

Commissioning for A Better Life for Older People with Support Needs in Dorset Our Strategy 2022-27

With a higher over-65 population than anywhere else in the country, it's especially important that Dorset provides the opportunity for a great quality of life for older people. We want to work with residents, communities and local service providers to continue to strengthen the supportive community networks of Dorset, develop housing and other infrastructure that supports people to make the best of their strengths and age well, and ensure that the best quality information, support and services are in place as people's health and care needs increase.



Foreword

To follow.

About these strategies

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

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

About this strategy

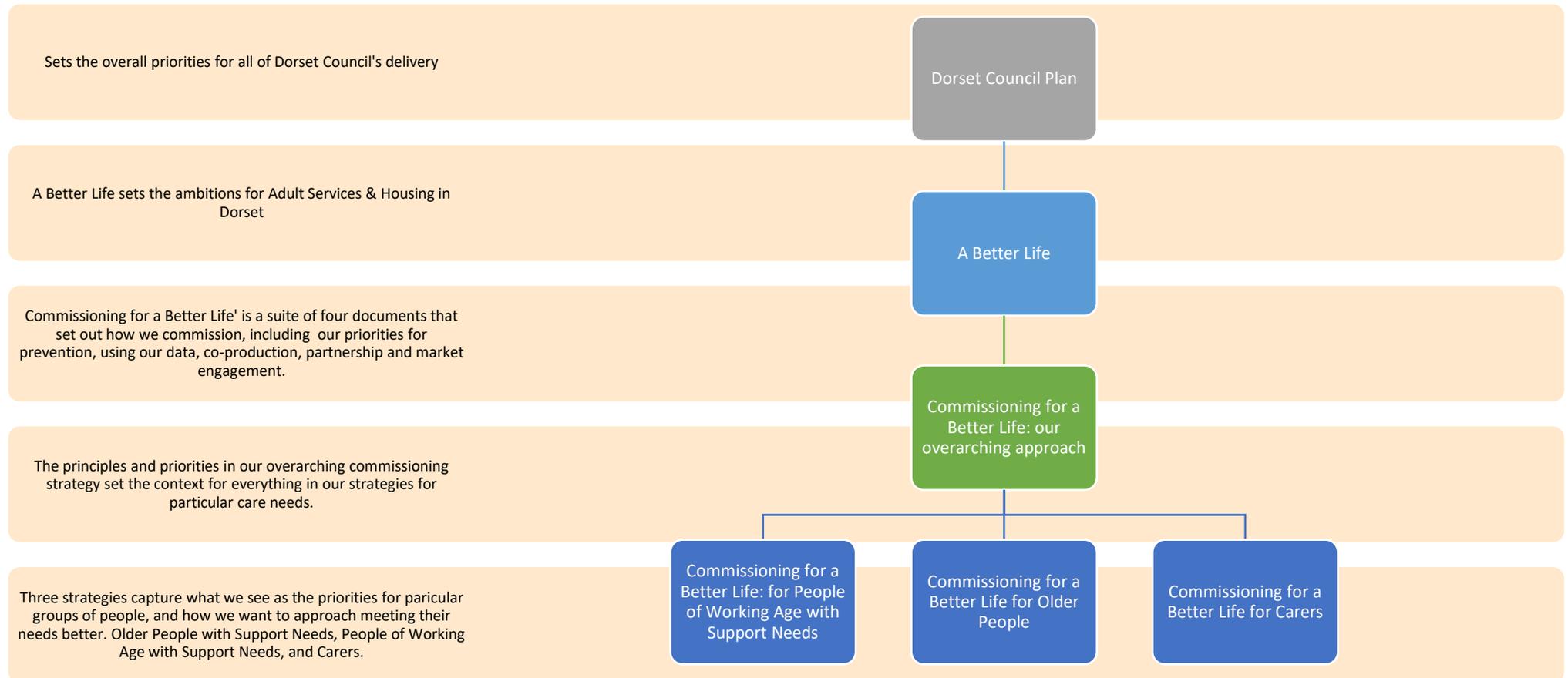
This is one of four strategies that sets the framework for how we will commission and develop services and support into the future. 'Commissioning for A Better Life' is the overarching commissioning approach, and should be read in conjunction with this document that deals more specifically with how we will improve the support received by people of working age with support needs.

This strategy is intended to be used as a live document, allowing us to build on the existing service delivery, review progress to date and then continue to review throughout the 5-year period the strategy covers. It has been produced in mid-2022 to make it easier for people to engage with us and tell us what needs to improve and how we should do it.

This strategy is as a result of much consultation, engagement, and research over the past months and years, involving those with lived experience, providers, local councillors, and partners. However, we know there is much more of this to be done, and we hope that by setting out our 'current view' of the way services need to develop it will help people to engage with us.

Throughout 2022, Dorset Council will embark on a co-production journey empowering residents to get involved in discussions on how to better support residents. This will enable the Council to co-produce and co-design further, and more detailed, iterations of the action plan, which will deliver better outcomes through strengths-based practice and commissioning. The Council would like to co-develop services that are flexible, adaptive, and responsive to residents' needs. The council aims to strengthen its partnerships with our NHS colleagues, the voluntary sector and social care provider market whilst acknowledging the financial challenges we are currently facing. This will require an ambitious and creative approach to how we shape services.

Our Strategy Framework



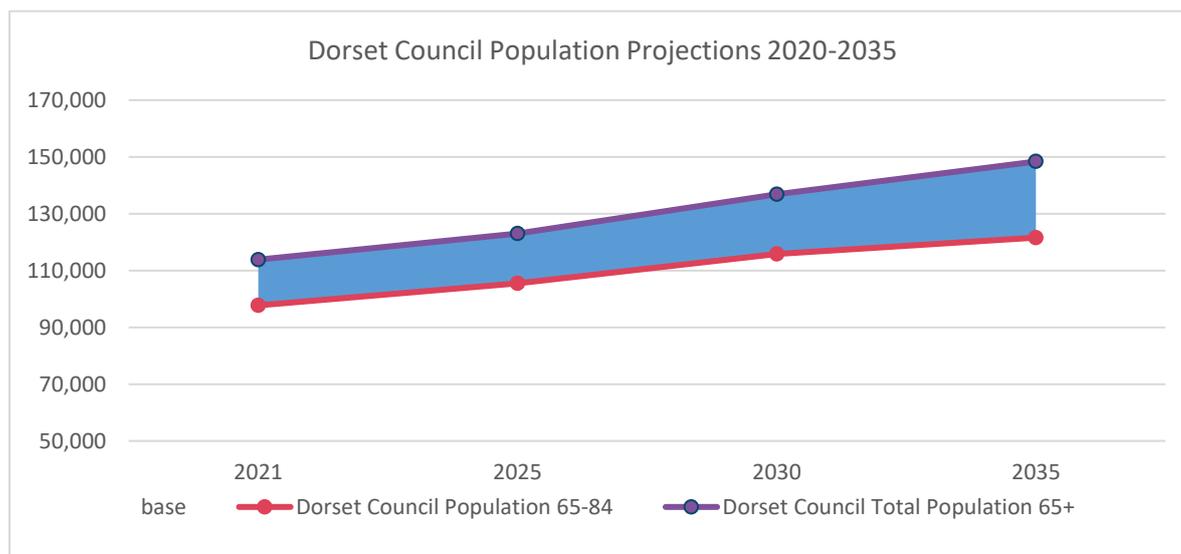
Ageing in Dorset

The population of Dorset, mirroring that of the UK, is aging. It is happening more rapidly in Dorset due to our larger older population and declining birth rate. The median age in Dorset is 51, up by 4 years since 2009, compared to a median age of just 40 for England, up by less than one year in the last 10 years. Typically, Older People refers to those who are no longer of working age, so traditionally 65+. However with increased life expectancy an increasing number of people find themselves either having to work, or wanting to work beyond what was traditionally retirement age.

