion
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4. A good range and choice of residential care is available, in high quality, modern homes, to meet the increasingly complex needs of the local older population

<p>Root causes we need to address include:</p>	<p>Market widely providing at lower levels of acuity, council placement activity requires higher levels; care tending towards higher levels of hours provided for the acuity; self-funder purchasing choices are dominant in the market; market relationships not enabling shared conversations about future need and demand</p>
<p>Activities we need to do include:</p>	<p>Fair Cost of Care implementation to stabilise the market; new contracting to improve access and options; information and advice provision; development of strategic partnerships with key market players to improve future needs planning; Funded Nursing Care elements not always being paid</p>
<p>Outputs and measures include:</p>	<ul style="list-style-type: none"> ○ Fair Cost of Care report and Market Sustainability Plan, including implementation of Section 18(3) Care Act purchasing ○ Improve future demand modelling, and develop shared picture with other partners and the market ○ New contracting options, DCF2, including strategic relationships ○ Better define levels of care as part of new contracting ○ Information and advice, as per homecare ○ NHS agreement on FNC payment

A snapshot of service demand

Forecasting future demand for care at home services

The table below shows the predicted numbers of people over the age of 65 who do or will need help with at least one self-care activity by age and gender in Dorset.

Males	2020	2025	2030	2035	2040
65-69	2,096	2,320	2,688	2,688	2,480
70-74	3,066	2,751	3,066	3,549	3,591
75-79	2,996	3,808	3,444	3,864	4,480
80+	4,690	5,670	7,245	7,805	8,575
Females	2020	2025	2030	2035	2040
65-69	3,146	3,410	3,960	3,982	3,718
70-74	3,864	3,480	3,768	4,392	4,440
75-79	3,364	4,350	3,944	4,321	5,046
80+	8,820	9,898	12,201	13,230	14,259
TOTAL	32,042	35,687	40,316	43,831	46,589
% change on 2020	-	11.4%	25.8%	36.8%	45.4%
Total over 80s	13,510	15,568	19,446	21,035	22,834
		15.2%	43.9%	55.7%	69.0%

The table highlights the critical importance of prevention interventions in the face of the rising demand that is predicted.

Residential and nursing care demand

Work has been undertaken to estimate the demand for future residential care placements. Currently, there are 2,948 occupied care home beds in Dorset. This is out of 3,552 available beds.

A range of scenarios have been evaluated, with estimates of potential reductions in demand for residential care (over other options) matched against the escalating potential numbers needing some form of care and support. These scenarios are not an exact science, and will continue to be the source of discussion between commissioners, providers, operations colleagues, wider community organisations and system partners.

The worst-case of the scenarios is that provided by LaingBuisson, market analysts whose data suggests a higher level of occupancy than the Council currently assesses as being the case. However, it does provide us with one scenario based on the assumption that no further intervention in the market takes place, and placement levels (including self-funder arrangements) continue at current proportions of overall demand for care. In this case, by 2035 as many as 5,936 beds may be needed to meet demand for residential care services in the Dorset Council area. This would be an increase of 2,384 additional beds, or 67%, on current capacity levels: to place this in context, it represents an additional provision equivalent to 30 further 80-bed care homes.

In the middle-range of the projections is that issued by the POPPI system (the Projecting Older People Population System). Their data is based on adjusted assessments of the Office for National Statistics data on the older population. This estimate again suggests no proactive intervention to reduce placement and self-funder levels of uptake for residential beds, and projects a care home population of 4,727 in 2035. This would require 33% more beds, or 1,175. Again, this is equivalent to around 15 new 80-bed care homes.

At the other end of the scale, with maximum preventive intervention and leveraging all possible care-at-home interventions, demand could be as low as 3,307 beds. This is fewer than the current provision levels, with a reduction of 245 beds. This is a significant stretch target, and relies on maximum whole-system impact on demand, which these strategies aim to shape, including:

- improved information/advice to self-funders;
- improved care at home and day opportunities;
- improved and additional extra care facilities;
- increased capacity and therapy-led reablement; and
- equipment and technology-enabled care.

In addition, there would have to be significant intervention in the operation of the residential care market locally, shifting its emphasis away from elective provision for self-funders, to a higher level of acuity. Partly, this could be achieved by influencing the choices of self-funders, with options such as new extra care schemes being made available. It would, however, require some very significant shifts in population and market behaviour to achieve. It will be critical to assess in the early years of delivering the strategies whether this scale of intervention is having the impact needed to halt further demand for residential and nursing care in the face of an escalating older population. Whilst this is an ambitious target, with all commissioning intentions considered this is the scenario Commissioners are keen to strive for.

Ageing well in inclusive communities

Inclusive communities, healthy communities

The response to the covid-19 pandemic, and the way in which the community rallied round to help those who were unwell, frail or vulnerable, has shown us the power of community, and the impact it can have on keeping older people connected, active, safe and well. Whilst Dorset has many opportunities for people to keep connected and active, we know that too high a proportion of the older population can too easily fall into social isolation, aided in parts by the county's rural setting. Intervening early when someone is at risk of isolation will be part of improving the lives of older people in our county.

Healthy Ageing is almost impossible to conceive without the support of strong and active communities. Whether people themselves stay socially connected, whether they keep physically active, and whether they continue to explore things that interest them or matter to them, is all dependent on community well-being. We want to explore all the ways in which we can continue to support the communities of Dorset to be the places and people amongst which it is as easy as possible to age well and stay healthy and active.

This will include expansion of programmes such as Dementia-Friendly Communities, so that those who are living with dementia can still feel safe and confident to access local shops or community facilities, with carers and circles of support who are equally confident for them to do so safely. There are many good examples of local towns and villages in Dorset who are looking out for older and frail residents, and providing a friendly supportive environment for them – we want the Council and its teams to be able to support and amplify those environments.

In our overarching strategy we have identified some of the many ways in which we create opportunities for preventive interventions. Foremost amongst them is the work that we are proud to do with our partners in the voluntary and community sector, as they harness their natural connection to local communities to build social resilience. As people develop needs for care and support, it is to these groups, organisations or small businesses that they naturally turn first – and in many cases who may have spotted in the first place that they are developing a greater reliance on support. We want to continue to support this natural community 'wraparound'. One way we can do this is by working with those groups so that, as people develop an assessed need for formal social care support, they can

continue to provide assistance and be a natural first choice for someone to spend a personal budget or direct payment with, for more formally arranged support. Regulated providers will improve and develop their local community networks to further enhance the 'wraparound' opportunities,

Changing the narrative about an older population

This emphasis on the voluntary sector as the natural first port of call for help, drawing on its embedded position with local communities, points to an increasingly urgent need to change the conversation about an ageing population. As one of the oldest populations in the UK, Dorset can lead this discussion. Too often, the emphasis is on ageing as a problem: a cost to society.

But Dorset would not have the range, depth and connectedness of its voluntary sector without the time and energy contributed by very many people who are reaching the end of their formal working age, and entering retirement and older age. This is a strength. We have committed to strengths-based commissioning approaches, and this resource of community-minded, socially connected older people is one of the greatest strengths that we should be drawing on when thinking about how we support an older population. Linked with our vision for a more enhanced Reablement offer, people will be supported to regain and maintain their independence enabling longer term living at home in their local community.

Ageing in 'places'

Without excessive generalisation, ageing is often accompanied by a greater settled connection to local place. Whether through long-established residence, or through new arrival into Dorset as a retirement plan, often there is an investment in the very local community setting, which those of working age may sometimes not share so heavily. Again, with a caution about over-simplification, this is nonetheless important as we think about commissioning for place, and much of the success of how we meet the early support needs of older residents may lie in how well we understand the opportunities and strengths of local communities, and support them to develop.

Day opportunities

The Better Days programme brings together some of our operational social care and commissioning activities which includes:

- Developing different ways to support people
- Connecting people with their local communities
- Ensuring that care and support plans are individualised and help people to better meet their outcomes
- Enabling people to live as independently as possible

Around one third of people using day services (pre-Covid) were mainly older adults living with dementia or other cognitive impairments or who have physical care needs. For those aged over 65, the number of people accessing long term care from the council due to memory and cognition is anticipated to rise from 535 in 2020 to 870 in 2040. The most significant increase can be seen with those who are aged over 85 requiring physical support which is anticipated to rise from 1665 in 2020 to 3150 in 2040.

Our co-production journey

Over the summer of 2021, we explored with a wide range of people what they felt made for a 'better day' when they had support needs. Together we explored defining day opportunity, recognising that it means different things to different people:

"A Day Opportunity is a service or activity that offers appropriate levels of care and support, whilst also offering a space for development in personal, practical, and relationship-based goals. An individual's experience of their 'day' or even their entire week should be a quality one, full of joy, achievement, and purpose"

It was felt important to recognise that a Day Opportunity could be anything and not necessarily a specifically developed support service:

- Day Centre or a site-based activity like riding stables or nature reserve.
- Supported employment, volunteering placements and education settings.
- Memberships and hobby groups.
- Self-determined activities - Nature walks and sporting activities.
- Visits to Café's, Cinema, Theatre etc. for socialising and entertainment.
- Anything that an individual chooses to do with their day that meets their interest or needs.

This has led us to think about what we could build together in the coming years, as we diversify and modernise the day opportunities offer.

The model we want to explore with people: developing a hub and spoke model

Having listened to what people told us over the summer, and reflecting on how community-focused day opportunity provision works in many other local authority areas (including rural counties such as ours), we want to explore a model based around hubs and spokes.

Hubs would be key buildings that offer people with complex needs a safe space, support short breaks for carers and places where individuals can access a range advise and support. They would also be used as an opportunity to sign-post people to other community-based support or facilities and act as a base to access other preventative services.

The Spokes or outreach services would provide access to a range of community-based activities that are either directly commissioned by the Council or purchased through Direct payments or use of ISFs. The private day opportunities and micro providers market will need significant further development to ensure people can move away from building based care.

Reviews of those using building-based care were conducted from March to August 2020 to ascertain if the existing building-based care was the best or required option to meet individual's needs. This would need to be supported by a range of other developments, all of which would be part of the joint work we are keen to do with people who use our services, who work within them, or are partners in the health and care system.

Some of the issues that we will want to explore as part of this development

We have set out in more detail in our working-age strategy how we will approach the development of day opportunities, and any shift away from the current strong emphasis on building-based services.

That applies equally to developing opportunities for older people. However, to avoid unnecessary repetition, these issues are summarised here.

- We will build on what works well
We already have lots of joint work with the community sector, with provider day service providers, and with our care company, including in new digital and other options that have supported people through the pandemic: we will build on this.
- We will co-produce any developments in these services
We know that people who use or are connected to a service are the best people to help design that service, so a co-production approach will be adopted, working in partnership with service users, their carers and families, and service providers. This won't be a one-off activity, it will shape continuous improvement.
- We will support the development of new entrants to the market
Direct payments and Individual Service Funds will enable individuals to purchase the support they need for themselves directly influencing the way the day opportunities market develops. We will continue to develop our work with micro providers who will be commissioned through Direct Payments and Independent Service Funds (ISF).
- We will develop our voluntary sector partnerships
We recognise that smaller and micro providers alongside voluntary partners have the specific knowledge of available localised groups and support networks and can therefore maximise an asset-based approach. There opportunities to create more joined up working across voluntary and private provider organisations.

The model we want to explore comes with a number of implications that will be part of our discussions with people. They include:

- Accessible and accurate information, advice and guidance, including new web information and resource directories that connect people to new services and options, so that people can make informed choices when planning with their direct payments.
- Review use of Buildings to meet need, so that we adapt to the new needs for building-based service provision, and our buildings deliver the right services, and support our ambition for commissioning across local places.
- Promote independence to access transport, adapting our transport provision to the new ways in which people access services.
- Accessible facilities ('changing places') so that day opportunity buildings and the wider community facilities are able to meet the physical needs of an ageing population.
- Utilising assistive technology, so that it can have maximum impact on opening up possibilities for people to continue to live independently and, crucially, access their local communities safely.

Care and support at home

The prevention approaches that we have discussed in the previous chapter carry over, and become even more important, as we work with those with more formally assessed care and support needs. Fundamentally, the strength of our preventive and community support offer has a strong bearing on the reduction in care needs or the delay in care being needed.

Strengthening our preventive offer

Promoting Independence

To enable everyone to optimise their independence, all providers are currently expected to work in a strengths-based way; Commissioners will formalise this by co-producing the approach with providers and this will be specified within future contracts. Dorset Council will continue to work with Providers to move away from the traditional 'time and task' model and implement a more 'outcome focussed' model. Although ultimately Providers will be paid in terms of time, the delivery of the services will be more flexible to achieve individual outcomes.

Commissioners will work with Social Care Operational Teams to enable processes and procedures to reflect a more flexible way of working and to portray this within contractual performance monitoring.

Where appropriate, Social Work practice already regularly considers whether there are alternative options available to regulated care and support to meet individuals' outcomes. This includes support from the local voluntary and community sector organisations, as well as existing networks of support from family and friends. However, our ambition is for this to become standard practice for Providers too.

Links to Voluntary and Community Sector

Dorset Council's strategy for growing the voluntary and community sector will identify the support that can be offered through informal networks.

There are a growing number of Micro Providers in Dorset and Commissioners are working with these, including where they grow in size or collaborate in arrangements where registration with the CQC is required to allow them to deliver personal care and support. For those who do not wish to become

registered and directly commissioned via brokerage, the Direct Payment Strategy will help identify the processes and procedures for Individuals to commission these providers directly.

Developing the links and relationships between registered care providers, voluntary and community sector including Micro Providers is a key to addressing the current care deficit and making a stronger sustainable Dorset Care Market.

Reablement Service

The provider, Tricuro, has worked flexibly with Commissioners to refocus their Reablement Service to support Hospital Discharge Policy and the ethos of 'Home First'. Now this is embedded, in order to better understand how this model could be further extended, improved and replicated, Commissioners have completed a thorough review and update of the contract specification. Further work will continue to build on this model as part of the wider strategic work required to develop the requirements for the future Whole Dorset System intermediate care offer.

Our current offer for supporting people back to independence is strongly focused on helping people to come out of hospital and return home, driven in large part by the significance of the 'out of hospital' pathway to the stability of the local health and social care system. This provision will, with the other Tricuro services, transfer to the new company Care Dorset during 2022. This is an opportunity to address a significant gap in reablement provision in Dorset, and build a stronger therapeutic element into the service model. This gap has been identified for some time. It will also be important to reorient reablement away from being solely an out-of-hospital intervention, and build its community-facing capacities, so that it can be deployed to react to community crisis and return people to intervention prior to them needing hospitalisation, other complex medical interventions, or long-term care.

Reablement and other short-term interventions as preventive intervention: a model of empowerment

Commissioners propose that a future response to individuals newly assessed, should be short term strengths based 'empowerment' support that focusses on regaining / maintaining of independence, considering the Individual's assets rather than just the deficit that is presenting at that time.

Only once these opportunities have been explored should long term care be sourced. However, care should always promote maintaining of independence.

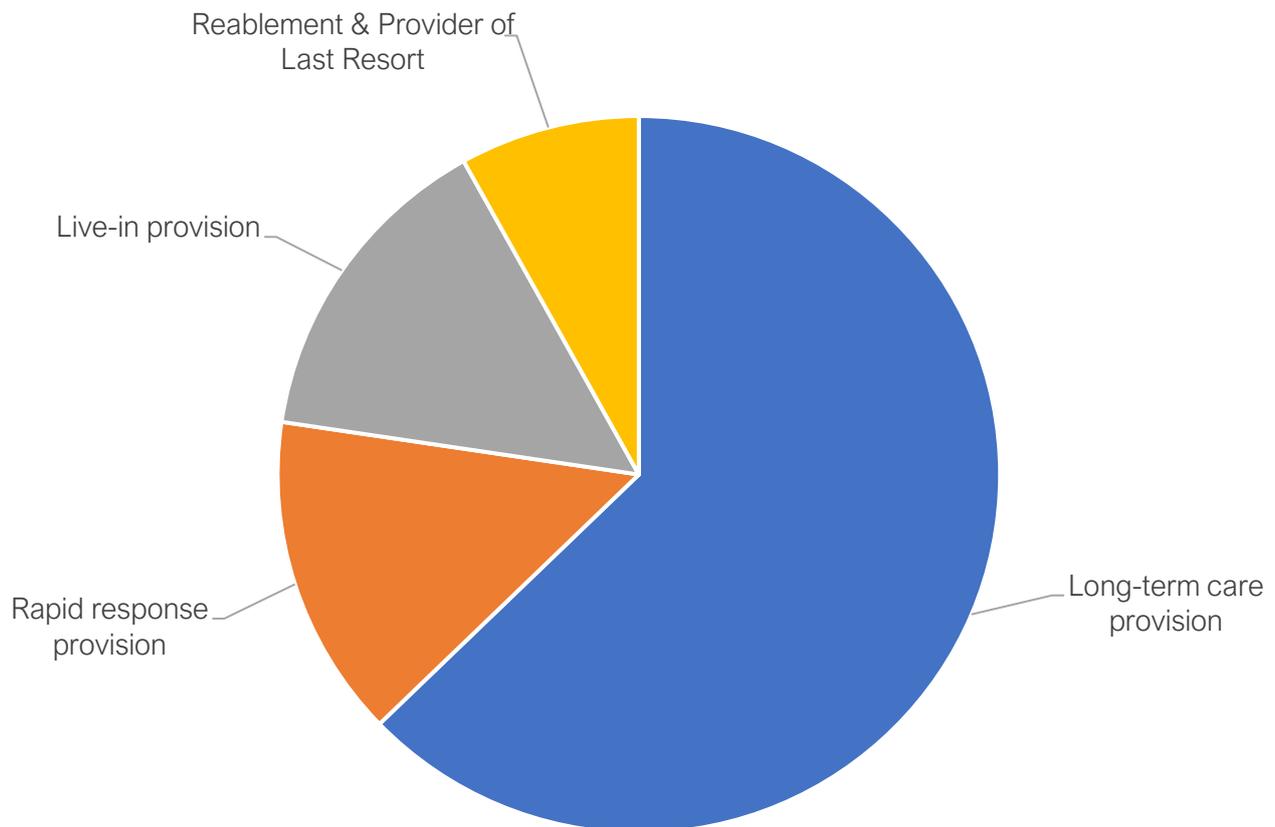
Commissioners, working closely with Operational colleagues, aim to pilot this initiative with a group of providers and if successful will implement widely via the new Dorset Care Framework.

The provision of care and support at home

What we currently spend

Current weekly costs for the provision of care and support at home are £549,226 (annualised: ca. £29m) and broken down as follows:

A snapshot of relative budget proportions of different forms of weekly care provision into older people's homes (total, ca. £550k pw)



Commissioned long term care provision amounts to approximately 12,400 hours per week, supporting around 1150 older people.

The Dorset Market

There are approximately 70 Home Care Providers operating in Dorset, most deliver care for the Council. 28 are commissioned via the Dorset Care Framework and work at the published rates. 42 are engaged on a spot contract basis, generally at rates above the published rate. Approximately 75% of all home care packages are delivered by DCF Providers. However, due to high demand for care, and in order to mitigate risks to vulnerable people without care, the rate of spot purchases continues to rise.

Challenges

Workforce shortages

The main challenge for home care in Dorset, like many other areas across the country, is that there is not enough provision to deliver care and support to all who need it. Since Spring 2021, there has been a steady rise in unprecedented demand for home care, this is due to a number of factors including increased acuity of care and support needs (therefore existing capacity is supporting fewer people as they have higher package needs) and workforce shortages. The reduction in workforce is due to a range of issues from Covid-19 illness and 'burnout', some overseas workers being unable to return due to travel restrictions caused by Covid-19, and more attractive terms and conditions in other sectors,

such as hospitality and retail. Dorset is particularly challenged by this with having an ageing population and reducing working age population.

The proposal to make reablement the first choice of care and support will reduce the need for so many high acuity packages and therefore increase the capacity in the regulated providers.

Skills for Care predict that Dorset care workforce will need to increase by 37% to be able to meet the needs of Individuals by 2035. This equates to an extra 3,626 workers joining the sector.

The Council has been managing a growing care deficit of care hours since 2021, this peaked in Winter of 2021 at approx. 5,000 hours of care needing to be sourced per week, and this included 70 patients waiting discharge from hospital. At the time of writing the deficit has reduced to approx. 3000 hours. This equates to approx. 80 extra full-time equivalent workers however, as many workers are part time this figure could rise to approx. 120 workers .

During 2021 the number of hand backs has increased significantly. From June to November there were 74 from across the Dorset footprint. Many of these have been single hand backs but there have been up to 20 from a single provider. One provider has closed stating that the lack of workforce has meant that they were unable to meet the needs of the Individuals in their care.

Hand backs have an effect on the Reablement service as those workers are also used to staff the Provider of Last Resort. This then impacts on the reablement capacity and, as care and support is difficult to source, many packages remain with the service for longer than initially planned.

Becoming a customer of choice

Dorset is, in the main, an affluent County where many individuals are able to fund their own care and support. Therefore, commissioners are in competition with self-funders who tend to be charged and pay more for their care and support which is more attractive to the provider market.

A recent survey of all Dorset home care providers showed that, of those who returned the survey, only one provider had more than 75% of their business commissioned by Dorset Council and most had less than 50%. This evidences that the Council is not a customer of choice, despite being able to guarantee a stream of business. More recently some providers have stated that the Council fees affect the ability to recruit and retain enough staff for the lesser paid home care commissioned by the Council.

Rurality

The large majority of Dorset is rural with some areas where it is very challenging to commission care and support due to travel times and mileage needed to reach individuals. There are also towns in Dorset where it is particularly difficult to source care, such as Swanage and Lyme Regis. These areas have higher older populations with few working age adults willing and able to work in the care sector. During the summer period the time it takes to reach these areas is increased due to the number of visitors coming to Dorset.

Our strategic intentions

Market Relationships

Effective relationships are key. To achieve a more effective and efficient home care provision, Dorset Commissioners intend to continue to build on the positive relationships with providers to ensure an ethos

of partnership working. This will enable the identification of good practice and opportunities to work together to address and overcome issues affecting the delivery of services.

Dorset Commissioners have reinstated Provider Forums, which were paused during Covid-19 response period. The first of these was held in October 2021 and have continued at bi-monthly intervals.

All Home Care Providers are invited to attend the forums, agendas include an opportunity for Commissioners to update on planned and current initiatives, both Council and wider System led. Providers have been invited to identify any themes they wish the forums to cover and raise any concerns or challenges to Commissioners.

Workforce

Via the Forums, Commissioners have proposed a working group with Providers to look at the workforce issues and to identify any solutions which could include attracting new staff groups to adult social care. This group will look at what Commissioners and the Council can do to help and support Providers with recruitment and retention. They will also develop ideas to promote care work as a career option, along with opportunities to progress to other roles within Health and Social Care – creating a Health and Social Care Career Pathway. This work will link to wider Workforce Strategy Programmes being led in the wider Directorate and Corporately across the Council and via local Integrated Care System Workforce Groups.

Cost of Care exercise

In advance of the Government announcement of Market Sustainability and Fair Cost of Care Fund, in order to achieve a better understanding of the factors and challenges at play within Home Care provision, Commissioners appointed an independent consultancy to conduct a cost of care exercise which was launched in October 2021. All Dorset Home Care providers were invited to participate. The purpose to identify and analyse costs incurred by providers, supporting the development of a fair cost to deliver care in Dorset.

The exercise took longer to complete than expected, as deadlines were extended several times, in order to allow as many providers as possible to participate. At the time of writing initial findings have been shared with the market and Commissioners are working with Finance colleagues to analyse the impact of the results.

The outcomes will support the Council's future fee setting strategy. It will provide the Commissioners with the independent templates to manage future fee setting / Framework rate, tools and model for calculating the rates paid to organisations who are on the Framework.

It is envisioned that by using an evidence-based tool to model future rates this will contribute to how Dorset can support the stabilising of the care market, therefore, reducing hand backs and meeting the care and support deficit currently in place.

Trusted Practitioner

To achieve the empowerment of individuals, promote independence and deliver the right level of care when needed there needs to be a Trusted Practitioner element delivered by Providers, as standard. This role will authorise selected Providers to adjust the care packages, within pre-agreed criteria, in a timely manner either to cease, reduce or, where necessary, increase the number of visits to meet the needs of the individual. The Trusted Practitioners will have knowledge and the ability to recommend

alternative support via Assistive Technology and Equipment, and where appropriate, highlight where needs could be met via an alternative resource available for local voluntary and community sector organisations and groups. This will focus regulated care where it is most needed.

Dorset Council will not discharge its statutory duties via this approach and will continue to complete any Care Act Assessments where necessary, but this offers greater efficiency to current practices and will make for a better use of resources across both the Council and Providers.

This model is already in place in the existing Reablement service and works well allowing the provider to adjust the care and support package to best meet the outcomes of the Individual.

This model will support our Partnership working by acknowledging the Provider's professional capabilities and trusting their judgements and decision making helping to achieve the best outcomes for the Individual.

Working with the Principal Social Worker, a Project Team will be established so that roles, responsibilities and a criteria can be developed, as well as a full training model and toolkit. Again, this would be piloted before full scale implementation.

Zones

As previously stated, there are geographical areas in Dorset with little or no care and support available. To help combat this challenge, Commissioners have divided the County into 16 zones, each with both rural and urban areas. All zones have been measured to ensure equity of older age population and geography. The zones are smaller than the existing localities giving providers more opportunity to deliver care and support in more difficult areas. In addition, working in smaller zones will allow Providers to know what community assets are available in individual areas thereby strengthening community networks and links, making registered services reach further.

A key dependency of zoning is the Cost of Care exercise which will look at travel and mileage as part of the review to ensure rural packages and areas where we struggle to get care and support are viable.

Commissioners shared the maps of the zones with providers via the Forums and have invited feedback.

Introduction of new DCF and Contract Monitoring

The current framework, for home care, comes to an end in November 2022 and a new 'open' framework has been developed where providers will be able to sign a contract with Dorset for up to 10 years subject to quality and performance monitoring.

Onboarding to the new DCH has begun and tender exercises will be completed in 2022 for home care requirements. The Framework is a key enabler to delivering this strategy.

Individual Lots will incorporate new Key Performance Indicators and Performance Indicators. Part of building better relationships with the Home Care market will be to identify 'fit for purpose' KPIs and PIs that allow for both Commissioners and providers improve the stability of the market by having good quality services. These will be co produced.

Quarterly reporting and regular meetings with Providers will identify any issues but also any innovative ways in which to deliver care and support in Dorset. It will be an opportunity to discuss any future business plans Providers have to improve and/or increase their capacity. KPIs and PIs are not intended to 'catch Providers out' but will be used to hold both the Providers and Commissioners to account.

Commissioners shared the KPIs, PIs and workbooks with providers at the Forum held in October 2021. The workbooks and guidance were also sent to all home care providers inviting feedback.

Alternative Models of Contracts

Commissioners are committed to maintaining and improving the excellent take up of Providers on the existing Dorset Care Framework. We must maintain and further develop our Partnership approach taken to delivering the care and support to our vulnerable residents. We aspire to be a Partner of choice for the Market.

Currently the contracts with Providers are based on time and task - the number of hours they can deliver specific tasks within. Moving forward commissioners are keen to look at alternative models for example, guaranteed referrals and /or number of people receiving care and support rather than the hours it takes to complete prescribed tasks.

It is recognised that guaranteed referrals/hours will allow providers to offer better terms and conditions to their workforce such as shifts and guaranteed hours.

Accommodation with Care

In Dorset a scheme is defined as extra care accommodation if it contains self-contained apartments and communal facilities, offers hot meals on site, and has an on-site care team available 24/7. The schemes are designed to accommodate people with a wide range of care needs, up to and including end of life care, and should be at the cutting edge of Technology-Enabled Care and digital technology to help people to live as independently as possible.

In Dorset we see Extra Care Housing as an accommodation with support model and environment that could be appropriate and beneficial to people of all ages, rather than just the traditional over-55s model.

We would like Extra Care Housing to form a key part of our support offer for people with non-complex support needs and health conditions. Two main factors that lead to people entering Residential Care are Night Support needs and Social Isolation. With the right environmental design and support, Extra Care Housing can support people with these needs and others, while keeping people as independent as possible within a home of their own.

