

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

Working age adults with care and support needs living in Dorset have meaningful and fulfilling lives within their own community. The services commissioned by Dorset Council will be ambitious for the people they support, working to promote inclusion, recovery, and progression, and ensuring people are at the centre of what we do.



# Foreword

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*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

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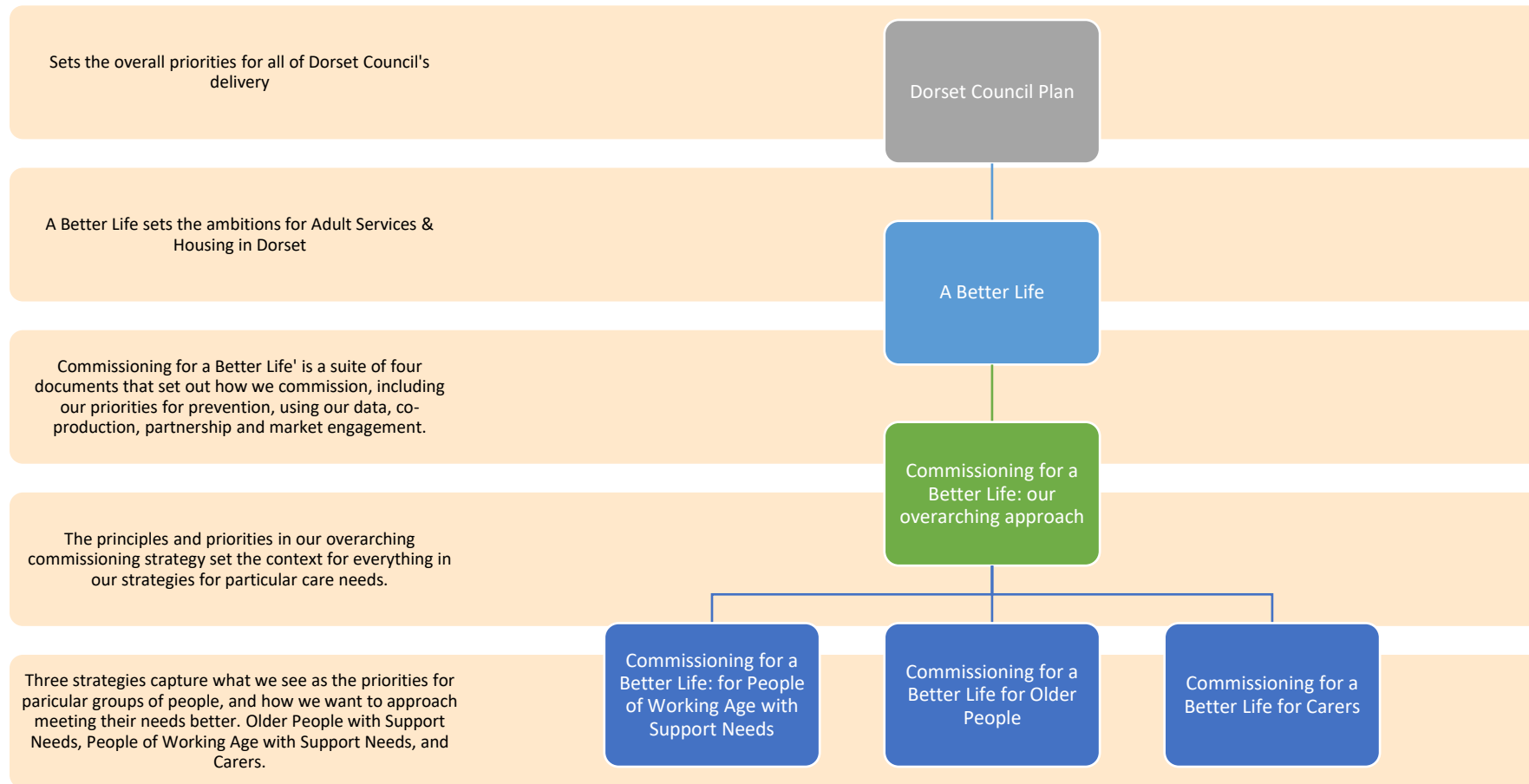
This is one of four strategies that sets the context for how Dorset Council will modernise the way we commission and develop services and support for the future. 'Commissioning for A Better Life' is the overarching commissioning approach, and should be read in conjunction with this document that deals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

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

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

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

## Our Strategy Framework



# Our vision for a Better Life for working-age people with support needs in Dorset

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Dorset Council will work in partnership with people, communities, and other organisations to improve and maintain their health and wellbeing. This can be through support to live as independently as possible and recognising that some individuals may need more support than others.

Our strategic vision for adults with support needs means have choice and control whilst being supported in the least restrictive environment, with equal access to opportunities and experiences within their own community. For most people, this will be in their own home or shared accommodation with their own tenancy.

Our ambition is that support services will follow a reablement approach and use community access to promote independence and progression. Support will be short-term focused to meet individual outcomes. Outcomes will be person centred and SMART (specific, measurable, achievable, realistic, and timely) to maintain and improve health and well-being.

## Right Support

Dorset Council's approach to enabling the right support is done through:

- Putting people and their support needs at the centre of health and social care. Enabling choice and control to be active recipients of care;
- Promote inclusive healthy and active lifestyles for adults by ensuring services work in partnership to deliver better outcomes for individuals;
- Employ a strengths-based and community asset approach to Adult Social Care to monitor the impact on community connections and individual well-being;
- Work with the community, services, and providers to promote social inclusion by developing opportunities that will reduce social isolation.

- Direct Payments and Individual Service Funds (ISF) support options by giving people choice and control

Dorset Council will build on what works well, harnessing the creativity of existing networks of providers, and community partnerships. This includes digital offers and opportunities initiated during the pandemic as well as Direct Payments (DP) and Independent Service Funds (ISF) which enable people to have greater choice and control over how their outcomes are met. Additionally, we will promote the use of prevention and support services for people with sensory impairments to enable them to access the right advice, support and equipment to enable to remain independent and potentially return to employment.

## Right Place

Dorset Council's approach to ensuring support is provided at the right place through:

- Ensure our countywide housing offer meets the needs of residents. This includes having a clear pathway of support and options available to residents within their localities.
- Developing an all-age adult specialist accommodation pathway as evidenced in the strategic reviews.
- Develop a hub model of day opportunities that offers complex care and support and a safe space for individuals to have their needs met. The hub will also provide information and advice for all.

We will:

- Review our use of buildings, and we expect to make substantial changes as we move from fixed locations to a greater diversity of options.
- Promote independence to access transport, with a travel training programme, and work with community venues to improve accessibility, including widening provision of 'Changing Places'.

## Right Time

Dorset Council's approach to ensuring support is provided at the right time includes:

- Ensuring individuals have access to information and advice that is relevant and timely to prevent their needs from escalating.
- Establishing a service offer which is responsive and flexible. This includes services which can support during times of crisis.

## Four outcomes

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

1. People have choice and control over their lives, including where they live, how they spend their days, and how they are supported when they need it

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

2. People, whether those in need of support services or their families, friends or carers, can access high quality information and advice, in a timely way to support them in decisions they need to make

Root causes we need to address include:	Information and advice is of variable quality, duplicated and/or confusing; inconsistent between different parts of the system; not in formats everyone can access
Activities we need to do include:	Review the online offer and improve; join up across partners to improve consistency; strengthen partnerships so people can be supported to engage with IAG – make it more open to challenge and development by the people using it
Outputs and measures include:	<ul style="list-style-type: none"> <li>○ Review of offer</li> <li>○ Initial focus on developing menu of day opportunity offers</li> <li>○ New options, formats, routes to access</li> <li>○ New ways for people to raise their view</li> </ul>

3. People live in communities that support their independence and wellbeing, with health, employment, physical activity and other opportunities available to them

Root causes we need to address include:	More active dialogue with communities about being inclusive of those with disabilities or mental health conditions; more proactive identification of what prevents people from enjoying independence in our communities and town centres; more awareness needed of disability and mental health issues; public services that are universally accessible, with a culture of proactive support for those with additional needs
Activities we need to do include:	Proactive campaigns around disability and mental health awareness; celebrating and widening the best

	practice in local community inclusion; developing employer engagement around disability and supported employment; public service frontline training;
<b>Outputs and measures include:</b>	<ul style="list-style-type: none"> <li>○ Campaign plan (and execution)</li> <li>○ Community conversation about good practice and opportunities</li> <li>○ Employer engagement and routes to employment project</li> </ul>

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

<b>Root causes we need to address include:</b>	Transition from children’s to adult services, and the differing frameworks, not smooth; range of supported living options not sufficient or tailored enough; growing numbers of people with lifelong disability living into older age need tailored support; all services need co-produced commissioning plans developing
<b>Activities we need to do include:</b>	Service reviews to develop co-produced and evidenced plans and service development priorities; new programme around development of transition pathway
<b>Outputs and measures include:</b>	<ul style="list-style-type: none"> <li>○ New Birth to Settled Adulthood programme agreed and delivery of actions</li> <li>○ Service reviews across all key areas, setting out priorities for commissioning</li> </ul>

# People with care and support needs in Dorset: a data snapshot

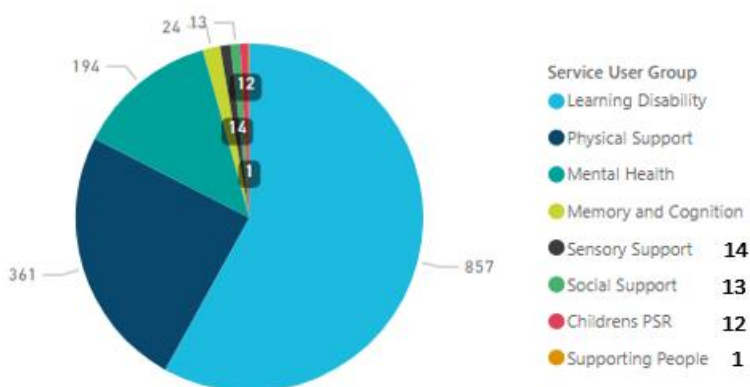
## People of working age requiring social care support

This section will look at the make-up of individuals with statutory eligible care needs.

