

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.

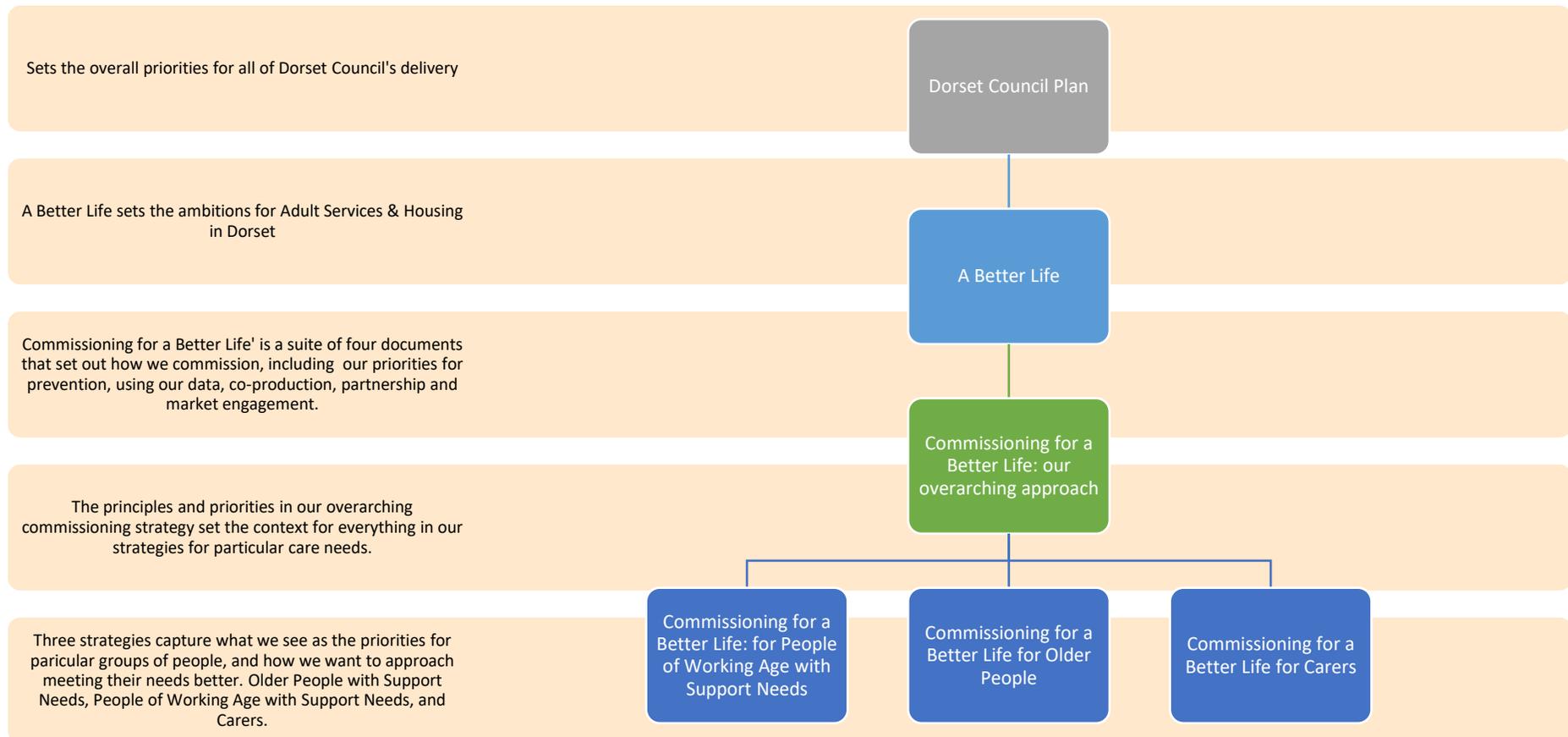
We have set out these strategies so that people can understand where we are coming from in our current thinking. We don't think we have all of the answers. Between all of us involved in delivering or using social care support, however, we will be able to find those answers.

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.

