



# Better Commissioning... for Better Lives

2023-  
2028

How we will commission and plan in future to  
deliver the best for Dorset's residents

Pre-Approval Draft, November 2022

# About these strategies

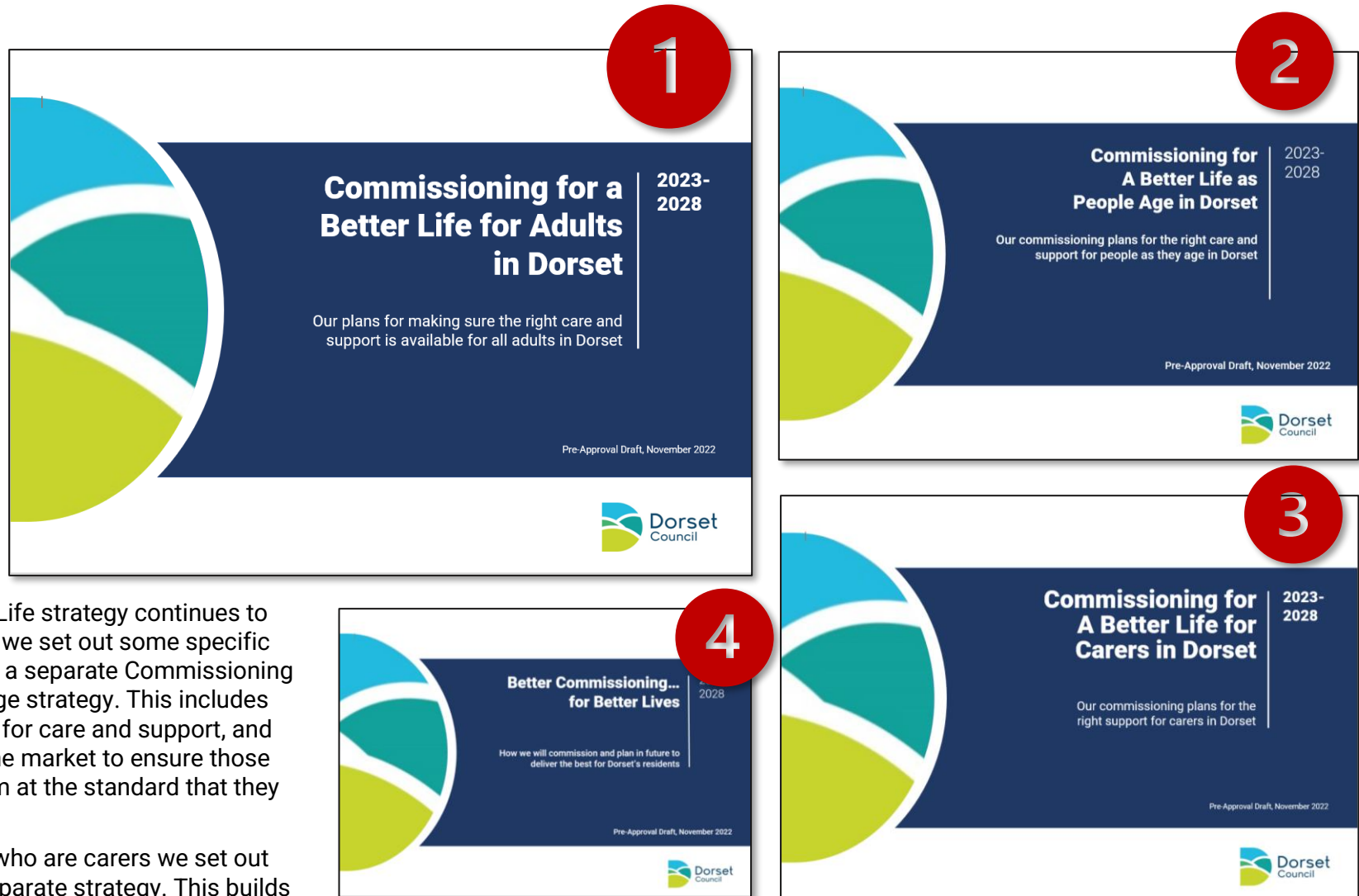
There are four strategies in this suite of documents. The main strategy, Commissioning for A Better Life for Adults in Dorset, sets out ambitions for every adult in Dorset, including those living in our community with additional needs. It gives an outline of our ambition for a quality, proactive and 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 the Commissioning for A Better Life strategy continues to apply as people age, reading we set out some specific ambitions for older people in a separate Commissioning for A Better Life as People Age strategy. 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 further, 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, in this document 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, and supports all of our ambitions for the people of Dorset.



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## About this strategy

This strategy should be read in conjunction with our main strategy, "Commissioning for a Better Life for Adults in Dorset", as well as our two strategies that set out our ambitions for people as they age and for those who are carers. The technical information about how we will better commission and plan services is intended to support those ambitions for people in Dorset and the support that they can receive.