The majority of people accessing adult social care support are over 65 years. Most adults age between 18-65 years will use universal community services rather than specialist intervention.

Currently, 1477 people age 18-65 have an adult social care package of support, of which 17% are young adults age 18-25 years. Of this, 58% have a learning disability or autism, 24% have a physical support need, and 14% have support because of a mental health condition.

Service User Group (18-64)



There are limitations to our current classification system. We are unable to identify the number of individuals with a sole diagnosis of Autism or Acquired Brain Injury. As a result, people with Autism and a Learning Disability will be reported under learning disability, people with Autism and no learning disability will be reported under mental health. Adults with an Acquired Brain Injury will typically be reported under Physical Support. We aim to address through by developing increased primary, secondary and tertiary areas of need identified within our systems, so that we have better data to draw upon.

## Spend in adult social care

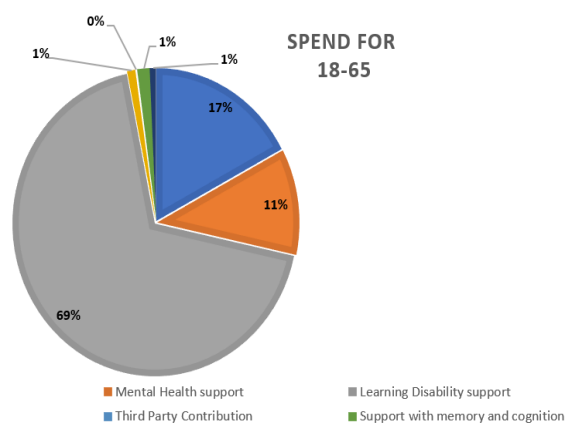
Similar to all local authorities, there is increasing financial pressures across adult social care with a higher number of people requiring support against a backdrop of the rising cost of living and rates of pay. As a result, resources need to be utilised appropriately and efficiently to ensure the Council is able to fulfil its statutory duty now and in the future.

Dorset Council currently supports 4,372 people through adult social care at approximately £140m annually. Across all adult social care, the majority of support packages are supporting people with physical support needs largely associated with older age.

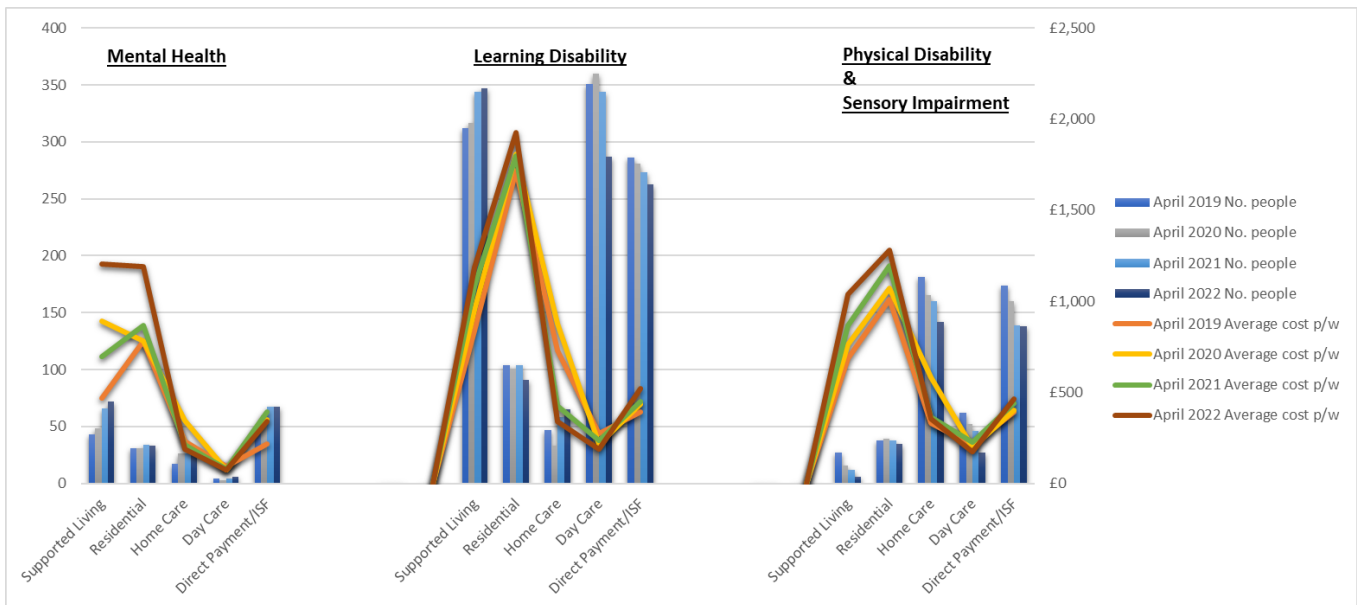
Primary Support Reason	Total number of people	Cost per week
Learning Disability support	957	893,566.29
Mental Health support	324	217,663.07
Physical Support	2237	1,261,281.35
Sensory Support	19	3,512.03
Social support	453	52,107.78
Support with memory and cognition	335	246,056.01
Other	47	18,313.04

### Adults 18-65 years

Primary Support Reason	Weekly Spend
Physical Support	£204,807.88
Mental Health support	£133,107.12
Learning Disability support	£814,353.50
Social support	£10,963.50
Third Party Contribution	£2,050.83
Support with memory and cognition	£17,127.79
Other	£7,463.37
<b>Total</b>	<b>£1,197,337.36</b>



The Council currently spends £62m a year on support for adults of working age, of which 70% is to meet the needs of adults with a learning disability. As a result, the section below is an overview of financial spend per week and activity to meet different needs, as at the start of the specified financial year. In year one of the action plan, this data will be further explored and trends identified and determine what and if any commissioning activity is required.



## Residential care and supported living

Dorset Council spends approximately £13million each year on residential placements, supporting 183 people age 18-64 years. Residential care sees the highest average weekly package cost, with a typical supported living package being 40% lower than that of a residential service for someone with a learning disability, and 25% lower for someone with a mental health condition – though the exact differentials in these comparisons are subject to fluctuation over time. This cost differential is partly led by complexity of support need, but also because in supported living settings the Council is only liable for the cost of support; rent is paid by the tenant often through housing benefit. In contrast, in a residential setting the Council pays the full cost of care alongside hotel costs (accommodation, food, utilities etc.).

Whilst more people with complex presentations are now being supported to live in supported living settings, there is not the building infrastructure in the Dorset Council area to support this. As a consequence, there are a number of isolated single person services across the county with high packages of support as opposed to clusters of accommodation where elements of support could be shared. The nature of these services also makes staffing challenging, and consequently high-cost agency are often covering large proportions of such packages.

Dorset's approach to commissioning accommodation with support going forward needs to not only reduce the use of residential care when someone does not require that level of support, but also reduce the number of single person services staffed predominantly by agency. By clustering accommodation to enable night and core support to be shared, and commissioning a single support provider, for the five highest cost supported living placements, there could be a saving of £66,000 per week without any reduction in staff available to an individual.

## Learning Disability

This strategy defines Learning Disability as used in the Government's white paper, '[Valuing People](#)'. Learning Disability includes the presence of a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning) which started before adulthood, with a lasting effect on developing. For further information please see the National and Legislative context, our local priorities and the [NHS 10 Year Plan](#) priorities for Learning Disabilities.

Nationally, it is predicted that 2.2% of adults have a learning disability. In Dorset, 1172 people aged between 18-64 and 316 people age over 65 have a moderate or severe learning disability, reflecting 0.5% and 0.28% of the total population respectively. Whilst this figure is anticipated to remain constant over the next five years, across the country more people with a learning disability are being supported by adult social care each year. Currently 959 people with a learning disability or autism have a social care package of support funded by Dorset Council, of which 857 are between 18-65years.

The increased use of Social Care services is likely to continue to increase with more adults over 65's living with a learning disability in Dorset. While life expectancy for the learning disability population is approximately 14 years lower in men and 17 years younger in females than the general population, people with a learning disability are living longer often with increasing physical and mental health needs. Nationally there is an increased prevalence of age-related dementia within the learning disability community; with 13% of 60–65-year-olds diagnosed with the condition in contrast to 1% of the general population. Something which is also being reflected locally.

There are also a number of adults, aged between 40-55years, with a learning disability living with elderly parents, who may not currently be in receipt of social care support but become known when the carer becomes unwell or is no longer able to offer support, often at a time of crisis. This is a considerable area of risk for the individual and Dorset due to the minimal information available to us around the future need for this population.

## National Context

National policy and the drive to support more people in community settings over long stay hospitals is also resulting in people with more complex support needs now accessing social care placements. These require a more specialist approach to the assessment of need and commissioning and brokering of support.

The national and local vision is for people to be supported to live in their own home with a specialist package of care (supported living) over long stay hospitals or residential care settings, offering greater choice and independence.

The national guidance related to Learning Disabilities can be found within [‘Building the Right Support’](#) and the [Transforming Care National Service Model](#):

1. People should be supported to have a good and meaningful everyday life.
2. Care and support should be person centred, planned, proactive and co-ordinated.
3. People should have choice and control over how their health and care needs are met.
4. People should be supported to live in the community with support from their families/carers as well as paid support and care staff.
5. People should have a choice about where and with whom they live, with a choice of housing.
6. People should get good care and support from mainstream NHS services with annual health checks, for all those over the age of 14, health action plans and hospital passports where appropriate.
7. People should be able to access specialist health and social care in the community.
8. When necessary, people should be able to get support to stay out of trouble.
9. When necessary, when their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in a hospital setting staying no longer than necessary.

## Learning Disability Annual Health Checks

The Learning Disability Annual Health Check aims to improve the health and wellbeing of people with learning disabilities, as they often have difficulty in recognising illness, communicating their needs and using health services. As of February 2022, there are 4,864 people registered with a GP as having a learning disability with 61.6% completed health checks so far for financial year 21/22. The number registered with GP's is different to the number projected in POPPI and PANSI as well as the number of people who are in receipt of a Social Care Package.

