



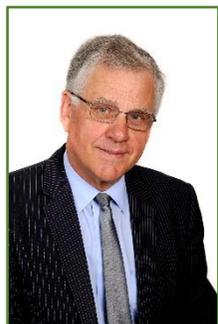
Commissioning for a Better Life for Adults in Dorset

2023-
2028

Our plans for making sure the right care and support is available for all adults in Dorset

Pre-Approval Draft, November 2022

Foreword



All of us, at one time or another, will have thought about what ‘a better life’ might mean for ourselves and our families. For many people in our county, they are drawing on the support of families, friends and sometimes professionals to live their everyday life. They, too, will be thinking about what a better life can look like for them, and we all owe it to them to ensure that the systems of care and support that surround them are helping them towards their hopes and aspirations.

We want more of our residents to be living within the communities that they have come to know, connected to the things and people who matter to them, and with good early information, advice and support when they need it to help them. And, of course, for those with more acute needs, then the right levels, types and quality of specialist care must be there for them.

These documents are the first comprehensive statement of our plans to work with local people, staff, partners and care providers to make these ambitions real. We know we don’t have all the answers, so at the core of these commissioning strategies is our belief in working with people – both individuals and communities – to develop the right support, at the right time and in the right place for them. We are honest where we don’t yet have a clear picture, but we think these strategies will help everyone to see the ways they can work with us to build the kind of high-quality social care system the residents of Dorset deserve – and with prevention at its heart.

Day in and day out, the social care services of Dorset – both council employees and those working in the wider provider sector – transform lives and enable countless people to live well when facing daily challenges. Much of this strategy is about how we build a system that provides these valued workers with better support, so that in turn they can help our residents to live their idea of “A Better Life”.

Councillor Peter Wharf
Deputy Leader of the Council and
Portfolio Holder for Adult Social Care



These strategies form part of a new 10-year plan that aims to strengthen and maintain a high quality, sustainable care system for Dorset residents. Our wider plans tackle this challenge on four fronts:

- » Ensuring demand is short-term where appropriate, with a successful prevention model at its heart;
 - » Meet need more sustainably, including extra care, supported living and reablement and recovery services;
 - » Delivering sustainable care at sustainable cost, with interventions to help support the care marketplace; and
- » Assure care and support is quality care, working within the annual assurance framework of the Care Quality Commission.

As you read these strategies and plans, it will be clear that they are absolutely central to these wider ambitions. There is much we still need to scope and understand, and there are very many opportunities for people to help us work up the right solutions. Our commitment to involving people on the journey to improving care and support in Dorset is genuine, and the publication of these strategies represents an important milestone in taking those conversations forward.

We are looking at a potential 7% year-on-year increase in people coming forward in need of care and support. It means we need to continue working with our community partners to intervene earlier, where we can, to prevent or delay people needing intensive help or reaching a crisis point. By working across that wider system, we support our adult social care workforce to deliver the best care and support that they can to some of the county’s most vulnerable people.

Vivienne Broadhurst
Executive Director of People, Adults & Housing

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You will find a glossary of some of the terms and concepts used in these strategies at the end of our Better Commissioning strategy, one of the accompanying documents in the strategy set.

About these strategies

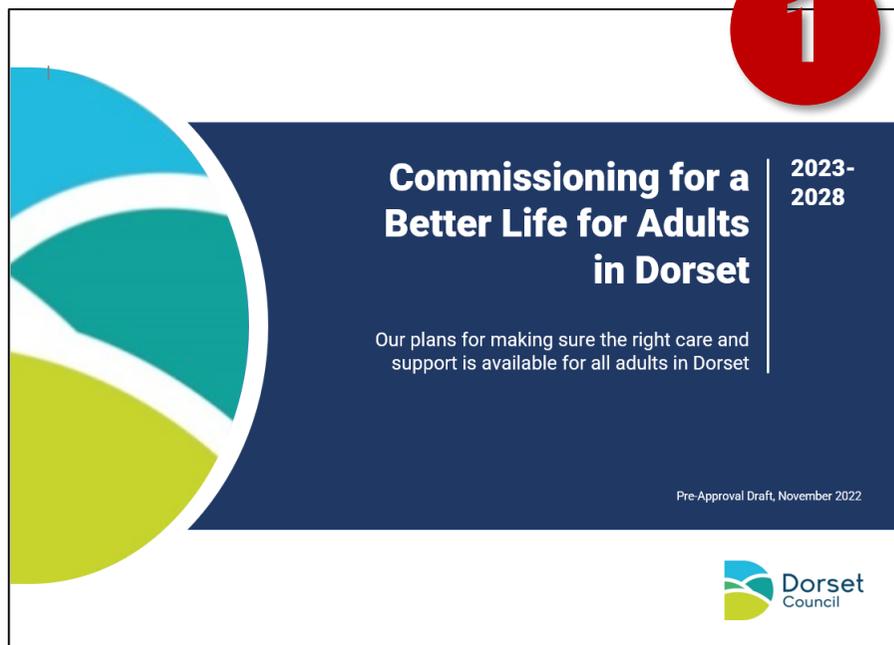
There are four strategies in this suite of documents. This document is the main strategy, setting out ambitions for every adult in Dorset, including those living in our community with additional needs. It gives an outline of our ambition for a quality, proactive and preventive support offer, developed jointly with the communities of Dorset.

As people age, we want Dorset to remain an amazing place to live.

Whilst all of this strategy continues to apply as people age, we set out some specific ambitions for older people in our document on commissioning for A Better Life as People Age. This includes where people develop needs for care and support, and the ways we will work with the market to ensure those services are available to them at the standard that they deserve.

For those in our community who are carers we set out our ambitions in a separate strategy. This builds upon the main strategy to set out how we want to improve support for those who give so much to their cared-for person and the wider community.

Finally, we set out some of the ways that we will improve how we plan and deliver services, work with partners, and involve people in our decision-making. This is our plan for Better Commissioning.



PART 1

Setting the Context

A Better Life

What do people want from their life?

There is a movement which is growing nationally, engaging people with lived experience in thinking about the social care system of the future: it is called Social Care Futures. They have co-created a vision statement that sums up what many, if not all, of us would want from life:

*Don't we all want to live in
the place we call home,
with the people and things
that we love, in
communities where we
look out for one another,
doing the things that
matter to us?*

In Dorset, we are working on helping everyone achieve that, through the idea of a Better Life. It isn't a judgment on how anyone's life is now. We aren't saying that any particular life *should* be better. But we are saying that it is the job of everyone working in adult social care and support services – and across the wider Council and our partners – so that people have the opportunity to live the better life that they are seeking. And that especially applies to our residents who have additional needs, or a need to draw on support from us, in order to live well.

We know that the adult social care system is imperfect, and that is a national challenge. We also know that there is more that we can and must do in Dorset if we are to truly help people to live a better life. This strategy sets out what we see as our priorities for the years ahead. It is based on many conversations along the way, but it sets the basis for many more opportunities for people to engage with us and shape the journey as we improve care and support in Dorset.

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

Adult Social Care & Housing covers a broad range of services, some of which are statutory and required to be delivered by law. Adult Social Care covers social work, personal care and practical support for adults over 18 with a physical or learning disability, old-age frailty, sensory loss and mental health ill-health. It also includes safeguarding for those at risk of harm and abuse, drug or alcohol dependency, and support for carers.