# How commissioning supports our strategy ambitions

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

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

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

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

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

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

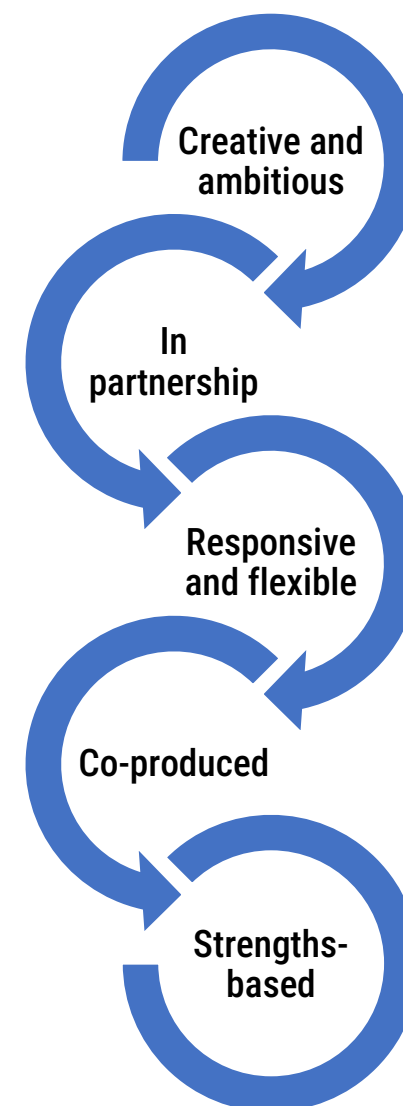
We will strive to share power, working together, ensuring everyone is involved;

We will understand co-production as widely as possible: fundamentally about involving those who benefit from our services, but also wider communities, community organisations, independent providers and statutory partners.

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

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

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



# Working with providers and the care market

## A commercially-minded approach for Dorset Council

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

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

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



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# Working with our new Care Company, Care Dorset

## Working with our new care company

On 8 November 2021, Cabinet agreed to establish a new LATCo, Care Dorset, wholly owned by Dorset Council, and to transfer services for its residents to the new company. In October 2022, the services previously run for Dorset by Tricuro, totalling some £24m per annum, moved over to Care Dorset.

These decisions present a significant opportunity for us to work with the new company to establish a single programme of reform for a significant portion of our commissioned service spend (around 19% of the Council's adult social care spend). Establishing a clearly-boundaried commercial relationship, balancing our role of commissioner with our role as the shareholder of the company, is one of the most important commissioning tasks in the coming year.

The timing of the decision sits well with our statement – through these strategy documents – of our intentions for the coming years. Indeed, the forming of many threads of future ambition into these single

strategy documents was a significant catalyst for the decision with regard to the new company. Residential care, reablement and day opportunities are major themes in the care-specific strategies that form part of this set of strategies, and the intentions that we set out here will set the direction for our partnership with Care Dorset.

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

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

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

# Market Position Statements

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We recognise that markets are dynamic, particularly as they respond to changing and variable customer demand such as in the social care sector. The recent years have been particularly challenging as a business environment, with underlying workforce instability being made so much worse by the pandemic. We are keen to support the market as much as possible in the development of social care businesses, aligned to the emerging need of our population. For this purpose we are developing a new Market Position Statement, which will present to the market statements about the types, quantities and quality of services needed to support our population as it grows.

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

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

We intend to have the first iteration of this Market Position Statement online for the summer of 2023, as we develop our work on the Market Sustainability Plan in partnership with the provider sector.

# Fair Cost of Care and Market Sustainability

## A wider reform programme

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

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

The ambitions set out to achieve those objectives included innovation and investment in models of care, support for the care workforce, a new assurance and inspection framework for councils’ adult social care, and a series of funding reforms.

Whilst all of our activities within these strategies are supportive of the reform agenda, it should be noted that the Government delayed the introduction of funding reforms for individuals as part of its Autumn 2021 Autumn Statement. However, we will continue to prioritise the work to strengthen the basis for our delivery of a modern, responsive, personalised and digitally-enabled social care system.

## Raising the emphasis on market sustainability

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

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

The Government’s Market Sustainability & Fair Cost of Care funding regime was intended to address these issues and stabilise the market. In December 2021 it was replaced with grant funding that had a broader set of requirements attached, but the emphasis on market sustainability planning still remained as a policy driver.

## Dorset’s Approach to Establishing the Fair Cost of Care

In Autumn of 2021, prior to Government announcements, Dorset Council commissioned two independent consultancies to undertake a Fair Cost of Care [FCoC] exercise. This set Dorset up well for the introduction of the Market Sustainability & Fair Cost of Care funding from Government, which required such an exercise. The intention is to determine the sustainable rates for care, and how Dorset Council benchmarked against other local authorities, as well as establishing a robust evidence base on provider operational costs. This was designed to leave a toolset for commissioners to manage future years’ uplifts, and to improve the transparency with which the market was engaged. It required providers to supply information to the consultancies, with various activities to improve uptake.

## The Market Sustainability Plan

The Market Sustainability Plans resulting from the ‘fair cost’ work, are integrated into our Better Ageing Strategy. This recognises the volumes of purchasing involved in these markets, but nonetheless it should be noted that the plans have wider impact than just older people’s services.



# Commissioning for 'place'

## What we mean by commissioning "for place"

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

In a county like Dorset, with a blend of rural and urban areas, there can be significant differences in how people live and what matters to them. NHS England acknowledges that "the footprint of place should be based on what is meaningful to local people, has a coherent identity and is where they live their lives." [Thriving Places, Sept 2021]

With the majority of social care services being delivered in people's own homes, and their health services being delivered through local GPs, pharmacies and health centres, getting the join-up right and the balance of provision to meet local needs is critical. Moreover, the networks of support that people turn to first – their friends, family members, neighbours and community infrastructure – is intensely local, and if we are to harness people's strengths then this needs to be part of our commissioning thinking.