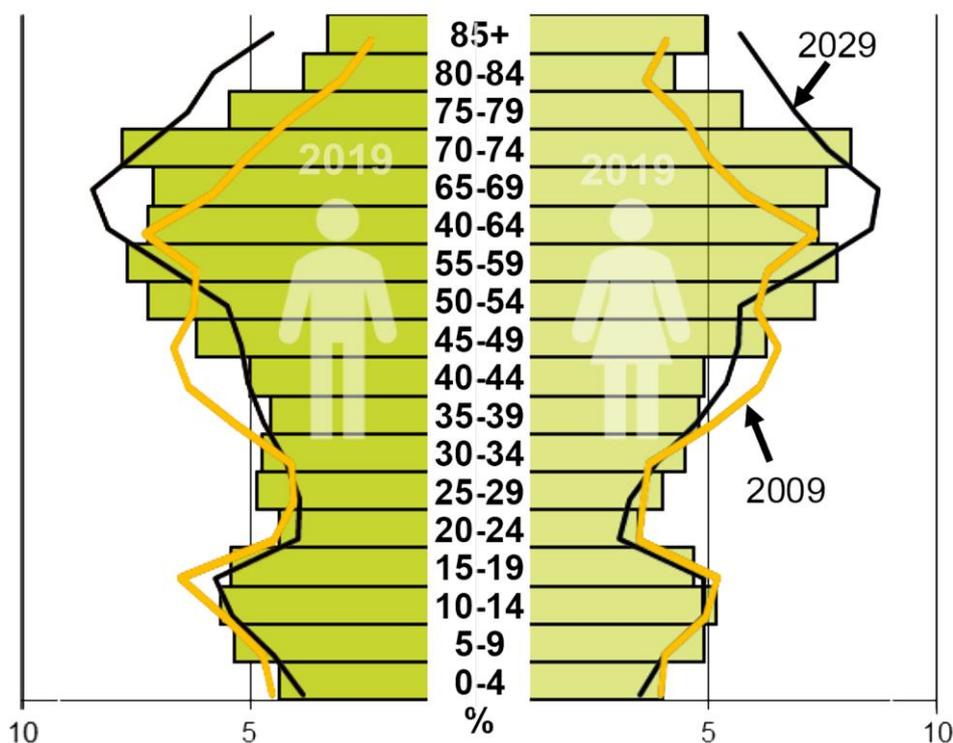
Overview of how the strategies fit together



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.

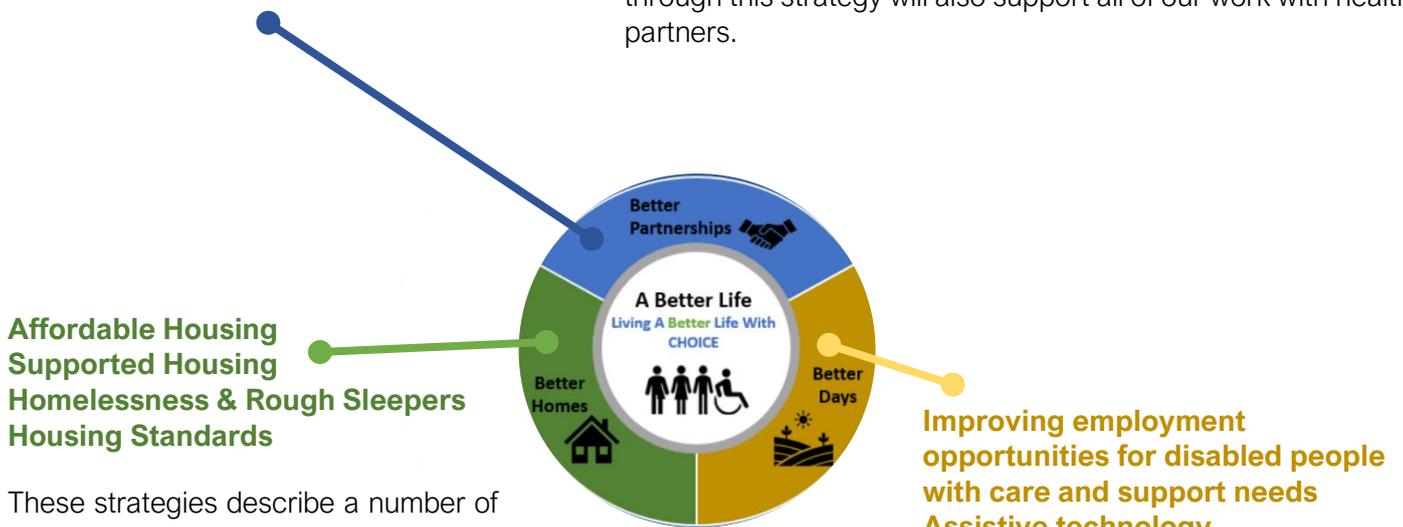
How this commissioning strategy supports A Better Life