## LeDeR

The *Learning from Lives and Deaths – People with a Learning Disability and Autistic People*, or LeDeR, is a service improvement programme for people living with a learning disability. Created in 2017, it was formally known as the Learning from Deaths Review Programme and is funded by NHS England and Improvement. The programme – a first of its kind – was created to improve care, reduce health inequalities, and prevent premature mortality of people with a learning disability, but as of autumn 2021, it will include improving services for autistic people too. In 2020/2021 the LeDeR programme received 4251 notifications, of which the South West region received 389 and Dorset received 53.

## Current Learning Disability provision

Nationally, Dorset is performing well at supporting more people to live independently. Just 9.5 people per 100,000 are now being supported in long term residential settings compared to a regional average of 14.2 and a national average of 14.4 (ASCOF 2019-2020). This is also reflected in 87.3% of people with a learning disability living in their own home or family compared to a regional average of 76.4 and a national average of 77.3 (ASCOF 2019-2020)

## Mental Health

At least 1 in 4 adults are expected to experience a mental illness or disorder in their life, of which around 12% of people will require some specialist intervention. Dorset's rurality and varied wealth present risk factors to people struggling with their mental wellbeing, which has been compounded by the Covid-19 pandemic and impact on the leisure industry as a significant employer in the county.

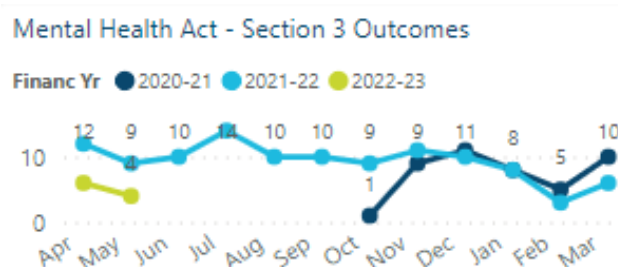
The number of people requiring social care support for mental health conditions has grown by 43% since 2019, with more than double the number of young adults (18-25) in receipt of a package of support from just two years ago.

50% of mental health conditions in adulthood are established by the age of 16 and 75% by the age of 24 years old (Mental Health. Org statistics) meaning that resources targeted at children and young people services are have to be? preventative and cost effective. There has been a 71% increase during the Covid-19 pandemic in Mental Health Act assessment for under 18's and a 25% increase in under 18's being detained in hospital, with a higher number requiring community support from health and social care to prevent admission.

As outlined below there is a significant prevalence of mental illness in females within Dorset. An estimated total of 37,846 people living in the Dorset Council area experiencing a common mental disorder, and 14,379 people experiencing two or more psychiatric disorders. Although only a small percentage of these (197 people) require a social care intervention.

Prevalence of mental illness in 18-64	% males	% females
Common mental disorder	14.7	23.1
Borderline personality disorder	1.9	2.9
Antisocial personality disorder	4.9	1.8
Psychotic disorder	0.7	0.7
Two or more psychiatric disorders	6.9	7.5

As with learning disability, the national drive to support more people within a community setting is having impact on the demand and nature of services required. More people are needing specialist supported accommodation which will enable them to continue to build on their recovery in a more local setting. The sudden increase but relatively small number of people across the county provides challenges in enabling people to remain in their own community whilst accessing specialist support.



### Impact of S117 eligibility on statutory aftercare.

## Suicide Prevention

As a county, Dorset's suicide rate is above the national average at a rate of 12.2 compared to 9.6 across England (Public Health 2020), and this trend is mirrored in the rate of admissions to A&E for self-harm.

A Pan-Dorset Suicide Prevention Plan has been developed building on the National Suicide Prevention Agenda. This incorporates key workstreams which include activities to:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring



Dorset Council has a commitment to its own workforce, provider organisations and people we support to help reduce the rate of suicide across the county, and over the coming months will establish our own Dorset Council suicide prevention plan linked to the DBCP Safeguarding Strategic Plan 2021.

## Current provision

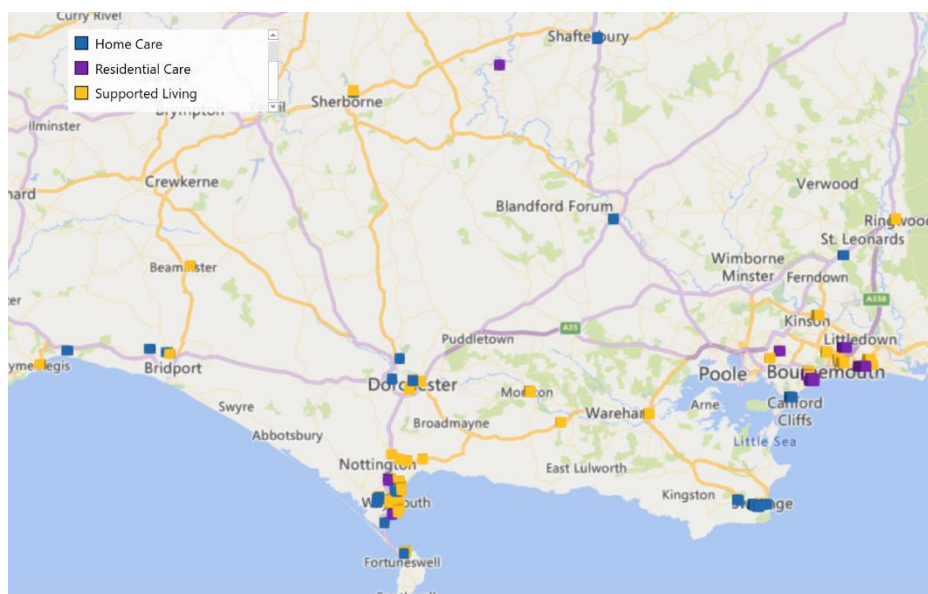
Mental Health follows similar legislation to Learning Disabilities which have been previously outlined within this strategy. The aims of this guidance is to support individuals to live within their local community as opposed to inpatient or residential settings. The number of people in Dorset in secondary mental health services living independently is significantly below average with just 45% of people compared to a regional average of 56 and a national average of 58 (ASCOF 2019-2020). The sudden growth in demand for mental health social care support has resulted in a shortage of specialist mental health supported accommodation, meaning that, at times, residential care is commissioned due to limited availability of alternative options, often out of the local area.

As of September 2021, Dorset Council commissions support, off framework, for 70 people in their own home or supported living services, some of which will be outside of Dorset Council area. The average weekly cost for supported living is £1017.78 per week, a figure which is significantly impacted by a couple of very high-cost packages.

Dorset does not currently commission a registered specialist mental health provider to deliver supported living services, meaning that the current market is mostly non-regulated with no oversight by a regulatory body, or high-cost agencies. This consequently results in a higher proportion of people requiring specialist or regulated activity moving outside the Dorset border, or being placed in older person or learning disability settings.

The majority of people who require supported living settings tend to live in shared supported accommodation which are typically historical arrangements initially set up through the Supported People Grant. Many of the services offer the same level of support, leading to blockages in the system preventing people from 'stepping up or down' as part of a recovery pathway.

As described previously there is a strong localisation of mental health services (supported living) within the Weymouth and Portland area, and across the border in Bournemouth, with minimal provision elsewhere in the county.



## Autism

While data on the prevalence of autism is currently limited, a review of the available research found the national estimated prevalence of autism in adults over 18 is around 1.1%. This equates to just under 7,000 adults across Dorset as a whole. With projected population growth this could increase by around 300 by 2028. In children, diagnoses of autism are also rising, and recent UK estimates suggest around 1.6% of children are diagnosed with the condition. Applied to Dorset’s under-18 population, this would be around 2,429 children. Currently there are over 1,800 school students in Dorset with a statement of Special Educational Needs that includes a primary need of autism. This underestimates the issue, however, since not all students with autism will have SEN – for example, a study in Northern Ireland put this figure at 17% of children with autism having no special educational needs.

The Dorset system is currently undertaking an multi-agency All-Age Autism Review. This is a service improvement project following a cycle of assessing local needs, gathering insights, view seeking, identifying service gaps, understanding what works, and what could be improved, to then design a new and improved pathway of care. We’ve been working collaboratively with a whole range of people including professionals across health, social care, education, voluntary sector and those with a lived experience to design an effective care pathway for all. This very closely linked with the Birth to Settled Adulthood Programme seeking to develop an effective pathway for children and young people moving through transitions with mental health needs and/or autism.

## Physical and Sensory Support

Dorset currently supports 361 people aged 18-64 with a physical support need of which only 23 are aged between 18-25yrs. Thirteen people have a primary support need of sensory support, of which no one is 18-25yrs.

	18-24 years			25-64 years		
	2021	2025	2030	2020	2025	2030
Physical Support	23	25	30	338	415	400
Sensory Support	0	0	0	13	5	5

Table 1 2021 values reflective of current position

The collection of data on sensory impairment and physical disabilities is difficult to collate, is often not recorded and is certainly underrepresented, particularly where co morbid conditions occur.

The prevalence of sensory impairment (visual and hearing) is much greater in adults with intellectual disability than in the general population, with some researchers<sup>1</sup> identifying hearing loss as much as 40 times and sight loss 8.5 times higher within the learning disability population, although this is often not reflected as part of someone’s support needs. Difficulty in accessing generic services and the challenges some people may have with communication means assessment of sensory impairment a

<sup>1</sup> [Sensory impairment and intellectual disability | Advances in Psychiatric Treatment | Cambridge Core](#)

challenge. In practice, diagnostic overshadowing can occur, with changes in behaviour attributed to the intellectual disability or to mental illness rather than to sensory impairment.

As of September 2021, Dorset Council commissions support to 168 people in their own home or supported living setting with a physical support need aged 18-65 years. 144 people use a direct payment, most typically to employ personal assistants.

38 people live in registered care settings at an average cost of £1,156.26 of which 96% of are commissioned off framework. There are 14 people in nursing care settings.

Ten people with a primary support need of physical support are currently living in supported living at an average cost of £399.17 with the majority of packages being off framework.

The Council also supports 13 people with needs associated with sensory impairment, 12 of whom use direct payments.