## The role of partnerships in commissioning for place

If we commission for place, it pushes us to start with the priorities, issues strengths and assets of the people in our localities, towns, communities and neighbourhoods. That means we are pulled away from our organisational silos, and partnerships and collaboration become even more important to us pooling our strengths and delivering what people need and want locally, and building on what they already have.

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

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

## The most significant issues that affect places differently

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

- » Our early ideas for a new model of day opportunities for those with disability, mental ill-health or dementia would be based around a Hub and Spoke approach, and would develop a locality-based network of community organisations and care businesses providing 'spokes', with the specialist 'hub' at its heart;
- » In time this can link to other community activity and widen out to be a more radical place-based offer of community, preventative support and service delivery;
- » For care and support in the home for older people, we are creating a more defined set of operating 'zones' so that the travel management is more feasible – but also facilitating mor connections between these services and local community organisations and assets;
- » Other ideas we would like to explore include, for example, care homes operating as community or provider hubs within localities, connecting to local community assets and enriching life in the care home, allow other to tap into care homes' expertise, and offering spare accommodation capacity to support and strengthen local provider networks.

# Partnerships and integrated care

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

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

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

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

The Dorset Health & Care Partnership provides a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system

and communities. It includes NHS trusts and commissioners, together with Council representatives, the Police, Fire and Ambulance services, and community, voluntary and public representation. It supports integrated working and works together with the Health & Wellbeing Boards in the two council areas.

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

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

- » Work together to tackle common challenges;
- » Talk to and work directly with communities, voluntary sector and neighbourhoods;

## The Better Care Fund

The Better Care Fund (BCF) is the current national policy approach for integrating health and adult social care. It has been running since 2014/15. The BCF spans both the NHS and local government and seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The policy brings together resources from the NHS and local government and requires local plans to be produced and overseen by each Health & Wellbeing Board across England.

The BCF and iBCF ("improved" BCF) provides Dorset with a total pooled budget of £136,827,560. Working collaboratively Dorset Council and Dorset NHS alongside input from the local NHS providers, including Acute Trusts, the provider market and voluntary community sector have continued to invest BCF into the following schemes:

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

These schemes ensure that Dorset Council meets the requirements of the BCF as set out in guidance, forming a basis for many of the strands of activity in our strategies.

# Our digital vision

## A Digital Council in a Digital Place

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

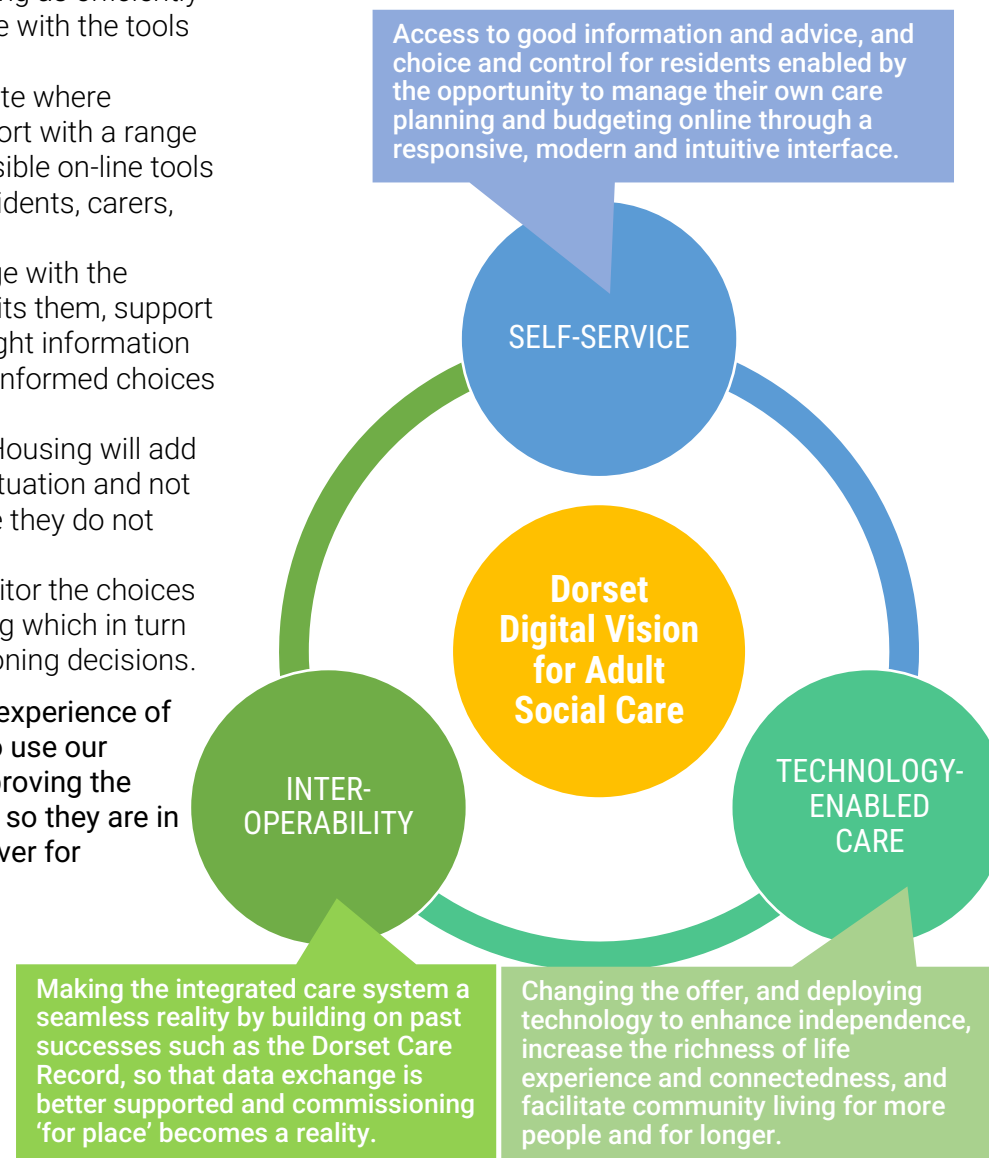
In 'A Better Life' we set out the ways in which the directorate is working to deliver effective and efficient services, which where possible, are 'digital by design':