The Housing Learning Improvement Network (Housing LIN) have produced a toolkit for estimating demand for Extra Care Housing, based on research into how the market has developed across the Country. The toolkit finds that to meet demand for Extra Care Housing there should be 22.5 units for every 1,000 people aged 75 and over. In Dorset this conversion rate suggests that 1,206 units of Extra Care housing are needed in 2020, and 1,960 units will be needed by 2040.

Dorset Council area currently has 4 affordable Extra Care Housing schemes, and a further two schemes are currently in the development pipeline. A third new scheme is in the process of being commissioned, which will be located in Wareham.



The Council is actively facilitating the development of affordable Extra Care housing, primarily through the Building Better Lives development programme, but also through partnerships with Registered Providers. This needs to continue if estimated demand will be met.

We also know that older housing stock is often not well-suited to increasing frailty, and the concept of ‘houses for life’ – in which people can live with significantly growing care needs for the whole of life should they choose – will become ever more important as the population ages and demand for housing.

The link to adult social care reform

The national adult social care reform programme sets out to make “every decision about care a decision about housing”, enabling choice over peoples housing arrangements, be that a new home or their existing home, purpose-designed or not, with access to the adaptations or technologies to live well. Through our reform programmes we will build on the existing links between our housing and adult social care strategies to ensure that the spirit of the national reforms are carried through to future commissioning plans with respect to specialist and generalist housing provision.

Residential and Nursing Care

Overview of current provision

Approximately, 100 care homes in the Dorset Council area provide care for older people, with a total of 3,552 beds. There is also a total of 159 registered care homes in the neighbouring Bournemouth, Christchurch and Poole area.

At the time of writing, 6 of the 100 care homes providing care for older people in the Dorset Council area were rated by the Care Quality Commission as 'outstanding', 86 were rated as 'good' and 6 'required improvement'. Two care homes were awaiting assessment.

Two-thirds of these care homes offer residential care without nursing, and the remaining third offer residential care with nursing.

Registration category	Number	%	Beds supplied	Bed %
Residential	67	67%	1,985	56%
Nursing	32	32%	1,497	42%
Dual	1	1%	70	2%
Total	100		3,552	

Weymouth has a high number of residential homes compared to the 65+ population. East and West Dorset have a high number of nursing homes compared to the 65+ population. Purbeck has a lower percentage of both care homes with and without nursing compared to the 65+ population.

Five companies have over 100 beds each across the Dorset Council area and own 37.98% of all care home beds.

Very large care homes (with capacity for between 80 and 99 residents) operating from new, purpose-built facilities that opened after 2010, have the potential to yield the highest levels of earnings before interest, taxes, depreciation, amortisation, rent and management fees (EBITDARM).

The majority of care homes in the Dorset Council area tend to be small, however, with 14 (14%) homes have less than 20 beds, 61 (61%) homes have 20-49 beds, 25 (25%) have 50+ beds. There is a need to develop our understanding of the buildings occupied by care homes in Dorset and to assess its implications for meeting the various needs of both state and self-funded residents. It is understood the

few care homes are new or purpose built and that several care homes occupy large house conversions, sometimes in relatively remote areas that are likely to be beyond the reach of public transport.

Four care homes in the Dorset Council area closed during the period August 2020 to August 2021. The reasons for the closures included the Care Quality Commission's decision to withdraw registration (following 'inadequate' ratings), the provider's decision to close the home for refurbishment, and the owner's view that the care home was no longer commercially viable.

The majority (59) of care homes state that they provide services for people with dementia. However, this market is under-developed and often presents a challenge in finding suitable placements for people who use services, particularly where their dementia is advanced and / or the person may exhibit behaviours that others may find challenging.

More work is needed to develop and agree a shared definition as to what constitutes different types and levels of residential care - to make it easier for all stakeholders, including people who fund their own care, to understand which service user groups and needs are catered for by individual care homes.

Currently, only 16 of the 100 care homes providing services for older people in the Dorset Council area accept the basic rates payable under the Dorset Care Framework.

Dorset Council have commissioned financial consultants Valuing Care Limited to undertake an independent review of the cost of providing care home services to older people in Dorset. The objective of this review is to provide commissioners with the latest intelligence about the cost of delivering services and the current pressures faced by local providers.

Dorset Council purchases 25% of all registered care home beds in the area (3,552 beds) and 30% of all occupied beds (2,948 beds), of which 35.2% residential beds and 17.5% are nursing beds.

However, for each care home bed purchased by the Council another two are purchased by people whose care is not funded by Dorset Council. In total, 2,075 of the occupied care home beds in the Dorset Council area in September 2021, were occupied by people whose care is not funded by Dorset Council.

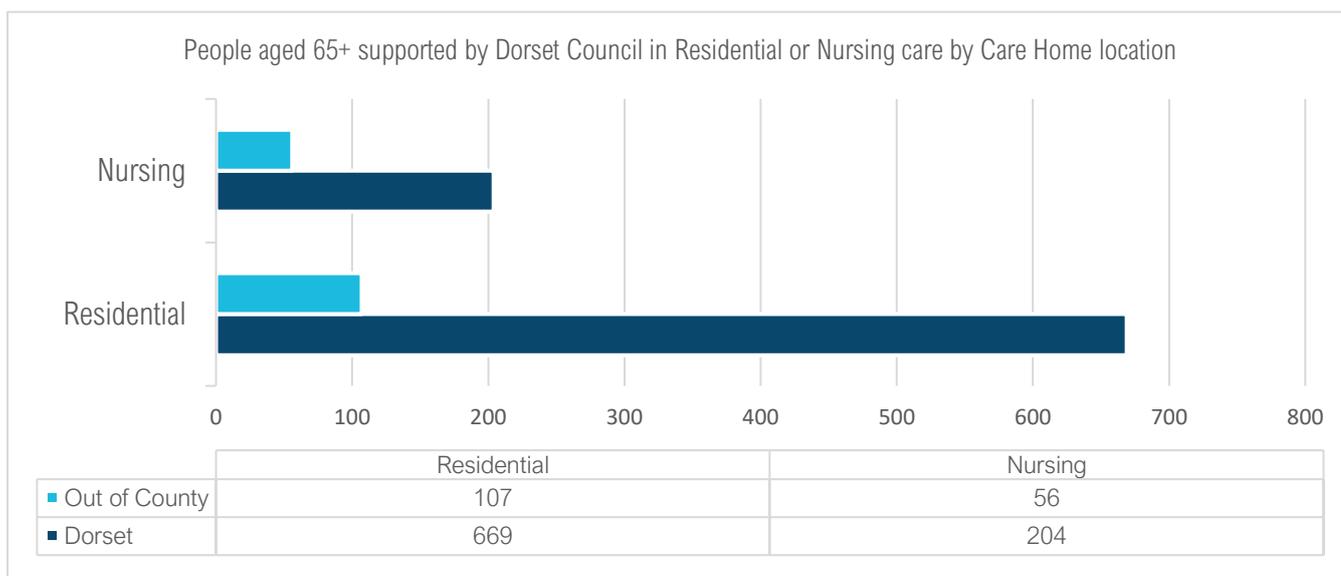
This care is most likely to be funded by people who pay for their own care but will also include care that is funded by another local authority and / or Dorset Clinical Commissioning Group. In general, however, it is 'self-funders' or people who pay for their own care who hold the most power in the Dorset care homes market.

Currently, Dorset Council funds 1,036 people in residential care, of which 776 (75%) are in a residential home and 260 (25%) in a care home with nursing. Of these:

- 873 (84%) are in care homes in the Dorset Council area, of which 669 (77%) are in a residential home and 204 (23%) are in a nursing home.
- 163 (16%) are in out of county care homes, of which 107 (66%) are in a residential home and 56 (34%) are in a nursing home

There may be several reasons for a placement being made outside of the Dorset Council area including the individual's personal circumstances and geographic frame of reference, as well as the availability of suitable services.

The graph below illustrates the pattern of placement in and out of area (snapshot taken 2 September 2021).



Challenges

The Council faces several challenges in responding to the scale of forecast demand (whether at the upper or lower end of forecasts). Care home usage impacts both directly and indirectly on our budgets and ability to fund the care of people who need support, whether in a residential setting or at home. Current challenges include:

Systemic pressures and demands

The COVID-19 pandemic has placed enormous pressures on an already stretched health and social care system, and care homes have undoubtedly been hit hard. However, the pandemic has also highlighted care homes' key role in helping the wider system, including our acute and community hospitals, to function throughout the crisis.

It is likely that future surges in infection rates – whether from COVID-19 or other viruses – will continue to require rapid and robust responses from all parts of the social care system.

We therefore need to develop our ability to respond quickly and proactively to systemic pressures and demands, with better market intelligence, over-sight and more efficient brokerage processes, including e-brokerage.

Developing alternatives to permanent care home placements

Key to achieving our aim of helping older people to remain at home for longer, is the need to develop realistic, robust and appealing options for housing with care in later life.

This includes the provision of flexible and holistic options to support people at home, as well as alternative housing options such as Extra Care Housing.

Delivering these options at the scale and pace required to meet both current and forecast demand presents major challenges. Currently, strong competition for labour from other sectors is impacting the

supply of support to people at home, resulting in packages of care being handed back to the Council, and this appears set to continue. Similarly, Extra Care Housing provision cannot be erected overnight. Substantial, coordinated efforts and investment will be needed to shape and deliver the range of later life housing options that will be needed to enable people to stay at home for longer.

Using Reablement as a first choice of care and support will be another key factor in keeping people in their own homes for longer so reducing the need for care home placements.

Focus of the Dorset Care Homes market

Dorset has a large and growing population of older people, 83.5% of whom own their own home.¹ The Dorset care homes market is predominantly geared towards more affluent, asset-rich individuals who fund their own care.

Dorset Council purchases approximately 30% of the occupied beds on the market but our current reliance on one-off 'spot' purchasing dilutes our buying power. Collectively, it is private or self-funders who have the market power in Dorset.

However, people who pay for their own care and support often lack the comprehensive information required to make an informed choice about how their care needs will be met.

The lack of shared definitions as to what constitutes different types and levels of residential care, also makes it harder for people who fund their own care to navigate the care homes market.

Self-funders' purchasing decisions have a major impact on Dorset Council's ability to access suitable, affordable, quality care for the people whose care it funds.

Firstly, care homes that predominantly target people who pay for their own care are less likely to cater for the type and level of care need that the Council brings to the market, to have the capabilities needed to do so or to be able to offer an affordable price.

Secondly, people who choose to go into permanent residential care may do so at a far earlier stage than would be typical for someone whose care is funded by a local authority. In 2020/21 the Council spent £2,226,611 on the care fees of 64 individuals who had run out of their own funds.²

Gaps in service provision

Despite needing to source, on a daily basis, care home placements for older people with dementia and complex care or nursing needs, the Council struggles to do so, leading to delays in sourcing appropriate care for individuals including those ready to leave hospital.

We need to work with the market and our healthcare partners to develop both capacity and capabilities within the care home market to meet the needs of people with dementia, complex care and support needs, including behaviours that challenge, nursing care needs, along with greater demand for short term services that will help older people to remain independent for longer.

¹ Available from: www.poppi.org.uk version 14.0. [Accessed: 1st September 2021]

² Capital-below-data-20210622, Sian White

Budget pressures

The financial climate facing the public sector is difficult and unlikely to improve in the foreseeable future. In all of our commissioning arrangements, value for money, quality and the sustainability of services, need to be taken into account.

In 2020/21, Dorset Council spent a total of £54,664,213³ on a total of 1,343 residential care placements, of which the majority were in care homes without nursing. Currently, approximately 64% of spending on care home services for older people is committed via one-off 'spot' contracts.

Whilst our aim is to support people to remain at home for as long as possible, approximately half of the Council's budget for adult social care is now spent on residential care services.

Additionally, the Council needs to make efficiencies whilst responding to increased demand for care and support. It is imperative therefore that we find ways to better control the price we pay for care home placements and reduce the impact of self-funders' capital depletion on our budgets.

Our strategic intentions

To be able to support all those who are likely to need Dorset Council-funded care and support, whether at home or in a care home, now and into the future, the Council will:

- Prevent and delay avoidable admissions to residential care homes
- Ensure that a range of suitable, affordable, and sustainable, quality care home services are available for older people who need this type of care
- Successfully influence the care choices of people who fund their own care, to prevent unnecessary admissions to residential care and reduce the impact of capital depletion on the Council's budget
- Engage care providers who are willing to work with us to develop their service offer to better meet the care and support needs of older people in Dorset

Our plans to achieve this are set out below.

Reducing demand for care home placements

This would be from both people whose care is funded by the Council and those who pay for their own care.

- Increasing provision of Extra Care Housing and use of technology - We estimate that up to 25% of care home beds will be replaced by extra care housing and increased use of technology will allow more people to stay at home for longer
- Developing and increasing our reablement offer as the first choice for care and support
- Developing our capacity to identify clients at risk of admission to a care home (or hospital) – with greater focus on the factors that indicate a vulnerability to such admissions, including certain health conditions, eg. dementia, falls, incontinence, and the amount of informal care that the person is receiving
- Developing effective short-term and crisis interventions - Most people come to social care when they are in crisis. It is likely that in many of these cases a period to sort out the crisis,

³ Net of third-party contributions from service user and family top ups and Section 117 contributions from CCG(s)

some support with recovery and reablement, a review of the medical help being offered and a period of close monitoring may find solutions to support the person to remain in their own home.

- Developing holistic support at home options - to better meet the needs of frail older people and people with dementia, including for company and human contact. These will consider the broader elements of the support that is needed to preserve wellbeing, including the role of mind as well as physical exercise, the importance of diet and support to family carers.

Reducing the number of avoidable care home admissions by people who pay for their own care and support

- Developing a targeted information, advice and guidance offer backed by accredited financial advice - people may end up in care homes in response to a crisis when there may be more appropriate support available. A significant number of people move to Dorset when they retire, often moving to rural locations and away from friends and family. As a result, they can become isolated particularly when a partner dies, resulting in poorer health. Families often become concerned, particularly at night. We need to improve self-funders' and their families' understanding of the options available and ensure that they plan for their future, including in times of crisis.
- Helping people to access suitable, affordable residential care where this is necessary - Where a person is genuinely in need of residential care, we will work to ensure that there are a range of suitable, affordable options available for them, by market shaping activity, provision of brokerage services and exploring options for the development of a competitive, not-for-profit, care home offer for people who fund their own care in key locations, e.g. Purbeck, East and North

Working with and preparing the market to deliver the services that will be needed

It is likely that by 2035 the vast majority of permanent care home placements required by Dorset Council will be for people with complex dementia, specialist nursing and nursing care with dementia, with limited requirement for those with moderate need for the need for residential care alone no longer required. People with low level care and support needs will be supported at home. In order to develop and secure this type of service, Commissioners will instigate the following:

- Re-establishing regular forums through which to engage with care home providers, share information, discuss issues and challenges, and develop solutions.
- Work with stakeholders to define type and levels of residential care to help both the Council and people who fund their own care to navigate the market
- Regularise the process for setting fees to make them fairer and more equitable, applying 'bandings' that reflect the type and level of service required and ensuring there is a match between need/demand and the available care home provision.
- Lead and support providers in developing the care homes workforce to better meet the needs of the population that are likely to require residential care
- Promoting use of relevant technology and equipment in care homes

Consolidating our purchasing with 'good' providers who want to work with us to deliver 'outstanding' services, by

- Identifying providers with aligned interests and willingness to develop the services and capabilities required to meet the future needs of the population
- Investing in the development of productive, equitable, longerterm partnerships and new commercial relationships with 'good' providers to develop the services and capabilities required to meet future care needs and to deliver 'outstanding' care and support
- Changing how we work with, and support, these providers to reflect our partnership approach and develop robust and lasting relationships with these key suppliers.

Changing what and how we buy

- Make spot purchase the exception, eg. where an out of county placement is essential, or because where a self-funder has exhausted their capital, it is not in their best interests to move
- Develop new types of contract to ensure the supply of essential, responsive services including introducing new contracts to support people with dementia, behaviours that challenge, complex needs / nursing care, planned respite, and intermediate care
- Working with providers to re-shape existing block contracts to better meet the Council's commissioning needs. For example, by reducing the number of beds available for people with low level care needs that can be met at home, and increasing the number of beds that cater to higher levels of need and particular conditions, including dementia.
- Implementing e-brokerage / a Dynamic Purchasing System

Working with partners to enhance healthcare inputs to care homes

- Identifying opportunities to improve healthcare in care homes, in order to strengthen care homes' capabilities and resilience, making them more responsive to both individual and system needs
- Working with Dorset CCG, Dorset Healthcare, Primary Care Networks and the Enhanced Care in Care Homes Programme, together with care home providers to deliver a programme of improvements to healthcare in care homes

Making sure that what we do today, helps create a landscape that supports people to live healthy, independent later lives in Dorset

- Making sure that our short-term actions and investment contribute to long term goals. For example, by working with partners as part of the new Dorset Integrated Care System to deliver services and improvements that align to our aim of helping more local residents to achieve 'A Better Life'
- Reviewing resource allocation to deliver changes at increased scale and pace, subject to budgetary constraints
- Ensuring that we consider the needs of the wider population, including self-funders, carers and the wider adult social care workforce
- Increasing our focus on developing effective, productive relationships between health and social care and housing options to achieve systemic change

Our action plan

Implementation plan for year 1, and current priorities for later years

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Outcome 1: Dorset is a great place to grow older, with a range of vibrant community activity, giving people better days whether they have support needs or not, and keeping them well connected to the people around them and where they live

Actions	Expected date	Lead	Issues
Co-production: ageing in Dorset High street project Dementia friendly communities programme Social isolation and digital exclusion			
Dementia Services Review – initiate and complete, shaping actions for future years of the strategy			
Ageing Well programme – incorporate actions, and set alongside the wider commissioning strategies			

Years 2-5

1. Major extra care scheme developments to be completed, and further proposed developments to be scoped and initiated

Outcome 2: People have access to the information and advice they need to make good decisions for them, at crucial times in their ageing journey

Actions	Expected date	Lead	Issues
Information, advice and guidance review and improvement			

Outcome 3: People have access to excellent care and support in their home, both responsive short-term reablement and longer-term care, which always puts independence at its heart and helps people to continue to live independently for as long as possible

Actions	Expected date	Lead	Issues
Reinstate and further develop provider network(s).			
Cost of care exercise completed, and further actions scoped as part of this strategy			
Working together with partners, particularly Dorset Council Operational colleagues and Providers, to define and prioritise development / re-modelling of pathways and service provision needed. Reablement Pathway is priority			
Analytical work Geographic profiling Handed-back cases Flow model			
Dorset Care Framework tender			
Consult and finalise those prioritised revised specifications Establish zoning system as part of this work Implement robust contract monitoring			

Engage with Workforce Lead so that development of plan can be progressed for Home Care Sector.			
Clarity in Home First Model and interdependencies mapped			
Co-production discussions with service users			
Predictive analytics development: identifying risks of care failure			

Years 2-5

1. Embedding the new Dorset Care Framework, new zoning system, and new arrangements for out-of-hospital and community prevention services, including new reablement services.
2. Strong focus on workforce development, targeted at areas of greatest need, and including the development of Micro Providers, PA support, through direct payment.
3. Development of greater links between regulated care and voluntary and community sector support.

Outcome 4: A good range and choice of residential care is available, in high quality, modern homes, to meet the increasingly complex needs of the local older population

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Actions	Expected date	Lead	Issues
Prepare the market for future need <ul style="list-style-type: none"> • Re-establish provider forums • Cost of Care exercise completed • Work with stakeholders to define type and levels of residential care • Work with stakeholders to develop a care homes design and equipment 'standard' and appraise current supply • Regularise the process and approach for setting fees 			
Support completion of Market Sustainability Plan			
Develop targeted information and advice offer (incl. financial) for older adults (50+)			
Understand impact of Care Cap policy develop implementation plan, including resourcing impacts – i.e Brokerage <ul style="list-style-type: none"> • Consolidate purchasing 			

<ul style="list-style-type: none"> Develop new model for partnership working and commercial relationships 			
<p>Identify providers who want to develop the services required to meet future needs</p> <ul style="list-style-type: none"> Care homes invited to sign up to Dorset Care Framework 2 and accept indicative rates 			
Work with stakeholders to establish what block contracts are required to meet client needs, develop service specifications			
Confirm the budget for and prepare for procurement of the required services (early Year 2)			
Work with Care Dorset to establish a development plan for its residential offer			
Reshape existing block contracts			
<p>Work with stakeholders to enhance care homes' capacity and capability</p> <ul style="list-style-type: none"> Support care homes to develop their service offer and the care homes workforce to better meet future care needs Work with care homes and health partners to appraise and improve healthcare provision in care homes 			

Years 2-5

1. Implementation of Care Cap
2. Reduce demand
 - a. Predictive analytics to identify risk
 - b. More extra care and technology
 - c. Short-term crisis interventions
 - d. Holistic support-at-home options
3. Prepare the market for future need
 - a. New care home development in Bridport
 - b. Establish joint workforce support programme
 - c. Promote use of technology in care homes
2. Consolidate purchasing

- a. Care homes that have signed up to Dorset Care Framework 2 invited to participate in further competitions for block contracts to be let under the various Framework Lots
- 3. Changing what and how we buy
 - a. Implement e-brokerage system
- 4. Work with stakeholders to enhance care homes' capacity and capability
 - a. Establish joint improvement programme

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Commissioning for A Better Life for Working-Age People with Support Needs in Dorset Our Strategy 2022-27

Working age adults with care and support needs living in Dorset have meaningful and fulfilling lives within their own community. The services commissioned by Dorset Council will be ambitious for the people they support, working to promote inclusion, recovery, and progression, and ensuring people are at the centre of what we do.



Foreword

To follow.

About these strategies

This is one of four strategy documents which is currently in development by Dorset Council, to shape its planning and delivery of adult social care services for the coming years. This draft, presented to the Overview Committee on 28 June 2022, marks the beginning of a wide set of discussions with key people, including our residents, users of our services, carers, our workforce, our partners and the social care market. Through these discussions we want to develop a set of social care plans that command wide respect, and which can shape the Dorset Council works with everyone to build a social care system that is fit for the future.

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The final document will include appendices which will set out specific plans in a 'plan on a page' format. These are in development through the co-production process, so are not yet included in these drafts.

About this strategy

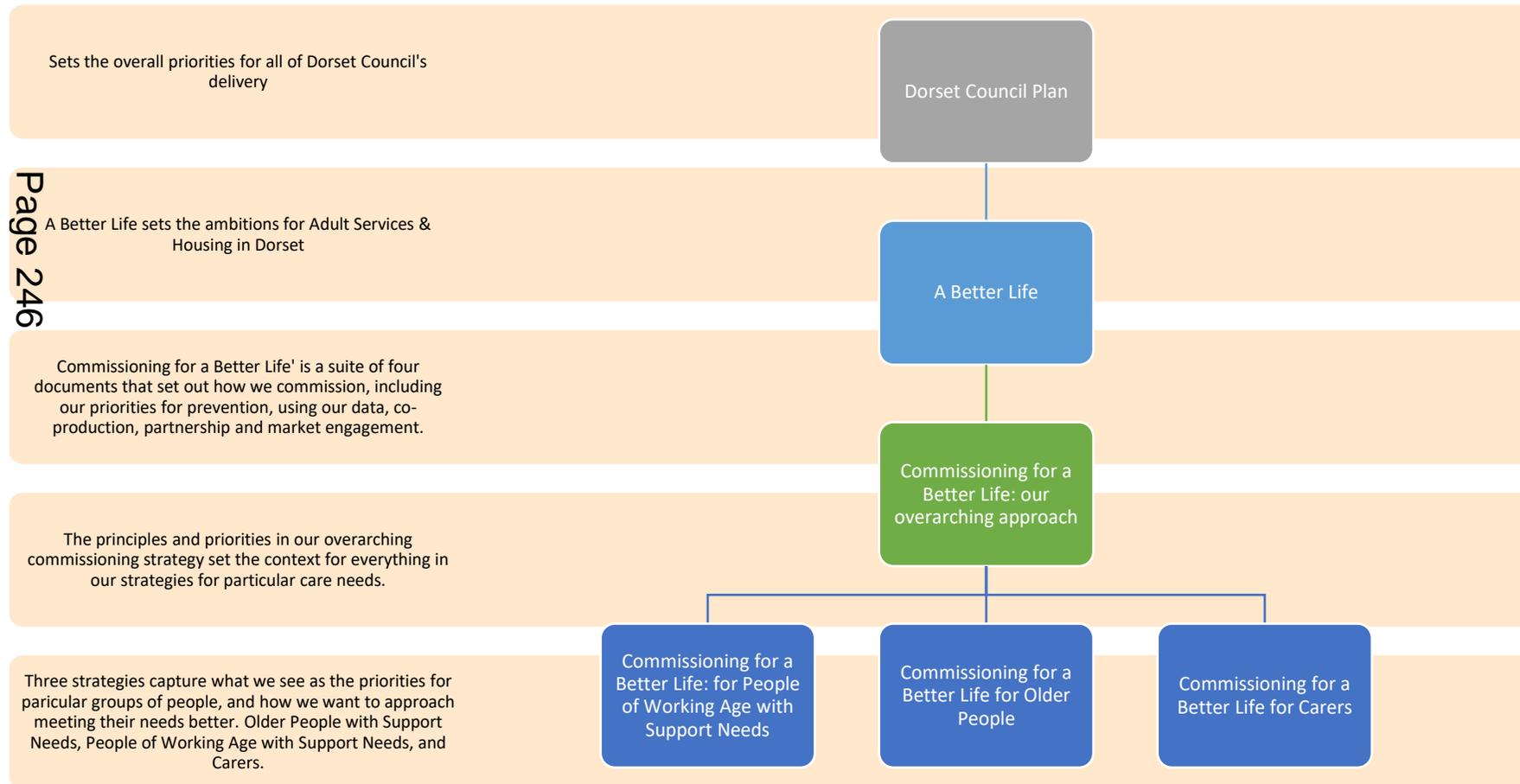
This is one of four strategies that sets the context for how Dorset Council will modernise the way we commission and develop services and support for the future. 'Commissioning for A Better Life' is the overarching commissioning approach, and should be read in conjunction with this document that deals more specifically with how we will improve the support received by people of working age with support needs.

This strategy is intended to be used as a live document, allowing us to build on the existing service delivery, review progress to date and then continue to review throughout the 5-year period the strategy covers. It has been produced in mid-2022 to enable people to engage with us and tell us what needs to improve and how we should do it.

This strategy is as a result of much consultation, engagement, and research over the past months and years, involving those with lived experience, their family and carers, providers, local councillors, and partners. However, we know there is much more to be done, and we hope that by setting out our 'current view' of the way services need to develop it will help people to engage with us.

Throughout 2022, Dorset Council will embark on an engagement journey empowering residents to get involved in discussions on how to better support residents. This will enable the Council to co-produce and co-design, a more detailed action plan, which will deliver better outcomes through strengths-based practice and commissioning. The Council would like to co-develop services that are flexible, adaptive, and responsive to residents' needs. The council aims to strengthen its partnerships with our NHS colleagues, the voluntary sector and social care provider market whilst acknowledging the financial challenges the country is facing. This will require an ambitious and creative approach to how we shape and deliver services.

Our Strategy Framework



Our vision for a Better Life for working-age people with support needs in Dorset

Dorset Council will work in partnership with people, communities, and other organisations to improve and maintain their health and wellbeing. This can be through support to live as independently as possible and recognising that some individuals may need more support than others.

Our strategic vision for adults with support needs means have choice and control whilst being supported in the least restrictive environment, with equal access to opportunities and experiences within their own community. For most people, this will be in their own home or shared accommodation with their own tenancy.

Our ambition is that support services will follow a reablement approach and use community access to promote independence and progression. Support will be short-term focused to meet individual outcomes. Outcomes will be person centred and SMART (specific, measurable, achievable, realistic, and timely) to maintain and improve health and well-being.

Right Support

Dorset Council's approach to enabling the right support is done through:

- Putting people and their support needs at the centre of health and social care. Enabling choice and control to be active recipients of care;
- Promote inclusive healthy and active lifestyles for adults by ensuring services work in partnership to deliver better outcomes for individuals;
- Employ a strengths-based and community asset approach to Adult Social Care to monitor the impact on community connections and individual well-being;
- Work with the community, services, and providers to promote social inclusion by developing opportunities that will reduce social isolation.