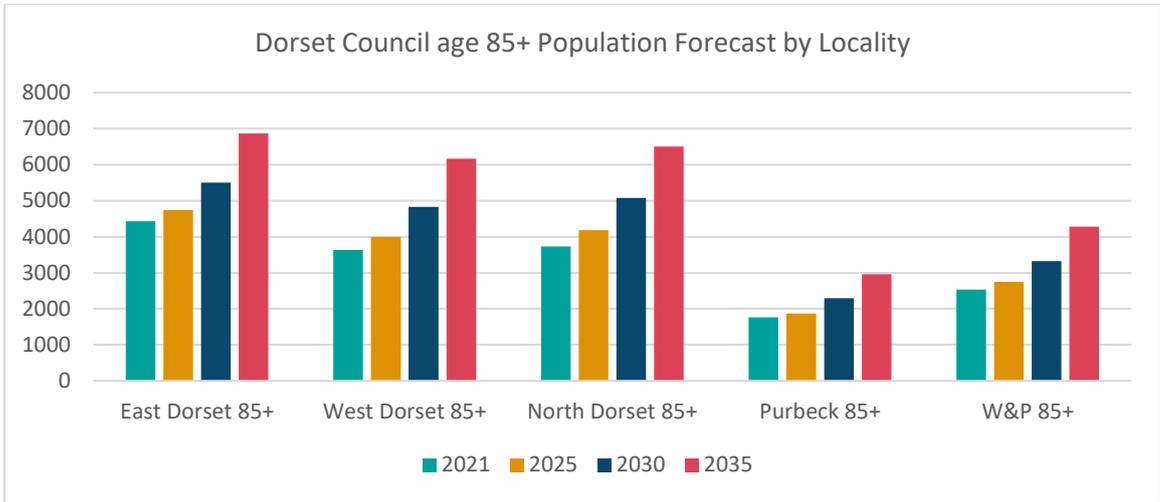
In England there are 295 older people per 1,000 working age population. In Dorset this figure is 527.

29% (113,843) of the population of Dorset is aged 65 years and over, compared with 19% of the population of England and Wales. The predicted growth rate for the over 65 population across Dorset between 2021 and 2035 is 23.3%, to 148,375.

Population growth will continue and be highest among the population aged over 85, as illustrated in the following graph. Currently there are around 31,000 people over 80 in Dorset.



Whilst all Localities in the Dorset Council area will see population growth, the largest growth in the 85+ population will be in the East, North and West Localities.



The increase in Dorset’s total population is however driven not by indigenous growth so much as by immigration, especially by people in the middle and older age groups who chose to retire or relocate to Dorset in later life. Net migration figures in Dorset are highest for the 60 to 65 age group.

In the Dorset Council area, 72% of households are owner-occupiers. This rate of ownership increases to 81.1% in East Dorset and falls to 67.4% in Weymouth and Portland. People aged 65 and over are far more likely to own their own home. Almost three-quarters of people aged 65 in England own their home outright. In the Dorset County Council area in 2011, 83.5% of over 65s own their own home.

With increases in life expectancy, the official retirement age and the state pension age rising, 65 as the start of older age could be becoming out of date. Nationally employment rate for those aged 65+ has risen over the past ten years from 7.4 in the Feb-Apr quarter of 2009 to 11.3 in the same quarter in 2020. 6% of the total workforce in the Dorset Council area at the time of the last Census were aged 65 or over, compared to 3% for England.

In England and Wales one in five carers is aged 50 to 69. In 2016 informal adult care was valued at £59.5 billion per year for the UK. According to Census 2011 30% of the 43,500 unpaid carers were aged 65 and over compared to 22% for England. As the population ages there will be increased need for informal care but also a need for older people to stay in the workforce longer.

Our vision for a Better Life for older people in Dorset

The Right Support

With a higher over-65 population than anywhere else in the country, it's especially important that Dorset provides the opportunity for a great quality of life for older people. We want to work with residents, communities and local service providers to continue to strengthen the supportive community networks of Dorset, develop housing and other infrastructure that supports people to make the best of their strengths and age well, and ensure that the best quality information, support and services are in place as people's health and care needs increase.

We want older people to be able to live healthy, independent lives, in their own homes for as long as possible. We want to strengthen the role of the home care sector and its workforce locally, both to deliver a good choice of high quality and sustainable long-term care options. Reablement will become the default first intervention, offering a more robust, therapy led and proactive short-term offer, whether to respond to a preventative community need or a crisis, or to enable a hospital discharge. This will avoid or reduce long-term care needs by empowering people to regain and maintain independence following a period of crisis or illness. We will need to work differently as a local System and we are committed to working with System Partners, including the voluntary and community sector, to develop this enhanced approach and will support providers, where needed, to upskill the workforce.

It is critical to the future development of good, responsive homecare in Dorset that we have sound relationships across the provider market, supported by effective contracts and contract management. We have conducted a cost of care exercise to understand what a fair price for care should be. This will inform our retender of the Dorset Care Framework: an early priority. There are opportunities to consider different types of contracts to better support the provider market and Dorset residents, focusing on outcomes rather than time-and-task.

On workforce, we plan to work with providers, partners and agencies such as Skills for Care, to make care a career of choice and understand where we can act together to stabilise and strengthen the homecare workforce, including in targeted hard to reach areas of Dorset.

We need to establish a clearer system of reablement, in order to develop both a robust preventative community offer and also an effective hospital avoidance and discharge pathway. Dorset must have a

therapy-led reablement service from our principal provider, complementing other provision contracted from both the provider market and voluntary sector. We will need to do this jointly with our NHS partners, and ensure that it is focused on empowerment and strengths-based working.

We want permanent admission to a care home considered only when all other options have been exhausted. We will work to ensure there is a range of suitable, affordable, quality care home services, both now and in the future, with an emphasis on developing the range of services more appropriate to the developing needs of the population.

The right support for older people starts with communities that offer plenty of opportunity for connection, informal support and a varied and active life. The Council cannot “provide” this, but we can work with partners in the community, residents’ groups and others to foster the existing community spirit. Where we have buildings and other assets, we can support people to access and use them to provide opportunities for older people to have better days. We will increasingly move away from day service provision (retaining it for specialist support where needed) and instead promote day opportunities within communities from a wide range of providers.

We will work with the care home market to define and develop the services that will be needed into the future. We will seek to be more consistent in our contracting and purchasing arrangements, and develop different types of contracting arrangements to secure provision.

As part of this we will work with health partners and providers to enhance the healthcare inputs into homes. This will form one part of a wider focus on developing higher acuity provision to which the Council can have reliable access when purchasing beds. Workforce development will be an important priority for creating the capacity and capability needed. We will work alongside the Council’s own care company as well as the wider market to review current provision, aiming, where possible, to develop the care home estate in Dorset to better meet the needs of the population.

We will also build a sustained programme, through our market relationships, to support quality improvement in the residential care sector, aiming to increase the numbers of homes rated both outstanding and good.

The Right Place

As part of our ambition to develop our high streets, we want to improve their accessibility for older people, and explore with local organisations and businesses (including town and parish councils) how to foster connected and supportive communities. We want to ensure that Dorset has wide uptake of the principles of Dementia friendly communities, recognising the increasing prevalence of this condition.

We also want to move from fixed location day service provision to a greater emphasis on networks of community-based offers for day opportunities. We expect to still provide some specialist day services with care included, where complex care and support needs can be met. We want to build a hub-and-spoke arrangement that can link this specialist provision to wider community networks, offering choice and flexibility.

To enable people to live as independently as possible in their own home providers will promote strengths-based care and support.

We will develop an area zoning system across the county, increasing provider contact time by reducing travel time. This will also enable providers to develop greater local connections with voluntary and community organisations - making the most of all resources available.

In terms of where people live as they age and develop the need for support, we currently have plans for some substantial developments of extra care housing (Purbeck, Bridport, Gillingham), but we know that we need more over the coming years, both for rental and for ownership. Where people stay in their own homes, we also have plans to improve our offer for equipment, adaptations and care technology.

We know that often people want to access long-term residential care near to their communities. However, we also know that specialist care, including intermediate care, cannot be universally sited across the county because it needs a specialist workforce. We will seek to balance these demands by better understanding emerging need across localities.

Reducing number of avoidable care home admissions by self-funders will include alternative provisions, such as extra care housing options and improvements in the range, responsiveness and availability of homecare provision. This will change what and how we buy residential care, and set up the market for sustainable future provision, within a county that supports people to live as independently as possible for longer.

The Right Time

We want to build more opportunities for the identification of social isolation in older people, especially recognising Dorset's largely rural nature.

Crucially, as older people start to consider the types of support that can keep them living healthy and independent lives, we want to ensure that the right information and advice is there to help them make well-informed and good decisions. To do that we also need to ensure that more people are digitally connected.

To promote independence and deliver the right level of care when needed we want to adopt a Trusted Practitioner model, so that we empower homecare providers to make a range of amendments to the care required by individuals, based on their professional judgment. This will focus care where it is most needed, and improve providers' knowledge and ability to recommend alternative support via Assistive Technology and Equipment. In addition, providers will be able to highlight where needs could be met via an alternative resource available for local voluntary and community sector organisations and groups.

For those making decisions about their care needs, we will improve the timeliness and clarity of information and advice, including financial advice, so that they are supported to make better decisions.

Four outcomes

All of these aspirations are captured in four high-level outcomes that guide our work. These help us to think about what the issues are that get in the way, and what we need to work on to fix them. At the end of this strategy is our action plan for year 1 and, in outline, for future years – the actions are grouped under these four outcomes.