Housing looks to deliver good and decent housing options for our residents, tackle homelessness and rough sleeping and through Community Safety, keep residents safe and well in their communities.

What people told us about our strategies

During the Autumn of 2022, we took some draft strategies out on the road, to talk to people about our plans.

Broadly, the strategies were welcomed as an opportunity to understand more clearly the future direction of adult social care services in Dorset. However, people also gave us the broad feedback that:

- » The strategies should be more accessible.
- » The original plan to have a “working age” adults strategy, did not fit with how people live their lives.
- » There should be more on managing demand for services.
- » The strategies should have a strong focus on developing the workforce,
- » We should be clear what we mean when we talk about “community”.
- » Some questioned the “A Better Life” framing, whilst others supported it

These comments, together with many more specific comments on elements of the plans that are within the strategies, have shaped the documents we have today. Crucially, the strategies are designed to start conversations, not to close them down with a finished product. So further feedback will always be welcomed, and we are committing to many opportunities for people to get involved.

How this commissioning strategy supports “A Better Life”

What we mean by “Commissioning”

Commissioning is a process of business planning and service development by which we use our data-driven insight, our relationships, and our technical knowledge to plan and deliver the Council’s vision for adult social care. Here are just some of the ways in which commissioning approaches help to deliver the Council’s vision for A Better Life.

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

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

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

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

**Affordable Housing
Supported Housing
Homelessness & Rough Sleepers
Housing Standards**

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

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



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

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

Delivering the Council Plan

Across 10 priorities set out in the Council Plan for the period to 2024, adult social care has a contribution to make to the majority of them, as well as being a priority in its own right. A couple of headline links include:

- » We will be harnessing the opportunities of the Dorset Local Plan to shape a housing offer for those with support needs, and harnessing the relationships with housing associations to deliver on that ambition.
- » New technology is referenced throughout these strategies, and is critical to the delivery of a sustainable future social care system which prioritises people's independence, choice and control.
- » The adult social care workforce is a major local employment sector, and many of our ambitions for improving the sustainability of care delivery will have positive economic impacts on the county overall.
- » Adult social care is also, of course, the lynchpin of the Council's engagement with the Integrated Care System.

The principles of the Council Plan

Page 6 of the Council Plan sets out principles to underpin the way the Council works in the future, and they are echoed through these commissioning strategies.

- » **Being more commercial**
We set out here our intentions to change our relationship with the provider market, to strengthen our shared ambition for a better social care system for people in Dorset.

- » **Putting our customers first**

Our ambitions for social care reform set out some of the ways we are working to modernise how people access support, including information and advice.

- » **Delivering climate and ecological priorities**

Our plans to rationalise how homecare is co-ordinated across our patch, as well as our ambitions for new, modern care home facilities, are just a couple of contributors to the Council's climate priorities.

- » **Making the best use of our assets and leading economic growth**

Our plans for future services include a number of areas where we will think differently about how people access services, including whether some buildings continue to be needed.

- » **Implementing a digital, intelligent, data led approach**

Data and insight underpin the ambitions of these strategies, including priorities for exploring some areas further, and for strengthening the systems for deploying data and insight.

- » **Working with the Integrated Care System**

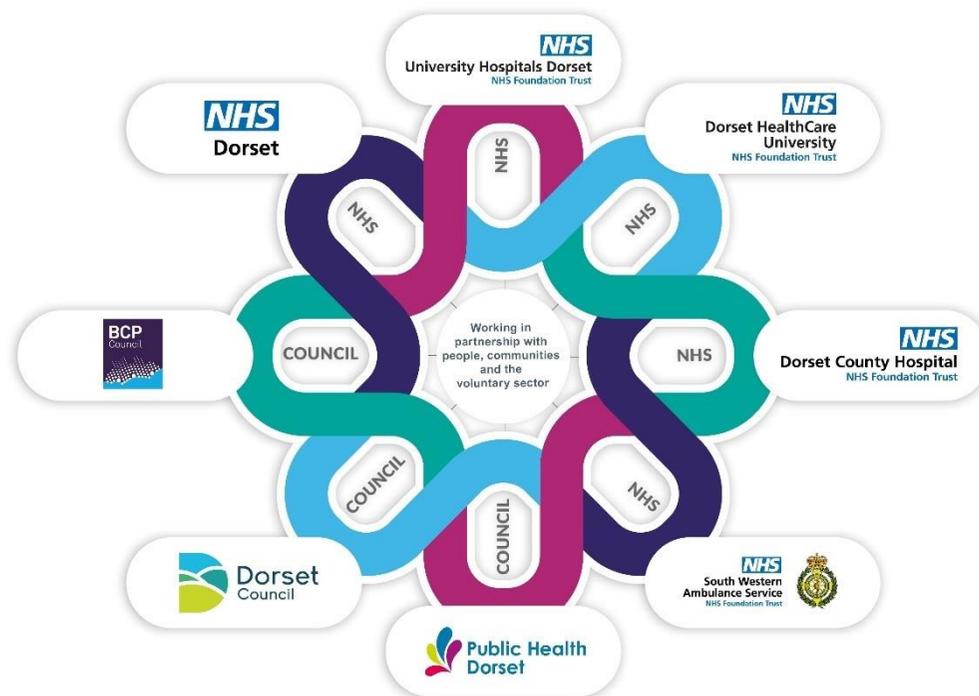
Adult social care is a central component of the ICS, and our plans are developed with the express intention of strengthening our ability to engage with our partners and shape a common way forward for the benefit of Dorset's population.

Health and care – working together locally

Dorset Health and Care Partnership is the local “integrated care system”. It is the councils (us and Bournemouth, Christchurch & Poole) working together with partners in the NHS and the community, to jointly improve how health and care delivers for local people.

Place-based commissioning is a key principle of the drive towards Integrated Care Systems, where commissioners take a joint and more complete view of the needs of a population and pool their commissioning power to target the issues that most need intervention.

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



members, neighbours and community infrastructure – is intensely local, and if we are to harness people’s strengths then this needs to be part of our thinking.

The role of partnerships in commissioning for place

If we commission for place, it pushes us to start with the priorities and issues, as well as the strengths and assets, that are about the people in our localities, towns, communities and neighbourhoods. That means we are pulled away from our organisational silos, and it becomes more important that we collaborate in

pooling our strengths and delivering what people need and want locally, and building on what they already have.

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

local places will be a constant tension with the dominating needs of large organisations.

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

The Right Support, in the Right Place, at the Right Time

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

THE RIGHT SUPPORT

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

THE RIGHT PLACE

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

THE RIGHT TIME

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

Six 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. It will help us to group our actions and think about why those actions are the right ones.