- Direct Payments and Individual Service Funds (ISF) support options by giving people choice and control

Dorset Council will build on what works well, harnessing the creativity of existing networks of providers, and community partnerships. This includes digital offers and opportunities initiated during the pandemic as well as Direct Payments (DP) and Independent Service Funds (ISF) which enable people to have greater choice and control over how their outcomes are met. Additionally, we will promote the use of prevention and support services for people with sensory impairments to enable them to access the right advice, support and equipment to enable to remain independent and potentially return to employment.

Right Place

Dorset Council's approach to ensuring support is provided at the right place through:

- Ensure our countywide housing offer meets the needs of residents. This includes having a clear pathway of support and options available to residents within their localities.
- Developing an all-age adult specialist accommodation pathway as evidenced in the strategic reviews.
- Develop a hub model of day opportunities that offers complex care and support and a safe space for individuals to have their needs met. The hub will also provide information and advice for all.

We will:

- Review our use of buildings, and we expect to make substantial changes as we move from fixed locations to a greater diversity of options.
- Promote independence to access transport, with a travel training programme, and work with community venues to improve accessibility, including widening provision of 'Changing Places'.

Right Time

Dorset Council's approach to ensuring support is provided at the right time includes:

- Ensuring individuals have access to information and advice that is relevant and timely to prevent their needs from escalating.
- Establishing a service offer which is responsive and flexible. This includes services which can support during times of crisis.

Four outcomes

All of these aspirations are captured in four high-level outcomes that guide our work. These help us to think about what the issues are that get in the way, and what we need to work on to fix them. At the end of this strategy is our action plan for year 1 and, in outline, for future years – the actions are grouped under these four outcomes.

1. People have choice and control over their lives, including where they live, how they spend their days, and how they are supported when they need it

<p>Root causes we need to address include:</p>	<p>Emphasis on day services not day opportunities; emphasis on commissioned care options not self-</p>
------------------------------------------------	--------------------------------------------------------------------------------------------------------

	directed support; availability of timely and appropriate information and advice
Activities we need to do include:	Further embed our strengths-based working; expand use of direct payments and individual service funds; develop the market to support that; develop new housing options; develop the information and advice offer
Outputs and measures include:	<ul style="list-style-type: none"> ○ Day services model, co-produced ○ Strengths-based and personalised care planning (including numbers of direct payments/ISFs) ○ New entrants to the day opportunity market, offering packages that can be purchased with direct payments ○ New information & advice offer

2. People, whether those in need of support services or their families, friends or carers, can access high quality information and advice, in a timely way to support them in decisions they need to make

Root causes we need to address include:	Information and advice is of variable quality, duplicated and/or confusing; inconsistent between different parts of the system; not in formats everyone can access
Activities we need to do include:	Review the online offer and improve; join up across partners to improve consistency; strengthen partnerships so people can be supported to engage with IAG – make it more open to challenge and development by the people using it
Outputs and measures include:	<ul style="list-style-type: none"> ○ Review of offer ○ Initial focus on developing menu of day opportunity offers ○ New options, formats, routes to access ○ New ways for people to raise their view

3. People live in communities that support their independence and wellbeing, with health, employment, physical activity and other opportunities available to them

Root causes we need to address include:	More active dialogue with communities about being inclusive of those with disabilities or mental health conditions; more proactive identification of what prevents people from enjoying independence in our communities and town centres; more awareness needed of disability and mental health issues; public services that are universally accessible, with a culture of proactive support for those with additional needs
Activities we need to do include:	Proactive campaigns around disability and mental health awareness; celebrating and widening the best

	practice in local community inclusion; developing employer engagement around disability and supported employment; public service frontline training;
Outputs and measures include:	<ul style="list-style-type: none"> ○ Campaign plan (and execution) ○ Community conversation about good practice and opportunities ○ Employer engagement and routes to employment project

4. People have access to high quality support services appropriate to their needs, which promote both their safety and their independence, and work together well to support them through important transitions in life, including from birth to settled adulthood, and later into older age

Root causes we need to address include:	Transition from children's to adult services, and the differing frameworks, not smooth; range of supported living options not sufficient or tailored enough; growing numbers of people with lifelong disability living into older age need tailored support; all services need co-produced commissioning plans developing
Activities we need to do include:	Service reviews to develop co-produced and evidenced plans and service development priorities; new programme around development of transition pathway
Outputs and measures include:	<ul style="list-style-type: none"> ○ New Birth to Settled Adulthood programme agreed and delivery of actions ○ Service reviews across all key areas, setting out priorities for commissioning

People with care and support needs in Dorset: a data snapshot

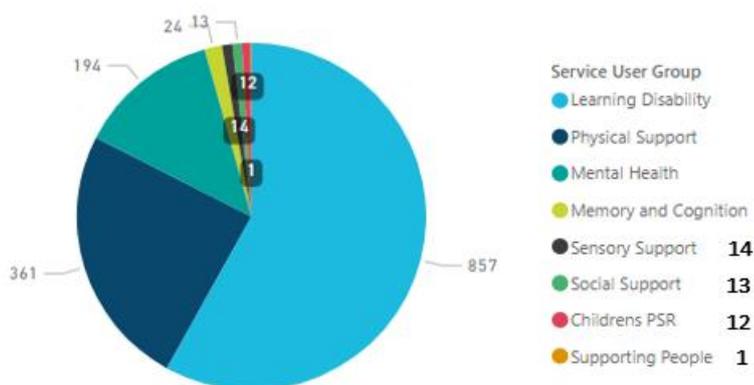
People of working age requiring social care support

This section will look at the make-up of individuals with statutory eligible care needs.

The majority of people accessing adult social care support are over 65 years. Most adults age between 18-65 years will use universal community services rather than specialist intervention.

Currently, 1477 people age 18-65 have an adult social care package of support, of which 17% are young adults age 18-25 years. Of this, 58% have a learning disability or autism, 24% have a physical support need, and 14% have support because of a mental health condition.

Service User Group (18-64)



There are limitations to our current classification system. We are unable to identify the number of individuals with a sole diagnosis of Autism or Acquired Brain Injury. As a result, people with Autism and a Learning Disability will be reported under learning disability, people with Autism and no learning disability will be reported under mental health. Adults with an Acquired Brain Injury will typically be reported under Physical Support. We aim to address through by developing increased primary, secondary and tertiary areas of need identified within our systems, so that we have better data to draw upon.

Spend in adult social care

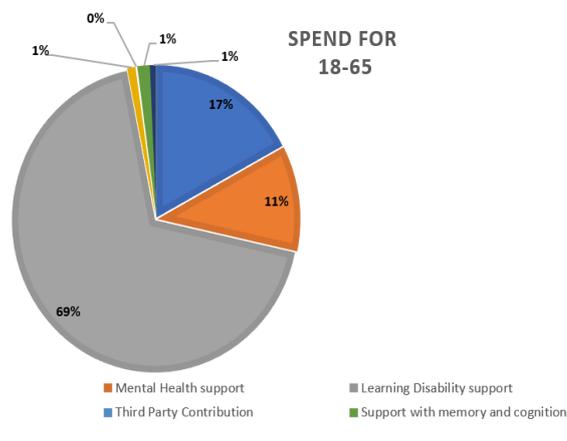
Similar to all local authorities, there is increasing financial pressures across adult social care with a higher number of people requiring support against a backdrop of the rising cost of living and rates of pay. As a result, resources need to be utilised appropriately and efficiently to ensure the Council is able to fulfil its statutory duty now and in the future.

Dorset Council currently supports 4,372 people through adult social care at approximately £140m annually. Across all adult social care, the majority of support packages are supporting people with physical support needs largely associated with older age.

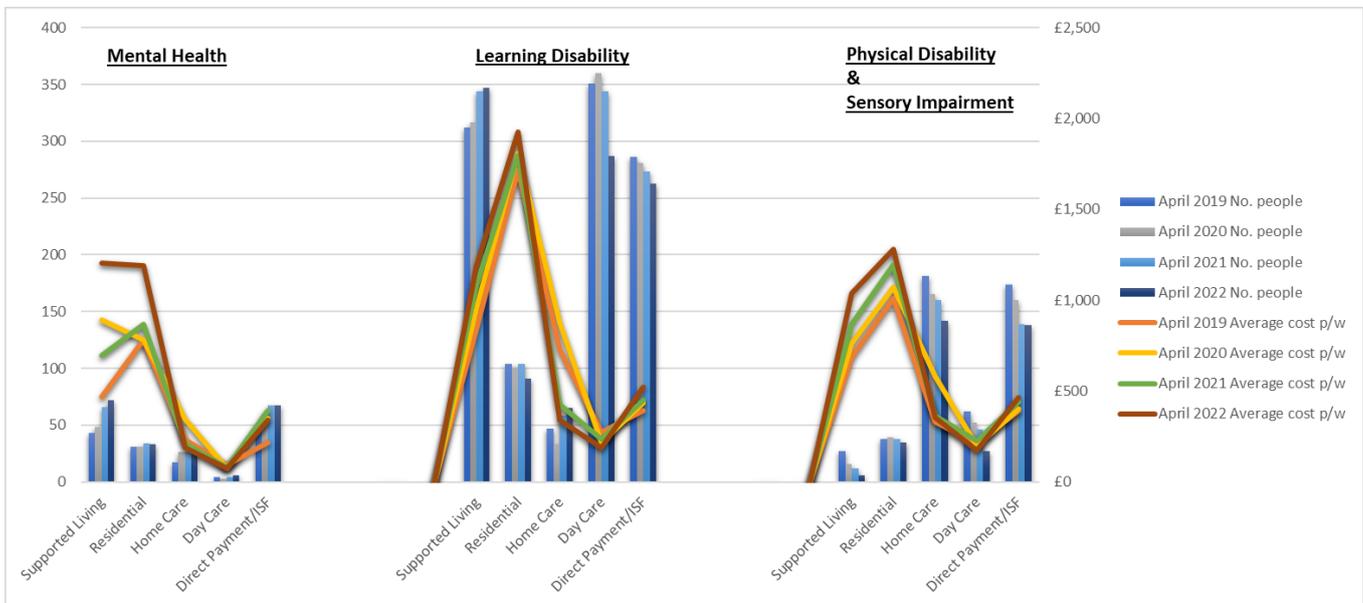
Primary Support Reason	Total number of people	Cost per week
Learning Disability support	957	893,566.29
Mental Health support	324	217,663.07
Physical Support	2237	1,261,281.35
Sensory Support	19	3,512.03
Social support	453	52,107.78
Support with memory and cognition	335	246,056.01
Other	47	18,313.04

Adults 18-65 years

Primary Support Reason	Weekly Spend
Physical Support	£204,807.88
Mental Health support	£133,107.12
Learning Disability support	£814,353.50
Social support	£10,963.50
Third Party Contribution	£2,050.83
Support with memory and cognition	£17,127.79
Other	£7,463.37
Total	£1,197,337.36



The Council currently spends £62m a year on support for adults of working age, of which 70% is to meet the needs of adults with a learning disability. As a result, the section below is an overview of financial spend per week and activity to meet different needs, as at the start of the specified financial year. In year one of the action plan, this data will be further explored and trends identified and determine what and if any commissioning activity is required.



Residential care and supported living

Dorset Council spends approximately £13million each year on residential placements, supporting 183 people age 18-64 years. Residential care sees the highest average weekly package cost, with a typical supported living package being 40% lower than that of a residential service for someone with a learning disability, and 25% lower for someone with a mental health condition – though the exact differentials in these comparisons are subject to fluctuation over time. This cost differential is partly led by complexity of support need, but also because in supported living settings the Council is only liable for the cost of support; rent is paid by the tenant often through housing benefit. In contrast, in a residential setting the Council pays the full cost of care alongside hotel costs (accommodation, food, utilities etc.).

Whilst more people with complex presentations are now being supported to live in supported living settings, there is not the building infrastructure in the Dorset Council area to support this. As a consequence, there are a number of isolated single person services across the county with high packages of support as opposed to clusters of accommodation where elements of support could be shared. The nature of these services also makes staffing challenging, and consequently high-cost agency are often covering large proportions of such packages.

Dorset’s approach to commissioning accommodation with support going forward needs to not only reduce the use of residential care when someone does not require that level of support, but also reduce the number of single person services staffed predominantly by agency. By clustering accommodation to enable night and core support to be shared, and commissioning a single support provider, for the five highest cost supported living placements, there could be a saving of £66,000 per week without any reduction in staff available to an individual.

Learning Disability

This strategy defines Learning Disability as used in the Government’s white paper, ‘[Valuing People](#)’. Learning Disability includes the presence of a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning) which started before adulthood, with a lasting effect on developing. For further information please see the National and Legislative context, our local priorities and the [NHS 10 Year Plan](#) priorities for Learning Disabilities.

Nationally, it is predicted that 2.2% of adults have a learning disability. In Dorset, 1172 people aged between 18-64 and 316 people age over 65 have a moderate or severe learning disability, reflecting 0.5% and 0.28% of the total population respectively. Whilst this figure is anticipated to remain constant over the next five years, across the country more people with a learning disability are being supported by adult social care each year. Currently 959 people with a learning disability or autism have a social care package of support funded by Dorset Council, of which 857 are between 18-65years.

The increased use of Social Care services is likely to continue to increase with more adults over 65's living with a learning disability in Dorset. While life expectancy for the learning disability population is approximately 14 years lower in men and 17 years younger in females than the general population, people with a learning disability are living longer often with increasing physical and mental health needs. Nationally there is an increased prevalence of age-related dementia within the learning disability community; with 13% of 60–65-year-olds diagnosed with the condition in contrast to 1% of the general population. Something which is also being reflected locally.

There are also a number of adults, aged between 40-55years, with a learning disability living with elderly parents, who may not currently be in receipt of social care support but become known when the carer becomes unwell or is no longer able to offer support, often at a time of crisis. This is a considerable area of risk for the individual and Dorset due to the minimal information available to us around the future need for this population.

National Context

National policy and the drive to support more people in community settings over long stay hospitals is also resulting in people with more complex support needs now accessing social care placements. These require a more specialist approach to the assessment of need and commissioning and brokering of support.

The national and local vision is for people to be supported to live in their own home with a specialist package of care (supported living) over long stay hospitals or residential care settings, offering greater choice and independence.

The national guidance related to Learning Disabilities can be found within [‘Building the Right Support’](#) and the [Transforming Care National Service Model](#):

1. People should be supported to have a good and meaningful everyday life.
2. Care and support should be person centred, planned, proactive and co-ordinated.
3. People should have choice and control over how their health and care needs are met.
4. People should be supported to live in the community with support from their families/carers as well as paid support and care staff.
5. People should have a choice about where and with whom they live, with a choice of housing.
6. People should get good care and support from mainstream NHS services with annual health checks, for all those over the age of 14, health action plans and hospital passports where appropriate.
7. People should be able to access specialist health and social care in the community.
8. When necessary, people should be able to get support to stay out of trouble.
9. When necessary, when their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in a hospital setting staying no longer d to.

Learning Disability Annual Health Checks

The Learning Disability Annual Health Check aims to improve the health and wellbeing of people with learning disabilities, as they often have difficulty in recognising illness, communicating their needs and using health services. As of February 2022, there are 4,864 people registered with a GP as having a learning disability with 61.6% completed health checks so far for financial year 21/22. The number registered with GP's is different to the number projected in POPPI and PANSI as well as the number of people who are in receipt of a Social Care Package.

LeDeR

The *Learning from Lives and Deaths – People with a Learning Disability and Autistic People*, or LeDeR, is a service improvement programme for people living with a learning disability. Created in 2017, it was formally known as the Learning from Deaths Review Programme and is funded by NHS England and Improvement. The programme – a first of its kind – was created to improve care, reduce health inequalities, and prevent premature mortality of people with a learning disability, but as of autumn 2021, it will include improving services for autistic people too. In 2020/2021 the LeDeR programme received 4251 notifications, of which the South West region received 389 and Dorset received 53.

Current Learning Disability provision

Nationally, Dorset is performing well at supporting more people to live independently. Just 9.5 people per 100,000 are now being supported in long term residential settings compared to a regional average of 14.2 and a national average of 14.4 (ASCOF 2019-2020). This is also reflected in 87.3% of people with a learning disability living in their own home or family compared to a regional average of 76.4 and a national average of 77.3 (ASCOF 2019-2020)

Mental Health

At least 1 in 4 adults are expected to experience a mental illness or disorder in their life, of which around 12% of people will require some specialist intervention. Dorset's rurality and varied wealth present risk factors to people struggling with their mental wellbeing, which has been compounded by the Covid-19 pandemic and impact on the leisure industry as a significant employer in the county.

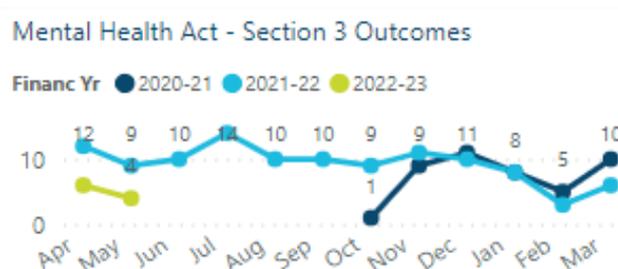
The number of people requiring social care support for mental health conditions has grown by 43% since 2019, with more than double the number of young adults (18-25) in receipt of a package of support from just two years ago.

50% of mental health conditions in adulthood are established by the age of 16 and 75% by the age of 24 years old (Mental Health. Org statistics) meaning that resources targeted at children and young people services are have to be? preventative and cost effective. There has been a 71% increase during the Covid-19 pandemic in Mental Health Act assessment for under 18's and a 25% increase in under 18's being detained in hospital, with a higher number requiring community support from health and social care to prevent admission.

As outlined below there is a significant prevalence of mental illness in females within Dorset. An estimated total of 37,846 people living in the Dorset Council area experiencing a common mental disorder, and 14,379 people experiencing two or more psychiatric disorders. Although only a small percentage of these (197 people) require a social care intervention.

Prevalence of mental illness in 18-64	% males	% females
Common mental disorder	14.7	23.1
Borderline personality disorder	1.9	2.9
Antisocial personality disorder	4.9	1.8
Psychotic disorder	0.7	0.7
Two or more psychiatric disorders	6.9	7.5

As with learning disability, the national drive to support more people within a community setting is having impact on the demand and nature of services required. More people are needing specialist supported accommodation which will enable them to continue to build on their recovery in a more local setting. The sudden increase but relatively small number of people across the county provides challenges in enabling people to remain in their own community whilst accessing specialist support.



Impact of S117 eligibility on statutory aftercare.

Suicide Prevention

As a county, Dorset's suicide rate is above the national average at a rate of 12.2 compared to 9.6 across England (Public Health 2020), and this trend is mirrored in the rate of admissions to A&E for self-harm.

A Pan-Dorset Suicide Prevention Plan has been developed building on the National Suicide Prevention Agenda. This incorporates key workstreams which include activities to:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring

Dorset Council has a commitment to its own workforce, provider organisations and people we support to help reduce the rate of suicide across the county, and over the coming months will establish our own Dorset Council suicide prevention plan linked to the DBCP Safeguarding Strategic Plan 2021.

Current provision

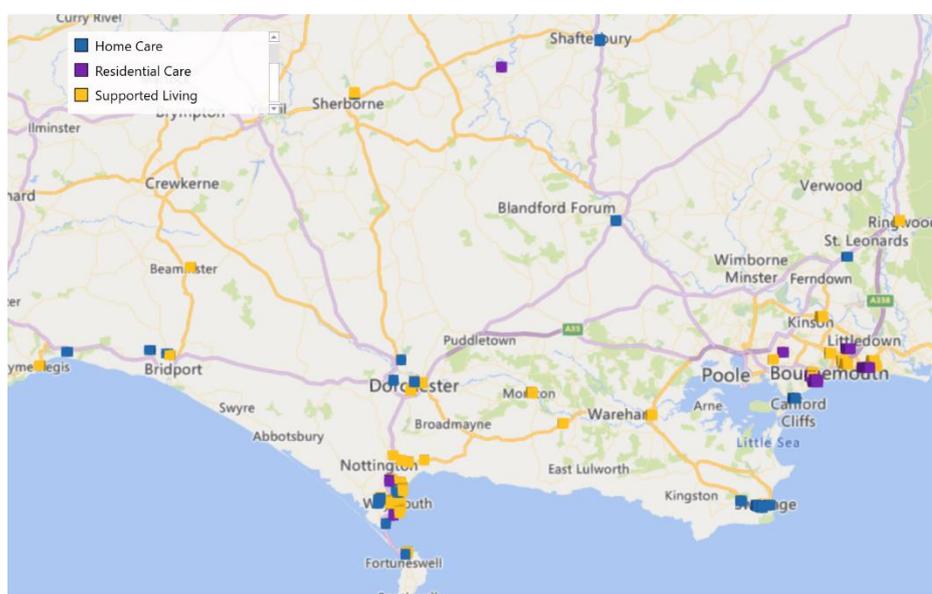
Mental Health follows similar legislation to Learning Disabilities which have been previously outlined within this strategy. The aims of this guidance is to support individuals to live within their local community as opposed to inpatient or residential settings. The number of people in Dorset in secondary mental health services living independently is significantly below average with just 45% of people compared to a regional average of 56 and a national average of 58 (ASCOF 2019-2020). The sudden growth in demand for mental health social care support has resulted in a shortage of specialist mental health supported accommodation, meaning that, at times, residential care is commissioned due to limited availability of alternative options, often out of the local area.

As of September 2021, Dorset Council commissions support, off framework, for 70 people in their own home or supported living services, some of which will be outside of Dorset Council area. The average weekly cost for supported living is £1017.78 per week, a figure which is significantly impacted by a couple of very high-cost packages.

Dorset does not currently commission a registered specialist mental health provider to deliver supported living services, meaning that the current market is mostly non-regulated with no oversight by a regulatory body, or high-cost agencies. This consequently results in a higher proportion of people requiring specialist or regulated activity moving outside the Dorset border, or being placed in older person or learning disability settings.

The majority of people who require supported living settings tend to live in shared supported accommodation which are typically historical arrangements initially set up through the Supported People Grant. Many of the services offer the same level of support, leading to blockages in the system preventing people from 'stepping up or down' as part of a recovery pathway.

As described previously there is a strong localisation of mental health services (supported living) within the Weymouth and Portland area, and across the border in Bournemouth, with minimal provision elsewhere in the county.



Autism

While data on the prevalence of autism is currently limited, a review of the available research found the national estimated prevalence of autism in adults over 18 is around 1.1%. This equates to just under 7,000 adults across Dorset as a whole. With projected population growth this could increase by around 300 by 2028. In children, diagnoses of autism are also rising, and recent UK estimates suggest around 1.6% of children are diagnosed with the condition. Applied to Dorset’s under-18 population, this would be around 2,429 children. Currently there are over 1,800 school students in Dorset with a statement of Special Educational Needs that includes a primary need of autism. This underestimates the issue, however, since not all students with autism will have SEN – for example, a study in Northern Ireland put this figure at 17% of children with autism having no special educational needs.

The Dorset system is currently undertaking an multi-agency All-Age Autism Review. This is a service improvement project following a cycle of assessing local needs, gathering insights, view seeking, identifying service gaps, understanding what works, and what could be improved, to then design a new and improved pathway of care. We’ve been working collaboratively with a whole range of people including professionals across health, social care, education, voluntary sector and those with a lived experience to design an effective care pathway for all. This very closely linked with the Birth to Settled Adulthood Programme seeking to develop an effective pathway for children and young people moving through transitions with mental health needs and/or autism.

Physical and Sensory Support

Dorset currently supports 361 people aged 18-64 with a physical support need of which only 23 are aged between 18-25yrs. Thirteen people have a primary support need of sensory support, of which no one is 18-25yrs.

	18-24 years			25-64 years		
	2021	2025	2030	2020	2025	2030
Physical Support	23	25	30	338	415	400
Sensory Support	0	0	0	13	5	5

Table 1 2021 values reflective of current position

The collection of data on sensory impairment and physical disabilities is difficult to collate, is often not recorded and is certainly underrepresented, particularly where co morbid conditions occur.

The prevalence of sensory impairment (visual and hearing) is much greater in adults with intellectual disability than in the general population, with some researchers¹ identifying hearing loss as much as 40 times and sight loss 8.5 times higher within the learning disability population, although this is often not reflected as part of someone’s support needs. Difficulty in accessing generic services and the challenges some people may have with communication means assessment of sensory impairment a

¹ [Sensory impairment and intellectual disability | Advances in Psychiatric Treatment | Cambridge Core](#)

challenge. In practice, diagnostic overshadowing can occur, with changes in behaviour attributed to the intellectual disability or to mental illness rather than to sensory impairment.

As of September 2021, Dorset Council commissions support to 168 people in their own home or supported living setting with a physical support need aged 18-65 years. 144 people use a direct payment, most typically to employ personal assistants.

38 people live in registered care settings at an average cost of £1,156.26 of which 96% of are commissioned off framework. There are 14 people in nursing care settings.

Ten people with a primary support need of physical support are currently living in supported living at an average cost of £399.17 with the majority of packages being off framework.

The Council also supports 13 people with needs associated with sensory impairment, 12 of whom use direct payments.

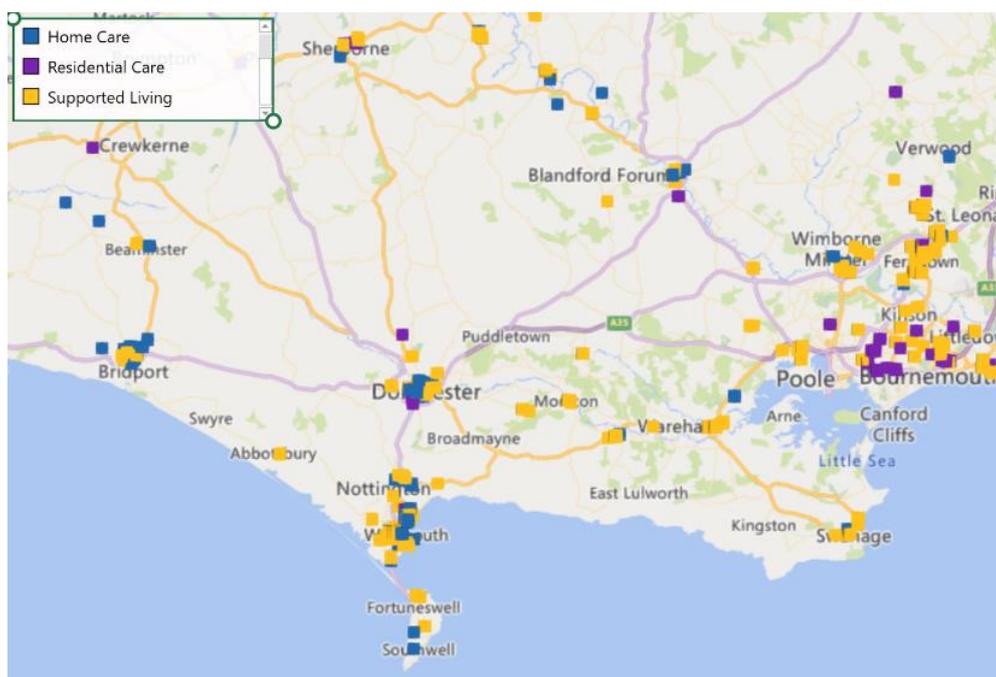
Current service provision means that many people of working age with physical support needs are supported by domiciliary care providers, or access support from learning disability/autism services. There are no supported living services which are specialist in supporting people with physical support needs.

The high percentage of people within this client group who are taking direct payments further evidences the limited commissioned services available.

Challenges to the local landscape

The rural environment of Dorset presents challenges for people looking to receive support in their local areas, particularly in north and west Dorset. A lack of available supported living accommodation means people are placed in neighbouring local authorities, particularly Bournemouth, Christchurch and Poole.

The limited number and range of commissioned supported living services also means Dorset has a number of isolated single person services, which have typically been established because someone can't share, or they have needs which can be met through general needs housing. This is having impact on the markets ability to resource such packages, due to their dispersed nature.



Dorset County continues to struggle to provide quality support countywide, with many of the rural locations having just one or two providers. This limits people's choice and also means that the market is not stimulated to improve and is provider led.

Shaping provision

Dorset Care Framework

Dorset currently has a Dorset Care Framework (DCF) and Dorset Care Framework Learning Disability (DCF LD) as its main procurement vehicle to purchase care. Whilst the majority of Learning disability supported living and domiciliary care are brokered through the framework as a call off; residential and specialist mental health are often off framework due to the specialisms required and the profile of providers on the existing framework. Currently, most physical disability and sensory impairment packages are taken as direct payment, with a small number of packages purchased from the framework.