1. Dorset is a great place to grow older, with a range of vibrant community activity, giving people better days whether they have support needs or not, and keeping them well connected to the people around them and where they live

Root causes we need to address include:	Emphasis on day services not day opportunities; emphasis on commissioned care options not self-directed support; availability of timely and appropriate information and advice; need for a wider community support for ageing well, and for the opportunities of an ageing population
Activities we need to do include:	Further embed our strengths-based working; expand use of direct payments and individual service funds; develop the market to support that; develop new housing options; develop the information and advice offer; community projects and conversations to develop community support for ageing well
Outputs and measures include:	<ul style="list-style-type: none"> ○ Community conversations about ageing well ○ Day services model, co-produced ○ Strengths-based and personalised care planning (including numbers of direct payments/ISFs) ○ New entrants to the day opportunity market, offering packages that can be purchased with direct payments ○ New information & advice offer

2. People have access to the information and advice they need to make good decisions for them, at crucial times in their ageing journey

Root causes we need to address include:	Multiple and confusing information and advice on adult social care options; lack of easy access to financial planning advice about care options
Activities we need to do include:	Raionalise options and develop new online content, including interactive and other media. Establish financial advice and appropriate links through to advisers who can support individual planning
Outputs and measures include:	<ul style="list-style-type: none"> ○ New content ○ New web routes and links ○ Financial advice portal

3. People have access to excellent care and support in their home, both responsive short-term reablement and longer-term care, which always puts independence at its heart and helps people to continue to live independently for as long as possible, utilising equipment and assistive technology where appropriate

Root causes we need to address include:	Workforce instability; rural challenges; increase uptake of options such as direct payments, and the PA market
Activities we need to do include:	Fair Cost of Care implementation to stabilise market and workforce; zoning to support better workforce deployment and planning; PA market development; address resistance to direct payment and associated administration systems

Outputs and measures include:	<ul style="list-style-type: none"> ○ Fair Cost of Care report and Market Sustainability Plan ○ New contracting options, DCF2 implementation, including zoning systems ○ New provider forum approaches ○ PA market development ○ Direct Payment/ISF expansion
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4. A good range and choice of residential care is available, in high quality, modern homes, to meet the increasingly complex needs of the local older population

Root causes we need to address include:	Market widely providing at lower levels of acuity, council placement activity requires higher levels; care tending towards higher levels of hours provided for the acuity; self-funder purchasing choices are dominant in the market; market relationships not enabling shared conversations about future need and demand
Activities we need to do include:	Fair Cost of Care implementation to stabilise the market; new contracting to improve access and options; information and advice provision; development of strategic partnerships with key market players to improve future needs planning; Funded Nursing Care elements not always being paid
Outputs and measures include:	<ul style="list-style-type: none"> ○ Fair Cost of Care report and Market Sustainability Plan, including implementation of Section 18(3) Care Act purchasing ○ Improve future demand modelling, and develop shared picture with other partners and the market ○ New contracting options, DCF2, including strategic relationships ○ Better define levels of care as part of new contracting ○ Information and advice, as per homecare ○ NHS agreement on FNC payment

A snapshot of service demand

Forecasting future demand for care at home services

The table below shows the predicted numbers of people over the age of 65 who do or will need help with at least one self-care activity by age and gender in Dorset.

Males	2020	2025	2030	2035	2040
65-69	2,096	2,320	2,688	2,688	2,480
70-74	3,066	2,751	3,066	3,549	3,591
75-79	2,996	3,808	3,444	3,864	4,480
80+	4,690	5,670	7,245	7,805	8,575
Females	2020	2025	2030	2035	2040
65-69	3,146	3,410	3,960	3,982	3,718
70-74	3,864	3,480	3,768	4,392	4,440
75-79	3,364	4,350	3,944	4,321	5,046
80+	8,820	9,898	12,201	13,230	14,259
TOTAL	32,042	35,687	40,316	43,831	46,589
% change on 2020	-	11.4%	25.8%	36.8%	45.4%
Total over 80s	13,510	15,568	19,446	21,035	22,834
		15.2%	43.9%	55.7%	69.0%

The table highlights the critical importance of prevention interventions in the face of the rising demand that is predicted.

Residential and nursing care demand

Work has been undertaken to estimate the demand for future residential care placements. Currently, there are 2,948 occupied care home beds in Dorset. This is out of 3,552 available beds.

A range of scenarios have been evaluated, with estimates of potential reductions in demand for residential care (over other options) matched against the escalating potential numbers needing some form of care and support. These scenarios are not an exact science, and will continue to be the source of discussion between commissioners, providers, operations colleagues, wider community organisations and system partners.

The worst-case of the scenarios is that provided by LaingBuisson, market analysts whose data suggests a higher level of occupancy than the Council currently assesses as being the case. However, it does provide us with one scenario based on the assumption that no further intervention in the market takes place, and placement levels (including self-funder arrangements) continue at current proportions of overall demand for care. In this case, by 2035 as many as 5,936 beds may be needed to meet demand for residential care services in the Dorset Council area. This would be an increase of 2,384 additional beds, or 67%, on current capacity levels: to place this in context, it represents an additional provision equivalent to 30 further 80-bed care homes.

In the middle-range of the projections is that issued by the POPPI system (the Projecting Older People Population System). Their data is based on adjusted assessments of the Office for National Statistics data on the older population. This estimate again suggests no proactive intervention to reduce placement and self-funder levels of uptake for residential beds, and projects a care home population of 4,727 in 2035. This would require 33% more beds, or 1,175. Again, this is equivalent to around 15 new 80-bed care homes.

At the other end of the scale, with maximum preventive intervention and leveraging all possible care-at-home interventions, demand could be as low as 3,307 beds. This is fewer than the current provision levels, with a reduction of 245 beds. This is a significant stretch target, and relies on maximum whole-system impact on demand, which these strategies aim to shape, including:

- improved information/advice to self-funders;
- improved care at home and day opportunities;
- improved and additional extra care facilities;
- increased capacity and therapy-led reablement; and
- equipment and technology-enabled care.

In addition, there would have to be significant intervention in the operation of the residential care market locally, shifting its emphasis away from elective provision for self-funders, to a higher level of acuity. Partly, this could be achieved by influencing the choices of self-funders, with options such as new extra care schemes being made available. It would, however, require some very significant shifts in population and market behaviour to achieve. It will be critical to assess in the early years of delivering the strategies whether this scale of intervention is having the impact needed to halt further demand for residential and nursing care in the face of an escalating older population. Whilst this is an ambitious target, with all commissioning intentions considered this is the scenario Commissioners are keen to strive for.

Ageing well in inclusive communities

Inclusive communities, healthy communities

The response to the covid-19 pandemic, and the way in which the community rallied round to help those who were unwell, frail or vulnerable, has shown us the power of community, and the impact it can have on keeping older people connected, active, safe and well. Whilst Dorset has many opportunities for people to keep connected and active, we know that too high a proportion of the older population can too easily fall into social isolation, aided in parts by the county's rural setting. Intervening early when someone is at risk of isolation will be part of improving the lives of older people in our county.

Healthy Ageing is almost impossible to conceive without the support of strong and active communities. Whether people themselves stay socially connected, whether they keep physically active, and whether they continue to explore things that interest them or matter to them, is all dependent on community well-being. We want to explore all the ways in which we can continue to support the communities of Dorset to be the places and people amongst which it is as easy as possible to age well and stay healthy and active.

This will include expansion of programmes such as Dementia-Friendly Communities, so that those who are living with dementia can still feel safe and confident to access local shops or community facilities, with carers and circles of support who are equally confident for them to do so safely. There are many good examples of local towns and villages in Dorset who are looking out for older and frail residents, and providing a friendly supportive environment for them – we want the Council and its teams to be able to support and amplify those environments.

In our overarching strategy we have identified some of the many ways in which we create opportunities for preventive interventions. Foremost amongst them is the work that we are proud to do with our partners in the voluntary and community sector, as they harness their natural connection to local communities to build social resilience. As people develop needs for care and support, it is to these groups, organisations or small businesses that they naturally turn first – and in many cases who may have spotted in the first place that they are developing a greater reliance on support. We want to continue to support this natural community 'wraparound'. One way we can do this is by working with those groups so that, as people develop an assessed need for formal social care support, they can

continue to provide assistance and be a natural first choice for someone to spend a personal budget or direct payment with, for more formally arranged support. Regulated providers will improve and develop their local community networks to further enhance the 'wraparound' opportunities,

Changing the narrative about an older population

This emphasis on the voluntary sector as the natural first port of call for help, drawing on its embedded position with local communities, points to an increasingly urgent need to change the conversation about an ageing population. As one of the oldest populations in the UK, Dorset can lead this discussion. Too often, the emphasis is on ageing as a problem: a cost to society.