1. Communities are resilient, vibrant and inclusive through working in partnership with the voluntary and community sector, and provide natural circles of support for people's independence and wellbeing
2. People can easily access a range of local community based resources which support their health and wellbeing, including high quality and consistent information, advice and guidance when they need it
3. People have ready access to a range of technology options that can support their independence and their ability to receive long-term care in ways that work best for them
4. People are supported to manage their own care through the use of direct payments and individual service funds, with a vibrant marketplace from which they can choose and buy their support
5. 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
6. 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

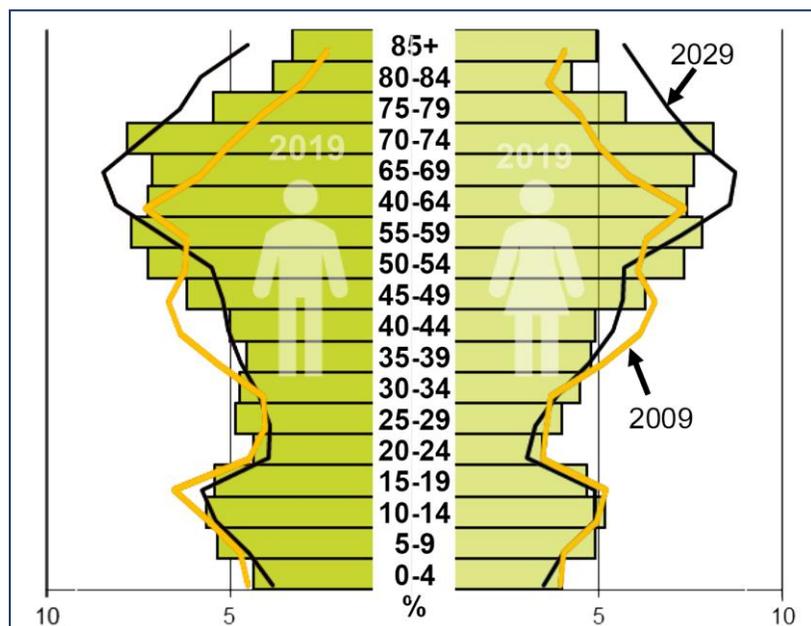
Our Commissioning Context

The Dorset population

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

The coastline and rurality of the county attracts a large number of people who relocate to Dorset as they approach retirement, resulting in an ageing, often affluent population. At the same time, the

limited higher education settings and career opportunities results in significant numbers of young adults leaving the county. The current median population age is 52 (2019) compared to a national average of 40 years, and it is anticipated this will grow to 54.4 by 2029. We expect 24,000 (~21%) more over 65s in the population by 2029, and by 2035 the over 85 population is predicted to increase by 40% (from 16,104 currently to over 22,500). Conversely, the working age adult population is expected to decline slightly over the coming 25 years. 4.4% of residents are from minority ethnic communities.



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

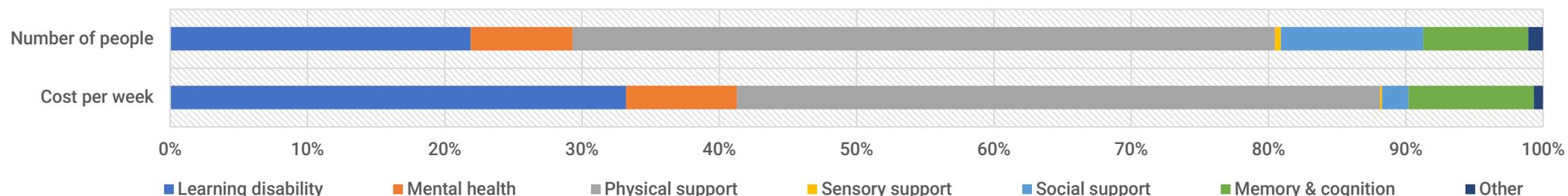
Population wealth

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

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

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

Care and support in Dorset – a snapshot in 2022



1,477

people aged 18-64 were accessing care and support



58% learning disability support need

24% physical support need

14% mental health support need

2,401

people aged over 65 were accessing care and support

1,000

packages of homecare were being commissioned weekly

100 care homes offered 3,552 beds. One third nursing. Council commissioned one quarter of them.

2,927

older people had a diagnosis of dementia, with

8,078 the estimated prevalence of the condition in the community

43,000

people in the Census identified as carers

5,225 formally known to Council services

696 & 73

people received their support in the form of a direct payment

in the form of an Individual Service Fund

ca. £140m

spent annually by the Council providing adult social care support to Dorset residents

PART 2

Creating the conditions for everyone to live their best life

Outcomes

This strategy sets out a broad context for all of our work to develop the system of care and support in Dorset, for adults with both short- and long-term needs for additional support.

Outcome 1: Communities are resilient, vibrant and inclusive through working in partnership with the voluntary and community sector, and provide natural circles of support for people's independence and wellbeing

Outcome 2: People can easily access a range of local community based resources which support their health and wellbeing, including high quality and consistent information, advice and guidance when they need it

Outcome 3: People have ready access to a range of technology options that can support their independence and their ability to receive long-term care in ways that work best for them

Outcome 4: People are supported to manage their own care through the use of direct payments and individual service funds, with a vibrant marketplace from which they can choose and buy their support

Outcome 5: 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

Outcome 6: 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

It all starts with communities

Working in a strengths-based way

Through our social work practice, we work in a strengths-based approach. Social care is not solely focused on addressing what people can't do because of their impairment, disability or frailty, it should be about supporting people to live the life they want. That also guides how we plan and commission services, and how we form partnerships with local communities.

What is "community"?

When we consulted on the strategies, we were asked "what do you mean by community?" If we are working with individuals and groups on the strengths and assets that they have, then the answer to this question is as varied as the number of different people we are working with. For some, "community" is their immediate neighbours and friends; for others, it is the town or village that they live in; others may focus their answer more tightly on their family. When we use "community" in this strategy we are not trying to have a rigid definition of what it means – we want to work with all the organisations, people and networks that can be valuable in people's lives and can help them to live well in Dorset.

What this means in practice

When we talk about community in the work that we are doing in adult social care, there are a number of different ideas that you may want to keep in mind. They include:

- » The people that make up a village, town or locality, and how they live and work individually or together to include people and enhance the sense of 'place';
- » The voluntary, community and social enterprise sector – organisations that work throughout Dorset in the non-profit sector, supporting individuals and groups in our communities;
- » Friendship networks, where people are naturally inclined to support one another through difficult times, as well as provide encouragement and motivation; or
- » Work colleagues and networks, where people draw support from the social and professional networks of their workplace.

As we have said, there are as many ideas about "community" as there are people to live in them. Through all of our actions in these strategies, we want to bolster these community strengths, networks and mutual support arrangements, whilst we provide the specialist care to complement them, where it is needed.

Challenges and opportunities of rurality

Being a county with a significant proportion of people living in rural settings can present challenges for delivering responsive care and support to those who need it. Social isolation can have profound impacts on mental health and on maintaining physical activity. Delivering care to rural areas has challenges around workforce availability and the travel time that comes with delivering services into rural homes. There are particular issues around ensuring that the needs of the farming community are met, where people are living with a need for care and support. This includes where people are balancing caring responsibilities alongside the work involved in keeping a farming business in operation.

We are committed, through these strategies and our other planning work, to better understanding where particular aspects of rural life touch on the need for social care. It's not all about challenges either, we equally want to explore how we harness the strengths of rural communities, and connections within towns and villages, to develop supportive communities. A number of our farms provide opportunities for people with disabilities to spend rewarding time and learn skills. We want to understand more about how we can better support people in these contexts, including farming families.