- » Meet growing demand for adult social care by targeting digital resources where they are most needed
- » Technology will compliment, not replace, personal care with the potential to transform peoples' lives, maintain independence for longer and achieve better value for money

- » Ensure services are working as efficiently and effectively as possible with the tools required to enable this
- » Look to reduce, or eliminate where possible, unnecessary effort with a range of appropriate and accessible on-line tools for use by colleagues, residents, carers, and external agencies
- » Enable residents to engage with the council in a way which suits them, support residents to access the right information at the right time to make informed choices about what to do next
- » Contact with Adults and Housing will add value to the individual's situation and not be the last resort because they do not know where else to go
- » Digital will help us to monitor the choices that self funders are taking which in turn will inform our commissioning decisions.

Digital is not only about the experience of our residents and those who use our services, it is also about improving the experience of our workforce so they are in turn better supported to deliver for residents. It can be a crucial intervention in stabilising the workforce, and is therefore an important area for our partnership with the provider sector.

## Describing our digital vision



# Co-production

**'Co-production is an approach where people, family members, carers, organisations and commissioners work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects.'** [Think Local, Act Personal]

We have set out that we are committed to co-production, partnership, and to a flexible and responsive approach to developing our services. This strategy has been shaped by many conversations, relationships and pieces of data analysis over the past months and years. We believe that, certainly in its early ambitions, it represents a shared view of how services need to develop to better serve the people of Dorset who need care and support.

However, particularly over the longer time-frame of the strategy, there is still a lot that we need to work on with all those who use, or work within and alongside, the social care

system. Under each strategy area we have set out our planned actions for the coming year, and a broader set of aspirations that represent how we see social care evolving in the years that follow. To turn those broader aspirations into action, we have also set out some 'conversations' that we think are important to ensuring that we bring as many partners and people as possible with us.

In February 2021, we published a set of broad "commissioning intentions" for discussion/comment. Those activities have been incorporated into this commissioning strategy. The Strategy also reflects the

considerable work that has been done through the integrated care partnership arrangements with the local NHS. At the same time, we hope that by setting out our ambitions for social care more fully in this document, we can give new impetus to those partnership discussions and a clearer basis for our joint working. Finally, over the summer of 2021, we ran an engagement exercise – the "Summer of Co-Production" – which provided us with rich insight into what people want from social care services, particularly day opportunities. Again, this strategy builds on what we heard from people during those discussions.

The Council values the contribution residents with lived experience can bring to the development of Adult & Housing Services in Dorset. Our aim is to move away from delivering services 'for' residents, to a model where the council collaborates 'with' residents and stakeholders. We will share power and commit to working in partnership with communities.

## Short Term (1-2 yrs)

Dorset Council will have achieved some 'Quick Win' co-production projects that demonstrate our commitment to working in partnership with our stakeholders.

## Long-Term (3-5 yrs)

Dorset Council will evidence that the people we support have been actively involved in the design and co-production of the majority of our services.

## Beyond (5+ yrs)

Dorset Council is recognised as a leading Local Authority for public engagement and co-production

CO-PRODUCING

DOING WITH

Work with service users and other organisations from design to delivery. **We share all or almost all decisions.**

CO-DESIGNING

Involve service users and organisations in designing our services. They influence decision but aren't involve in 'seeing it through.'

ENGAGING

Give service users and other organisations regular opportunities to express their views in a variety of ways. They can influence some decisions.

CONSULTING

DOING FOR

Invite service users and other organisations to fill-in surveys or attend meetings to say which proposal they prefer or what they think about an issue.

INFORMING

Inform people about your services and explain how they work. Sometimes you tell people what decisions you've made and why.