But Dorset would not have the range, depth and connectedness of its voluntary sector without the time and energy contributed by very many people who are reaching the end of their formal working age, and entering retirement and older age. This is a strength. We have committed to strengths-based commissioning approaches, and this resource of community-minded, socially connected older people is one of the greatest strengths that we should be drawing on when thinking about how we support an older population. Linked with our vision for a more enhanced Reablement offer, people will be supported to regain and maintain their independence enabling longer term living at home in their local community.

Ageing in 'places'

Without excessive generalisation, ageing is often accompanied by a greater settled connection to local place. Whether through long-established residence, or through new arrival into Dorset as a retirement plan, often there is an investment in the very local community setting, which those of working age may sometimes not share so heavily. Again, with a caution about over-simplification, this is nonetheless important as we think about commissioning for place, and much of the success of how we meet the early support needs of older residents may lie in how well we understand the opportunities and strengths of local communities, and support them to develop.

Day opportunities

The Better Days programme brings together some of our operational social care and commissioning activities which includes:

- Developing different ways to support people
- Connecting people with their local communities
- Ensuring that care and support plans are individualised and help people to better meet their outcomes
- Enabling people to live as independently as possible

Around one third of people using day services (pre-Covid) were mainly older adults living with dementia or other cognitive impairments or who have physical care needs. For those aged over 65, the number of people accessing long term care from the council due to memory and cognition is anticipated to rise from 535 in 2020 to 870 in 2040. The most significant increase can be seen with those who are aged over 85 requiring physical support which is anticipated to rise from 1665 in 2020 to 3150 in 2040.

Our co-production journey

Over the summer of 2021, we explored with a wide range of people what they felt made for a 'better day' when they had support needs. Together we explored defining day opportunity, recognising that it means different things to different people:

"A Day Opportunity is a service or activity that offers appropriate levels of care and support, whilst also offering a space for development in personal, practical, and relationship-based goals. An individual's experience of their 'day' or even their entire week should be a quality one, full of joy, achievement, and purpose"

It was felt important to recognise that a Day Opportunity could be anything and not necessarily a specifically developed support service:

- Day Centre or a site-based activity like riding stables or nature reserve.
- Supported employment, volunteering placements and education settings.
- Memberships and hobby groups.
- Self-determined activities - Nature walks and sporting activities.
- Visits to Café's, Cinema, Theatre etc. for socialising and entertainment.
- Anything that an individual chooses to do with their day that meets their interest or needs.

This has led us to think about what we could build together in the coming years, as we diversify and modernise the day opportunities offer.

The model we want to explore with people: developing a hub and spoke model

Having listened to what people told us over the summer, and reflecting on how community-focused day opportunity provision works in many other local authority areas (including rural counties such as ours), we want to explore a model based around hubs and spokes.

Hubs would be key buildings that offer people with complex needs a safe space, support short breaks for carers and places where individuals can access a range advise and support. They would also be used as an opportunity to sign-post people to other community-based support or facilities and act as a base to access other preventative services.

The Spokes or outreach services would provide access to a range of community-based activities that are either directly commissioned by the Council or purchased through Direct payments or use of ISFs. The private day opportunities and micro providers market will need significant further development to ensure people can move away from building based care.

Reviews of those using building-based care were conducted from March to August 2020 to ascertain if the existing building-based care was the best or required option to meet individual's needs. This would need to be supported by a range of other developments, all of which would be part of the joint work we are keen to do with people who use our services, who work within them, or are partners in the health and care system.

Some of the issues that we will want to explore as part of this development

We have set out in more detail in our working-age strategy how we will approach the development of day opportunities, and any shift away from the current strong emphasis on building-based services.

That applies equally to developing opportunities for older people. However, to avoid unnecessary repetition, these issues are summarised here.

- We will build on what works well
We already have lots of joint work with the community sector, with provider day service providers, and with our care company, including in new digital and other options that have supported people through the pandemic: we will build on this.
- We will co-produce any developments in these services
We know that people who use or are connected to a service are the best people to help design that service, so a co-production approach will be adopted, working in partnership with service users, their carers and families, and service providers. This won't be a one-off activity, it will shape continuous improvement.
- We will support the development of new entrants to the market
Direct payments and Individual Service Funds will enable individuals to purchase the support they need for themselves directly influencing the way the day opportunities market develops. We will continue to develop our work with micro providers who will be commissioned through Direct Payments and Independent Service Funds (ISF).
- We will develop our voluntary sector partnerships
We recognise that smaller and micro providers alongside voluntary partners have the specific knowledge of available localised groups and support networks and can therefore maximise an asset-based approach. There opportunities to create more joined up working across voluntary and private provider organisations.

The model we want to explore comes with a number of implications that will be part of our discussions with people. They include:

- Accessible and accurate information, advice and guidance, including new web information and resource directories that connect people to new services and options, so that people can make informed choices when planning with their direct payments.
- Review use of Buildings to meet need, so that we adapt to the new needs for building-based service provision, and our buildings deliver the right services, and support our ambition for commissioning across local places.
- Promote independence to access transport, adapting our transport provision to the new ways in which people access services.
- Accessible facilities ('changing places') so that day opportunity buildings and the wider community facilities are able to meet the physical needs of an ageing population.
- Utilising assistive technology, so that it can have maximum impact on opening up possibilities for people to continue to live independently and, crucially, access their local communities safely.

Care and support at home

The prevention approaches that we have discussed in the previous chapter carry over, and become even more important, as we work with those with more formally assessed care and support needs. Fundamentally, the strength of our preventive and community support offer has a strong bearing on the reduction in care needs or the delay in care being needed.

Strengthening our preventive offer

Promoting Independence

To enable everyone to optimise their independence, all providers are currently expected to work in a strengths-based way; Commissioners will formalise this by co-producing the approach with providers and this will be specified within future contracts. Dorset Council will continue to work with Providers to move away from the traditional 'time and task' model and implement a more 'outcome focussed' model. Although ultimately Providers will be paid in terms of time, the delivery of the services will be more flexible to achieve individual outcomes.

Commissioners will work with Social Care Operational Teams to enable processes and procedures to reflect a more flexible way of working and to portray this within contractual performance monitoring.

Where appropriate, Social Work practice already regularly considers whether there are alternative options available to regulated care and support to meet individuals' outcomes. This includes support from the local voluntary and community sector organisations, as well as existing networks of support from family and friends. However, our ambition is for this to become standard practice for Providers too.

Links to Voluntary and Community Sector

Dorset Council's strategy for growing the voluntary and community sector will identify the support that can be offered through informal networks.

There are a growing number of Micro Providers in Dorset and Commissioners are working with these, including where they grow in size or collaborate in arrangements where registration with the CQC is required to allow them to deliver personal care and support. For those who do not wish to become

registered and directly commissioned via brokerage, the Direct Payment Strategy will help identify the processes and procedures for Individuals to commission these providers directly.

Developing the links and relationships between registered care providers, voluntary and community sector including Micro Providers is a key to addressing the current care deficit and making a stronger sustainable Dorset Care Market.

Reablement Service

The provider, Tricuro, has worked flexibly with Commissioners to refocus their Reablement Service to support Hospital Discharge Policy and the ethos of 'Home First'. Now this is embedded, in order to better understand how this model could be further extended, improved and replicated, Commissioners have completed a thorough review and update of the contract specification. Further work will continue to build on this model as part of the wider strategic work required to develop the requirements for the future Whole Dorset System intermediate care offer.

Our current offer for supporting people back to independence is strongly focused on helping people to come out of hospital and return home, driven in large part by the significance of the 'out of hospital' pathway to the stability of the local health and social care system. This provision will, with the other Tricuro services, transfer to the new company Care Dorset during 2022. This is an opportunity to address a significant gap in reablement provision in Dorset, and build a stronger therapeutic element into the service model. This gap has been identified for some time. It will also be important to reorient reablement away from being solely an out-of-hospital intervention, and build its community-facing capacities, so that it can be deployed to react to community crisis and return people to intervention prior to them needing hospitalisation, other complex medical interventions, or long-term care.

Reablement and other short-term interventions as preventive intervention: a model of empowerment

Commissioners propose that a future response to individuals newly assessed, should be short term strengths based 'empowerment' support that focusses on regaining / maintaining of independence, considering the Individual's assets rather than just the deficit that is presenting at that time.

Only once these opportunities have been explored should long term care be sourced. However, care should always promote maintaining of independence.