- 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

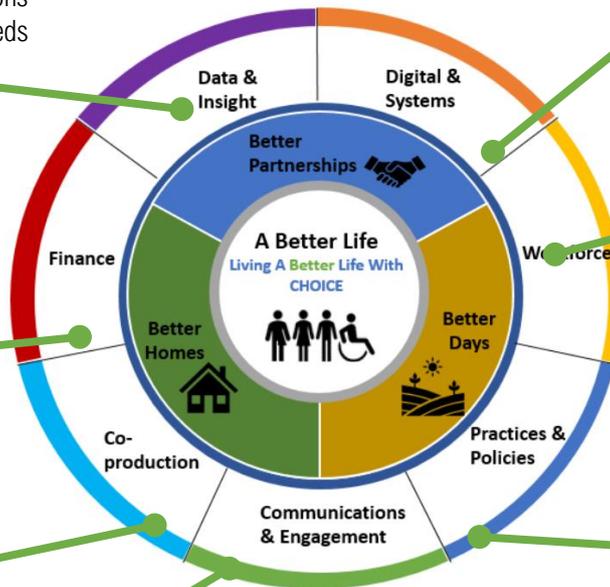
Commissioning plans accompany this strategy to address all of those areas, and commissioners lead the relationship management with partners (internal and external) that support this work to have maximum impact.

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.

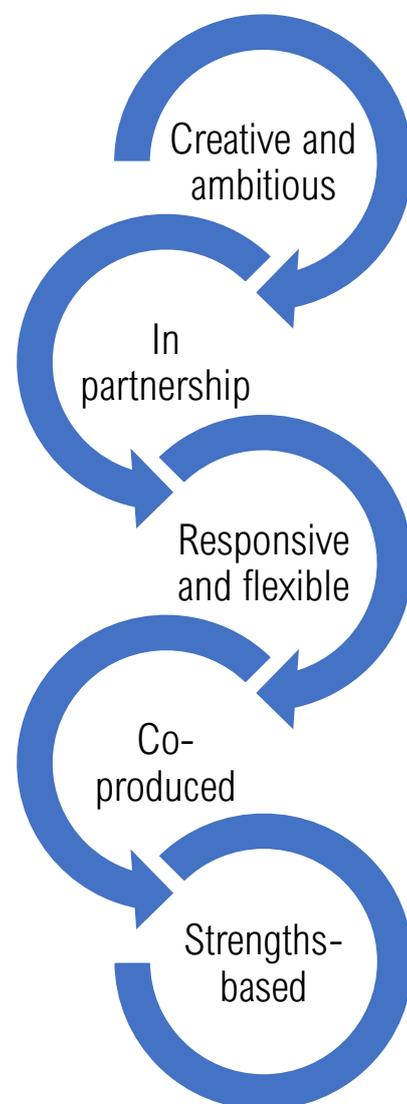
The social care system doesn't work in isolation. We will **develop strong partnerships** to ensure that we commission the right joined-up support.

- 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.