EDUCATING

DOING TO

Educate people on the benefits and rationale of your services. You may convince them to act differently

COERCING

Require people to use your service or do something without understanding their true wants and needs



# Some initial co-production priorities

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## Initial priorities

We have identified an initial group of issues that we think need to be further explored in the first year of these strategy with those who draw on support, our partners, providers of social care, informal carers and others. They include:

### Direct Payments / Individual Service Funds

- » Continuing to explore how we improve the system

### Day Opportunities

- » Involving people in the design of a new model

### Dementia

- » Opening up the conversation about how we improve dementia support

### Autism

- » Opening up the conversation about how we improve support for Autism,

### Social care reforms/digital

- » New financial arrangements for social care, self-assessment, access to care records

### Birth to Settled Adulthood

- » Continuing the conversation with people who draw on support through transition about improving the service offer

## Some priority conversations for the longer term

### For technology-enabled care

- » Working on pilots with individuals across Dorset, trialling new equipment and devices-checking that the person is capable to using the equipment and the infrastructure is there i.e. mobile technology, for example working with the 5G team and Vodafone to develop a pilot of the Internet of Things (IOT) where there is little or no mobile signal.
- » Working with health colleagues to see where a combined system could develop benefits across the services for both organisations

### For older people

- » Continuing the conversations about what it means to age well in Dorset, including specifically in local communities

### For residential care (for older people)

- » We are keen to have discussions with self-funders who are new to residential care, and their families, about the choices that they made and what alternatives could have been made available for them to remain living independently for longer.
- » There are also opportunities for community organisations to be part of enhancing the richness of life in our care homes and we must develop the conversation further with the market as we continue to share

information about the future of provision. This will include discussions about the property and environmental challenges and opportunities in the sector, and how the physical estate can be improved. It will also include conversations on developing and supporting a stable workforce.

### For Direct Payments/Individual Service Funds

- » We need more insight into the self-funder market, as well as the placement activities and trends of our healthcare partners. This will all be part of building greater insight into the functioning of the market, including within specific geographies within the county.

### For community resilience and participation

- » Rather than focusing on work on specific issues, we will work to develop a regular forum for exchange of information. This will support continued work with VCSE infrastructure partners as well as the wider sector and local communities

### For carers

- » We will work to further develop the Dorset Carers Reference Group, which can shape with us our co-production activities. There are a number of areas identified where we will be developing new service offers, and we need to involve carers from the earliest stages. This will include around improving carer breaks provision.



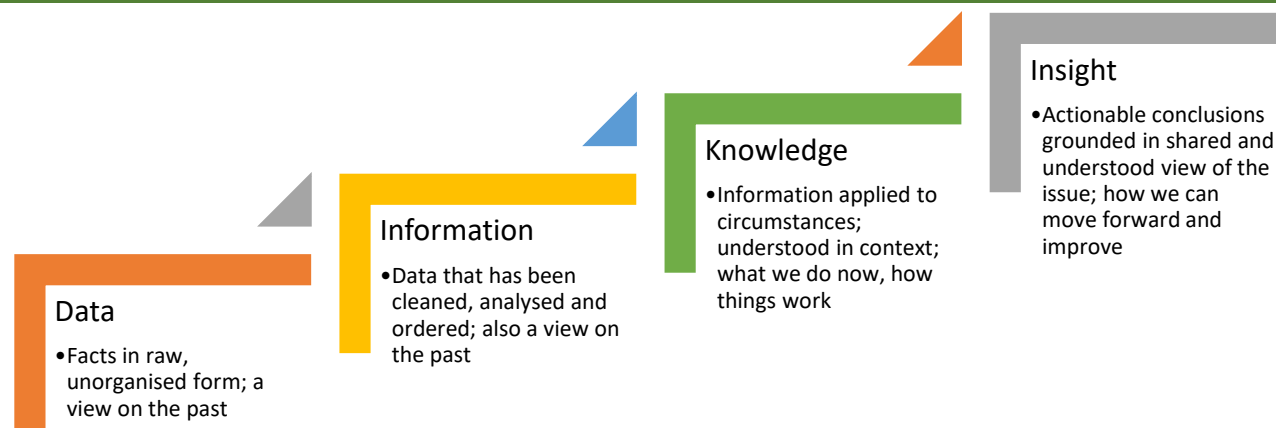
# Data and insight

Our aim is to build more systematic and insightful use of data to support decision-making, particularly decision-making in partnership, in co-production settings, and in the bridge between commissioning and operations. However, we also recognise that data should never replace professional judgment, particularly in a social work practice context. Good data analysis can, though, support professional judgment, by providing insight into how systems are functioning, and the decisions people make within them. Data can also alert to possible developing problems, with predictive analytics pointing us to where people may benefit from preventive interventions.

## Identifying those who may benefit from preventative support

We need to work smarter with the available data and evidence base to identify and target those individuals who may benefit from particular types of preventative support. There are a number of interactions and access points that could bring a person into contact with the council or a partner organisation and act as a trigger point for the council to consider a preventative service. For example:

- » initial contact through the Council – via the Central Access Team (CAT) and the Adult Access Team (AAT), whether by the person concerned or someone acting on their behalf



- » contact with other professionals such as GPs, community nurses, housing officers, which leads to a referral to the council
- » an assessment of needs or a carer's assessment.

Pilot work is underway to redirect referrals from the Adult Access Team into a 'case holding' community connector service for people who will benefit from an early support intervention.