Working with communities to build connections and resilience

Developing systems of community collaboration

We know how important vibrant and caring communities are to people's health and wellbeing and we recognise the vital role the voluntary, community and social enterprise (VCSE) sector and local communities play in this. They have a detailed understanding of local needs, high levels of trust and engagement and enable people to build resilience rather than reliance. We want to continue to collaborate with them and wider system partners, so people can access the support they need, when they need it, which promotes independence, opportunity, and social connectivity.

This includes light touch support – for example, information and signposting – to more comprehensive support for people with a range of needs. We recognise the complexity and inter-related nature of needs: "it's never just the one thing". Commonly experienced issues included low-level mental health problems, isolation, housing needs, substance misuse & finance issues.

In addition, those most in need of support are often those least likely to access it and we want to ensure:

- » People know what is available and how to access it;
- » People have choice and can participate in a range of activities, support and opportunities local to them;
- » People are supported to access services if needed, but are also enabled to take responsibility for developing their own support network and find local community-based solutions to address their health and social care needs, reducing dependence on traditional services;
- » Multi agency services work together to provide holistic solutions for people;
- » There is no wrong door – there are multiple access points including before people reach crisis, and if a crisis happens;
- » The market is sustainable, vibrant and responsive to the needs of individuals and communities.

As part of this we are piloting a number of new and innovative community led offers as well as looking at what works well elsewhere to build on and continue to co-produce successful approaches.

Dorset's Community Response

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

Home Support pilot

A collaboration between the VCSE, system partners and private providers, building on and joining up current services to ensure people's homes are safe and accessible, particularly for those at risk of hospital admission or being discharged. Includes handyperson, bed moving, furniture moving or removal, waste disposal and cleaning.

Ageing Well

£1m of NHS Dorset funding has been secured for a 2-3 year programme to work with the VCSE to support models of care focused on anticipatory care and admission avoidance.

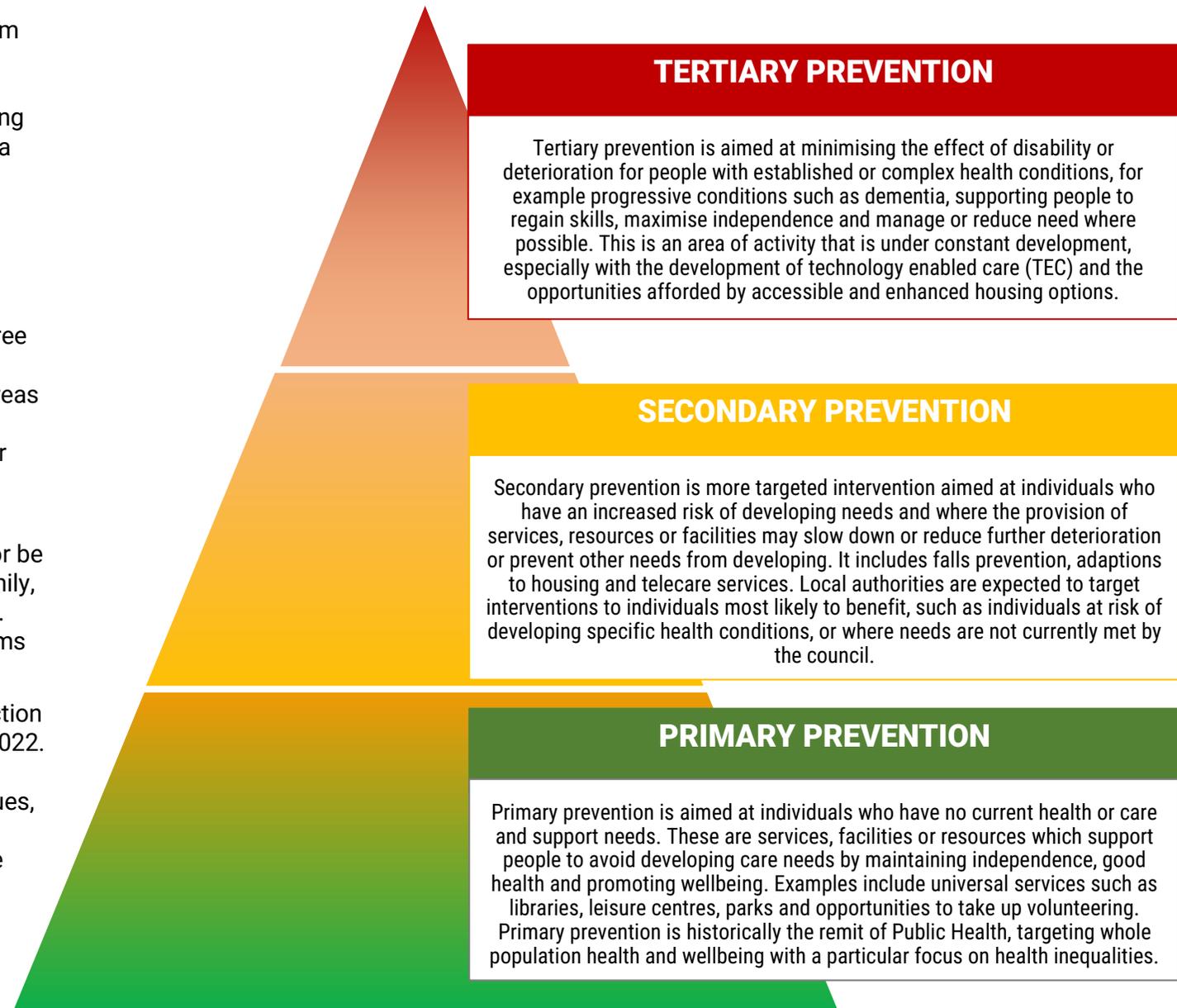
Thinking about prevention

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

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

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

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



Prioritising independence

Developing the Dorset Integrated Prevention Service

Dorset Integrated Prevention Services (DIPS) is a joint contract between Dorset Council and three VCSE organisations. It provides an asset-based, holistic approach to reducing, delaying and preventing further deterioration of vulnerable individuals and their families into poverty, insecure housing, poor health and wellbeing, community safety and homelessness. The range of interventions include:

- » Crisis Intervention
- » Gaining and maintaining accommodation
- » Social reablement and recovery to access health/wellbeing services and develop meaningful occupation in the community
- » Support for people facing multiple exclusions

Services are aimed at adults over 16, working with them to retain the greatest control over their lives and the outcomes they wish to achieve. Specialisms include mental health, housing, benefits, domestic abuse and substance misuse.

Reablement as a preventive intervention

Reablement is a goal-focused intervention that involves intensive, time-limited assessment and therapeutic work over a period of up to six weeks (but possibly for a shorter period). It involves identifying a

person's own strengths and abilities by focusing on what they can safely do, instead of what they cannot do anymore.

The Social Care Institute for Excellence sets out the key purposes of reablement as:

- » promoting faster recovery from illness;
- » preventing unnecessary acute hospital admissions and premature admissions to long-term care;
- » supporting timely discharge from hospital;
- » maximising independent living and reduce the need for an ongoing care package.

Meaningful functional goals and outcomes are developed with the individual, to promote wellbeing, autonomy, independence and choice. It aims to 'enable people to be and to do what they have reason to value'.

A key principle of reablement is to support people who are at risk of needing social care or an increased intensity of care to regain functioning, maintain life skills, rebuild their confidence and promote wellbeing. It is not solely an intervention that takes place when a person leaves hospital. A key ambition of our strategies, particularly (though not exclusively) for older people, is to place reablement more firmly as a key short-term intervention to prevent longer term care needs from developing.