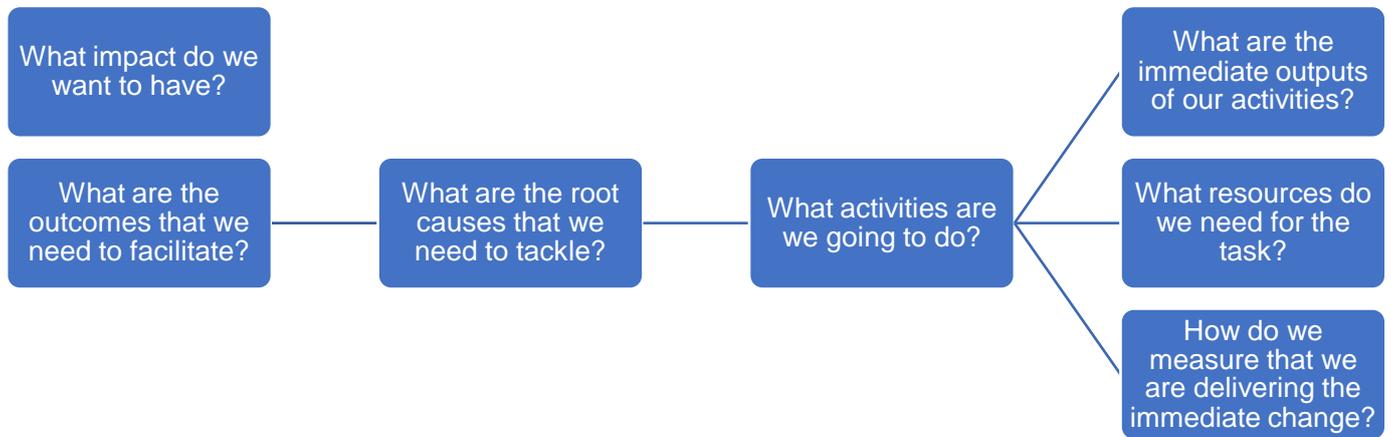
A persuasive case for change starts with the outcomes that people want to achieve. That could be to have “ready access to the information and advice I need to make choices”, or “to live independently in the community with as little intervention from other people as possible”. However it is expressed,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

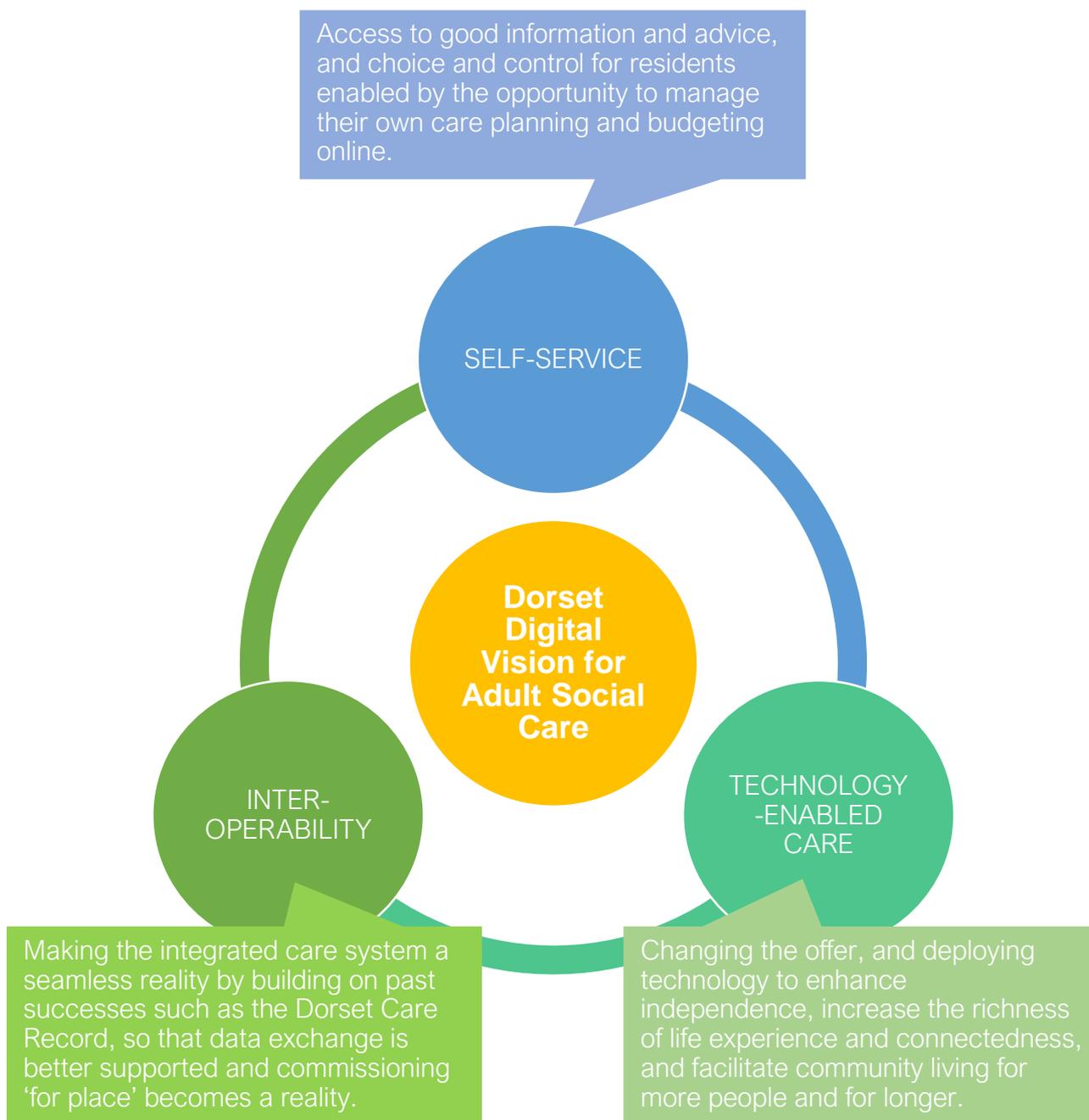
important as the final elements of the Care Act are rolled out around self-funder support, finance and market sustainability.