There are key points in a many people's lives where an intervention may be particularly appropriate. We need to understand these flags and consider how to identify and respond to potential opportunities. Examples will include:

- » Bereavement;
- » hospital admission and/or discharge;
- » people who have been recently admitted to or released from prison;

- » application for benefits such as Attendance Allowance, or Carer's Allowance;
- » contact with/use of local support groups;
- » contact with/use of private care and support;
- » changes in housing.

By using datasets in the Dorset Intelligence & Insight Service we know we can identify people with particular vulnerabilities, such as being at risk of falling, who could then be targeted with a preventative offer. Evidence suggests that targeting people with two or more co-occurring health issues can make a considerable impact on their need for further care as well as health interventions. Many people with low level care and support needs will approach the voluntary sector for advice in the first instance. We are already working proactively with the sector to develop a public facing 'Community Front Door' which aims to support the sector locally to step up and respond.

# Data and insight priorities for the coming years

Across all areas of the strategies, we intend to continue to strengthen datasets that describe the diversity of individuals being supported, and support investigation as to potential people who may need support but are not receiving it, or where services can be adapted and developed to better meet their needs.

## For adults of working age with support needs

- » The service reviews referenced in the strategy will require considerable data analysis to ensure that they are evidence-based.

## For Birth to Settled Adulthood

- » Strategic review of current service offer will require insight to inform service development.

## For technology-enabled care

- » Further work is required with our provider and the Digital team to capture data that measures benefits for people with certain conditions being supported to live independently, and avoiding hospital and long-term care admission. A temporary OT post will support data capture from pilots but we will need to look at how we capture reports from AI systems and better co-ordinate a response

## For older people

- » Understanding care choices made by people as they age is important (either on their own or with the support of services). This will include a more in-depth modelling of housing demand for older people and the choices that people want about housing for older age.

## For residential care (for older people)

- » Improving information management about care provision to better support commissioning decisions will allow us to bring more people into our decision-making, including the care market and health partners.
- » We need more insight into the self-funder market, as well as the placement activities and trends of our healthcare partners. This will all be part of building greater insight into the functioning of the market, including within specific geographies within the county.

## For Direct Payments/Individual Service Funds

- » Building a good data picture about DPs/ISFs is important, especially greater qualitative insight.
- » Analysis of the base rates and costs involved in purchasing/providing care through this method will also be important.

## For day opportunities

- » We have a reasonably clear picture on the kinds of services people want to access and how they want to spend their days. However, we also know that we have further data analysis to undertake to inform our continued discussions. This will be an early priority. In particular, we want to understand more about private day opportunities, and how moves to direct payments will further expand that market.

## For community resilience and participation

- » A dedicated Performance Analyst role will develop evidence base for cost avoidance on locality basis, where social work teams gain support from community and voluntary sector.
- » There are a number of interactions and access points that could act as a trigger point for council/partners to consider a preventative service. Data helps us better understand currently missed opportunities, including high risk of hospital admission/health inequalities

## For care at home (for older people)

- » Locality-based analysis is important to inform all of the interventions in these strategies. This will need to be regularly refreshed.
- » These analyses will also show changes in flow through short-term services, and inform future decisions about reablement/rapid response.
- » Analysis of handed back cases will allow for a model to identify providers at risk of failure, minimising 'provider of last resort' intervention.

## For carers

- » Continued work to build the picture of support needs, including with Health and providers.
- » As part of that, understanding more clearly what data can tell us about the risk to caring arrangements breaking down will be invaluable.

# Safeguarding and commissioning for quality

The Council is responsible for establishing and maintaining a multi-agency Safeguarding Adults Board. This is a strategic forum, responsible for co-ordinating and reviewing the full range of safeguarding activity across the local area. As such, the priorities established by the Board directly influence how the Council approaches its responsibilities for commissioning effective care and support.

## From the 2021-24 Safeguarding Adults Board Strategic Plan

The Board has set out a number of priorities that shape the work of the Council's commissioning and operational teams. For the coming year they remain:

- » Continued development with partners of preventative work in safeguarding;
- » Work within the new Integrated Care System in the context of the safeguarding assurance framework – continuously developing how the board delivers assurance with the evolving governance frameworks within the NHS and social care;
- » Transitional Safeguarding – working closely with Safeguarding Children's Partnership to ensure that the complexities for children and young people who have transitioned from children's service intervention are recognised when safeguarding concerns

are considered by adult services and that there is good information sharing, when necessary, between the services;

- » Homelessness – ensuring there is good multi-agency working with a contextual safeguarding approach to preventative activities for people who are homeless;
- » Involving people in the work we do – through reviewing how we communicate more widely to citizens and ensuring we listen to the voices of those who have experienced safeguarding interventions;
- » Improving assurance on health and social care practice and provider care quality – by understanding the significant impacts on commissioning services by health and social care; by understanding how we work in partnership with citizens (through Healthwatch) and the regulator (CQC); through having oversight, through single and multi-agency audit which shows how risk is identified and responded to;
- » Improving assurance on delivery of safe practice in private mental health hospitals – through understanding the extent of commissioned out of area placements and the quality assurance.