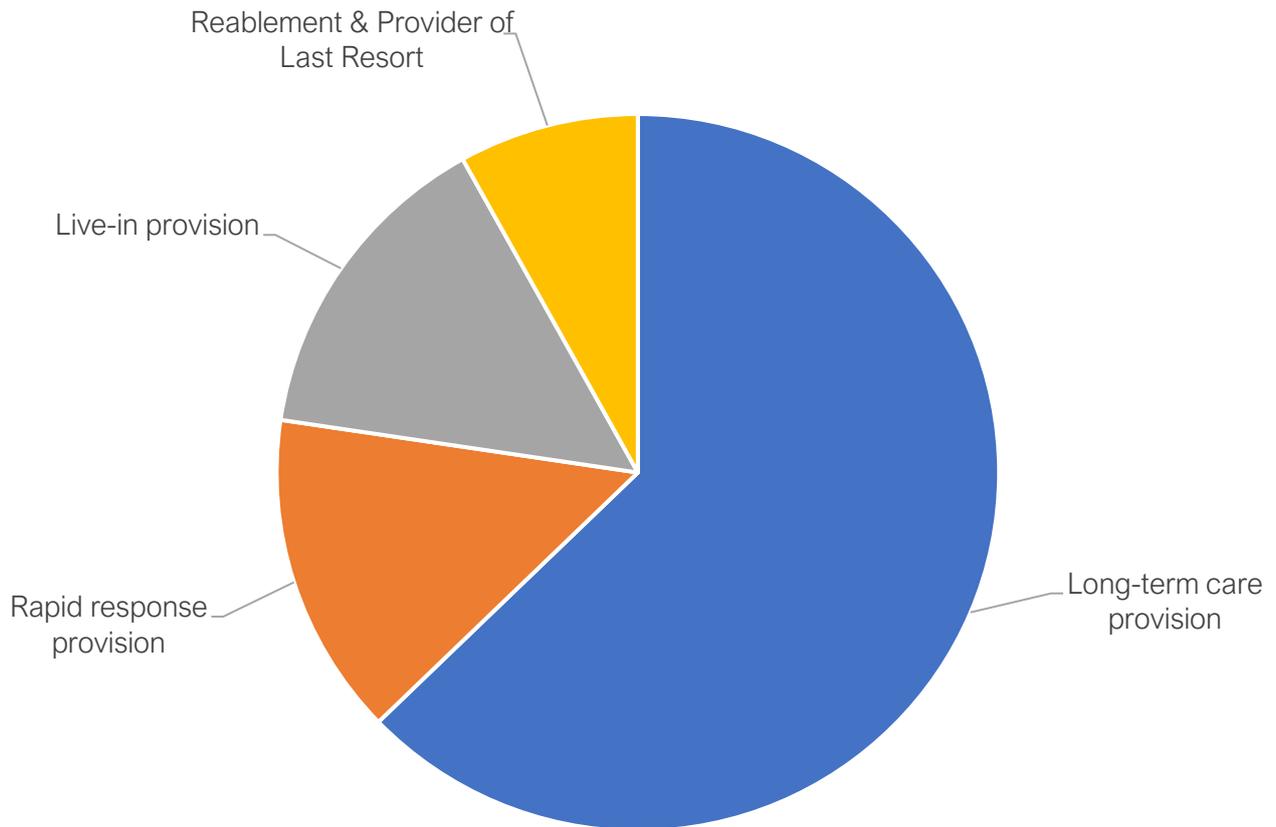
Commissioners, working closely with Operational colleagues, aim to pilot this initiative with a group of providers and if successful will implement widely via the new Dorset Care Framework.

The provision of care and support at home

What we currently spend

Current weekly costs for the provision of care and support at home are £549,226 (annualised: ca. £29m) and broken down as follows:

A snapshot of relative budget proportions of different forms of weekly care provision into older people's homes (total, ca. £550k pw)



Commissioned long term care provision amounts to approximately 12,400 hours per week, supporting around 1150 older people.

The Dorset Market

There are approximately 70 Home Care Providers operating in Dorset, most deliver care for the Council. 28 are commissioned via the Dorset Care Framework and work at the published rates. 42 are engaged on a spot contract basis, generally at rates above the published rate. Approximately 75% of all home care packages are delivered by DCF Providers. However, due to high demand for care, and in order to mitigate risks to vulnerable people without care, the rate of spot purchases continues to rise.

Challenges

Workforce shortages

The main challenge for home care in Dorset, like many other areas across the country, is that there is not enough provision to deliver care and support to all who need it. Since Spring 2021, there has been a steady rise in unprecedented demand for home care, this is due to a number of factors including increased acuity of care and support needs (therefore existing capacity is supporting fewer people as they have higher package needs) and workforce shortages. The reduction in workforce is due to a range of issues from Covid-19 illness and 'burnout', some overseas workers being unable to return due to travel restrictions caused by Covid-19, and more attractive terms and conditions in other sectors,

such as hospitality and retail. Dorset is particularly challenged by this with having an ageing population and reducing working age population.

The proposal to make reablement the first choice of care and support will reduce the need for so many high acuity packages and therefore increase the capacity in the regulated providers.

Skills for Care predict that Dorset care workforce will need to increase by 37% to be able to meet the needs of Individuals by 2035. This equates to an extra 3,626 workers joining the sector.

The Council has been managing a growing care deficit of care hours since 2021, this peaked in Winter of 2021 at approx. 5,000 hours of care needing to be sourced per week, and this included 70 patients waiting discharge from hospital. At the time of writing the deficit has reduced to approx. 3000 hours. This equates to approx. 80 extra full-time equivalent workers however, as many workers are part time this figure could rise to approx. 120 workers .

During 2021 the number of hand backs has increased significantly. From June to November there were 74 from across the Dorset footprint. Many of these have been single hand backs but there have been up to 20 from a single provider. One provider has closed stating that the lack of workforce has meant that they were unable to meet the needs of the Individuals in their care.

Hand backs have an effect on the Reablement service as those workers are also used to staff the Provider of Last Resort. This then impacts on the reablement capacity and, as care and support is difficult to source, many packages remain with the service for longer than initially planned.

Becoming a customer of choice

Dorset is, in the main, an affluent County where many individuals are able to fund their own care and support. Therefore, commissioners are in competition with self-funders who tend to be charged and pay more for their care and support which is more attractive to the provider market.

A recent survey of all Dorset home care providers showed that, of those who returned the survey, only one provider had more than 75% of their business commissioned by Dorset Council and most had less than 50%. This evidences that the Council is not a customer of choice, despite being able to guarantee a stream of business. More recently some providers have stated that the Council fees affect the ability to recruit and retain enough staff for the lesser paid home care commissioned by the Council.

Rurality

The large majority of Dorset is rural with some areas where it is very challenging to commission care and support due to travel times and mileage needed to reach individuals. There are also towns in Dorset where it is particularly difficult to source care, such as Swanage and Lyme Regis. These areas have higher older populations with few working age adults willing and able to work in the care sector. During the summer period the time it takes to reach these areas is increased due to the number of visitors coming to Dorset.

Our strategic intentions

Market Relationships

Effective relationships are key. To achieve a more effective and efficient home care provision, Dorset Commissioners intend to continue to build on the positive relationships with providers to ensure an ethos

of partnership working. This will enable the identification of good practice and opportunities to work together to address and overcome issues affecting the delivery of services.

Dorset Commissioners have reinstated Provider Forums, which were paused during Covid-19 response period. The first of these was held in October 2021 and have continued at bi-monthly intervals.

All Home Care Providers are invited to attend the forums, agendas include an opportunity for Commissioners to update on planned and current initiatives, both Council and wider System led. Providers have been invited to identify any themes they wish the forums to cover and raise any concerns or challenges to Commissioners.

Workforce

Via the Forums, Commissioners have proposed a working group with Providers to look at the workforce issues and to identify any solutions which could include attracting new staff groups to adult social care. This group will look at what Commissioners and the Council can do to help and support Providers with recruitment and retention. They will also develop ideas to promote care work as a career option, along with opportunities to progress to other roles within Health and Social Care – creating a Health and Social Care Career Pathway. This work will link to wider Workforce Strategy Programmes being led in the wider Directorate and Corporately across the Council and via local Integrated Care System Workforce Groups.

Cost of Care exercise

In advance of the Government announcement of Market Sustainability and Fair Cost of Care Fund, in order to achieve a better understanding of the factors and challenges at play within Home Care provision, Commissioners appointed an independent consultancy to conduct a cost of care exercise which was launched in October 2021. All Dorset Home Care providers were invited to participate. The purpose to identify and analyse costs incurred by providers, supporting the development of a fair cost to deliver care in Dorset.

The exercise took longer to complete than expected, as deadlines were extended several times, in order to allow as many providers as possible to participate. At the time of writing initial findings have been shared with the market and Commissioners are working with Finance colleagues to analyse the impact of the results.

The outcomes will support the Council's future fee setting strategy. It will provide the Commissioners with the independent templates to manage future fee setting / Framework rate, tools and model for calculating the rates paid to organisations who are on the Framework.