Our strategic intentions

Use and share data and intelligence including from partners, communities and those who use services, to co-produce evidence-based services

Secure funding to support the ongoing development of a diverse and sustainable voluntary and paid for community offer, from complex one to one support through to signposting

Work with the sector to support both place-based approaches and priority programmes such as Home First

Grow collaboration across the council, wider system partners and the VCSE so the sector is understood and recognised as agile and responsive trusted/strategic partners

Ensure the community offer is easily accessible so that people can be supported within their own communities allowing greater choice, control and independence and reducing, delaying or preventing the need for formal care

Technology support for independence

As ADASS reports, telecare systems have been available for many years and provide a simple and effective means of raising an alert with onsite staff or a specialist monitoring centre if they sense an event such as a fire, flood, or carbon monoxide leak. They can also monitor for falls, or people with dementia leaving home and being unable to find their way back. A variety of GPS devices are also available that enable carers to locate someone away from home.

The latest systems offer much more intelligent enhancements to individuals' lives. Big data can monitor patterns in an individual's daily behaviour, giving insight that can enable efficient care planning as part of a strengths and assets-based approach. This predictive modelling can also alert on potential wellbeing issues. For example, motion sensors can detect increased use of the bathroom, which may be an early sign of a urinary tract infection. Conversely, decreasing use of the kitchen may indicate an individual is struggling to self-care.

We want to be at the forefront of adopting new and innovative approaches to support people to remain independent in their own home. As reported by the BBC, we are currently piloting the Lilli system which provides a range of sensors for use of

kettle, microwave, fridge doors, bed and motion sensors to understand a home users pattern of activity and use this gain early insight into any change in behaviour.

Technology also supports mental wellbeing by increasing contact with friends and family, reducing social isolation, and giving access to online activities and services, such as games, shopping and utilities. During the Covid lockdowns we trialled KOMP, ETHEL and KRAYDEL – digital support devices for those unable to access day opportunities due to vulnerability, mainly for adults with disabilities, older people, and people in the early stages of dementia.

Dorset recognises the essential role that TEC has in supporting people to remain safe and independent. It not only reduces the level of care a person requires, but enabling a strengths-based approach to managing the increasing complexity and risk we are seeing in our communities. This is all the more important with the gap in the social care workforce and financial pressures.

What actions are we taking?

- » Review operational investment to support the contracts through the OT REACH staff being used in a way to fully support the work of the preventative agenda
- » Explore how services could in reach into care homes, including jointly with health to avoid falls and contractures and support individuals who move in on respite or temporary placement pending return home.
- » Work closely with operational colleagues to develop their knowledge and skills more to appropriately refer to the service and carry out Care Act assessments under section 6.
- » Through the new contract, enable hospital staff to access technology, as well as drive some cost efficiencies so we are better able to meet the demand coming through.
- » Assess the impact of the national change of the telephone network on the costs of the service, and on the change-over of TEC equipment to work on the new system.
- » Work with housing enforcement teams on a more flexible approach to larger minor works, raising the level to avoid the more complex Disabled Facilities Grant process.

Supporting choice and control

Choice and control

The core of the Care Act 2014 is the principle of wellbeing. At the heart of the principle of wellbeing is control by the individual over day-to-day life, including over care and support and the way it is provided. In a system that focuses on strengths-based assessment and care planning, the action of giving the individual maximum control over their care resources promotes their own independence and decision-making. The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. Dorset Council want to make it as easy as possible for people to exercise choice and control over their lives, including their care and support needs, and recognise that Direct Payments and Individual Service Funds can be an important part of this. We want to make them the default 'first line' offer for the provision of care and support, whilst recognising that personalised services can and should still be provided for those that want a more traditionally commissioned or arranged offer.

The council want to ensure that people understand what Direct Payments and Individual Service Funds are, the freedoms and choices that Direct Payments and Individual Service Funds bring and the responsibilities that go with them. We want

to make sure the process is as easy and smooth as possible and the right support services are in place to make the process of deciding to take a Direct Payment or Individual Service Fund as informed and transparent as possible for all.

Direct payments

A Direct Payment is a payment of money from the local authority to either the individual needing care and support, or to someone else acting on their behalf, to pay for the cost of arranging all or part of their own support. The local authority could make a Direct Payment instead of arranging or providing any services itself if the individual asks them to do so. This ensures the individual can take full control over their own care.

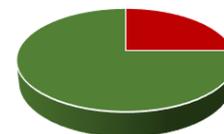
Individual service funds

Individual Service Funds give individuals the choice and control over their support, without having to manage the money themselves. This is a middle option between Direct Payments, which have high levels of choice and control plus high levels of responsibility, and the Councils commissioned (managed services), which can have low levels of choice and control and where responsibility lies with the Council.

673

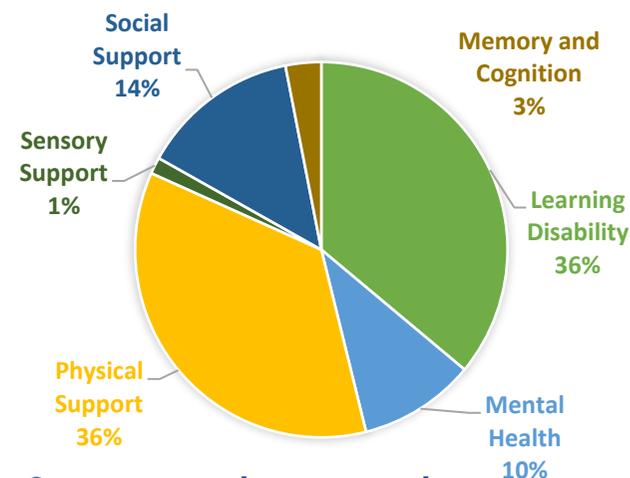
people have a direct payment, at a total cost of around £15.7m per year – this is about 12% of the total community care budget.

25% of people surveyed wanted us to make the direct payment process easier



73

people have an individual service fund, at a total cost of around £2.4m per year.



Current care and support needs reflected in direct payment usage

Increasing uptake of direct payments and individual service funds

Review of Support Services for Direct payment and Individual Service Funds

The current suite of Direct payment (DP) and Individual Service Fund (ISF) support services have not been reviewed for several years. We are in the process of reviewing the suite of support mechanisms to ensure the Council can provide high quality support that is cost effective and provides the optimum assistance for individuals considering the option of taking their personal budget as either a Direct payment or working with an accredited Individual Service Fund provider/broker as well as continuing to be able to support people once they have opted to take a Direct Payment or Individual service Fund.

Pre-Paid cards

Pre-paid cards are used by some local authorities to pay Direct Payments without the need for a bank account. The statutory guidance makes clear that individuals should not be obliged to receive a direct payment via a pre-paid card. Dorset Council is exploring the benefits of implementing a pre-paid card solution. If adopted the expectation will be that most new Direct Payment recipients will be offered a pre-paid card as their direct payment bank account once this solution is in place. Pre-paid cards would also be made available to

existing DP users for their convenience. If pre-paid cards are adopted, and for all budgets, a separate Direct Payment bank account must be opened, to be used solely for receiving and managing the payments.