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.

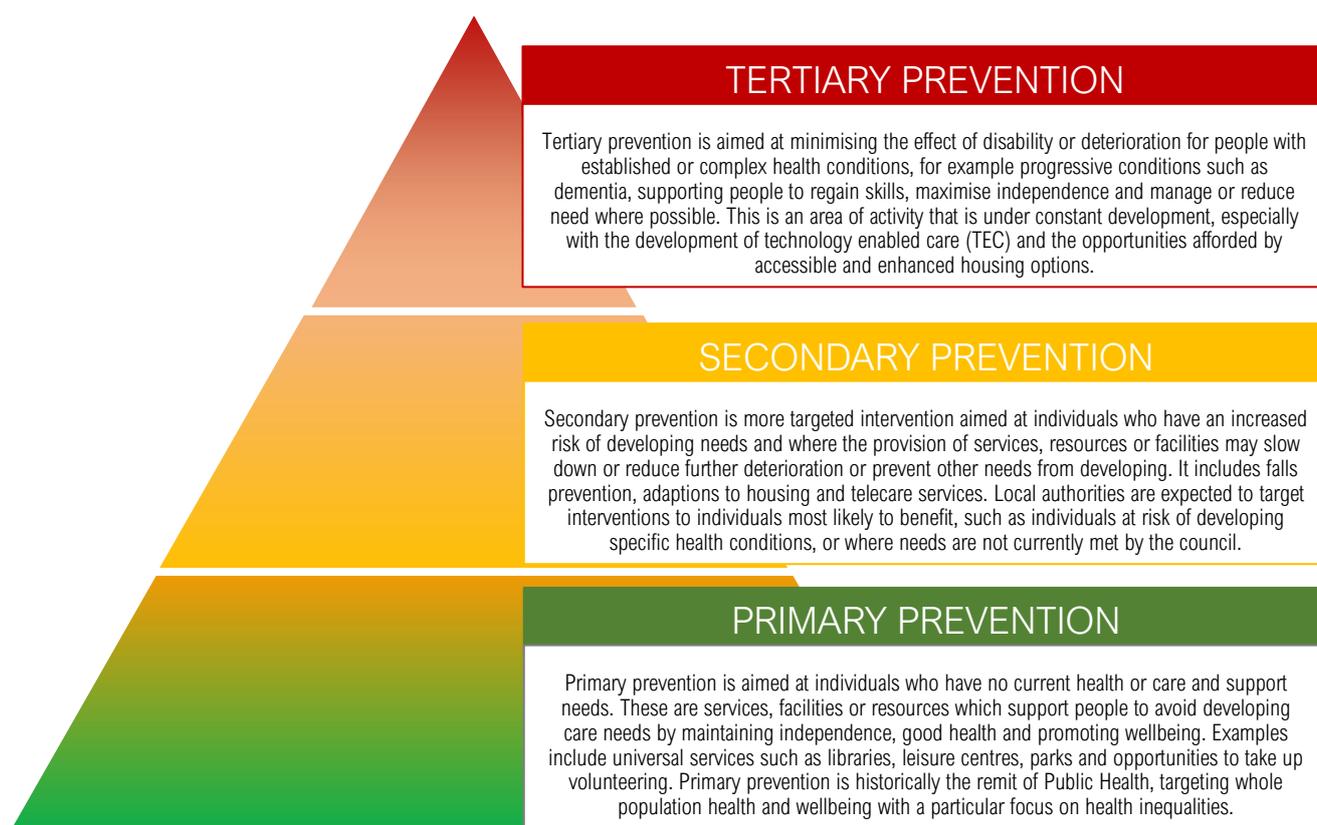
This work will allow us to better identify ‘unmet need’, where people have needs that are not currently being met, whether by the council or anyone else. Understanding unmet need is crucial to developing a longer-term approach to prevention.