It is envisioned that by using an evidence-based tool to model future rates this will contribute to how Dorset can support the stabilising of the care market, therefore, reducing hand backs and meeting the care and support deficit currently in place.

Trusted Practitioner

To achieve the empowerment of individuals, promote independence and deliver the right level of care when needed there needs to be a Trusted Practitioner element delivered by Providers, as standard. This role will authorise selected Providers to adjust the care packages, within pre-agreed criteria, in a timely manner either to cease, reduce or, where necessary, increase the number of visits to meet the needs of the individual. The Trusted Practitioners will have knowledge and the ability to recommend

alternative support via Assistive Technology and Equipment, and where appropriate, highlight where needs could be met via an alternative resource available for local voluntary and community sector organisations and groups. This will focus regulated care where it is most needed.

Dorset Council will not discharge its statutory duties via this approach and will continue to complete any Care Act Assessments where necessary, but this offers greater efficiency to current practices and will make for a better use of resources across both the Council and Providers.

This model is already in place in the existing Reablement service and works well allowing the provider to adjust the care and support package to best meet the outcomes of the Individual.

This model will support our Partnership working by acknowledging the Provider's professional capabilities and trusting their judgements and decision making helping to achieve the best outcomes for the Individual.

Working with the Principal Social Worker, a Project Team will be established so that roles, responsibilities and a criteria can be developed, as well as a full training model and toolkit. Again, this would be piloted before full scale implementation.

Zones

As previously stated, there are geographical areas in Dorset with little or no care and support available. To help combat this challenge, Commissioners have divided the County into 16 zones, each with both rural and urban areas. All zones have been measured to ensure equity of older age population and geography. The zones are smaller than the existing localities giving providers more opportunity to deliver care and support in more difficult areas. In addition, working in smaller zones will allow Providers to know what community assets are available in individual areas thereby strengthening community networks and links, making registered services reach further.

A key dependency of zoning is the Cost of Care exercise which will look at travel and mileage as part of the review to ensure rural packages and areas where we struggle to get care and support are viable.

Commissioners shared the maps of the zones with providers via the Forums and have invited feedback.

Introduction of new DCF and Contract Monitoring

The current framework, for home care, comes to an end in November 2022 and a new 'open' framework has been developed where providers will be able to sign a contract with Dorset for up to 10 years subject to quality and performance monitoring.

Onboarding to the new DCH has begun and tender exercises will be completed in 2022 for home care requirements. The Framework is a key enabler to delivering this strategy.

Individual Lots will incorporate new Key Performance Indicators and Performance Indicators. Part of building better relationships with the Home Care market will be to identify 'fit for purpose' KPIs and PIs that allow for both Commissioners and providers improve the stability of the market by having good quality services. These will be co produced.

Quarterly reporting and regular meetings with Providers will identify any issues but also any innovative ways in which to deliver care and support in Dorset. It will be an opportunity to discuss any future business plans Providers have to improve and/or increase their capacity. KPIs and PIs are not intended to 'catch Providers out' but will be used to hold both the Providers and Commissioners to account.

Commissioners shared the KPIs, PIs and workbooks with providers at the Forum held in October 2021. The workbooks and guidance were also sent to all home care providers inviting feedback.

Alternative Models of Contracts

Commissioners are committed to maintaining and improving the excellent take up of Providers on the existing Dorset Care Framework. We must maintain and further develop our Partnership approach taken to delivering the care and support to our vulnerable residents. We aspire to be a Partner of choice for the Market.

Currently the contracts with Providers are based on time and task - the number of hours they can deliver specific tasks within. Moving forward commissioners are keen to look at alternative models for example, guaranteed referrals and /or number of people receiving care and support rather than the hours it takes to complete prescribed tasks.

It is recognised that guaranteed referrals/hours will allow providers to offer better terms and conditions to their workforce such as shifts and guaranteed hours.

Accommodation with Care

In Dorset a scheme is defined as extra care accommodation if it contains self-contained apartments and communal facilities, offers hot meals on site, and has an on-site care team available 24/7. The schemes are designed to accommodate people with a wide range of care needs, up to and including end of life care, and should be at the cutting edge of Technology-Enabled Care and digital technology to help people to live as independently as possible.

In Dorset we see Extra Care Housing as an accommodation with support model and environment that could be appropriate and beneficial to people of all ages, rather than just the traditional over-55s model.

We would like Extra Care Housing to form a key part of our support offer for people with non-complex support needs and health conditions. Two main factors that lead to people entering Residential Care are Night Support needs and Social Isolation. With the right environmental design and support, Extra Care Housing can support people with these needs and others, while keeping people as independent as possible within a home of their own.

The Housing Learning Improvement Network (Housing LIN) have produced a toolkit for estimating demand for Extra Care Housing, based on research into how the market has developed across the Country. The toolkit finds that to meet demand for Extra Care Housing there should be 22.5 units for every 1,000 people aged 75 and over. In Dorset this conversion rate suggests that 1,206 units of Extra Care housing are needed in 2020, and 1,960 units will be needed by 2040.

Dorset Council area currently has 4 affordable Extra Care Housing schemes, and a further two schemes are currently in the development pipeline. A third new scheme is in the process of being commissioned, which will be located in Wareham.



The Council is actively facilitating the development of affordable Extra Care housing, primarily through the Building Better Lives development programme, but also through partnerships with Registered Providers. This needs to continue if estimated demand will be met.

We also know that older housing stock is often not well-suited to increasing frailty, and the concept of ‘houses for life’ – in which people can live with significantly growing care needs for the whole of life should they choose – will become ever more important as the population ages and demand for housing.

The link to adult social care reform

The national adult social care reform programme sets out to make “every decision about care a decision about housing”, enabling choice over peoples housing arrangements, be that a new home or their existing home, purpose-designed or not, with access to the adaptations or technologies to live well. Through our reform programmes we will build on the existing links between our housing and adult social care strategies to ensure that the spirit of the national reforms are carried through to future commissioning plans with respect to specialist and generalist housing provision.

Residential and Nursing Care

Overview of current provision

Approximately, 100 care homes in the Dorset Council area provide care for older people, with a total of 3,552 beds. There is also a total of 159 registered care homes in the neighbouring Bournemouth, Christchurch and Poole area.

At the time of writing, 6 of the 100 care homes providing care for older people in the Dorset Council area were rated by the Care Quality Commission as 'outstanding', 86 were rated as 'good' and 6 'required improvement'. Two care homes were awaiting assessment.

Two-thirds of these care homes offer residential care without nursing, and the remaining third offer residential care with nursing.

Registration category	Number	%	Beds supplied	Bed %
Residential	67	67%	1,985	56%
Nursing	32	32%	1,497	42%
Dual	1	1%	70	2%
Total	100		3,552	

Weymouth has a high number of residential homes compared to the 65+ population. East and West Dorset have a high number of nursing homes compared to the 65+ population. Purbeck has a lower percentage of both care homes with and without nursing compared to the 65+ population.

Five companies have over 100 beds each across the Dorset Council area and own 37.98% of all care home beds.

Very large care homes (with capacity for between 80 and 99 residents) operating from new, purpose-built facilities that opened after 2010, have the potential to yield the highest levels of earnings before interest, taxes, depreciation, amortisation, rent and management fees (EBITDARM).

The majority of care homes in the Dorset Council area tend to be small, however, with 14 (14%) homes have less than 20 beds, 61 (61%) homes have 20-49 beds, 25 (25%) have 50+ beds. There is a need to develop our understanding of the buildings occupied by care homes in Dorset and to assess its implications for meeting the various needs of both state and self-funded residents. It is understood the

few care homes are new or purpose built and that several care homes occupy large house conversions, sometimes in relatively remote areas that are likely to be beyond the reach of public transport.

Four care homes in the Dorset Council area closed during the period August 2020 to August 2021. The reasons for the closures included the Care Quality Commission's decision to withdraw registration (following 'inadequate' ratings), the provider's decision to close the home for refurbishment, and the owner's view that the care home was no longer commercially viable.

The majority (59) of care homes state that they provide services for people with dementia. However, this market is under-developed and often presents a challenge in finding suitable placements for people who use services, particularly where their dementia is advanced and / or the person may exhibit behaviours that others may find challenging.

More work is needed to develop and agree a shared definition as to what constitutes different types and levels of residential care - to make it easier for all stakeholders, including people who fund their own care, to understand which service user groups and needs are catered for by individual care homes.

Currently, only 16 of the 100 care homes providing services for older people in the Dorset Council area accept the basic rates payable under the Dorset Care Framework.

Dorset Council have commissioned financial consultants Valuing Care Limited to undertake an independent review of the cost of providing care home services to older people in Dorset. The objective of this review is to provide commissioners with the latest intelligence about the cost of delivering services and the current pressures faced by local providers.