Base Hourly Rate

The rates paid to people who opt to receive a Direct Payment from the Council is currently being reviewed. Work is being undertaken to understand the payment models that other Local Authorities have in place. Consideration is being given to the proposal of the introduction of an hourly base rate for the employment of Personal Assistants, which will provide transparency in the amount of funding available to those not only buying support service from Personal Assistants but also make Personal Assistants aware of the rate they should be receiving as payment for their support.

Direct Payments for Carers

The focus will be on supporting Carers to be able to take up the option of a Direct Payment. Ensuring appropriate information is available for both Carers, Carers Support Workers and individuals who receive a service to ensure that sufficient information is available and accessible to inform decisions around opting to take a Direct payment.

Our strategic intentions on DPs/ISFs

- » Make it as easy as possible for people to use DPs or ISFs to arrange care and support
- » Promote both DPs and ISFs to older people and their circles of support
- » Develop clear and accessible care and support services, day opportunities and activities, for people to easily purchase using DP or ISF
- » Coordinate a response to promotion and DP wraparound support arrangements.
- » Work with Community Catalysts, Community Response and Help and Kindness to increase number of people who want to work in Dorset as Personal Assistants (PAs).
- » Establish one-stop community online marketplace for people to find, choose, arrange, and purchase support they need
- » Develop a PA register and support offer to make it easier to find and employ a PA
- » Make the process of taking a DP or ISF easier and more proportionate
- » Improve our offer for low value DPs or ISFs
- » Maintain access to enough PAs that are available to meet increased demand for employed and self-employed PAs
- » Increase number of accredited ISF providers/brokers for people to choose from
- » Develop a register of accredited ISF providers/brokers to choose from

In December 2021, the Government set out its ambitions for reform of parts of the adult social care system, in its white paper “People at the Heart of Care”. The 10-year vision to transform support and care in England is based on three objectives:

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

The ambition can be summarised as:

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

In November 2022, it was announced that the dates for introduction of some elements of reform would be delayed until 2025. This included the introduction of Section 18(3) of the Care Act, so that self-funders could access residential care at council-contracted rates. More fundamentally, it also included the cap on lifetime care costs and the more generous means-test for financial assessment.

Immediate priorities for our work on the reform agenda

However, important parts of the reforms continue. This includes work on the “**Fair Cost of Care**” that will see councils move, over time, to paying a higher rate for services so that there is more of an even balance between what self-funders and local authorities pay for care.

A new **assurance framework**, led by the Care Quality Commission, will see councils assessed for the quality of their overall delivery of their adult social care responsibilities. This will be introduced from

April 2023, and further refined in the first two years of operation.

In order to ensure that new parts of the charging system could operate effectively, it was essential that we invested in new information and advice options. This includes not only static information sources, but new ways to manage online access to **assessment** and the ‘**care account**’. **anagement**. These remain important interventions to help people access the care system, understand it, and navigate it more easily. We will therefore continue with this work as part of our reform programme.

The impact of information and advice

Our plans include a number of ambitions that rely on us improving our information and advice offer, most significantly:

- » Supporting young people and families to better navigate the journey into settled adulthood.
- » Supporting self-funders who are thinking about moving into residential care to ensure that they are making the right choice for that point in their life.
- » Providing tools for people to be able to better understand and manage the costs associated with their care and support.
- » Providing better support for carers by making it easier for them to navigate the system, either for themselves or together with (or on behalf of) their cared-for person.

Importantly, we also recognise that impactful information and advice needs to not always be “static” information provision on websites and printed materials. Sometimes it is a call to the right person to talk through a concern or question. To resource that, we need to create a strong network of partners who, together with the Council, can help people with good, consistent and responsive answers to the issues that they face in navigating the social care system.

PART 3

For people who draw on support in their daily lives

Supporting people to live well with additional needs

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, which will be person centred and 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 together 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. 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 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.

This will include us reviewing our use of buildings, with the expectation that we will make some changes as we move from fixed locations to a greater diversity of options. We will promote independent access to transport, with a travel training programme, and work with community venues to improve accessibility, including more 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.

A snapshot of adults under 65 and their support needs

Currently, 1,477 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.

Trends for the future... and assessing rising demand

+23%

rise in people aged 65 and over by 2032

+33%

rise in people living with a learning disability by 2032

480

more people aged 85 and over per year

9,000

more people living with dementia by 2032 = +125%

Some of the actions in these strategies to respond to increasing demand

- » Creation of Care Dorset and a new business model to manage 25% of the Council's spend
- » Accommodation with Care programme: recovery and rehabilitation, extra care and supported living
- » Rollout of the Dorset Care Framework 2
- » Better Information, Advice & Guidance and the use of digital and technology-enabled care solutions
- » HomeFirst Accelerator programme, reducing demand by working across the hospital system
- » Birth to Settled Adulthood programme to improve planning for adulthood

In 2019

...and by 2022

4,025

had their care paid for by the Council, costing £89m

...**500** more people received Council-funded care, costing **£33m** more

624

were discharged from hospital into Council-funded care, costing £4.1m

...this had risen to **1,675** at a cost of **£15m**

789

people were in a Council-commissioned care home, averaging £793 per week

...there were **242** more people, with average costs up **32%**

12,894

hours of home care were delivered, with average cost of £20.81 per hour

...an additional **4,500** hours (up 35%), at an hourly cost of **£25.21**

933

people had a Council-funded learning disability support package, average cost £864 per week

...this had risen to **998** people, and the average package cost was **£1,071** per week

279

People had Council-funded support for their mental health, at average cost of £492 per week

...this had risen to **327** people, and the average package cost was up by **95%** due to complexity

Some of our priorities for improving support for all

See also: Better Ageing, sections on
homecare market sustainability

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. We struggle to provide quality support countywide, with many 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.

Market and Workforce Challenges

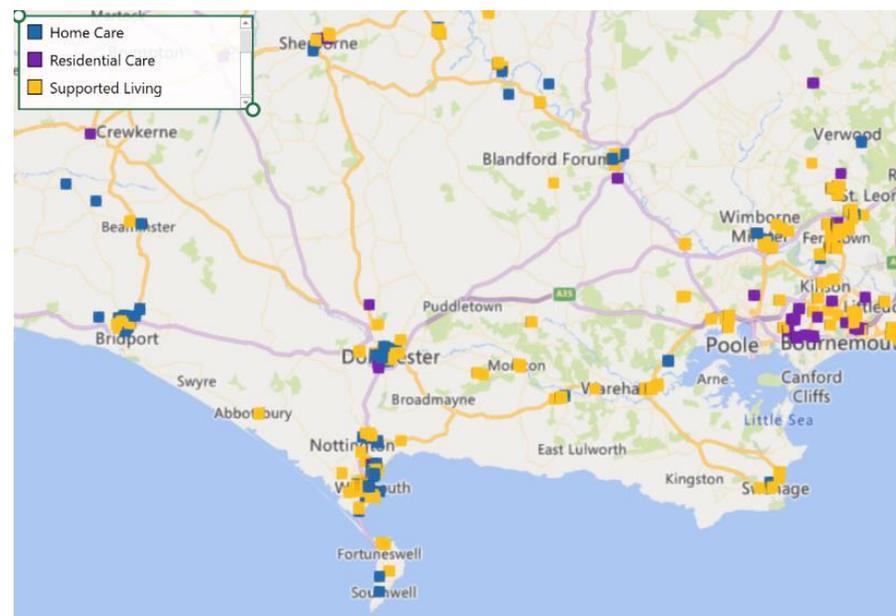
Since Spring 2021, there has been a steady rise in the unprecedented demand for support across the social care system due to increased acuity of care and support needs alongside workforce shortages. Much of this has been driven by the impact of Covid-19 illness and 'burnout', some overseas workers being 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. ***In our Better Ageing strategy we set out actions to improve the stability of the homecare workforce, and these apply to services supporting all adults in Dorset, not just older people.***

Dorset Care Framework

In 2022, Dorset Council has relaunched the Dorset Care Framework "2" 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.