The advantages of a framework mean that all providers agree to the same contract terms and conditions, and rates of pay. This offers consistency across provision whilst also enabling us to help manage the cost of care effectively. Providers are also subject to a level of quality assurance prior to joining the framework.

Market Challenges

The current support market is facing unique challenges which reflect the national picture and is emphasised by the aging population within Dorset.

Since Spring 2021, there has been a steady rise in the unprecedented demand for support across the social care system due to increased acuity of care and support needs alongside workforce shortages. Much of this has been driven by the impact of Covid-19 illness and 'burnout', some overseas workers being unable to return due to travel restrictions caused by Covid-19, Brexit and more attractive terms and conditions in other sectors, such as hospitality and retail. Dorset is particularly challenged by this with having an ageing population and reducing working age population.

Skills for Care predict that Dorset care workforce will need to increase by 37% to be able to meet the needs of Individuals by 2035. This equates to an extra 3,626 workers joining the sector.

Respite

For people living within their family setting, Dorset Council recognises the important role respite can play in ensuring these arrangements are sustainable. Respite care provides short-term relief for primary,

usually unpaid family carers. Respite comes in many forms and can be arranged for just an afternoon or for several days or weeks. Care can be provided at home, in a residential placement, or at an adult day centre.

As a Council, our vision for respite is to enable people to use respite as an opportunity to maintain and develop new skills, supports them in being able to remain living in the family home, and that it shouldn't be bound by a building.

Specialist Support

In early 2022 Dorset Council will launch a new framework, the Dorset Care Framework 2 (DCF2). This new framework will bring together all adult social care commissioning with specialist categories to meet different support needs. All the support commissioned by Dorset Council will be through the framework meaning every package will have the same terms and conditions, rates of pay and quality standards. The framework will be open, so new providers can join at any point during the lifetime of the framework allowing for flexibility and growth within the marketplace.

Processes and pathways

This commissioning strategy is aspirational about creating a culture of recovery and progression; however, Dorset Council recognises that our operational practice needs to strengthen the way we operate in a strength-based way. ~~These should look at what is needed now but includes aspirations of~~ where an individual wants to be and how they will get there.

This approach will help ensure quality of a service, and a progressive approach to service development, alongside aiding providers in establishing viable management structures in a geographic area.

The Council will proactively monitor the quality of all commissioned services through rigorous quality assurance processes and contract management. People who use services and their carers will be central to this process.

Assistive Technology

Dorset Council developed its Technology Enabled Care (TEC) Team in 2018 with the strategic aim to pull in specialist Occupational Therapists who could research new technology and help work alongside their social care colleagues to help promote independent living across all services. For example, the learning disability services the aim was to encourage the use of technology to allow individuals to have more control of their environment and gradually reduce the amount of 1:1 support that they would need. Technology if used correctly can work alongside care providers to raise appropriate alerts when a response is needed but allow the individual to have more time to themselves to do what they want.

The right environment including appropriate use of Assistive technology will become the future to supporting people to live in their homes for longer and ensuring support packages are appropriate and responsive to people's needs as opposed to being required 'just in case'.

Choice and Control

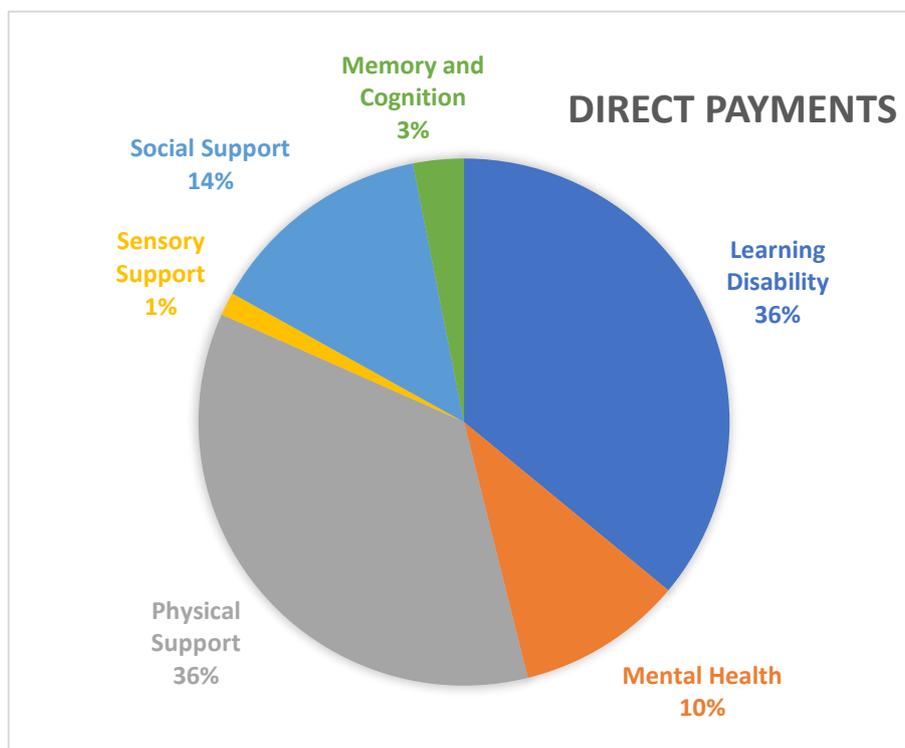
Choice and control are the main outcomes within the Mental Capacity Act (MCA) which sets out the responsibilities of providers and commissioners. Embedding the MCA into day-to-day practice enables those may lack capacity to be empowered to make decisions in relation to their day-to-day life.

Nationally, Dorset ranks 18th for the percentage of adults 18-65 who feel they have control over daily life with a score of 88.6% compared to a national average of 82.4%. This is positive for Dorset and a trend we want to continue through our commissioning activity.

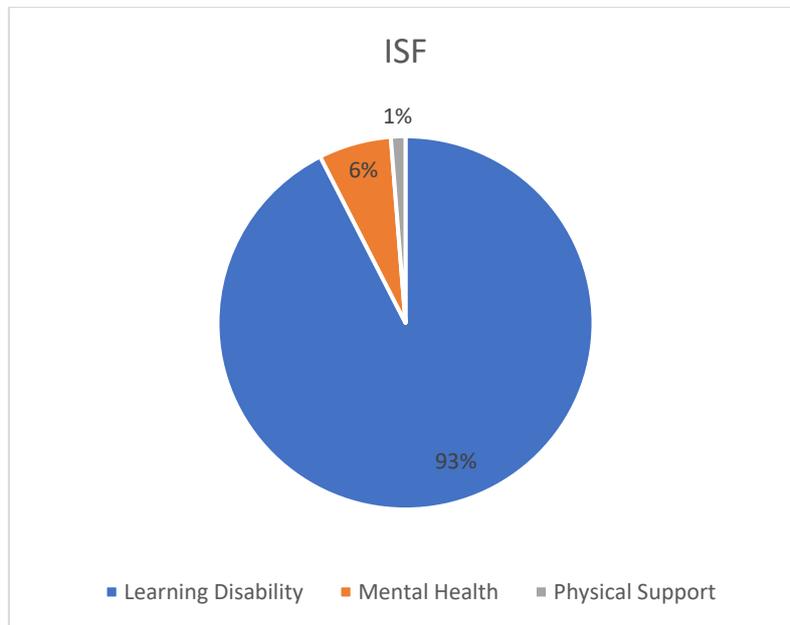
Direct Payments

Direct payments and Individual Service Funds enable people to choose how they spend money allocated to them to achieve outcomes identified, offering more flexibility and creativity. The number of people having a direct payment is increasing across the county, with Dorset scoring above average on the number of 18-65's who have one.

Dorset Council currently has 841 Direct Payment packages and 80 ISF packages. The breakdown by service type is



Individual Service Funds are being developed by Dorset Council with a dedicated Lot on the Dorset Care, Support, Housing and Community Safety Framework for both Providers and Brokers of ISFs. The distribution of ISFs is:



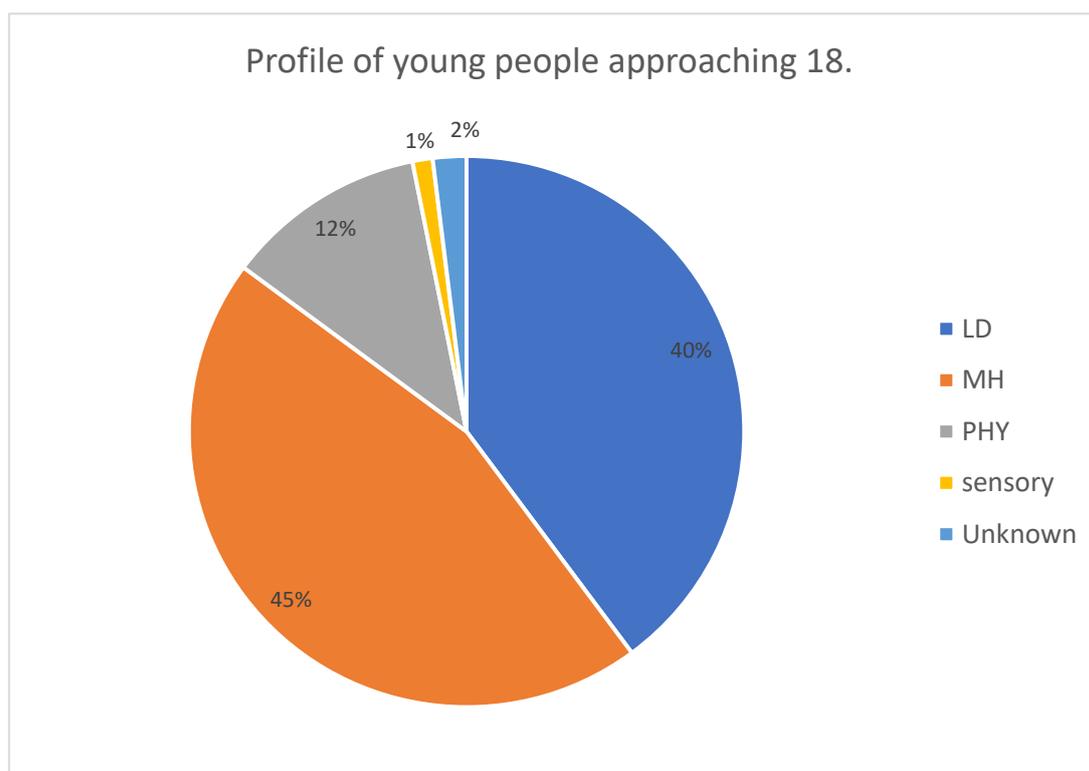
The commissioning teams will work closely with ISF Providers/Brokers to encourage partnerships with micro providers and local community networks in the delivery of bespoke care and support packages to Individuals in local surroundings. The list of commissioned ISF Providers/Brokers will be available to Individuals opting to take an ISF, and as the list grows so will the choice of ISF partner. The Council envisage that as ISF Provider/Brokers increase and the opportunities for Individuals to take ISFs increase that micro providers will become an integral part of the ISF offer for Individuals.

Dorset Council are ambitious about growing the number of people who are able to utilise this as a means of purchasing support, alongside increasing an emphasis on individual service funds, where someone can work with a provider to determine the best way to achieve goals which are important to them. This support builds on a community approach, enabling people the opportunity and flexibility to use support in a way, and at a time, which allows them to participate in activities which may extend outside of more traditional working days.

Birth to settled adulthood

The current picture

The increase in mental health and autism is continuing to be highlighted by the young people approaching adulthood, with greater percentages identified year on year since 2018 as having a mental illness.

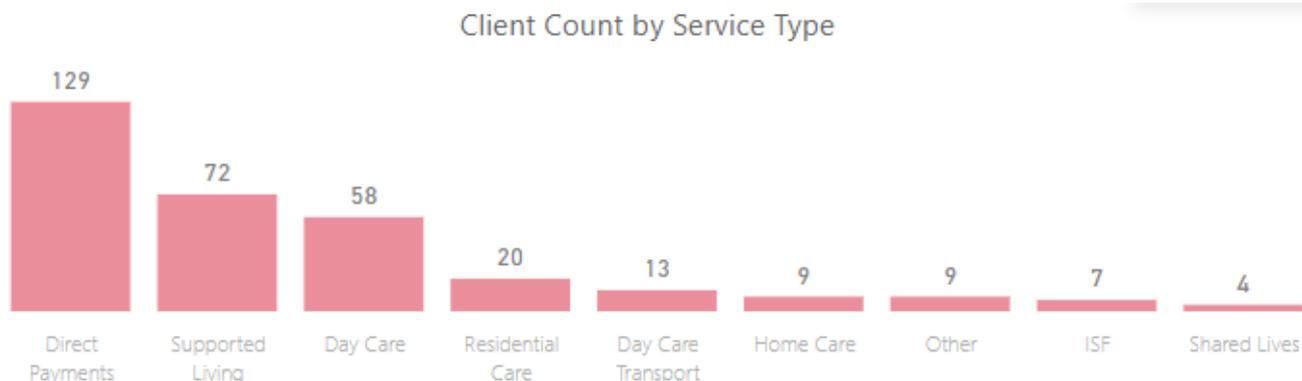


Between May 2020 and May 2021 153 new referrals were made to the transitions team, of which 78 young people were recorded as having a primary need which would be met by adult social care; 33 young people remain open to transitions waiting for review.

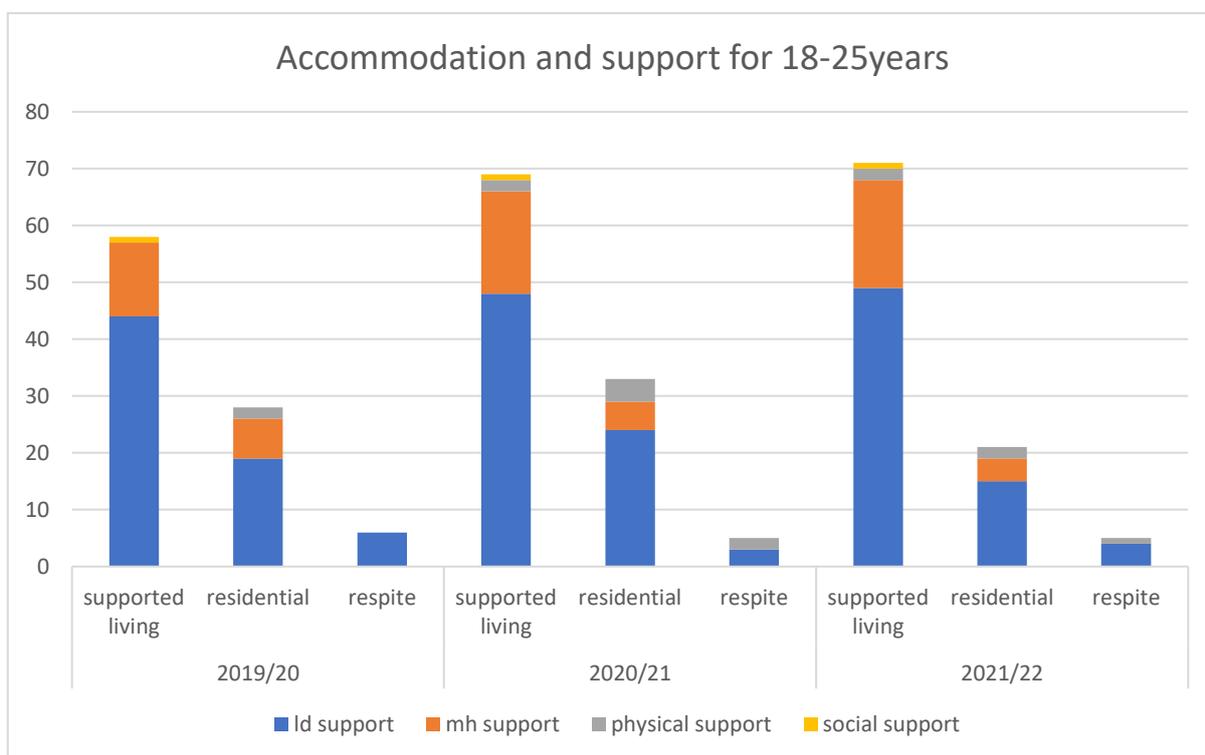
Of these referrals 40% were for young people with a learning disability, and 45% were for young people with mental health conditions, this includes young people with no learning disability diagnosis but autistic spectrum condition.

This shift from the profile of existing social care users reflects the changing demand and requirements of social care support going forward. The influences of national policy and legislation and local vision mean that the requirement of services are also changing.

There are currently 265 people age 18-25 years receiving a support package from adult social care, of which 185 have a learning disability. The majority of young people (129) are supported through a direct payment.



Over the past three years there has been a positive decrease in the number of people 18-25 years in residential settings alongside an increase in people living in supported living; a trend which is anticipated to continue.



Currently there are no commissioned young person services, although a small number of providers have services which target young people developing skills to support them into adulthood.

Between April 2019 and April 2021, the number of 18-25 year olds receiving a social care package rose by 30%. Historically, 'transitions' has been seen as a learning disability led issue however, increasing numbers of children with mental health conditions or autism are requiring support as they move into settled adulthood, meaning many of the existing processes and services are unable to meet

need. Current processes, particularly for young people with mental health conditions, mean that goals and support needs aren't properly understood until that young person is approaching seventeen and a half, resulting in services that are sourced reactively, and often at considerable cost. Currently, the highest cost social care packages are for young people aged 18-25 years, with these packages having the potential to remain in place for the longevity of someone's life.

For services to be developed in a targeted and outcome focused way, processes need to ensure young people are identified from 14yrs and active support planning begins at 16years old. The frameworks which children's and adult services work are different, and a positive transition is more than just replicating a support package which is already existing and essentially delaying the age at which the 'cliff edge' starts. Care Act needs and outcomes should inform commissioning activity and the development of new services so they are reflective of the future population. For this to be achieved children's and adults' services need to work proactively together to ensure planning commences early, and where appropriate joint commissioning arrangements will be established.

Across all the population, an understanding of demand, and targeted development of services is paramount in ensuring a strategic approach to commissioning. Over the next three years there will be ongoing work within Dorset Council to ensure our data processes enable commissioning to be data led, and proactive. We will work communicate and work proactively with the market to develop targeted solutions delivering an annual market position statement and clear commissioning implementation plans for our key priorities.

Our strategic intentions

With Dorset likely to see an increase in children and young people moving into adult services over the next few years whose needs span health, social care and education, alongside a number of people living with elderly family carers, getting the move into settled adulthood right is essential.

A joint approach across Children's and Adults services, Health and Housing is being developed to transform our pathway for young people aged 14 onwards; helping them to prepare for adulthood, maximizing their skills and opportunities for a more independent life. The pathway focuses on understanding the needs of young people at an early stage to enable timely planning and preparation for adulthood.

New procurement frameworks being developed by children's and adult services will enable packages to be awarded to dual registered providers ensuring there is continuity of support for people with Care Act eligible needs.

The Birth to Settled Adulthood (B2SA) Programme

Children and Adult Services recognised that the current operating model to support young people through the transition to adulthood across Dorset has not been delivering the outstanding service that our community require and we as an organisation aspire to. As part of the Strengthening Services and Adults Improvement Programme, it was agreed to jointly commission a review that will identify how services across People and Place are effectively supporting young people in their Preparation for Adulthood as required by the Special Educational Needs (SEN) and Disability Code of Practice.

This review was presented to committee in late 2021, and both Adult and Children's services were in agreement with the changes and improvements required (albeit more work required on scope). Approval was given to:

1. Deliver a Change Process

- a. To develop an approach to engage with services outside Children who are Disabled Team i.e. Child and Adolescent Mental Health Service, Care Leavers, Looked after Children, Special Educational Needs Team and develop a Model of delivery i.e. 0-25

2. Priority action with immediate activity

- a. To approach backlog of assessments outstanding and target the additional 77 Young people identified via the finance work to look at early help planning.
- b. To review the model, cohort and scope within Adult Social Care and Children's Social Care and understand the risks of not ringfencing capacity for work with young people.

The proposals set out take into consideration the principles and values that were presented to Health Overview Committee in September last year. These were co-produced with parent carer forum who will be involved in ongoing co-production and are a member of the B2SA Board.

The programme is in development around longer-term actions, founded on the scope, vision and principles set out below.

Scope

Our aim is to implement an inclusive 0-25 service for children with special educational needs and disabilities, with targeted support for those who are likely to require ongoing services into adulthood. However, we know for some young adults, that by supporting those with additional needs up to the age of 25, they may not require ongoing interventions from adult services, as well as some young adults who also wouldn't routinely be entitled to services due to the Care Act 2014 but will benefit from support into adulthood.

In scope for service re-design are services, pathways and systems for:

- Children and young people known to services who have a disability
- Children with SEN who have a EHCP and are likely to have care and support needs into adulthood
- Children aged 14 plus requiring support for mental health who are likely to need care support
- Children with high-cost education packages (>50k/yr)
- Young people who are at risk of abuse or exploitation and may not meet Care Act eligibility criteria (contextual/transitional safeguarding)
- Children and Young people who have Continuing Care funding.

Our vision and principles

We also want to provide services for those young adults who we see as 'falling through the gap':

to develop a service that can effectively support young people in their preparation for adulthood. particularly those who have a disability, special educational need, mental ill health and or a safeguarding need (transitional safeguarding). This will sit alongside our wider 0-25 offer to support with housing, employment, education (including early years) and more.

The principles that govern our approach were co-produced with parent carer forum and set out at the Overview Committee in September 2021:

- We need to be **ambitious** about enabling Dorset's children and young people to maximise their potential.
- Best practice would support childhood through to adulthood, a pathway that approaches with a **whole-life view**, considering all life stages, likely support needs and opportunities to support longer term independence
- Starting the **process much earlier** could enable young people to gain the right skills for independence and champion increased independence.
- Promoting **person centred support and outcome focussed practices**, using strengths based principles and language to champion independence and enable young people to live, work and be active contributors in their community.
- **EHCPs** play a key role in ensuring professionals work together to support children with SEN and ensure effective information sharing.
- **Cultural change** is required between Children's and Adult services to enable young people making the transition between services to have their independence maximised.
- **Pathway plans for Care leavers** should consider their need for support and assistance and how these could effectively prepare them for Adulthood.
- A clearly **defined offer** is required to reduce inconsistencies and challenge.

Day opportunities

Our approach

Our current offer is based on the provision of day services within a portfolio of buildings operated by the Council's wholly owned trading company, Tricuro. This represents £6.4m of spend each year. There is a private market in day opportunities valued at £2.6m p.a which consists of a bespoke range of provision from one to one to larger groups. Through co-production, we learned people want a more modern, flexible way to spend their day. They want access to greater choice, and to develop more skills and confidence. In the early phase of this strategy, Tricuro services will transfer to a new company wholly owned by Dorset Council, Care Dorset, and this presents an opportunity for a renewed, shared vision for day opportunities.

Day opportunities should be opportunities for improving health and wellbeing in its broadest sense as well as supporting adults as they grow older to continue to lead independent and active lives, maintaining and developing friendships and enjoying life to their full potential. We want the provision of day opportunities to be more strongly about supporting people to live well within their communities. We want to support a range of micro-provider and other new entrants to the market of support, so that people have the greatest opportunity to build on their own strengths, interests and aspirations. For those of working age, we want greater access to employment support. And to make all of this possible and reduce the reliance on services provided in single locations, we want to invest in building people's confidence and ability to travel around the county.

That isn't to say that there is not a place for specialist day services to be delivered to those with complex and multiple needs. The key thing that people have told us is that this creates the safe space for a rewarding day of activity. We are committed to building on existing provision for these groups and making it as accessible and personalised as possible.

Across all of these opportunities, we want to see choice and control opened up by the provision of direct payments and individual service funds, which have a significant potential to change how people access this type of service. Providers (including those considered 'universal services') will have to think in terms of marketing an offer to those with funds to purchase a service or opportunity, as they build more flexible and tailored overall packages for themselves. We want to see technology used to promote independence. We also want to see a good, diverse market in day opportunities promote the opportunity for carers to both participate and also to be able to take a break, whilst feeling confident in their cared-for person's safety and enjoyment of their days.

Current provision

Dorset Council's main provision is through its Local Authority Trading Company, Tricuro, which operates day services from 15 centres across the county, as well as services in neighbouring Bournemouth, Christchurch & Poole. In October 2022 these services will transfer to a new entity, Care Dorset, wholly owned by Dorset Council. They provide services for a mixture of those with learning disability, physical disability or dementia. This forms a very "traditional" model of day service placement. This is appropriate for a number of individuals, especially those with higher level needs for whom a safe space is important. However, it is increasingly not favoured by everyone, with many people asking for greater variety and flexibility. A wider private market of day opportunities is available, not to mention the great breadth of activity in the voluntary and community sector that could be further developed and supported.

Current activity in the Tricuro services is very significantly reduced as it recovers from the pandemic. As the service transfers to Care Dorset, there is an opportunity to engage with people to consider how a more modern, diverse and flexible offer can be developed, both with Care Dorset and the wider market.

Our strategic intentions

An engagement process was undertaken over the summer of 2021, through which we explored with people who accessed services, their carers, and others what a 'good day' looked like for people with care and support needs.

This work resulted in some key headlines as people told us the following:

- People want to be more independent, feel valued and do things with purpose.
- People 'want to be heard' and to be treated with respect.
- People prioritise being supported by 'Staff who know and care'.
- People want the Council to offer increased opportunities for socialising and making new friends.
- People want better access to information about day opportunities.
- The majority of people felt there was limited choice in Day Opportunities.
- There was a noticeable shift from people wanting to pursue passive activities and traditional Day Opportunities to Leisure, Vocational and Sporting activities.

Together we also explored defining day opportunity as it means different things to different people:

"A Day Opportunity is a service or activity that offers appropriate levels of care and support, whilst also offering a space for development in personal, practical, and relationship-based goals. An individual's experience of their 'day' or even their entire week should be a quality one, full of joy, achievement, and purpose"

It is important to recognise that a Day Opportunity could be anything and not necessarily a specifically developed support service. It might include:

- Day Centre or a site-based activity like riding stables or nature reserve.
- Supported employment, volunteering placements and education settings.
- Memberships and hobby groups.
- Self-determined activities - Nature walks and sporting activities.
- Visits to Café's, Cinema, Theatre etc. for socialising and entertainment.
- Anything that an individual chooses to do with their day that meets their interest or needs.

In approaching these developments, and working together with people who use or operate these services, there are some important principles that will guide our work.

We will build on what works well

Our ambition is to build on existing success. We have already modelled community development and a partnership with a community based ISF Broker who is working with individuals to develop bespoke day opportunities and activities.

Local partnerships and community networks have been developed with leisure centres, Local libraries are working in partnership with the volunteer centre providing space in libraries for groups to meet, the Stepping into Nature programme, providing guided walks and outdoor and nature related opportunities, the Arts Development Programme who have delivered a number of digital theatre performances through Teams and Zoom. We have negotiated discounted leisure passports for the residents of our Wareham relocatable supported housing settlement as well as the ability for individuals to join regular leisure activities. Many Providers converted day opportunities to distanced and digital format during the Covid lockdown period.

Over 95% of individuals that would usually attend day opportunities welcomed the opportunity to meet with others digitally and enjoyed a wide range of activities including, Zumba, Yoga, quizzes, and interactive activities with Providers delivering activities packs to individuals with tuition being provided over the internet. Digital services have continued to be available post lockdown and will be available as part of the day opportunities on offer for the future.

We will work with key partners and providers to review and develop services to meet people's needs.

Our commitment to co-production will inform the delivery of the strategy, stakeholder groups will be created to develop the implementation plan. We know that people who use or are connected to a service are the best people to help design that service, so a co-production approach will be adopted, working in partnership with service users, their carers and families, and service providers.

Co-production will not be a one-off activity and will be integrated throughout the development of the implementation plan. We will learn from feedback and adopt a culture of continuous improvement

We will develop the local market to create the right infrastructure to deliver our model of day opportunities

Over the next three years we expect there to be a significant change in the way day opportunities are commissioned. Direct payments and Individual Service Funds will enable individuals to purchase the support they need for themselves directly influencing the way the day opportunities market develops. We will continue to develop our work with micro providers who will be commissioned through Direct Payments and Independent Service Funds (ISF). People tell us they want more diversity of options, and so we will continue to support the micro provider and private day opportunity market to capacity build and to enable a range of providers to develop their offer to meet local need.