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 handyperson, 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.

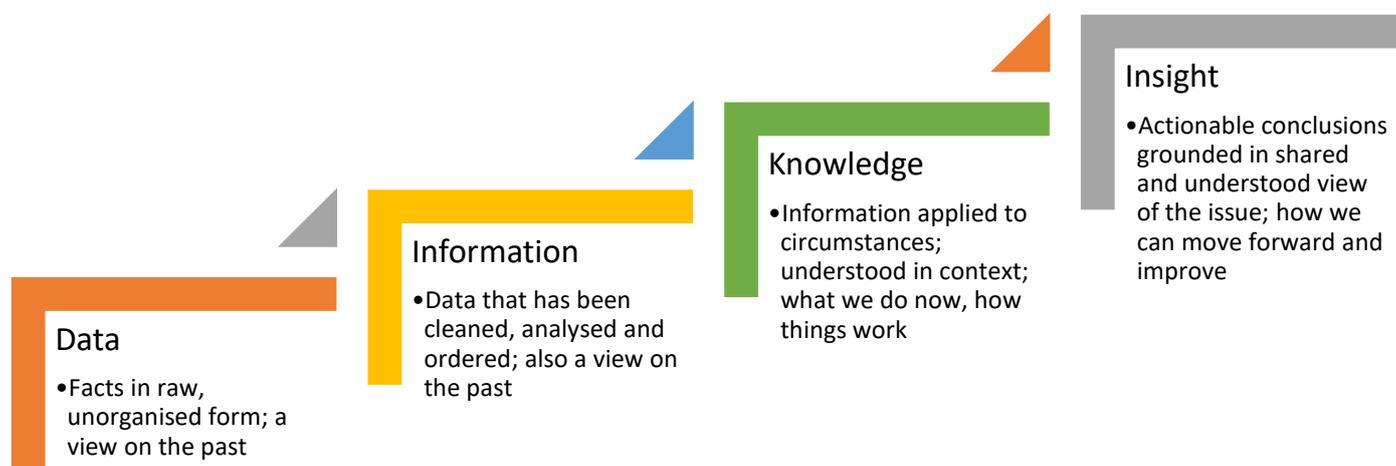
- We will also specifically start a conversation about the future of dementia services, as part of our review, and to continue to inform the development of a dementia friendly community.
- We also want to ensure a continued conversation about how our town centres and high streets, plus “hyperlocal” communities, 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