Our vision is to ensure that all support commissioned by Dorset Council is 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.

People living in Dorset with a learning disability

In Dorset, 1,172 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 adults with a learning disability or autism have a social care package of support funded by Dorset Council, of which 857 are between 18-65years.

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.

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. Dorset performs less well on supporting people with learning disability into employment. At 3.7% (ASCOF 2020/21) this figure is lower than that for England (4.8%) and the South West region (5.1%). We need to develop more apprenticeship options, and supported employment projects, particularly focused on supporting young people who are entering adulthood.

Learning Disability 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.



A detailed evidence-driven service review is underway to deliver a comprehensive plan to improve support for people with learning disabilities, in line with the ambitions and principles set out in this strategy. This will add a more tailored set of actions to the broader improvements described throughout these documents – such as in day opportunities, accommodation with support or on direct payment uptake.

The Transforming Care vision

The national guidance related to Learning Disabilities can be found within 'Building the Right Support' and the Transforming Care National Service Model:

- » People should be supported to have a good and meaningful everyday life.
- » Care and support should be person centred, planned, proactive and co-ordinated.
- » People should have choice and control over how health and care needs are met.
- » People should be supported to live in the community with support from families/carers as well as paid support and care staff.
- » People should have a choice about where and with whom they live, with a choice of housing.
- » 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.
- » People should be able to access specialist health and social care in the community.
- » When necessary, people should be able to get support to stay out of trouble.
- » When 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 needed.

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.

Learning from Lives and Deaths – People with a Learning Disability and Autistic People

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 4,251 notifications, of which the South West region received 389 and Dorset received 53.

The Joint Neurodiversity Review

The Dorset system is currently undertaking a multi-agency All-Age Neurodiversity 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.

People living in Dorset with mental health conditions

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 in that time.

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.

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.

Suicide Prevention

As a county, Dorset's suicide rate is above the national average at a rate of 12.2 per 100,000 of population, 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:

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



A detailed evidence-driven service review is underway that will deliver a comprehensive plan to improve support for people with mental health support needs, in line with the ambitions and principles set out in this strategy. This will add a more detailed set of actions to the broader improvements described throughout these documents – for example, in day opportunities, accommodation with support or on direct payment uptake.

A review of services and support for people on the forensic pathway is also underway. This will identify opportunities to better support people who have social care needs (including for mental health challenges) who are also in contact with criminal justice system.

Physical and sensory disability

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

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 per week 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 per week 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.



A service review of support for people with physical and sensory disability will be undertaken to understand further the opportunities for improved provision, and what will be needed to meet future need.

Complex case management

Within adult services there will always be instances where multiple partners, including housing, health services and sometimes enforcement services, are involved with someone who is exhibiting complex behaviours that challenge any one service to respond. Such cases can occur with people across any type of support need, and might include complex hoarding and other issues that challenge the person's neighbours or circles of support. For these cases we have initiated a complex case panel approach, so that a carefully considered and appropriately planned response can be developed.

Armed Forces Covenant and Social Care

We recognise that, within the services that are provided to communities and individuals in Dorset, there will be a number of armed forces veterans who are drawing on support. Adult Social Care holds fast to its commitments under the Armed Forces Covenant, and as commissioners we will continue to seek opportunities for improving the support offered to those with care and support needs arising from their military service.

Sensory impairment and learning disability

The prevalence of sensory impairment (visual and hearing) is much greater in adults with learning disability than in the general population, with some researchers 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 is a 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.

From Birth to Settled Adulthood

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 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 that are 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.

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.

Our vision

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 (incl. early years) and more.

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. We are also committed to keeping our scope quite open, so that no young people 'fall down the gaps'.

We are currently working with partners to develop a more detailed commissioning plan for 0-25 and preparing for adulthood.

The principles that govern our approach were co-produced with Dorset Parent Carer Council in 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 with a whole-life view, considering all life stages, likely support needs and opportunities to support longer term independence
- » Starting the process earlier to enable young people to gain the 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 moving 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

Day opportunities should be opportunities for improving health and wellbeing in its broadest sense, supporting adults 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, as well as the importance for carers of having confidence in the safety of their cared-for person. We are committed to building on existing provision for these groups and making it as accessible and personalised as possible.

Our aspiration to expand the use of direct payments and individual service funds will

change how people access this type of service. Providers (including 'universal services') will have to shape their offer to those with funds to purchase a service or opportunity, as they build more flexible and tailored packages for themselves. We want to see technology used to promote independence. We also want to 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 day

An engagement process was undertaken over the summer of 2021, through which we explored with people what a 'good day' looked like for people with care and support needs. Key headlines include:

- » 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 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.

Our ideas for 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.

We will work with people to explore these ideas and develop a new model of day opportunity delivery.

Every decision about care is a decision about housing

A core principle of the Government reforms of adult social care is to introduce the idea that housing is so critical to supporting people to achieve their outcomes that it should be central to every decision about care and support.

We know there are approximately 185 people open to adult social care with an identified housing need in the next 5 years. Whilst some 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, including links to forensic services. 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.

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 delivered by Dorset Council.

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 o 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 to planning
- » Advance sourcing for a large, shared property (current search) and individual bespoke properties (search begin mid-2023)

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 ~8 flats and couple of bungalows



A service review is proposed to ensure that the current provision of supported living, including shared lives, is right for current residents and to identify further contracting and development opportunities to meet future needs.

Our action plans

These action plans are developmental, and as further work is done to gain insight or to involve other voices in designing the solutions, then the action plans will need to evolve. Additionally, at the point of agreeing these strategies the Commissioning team is completing a restructure which will provide the resources to deliver the plans, and will also lead to adjustments in exact wordings for actions, timelines, and particularly identification of lead officers.