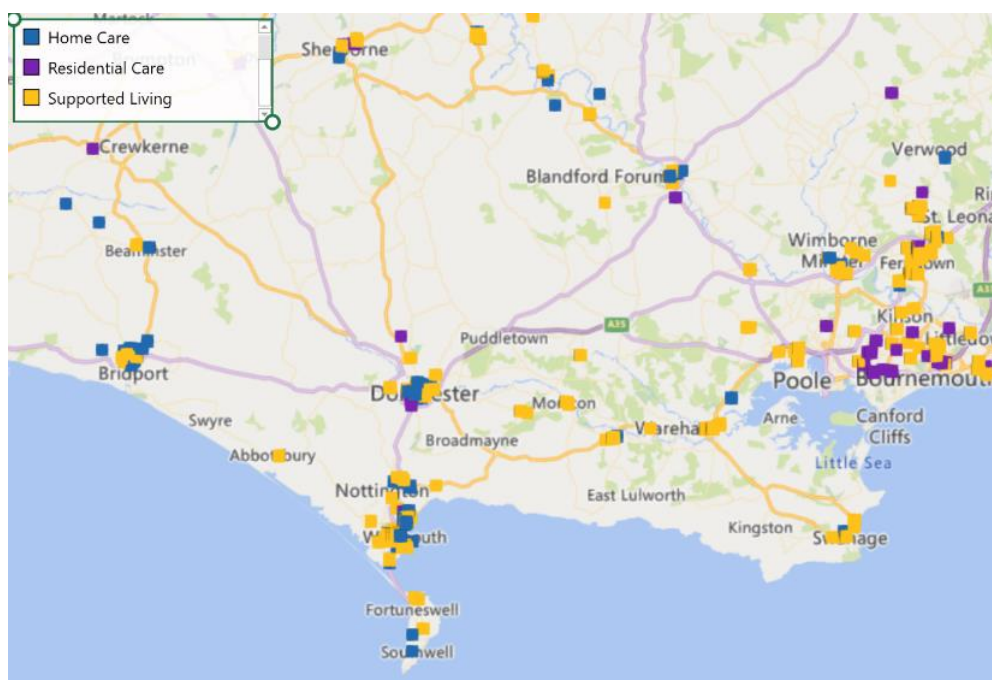
Current service provision means that many people of working age with physical support needs are supported by domiciliary care providers, or access support from learning disability/autism services. There are no supported living services which are specialist in supporting people with physical support needs.

The high percentage of people within this client group who are taking direct payments further evidences the limited commissioned services available.

## Challenges to the local landscape

The rural environment of Dorset presents challenges for people looking to receive support in their local areas, particularly in north and west Dorset. A lack of available supported living accommodation means people are placed in neighbouring local authorities, particularly Bournemouth, Christchurch and Poole.

The limited number and range of commissioned supported living services also means Dorset has a number of isolated single person services, which have typically been established because someone can't share, or they have needs which can be met through general needs housing. This is having impact on the markets ability to resource such packages, due to their dispersed nature.



Dorset County continues to struggle to provide quality support countywide, with many of the rural locations having just one or two providers. This limits people's choice and also means that the market is not stimulated to improve and is provider led.

# Shaping provision

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## Dorset Care Framework

Dorset currently has a Dorset Care Framework (DCF) and Dorset Care Framework Learning Disability (DCF LD) as its main procurement vehicle to purchase care. Whilst the majority of Learning disability supported living and domiciliary care are brokered through the framework as a call off; residential and specialist mental health are often off framework due to the specialisms required and the profile of providers on the existing framework. Currently, most physical disability and sensory impairment packages are taken as direct payment, with a small number of packages purchased from the framework.

The advantages of a framework mean that all providers agree to the same contract terms and conditions, and rates of pay. This offers consistency across provision whilst also enabling us to help manage the cost of care effectively. Providers are also subject to a level of quality assurance prior to joining the framework.

## Market Challenges

The current support market is facing unique challenges which reflect the national picture and is emphasised by the aging population within Dorset.

Since Spring 2021, there has been a steady rise in the unprecedented demand for support across the social care system due to increased acuity of care and support needs alongside workforce shortages. Much of this has been driven by the impact of Covid-19 illness and 'burnout', some overseas workers being unable to return due to travel restrictions caused by Covid-19, Brexit and more attractive terms and conditions in other sectors, such as hospitality and retail. Dorset is particularly challenged by this with having an ageing population and reducing working age population.

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

## Respite

For people living within their family setting, Dorset Council recognises the important role respite can play in ensuring these arrangements are sustainable. Respite care provides short-term relief for primary,

usually unpaid family carers. Respite comes in many forms and can be arranged for just an afternoon or for several days or weeks. Care can be provided at home, in a residential placement, or at an adult day centre.

As a Council, our vision for respite is to enable people to use respite as an opportunity to maintain and develop new skills, supports them in being able to remain living in the family home, and that it shouldn't be bound by a building.

## Specialist Support

In early 2022 Dorset Council will launch a new framework, the Dorset Care Framework 2 (DCF2). This new framework will bring together all adult social care commissioning with specialist categories to meet different support needs. All the support commissioned by Dorset Council will be through the framework meaning every package will have the same terms and conditions, rates of pay and quality standards. The framework will be open, so new providers can join at any point during the lifetime of the framework allowing for flexibility and growth within the marketplace.

## Processes and pathways

This commissioning strategy is aspirational about creating a culture of recovery and progression; however, Dorset Council recognises that our operational practice needs to strengthen the way we operate in a strength-based way. ~~These should look at what is needed now but includes aspirations of~~ where an individual wants to be and how they will get there.

This approach will help ensure quality of a service, and a progressive approach to service development, alongside aiding providers in establishing viable management structures in a geographic area.

The Council will proactively monitor the quality of all commissioned services through rigorous quality assurance processes and contract management. People who use services and their carers will be central to this process.

## Assistive Technology

Dorset Council developed its Technology Enabled Care (TEC) Team in 2018 with the strategic aim to pull in specialist Occupational Therapists who could research new technology and help work alongside their social care colleagues to help promote independent living across all services. For example, the learning disability services the aim was to encourage the use of technology to allow individuals to have more control of their environment and gradually reduce the amount of 1:1 support that they would need. Technology if used correctly can work alongside care providers to raise appropriate alerts when a response is needed but allow the individual to have more time to themselves to do what they want.

The right environment including appropriate use of Assistive technology will become the future to supporting people to live in their homes for longer and ensuring support packages are appropriate and responsive to people's needs as opposed to being required 'just in case'.

## Choice and Control

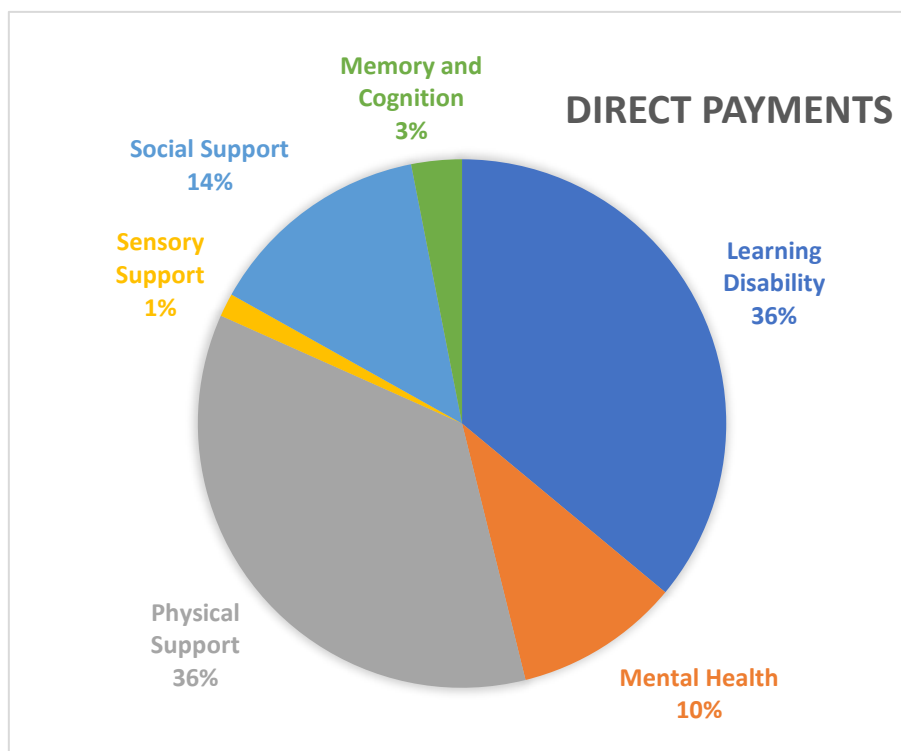
Choice and control are the main outcomes within the Mental Capacity Act (MCA) which sets out the responsibilities of providers and commissioners. Embedding the MCA into day-to-day practice enables those may lack capacity to be empowered to make decisions in relation to their day-to-day life.

Nationally, Dorset ranks 18<sup>th</sup> for the percentage of adults 18-65 who feel they have control over daily life with a score of 88.6% compared to a national average of 82.4%. This is positive for Dorset and a trend we want to continue through our commissioning activity.

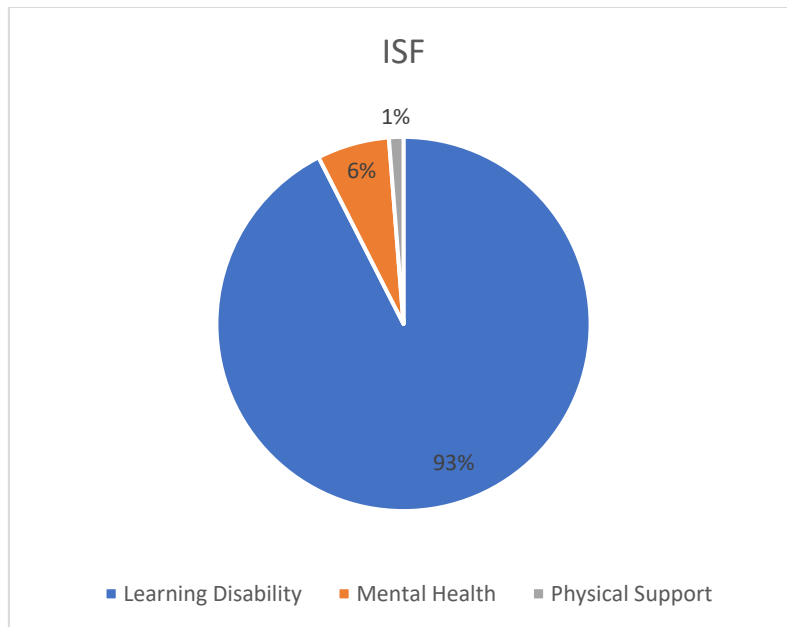
## Direct Payments

Direct payments and Individual Service Funds enable people to choose how they spend money allocated to them to achieve outcomes identified, offering more flexibility and creativity. The number of people having a direct payment is increasing across the county, with Dorset scoring above average on the number of 18-65's who have one.