## Developing our quality oversight systems and practice

For our part in the SAB's commitment to improve assurance on social care provider quality, we will be reviewing and continuing to strengthen the approaches we take to managing and overseeing provider quality. This will include:

- » Concluding a restructure of the commissioning team to strengthen the resources available to manage provider quality;
- » Improving our data flows and management of insight into provider quality, so that we can be more confident in forming judgments as to the risks associated with different providers;
- » Implementing the Provider Assessment & Market Management Solution (PAMMS) to automate reporting by providers on their business performance and service quality;
- » Improving systems for people to report to us concerns about providers – we heard from people in our engagement work how concerned people are to report where they have provider concerns – we want to ensure that they can be reassured to report these to us for action.

These and other actions will be developed further as the new team shapes its work programme over the early months of the strategy.

# Our action plans

Page	Actions	Expected date	Lead	Issues
5	Refine commissioning practice/approach to enhance contribution to Council's Commercial Strategy	Q3 2023	Corp Director, Commissioning	
6	Establish appropriate and effective commissioning governance for Care Dorset	Q1 2023	HoS, Working Age & Disability	
7	Establish online market position statements, including options for developing interactive content	Q2 2023	HoS, OP, Prev, Market Access	
8	Continue to work with market to further develop Market Sustainability and Fair Cost of Care processes, and deliver the agreed action plans (see Better Ageing strategy)	Q2 2023	HoS, OP, Prev, Market Access	
10	Continue to use the Better Care Fund as a mechanism for strengthening practical collaboration and integration, in pursuit of the ambitions set out in these strategies and by the Integrated Care Board	Q2 2023 & ongoing	HoS, OP, Prev, Market Access	
11	Continue to develop plans, through our reform programme and other interventions, that further our ambition to make the best use of digital opportunities in social care	Q3 2023	HoS, OP, Prev, Market Access	
12	Design and deliver a set of initial 'Quick Win' co-production projects as demonstration of commitment and early impact of partnerships with our stakeholders	Q2 2023	Service Mgr, Strategy, Transformation, Perf	
12	Produce an evidence report on the impact of active involvement of people who draw on support in the design and co-production of the majority of our services	Q2 2023	Service Mgr, Strategy, Transformation, Perf	
13	Deliver immediate co-production priorities as identified	Q4 2023	Service Mgr, Strategy, Transformation, Perf	
13	Plan and deliver longer-term set of conversations around the future of specific areas of social care delivery	Q4 2023	Service Mgr, Strategy, Transformation, Perf	
15	Design and deliver programme to support commissioners in the data/insight gaps identified – in turn to further strengthen these strategies	Q2 2023	Service Mgr, Strategy, Transformation, Perf	
16	Improving our data flows and management of insight into provider quality, so that we can be more confident in judgments on risks associated with different providers	Q2 2023	HoS, Quality & Contracts	
16	Implement Provider Assessment & Market Management Solution (PAMMS) to automate reporting by providers on their business performance and service quality	Q2 2023	HoS, Quality & Contracts	
16	Improving systems for people to report to us concerns about providers	Q3 2023	HoS, Quality & Contracts	

# Glossary of Terms

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<b>A Better Life</b>	The Adults & Housing strategy sits under this banner	<b>Building Better Lives</b>	A programme within Adults & Housing for bringing forward new housing options for local people, often with care and support needs
<b>Acute</b>	Immediate and short-term needs, sometimes of significant complexity	<b>Care market</b>	The marketplace of providers of social care services, from which the Council, NHS or private individuals purchase their care and support
<b>Acuity</b>	Level of complexity of support that someone needs	<b>Care Quality Commission</b>	The national regulator of health and care services – anyone who provides a type of service determined in law as “regulated services” must register with CQC and be open to inspection and rating
<b>Admission avoidance</b>	Preventing admission to hospital, for example because of a fall, by providing care, guidance, assessment or other support	<b>Carers</b>	Sometimes called “informal” or “family” carers, anyone who provides support to a person with care needs, whether they live with them or not
<b>Assessment, Care Act</b>	A conversation, or set of conversations, that leads to a determination of what someone needs in terms of social care support	<b>Clinical Commissioning Group</b>	An organisation within the NHS that plans and contracts the right healthcare services for the local population – now formally integrated into the Integrated Care Board
<b>Assessment, financial</b>	An assessment, carried out under the Council’s financial assessment policy and statutory guidance, that determines how much someone should contribute to the cost of their care	<b>Commissioning</b>	The process of understanding needs at a population level, identifying the right solutions, and then putting plans into action, which may often include contracting care services
<b>Assets-based approach</b>	An approach to commissioning or social work which starts by looking at the strengths and assets of a person or community, and how they can be built upon to address challenges they face	<b>Community &amp; Voluntary Sector/VCSE</b>	The network of community-based organisations, often not for profit or charity organisations, who provide support or community connections
<b>Assistive Technology</b>	Any device or technology that provides support or assistance to people with everyday needs	<b>Co-production</b>	The process of an organisation working with end users of services, local communities or individuals, to develop the right projects and services
<b>Better Care Fund</b>	A national government mechanism for encouraging joint financial planning between the NHS and local councils		
<b>Brokerage</b>	The process of purchasing and contracting the right care to meet someone’s identified needs		