Outcome 1: Communities are resilient, vibrant and inclusive through working in partnership with the voluntary and community sector, and provide natural circles of support for people's independence and wellbeing

Page	Actions	Expected date	Lead	Issues
16	Develop and review the pilots underway to evidence their impact and build into a longer term approach	Q1 2023	HoS, OP, Prev, Market Access	
16	Work with NHS Dorset, BCP and VCSE to co-produce and implement the hospital avoidance programme as part of Ageing Well	Q2 2023	HoS, OP, Prev, Market Access	
18	Joint targeted volunteer recruitment campaign	Q1 2023	HoS, OP, Prev, Market Access	
15	Internal comms and engagement to develop and promote new and emerging opportunities	Q2 2023	HoS, OP, Prev, Market Access	
9	Build on partnerships and engagement to explore new opportunities with the wider VCSE and system partners including ICS	Q2 2023	HoS, OP, Prev, Market Access	
31	Mobilise the Supported Employment Service (16+) to further support Birth to Settled Adulthood and A Better Life agenda	Q3 2023	HoS, Working Age & Disability	
31	Steps to Independence and Well-Being offer for young people entering adulthood, including 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.	Q3 2023	HoS, Working Age & Disability	

Outcome 2: People can easily access a range of local community based resources which support their health and wellbeing, including high quality and consistent information, advice and guidance when they need it

Page	Actions	Expected date	Lead	Issues
18	Recommission Dorset Integrated Prevention Services using system wide data and intelligence to understand need and demand, what does and doesn't work, identify additional funding streams	Q2 2023	HoS, OP, Prev, Market Access	

18	Implement community navigators	Q1 2023	HoS, Working Age & Disability	
20	Accelerate existing work to support micro providers to setup	Q4 2023	HoS, Working Age & Disability	
32	Produce menu of services for day opportunities, incorporated into wider IAG systems	Q3 2023	HoS, Working Age & Disability	

Outcome 3: People have ready access to a range of technology options that can support their independence and their ability to receive long-term care in ways that work best for them

Page	Actions	Expected date	Lead	Issues
19	Embed the new Technology Enabled Care contract within Dorset to support staff across Health and social care support people through their journey to keep them safe and well.	Q3 2023	HoS, OP, Prev, Market Access	
19	Develop a training programme to educate colleagues on how technology works and how it can benefit people.	Q3 2023	HoS, OP, Prev, Market Access	
19	Develop the TEC lounge by moving it to bigger premises at Greenwood to allow easier access, extend the range of equipment this will support our work towards a self-funder offer.	Q2 2023	HoS, OP, Prev, Market Access	
19	Enable a self-funder offer from our TEC service provider to support a wider range of individuals which will include a responder offer.	Q3 2023	HoS, OP, Prev, Market Access	
19	Develop a work programme to move to the digital careline service being replaced by OFCOM /Openreach and the Telecom provider network.	Q4 2023	HoS, OP, Prev, Market Access	
19	Developing a training centre for care at home staff to learn about technology so they can support people to use it confidently in their homes.	Q3 2023	HoS, OP, Prev, Market Access	

Outcome 4: People are supported to manage their own care through the use of direct payments and individual service funds, with a vibrant marketplace from which they can choose and buy their support

Page	Actions	Expected date	Lead	Issues
20	Develop Dorset DP/ISF Project Group and Oversight Group Establish training programme across system, including social work teams	Q3 2023	HoS, Working Age & Disability	
20	Information and advice overhaul	Q3 2023	HoS, Working Age & Disability	
21	Support service development Review current DP/ISF support arrangements Implement change with full tender processes where needed	Q3 2023	HoS, Working Age & Disability	

21	Scope the options on prepaid cards and take formal decisions on future plans	Q2 2023	HoS, Working Age & Disability	
21	Develop all-age offer, working with Children's Services	Q3 2023	HoS, Working Age & Disability	
21	Establish programme of activity to develop the provider market for DP/ISF, working with provider networks, and VCSE organisations – to include microproviders and personal assistants	Q2 2023	HoS, Working Age & Disability	
21	Develop Council offer on carers' Direct Payments (see also Carers' strategy)	Q2 2023	HoS, Working Age & Disability	

Outcome 5: 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

Page	Actions	Expected date	Lead	Issues
15	Expand on the implementation of strengths-based approaches in both Children's and Adult Services to ensure assessments, reviews and commissioned services are person centred, outcome focussed and offer value for money.	Q4 2023	HoS, Working Age & Disability	
32	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	Q4 2023	HoS, Working Age & Disability	
32	Co-production programme to develop model of hub-and-spoke provision	Q2 2023	HoS, Working Age & Disability	
32	Review property portfolio and align to new vision	Q3 2023	HoS, Working Age & Disability	
32	Develop and implement transport alignment plan	Q3 2023	HoS, Working Age & Disability	
32	Develop Changing Places provision options and implement	Q3 2023	HoS, Working Age & Disability	

Outcome 6: 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

Page	Actions	Expected date	Lead	Issues
27	Service review completed: learning disability care and support	Q1 2023	HoS, Working Age & Disability	
29	Service review completed: mental health care and support pathway	Q1 2023	HoS, Working Age & Disability	

30	Service review completed: physical disability care and support	Q1 2023	HoS, Working Age & Disability	
28	Service review completed: Joint Neurodiversity review (with NHS partners)	Q2 2023	HoS, Working Age & Disability	
26	Service review completed: respite and crisis support offer	Q1 2023	HoS, Working Age & Disability	
26	Service review completed: forensic services	Q1 2023	HoS, Working Age & Disability	
26	Service review completed: supported living and Shared Lives	Q1 2023	HoS, Working Age & Disability	
26	Develop strong local offer for people with disabilities, including the quality improvement priorities jointly with provider market	Q2 2023	HoS, Working Age & Disability	
31	Development of a Transitions Dashboard is currently underway to enable Commissioners and Operational staff to better plan and support individuals through the transitions period.	Q1 2023	HoS, Working Age & Disability	
31	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.	Q2 2023	HoS, Working Age & Disability	
31	Increase accommodation-based support for those with specific needs, for example complex behaviour.	Q3 2023	HoS, Working Age & Disability	
31	Joint Commissioning approach to Short Breaks – Working alongside Children's Services to enable joint commissioning of Respite services.	Q1 2023	HoS, Working Age & Disability	

In later years of the strategy

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

Birth to Settled Adulthood

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.

Day opportunities

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

- » 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
- » Use the Dorset Care Framework 2 to ensure that the right contracted services are in place
- » 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

Community prevention

The actions above prepare the ground for a jointly produced programme of activity to continue to strengthen the preventive power of local community activity. We will work to capture this potential in an action plan for years two to five, which ensures:

- » A diverse voluntary and paid for community offer to support both place-based approaches & high priority programmes such as Home First
- » A community offer accessible to Direct Payment holders, Individual Service Fund holders, as well as self-funders
- » A changed culture of accessing care & support allowing greater choice and control
- » VCSE understood and recognised as agile & responsive trusted/strategic partners
- » Embedding the VCSE as an integral partner in delivering community services

Direct payments, individual service funds

- » Continued promotion of DPs/ISFs, keeping information and advice under review so that it best supports service users
- » Working with recipients to understand how the process can be continually improved
 - In particular to ensure that the Council maintains a “geographically-informed” view of where there are local market issues compromising the uptake of DPs/ISFs, as well as issues arising for specific groups of service users
- » Working with the market to ensure that there remains a vibrant, diverse and high quality offer for people who are looking to purchase care and support with a DP/ISF

Technology-enabled care

- » Continue to roll out replacement of old analogue equipment.
- » Develop further discussions with health and the ICS developments to embed the Digital change and technology first culture across the organisations, developing more integration with health
- » Build in online self-assessment so inform people of the options to consider
- » Embed the Technology offer in our review process- ensuring the reviewing team are fully aware of the support it can offer
- » Working on the consultation and outcomes of the white paper- looking at how we can extend the Technology offer within the Disabled Facilities Grants offer to make homes more accessible.
- » Build additional OT capacity within the TEC team to help with reporting and capturing the data and benefits of the TEC service.



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