Dorset Council currently has 841 Direct Payment packages and 80 ISF packages. The breakdown by service type is



Individual Service Funds are being developed by Dorset Council with a dedicated Lot on the Dorset Care, Support, Housing and Community Safety Framework for both Providers and Brokers of ISFs. The distribution of ISFs is:



The commissioning teams will work closely with ISF Providers/Brokers to encourage partnerships with micro providers and local community networks in the delivery of bespoke care and support packages to Individuals in local surroundings. The list of commissioned ISF Providers/Brokers will be available to Individuals opting to take an ISF, and as the list grows so will the choice of ISF partner. The Council envisage that as ISF Provider/Brokers increase and the opportunities for Individuals to take ISFs increase that micro providers will become an integral part of the ISF offer for Individuals.

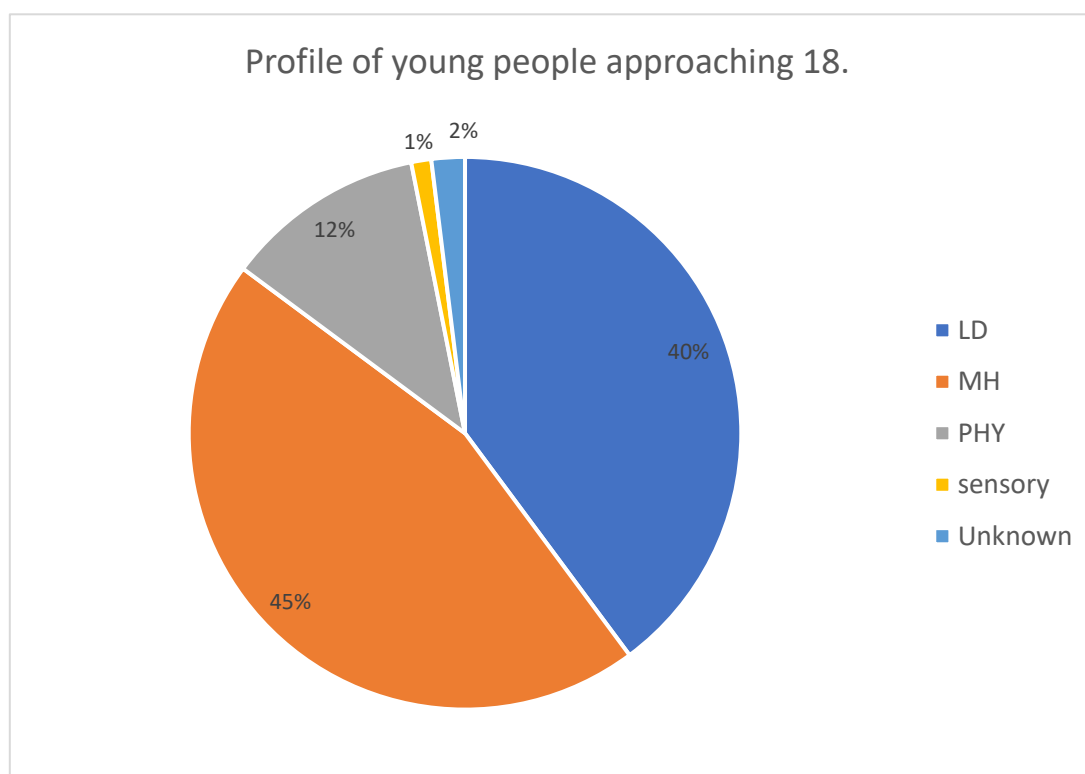
Dorset Council are ambitious about growing the number of people who are able to utilise this as a means of purchasing support, alongside increasing an emphasis on individual service funds, where someone can work with a provider to determine the best way to achieve goals which are important to them. This support builds on a community approach, enabling people the opportunity and flexibility to use support in a way, and at a time, which allows them to participate in activities which may extend outside of more traditional working days.

# Birth to settled adulthood

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## The current picture

The increase in mental health and autism is continuing to be highlighted by the young people approaching adulthood, with greater percentages identified year on year since 2018 as having a mental illness.



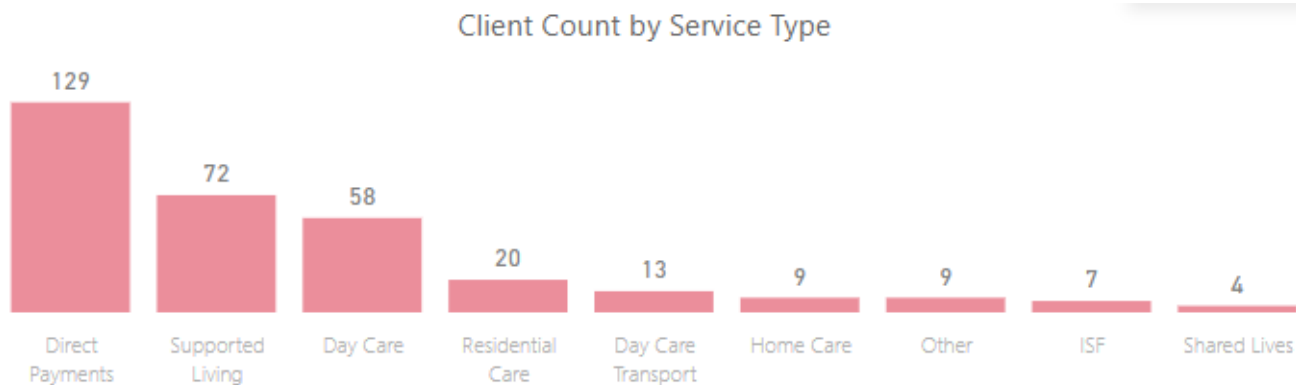
Between May 2020 and May 2021 153 new referrals were made to the transitions team, of which 78 young people were recorded as having a primary need which would be met by adult social care; 33 young people remain open to transitions waiting for review.

Of these referrals 40% were for young people with a learning disability, and 45% were for young people with mental health conditions, this includes young people with no learning disability diagnosis but autistic spectrum condition.

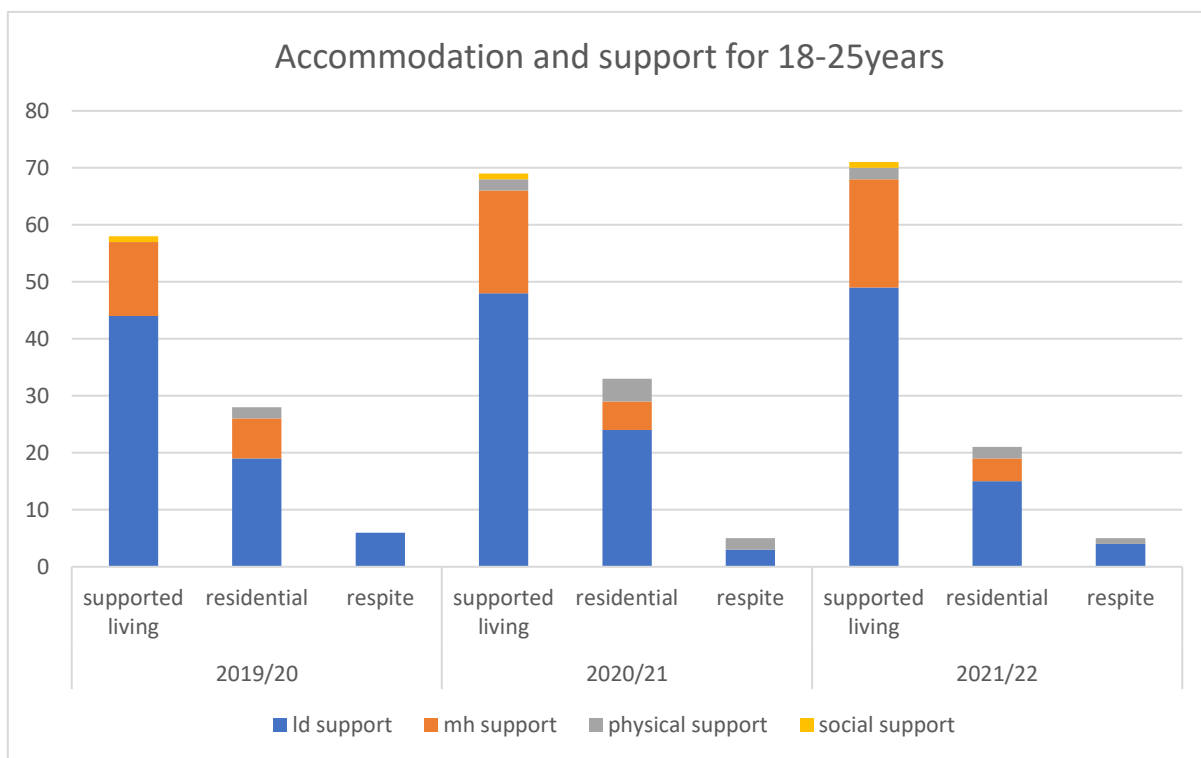


This shift from the profile of existing social care users reflects the changing demand and requirements of social care support going forward. The influences of national policy and legislation and local vision mean that the requirement of services are also changing.