Dorset Council purchases 25% of all registered care home beds in the area (3,552 beds) and 30% of all occupied beds (2,948 beds), of which 35.2% residential beds and 17.5% are nursing beds.

However, for each care home bed purchased by the Council another two are purchased by people whose care is not funded by Dorset Council. In total, 2,075 of the occupied care home beds in the Dorset Council area in September 2021, were occupied by people whose care is not funded by Dorset Council.

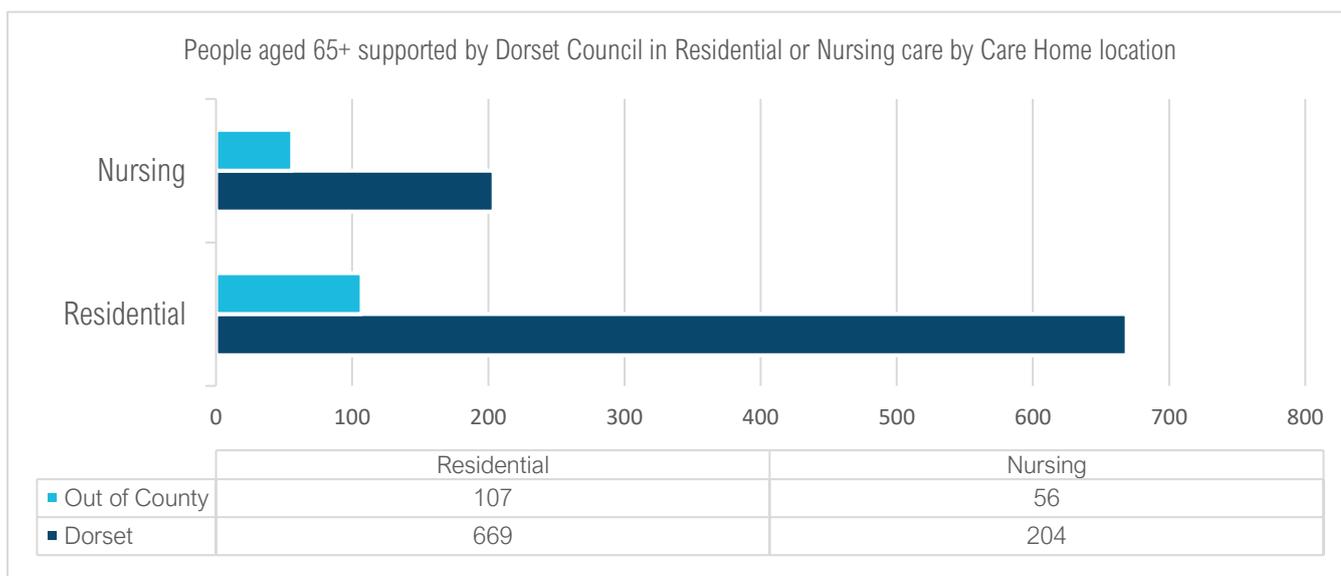
This care is most likely to be funded by people who pay for their own care but will also include care that is funded by another local authority and / or Dorset Clinical Commissioning Group. In general, however, it is 'self-funders' or people who pay for their own care who hold the most power in the Dorset care homes market.

Currently, Dorset Council funds 1,036 people in residential care, of which 776 (75%) are in a residential home and 260 (25%) in a care home with nursing. Of these:

- 873 (84%) are in care homes in the Dorset Council area, of which 669 (77%) are in a residential home and 204 (23%) are in a nursing home.
- 163 (16%) are in out of county care homes, of which 107 (66%) are in a residential home and 56 (34%) are in a nursing home

There may be several reasons for a placement being made outside of the Dorset Council area including the individual's personal circumstances and geographic frame of reference, as well as the availability of suitable services.

The graph below illustrates the pattern of placement in and out of area (snapshot taken 2 September 2021).



Challenges

The Council faces several challenges in responding to the scale of forecast demand (whether at the upper or lower end of forecasts). Care home usage impacts both directly and indirectly on our budgets and ability to fund the care of people who need support, whether in a residential setting or at home. Current challenges include:

Systemic pressures and demands

The COVID-19 pandemic has placed enormous pressures on an already stretched health and social care system, and care homes have undoubtedly been hit hard. However, the pandemic has also highlighted care homes' key role in helping the wider system, including our acute and community hospitals, to function throughout the crisis.

It is likely that future surges in infection rates – whether from COVID-19 or other viruses – will continue to require rapid and robust responses from all parts of the social care system.

We therefore need to develop our ability to respond quickly and proactively to systemic pressures and demands, with better market intelligence, over-sight and more efficient brokerage processes, including e-brokerage.

Developing alternatives to permanent care home placements

Key to achieving our aim of helping older people to remain at home for longer, is the need to develop realistic, robust and appealing options for housing with care in later life.

This includes the provision of flexible and holistic options to support people at home, as well as alternative housing options such as Extra Care Housing.

Delivering these options at the scale and pace required to meet both current and forecast demand presents major challenges. Currently, strong competition for labour from other sectors is impacting the

supply of support to people at home, resulting in packages of care being handed back to the Council, and this appears set to continue. Similarly, Extra Care Housing provision cannot be erected overnight. Substantial, coordinated efforts and investment will be needed to shape and deliver the range of later life housing options that will be needed to enable people to stay at home for longer.

Using Reablement as a first choice of care and support will be another key factor in keeping people in their own homes for longer so reducing the need for care home placements.

Focus of the Dorset Care Homes market

Dorset has a large and growing population of older people, 83.5% of whom own their own home.¹ The Dorset care homes market is predominantly geared towards more affluent, asset-rich individuals who fund their own care.

Dorset Council purchases approximately 30% of the occupied beds on the market but our current reliance on one-off 'spot' purchasing dilutes our buying power. Collectively, it is private or self-funders who have the market power in Dorset.

However, people who pay for their own care and support often lack the comprehensive information required to make an informed choice about how their care needs will be met.

The lack of shared definitions as to what constitutes different types and levels of residential care, also makes it harder for people who fund their own care to navigate the care homes market.

Self-funders' purchasing decisions have a major impact on Dorset Council's ability to access suitable, affordable, quality care for the people whose care it funds.

Firstly, care homes that predominantly target people who pay for their own care are less likely to cater for the type and level of care need that the Council brings to the market, to have the capabilities needed to do so or to be able to offer an affordable price.

Secondly, people who choose to go into permanent residential care may do so at a far earlier stage than would be typical for someone whose care is funded by a local authority. In 2020/21 the Council spent £2,226,611 on the care fees of 64 individuals who had run out of their own funds.²

Gaps in service provision

Despite needing to source, on a daily basis, care home placements for older people with dementia and complex care or nursing needs, the Council struggles to do so, leading to delays in sourcing appropriate care for individuals including those ready to leave hospital.

We need to work with the market and our healthcare partners to develop both capacity and capabilities within the care home market to meet the needs of people with dementia, complex care and support needs, including behaviours that challenge, nursing care needs, along with greater demand for short term services that will help older people to remain independent for longer.

¹ Available from: www.poppi.org.uk version 14.0. [Accessed: 1st September 2021]

² Capital-below-data-20210622, Sian White

Budget pressures

The financial climate facing the public sector is difficult and unlikely to improve in the foreseeable future. In all of our commissioning arrangements, value for money, quality and the sustainability of services, need to be taken into account.

In 2020/21, Dorset Council spent a total of £54,664,213³ on a total of 1,343 residential care placements, of which the majority were in care homes without nursing. Currently, approximately 64% of spending on care home services for older people is committed via one-off 'spot' contracts.

Whilst our aim is to support people to remain at home for as long as possible, approximately half of the Council's budget for adult social care is now spent on residential care services.

Additionally, the Council needs to make efficiencies whilst responding to increased demand for care and support. It is imperative therefore that we find ways to better control the price we pay for care home placements and reduce the impact of self-funders' capital depletion on our budgets.

Our strategic intentions

To be able to support all those who are likely to need Dorset Council-funded care and support, whether at home or in a care home, now and into the future, the Council will:

- Prevent and delay avoidable admissions to residential care homes
- Ensure that a range of suitable, affordable, and sustainable, quality care home services are available for older people who need this type of care
- Successfully influence the care choices of people who fund their own care, to prevent unnecessary admissions to residential care and reduce the impact of capital depletion on the Council's budget
- Engage care providers who are willing to work with us to develop their service offer to better meet the care and support needs of older people in Dorset

Our plans to achieve this are set out below.

Reducing demand for care home placements

This would be from both people whose care is funded by the Council and those who pay for their own care.