We will develop our Voluntary Sector Partnerships

Ongoing work with our VCSE infrastructure partners is developing more opportunities for risk appropriate responses to some support needs, including support after hospital discharge and preventative services that enhance community inclusion, preventing and/or slowing down the need for formal care and admittance to hospital or care homes.

We recognised that smaller and micro providers alongside voluntary partners have the specific knowledge of available localised groups and support networks and can therefore maximise an asset-based approach. This will be absolutely central to our thinking about place-based commissioning, bringing networks of hyper-local partners together with residents to think about what is needed for their communities.

The model we want to explore with people: developing a hub and spoke model

Having listened to what people told us over the summer, and reflecting on how community-focused day opportunity provision works in many other local authority areas (including rural counties such as ours), we want to explore a model based around hubs and spokes.

Hubs would be key buildings that offer people with complex needs a safe space, support short breaks for carers and places where individuals can access a range advise and support. They would also be used as an opportunity to sign-post people to other community-based support or facilities and act as a base to access other preventative services.

The Spokes or outreach services would provide access to a range of community-based activities that are either directly commissioned by the Council or purchased through Direct payments or use of ISFs. The private day opportunities and micro providers market will need significant further development to ensure people can move away from building based care.

Reviews of those using building-based care were conducted from March to August 2020 to ascertain if the existing building-based care was the best or required option to meet individual's needs. This would need to be supported by a range of other developments, all of which would be part of the joint work we are keen to do with people who use our services, who work within them, or are partners in the health and care system.

Some implications of the model, and work we need to do across the system

Accessible and Accurate Information, Advice and Guidance

Information, advice, and guidance needs to clear and accessible. It should ensure all have access to a directory of community-based care to make informed choices when considering usage of their direct payments.

- We will build the right information in to our new website design
- We will build a resource directory so Individuals who use services have clear information and can make informed choices.
- We will support providers to market their services

Review use of Buildings to meet need

As we change the ways in which people have their needs and desires for a 'better day' met, it will be inevitable that the current buildings from which day services are provided will have to be reviewed. This may lead to a change in how we use buildings, particularly as more people engage in wider community offers.

We will work with the Dorset Council Property and Asset team and the Care Dorset management team to identify the condition of buildings, investment and disinvestment opportunities based on usage and

future demand and need. We will look at buildings 'in the round', including what other local provision there is and how the building does – or doesn't – help us meet our place-based commissioning ambitions.

Promote Independence to access transport

We will work with Dorset Travel and Care Dorset to ensure efficient and safe transport is available at the right time and locations.

We will support individuals to access a travel training programme that familiarise them with routes within their local community to reduce the demand on traditional transport and to promote and develop people's independence, particularly around getting out and about in the community.

Developing a local travel training programme will not only promote independence, it will help contribute to the green agenda and make economic sense. Modernizing day opportunities will see further development of smaller community-based services; in addition we will make sure everyone with the potential to travel independently or with minimal support is given the opportunity to do so.

Travel training should be included in life skills and personal independence care planning, where appropriate and it should be considered in a strengths-based approach. Dorset Travel have a number of officers that are available to deliver training building on their successful track record of developed over number of years.

Accessible Facilities – Changing Places

Day opportunity services will continue to have an important role to play in meeting peoples' identified outcomes. One of the challenges will be to make sure day opportunity buildings and the wider community facilities are able to meet the physical needs of an ageing population and the increased number of people with profound and complex physical needs and support the uptake of community provision. There will be focused work with the private and public/community sectors to develop safe changing places, thus removing the barrier for people moving freely within local areas.

Utilizing Assistive Technology

In recent years assistive technology has been developing and diversifying to help more people remain living safely in their own home; this can be in the form of sensors to detect seizures or movement, medication prompts and reminders, support with travel training and daily living tasks, and visual to replace traditional smoke detectors etc.

In Dorset, assistive technology is becoming more established in newer, specialist settings, but for it to be effective it needs digital competency and connectivity, something which is difficult with the rurality of Dorset and in older properties. This is impacting on its growth and people aren't always aware of what can be achieved through technology.

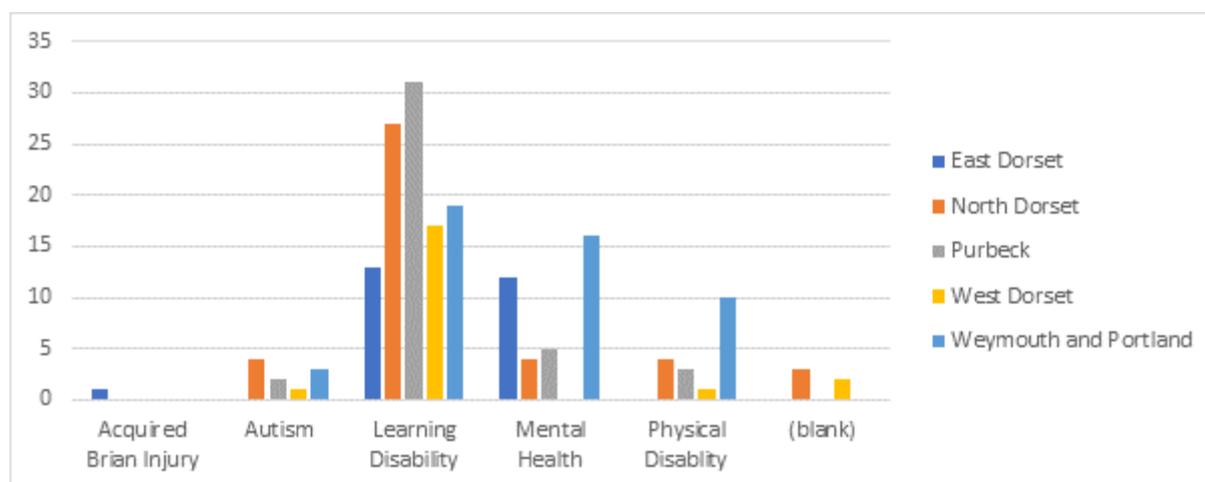
Over the next three years we need to expand the work around improving access and awareness of assistive technology within social work teams, providers, and people being supported by services and their families so more people are able to benefit from the opportunities that it may present.

Accommodation with Care

Looking forward the ambition is to develop a service offer which is consistent across the county, with good quality specialist accommodation and support, building on people's skills and independence. Whilst for some people residential care is the most appropriate support to meet an identified need as part of a short term intervention, the intention and investment over the next three years is to develop a robust community offer which is able to meet the long term needs of adults 18-65years.

When defining our community offer we are aspirational in ensuring people are able to live positive and meaningful lives, and anticipate services should reflect that. This includes supporting people to access mainstream activities within their local community and paid and voluntary employment. Dorset Council is currently reviewing its approach to day opportunities to reflect a more person-centred and innovative approach to support, moving away from building-based support, alongside working with local organisations to ensure there are more supported employment opportunities to help people develop new skills and interests.

We know there are approximately 185 people open to adult social care with an identified housing need in the next 5 years. Whilst some of these people will be able to access general needs housing, a proportion will need specialist housing, largely due to complex behaviours or the need for a fully accessible property and support as a younger adult.



The aging profile of adults with learning disability, and the increasing complexity of need is having an impact on the type of support package required, with a growing need for specialist and adapted accommodation with support, over more traditional domiciliary and residential care settings.

Likewise, there is a need to develop more specialist mental health services, reflecting the growing demand for social care support for people with mental health conditions, and/or autism. Future services will need to be ambitious about supporting people into recovery, recognising the importance of connecting people to their local communities, and progressing to further independence.

Dorset Council also wants to move away from developing single person services, which are difficult to staff and are higher cost. Instead developing clusters of single units of accommodation which enable support teams to be shared whilst giving people their own space.

Current supported living developments

Developments currently underway that will support working-age adults with support needs include:

- Weymouth, Cranford Avenue
2 single person supported living properties in Weymouth – mobilised June. Provider recruiting/nominations being confirmed
- Dorchester
development due early 2022 – 4 bungalows and 12 flats near the centre of Dorchester
- Upton
4 single person bungalows for complex needs, currently going through planning
- Advance sourcing for a large, shared property (current search) and individual bespoke properties (search should begin May time)

In addition, there are business cases in development for further schemes in:

- Ferndown
developer purchased a plot of land for 6-8 individual bungalows to support autism needs. Modular build, yet to go to planning
- Wool
Site identified by Building Better Lives
- Littlemoor
Site identified by Building Better Lives for around 8 flats and a couple of bungalows

Shared Lives

Shared Lives is a care and support service for adults who want to live independently in their local community with the support of a family or community network (Shared Lives Plus, 2021). In long- or short-term support arrangements an individual lives in the home of the Shared Lives carer(s) with the carer providing the care and/or support the person needs on a daily basis.

Shared Lives aligns well with Dorset Councils' strategic intention of supporting people to live in community settings for as long as possible, promoting independence and personalised support. Across the country Shared Lives placements are proven to offer people good outcomes, with 96% of services rated as good or outstanding by CQC, and 97% of people in the services reporting they felt part of the family; figures which are reflected in the service deliver by Dorset Council.

In Dorset, Shared Lives is primarily supporting people with learning disabilities in long term arrangements, and the service is successful in enabling people with mild to moderate needs remain in a community-based setting with access to opportunities which many take for granted.

Currently there are 48 people living in shared lives, or which 33 are in long term settings. For those in long term placements the carer supports with all aspects of daily life. Short term or respite placements are normally planned and regular, with the carer and person being supported having been matched as part of the assessment process. Whilst on occasions the service has been able to respond to emergencies, this is not the normal remit of the scheme.

Total number of people supported by the scheme	48
Total number of people receiving short term respite placements	13
Total number of people receiving alternative day opportunities	5
Total number of long-term placements	33
Total number of people with learning disability supported by scheme	44
Total number of older people supported by scheme	2
Total number of people with physical disability supported by scheme	0
Total number of people with mental illness supported by scheme	2

In 2021 Shared Lives registered with CQC for young people 16yrs+ positioning itself well to support young people into settled adulthood and further independence.

Our strategic intentions

Where an individual requires a larger package of support or someone available at night, shared supported accommodation or clusters of supported living units can often offer people more independence whilst enabling the Council and support providers most efficient use of resources. This should be the primary accommodation option for people with commissioned 24hour packages of support.

Over the course of the next three years Dorset Council will transform its support and accommodation offer, focusing on developing a broader range of housing for all adults of working age with care and support needs. This will include greater provision for shared support, as opposed to isolated single person services located across the county, alongside larger shared properties to replace existing aging properties.

The growth of the supported accommodation offer within Dorset is difficult; much of the existing supported living or supported housing stock is in older properties which don't offer the space people need, and also restricts the level of independence people can have, especially those with physical disabilities or who may display behaviour which is complex to support. Property prices across Dorset are also high, and the rurality of the county makes getting suitable properties which are easily accessible challenging.

Nationally, there has been increased investment in specialist supported accommodation from investment funds who purchase properties, adapt them and then lease them to a registered housing provider for use as supported accommodation. This model has been open to a lot of scrutiny in recent years due to the financial risk placed on registered providers taking on long, often costly, lease agreements. For some services, this funding route enables high spec, purpose-built properties to be developed to meet Local Authority needs, and has been the avenue of funding for a number of new Dorset developments. However, its market is limited, requiring tenants to qualify for specialist supported accommodation and exempt housing benefit. For mental health services, or for people with low to moderate support needs, this housing offer restricts people's progression into work and so Dorset Council is keen to explore a range of funding options and models to ensure there is a range of affordable, quality housing.

The expectation is for people to live in the least restrictive environment, as underpinned within the ethos of the transforming care programme. Whilst for most people this does mean within their own home, it is also important to recognise that for some people with more complex needs and high levels of support, a residential setting as part of a short-term intervention can be more appropriate. This enables people to have access to a multiple disciplinary staff team, alongside higher numbers of core staff reducing the need for high levels of one to one staffing, to help establish an understanding of need and risk so they can step down into a more independent setting when that time is right.

Learning Disability and Autism

For adults with a learning disability support should be ambitious and progressive. The aim for supported living within Dorset is to build on the number of people in settled accommodation alongside developing services which offer best use of resources.

Over the next three years we need to bring forward at least 60 new units of accommodation for adults with learning disabilities and securing a future housing development plan:

- 24 units of single person accommodation, developed as small blocks of six to eight apartments with provision for sleep in staff;
- 20 units of shared accommodation in large three-person properties;
- 16 single person bungalows in clusters of four for people with complex needs

There will also be a focus on expanding the shared lives offer. Whilst the existing service is offering good quality support, there are ongoing challenges around the ability for the service to grow and diversify, and further work is needed to understand it's growth potential, and how this could be achieved.

Mental Health

The current model of supported accommodation does not lend itself to a recovery approach to support, with little variation in the type and intensity of support available. Whilst we are committed to supporting people to live in settled accommodation, we also recognise the importance of having the right levels of support available for people during their recovery process.

Establishing a recovery accommodation and support pathway for adults with mental health conditions is the priority for the next three years, with a focus on partnership working and helping people to reintegrate into their local community.

Capacity within the supported living portfolio needs to increase by approximately 30 units to enable us to decommission services which are outdated and ensure we are able to respond appropriately to growing demand.

Physical Disability and Sensory Impairment

Currently there are no specialist physical disability or sensory impairment services. Whilst the numbers of people with a physical disability needing accommodation with support are relatively low, we recognise the need to develop specialist services.

Where possible, new blocks of accommodation will have accessible apartments alongside 12 units of shared accommodation for younger people with physical disabilities or sensory impairment

The Dorset Accessible Homes service including Sensory Impairment Prevention and Support offers assessment, advice and information around sensory loss including Rehabilitation Officers for Visual

Impairment (ROVII) formability training and support to enable individuals with a sensory impairment to manage independently

Safe havens

Safe havens play a critical role in supporting people at crisis who may end up requiring emergency accommodation at short notice, aiding to prevent hospital admission or placement away from the individual's local community and family.

There is also evidence that some hospital discharges have been delayed because either the sourced accommodation is not ready or a provider, with the specialist skills required, needs to recruit and train a workforce to work that individual.

Dorset Council currently has three properties developed as safe havens, however, these have become medium to long term solutions for the people who have moved in, meaning they do not offer a responsive solution to a crisis situation.

Between Oct 2020 and February 2022 there were 15 cases where a Safe Haven approach could have been applied (7 cases identified through the dynamic risk register approach since its launch June 2021).

The expansion of a Safe Haven model in Dorset would help achieve 3 key outcomes:

- Reduction in crisis hospital admissions
- Reduction in Out of County Placements- [these present the largest budget pressures to Health and Local Authorities]
- More timely discharge from hospital

The ideal model for Safe Havens is one where a person at risk of admission to hospital or on a planned discharge uses their existing staff team (plus additional MDT wrap around support) for a short time (up to 6 weeks) whilst the immediate crisis is dealt with and/or whilst a follow on package of support is put in place.

The model needs to include care and support provision as well as an appropriate environment in order to be successful. The capacity in the current care market makes having a responsive and skilled work force available as a stand alone service difficult and therefore whilst we need to increase capacity of safe havens available, we need to understand how this can be delivered in a sustainable way.

Our action plans

The action plans below will be informed by the outputs from a series of deeper thematic reviews which are currently underway to further develop the ambition of this strategy. These include reviews across:

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- Accommodation Based Support
- Mental Health Recovery Pathway/Offer
- Learning Disability and Mental Health Respite
- Advocacy Contract
- MH Forensic Offer
- Short Breaks - Jointly Commissioned Services 16 - 25
- Safe Haven
- Shared Lives
- Autism pathways (contributing to CCG-led review process)

These reviews are all scheduled to be complete by the end of 2022/23, and a number in mid-2022. They will all have opportunities for involvement of partners, those who use the services and their carers, or will build on insight already provided through earlier co-production exercises.

Year 1 implementation plan

[DO] indicated day opportunities; [BtSA] indicates birth to settled adulthood; [all] indicates the broader strategy

Outcome 1: People have choice and control over their lives, including where they live, how they spend their days, and how they are supported when they need it

Actions	Expected date	Lead	Issues
[BtSA] Expand on the implementation of strengths-based approaches to ensure assessments, reviews and commissioned services are person centred, outcome focussed and offer value for money.			
[DO] Community and provider development activity to shape the 'spokes' of the hub-and-spoke model, and to scope areas for priority development in the provider landscape			
[DO] Co-production programme to develop model of hub-and-spoke provision			
[DO] Review property portfolio and align to new vision			
[DO] Develop and implement transport alignment plan			
[DO] Develop Changing Places provision options and implement			

Outcome 2: People, whether those in need of support services or their families, friends or carers, can access high quality information and advice, in a timely way to support them in decisions they need to make

Actions	Expected date	Lead	Issues
[DO] Produce menu of services based on the developments above, incorporated into the IAG systems			

Outcome 3: People live in communities that support their independence and wellbeing, with health, employment, physical activity and other opportunities available to them

Actions	Expected date	Lead	Issues
[BtSA] Mobilise the Supported Employment Service (16+) to further support Birth to Settled Adulthood and A Better Life agenda			
[BtSA] [DO] Steps to Independence and Well-Being offer – Development of a preventative offer which focuses on building on an individual’s support network and available universal services. This includes supporting to develop skills to live a healthy and independent life.			

Outcome 4: People have access to high quality support services appropriate to their needs, which promote both their safety and their independence, and work together well to support them through important transitions in life, including from birth to settled adulthood, and later into older age

Actions	Expected date	Lead	Issues
[all] Service review completed: respite and crisis support offer			
[all] Service review completed: mental health pathway			
[all] Service review completed: forensic services			
[all] Service review completed: supported living and Shared Lives			
[all] Develop strong local offer for people with disabilities, including the quality improvement priorities jointly with provider market			
[BtSA] Development of a Transitions Dashboard is currently underway to enable Commissioners and Operational staff to better plan and support individuals through the transitions period.			
[BtSA] Joint framework lot between children's and adults to enable consistency across the transition period, market engagement post-DCF launch to encourage new providers to come to Dorset.			
[BtSA] Increase accommodation based support for those with specific needs, for example complex behaviour.			
[BtSA] Joint Commissioning approach to Short Breaks – Working alongside Children’s Services to enable joint commissioning of Respite services.			

Years 2 to 5

Broadly across this strategy, years 2-5 will be shaped by the direction set in the strategic reviews, and implementation of those plans. This will include:

- increasing accommodation options for those with disabilities
- increasing provider capacity for individuals with complex needs

A key priority will be to further embed the culture of strengths- based approaches within operational practice and the commissioning cycle

In Birth to Settled Adulthood, the plan above is the start of a wider programme of work around transition which will be developed over the course of the first year of the strategy's implantation. In particular, years 2 to 5 will be shaped by the outcome of the strategic review.

In day opportunities provision, the focus of our work from 2023 onwards will include:

1. Developing greater use of assistive technology to support people in their day activities, including where it can enhance the experience of specialist day opportunity provision for those with complex needs, or open up opportunities for people to spend their days in their communities
2. Use the Dorset Care Framework 2 to ensure that the right contracted services are in place
3. Continue to focus on developing the market in opportunities, beyond the core day service provision – always working through the hub-and-spoke principles to develop the offer

Commissioning for A Better Life for Carers in Dorset Our Strategy 2022-27

We want to identify potential carers of the future, register identified carers, support them throughout their caring journey and reach individuals at risk before they reach crisis. We want carers supported across the whole system, and for carers to be acknowledged and recognised as an important role by everyone, not just Adult Social Care.

Foreword

To follow.

About these strategies

This is one of four strategy documents which is currently in development by Dorset Council, to shape its planning and delivery of adult social care services for the coming years. This draft, presented to the Overview Committee on 28 June 2022, marks the beginning of a wide set of discussions with key people, including our residents, users of our services, carers, our workforce, our partners and the social care market. Through these discussions we want to develop a set of social care plans that command wide respect, and which can shape the Dorset Council works with everyone to build a social care system that is fit for the future.

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The final document will include appendices which will set out specific plans in a 'plan on a page' format. These are in development through the co-production process, so are not yet included in these drafts.

About this Strategy

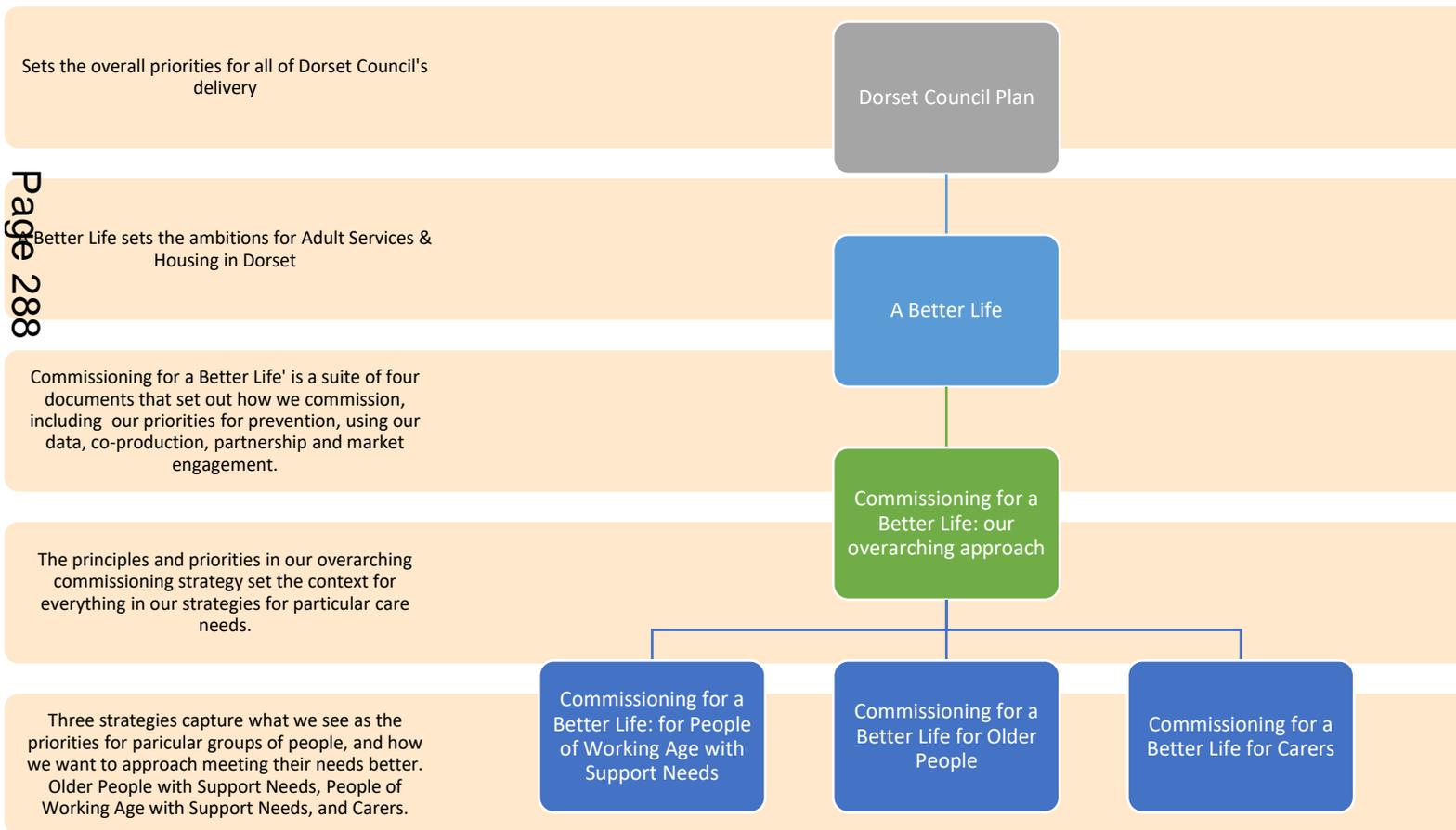
This is one of four strategies that sets the framework for how we will commission and develop services and support into the future. 'Commissioning for A Better Life' is the overarching commissioning approach, and should be read in conjunction with this document that deals more specifically with how we will improve the support that carers receive.

This strategy is intended to be used as a live document, allowing us to build on the existing service delivery, review progress to date and then continue to review throughout the 5-year period the strategy covers. It has been produced in mid-2022 to make it easier for people to engage with us and tell us what needs to improve and how we should do it. There will be further versions as we work with partners, carers and the community.

This strategy is as a result of much consultation, engagement, and research from carers, those with lived experience, providers, local councillors, and partners.

The strategy will be delivered in line with the attached implementation plan and will flex to accommodate any changes in national guidance and local pressures. It is also intended to support Dorset Council Adult Social Care respond to the forthcoming pan-Dorset Carers Steering Group refreshed Vision Strategy due in 2022, which is a carer-led high-level vision strategy to which all system partners in Dorset have committed.

Our Strategy Framework



Who is a carer?

Definitions

According to the Pan-Dorset Carers Steering Group Valuing Carers Vision Strategy the definition of a carer is “Somebody who provides support or who looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability. This would not usually include someone paid or employed to carry out that role, or someone who is a volunteer”.

The Care Act definition is... “an adult who provides or intends to provide care for another adult (“adult needing care”)” clause 10 (3) Care Act (2014).

A young carer is... “a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work)...” ...section 96 Children and Families Act 2014

Terminology

Government and the adult social care professional community frequently use terms including “informal carer” and “unpaid carer”. The carers that we spoke to were clear that these terms do not describe their role. Simply “carer” is sufficient and preferred. “Informal” suggests that it is only a casual role, rather than being an expert on the life of their loved one. “Unpaid” emphasises the transactional, and is particularly offensive when considered in light of the low levels of state support for carers. Further, for those in receipt of Carers’ Allowance, “unpaid” can simply be confusing.

In describing carers as such, we will need to be mindful that in some instances this can be considered to include those who do receive payment for their work. This includes not only those who are employed by a care agency, but also those self-employed as personal assistants and those who care for others as part of a Shared Lives arrangement. When we are describing carers, therefore, and wish to make the distinction between these responsibilities, we will need to take time to set out what we mean, rather than use shorthand terms such as “unpaid carer”.

It is important not to categorise or label carers too rigidly; however, when considering the different types of service, a carer may require at the various stages of their journey and for commissioning purposes it is helpful to consider the various types:

- Adult carer (aged 18+)

- Working carers
- Parent carers of an adult dependent with a disability or who is disabled
- Young adult carers (16 – 25 yrs.)
- Young Carers (under 16)
- Sibling carer
- Occupational Carers

Adult Carer

An adult carer is someone who has a caring role over the age of 18 years. There are a high number of adult and older carers living in the rural parts of Dorset. In the rural areas there are less community-based opportunities and less providers. This makes the need for a joined up and responsive service key to their support. Often older carers in rural communities' health and wellbeing are impacted by their caring role as they cope with their own frailties and may not be digitally enabled.

Working Carers

Corporately Dorset Council want working carers to feel supported and able to deliver both their work roles and their responsibilities as carers. There is work underway within the council to improve the information and support to working carers.

Carers should not have to give up their chosen career due to caring responsibilities, however this is often the case. Many carers will need to return to paid work to supplement income in the years ahead.

An information page dedicated to working carers employed by Dorset Council has been developed with links to support, advice, and policies to support them. A working carers support network has been advertised with a view to developing peer support and greater awareness across the organisation.

The Pan-Dorset Carers Steering Group have outcomes in relation to this which are to be reported on regarding delivering support for working carers. Two of the applicable outcomes are:

- We will develop workforce training solutions that raise awareness at a local level to enable us to listen to carers ideas and concerns.
- We will develop a peer support network for carers (can be workforce group)

Learning can be gained from the NHS employee leaflet Juggling caring and work leaflet.

Parent carers of adult children

It is also important to recognise parent carers of disabled children or SEND (Special Educational Needs & Disability). Getting information to parents and Carers at the right time regarding what support is available to them when the young person moves from childhood into adulthood, moving from Children's Services to Adult Social Care support can be challenging. Conversations are taking place between Adult Social Care and Children's Services regarding how to improve this.

Young Adult Carers, Young Carers

Strategic plans are being developed in partnership with Children's Services under the Young and Thriving Strategy to improve young carers service delivery, including the whole family approach. Services are being developed in partnership with Children's Services, Carer Support Dorset, Health and

MYTIME Charity – see Young Carers section, and Young Carers Project information. The Project Group are committed to providing young carers with good support and protect them from inappropriate caring responsibilities which prevent them from learning and developing to their best potential.