There are currently 265 people age 18-25 years receiving a support package from adult social care, of which 185 have a learning disability. The majority of young people (129) are supported through a direct payment.



Over the past three years there has been a positive decrease in the number of people 18-25 years in residential settings alongside an increase in people living in supported living; a trend which is anticipated to continue.



Currently there are no commissioned young person services, although a small number of providers have services which target young people developing skills to support them into adulthood.

Between April 2019 and April 2021, the number of 18-25 year olds receiving a social care package rose by 30%. Historically, 'transitions' has been seen as a learning disability led issue however, increasing numbers of children with mental health conditions or autism are requiring support as they move into settled adulthood, meaning many of the existing processes and services are unable to meet

need. Current processes, particularly for young people with mental health conditions, mean that goals and support needs aren't properly understood until that young person is approaching seventeen and a half, resulting in services that are sourced reactively, and often at considerable cost. Currently, the highest cost social care packages are for young people aged 18-25 years, with these packages having the potential to remain in place for the longevity of someone's life.

For services to be developed in a targeted and outcome focused way, processes need to ensure young people are identified from 14yrs and active support planning begins at 16years old. The frameworks which children's and adult services work are different, and a positive transition is more than just replicating a support package which is already existing and essentially delaying the age at which the 'cliff edge' starts. Care Act needs and outcomes should inform commissioning activity and the development of new services so they are reflective of the future population. For this to be achieved children's and adults' services need to work proactively together to ensure planning commences early, and where appropriate joint commissioning arrangements will be established.

Across all the population, an understanding of demand, and targeted development of services is paramount in ensuring a strategic approach to commissioning. Over the next three years there will be ongoing work within Dorset Council to ensure our data processes enable commissioning to be data led, and proactive. We will work communicate and work proactively with the market to develop targeted solutions delivering an annual market position statement and clear commissioning implementation plans for our key priorities.

## **Our strategic intentions**

With Dorset likely to see an increase in children and young people moving into adult services over the next few years whose needs span health, social care and education, alongside a number of people living with elderly family carers, getting the move into settled adulthood right is essential.

A joint approach across Children's and Adults services, Health and Housing is being developed to transform our pathway for young people aged 14 onwards; helping them to prepare for adulthood, maximizing their skills and opportunities for a more independent life. The pathway focuses on understanding the needs of young people at an early stage to enable timely planning and preparation for adulthood.

New procurement frameworks being developed by children's and adult services will enable packages to be awarded to dual registered providers ensuring there is continuity of support for people with Care Act eligible needs.

## **The Birth to Settled Adulthood (B2SA) Programme**

Children and Adult Services recognised that the current operating model to support young people through the transition to adulthood across Dorset has not been delivering the outstanding service that our community require and we as an organisation aspire to. As part of the Strengthening Services and Adults Improvement Programme, it was agreed to jointly commission a review that will identify how services across People and Place are effectively supporting young people in their Preparation for Adulthood as required by the Special Educational Needs (SEN) and Disability Code of Practice.

This review was presented to committee in late 2021, and both Adult and Children's services were in agreement with the changes and improvements required (albeit more work required on scope). Approval was given to:

## 1. Deliver a Change Process

- a. To develop an approach to engage with services outside Children who are Disabled Team i.e. Child and Adolescent Mental Health Service, Care Leavers, Looked after Children, Special Educational Needs Team and develop a Model of delivery i.e. 0-25

## 2. Priority action with immediate activity

- a. To approach backlog of assessments outstanding and target the additional 77 Young people identified via the finance work to look at early help planning.
- b. To review the model, cohort and scope within Adult Social Care and Children's Social Care and understand the risks of not ringfencing capacity for work with young people.

The proposals set out take into consideration the principles and values that were presented to Health Overview Committee in September last year. These were co-produced with parent carer forum who will be involved in ongoing co-production and are a member of the B2SA Board.

The programme is in development around longer-term actions, founded on the scope, vision and principles set out below.

### **Scope**

Our aim is to implement an inclusive 0-25 service for children with special educational needs and disabilities, with targeted support for those who are likely to require ongoing services into adulthood. However, we know for some young adults, that by supporting those with additional needs up to the age of 25, they may not require ongoing interventions from adult services, as well as some young adults who also wouldn't routinely be entitled to services due to the Care Act 2014 but will benefit from support into adulthood.

In scope for service re-design are services, pathways and systems for:

- Children and young people known to services who have a disability
- Children with SEN who have a EHCP and are likely to have care and support needs into adulthood
- Children aged 14 plus requiring support for mental health who are likely to need care support
- Children with high-cost education packages (>50k/yr)
- Young people who are at risk of abuse or exploitation and may not meet Care Act eligibility criteria (contextual/transitional safeguarding)
- Children and Young people who have Continuing Care funding.

### **Our vision and principles**

We also want to provide services for those young adults who we see as 'falling through the gap':

*to develop a service that can effectively support young people in their preparation for adulthood. particularly those who have a disability, special educational need, mental ill health and or a safeguarding need (transitional safeguarding). This will sit alongside our wider 0-25 offer to support with housing, employment, education (including early years) and more.*

The principles that govern our approach were co-produced with parent carer forum and set out at the Overview Committee in September 2021:

- We need to be **ambitious** about enabling Dorset's children and young people to maximise their potential.
- Best practice would support childhood through to adulthood, a pathway that approaches with a **whole-life view**, considering all life stages, likely support needs and opportunities to support longer term independence
- Starting the **process much earlier** could enable young people to gain the right skills for independence and champion increased independence.
- Promoting **person centred support and outcome focussed practices**, using strengths based principles and language to champion independence and enable young people to live, work and be active contributors in their community.
- **EHCPs** play a key role in ensuring professionals work together to support children with SEN and ensure effective information sharing.
- **Cultural change** is required between Children's and Adult services to enable young people making the transition between services to have their independence maximised.
- **Pathway plans for Care leavers** should consider their need for support and assistance and how these could effectively prepare them for Adulthood.
- A clearly **defined offer** is required to reduce inconsistencies and challenge.

# Day opportunities

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## Our approach

Our current offer is based on the provision of day services within a portfolio of buildings operated by the Council's wholly owned trading company, Tricuro. This represents £6.4m of spend each year. There is a private market in day opportunities valued at £2.6m p.a which consists of a bespoke range of provision from one to one to larger groups. Through co-production, we learned people want a more modern, flexible way to spend their day. They want access to greater choice, and to develop more skills and confidence. In the early phase of this strategy, Tricuro services will transfer to a new company wholly owned by Dorset Council, Care Dorset, and this presents an opportunity for a renewed, shared vision for day opportunities.

Day opportunities should be opportunities for improving health and wellbeing in its broadest sense as well as supporting adults as they grow older to continue to lead independent and active lives, maintaining and developing friendships and enjoying life to their full potential. We want the provision of day opportunities to be more strongly about supporting people to live well within their communities. We want to support a range of micro-provider and other new entrants to the market of support, so that people have the greatest opportunity to build on their own strengths, interests and aspirations. For those of working age, we want greater access to employment support. And to make all of this possible and reduce the reliance on services provided in single locations, we want to invest in building people's confidence and ability to travel around the county.

That isn't to say that there is not a place for specialist day services to be delivered to those with complex and multiple needs. The key thing that people have told us is that this creates the safe space for a rewarding day of activity. We are committed to building on existing provision for these groups and making it as accessible and personalised as possible.

Across all of these opportunities, we want to see choice and control opened up by the provision of direct payments and individual service funds, which have a significant potential to change how people access this type of service. Providers (including those considered 'universal services') will have to think in terms of marketing an offer to those with funds to purchase a service or opportunity, as they build more flexible and tailored overall packages for themselves. We want to see technology used to promote independence. We also want to see a good, diverse market in day opportunities promote the opportunity for carers to both participate and also to be able to take a break, whilst feeling confident in their cared-for person's safety and enjoyment of their days.

## Current provision

Dorset Council's main provision is through its Local Authority Trading Company, Tricuro, which operates day services from 15 centres across the county, as well as services in neighbouring Bournemouth, Christchurch & Poole. In October 2022 these services will transfer to a new entity, Care Dorset, wholly owned by Dorset Council. They provide services for a mixture of those with learning disability, physical disability or dementia. This forms a very "traditional" model of day service placement. This is appropriate for a number of individuals, especially those with higher level needs for whom a safe space is important. However, it is increasingly not favoured by everyone, with many people asking for greater variety and flexibility. A wider private market of day opportunities is available, not to mention the great breadth of activity in the voluntary and community sector that could be further developed and supported.

Current activity in the Tricuro services is very significantly reduced as it recovers from the pandemic. As the service transfers to Care Dorset, there is an opportunity to engage with people to consider how a more modern, diverse and flexible offer can be developed, both with Care Dorset and the wider market.

## Our strategic intentions

An engagement process was undertaken over the summer of 2021, through which we explored with people who accessed services, their carers, and others what a 'good day' looked like for people with care and support needs.

This work resulted in some key headlines as people told us the following:

- People want to be more independent, feel valued and do things with purpose.
- People 'want to be heard' and to be treated with respect.
- People prioritise being supported by 'Staff who know and care'.
- People want the Council to offer increased opportunities for socialising and making new friends.
- People want better access to information about day opportunities.
- The majority of people felt there was limited choice in Day Opportunities.
- There was a noticeable shift from people wanting to pursue passive activities and traditional Day Opportunities to Leisure, Vocational and Sporting activities.

Together we also explored defining day opportunity as it means different things to different people:

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

It is important to recognise that a Day Opportunity could be anything and not necessarily a specifically developed support service. It might include:

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

In approaching these developments, and working together with people who use or operate these services, there are some important principles that will guide our work.

### **We will build on what works well**

Our ambition is to build on existing success. We have already modelled community development and a partnership with a community based ISF Broker who is working with individuals to develop bespoke day opportunities and activities.

Local partnerships and community networks have been developed with leisure centres, Local libraries are working in partnership with the volunteer centre providing space in libraries for groups to meet, the Stepping into Nature programme, providing guided walks and outdoor and nature related opportunities, the Arts Development Programme who have delivered a number of digital theatre performances through Teams and Zoom. We have negotiated discounted leisure passports for the residents of our Wareham relocatable supported housing settlement as well as the ability for individuals to join regular leisure activities. Many Providers converted day opportunities to distanced and digital format during the Covid lockdown period.