- Increasing provision of Extra Care Housing and use of technology - We estimate that up to 25% of care home beds will be replaced by extra care housing and increased use of technology will allow more people to stay at home for longer
- Developing and increasing our reablement offer as the first choice for care and support
- Developing our capacity to identify clients at risk of admission to a care home (or hospital) – with greater focus on the factors that indicate a vulnerability to such admissions, including certain health conditions, eg. dementia, falls, incontinence, and the amount of informal care that the person is receiving
- Developing effective short-term and crisis interventions - Most people come to social care when they are in crisis. It is likely that in many of these cases a period to sort out the crisis,

³ Net of third-party contributions from service user and family top ups and Section 117 contributions from CCG(s)

some support with recovery and reablement, a review of the medical help being offered and a period of close monitoring may find solutions to support the person to remain in their own home.

- Developing holistic support at home options - to better meet the needs of frail older people and people with dementia, including for company and human contact. These will consider the broader elements of the support that is needed to preserve wellbeing, including the role of mind as well as physical exercise, the importance of diet and support to family carers.

Reducing the number of avoidable care home admissions by people who pay for their own care and support

- Developing a targeted information, advice and guidance offer backed by accredited financial advice - people may end up in care homes in response to a crisis when there may be more appropriate support available. A significant number of people move to Dorset when they retire, often moving to rural locations and away from friends and family. As a result, they can become isolated particularly when a partner dies, resulting in poorer health. Families often become concerned, particularly at night. We need to improve self-funders' and their families' understanding of the options available and ensure that they plan for their future, including in times of crisis.
- Helping people to access suitable, affordable residential care where this is necessary - Where a person is genuinely in need of residential care, we will work to ensure that there are a range of suitable, affordable options available for them, by market shaping activity, provision of brokerage services and exploring options for the development of a competitive, not-for-profit, care home offer for people who fund their own care in key locations, e.g. Purbeck, East and North

Working with and preparing the market to deliver the services that will be needed

It is likely that by 2035 the vast majority of permanent care home placements required by Dorset Council will be for people with complex dementia, specialist nursing and nursing care with dementia, with limited requirement for those with moderate need for the need for residential care alone no longer required. People with low level care and support needs will be supported at home. In order to develop and secure this type of service, Commissioners will instigate the following:

- Re-establishing regular forums through which to engage with care home providers, share information, discuss issues and challenges, and develop solutions.
- Work with stakeholders to define type and levels of residential care to help both the Council and people who fund their own care to navigate the market
- Regularise the process for setting fees to make them fairer and more equitable, applying 'bandings' that reflect the type and level of service required and ensuring there is a match between need/demand and the available care home provision.
- Lead and support providers in developing the care homes workforce to better meet the needs of the population that are likely to require residential care
- Promoting use of relevant technology and equipment in care homes

Consolidating our purchasing with 'good' providers who want to work with us to deliver 'outstanding' services, by

- Identifying providers with aligned interests and willingness to develop the services and capabilities required to meet the future needs of the population
- Investing in the development of productive, equitable, longerterm partnerships and new commercial relationships with 'good' providers to develop the services and capabilities required to meet future care needs and to deliver 'outstanding' care and support
- Changing how we work with, and support, these providers to reflect our partnership approach and develop robust and lasting relationships with these key suppliers.

Changing what and how we buy

- Make spot purchase the exception, eg. where an out of county placement is essential, or because where a self-funder has exhausted their capital, it is not in their best interests to move
- Develop new types of contract to ensure the supply of essential, responsive services including introducing new contracts to support people with dementia, behaviours that challenge, complex needs / nursing care, planned respite, and intermediate care
- Working with providers to re-shape existing block contracts to better meet the Council's commissioning needs. For example, by reducing the number of beds available for people with low level care needs that can be met at home, and increasing the number of beds that cater to higher levels of need and particular conditions, including dementia.
- Implementing e-brokerage / a Dynamic Purchasing System

Working with partners to enhance healthcare inputs to care homes

- Identifying opportunities to improve healthcare in care homes, in order to strengthen care homes' capabilities and resilience, making them more responsive to both individual and system needs
- Working with Dorset CCG, Dorset Healthcare, Primary Care Networks and the Enhanced Care in Care Homes Programme, together with care home providers to deliver a programme of improvements to healthcare in care homes

Making sure that what we do today, helps create a landscape that supports people to live healthy, independent later lives in Dorset

- Making sure that our short-term actions and investment contribute to long term goals. For example, by working with partners as part of the new Dorset Integrated Care System to deliver services and improvements that align to our aim of helping more local residents to achieve 'A Better Life'
- Reviewing resource allocation to deliver changes at increased scale and pace, subject to budgetary constraints
- Ensuring that we consider the needs of the wider population, including self-funders, carers and the wider adult social care workforce
- Increasing our focus on developing effective, productive relationships between health and social care and housing options to achieve systemic change

Our action plan

Implementation plan for year 1, and current priorities for later years

Outcome 1: Dorset is a great place to grow older, with a range of vibrant community activity, giving people better days whether they have support needs or not, and keeping them well connected to the people around them and where they live

Actions	Expected date	Lead	Issues
Co-production: ageing in Dorset High street project Dementia friendly communities programme Social isolation and digital exclusion			
Dementia Services Review – initiate and complete, shaping actions for future years of the strategy			
Ageing Well programme – incorporate actions, and set alongside the wider commissioning strategies			

Years 2-5

1. Major extra care scheme developments to be completed, and further proposed developments to be scoped and initiated

Outcome 2: People have access to the information and advice they need to make good decisions for them, at crucial times in their ageing journey

Actions	Expected date	Lead	Issues
Information, advice and guidance review and improvement			

Outcome 3: People have access to excellent care and support in their home, both responsive short-term reablement and longer-term care, which always puts independence at its heart and helps people to continue to live independently for as long as possible

Actions	Expected date	Lead	Issues
Reinstate and further develop provider network(s).			
Cost of care exercise completed, and further actions scoped as part of this strategy			
Working together with partners, particularly Dorset Council Operational colleagues and Providers, to define and prioritise development / re-modelling of pathways and service provision needed. Reablement Pathway is priority			
Analytical work Geographic profiling Handed-back cases Flow model			
Dorset Care Framework tender			
Consult and finalise those prioritised revised specifications Establish zoning system as part of this work Implement robust contract monitoring			

Engage with Workforce Lead so that development of plan can be progressed for Home Care Sector.			
Clarity in Home First Model and interdependencies mapped			
Co-production discussions with service users			
Predictive analytics development: identifying risks of care failure			

Years 2-5

1. Embedding the new Dorset Care Framework, new zoning system, and new arrangements for out-of-hospital and community prevention services, including new reablement services.
2. Strong focus on workforce development, targeted at areas of greatest need, and including the development of Micro Providers, PA support, through direct payment.
3. Development of greater links between regulated care and voluntary and community sector support.

Outcome 4: A good range and choice of residential care is available, in high quality, modern homes, to meet the increasingly complex needs of the local older population

Actions	Expected date	Lead	Issues
Prepare the market for future need <ul style="list-style-type: none"> • Re-establish provider forums • Cost of Care exercise completed • Work with stakeholders to define type and levels of residential care • Work with stakeholders to develop a care homes design and equipment 'standard' and appraise current supply • Regularise the process and approach for setting fees 			
Support completion of Market Sustainability Plan			
Develop targeted information and advice offer (incl. financial) for older adults (50+)			
Understand impact of Care Cap policy develop implementation plan, including resourcing impacts – i.e Brokerage <ul style="list-style-type: none"> • Consolidate purchasing 			

<ul style="list-style-type: none"> Develop new model for partnership working and commercial relationships 			
Identify providers who want to develop the services required to meet future needs <ul style="list-style-type: none"> Care homes invited to sign up to Dorset Care Framework 2 and accept indicative rates 			
Work with stakeholders to establish what block contracts are required to meet client needs, develop service specifications			
Confirm the budget for and prepare for procurement of the required services (early Year 2)			
Work with Care Dorset to establish a development plan for its residential offer			
Reshape existing block contracts			
Work with stakeholders to enhance care homes' capacity and capability <ul style="list-style-type: none"> Support care homes to develop their service offer and the care homes workforce to better meet future care needs Work with care homes and health partners to appraise and improve healthcare provision in care homes 			

Years 2-5

1. Implementation of Care Cap
2. Reduce demand
 - a. Predictive analytics to identify risk
 - b. More extra care and technology
 - c. Short-term crisis interventions
 - d. Holistic support-at-home options
3. Prepare the market for future need
 - a. New care home development in Bridport
 - b. Establish joint workforce support programme
 - c. Promote use of technology in care homes
2. Consolidate purchasing

- a. Care homes that have signed up to Dorset Care Framework 2 invited to participate in further competitions for block contracts to be let under the various Framework Lots
- 3. Changing what and how we buy
 - a. Implement e-brokerage system
- 4. Work with stakeholders to enhance care homes' capacity and capability
 - a. Establish joint improvement programme