Sibling Carers

Within a family home where there is an Adult with health or social care needs, there children take on caring roles. Sibling Carers are children who care for their sibling to help the parents. Sibling carers who are often missed out of existing service deliveries. Children's Services are developing their strategy for this area as part of their Young and Thriving strategy.

Occupational Carers

There are also paid carers, also known as occupational carers. This strategy does not include this group.

Vision for Carers in Dorset

The population of Dorset is increasing and with that, particularly with the impact of the Covid-19 pandemic, the number of people providing care to another has dramatically increased. There is an assumption that most are not coming forward and identifying as carers. With the increased pressure on the care system, hospitals, and lack of professional care staff in the community, the burden on carers is expected to increase and further preventive support will need to be identified and developed by a systemwide approach including the Health, Social Care and Community networks.

Our vision draws on our learning from engagement with Carers, professionals and providers and the national guidance whilst also making it relevant to local needs. The overarching aim and set of objectives can be used to measure how we deliver better support for carers in Dorset. Dorset Council want to identify potential carers of the future, register identified carers, support them throughout their caring journey and reach individuals at risk before they reach crisis. We want carers supported across the whole system, and for caring to be acknowledged and recognised as an important role by everyone, not just Adult Social Care.

We will work together so that all carers are empowered to lead their best life, are respected, fully informed, involved, valued, and receive:

- the right support;
- at the right time; and
- in the right place.

The Right Support

An immediate focus will be on further developing our information, advice and guidance offer to be more joined up, clear and easily accessible, including on some priority issues for carers such as planning ahead, financial planning, contingency planning and end of life. This needs to be shared activity with NHS partners, carers organisations and others, and involve carers in the design work.

We want to further develop the range of available support, with an emphasis on flexibly responding to carers needs, including those who work, and with elements of choice, crisis prevention and response. Developing an employment charter for carers would help focus on these commitments. We also want to develop a clearer carer break offer. Dorset Community Response and Help and Kindness have introduced new community volunteer support for carers which will continue to grow. Some parts of the support infrastructure could be further developed, with community supporting people to engage,

including the Carer Card and Caring Matters magazine. Technology can provide opportunities to make life easier and relieve some anxiety of caring at home, and assistive technology and equipment should be incorporated into every carers assessment.

We want more people to have a carers' personal budget and direct payment, and to have the freedom and flexibility to arrange the support that they need.

The Right Place

Our Carers Case Workers provide valuable support on a one to one basis where there is complexity, however, there is a need to ensure resources are aligned to different locality need.

As part of developing the range of support available, we want to work to improve the consistency of availability of peer support groups across the county.

The Right Time

We need to bring more people and organisations into the work of identifying carers and flagging to them that there is support available. This will enable more carers to access the timely support they need, and provide a more immediate response to crisis, as well as identifying those who may soon become carers, and those who are ageing and for whom caring is becoming ever more challenging.

For those young people who take on caring roles so early in life, the right support joined up across children and adult services is critical to their future growth and development.

Continuing to deliver the objectives in the Valuing Carers partnership strategy

The Valuing Carers in Dorset strategy was written by organisations working in partnership towards integrated health and social care services including Dorset Council, BCP (Bournemouth Christchurch Poole) Council, Clinical Commissioning Group, Acute Hospital Trusts, Dorset Healthcare and Carers. It also underpins this Dorset Council Adult Social Care strategy. The Council have a strong working relationship with partners and are committed to building on this to deliver the Valuing Carers strategy identified 9 priorities which underpin this strategy:

- Support the early identification of carers, including self-identification
- Ensure carers receive relevant and timely information and advice about their caring role
- Develop the workforce to understand carers needs, improve identification and value their contributions
- Involve carers in local care planning and individual care planning
- Enable carers to fulfil their educational and employment potential
- Provide personalised support for carers and those receiving care
- Support carers to remain safe and healthy
- Deliver equality of services across Dorset by commissioning carers services in a joined-up way
- Ensure that carers rights are recognised at the same level as the cared for person
- Minimise stress and bureaucracy with a whole-team positive culture of enabling support

The aim is to produce a consistent approach for Dorset Carer's which prevents a postcode lottery and promotes prevent, reduce, and delay working with our partners BCP Council, ICS, NHS, DHUFT (Dorset HealthCare University NHS Foundation Trust), CCG, VCSE. Commissioning joint services for Dorset Residents with BCP Council where possible.

Four outcomes

All of these aspirations are captured in four high-level outcomes that guide our work. These help us to think about what the issues are that get in the way, and what we need to work on to fix them. At the end of this strategy is our action plan for year 1 and, in outline, for future years – the actions are grouped under these four outcomes.

1. Carers are respected and valued across social care and other council departments, and are included and involved
2. Carers can find the information that they want, when they want it, and in formats that work for them
3. Carers have access to a range of support, responsive to their needs both in the community and from the Council
4. Carers receive meaningful assessment, with responsive options for receiving the support that they need

Services for carers

Universal Services

There are many other services or support for adult residents which also benefit Carers.

A 'Carers tool kit' was developed during 2020 to detail the universal services provided by the VCSE that was used by Councillors to enable them to sign post Carers to services. This would need updating for 2022 and would be continuous job to do so as services change and evolve.

'If Only I'd Known That' is a booklet produced by PramaLife and The Leonardo Trust which is based on a carers journey over 20 years ago, which is still very relevant today. The booklet is free to all carers and provides hints and tips on navigating the services and provides a helpful index of contact points at the back. This has been sent to all elected members and is sent to all registered carers.

Targeted services

By having several commissioned services this offers the carer choice, however it can also cause confusion as to who to contact.

In house and externally commissioned services are currently funded via the Better Care Fund. The Better Care Fund is funding provided by CCG to Adult Social Care to jointly commission services to carers. In house Carers Case Workers support operational teams at a local level, and commissioned services include a Dorset Council led Carers support hub, as well as jointly commissioned services with system partners BCP Council, CCG and Health:

- Carers Case Workers – internal operational team
- Short Break Services- internal offer
- Carer Support Dorset – Dorset Council Commissioned Carers lead organisation
- Rethink – Dorset Council Commissioned support for Carers of people with mental health illness
- Carers Cards – Joint BCP and Dorset Council commissioned discount card
- Caring Matters – joint BCP, Dorset Council commissioned magazine
- Time to talk – joint BCP and Dorset Council commissioned counselling support service

In addition to targeted interventions, there are a host of other universal services. Please refer to Appendix B for more information.

Dorset Council, Carers Case Worker role

The Carers Case Workers provide the Statutory support under the Care Act 2014 where there is complexity or safeguarding concerns - they do not undertake all Carers Assessments. They are strategically based across Dorset including localities and some hospital sites.

The posts were created to work with carers in more complex situations where there is a need for a formal Carers Assessment under the Care Act 2014, and it is not appropriate for an allocated worker to complete the assessment. This would include the following situations:

1. Safeguarding concerns and complications.
2. Where there is conflict between the carer and the cared for person, or where there are conflicting views between the carer and the cared for person about desired outcomes.
3. Where there are complex inter-relations between the needs of the carer and the needs of the cared for person and there is a need for independent support for the carer.
4. Where there is no allocated worker for the cared for person (private funders where there is no request for an assessment of the cared for person).

Carer Case Workers also offer support to bereaved carers in the short term and signpost to other organisations. There was an increase in welfare calls and sadly bereavement support during the pandemic. It is recognised that they offer valuable support to carers which was made particularly difficult during the Covid-19 pandemic with many Carers shielding and lack of resources to refer them to.

In addition, Carers Case Workers are the experts in their locality/specialist team and provide training, advice and support to colleagues undertaking Carers assessments. They hold local peer support groups and lead in their local communities working with the Primary Care Networks, GP surgeries, hospitals, the community and other organisations in the area. They are the primary coordinators of the Provider Forums and work very closely with primary care and other providers in their setting.

Short Break Service and Personal Budgets

Short Break services have traditionally been an offer of support to Carers following a Care Act Assessment. These have taken the form of a replacement care service and the provision is not subject to a financial assessment.

The current offer is care-based and as such is subject to availability within the care market. The experience of Covid 19, where carers have been unable to access the provision, coupled with engagement feedback, demonstrated the need to revisit what constitutes a 'short break' offer. A more personalised offer is seen as a way of carers securing goods or services that support them more individually in their caring role.

According to the Care Act 2014, a Carer is entitled to a Personal Budget to spend on their wellbeing whether or not the adult being cared for has eligible needs (Carers should get personal budget regardless of whether Adult Social Care are working with the cared for person). Carers need a rest from caring responsibilities to look after their own physical/mental health and emotional wellbeing, social and economic wellbeing and to spend time with other members of the family and personal relationships (Care Act).

Eligibility for Carers to access services is clear and agreed support is detailed in a Support Plan. Examples include:

- a course of relaxation classes,
- training on stress management,
- gym or leisure membership,
- adult learning,
- development of new work skills or refreshing existing skills.
- pursuit of hobbies such as purchasing a garden shed, or laptop to stay in touch with friends and family

Whether or not there is a need for replacement care, carers may need support to help them to look after their own wellbeing. This may be, for example, a course of relaxation classes, training on stress management, gym or leisure Centre membership, adult learning, development of new work skills or refreshing existing skills (so they might be able to stay in paid employment alongside caring or take up return to paid work), pursuit of hobbies such as the purchase of a garden shed, or purchase of a laptop so they can stay in touch with family and friends.

Currently Dorset Council does not provide a Carer with a personal budget, however they do provide Direct Payments. This is an area for development which should have taken place with the introduction of the Care Act 2014.

The only direct funding a Carer receives from Dorset Council is used for the Short Breaks Service or provided by Rethink under the title 'Breakaway Fund'.

Carer Support Dorset, Commissioned Carers Lead Organisation

Carer Support Dorset offers a 'front door, one stop shop' approach, for carers of all ages from Dorset Council. This service contributes to the collective model of early intervention and prevention, providing a preventative offer to delay carer breakdown and reduce the need for Adult Social Care intervention. They are the first point of contact offering the information, advice, support, signposting, befriending and guidance. They also hold the Dorset Carers Register on Dorset Councils behalf for Adult Social Care and Children's Services.

A vast amount of data is available provided by quarterly reports from Carer Support Dorset to understand about Dorset carers.

Rethink – Dorset Carers Service – commissioned service

Rethink is the Commissioned service provider for Carers of all ages who live in Dorset Council area who care for people aged 18 or over with Mental Health Illness. They work collaboratively with Carer Support Dorset to promote and enable the early identification, carer recognition, support, and training for carers. They provide joint sessions with Carer Support Dorset to support carers suffering from mental health illness themselves and of those who they care for.

Currently the service supports people over the age of 17 and receive referrals predominately from Community Mental Health Teams. Children's Services are keen to explore opportunities to access mental health services for young carers. This is an area under review and possible development into lower age groups as part of Children's Services Young and Thriving Strategy.

The links with Rethink varies across CMHT depending on their staffing hierarchy. Most Carers assessments are being completed by CMHT (Health staff). Some have Carers Lead Officers or equivalent employed by Dorset Council, some do not.

The support offer can include a personalised payment of up to £300 to support Carers wellbeing administered through the Breakaway Fund. This is recognised as a model that can be used in addition to being awarded Short Breaks by Adult Social Care.

Carers Cards

The Dorset Carers Card is a joint contract with BCP funded by the Better Care Fund. It gives access to a card that can be used as Carer identification and provides discounts across Dorset including at cafes, shops, attractions and with some professional services. There are hundreds of opportunities across Dorset to use the card. The Carers Card website which includes printable information helps Carers to discover the offers available.

The Carers Card scheme distributed to registered Carers - including adults, young carers and Parent carers of children who are disabled or with SEND (Special Educational Needs & Disability) - by Carer Support Dorset and CRISP (Carers Resource Information and Support) for BCP Council, although the scheme is currently coordinated by My Carers Card organisation.

Caring Matters

A joint contract in partnership with BCP Council, funded by the Better Care Fund.

This bi-annual (6 monthly) magazines are prepared by Pan-Dorset system-wide partners for all Dorset carers.

Caring Matters is produced by Dorset Council and BCP Council in partnership with the NHS. Around 16,000 copies are printed which are given to GP surgeries, pharmacies, and professional carers leads, to distribute to carers across Dorset. It is also published on internet sites, including Dorset Council and BCP Council including CRISP websites, Carer Support Dorset's website and others of interest to carers.

See Appendix D for the Spring 2021 edition.

Time to Talk

This is a counselling service, a joint contract with BCP funded by Better Care Fund.

The Time to Talk contract is a bespoke demand led counselling service jointly shared with BCP Council offering counselling services to carers for up to 6 sessions of approximately 50 minutes a session and with an optional additional 6 sessions if required. These sessions should take place over a relatively short time period. We expect the six sessions to be completed within a 4-month period. The aims of the service are to manage and improve the well-being of carers and sustain their ability to continue to provide care.

During the Covid-19 pandemic options were reduced, however, pre-Covid, counsellors were offering telephone, Zoom or face-to-face appointments. To access this there is a requirement for Dorset Council Carers to have a Carers Assessment under the Care Act 2014. There is currently low take up of this offer.

A Carers Assessment is required to access Time to Talk currently. However, following feedback from carers that their mental health has deteriorated during the Covid-19 pandemic and that carers often suffer poor mental health. To make the service more accessible from June 2022 Carers will be able to access this service without a Carers Assessment taking place.

Additional Impacts

Home first

National Research conducted by Professor John Bolton (visiting professor at the institute of public care/ independent consultant), identified the detrimental effect of patients remaining in hospital for longer than medically necessary. Bolton's research identified that 45% of patients, have no ongoing clinical support needs on leaving hospital, but may need some wellbeing support to remain well at home and maintain independence.

Home First – a partnership between local NHS and the two-council adult social care authorities – was launched last year to deliver the national 'discharge to assess' (D2A) model and help people to safely leave hospital without delay and with the right support to recover in the comfort of their own homes wherever possible.

While we have made good progress in improving the hospital discharge process, there is still work to do make sure carers consistently have a good experience of care, are supported to recover in the right place for their needs and don't experience avoidable delays.

Carers UK have also released a report 2021 – 2021 'Carer's experiences of hospital discharge - Discharge to Assess model' which includes the most recent guidance issued by the NHS England includes references to carers rights after Carers UK raised significant concerns.

Response to Coronavirus Pandemic

The Pandemic hit people hard from all backgrounds, in particular carers who struggled to manage additional hours of providing care without support, which negatively impacted on their health and wellbeing. Not only were they looking after themselves, but they were also trying to care for someone else. Most people were not able to leave their home, and majority of services closed or stopped for a period which impacted on their loneliness and isolation. Finding replacement care that was provided inside or out of the home was extremely challenging and continues to be. Even with restrictions being lifted, some services have returned to a new normal, some online, some face to face, however many services have not reopened their doors, including peer support groups and activities Carers and their cared for person relied on.

Not being able to leave the house raised anxiety, caused mental health illness to increase and in some household's domestic violence. Not being able to 'escape' from the 4 walls of home and have a break is still something that Carers are experiencing even today.

The community stepped up in support of their neighbour, helping one another who they may not even know, with simple but essential chores such as food shopping or collecting medicines. Social Media played a strong part in supporting people with the setup of friendly community groups where people offered to help one another, often complete strangers. Community groups were trusted with confidential information and supported with delivery of services which they may not have had opportunity to before,

a real team approach in partnership with the Council for greater good. These acts of compassion should not be lost and built upon as we move forward into a new normal.

Some services were able to quickly adjust to online services, which met some people's needs and opened new opportunities for people who had not tried it before. However, this also left behind others who didn't have the means or understanding to access these services. Going forward in a digital World, it is felt it is important to use this as a building block to take services forward in a hybrid manner and support those who didn't engage for whatever reason to be able to access Digital services.

But included:

- Laptops, equipment funding or hardship grants provided via The Leonardo Trust
- Carers helpline - Dorset Mental Health Forum Carers
- Telephone support and specific advice for new accidental carers/people caring for neighbours – Age UK

The Covid-19 vaccination programme also raised anxiety and confusion for Carers as to whether they qualified for an early vaccination under cohort 6 and whether the carer, cared for person and household would have the vaccination at the same time not. This led them to feeling left out, angry, and vulnerable.

Learning from this is still be collated with some early findings pointing to a lack of clear guidance information to support issues at a local level. However, a survey conducted by Healthwatch gathering feedback on people's experience of the Covid-19 vaccine and so far, the results are very positive but there have been some issues raised by carers around their ability to get a vaccine if they were not in receipt of Carers Allowance.

A call to action from the UK's young carers and young adult carers In June 2020 Carers Trust asked children and young people aged between 12 and 25 about their experiences of caring during the pandemic. Even amongst everything else they must do, 961 found the time to reply.

"Before coronavirus I was living quite a normal life at university in another city, but I have now come back home where I care for my sister who has severe mental health issues and my mother who has mild ones. There is nowhere to get away to for a break as even when things aren't quite as bad all I feel like doing is resting/sleeping in bed. My biggest worries used to be exams and boyfriend troubles, now they are making sure everyone is alive this time tomorrow". Young adult carer, aged 19

- 67% of young carers and 78% of young adult carers are more worried about their future since coronavirus.
- 11% of young carers and 20% of young adult carers said the amount of time they spend caring per week increased by more than 30 hours. That is around 1 in 5 young adult carers.
- A shocking 8% of young carers and 15% of young adult carers cared for over 90 hours per week during the pandemic.
- 30% of young carers and 31% young adult carers are now caring for more people.

Domestic Violence

The Dorset Safeguarding Adult Board have completed a Safeguarding Adults Review which focuses on domestic abuse in later life and will include a multi-agency action plan to consider how older people can be more effectively supported when they are victims of domestic abuse, and this will include Carers. The report is yet to be published

Paragon (formally You Trust), Dorset Council's commissioned Integrated Domestic Abuse Service has a free awareness workshop for people in the community and organisations. The aim is to increase awareness across our most hard to reach communities by creating 'champions' who can act as a link to specialist support services. It's not about safety planning. It's called the 'Dragonfly Project'.

Cross Border Protocol

It is not unusual for carers, especially in urban areas, to live in a different local authority area to the person they support. They have tended to be known as "cross-border" carers. There are also situations where people live some way away and are known as "distance carers" of an adult with care and support needs.

Carer Support Dorset have been asked to advertise on their website border information to help carers who live on the border. This is already in place for Carers who reside in Bournemouth, Christchurch, or Poole (still Dorset) but not for other Dorset borders – Somerset, Hampshire, and Devon.

Carers have expressed their confusion in relation to borders and why services differ across them. Dorset PCN's also do not relate to Dorset Adult Social Care borders which adds to confusion as to where to register.

The SE ADASS (Association of Directors of Adult Social Services) Carers Leads Network developed a cross border protocol on 07.07.21 which was shared with SW ADASS Carers Leads Network. They are considering whether to adopt it.

It is understood that these carers services will be low-cost services, often provided by the local carers centre/service and sometimes referred to as 'the universal offer' and thus will incur nominal costs to the host LA (local authorities). Does not include entitlement to a Carers Direct Payment.

There is some cross border work taking place in the North Dorset area, however the good practice learnt here needs to be spread across to the other areas to benefit all carers who live on the borders.

Our improvement priorities

National carers data: what carers say about their experience

Carers UK - State of Caring 2021 - key findings:

- In 2021, 8,500 current and former carers shared their experiences and helped inform our State of Caring 2021 report. Read more in the full report here:
- One in five carers are worried they may not cope financially over the next 12 months
- One in four carers (23%) may not have enough money to cover their monthly expenses
- Carers spend an estimated £1,370 a year on average on services or equipment for the person they care for
- Over half of Carers (52%) feel anxious or stressed about their finances
- 63% are worried about continuing to care without a break
- 72% have not had any breaks in the pandemic
- 74 % are exhausted as a result of caring
- 71% are stressed and anxious
- 65% feel lonely and isolated
- 35% say they feel unable to manage their caring role
- Carers UK report 'Caring behind closed doors: six months on' reports:
- 78% are caring for someone whose support needs have increased
- 64% have not had a break
- 64% have worse mental health.

Carers UK report 'Breaks or Breakdown' reports:

- It is difficult to estimate the savings carers make to the economy, however, as of 2020, Carers UK facts and figures report estimates there are around 13.6 million people caring through the pandemic.
- Carers save the economy £132 billion per year, an average of £19,336 per carer
- 5 million people in the UK are juggling caring responsibilities with work - that's 1 in 7 of the workforces.
- However, the significant demands of caring mean that 600 people give up work every day to care for an older or disabled relative.

- Carers Allowance is the main carer's benefit and is £67.25 for a minimum of 35 hours, the lowest benefit of its kind with many carers not being eligible.
- People providing high levels of care are twice as likely to be permanently sick or disabled

Key engagement messages: what Carers in Dorset have told us

Carers voices, providers and professional carers leads have been instrumental to feeding into this strategy ensuring the right services are commissioned and assumptions are not made. We are very grateful to everyone who has taken part.

Key findings headed under three themes: activities, wellbeing, and pathways.

- Activities
 - Day centres and services are valued and more activities with the carer/without the carer are wanted
 - Carers want activities, not just meeting other carers, they want to be distracted of their caring role
- Wellbeing
 - Carers do not get a break from their caring responsibilities (this can describe hours, days, weekends, overnights)
 - Carers report feeling isolated, lonely, and deteriorated mental health illness
 - Caring had escalated and become more difficult and challenging throughout the Coronavirus pandemic, in particular lockdowns were mentioned where the lack of support and activities/respite was not available.
 - Some of the carers were elderly, had health needs themselves, or the cared for person didn't want support, which made caring more challenging.
 - Carers want some or more time off, to see friends, have a weekend away, to have fun separately and together, but didn't complain and a couple commented it was their 'duty'.
 - Most welcomed more sup/port for their wellbeing, by means of day trips, wellbeing treatments and to be able to eat out and admission tickets attend events/shows.
 - Many carers reported they did not have family, friends, or neighbours to ask for support/give them a break/rest.
- Pathways
 - Assessments are not received by all, and some felt it was difficult to get an assessment
 - Carers are not sure if they are registered with Carer Support Dorset
 - Carers are not always clear which organisation provides the support they receive
 - Access to services and care in the rural parts of Dorset are harder to find or don't exist
 - We know at least 30% of the carers are not digitally enabled
 - Some carers appear not to know what is available to them or how to access it.
 - Most carers do not access and don't know how to access the Short Breaks service

From the work that has taken place we have listened to what carers have told us they need to support them in their caring role. There is lots of work to be undertaken to improve the marketing of the existing offer, making it clearer to understand what is available and how to access it.

- Carers have told us what they want and need
- Councillors have advised us what they would like to see improved.
- Providers have told us how to improve services.

- The community have been telling ABL (A Better Life) what they want
- Collaboration with BCP Council to improve services jointly commissioned for Dorset resident carers is underway

As part of the Summer of Coproduction the members of public and representatives from Dorset Council and providers/partners who participated included some carers, this is what they told us:

People have told us they want to:

- Go back to what they were doing before Coronavirus
- Be independent, feel valued and live their life with purpose
- Be listened to, trusted, valued and treated with respect
- Have support staff who care and know them well
- Socialise and make new friends
- Get a break/rest from caring responsibilities
- Be offered more choice of activities
- Get better information about day opportunities
- Be helped to access the support they need even if they can pay for it themselves

People have told us they want to:

- Find work
- Volunteer
- Learn life skills
- Take part in sport
- Explore new places
- Go on walks and day trips

Further information on who we engaged with, can be found in Appendix A.

Task-and-finish review of carer support, April 2022

In March 2022 a Task & Finish Group was established to look into the issues facing carers in Dorset, and to produce recommendations for improvements to the support that is made available. This was intended to inform the commissioning strategy, which was in development at the time.

The group brought together carers, carer representative organisations, and relevant Council officers to explore a number of themes. It was chaired by Cllr Cherry Brooks. It met four times, with a number of carers involved through the process, as well as individuals running organisations providing support to carers, and a number of people who also talked both from their professional perspective and a personal perspective as carers themselves.

- respect carers, their work, and their challenges
- make the different support offers clearer
- improve information and support, including accessibility
- remove the operating silos
- take a more “relational” approach to supporting carers in their lives and work
- review and improve the impact of carers’ assessments
- review the rules around short breaks, where possible
- greatly widen the uptake and provision of direct payments or individual service funds
- review the contract of Carer Support Dorset and make the offer clearer
- review the Carer Caseworker service and make the offer clearer

- ensure carers are considered in the assessment of future housing demands
- diversify the provision of day opportunities, including virtual contact and addressing digital exclusion

The feedback provided during this process has been instrumental in helping to shape this strategy.

Culture, trust, respect and recognition

Carers tell us strongly that they deserved recognition for the hard and complex work that they do, and the impact that it has on their lives. This sounds like a simple statement, but behind it is a frustration with the difficulties of navigating not only the care system, but all statutory sources of potential help, finance, and support, including housing, benefits, and other areas.

Carers tell us that too few interactions with Council officers gave them confidence that their lives as carers were understood, or that there was appreciation of the stresses and pressures in a carer's life. They also talk about not feeling trusted in their caring role, including where they are taking financial decisions with their cared-for person. This is a key part of better respecting and recognising carers, and they tell us that culture and behaviours need to change. They say that they want a more 'human element' to their support. This 'relational' approach is a long-term piece of culture change work, but it is an important journey to take. The importance of 'walking in our shoes' cannot be overstated, as well as having insight into life as a carer. And crucially, it should be a whole-council endeavour.

There should be more campaigns about the carer role, which would build awareness, but could also help in identifying carers and improving the levels of carer registration so that support could be offered. We will also implement a wider training programme for Council and other organisations' workforce, including using the high-profile national carer support campaigns (e.g. Carers Week) to maintain visibility.

In all of our work to strengthen the voice of the carer, we must also be careful not to lose the voice of the person with the care needs. This is a delicate balance, and includes issues around privacy and data protection that must be sensitively handled. Carers tell us that they understand that these are issues, but when navigating the issue they want us to be more attentive to their needs as people intimately involved with the care of their friend or family member.

The information, advice and guidance offer

Information and advice provision is a critical part of getting carers the support they need, when they need it. With a number of different web offers on information and advice, carers tell us that this causes confusion and, whilst there are links and routes between them, this remains confusing. There is also in some cases easy access to information on the important issues that carers needed to know. For some, they didn't know some of what they might need to know and therefore didn't know how to ask for it until too late. However, this was not solely about information on being a carer; it also applied to information about arranging and managing care for their loved one. These themes are relevant for the work being undertaken to redesign the Council's information and advice offer, and work to replace the Our Dorset Adult Social Care platform with new pages on the main Council website.

For some the reliance solely on websites was not sufficient, and some carers appreciated printed matter as a source of information that they could retain and refer to at a later time. This is not incompatible with a fundamentally digital offer, and it is possible to facilitate this with, for example, the ability to output webpages as printable PDFs, which professionals and support organisations could then share with

carers on demand. Relying on a suite of PDFs uploaded to the site was recognised to be problematic in accessibility terms, and for keeping them updated.

Carers also tell us that the adult social care system is complex and difficult to navigate, and when a carer is in need of information they are also likely to be in a place of distress or anxiety. Therefore, the Council needs to give thought to how people can get have a meaningful conversation to get to the answers that they need: in short, a 'human touch'.

Discussions on this theme also point to the importance of digital exclusion, and work to tackle it, in support carers' wellbeing. Evidence and survey results have evidenced many Carers are not digital, with a high percentage being older adults. In talking about digital offers, therefore, there was a strong recognition that levels of digital exclusion in Dorset were high, and that therefore carers should be "high up on the list" for any support to get online and overcome this exclusion. Other things to consider when attempting to reach carers in Dorset is mainly urban which a high population of elderly people, including people with disabilities, blindness, sensory impairment, or other difficulties, which will include carers.

Commissioned Services

Some carers to whom we spoke had differing experiences of accessing support in their caring role. Whilst some had a positive experience, for a number of them the system of support was difficult to navigate, and levels of available support were insufficient (see points made later in this paper about carers' assessments and provision). They told us that the difference between the Council's "front door" and particularly Carer Support Dorset was not sufficiently clear, and the same applied to understanding what they could get from each. The two different websites caused confusion and, whilst there are links and routes between them, this remained confusing. Beyond the website, it was suggested that specifically what Carer Support Dorset and the Council each offer should be reviewed and made clearer.