Over 95% of individuals that would usually attend day opportunities welcomed the opportunity to meet with others digitally and enjoyed a wide range of activities including, Zumba, Yoga, quizzes, and interactive activities with Providers delivering activities packs to individuals with tuition being provided over the internet. Digital services have continued to be available post lockdown and will be available as part of the day opportunities on offer for the future.

### **We will work with key partners and providers to review and develop services to meet people's needs.**

Our commitment to co-production will inform the delivery of the strategy, stakeholder groups will be created to develop the implementation plan. We know that people who use or are connected to a service are the best people to help design that service, so a co-production approach will be adopted, working in partnership with service users, their carers and families, and service providers.

Co-production will not be a one-off activity and will be integrated throughout the development of the implementation plan. We will learn from feedback and adopt a culture of continuous improvement

### **We will develop the local market to create the right infrastructure to deliver our model of day opportunities**

Over the next three years we expect there to be a significant change in the way day opportunities are commissioned. Direct payments and Individual Service Funds will enable individuals to purchase the support they need for themselves directly influencing the way the day opportunities market develops. We will continue to develop our work with micro providers who will be commissioned through Direct Payments and Independent Service Funds (ISF). People tell us they want more diversity of options, and so we will continue to support the micro provider and private day opportunity market to capacity build and to enable a range of providers to develop their offer to meet local need.

### **We will develop our Voluntary Sector Partnerships**

Ongoing work with our VCSE infrastructure partners is developing more opportunities for risk appropriate responses to some support needs, including support after hospital discharge and preventative services that enhance community inclusion, preventing and/or slowing down the need for formal care and admittance to hospital or care homes.

We recognised that smaller and micro providers alongside voluntary partners have the specific knowledge of available localised groups and support networks and can therefore maximise an asset-based approach. This will be absolutely central to our thinking about place-based commissioning, bringing networks of hyper-local partners together with residents to think about what is needed for their communities.

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

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

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

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

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

### Some implications of the model, and work we need to do across the system

#### **Accessible and Accurate Information, Advice and Guidance**

Information, advice, and guidance needs to clear and accessible. It should ensure all have access to a directory of community-based care to make informed choices when considering usage of their direct payments.

- We will build the right information in to our new website design
- We will build a resource directory so Individuals who use services have clear information and can make informed choices.
- We will support providers to market their services

#### **Review use of Buildings to meet need**

As we change the ways in which people have their needs and desires for a 'better day' met, it will be inevitable that the current buildings from which day services are provided will have to be reviewed. This may lead to a change in how we use buildings, particularly as more people engage in wider community offers.

We will work with the Dorset Council Property and Asset team and the Care Dorset management team to identify the condition of buildings, investment and disinvestment opportunities based on usage and



future demand and need. We will look at buildings ‘in the round’, including what other local provision there is and how the building does – or doesn’t – help us meet our place-based commissioning ambitions.

### **Promote Independence to access transport**

We will work with Dorset Travel and Care Dorset to ensure efficient and safe transport is available at the right time and locations.

We will support individuals to access a travel training programme that familiarise them with routes within their local community to reduce the demand on traditional transport and to promote and develop people’s independence, particularly around getting out and about in the community.

Developing a local travel training programme will not only promote independence, it will help contribute to the green agenda and make economic sense. Modernizing day opportunities will see further development of smaller community-based services; in addition we will make sure everyone with the potential to travel independently or with minimal support is given the opportunity to do so.

Travel training should be included in life skills and personal independence care planning, where appropriate and it should be considered in a strengths-based approach. Dorset Travel have a number of officers that are available to deliver training building on their successful track record of developed over number of years.

### **Accessible Facilities – Changing Places**

Day opportunity services will continue to have an important role to play in meeting peoples’ identified outcomes. One of the challenges will be to make sure day opportunity buildings and the wider community facilities are able to meet the physical needs of an ageing population and the increased number of people with profound and complex physical needs and support the uptake of community provision. There will be focused work with the private and public/community sectors to develop safe changing places, thus removing the barrier for people moving freely within local areas.

### **Utilizing Assistive Technology**

In recent years assistive technology has been developing and diversifying to help more people remain living safely in their own home; this can be in the form of sensors to detect seizures or movement, medication prompts and reminders, support with travel training and daily living tasks, and visual to replace traditional smoke detectors etc.

In Dorset, assistive technology is becoming more established in newer, specialist settings, but for it to be effective it needs digital competency and connectivity, something which is difficult with the rurality of Dorset and in older properties. This is impacting on its growth and people aren’t always aware of what can be achieved through technology.

Over the next three years we need to expand the work around improving access and awareness of assistive technology within social work teams, providers, and people being supported by services and their families so more people are able to benefit from the opportunities that it may present.

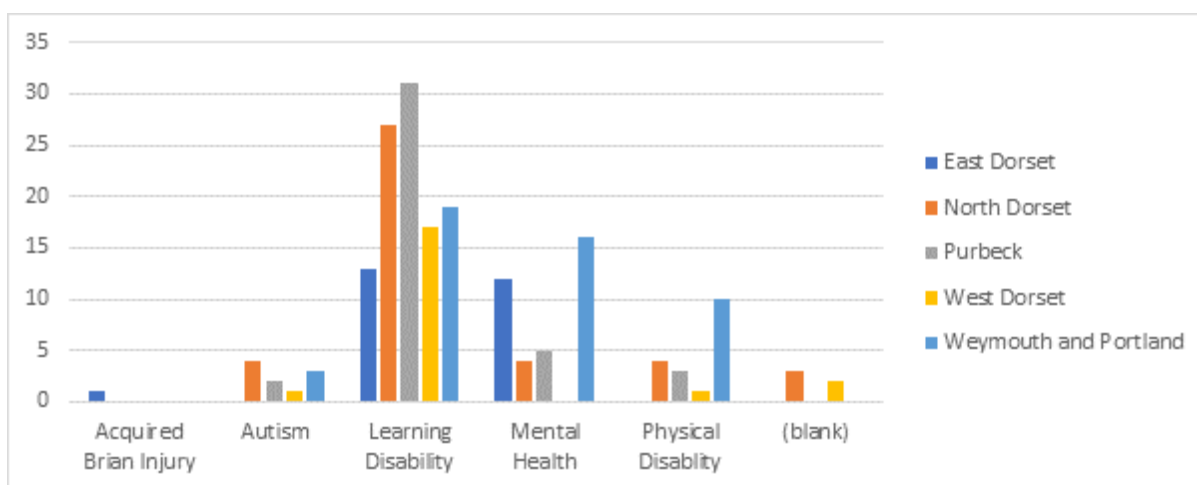
# Accommodation with Care

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Looking forward the ambition is to develop a service offer which is consistent across the county, with good quality specialist accommodation and support, building on people's skills and independence. Whilst for some people residential care is the most appropriate support to meet an identified need as part of a short term intervention, the intention and investment over the next three years is to develop a robust community offer which is able to meet the long term needs of adults 18-65years.

When defining our community offer we are aspirational in ensuring people are able to live positive and meaningful lives, and anticipate services should reflect that. This includes supporting people to access mainstream activities within their local community and paid and voluntary employment. Dorset Council is currently reviewing its approach to day opportunities to reflect a more person-centred and innovative approach to support, moving away from building-based support, alongside working with local organisations to ensure there are more supported employment opportunities to help people develop new skills and interests.

We know there are approximately 185 people open to adult social care with an identified housing need in the next 5 years. Whilst some of these people will be able to access general needs housing, a proportion will need specialist housing, largely due to complex behaviours or the need for a fully accessible property and support as a younger adult.



The aging profile of adults with learning disability, and the increasing complexity of need is having an impact on the type of support package required, with a growing need for specialist and adapted accommodation with support, over more traditional domiciliary and residential care settings.

Likewise, there is a need to develop more specialist mental health services, reflecting the growing demand for social care support for people with mental health conditions, and/or autism. Future services will need to be ambitious about supporting people into recovery, recognising the importance of connecting people to their local communities, and progressing to further independence.

Dorset Council also wants to move away from developing single person services, which are difficult to staff and are higher cost. Instead developing clusters of single units of accommodation which enable support teams to be shared whilst giving people their own space.

## Current supported living developments

Developments currently underway that will support working-age adults with support needs include:

- Weymouth, Cranford Avenue  
2 single person supported living properties in Weymouth – mobilised June. Provider recruiting/nominations being confirmed
- Dorchester  
development due early 2022 – 4 bungalows and 12 flats near the centre of Dorchester
- Upton  
4 single person bungalows for complex needs, currently going through planning
- Advance sourcing for a large, shared property (current search) and individual bespoke properties (search should begin May time)

In addition, there are business cases in development for further schemes in:

- Ferndown  
developer purchased a plot of land for 6-8 individual bungalows to support autism needs. Modular build, yet to go to planning
- Wool  
Site identified by Building Better Lives
- Littlemoor  
Site identified by Building Better Lives for around 8 flats and a couple of bungalows

## Shared Lives

Shared Lives is a care and support service for adults who want to live independently in their local community with the support of a family or community network (Shared Lives Plus, 2021). In long- or short-term support arrangements an individual lives in the home of the Shared Lives carer(s) with the carer providing the care and/or support the person needs on a daily basis.

Shared Lives aligns well with Dorset Councils' strategic intention of supporting people to live in community settings for as long as possible, promoting independence and personalised support. Across the country Shared Lives placements are proven to offer people good outcomes, with 96% of services rated as good or outstanding by CQC, and 97% of people in the services reporting they felt part of the family; figures which are reflected in the service deliver by Dorset Council.

In Dorset, Shared Lives is primarily supporting people with learning disabilities in long term arrangements, and the service is successful in enabling people with mild to moderate needs remain in a community-based setting with access to opportunities which many take for granted.

Currently there are 48 people living in shared lives, or which 33 are in long term settings. For those in long term placements the carer supports with all aspects of daily life. Short term or respite placements are normally planned and regular, with the carer and person being supported having been matched as part of the assessment process. Whilst on occasions the service has been able to respond to emergencies, this is not the normal remit of the scheme.