There are opportunities to develop existing commissioned services, enhance service delivery and reshape services responding to current need whilst considering the recent impact of the Covid-19 pandemic. Work is being undertaken (with BCP Council Commissioners where there are jointly commissioned services), to review services through consultation with carers, providers, and professionals. We are taking steps to coproduce new developments and services at every opportunity. Further work and identification of resources will be required to take this forward whilst ensuring demonstrating value for money.

Carer Support Dorset

Although Carer Support Dorset is no longer still in its infancy, considering it was commissioned November 2019 most of its operation has been during the pandemic. It is developing as the lead carer organisation, the front door for Dorset Council resident Carers. Their reach and registration of carers and young carers is growing on an upward trend evidenced by quarterly reports. They have positive survey results of carers they have surveyed regarding the services they provide, which include:

- They are recognised by health and partners as the lead carer organisation for Dorset Council, however they are not recognised as the lead carer organisation for Dorset Council by all providers and carers. Carers report there is confusion as to who to contact and how to access an Assessment under the Care Act 2014.
- The newly formed Reference group has had two meetings to date (Oct 21) and is likely to develop into a very successful group over time with Carer Support Dorset's leadership.

- Newsletters are sent on a regular basis (electronically and by post) to inform carers of training opportunities, news, and information. Currently welfare checks are not part of the service delivery but to support the carer as their journey changes there are plans to develop this.
- Carer Support Dorset are keen to get involved in community activity which has increased post Covid restrictions and want to meet with carers. They are increasing networking and sharing of universal information to carers of services from across Dorset.
- Training is very much carer led; however, Carer Support Dorset are developing a training strategy to shape the offer with targeted cohorts and key areas of information.
- Peer support groups are scattered across Dorset, with some areas (particularly rural) lacking therefore providing opportunities for Carer Support Dorset to start new ones at grass roots and nurture them into self-managed groups.
- Regular advice and guidance and support for those who have registered.
- Welfare checks are being developed.

There is an opportunity to work closer with the community, to allow them to volunteer for Carer Support Dorset, providing the much needed and valued Here to talk befriending service and other areas such as peer support groups. This is an exciting area that is just beginning to flourish. Joint work with Help and Kindness Community Response will open more doors to Carer Support Dorset to connect with community and voluntary organisations to improve the service and response to carers at a community local level.

We are aware many citizens are funding their own replacement care so to support them information needs to be developed to inform them what is available and make it easier for them to access it. This should help with decision making and encourage self-management and planning ahead.

Carers who are no longer caring or would like to enhance their learning or develop as a volunteer need information to understand what is available to them. Some joint work with organisations such as the Dorset Volunteer Centre, local educational settings and Adult Education will enable this area to be developed.

Rethink Dorset Carers Service

Rethink Dorset Carers Service are an established service. Their referral rate has doubled in the most recent quarterly report (Quarter 1 April – June 2021) of reach is growing on an upward trend evidenced by quarterly reports.

The recent Partnership Mental Health Social Care Review Mental Health Carers Findings and Reviewers Recommendations Log stated 'Rethink's carers support offer is extremely robust; it is staffed by a highly experienced and dedicated team of senior mental health recovery workers; and it promotes a strengths-based approach that assists carers in identifying their own outcomes and supports them in achieving those outcomes through a combination of services'. Refer to the Partnership Mental Health Social Care Review Mental Health Carers Findings and Reviewers Recommendations Log Appendix E.

They can evidence good outcomes for those who they support in the quarterly reports which include case studies and are developing good working a relationship with Carer Support Dorset including offering joint information and training sessions to carers on a regular basis.

The pathway to access Rethink needs improvement and there is an opportunity to review it with an aim to apply a consistent approach in respect of pathway and workforce across Dorset Council area. However, resources would need to be identified to support this exploration work across Adult Social Care and Health including CMHT.

This contract expires January 2023 and therefore work is underway to understand how best to commission a new service to meet the needs of Carers, whilst being mindful of the detrimental effects Covid-19 pandemic has had on carers.

Young carer support

The Young Carers offer which started to be developed late in the contract (Feb 2021) needs reshaping, to ensure the priority areas are supported, children in need are identified and safeguarded. The Young Carers element of the contract will be developed in partnership with Children's Services and Carer Support Dorset in response to the Young and Thriving Strategic work being developed by Children's Services in partnership with Adult Social Care, Health, and providers.

Opportunities are being explored with Children's Services to develop the Rethink support for young carers and young adult carers as part of all ages contract in place, joining up the mental health support services for young.

Carers Case Workers

Carers Case Workers based across the Dorset locality/specialist teams have a wealth of local knowledge and expertise. The relationships they hold with their local communities, colleagues, Health partners and Primary Care Network enables good outcomes for Carers. The Provider Forums they host provide opportunity to share good practice, hear about risks and gaps and new services for carers in their respective areas. In addition, they hold local peer support groups to keep in touch with the Carers, providing a forum for feedback and change. A good partnership exists between the Operational lead, Carers Case Workers, Commissioner, Commissioned services, and partners that needs to continue to strengthen with clear direction from this Strategy taking new opportunities forward to progress the service delivery.

However, some carers told us that there was confusion about whether the carers caseworker service was a universal one, including the provision of carers' assessments to anyone who came forward for one, or whether it was a targeted service aiming to intervene where carers are in difficulty or crisis. There was a clear sense that people didn't know what they might get from an assessment, or the support of a Carer Caseworker, and that others had received some substantial support. Whilst this may, in reality, be needs-led, it was also perceived as inequitable. Alongside the clearer specification and communication about the role of Carer Support Dorset, it was suggested that a similar exercise needs to happen for the Carer Caseworker service. It was suggested that this work be done in tandem, so that the two services can be presented side-by-side, and complementary to each other.

Carers Cards

The cards are often used as carers ID more so than the discount card they were intended to be. Providers report carers do not use their services although there is an appetite to provide good quality discounts and special offers provided by over 400 registered providers.

During 2021 parent carers of children with SEND needs have been offered a carers card as part of joining up services, providing a seamless link to Carer Support Dorset who administer the cards.

A review with businesses registered has taken place in early 2021 which indicates that there is scope to improve this service with:

- improved marketing,

- making the information more accessible (paper based or App development),
- having 1 card design rather than the 3 current cards to improve trust in the scheme and
- developing the offer to be more attractive to younger carers

During April 2022 a survey of Carers has provided feedback as to what they think of the card, it's purpose and suggestions for improvements including better marketing, improved discounts which are more relevant to carers including free entry information to attractions and activities.

In response to this during the Winter of 2022 this contract will be expanded to include advertising of day opportunities, activities in the local community, free or discounted entry to theatres and cinemas and any other opportunities identifying as a carer can bring. We hope this will provide an incentive and encourage carers to come forward and register to obtain a card.

Caring Matters Magazine

The magazine is distributed widely across Dorset and can be found in many GP surgeries, libraires and public places, including pharmacies. They offer the opportunity to someone who has not yet identified as a carer to access information, but also offers an interesting read with real life stories to registered carers. It is also distributed by lead carer organisations and Health partners. There is opportunity to modernise the format and content responding to the wishes of carers.

Carer Reference Groups have been consulted for their views during September 2021 and the general feedback is the magazine should continue as it is useful, however needs some improvements which will be actioned as part of the refresh. Opportunities to coproduce the magazine with partners, and carers will be a priority.

Carers were also invited to respond to a survey in the Spring 2021 edition, however 26 responses were received which were mostly positive and suggested ways to improve content which will be incorporated into the Winter edition. An article including the responses received was included in the December 2021 edition with a view to seeking further views from Carers. To date this has not been successful therefore we are still unclear as to whether Carers value Caring Matters.

Time to Talk Counselling service

Those who are referred to the service do receive a prompt service and the reporting provided by the Counsellor at the end of the sessions evidences the impact they have made and improvement to the persons depression, anxiety, and stress levels.

The service is underused and following review it was agreed to transfer all referrals to The Leonardo Trust from June 2022.

Short Breaks

This has not been developed as a personalised offer for the carer, it provides replacement care for the cared for person which in return, provides a brief short break for the carer. However, this can mean a 1- 1.5-hour break which doesn't provide opportunity to do something meaningful for themselves. However, the carer can choose to organise the 20 hours over 3 months as they would like it and on occasions put a few hours together providing more flexibility.

Breaks can be many different things – from short breaks in residential care, sitting services, through to family holidays, shared activities or time out to relax. Good breaks are personalised, planned, offer

flexibility, a positive experience and are enjoyable. Support to enable carers to sleep or attend medical appointments is not a break.

Carers report they have not had a break or cannot arrange replacement care. Many carers have struggled to look after their cared for persons for a long time, Covid-19 having impacted on them immensely with the withdrawal of any external support, day centres, activities, respite, and residential/nursing care.

This is a national problem that has various reasons of impact, including lack of capacity in the care workforce, care providers, and services. Carers report they want support with arranging care, they find it stressful, difficult and time consuming to organise replacement care. It is difficult to organise care when they want it, a consistent person to deliver the care and where they want it (often in the home).

The difficulty many carers face is trying to find good quality replacement care for when they need a break. Carers emphasise the importance of consistency of replacement care, with someone who they know and their cared-for person knows, familiar with their routines and needs.

Workforce commissioning is essential to improve the choice for Carers to access replacement care services. The Carers Strategy links with micro-provider, community response and workforce development opportunities in the overarching Commissioning Strategy, to encourage people to come forward to volunteer or start their own business as a carer. Higher incentives have to be given to encourage more people into caring roles.

Day opportunities

The A Better Life project is developing day opportunities, which can be used by Carers as an alternative to organising replacement care. It is hoped there will be activities that the carer and the cared for person can attend together as well as separately. These ideas are subject to availability in the community, cost, accessibility and funding. It is useful to remember Carers have told us that a distraction from their caring role can improve their wellbeing. A 'Memorable Moments' pilot it to be explored to adapt the current Day Opportunities offer for carers. An example being, something challenging, and out of the ordinary such as paddle boarding can really help to take their mind off the pressure they are under.

We have heard that the 'Zoom' and 'safe places' offer that had been put in place by Tricuro and some voluntary and community providers through the pandemic was appreciated. It was felt that this should be an integral part of the on-going offer as we emerge from covid restrictions. This applied both to options for the cared-for person, that allowed for a small break for the carer while their loved one was online, and also online sessions provided specifically for the carer.

In general, carers have spoken of day opportunities as being really important for creating small spaces in the day in which they could do other things in their lives. There was support for diversity of provision, and this will be something that Care Dorset will be thinking about as it evolves and rebuilds an offer post-pandemic.

Carers assessments, personal budgets and direct payments

For all of these possible community-led options and breaks, personal budgets and Direct Payments for carers is key to unlocking the flexibility that carers say they want. Currently, Dorset is performing very poorly compared to the rest of the country in the provision of carers' direct payments, ranking 136th of all local authorities on 15.5% (compared to 75% nationally).

A Direct Payment would mean that a carer could “buy in” the support that worked for them and met the identified priorities of the support plan and, together with provision of Individual Service Funds for those who want someone else to make the arrangements, is critical to improving choice and control for carers. It also opens up the possibility of a range of flexible and responsive brokerage support options, so that community-based organisations could start to offer assistance to get the support in place that the carer wanted.

The option of an ‘individual service fund’ would provide similar flexibility but also involve a support organisation to provide the assistance that some carers are asking for to make the arrangements for the support that they need.

There are delays in the social care system to obtain a Carers Assessment under the Care Act 2014. Reporting shows this has increased during the Coronavirus pandemic with levels of assessment being lower than previous years. As Carers Assessments are undertaken by all Adult Social Care Staff to help prevent delays and not just the Carers Case Workers who undertake the complex ones it is possible to reduce the delay if more Carers Case Workers were employed to undertake the assessments or commissioned to another organisation to undertake.

There were mixed views expressed about whether carers’ assessments that members of the group had undertaken had been impactful. Some felt very strongly that they were a “box-ticking exercise”, whilst others had found them helpful for exploring ways that they could manage the impact of their caring upon them. Absolutely critical to the effectiveness of the carers’ assessments were the following two points on short breaks and direct payments.

Community resilience and participation

There is an opportunity to work closer with the VCSE who are already engaged in projects such as the Dorset Community Response. The Weymouth Information Shop has provided a venue to develop services for carers in partnership with the VCSE and our commissioned service Carer Support Dorset. As this partnership is developed it will be reviewed to consider how to mirror the approach in other areas.

There is already an appetite for partnership working with the established provider Forums. This now needs to be developed to the next stage of how to join up the services for Carers regardless of their entry to request for help. We need to consider how best to make it as easy as possible for carers to access services with no wrong front door. Carer Support Dorset have launched as part of Carers Week a stakeholder event to understand how they can work closer with other organisations.

The new Carers Card scheme due to launch November 2022 also provides an opportunity to explore more community-based support where carers cafes and support groups can become embedded in local businesses signed up to the Carers Card scheme. This can provide opportunity to develop Community Champions and possibly local business awards.

The Dementia Friendly Purbeck scheme is a good example of organisations and the community working closely together to make the community a welcoming place for the people with Dementia and their carers. Help and Kindess are already working on further exploration work to understand what other friendly communities are in Dorset and their assets. This will link very nicely to Carers and help us understand what is available and what the gaps are.

By developing the Direct Payment offer as part of the Personal Budget flexible developments as requested by Carers we will not only increase the ASCOF reporting to align with other local authorities

but also involve the community to respond and support the Carers and person they care for with local organisations services, volunteers, friends and family support.

Other aspects of service delivery to be explored

There are also a number of issues around carer experience and support that will need to be taken into account in delivering the priorities outlined above. We will continue to explore with carers as we co-produce the solutions to the issues we have identified, but some of the points include:

- Inconsistent offer between Dorset Council and BCP Council for Dorset Residents
- Workforce capacity to provide replacement care
- Specific workforce training on carers services and assessments
- Sharing of information between Social Care, Health, CMHT, providers and Dorset Care Record
- Assistive Care Technology and basic equipment accessibility
- Social Prescribing
- Carers Case Worker links with the NHS Carer Support and Patient Information Advisers based in the Acute Hospitals and some hospital wards
- Digital exclusion, and digital solutions including online assessments, e-marketplace, etc.
- Emergency response or contingency planning
- Resources and advice to plan ahead for parent carers and for potential future carers
- Working carers support including guidance for employers
- Support to people who fund their own care to coordinate the care

Our Action Plans

The outcomes set out in the Implementation Plan that follows were shaped in discussion with the Task-and-Finish Group participants in May 2022.

Objectives are taken from *Valuing Carers in Dorset*, the pan-Dorset Carers' Steering Group strategy, which is due to be refreshed, but which means that the Council's strategic vision remains in line with the partnership strategy that was set out in 2016.

Year 1 implementation plan

Outcome 1: carers are respected and valued across social care and other council departments, and are included and involved

- Develop the workforce to understand carers needs, improve identification and value their contributions
- Involve carers in local care planning and individual care planning
- Ensure that carers rights are recognised at the same level as the cared for person

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Actions	Expected date	Lead	Issues
Continue to work with system partners through the Steering Group to ensure that carer voice is included in the developing new partnership strategy	December 22	AD	Underway - agree date with Steering Group for new p'ship strategy engagement.
Deliver a programme of workshops on important themes for carers about improving service	July 2022	JM	Underway - review point in October then rethink future topics/themes.
Develop a training strategy listening to providers, carers and reacting to themes for professionals, volunteers and the carer support workforce.	September 22	CSDorset/AD/ L&OD	Capacity for learning/engagement.
Carers Week: deliver a programme, and major new comms campaign, and use to build engagement in carers' issues in key parts of the Council	June 22	AD	Underway - timeframe short, engagement of teams.
Scope a campaign for 'Carer Friendly Community', involving carers in the design and working with community partners	August 22	CSDorset/Help and Kindness/AD	Challenge to encourage sign up across community.
Carers Toolkit Update for 2022/23	November 2022	AD	Changing landscape difficult to maintain accurate record.

Outcome 2: carers can find the information that they want, when they want it, and in formats that work for them

- o Ensure carers receive relevant and timely information and advice about their caring role

Actions	Expected date	Lead	Issues
Build on messages of the Task-and-Finish to review and rebuild web information around carer journey	July 22 December 22	Digital Team/AD	Underway - initial review, followed by further development as part of ASC reform.
Develop accompanying suite of information in range of formats and accessibility, ensuring self-serve opportunities are available	October 22	Comms/Digital Team/Carers Case Workers	Coproduction takes time but important to getting this right. Resources may need to be outsourced. Cost.
Work with Carer Support Dorset as they design and produce factsheets	June 22	AD	Ensuring information is accessible and clear.

Outcome 3: carers have access to a range of support, responsive to their needs both in the community and from the council

- Support the early identification of carers, including self-identification
- Enable carers to fulfil their educational and employment potential
- Support carers to remain safe and healthy
- Deliver equality of services across Dorset by commissioning carers services in a joined-up way

Actions	Expected date	Lead	Issues
Agree clear strategic plan with Carer Support Dorset, for development of the service	May - July 22	AD	Underway - linked to recommissioning timeline.
Develop specification for Carer Case Worker service	September 22	Operational lead Martin Turner/AD	Resistance to change. Training opportunities.
Agree Council approach to Direct Payment/Individual Service Fund uptake	September 22	AD/Julia Ingram	Will need full policy review, costing, etc.
Recommission Carer Card	May - November 22	AD	Underway - commissioning process may not identify a suitable organisation and costs could be higher.
Review Caring Matters and its impact	August 22	AD	Carers not engaging. No contract in place. Magazine dated but only one of its kind.
Initiate a pilot project on digital exclusion to support carer connectedness and wellbeing	July 22	AD	Already underway, but may need initial review/refresh.
Make it easier to access Personal Assistants for replacement care	July 22	AD	Underway - not all carers are digitally enabled. Rural communities have less opportunity.
Carers are regularly contacted to check they are coping, if they need different support as their role changes	August 22	Carer Support Dorset/AD	New role will take time to bed-in, limited resource to contact all registered carers. Impact responding to need could create demand for response.

Outcome 4: carers receive meaningful assessment, with responsive options for receiving the support that they need

- Provide personalised support for carers and those receiving care

Actions	Expected date	Lead	Issues
Work with operational colleagues to develop consistent approach to carer assessment	December 22	Martin Turner/Julia Ingram/Carers Case Workers/AD	Also linked to ASC reform programme.
Review short break opportunities, alongside Direct Payment /ISF expansion	September 22	Martin Turner/Julia Ingram/AD	Strategy not approved. New ISF provider to be identified for carers. Short breaks changes could impact carers negatively. Change of policy may be required. EQIA required.
Work with Children's Services through Young & Thriving on the development of seamless young carer support pathways into settled adulthood	December 22	Simon Fraiz-Brown, Children's Services/AD	Already underway.

Priorities that will inform the plans for the following four years of the strategy will include:

- Develop social events and activities for carers to increase peer support and improve well being
- Continue to embed carer awareness through all Council departments and partners
- A regular and sustained comms approach/strategy on carer awareness
- Continued review I&A
- Direct Payment/ISF
- Carer Support Dorset – recommission and re-specify for the future
- Housing
- 'Tell us once' – increasing partnership working to make contact easier – 'no wrong door approach'.
- Triangle of Care – embed in Adult Social Care
- Carers and Making Safeguarding Personal – continue to embed the approach and explore the issues arising from casework

Appendices

- Appendix A** The Dorset Context
- Appendix B** What we spend on carer support
- Appendix C** Who we engaged with
- Appendix D** Relevant Legislation and policy

Appendix A: the Dorset Context

The Dorset Council Local Plan indicates that 376,480 people live in Dorset.

Dorset has an older population when compared to England as a whole, with an average age of just under 47 compared with just over 40 for England. In Dorset 29% of the population are aged 65 or over, compared with the national average of 18%. One in three of the population in the east of the area is over 65. Corresponding with the national trends, the population of over 65's is expected to grow at 1.5% annually alongside a marginal decline in working population. The impacts of this are vast and will not only be felt through a strain on Dorset's healthcare services but also as an economic impact as there will be a smaller workforce for employers to recruit from.

As described in the Local Plan we know that villages without 'Local Plan Development Boundaries' or villages included within (washed over by) the Green Belt are typically smaller villages which have a population of less than 500 and few facilities.

Dorset would appear to have a large percentage of carers that are unknown to the council and we want to focus on ensuring that we have systems and processes in place that we reach as many as possible.

- Dorset's register has circa 3,841 carers and in total combining this with the client data we hold there is a total of 7,700 people are known to Adult Social Care as carers as of 16 March 2022.
- A CCG search in SYSTMOne PowerBi dashboard reports there are circa 26,000 (active) carers in Dorset as of 21 September 2021. This is both formal/occupational and "informal" carers.
- According to the 2011 Census, 43,334 (11%) of the population of the Dorset Council area classed themselves as carers*, with over 9% providing over 50 hours of care a week. Almost 24,000 of these were aged over 65 years. (*<https://www.dorsetccg.nhs.uk/services/keeping-adults-and-children-safe/carers/>)
- The 2021 Census information will provide an up-to-date insight into Dorset however the ONS (Office for National Statistics) (Office for National Statistics) is planning on publishing the initial findings from the Census a year later, in March 2022. However, the full results covering all Census data will be revealed a year after that, in March 2023.
- Given the projected population of carers, it would appear there are many carers who do not receive help until crisis occurs. Carers may not register with Carer Support Dorset (the commissioned front door) and only seek help when they or the Cared for person become ill.
- The latest ASCOF (Adult Social Care Outcomes Framework) bi-annual survey results have provided a clear picture of Carers that have been affected by the impact of the Covid-19 pandemic. It is the first return following the withdrawal of the population of Christchurch due to Local Government Reorganisation. It is clear Carers do not feel supported and we can do better. Therefore, this provides a new benchmark to take forward into 2025.

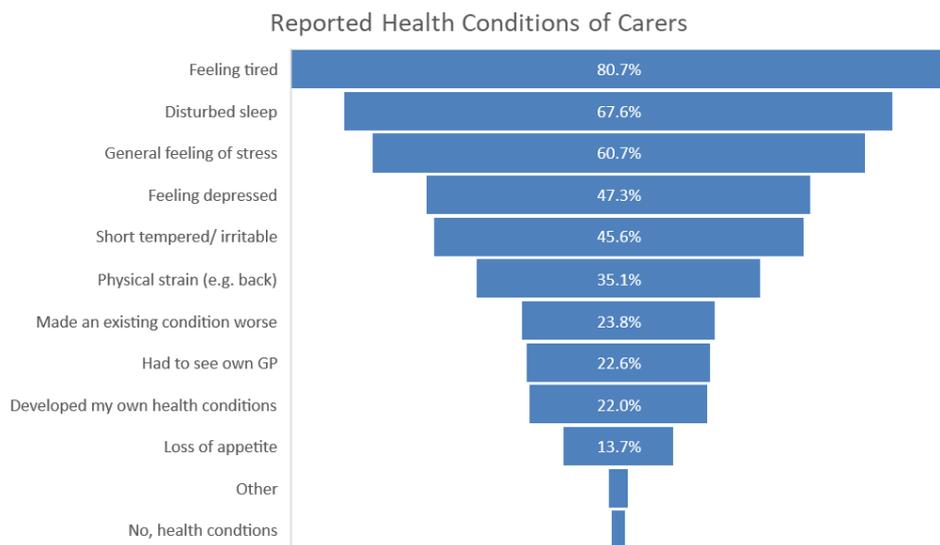
Since the last ASCOF Carers Survey in 2018/19 Dorset Council has been through:

- Local Government Reorganisation in April 2019
- Carer Support Dorset taking responsibility of Carers Register in November 2019
- Covid-19 Pandemic in March 2020

The current picture from provisional results across the South West show:

- A decline for the majority in Carers feeling consulted and finding it easy to find info about services
- No improvement in Carers reported quality of life

- 70.5% had some time to do the things they value but not enough
- 21% felt they had no encouragement or support
- 64% had some control over their life but not enough
- 16% felt they were neglecting their selves
- 50% had some social contact but not enough
- 80% had no concerns about their personal safety
- 64.5% have no other caring responsibilities
- Over 80% of responses to the 2020/21 Carers Survey had reported they were feeling tired
- Only 10% of these carers said they had accessed support or services that allowed them to take a break from caring for more than 24 hours
- 15% had said their cared for person had attended day centres of activities
- 46% of these Carers had been caring for over 10 years



ASCOF description	Dorset	Devon	BCP	Wiltshire
Survey of Adult Carers in England 2021-22 (postponed from 2020-21)				
Carer reported quality of life	7.4	7	7.4	6.6
Proportion of carers who reported that they had as much social contact as they would like	29.1%	20.5%	24.7%	16.0%
Overall satisfaction of carers with social services	33.6%	39.8%	34.7%	39.3%
The proportion of carers who report that they have been included or consulted in discussions about the person they care for	68.0%	67.8%	61.8%	65.7%
The proportion of carers who find it easy to find information about services	62.0%	64.3%	59.0%	58.9%
Short- and Long-Term Services (SALT) 2020-21				
Proportion of carers who receive self-directed support	98.3%	69.9%	38.1%	100%
Proportion of carers who receive direct payments	15.5%	69.9%	4.1%	100%
	Southwest		England	
Proportion of carers who receive self-directed support	81.7%		87.1%	
Proportion of carers who receive direct payments	70.8%		75.3%	
				

We will work with the person in a strengths-based person-centred approach. There has been a shift to person centred and strengths-based care. In 2019 when the current carer provider contracts were written it was hoped a whole family approach will be embedded in access to the services. This reflects how carers may often care collectively for the cared for person, with varying impact on families and individuals.

Understanding who are carers in the Dorset Council area

Significant work is underway to understand the picture in Dorset. However this is limited to those carers identifying themselves within that role and removing duplicated records. Historically there has been a reluctance for family members – especially long term or married partners – to identify themselves in this way, seeing the caring role as a responsibility of their longer-term commitment to each other.

Currently this number stands at 7700 using Mosaic the internal client database data combined with commissioned services data included.

A carers dashboard was created in 2021 of data from Dorset Council internal client database Mosaic, Carer Support Dorset data and Rethink data to create an overview of service delivery and demand. This is the first time the data will be available with informative charts and insights. This will also enable commissioning to be responsive to need, gaps and operationally review the quality of provision.

Further work needs to take place to link Dorset Council data sets with Health data. Joint working

The ICS (Integrated Care System) system will enable us to work closer together with our partners to achieve more for carers, enhancing support for carers of all ages.



Dorset is leading the way with good integrated working across Health, Social Care and voluntary and community sector in the context of Carers. There is joined up thinking and collaborate working across Health and Social Care and with BCP Council including some co-production elements, although there are opportunities to develop this further.

Established carers lead network:

- DCPG (Dorset Carers Partnership Group) network - joint working with Carers leads from Acute Hospitals, Primary Care Networks, NHS, CCG, Public Health, Health Watch, Providers, voluntary and community sector, third sector providers. Delivers Carers support in a joint up way with shared aims and public messaging.
- Survey responses from Carers
- Engagement with Councillors
- Reference Group
- Learning from Carer Support Dorset and Rethink commissioned services
- Direction and challenges from the Pan-Dorset Carers Steering Group

The Steering group is a coproduction group of carers and professionals led by a carer. They meet on a regular basis to discuss carers services, scrutinise spend, request improvements as well as produce the vision strategy. Since 2016 there has been a focus on achieving the outcomes with a review of the progress being published in the Autumn of 2021.

- Provider forums – developed in the North, West Dorset and Weymouth & Portland Carer Provider Forum and East areas in partnership with Health Primary Care Networks. The Purbeck area does not currently have a provider forum.
- Information from: National intelligence, SWADASS, NICE, DCPG network and best practice from other Local Authorities
- Closely working with Primary Care Networks (PCN's).

- Children's Services joint planning meetings
- CMHT (Community Mental Health Team) teams are integrated with Adult Social Care.

There are many voluntary and community sector organisations which also support Carers . The forum for these organisations to share their areas of work, challenges and opportunities to work together is via the Provider Forums led by Adult Social Care Carers Case Workers in partnership with Dorset HealthCare University NHS Foundation Trust.

The current process has delays in receiving aspects of support. More early preventative work needs to take place to improve the support to carers. The support a carer needs will evolve as their caring role changes and becomes more complex. We need to ensure Carers are offered everything that is available to them and explain how to access it and what the benefits are such as equipment and assistive technology. For example, by introducing sensors in the home could provide piece of mind for a carer not feeling they need to be with the person they care for all of the time. We can't presume they will ask for the preventative interventions if they do not know they are available.

Barriers to achieving the vision

In summary there are many possible barriers to achieving the vision:

- Resources
- Cost of care
- Lack of knowledge of services and support available or how to access them. Too much information and choices can be overwhelming.
- Terminology, jargon, and language including 'Assessment', 'respite' and 'break'
- Lack of information in formats for people who are blind, profoundly deaf or need Easy Read
- Carers are not aware of Carers Rights
- Postcode lottery of access to services across Dorset or near borders to other local authorities
- The care and support services available in the local community do not meet the need or demand.
- Digital exclusion
- Concerns and restrictions for vulnerable people caused by the Covid-19 pandemic
- Inadequate housing to support the care/equipment required including care technology advancements
- Lack of or cost of transport, including public transport to access services
- Services not being joined up – (example Home First where carers have not been consulted)
- The voice of the person not being heard or wishes assumed - not a personalised response
- Cared for person refuses support or replacement care
- People not planning ahead for caring roles/caring role escalates or hits crisis with no plan to cope. People are living longer; therefore, caring roles may last a longer period of time. Retirement age is increasing, people having to retire at a later stage in life, pensions being received later, working longer. This will have a knock-on effect on carers or people who may need or have to take on the role.
- PCN's boundary being different to Dorset Council boundaries.
- Different computer systems being used by key organisations - Health using their computer system 'SYSTMOne' and Social Care using their own client database 'Mosaic' without effectively joining up information or data.
- More than one place to register as a carer is confusing. (Carers must register with GP and Local Authority carer organisation to access available support).

There are many areas where the voice of the person could be assumed including people who lack mental capacity, severely disabled, memory loss or disabilities. For example, Parent Carers have the best intentions for their adult children who are disabled or disabilities who cannot tell us what they want. Some parents have told us they do not feel confident services would care for their child in the way they want and feel they need. Controversially it could be asked is the cared for person's voice lost? How do we know what they want, what life goals they have and what their aspirations are?

During the Summer of Coproduction some carers reported their dependent was heightened upon return from activity which took them time to calm. Is this the excitement of such stimulation and change of environment or stress? Some may be missing out on making or seeing friends, activities, and sexual relationships due to parent carers concerns and would rather keep them in the home environment.

What happens to the Carer when the cared for person refuses support from social care? Examples such as not willing to be means tested regarding their social care support or refusing for anyone else to enter the house or provide care. The Care Act states the carer should still benefit from advice, guidance, and personal budget. However, this still creates pressure to care for the cared for person, sometimes providing care 24 hours a day. Other examples include if the cared for person wishes to die at home, the assumption is the carer must deal with this and has no choice, or the cared for person is severely depressed.

Appendix B: What is spent on support for carers

The budget is provided by the Better Care Fund, funding provided by the CCG which enables Adult Social Care to lead on Commissioning for services for Carers on behalf of Adult Social Care and CCG. Dorset Council was awarded a Carers element at a total of £1,112,941 for 2021/2022. This includes an amount carried forward from 2020/2021 of unused funds partly due to no new services being commissioned and no face-to-face engagement whilst a review took place, and poor uptake of the Short Break Service due to the Covid-19 pandemic.

Dorset Council Adult Social Care has commissioned contracts with Carer Support Dorset, the lead carer organisation to provide the early help and front door service. Dorset Council also commission's Rethink Dorset Carers Service for carers who care for someone with mental health illness. Often the Carer is suffering from mental health illness such as anxiety and depression.

Dorset Council have The Carers Case Workers posts providing one to one support for carers are employed by Dorset Council terms and conditions are funded by the Better Care Fund.

As part of the DCF (Dorset Care Framework), Short Breaks is a commissioned service of providers who have signed up to a standard fee, effectively providing a sitting service in the cared for persons home, enabling the carer to take a rest. However, this is currently under review. There is opportunity to have a Direct Payment in place at this point although uptake is low in Dorset but has increased over the past two years. It is proposed the cost of the Cared For Person having replacement care should move to their package of care and be means tested.

The Carer will be awarded a personal budget, with the amount depending on the impact of their caring role for them to spend on themselves to improve their wellbeing and enable them to continue caring. This is in line with BCP Council's offer to Carers.

Adult Social Care also have joint contracts with BCP Council – Carers Card, Caring Matters and Time to Talk counselling service.

The Better Care fund also supports the Pan-Dorset Steering Group costs for carers to take part such as travel costs and 50% of an administration post to support the group hosted by DHUFT, in partnership with 50 % costs paid for by BCP Council. Funding is also provided to pay for 50% of the cost of producing the Pan-Dorset Valuing Carers Vision Strategy, the joint strategy across all partners.

To support the brokerage of Short Breaks funding was provided to support administration in the Brokerage Team at a cost of £35,700. Carers who are organising replacement care for someone who is classed as a self-funder, (someone who can fund their own care) have fed back they find it difficult and very time consuming trying to find a provider who can provide the replacement care, finding a quality service and someone who can provide consistency.

The Carer Support Dorset contract also has young carers in transition to adulthood element which since July 2021 is being explored with Children's Services under a Young Carers Project Group (Health, Social Care, and stakeholders) which will feed into the Young and Thriving priority. Please see their delivery plan. The Carer Support Dorset Young Carer Lead position was created in February 2022 and will work with Children's Services to support the delivery of young carers support for Dorset Council. The role of the Young Carer lead is to be developed as part of the Young Carers Project Group where everything is being reviewed, including coproduction where possible, to improve a good service for young carers. Currently the referral pathway is unclear, and the Carers register is held by Carer Support Dorset. There is 2 FTE Young Carer Leads in Children's Services who are part of this workstream and MYTIME Charity is also involved in providing an element of support to schools to raise awareness of

Young Carers and provides activities. The group are keen to prevent duplication of service and use the best resources to provide the best support possible.

The Better Care Fund tends to receive an annual uplift, however with the CCG being replaced by ICS (integrated Care System) it is unclear how the Better Care Fund will be administered. The budget is reported to the Joint Commissioning Board and Health and Wellbeing Board by the Directorate Accountant.

The total budget for 2020/21 was £1,112,941 including the uplift in year

Although we had declared in the BCF (Better Care Fund) return that all Carers spend had been spent in year £125,452 has been carried forward into 2021/22 to cover anticipated increases in costs for Carers as Covid restrictions are eased

BUDGET BREAKDOWN	Budget	Spend	Variance
Short Breaks Service	£316,016	£254,963	£61,053
Short Break Admin	£35,700	£35,700	£0
Mental Health Carers support (Rethink)	x	x	n/a
Carers Caseworkers Locality based	£160,000	£167,256	(£7,257)
Carers Caseworkers (Hospitals based)	£80,000	£57,351	£22,649
Carer Support Dorset	x	x	n/a
Carers Card*	x	x	n/a
Counselling* Paid ad-hoc	£20,000	£18,995	£1,005
Carers Training	£59,225	£1,500	£57,725
Consultation & Engagement inc. Caring Matters* and Prescription pads	£12,000	£5,105	£6,894
Carers Direct Payments	£15,000	£15,000	£0
Total Carers provision	£1,112,941	£987,489	£125,452

The cost of care has steadily increased with estimated costs being: (as at 5/7/21)

- o telecare equipment £150 plus
- o waking night care costs around £50,000 for 7 days a week
- o Residential placement in a care home for someone with Dementia costs (to Dorset Council) would be between £32,182 to £38,618 a year if on Dorset Care Framework (DCF) tariff. If the home did not accept the Dorset Care Framework tariff the cost could be anything between £44,000 - £57,000 a year.

Appendix C: who we engaged with

Engagement in respect of Carers

Digital/postal Surveys

- Carers Card survey April 2022
- Caring Matters Magazine Summer 2021 and December 2021
- ASCOF National survey October 2021
- Carers Card review with providers April 2021
- Short breaks and day opportunities February 2021
- Carers in Crisis scheme 2018
- Technology enabled care 2018
- Carers local activities 2017
- Carers Card questionnaire 2017

Face-to-Face sessions

- Rethink Mental Health drop-in session – 21 July 2021
- Dorset Carers Hub, Dorchester – July 2021

Dorset Council, Carers Reference Group (facilitated by Carer Support Dorset)

- Caring Matters question
- Carers Card question

Dorset Council Councillor workshop

- 21 June 2021

Provider workshop

- 26 July 2021

Carers workshop

- 25 November 2021
- March – April 2022 Task and Finish groups led by Cllr Brooks

Carer Support Dorset

- Surveys to Carers asking for feedback in respect of satisfaction with their service

Dorset Council internal workforce survey for working carers

- June 2021

Appendix D: relevant legislation and policy

This strategy considers the Pan-Dorset Carers Steering group Valuing Carers Strategy, Government legislation, local policies, National Institute for Excellence (NICE) Guidance and, most importantly carers' views as founded by the Dorset Reference Group, learning from surveys, and experts by experience.

The Care Act 2014

The Care Act 2014 put in place significant new rights for carers in England including:

- A focus on promoting wellbeing.
- A duty on local councils to prevent, reduce and delay need for support, including the needs of carers.
- A right to a carer's assessment based on the appearance of need.
- A right for carers' eligible needs to be met.
- A duty on local councils to provide information and advice to carers in relation to their caring role and their own needs.
- A duty on NHS bodies (NHS England, clinical commissioning groups, NHS trusts and NHS foundation trusts) to co-operate with local authorities in delivering the Care Act functions.

The Care Act 2014

The Act outlines key components that local authorities must act or take into consideration when they come into contact with carers:

Wellbeing duty

The 'wellbeing principle' is an overarching approach that local authorities should take when exercising their responsibilities under the Act. Wellbeing covers a range of outcomes such as physical and mental and emotional wellbeing. It also covers participation in work, education and training and social and economic wellbeing.

Wellbeing can relate to:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support)
- participation in work, education, training, or recreation
- social and economic wellbeing
- domestic, family, and personal relationships
- suitability of living accommodation
- the individual's contribution to society

Prevention duty

The Act requires local authorities to provide information and advice relating to care and support locally. The requirement is that local authorities provide an information and advice service in relation to care and support for adults, and support for carers.

This information can include types of care and support, the providers people can choose from, how to access care and support and how to raise concerns about safeguarding etc.

Assessment

Both adult Cared For Person (needs assessment) and Carers (carer's assessment) should be assessed on the appearance of need and regardless of what the local authority thinks are the level of their need. The Cared For Person's outcomes are financially assessed. The Carers Assessment is regardless of their financial resources and is not means tested. The Carers assessment must consider how the person's needs impact on their wellbeing and the outcomes that they wish to achieve in day-to-day life. The adult's needs assessment must focus on outcomes of the person and the authority must also consult the carer. This can also be completed as a joint assessment.

It removes the requirement to ask for an assessment which has been in previous legislation and the Care Act removed the requirement for the carer to be providing substantial care on a regular basis. The only requirement is that the carer 'may have needs for support –whether currently or in the future'. The requirement to assess a carer on the appearance of need puts the carer's assessment on the same footing as the disabled person's assessment. The Act requires local authorities to consider whether the adult would benefit from preventative services, information, and advice or anything which might be available in the community.

Whole family approach

The local authority must give regard to the family needs of the person being assessed, for instance the need to ensure that a child is not undertaking an inappropriate caring role for the adult concerned. The Act makes clear that a local authority may combine a needs or carer's assessment with another assessment it is carrying out on the individual or another person with their agreement. A local authority, when carrying out a needs or carer's assessment, may work jointly with another body which is carrying out another assessment.

People who pay for their own care (self-funders)

Since the Care Act came into force people who pay for their own care have been able to ask the local authority to arrange services, but not residential care, on their behalf. Local authorities also have responsibility for providing information and advice to self-funders. More work needs to be undertaken in this area.

Duty of co-operation and integration

This makes integration, co-operation, and partnership a legal requirement on local authorities and on all agencies involved in public care, including the NHS, independent or private sector organisations, some housing functions and the CQC.

Mental Health Act 1983 (2007)

Carers of people with mental health problems have several rights under this act, including to:

- be included on service user's Care Plan.
- be given general information about the condition of the person cared for, though not specific information if the service user does not consent.

- be given a copy of the service users care plan if
 - (a) the service user consents; or
 - (b) issues of duty of care or risk override the service user objections; and
- where the carer is the nearest relative):
 - request a Mental Health Act assessment of the person cared for.
 - be informed of the patient's detention, and the nearest relative's right to discharge the patient before application under Section 2 – application for assessment.
 - seek to have the patient discharged from hospital (giving 72 hours' notice), though the doctor in charge of the patient's care can prevent this action.
 - express his/her point of view when the patient's detention is reviewed by tribunal or hospital managers.
 - be told when the patient is due to be discharged from hospital, unless the nearest relative or patient has instructed that this information should not be disclosed; and
 - request advocacy visits for the person cared for.

Carers were first mentioned in social care legislation through the Disabled Persons (Services, Consultation and Representation) Act 1986. Since then, several obligations have been placed on both social care and health to enable people to care whilst maintaining their own lifestyle, livelihoods, social life, and many other important aspects of day-to-day life and personal wellbeing. Carer specific provisions have been mainstreamed in Government legislation with the following examples being the most significant:

- Mental Capacity Act 2005
- Work and Families Act 2006
- The Children's Act 2010
- The Equalities Act 2010
- The Health and Social Care Act 2012
- The Children and Families Act 2014
- The Care Act 2014

The Children's Act 1989

A parent carer is defined as an adult who provides or intends to provide care for a disabled child for whom the person has parental responsibility. Section 17ZD (14) requires local authorities to take reasonable steps to identify the extent to which there are parent carers within the area who have needs and support. The Act also obliges local authorities to assess parent carers on the appearance of need. The assessment must have regard for the wellbeing of the parent carer which has the same meaning as the definition in the Care Act 2014. The assessment must also consider the need to safeguard/promote the welfare of the disabled child and any other child for whom the parent carer has parental responsibility. Under section 7 the local authority may request the co-operation in specific cases to support needs of a carer of a child. The duties within the Children's Act also supports young carers and will further explained within the Young Carers Strategy by Children's Services.

The NHS Long Term Plan

The NHS Long Term Plan places a strong emphasis on improving early intervention and support for patients and for carers. Arising from commitments in the plan there are key commitments relating to carers.

1.19. Carers will benefit from greater recognition and support

We will improve how we identify carers and strengthen support for them to address their individual health needs. We will do this through introducing best practice Quality Markers for primary care that highlight best practice in carer identification and support.

2.33 Continue to identify and support carers, particularly those from vulnerable communities

Quality marks for carer-friendly GP practices, developed with the CQC, will help carers identify GP services that can accommodate their needs. We will encourage the national adoption of carer's passports, which identify someone as a carer and enable staff to involve them in a patient's care and set out guidelines for their use based on trials in Manchester and Bristol. These will be complemented by developments to electronic health records that allow people to share their caring status with healthcare professionals wherever they present.

2.34. Carers should not have to deal with emergencies on their own

We will ensure that more carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it.

2.35. Young carers - The NHS will roll out 'top tips' for general practice which have been developed by young carers, which include access to preventative health and social prescribing, and timely referral to local support services

1.40 and 1.41 We will ensure that initiatives around personalised care including personal health budgets and social prescribing are fully reflective of carers' needs.

5.20. Patients, clinicians, and the carers working with them will have technology designed to help them. There will be a digital service for managing interactions with the NHS, ready access to personal records, care plans, expectations, appointments, and medications, to enable care to be designed and delivered in the place that is most appropriate for them.

Other important policy

Includes:

- NHS People Plan 2020
- Government Carers Action Plan 2018 to 2020
- Guidance from the Social Care Institute for Clinical Excellence concerning coproduction and strength-based approaches

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People and Health Overview Committee – Forward Plan

Title	Description	Date of Committee Meeting	Requested by	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Home to School and Post 16 Transport Policies	This is statutory requirement to consult on the Home to School and Post Transport policies. These are the policies for 2022-2023 academic year.	28 June 2022	Ed Denham	Ed Denham, Manager, Education Services	Andrew Parry - Children, Education, Skills and Early Help Ray Bryan - Highways, Travel and Environment;	Cabinet – 26 July
Commissioning Strategies (Adults)		28 June 2022		Vivienne Broadhurst, Executive Director for People, Adult Jonathan Price, Corporate Director for Adult Commissioning	Portfolio Holder for Adult Social Care and Health	
Developing a strategy for the Dorset Integrated Care Partnership	To brief and update People and Health Overview committee with the principles, approach and timescales for developing a strategy for the Dorset Integrated Care Partnership. There is an opportunity to seek engagement with Committee Members on the direction of travel, and note any views on important priorities the strategy should focus on.	28 June 2022	Sam Crowe	Sam Crowe, Director of Public Health	Spencer Flower - Leader of the Council; Peter Wharf - Deputy Leader / Adult Social Care & Health; Andrew Parry - Children, Education, Skills and Early Help; Laura Beddow -	

Title	Description	Date of Committee Meeting	Requested by	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
					Customer and Community Services; Graham Carr-Jones - Housing and Community Safety;	
Council Plan Refresh 2022-24	Refresh of the Council Plan for the period 2022-24.	28 June 2022		Jennifer Lewis, Head of Strategic Communications & Engagement Nina Coakley, Service Manager for Change	Cllr Spencer Flower – Leader of the Council	Place & Resources Overview – 7 June Cabinet – 26 July
Children's Social Care Review Findings	Findings from the independent review of Children's Social Care in England.	8 September 2022		Theresa Leavy – Executive Director of People - Children	Cllr Andrew Parry - Children, Education, Skills and Early Help	
		27 October 2022				
		31 January 2023				
		21 March 2023				
Potential Agenda Items						

Title	Description	Date of Committee Meeting	Requested by	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Leisure Strategy		Autumn 2022 (TBC)		Paul Rutter, Service Manager for Leisure Services	Portfolio Holder for Customer and Community Services	
Developing Adult Commissioning Strategies for Care Dorset		December 2022		Jonathan Price, Corporate Director for Adult Commissioning	Portfolio Holder for Adult Social Care and Health	

Potential Items for Overview:

- Data and Business Insights Strategy (May - TBC)
- Enabling Communities Strategy (September - TBC, to comment on the draft strategy)
- Adult Social Care White Paper
- Levelling Up white paper
- Integrated Care System

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The Cabinet Forward Plan - June to September 2022 (Publication date 24 May 2022)

Explanatory Note:

This Forward Plan contains future items to be considered by the Cabinet and Council. It is published 28 days before the next meeting of the Committee. The plan includes items for the meeting including key decisions. Each item shows if it is 'open' to the public or to be considered in a private part of the meeting.

Definition of Key Decisions

Key decisions are defined in Dorset Council's Constitution as decisions of the Cabinet which are likely to -

- (a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates (**Thresholds - £500k**); or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority."

In determining the meaning of "*significant*" for these purposes the Council will have regard to any guidance issued by the Secretary of State in accordance with section 9Q of the Local Government Act 2000 Act. Officers will consult with lead members to determine significance and sensitivity.

Cabinet Portfolio Holders 2021/22

Spencer Flower	Leader / Governance, Performance and Communications
Peter Wharf	Deputy Leader / Adult Social Care and Health
Gary Suttle	Finance, Commercial and Capital Strategy
Ray Bryan	Highways, Travel and Environment
Graham Carr-Jones	Housing and Community Safety
Jill Haynes	Corporate Development and Transformation
Laura Miller	Culture, Communities and Customer Services
Andrew Parry	Children, Education, Skills and Early Help
Tony Ferrari	Economic Growth, Assets & Property
David Walsh	Planning

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
June					
Finance report - outturn 2021/2022 Key Decision - Yes Public Access - Open To consider the Council's performance against its revenue budget in 2021/22 and the impact this has upon reserves, including the general fund.	Decision Maker Cabinet	Decision Date 21 Jun 2022		Portfolio Holder for Finance, Commercial and Capital Strategy	<i>Jim McManus, Corporate Director - Finance and Commercial J.McManus@dorsetcc.gov.uk Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i>
Stinsford Neighbourhood Plan 2021 - 2038 Key Decision - Yes Public Access - Open Report relates to the making (adoption) of the Stinsford Neighbourhood Plan 2021-2038.	Decision Maker Cabinet	Decision Date 21 Jun 2022		Portfolio Holder for Planning	<i>Nick Cardnell, Senior Planning Officer Nick.cardnell@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i>
Dorset Council Priorities update: Climate and Ecology Key Decision - No Public Access - Open To receive an update report on Climate and Ecology.	Decision Maker Cabinet	Decision Date 21 Jun 2022		Portfolio Holder for Highways, Travel and Environment	<i>Steven Ford, Corporate Director for Climate and Ecological Sustainability Executive Director, Place (John Sellgren)</i>
Dorset Innovation Park	Decision Maker Cabinet	Decision Date 21 Jun 2022		Portfolio Holder for Economic Growth,	<i>Peter Hopkins, Corporate Director - Assets and</i>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>Key Decision - Yes Public Access - Part exempt</p> <p>To approve funds for the delivery of ten new light industrial units (Quadrant 2); and to agree and fund a future 4-year capital investment plan for Dorset Innovation Park. This will include the construction of an amenity centre, redevelopment of the existing gatehouse and the purchase of adjoining land to expand the size of the Park.</p>				Assets and Property	<p><i>Property</i> <i>peter.hopkins@dorsetcouncil.gov.uk</i> <i>Executive Director, Place</i> <i>(John Sellgren)</i></p>
<p>Page 341 July</p>					
<p>Quarter 1 Council Plan Monitoring Report</p> <p>Key Decision - No Public Access - Open</p> <p>A quarterly report on the delivery of the council's plan</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 26 Jul 2022</p>		<p>Portfolio Holder for Corporate Development and Transformation</p>	<p><i>Rebecca Forrester,</i> <i>Business Intelligence & Performance</i> <i>rebecca.forrester@dorsetcouncil.gov.uk</i> <i>Chief Executive (Matt Prosser)</i></p>
<p>Quarter 1 2022/23 Financial Monitoring Report</p> <p>Key Decision - No Public Access - Open</p> <p>To consider the Quarter 2 Financial Monitoring Report</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 26 Jul 2022</p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director,</i> <i>Corporate Development - Section 151 Officer (Aidan</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
2022/23.					<i>Dunn)</i>
<p>Home to School and Post 16 Transport Policies</p> <p>Key Decision - Yes Public Access - Open</p> <p>This is statutory requirement to consult on the Home to School and Post Transport policies. These are the policies for 2022-2023 academic year.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 26 Jul 2022</p>	<p>People and Health Overview Committee 28 Jun 2022</p>	<p>Portfolio Holder for Corporate Development and Transformation, Portfolio Holder for Highways, Travel and Environment</p>	<p><i>Ed Denham, School Admissions Manager ed.denham@dorsetcouncil.gov.uk Executive Director, People - Children (Theresa Leavy)</i></p>
<p>Modern Slavery Transparency Statement</p> <p>Key Decision - Yes Public Access - Open</p> <p>Currently local authorities are not required to provide a statement under S54 of the Modern Slavery Act (not in-scope). Government and LGA have advised that there will be legislative change which will bring local authorities in scope of S54 therefore ahead of any change, local authorities have been asked to ensure that they have a transparency statement and register it on the Governments Modern Slavery Statement Register before 30 September 2022.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 26 Jul 2022</p>	<p>Place and Resources Overview Committee 7 Jun 2022</p>	<p>Portfolio Holder for Corporate Development and Transformation</p>	<p><i>Dawn Adams, Service Manager for Commercial and Procurement dawn.adams@dorsetcouncil.gov.uk Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>Council Plan Refresh 2022-24</p> <p>Key Decision - Yes Public Access - Open</p> <p>To consider the Council Plan for 2022-23.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 26 Jul 2022</p>	<p>Place and Resources Overview Committee People and Health Overview Committee 7 Jun 2022 28 Jun 2022</p>	<p>Leader of the Council</p>	<p><i>Nina Coakley, Programme Manager n.coakley@dorsetcc.gov.uk, Jennifer Lewis, Head of Strategic Communications and Engagement jennifer.lewis@dorsetcouncil.gov.uk Chief Executive (Matt Prosser)</i></p>
<p>Care Dorset update</p> <p>Key Decision - No Public Access - Open</p> <p>To consider s report on the principles of the Shareholder Agreement and committee structure for Care Dorset.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 26 Jul 2022</p>		<p>Deputy Leader and Portfolio Holder for Adult Social Care and Health</p>	<p><i>Steve Veevers, Corporate Director Operations, Adult Care steve.veevers@dorsetcouncil.gov.uk, Derek Hoddinott, Programme Lead derek.hoddinott@dorsetcouncil.gov.uk Executive Director, People - Adults</i></p>
<p>Establishment of a Shareholder Committee for Care Dorset</p> <p>Key Decision - No Public Access - Open</p> <p>To establish a committee of the Executive for the Council's shareholder function fro Care Dorset and to agree the terms of reference for the committee.</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 26 Jul 2022</p>		<p>Leader of the Council</p>	<p><i>Grace Evans, Head of Legal Services and Deputy Monitoring Officer grace.evans@dorsetcouncil.gov.uk Director of Legal and Democratic Services - Monitoring Officer (Jonathan Mair)</i></p>
<p>Adult Social Care - Future Services</p> <p>Key Decision - Yes Public Access - Fully exempt</p>	<p>Decision Maker Cabinet</p>	<p>Decision Date 26 Jul 2022</p>		<p>Deputy Leader and Portfolio Holder for Adult Social Care and Health</p>	<p><i>Jonathan Price, Interim Corporate Director for Commissioning jonathan.price@dorsetcouncil.gov.uk</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
Options for future Adult Social Care Services					<i>cil.gov.uk Executive Director, People - Adults</i>
September					
Harbours Governance and functions Key Decision - Yes Public Access - Open To consider a change to Dorset Council Harbours governance and functions making it an executive function.	Decision Maker Dorset Council	Decision Date 13 Oct 2022	Cabinet 6 Sep 2022	Portfolio Holder for Highways, Travel and Environment	<i>Ken Buchan, Head of Environment and Wellbeing ken.buchan@dorsetcouncil.gov.uk Director of Legal and Democratic Services - Monitoring Officer (Jonathan Mair), John Sellgren</i>
Additional Procurement Forward Plan Report - over £500k (2022 - 2023) Key Decision - Yes Public Access - Open The Cabinet is asked to consider the contents of this report in respect of proposed contracts to be procured 2022-2023 which are in addition to those on the procurement forward plan approved by Cabinet on 1 March 2022.	Decision Maker Cabinet	Decision Date 6 Sep 2022		Portfolio Holder for Finance, Commercial and Capital Strategy	<i>Dawn Adams, Service Manager for Commercial and Procurement dawn.adams@dorsetcouncil.gov.uk Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i>
Amateur Archaeological Fieldwork	Decision Maker	Decision Date	Place and Resources	Portfolio Holder for	<i>Jacqueline Halewood,</i>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
and Metal Detecting on Dorset Council Land Policy Key Decision - Yes Public Access - Open Seeking adoption of a new policy as an update to an earlier policy (1996) which relates to permissions required for metal detecting on DC county farms.	Cabinet	6 Sep 2022	Overview Committee 28 Jul 2022	Economic Growth, Assets and Property	Principal Archivist <i>Jacqueline.halewood@dorsetcouncil.gov.uk</i> Executive Director, Place (John Sellgren)

October

November

Quarter 2 2022/23 Financial Monitoring Report Key Decision - No Public Access - Open To consider the Quarter 2 Financial Monitoring Report for 2022/23.	Decision Maker Cabinet	Decision Date 1 Nov 2022		Portfolio Holder for Finance, Commercial and Capital Strategy	<i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i>
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December

Quarter 3 2022/23 Financial	Decision Maker	Decision Date		Portfolio Holder for	<i>Jim McManus, Corporate</i>
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Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p>Monitoring Report</p> <p>Key Decision - Yes Public Access - Open</p> <p>To consider the Quarter 3 Financial Monitoring Report for 2022/23.</p>	<p>Cabinet</p>	<p>17 Jan 2023</p>		<p>Finance, Commercial and Capital Strategy</p>	<p><i>Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>

Private/Exempt Items for Decision

Each item in the plan above marked as 'private' will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the shadow council proposes:-
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

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