Total number of people supported by the scheme	48
Total number of people receiving short term respite placements	13
Total number of people receiving alternative day opportunities	5
Total number of long-term placements	33
Total number of people with learning disability supported by scheme	44
Total number of older people supported by scheme	2
Total number of people with physical disability supported by scheme	0
Total number of people with mental illness supported by scheme	2

In 2021 Shared Lives registered with CQC for young people 16yrs+ positioning itself well to support young people into settled adulthood and further independence.

## Our strategic intentions

Where an individual requires a larger package of support or someone available at night, shared supported accommodation or clusters of supported living units can often offer people more independence whilst enabling the Council and support providers most efficient use of resources. This should be the primary accommodation option for people with commissioned 24hour packages of support.

Over the course of the next three years Dorset Council will transform its support and accommodation offer, focusing on developing a broader range of housing for all adults of working age with care and support needs. This will include greater provision for shared support, as opposed to isolated single person services located across the county, alongside larger shared properties to replace existing aging properties.

The growth of the supported accommodation offer within Dorset is difficult; much of the existing supported living or supported housing stock is in older properties which don't offer the space people need, and also restricts the level of independence people can have, especially those with physical disabilities or who may display behaviour which is complex to support. Property prices across Dorset are also high, and the rurality of the county makes getting suitable properties which are easily accessible challenging.

Nationally, there has been increased investment in specialist supported accommodation from investment funds who purchase properties, adapt them and then lease them to a registered housing provider for use as supported accommodation. This model has been open to a lot of scrutiny in recent years due to the financial risk placed on registered providers taking on long, often costly, lease agreements. For some services, this funding route enables high spec, purpose-built properties to be developed to meet Local Authority needs, and has been the avenue of funding for a number of new Dorset developments. However, its market is limited, requiring tenants to qualify for specialist supported accommodation and exempt housing benefit. For mental health services, or for people with low to moderate support needs, this housing offer restricts people's progression into work and so Dorset Council is keen to explore a range of funding options and models to ensure there is a range of affordable, quality housing.

The expectation is for people to live in the least restrictive environment, as underpinned within the ethos of the transforming care programme. Whilst for most people this does mean within their own home, it is also important to recognise that for some people with more complex needs and high levels of support, a residential setting as part of a short-term intervention can be more appropriate. This enables people to have access to a multiple disciplinary staff team, alongside higher numbers of core staff reducing the need for high levels of one to one staffing, to help establish an understanding of need and risk so they can step down into a more independent setting when that time is right.

## Learning Disability and Autism

For adults with a learning disability support should be ambitious and progressive. The aim for supported living within Dorset is to build on the number of people in settled accommodation alongside developing services which offer best use of resources.

Over the next three years we need to bring forward at least 60 new units of accommodation for adults with learning disabilities and securing a future housing development plan:

- 24 units of single person accommodation, developed as small blocks of six to eight apartments with provision for sleep in staff;
- 20 units of shared accommodation in large three-person properties;
- 16 single person bungalows in clusters of four for people with complex needs

There will also be a focus on expanding the shared lives offer. Whilst the existing service is offering good quality support, there are ongoing challenges around the ability for the service to grow and diversify, and further work is needed to understand it's growth potential, and how this could be achieved.

## Mental Health

The current model of supported accommodation does not lend itself to a recovery approach to support, with little variation in the type and intensity of support available. Whilst we are committed to supporting people to live in settled accommodation, we also recognise the importance of having the right levels of support available for people during their recovery process.

Establishing a recovery accommodation and support pathway for adults with mental health conditions is the priority for the next three years, with a focus on partnership working and helping people to reintegrate into their local community.

Capacity within the supported living portfolio needs to increase by approximately 30 units to enable us to decommission services which are outdated and ensure we are able to respond appropriately to growing demand.

## Physical Disability and Sensory Impairment

Currently there are no specialist physical disability or sensory impairment services. Whilst the numbers of people with a physical disability needing accommodation with support are relatively low, we recognise the need to develop specialist services.

Where possible, new blocks of accommodation will have accessible apartments alongside 12 units of shared accommodation for younger people with physical disabilities or sensory impairment

The Dorset Accessible Homes service including Sensory Impairment Prevention and Support offers assessment, advice and information around sensory loss including Rehabilitation Officers for Visual

Impairment ( ROVII ) formability training and support to enable individuals with a sensory impairment to manage independently

## Safe havens

Safe havens play a critical role in supporting people at crisis who may end up requiring emergency accommodation at short notice, aiding to prevent hospital admission or placement away from the individual's local community and family.

There is also evidence that some hospital discharges have been delayed because either the sourced accommodation is not ready or a provider, with the specialist skills required, needs to recruit and train a workforce to work that individual.

Dorset Council currently has three properties developed as safe havens, however, these have become medium to long term solutions for the people who have moved in, meaning they do not offer a responsive solution to a crisis situation.

Between Oct 2020 and February 2022 there were 15 cases where a Safe Haven approach could have been applied (7 cases identified through the dynamic risk register approach since its launch June 2021).

The expansion of a Safe Haven model in Dorset would help achieve 3 key outcomes:

- Reduction in crisis hospital admissions
- Reduction in Out of County Placements- [ these present the largest budget pressures to Health and Local Authorities]
- More timely discharge from hospital

The ideal model for Safe Havens is one where a person at risk of admission to hospital or on a planned discharge uses their existing staff team (plus additional MDT wrap around support) for a short time (up to 6 weeks) whilst the immediate crisis is dealt with and/or whilst a follow on package of support is put in place.

The model needs to include care and support provision as well as an appropriate environment in order to be successful. The capacity in the current care market makes having a responsive and skilled work force available as a stand alone service difficult and therefore whilst we need to increase capacity of safe havens available, we need to understand how this can be delivered in a sustainable way.

# Our action plans

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The action plans below will be informed by the outputs from a series of deeper thematic reviews which are currently underway to further develop the ambition of this strategy. These include reviews across:

- Accommodation Based Support
- Mental Health Recovery Pathway/Offer
- Learning Disability and Mental Health Respite
- Advocacy Contract
- MH Forensic Offer
- Short Breaks - Jointly Commissioned Services 16 - 25
- Safe Haven
- Shared Lives
- Autism pathways (contributing to CCG-led review process)

These reviews are all scheduled to be complete by the end of 2022/23, and a number in mid-2022. They will all have opportunities for involvement of partners, those who use the services and their carers, or will build on insight already provided through earlier co-production exercises.

## Year 1 implementation plan

[DO] indicated day opportunities; [BtSA] indicates birth to settled adulthood; [all] indicates the broader strategy

Outcome 1: People have choice and control over their lives, including where they live, how they spend their days, and how they are supported when they need it

Actions	Expected date	Lead	Issues
[BtSA] Expand on the implementation of strengths-based approaches to ensure assessments, reviews and commissioned services are person centred, outcome focussed and offer value for money.			
[DO] Community and provider development activity to shape the 'spokes' of the hub-and-spoke model, and to scope areas for priority development in the provider landscape			
[DO] Co-production programme to develop model of hub-and-spoke provision			
[DO] Review property portfolio and align to new vision			
[DO] Develop and implement transport alignment plan			
[DO] Develop Changing Places provision options and implement			

Outcome 2: People, whether those in need of support services or their families, friends or carers, can access high quality information and advice, in a timely way to support them in decisions they need to make

Actions	Expected date	Lead	Issues
[DO] Produce menu of services based on the developments above, incorporated into the IAG systems			



Outcome 3: People live in communities that support their independence and wellbeing, with health, employment, physical activity and other opportunities available to them

<b>Actions</b>	<b>Expected date</b>	<b>Lead</b>	<b>Issues</b>
[BtSA] Mobilise the Supported Employment Service (16+) to further support Birth to Settled Adulthood and A Better Life agenda			
[BtSA] [DO] Steps to Independence and Well-Being offer – Development of a preventative offer which focuses on building on an individual’s support network and available universal services. This includes supporting to develop skills to live a healthy and independent life.			

Outcome 4: People have access to high quality support services appropriate to their needs, which promote both their safety and their independence, and work together well to support them through important transitions in life, including from birth to settled adulthood, and later into older age

<b>Actions</b>	<b>Expected date</b>	<b>Lead</b>	<b>Issues</b>
[all] Service review completed: respite and crisis support offer			
[all] Service review completed: mental health pathway			
[all] Service review completed: forensic services			
[all] Service review completed: supported living and Shared Lives			
[all] Develop strong local offer for people with disabilities, including the quality improvement priorities jointly with provider market			
[BtSA] Development of a Transitions Dashboard is currently underway to enable Commissioners and Operational staff to better plan and support individuals through the transitions period.			
[BtSA] Joint framework lot between children's and adults to enable consistency across the transition period, market engagement post-DCF launch to encourage new providers to come to Dorset.			
[BtSA] Increase accommodation based support for those with specific needs, for example complex behaviour.			
[BtSA] Joint Commissioning approach to Short Breaks – Working alongside Children’s Services to enable joint commissioning of Respite services.			

## Years 2 to 5

Broadly across this strategy, years 2-5 will be shaped by the direction set in the strategic reviews, and implementation of those plans. This will include:

- increasing accommodation options for those with disabilities
- increasing provider capacity for individuals with complex needs

A key priority will be to further embed the culture of strengths- based approaches within operational practice and the commissioning cycle

In Birth to Settled Adulthood, the plan above is the start of a wider programme of work around transition which will be developed over the course of the first year of the strategy's implantation. In particular, years 2 to 5 will be shaped by the outcome of the strategic review.

In day opportunities provision, the focus of our work from 2023 onwards will include:

1. Developing greater use of assistive technology to support people in their day activities, including where it can enhance the experience of specialist day opportunity provision for those with complex needs, or open up opportunities for people to spend their days in their communities
2. Use the Dorset Care Framework 2 to ensure that the right contracted services are in place
3. Continue to focus on developing the market in opportunities, beyond the core day service provision – always working through the hub-and-spoke principles to develop the offer