<b>Council Plan</b>	The overall strategy for the Council, across all of its activities and priorities		
<b>DCR</b>	The Dorset Care Record is an integrated record of health and social care that seeks to improve information sharing across organisations		
<b>Dementia</b>	Dementia is a group of symptoms that show decline in the function of the brain, often particularly memory function and more often seen in older people, and can be of different types, including Alzheimer's or vascular dementia		
<b>Digital</b>	(in this context) a form of care technology or method of interacting with the council or services that relies on internet or other digital technology		
<b>Diis</b>	Dorset Intelligence & Insight Service, who provide data analysis support across Dorset and Bournemouth, Christchurch and Poole		
<b>Direct payment</b>	When someone receives money from the Council for their care, for them to organise it themselves and pay providers directly, rather than the council contracting it for them		
<b>Domicilliary care/home care</b>	When care workers come to people's homes to provider support with the tasks of everyday living		
<b>Fair Cost of Care</b>	A picture of the costs involved in providing care services, informed by providers themselves, and which the council was required to undertake as part of government strategy		
<b>Frailty</b>	The increasing weakness and difficulty in daily living tasks, often seen as a result of ageing and/or an accident or illness		
<b>Health &amp; Wellbeing Board</b>	A statutory committee of the Council that brings together health, social care and		
		<b>Hospital discharge</b>	other partners to set the strategy for improving local health and wellbeing
		<b>IAG</b>	The process of someone leaving hospital, sometimes into further care and support
		<b>Inclusion</b>	Information, advice and guidance which helps people make choices about their care and support needs
		<b>Individual service fund</b>	The process of thinking about how different people's needs are met (or not) by services, projects and plans
		<b>Integrated care system</b>	A way of taking a direct payment but having a community organisation manage it for you to reduce the administrative burden on you
		<b>Integregation</b>	Health and social care (and other partners) working together to ensure that services join up better for individuals, and that health problems are prevented where possible
		<b>Joint Strategic Needs Assessment</b>	The process of joining up (usually in the context of health and social care) to provide better, seamless support for people
		<b>Learning disability</b>	A process undertaken by Public Health to assess the health inequalities and priorities for the local area
		<b>Liberty Protection Safeguards</b>	Sense defines this as "Someone with a learning disability might take longer to learn new things or understand complex information. They may learn in a different way, or need information presented to them in lots of different ways." No two people with a learning disability have the same needs, and whilst some will need very high levels of support, others will live independently, work and have relatively little formal support.
			The formal system of assessing whether someone is able to make decisions about

	their care and support, or whether they need others to make those decisions for them		
<b>Local Authority Trading Company (LATCo)</b>	A private company that is owned by the Council as its only or major shareholder, and operates for the benefit of local people	<b>PAMMS</b>	as requiring more flexibility and openness in the definition Provider Assessment and Market Management Solution – a computer system that will allow providers of social care to share important information with the Council about quality and contract performance
<b>Lower Super Output Area</b>	A small geographical division, smaller than an electoral ward, used for analysing data about the population, especially from the Census	<b>Personal assistant</b>	Someone who is self-employed and provides care and support to an individual who pays with their own money or a council direct payment – they are distinguished from employees of a homecare agency, and there is currently no requirement on them to register with the Care Quality Commission
<b>Market Sustainability</b>	The stability of the care and support market, and the risk that providers will regularly go out of business because they cannot operate on a financially sound basis	<b>Physical disability</b>	A substantial or long-term condition that affects mobility, physical functioning, dexterity or stamina, which can be the result of physical injury or conditions such as (for example) multiple sclerosis, motor neurone disease, stroke or arthritis
<b>Mental health condition</b>	Generally, disorders that affect your mood, thinking or behaviour, whether short or long term, including for example schizophrenia, bipolar disorder, depression, anxiety or trauma	<b>Place/place-based</b>	The concept of thinking about a location and its population, and understanding the strengths and assets it has, and how the support it needs comes together to provide a joined up local set of services
<b>Micro-provider</b>	Someone who works alone or in small organisations of less than 5-10 people and provides often flexible care and support to individuals who pay direct (either their own money or a direct payment from the council)	<b>Prevention</b>	Defined in the Care Act as the care and support system coming together to actively promote wellbeing and independence, and therefore going beyond just “treating the problems” that people face
<b>NHS Dorset</b>	The public name of the Dorset Integrated Care Board, co-ordinating health and care services across Dorset, Bournemouth, Christchurch and Poole.	<b>Provider</b>	An organisation (in care terms often a private business) who delivers support to people, sometimes paid directly by them, sometimes paid by the council on their behalf
<b>NHS provider</b>	Hospitals, GPs, pharmacies, dentists and other services that are provided to the public under NHS arrangements	<b>Residential care</b>	Long- or short-term care given to people in a dedicated setting in which they live,
<b>Nursing care</b>	A type of residential care that includes nursing support, usually for people with medical conditions that require greater levels of care		
<b>Older People</b>	Often considered to be people of 65 years old and over, but increasingly recognised		

rather than in their own homes – often this is by necessity because their level of care needs meant that they cannot live at home any longer; sometimes it is by choice

**Sensory impairment/loss**

A general term used to describe blindness, deafness, or visual or hearing impairment

**Strengths-based**

Can describe either commissioning or the approach to social work, in both cases involves starting with thinking about the strengths and assets of a community or person, and how they can be enhanced to help them respond to challenges they are facing

**Technology-Enabled Care**

Forms of assistive technology that help to provide some of the care and support that someone may need, often with the intention of being less intrusive than when provided by a person in their home

**Transition**

Generally applied to the process of a young person approaching adulthood, and preparing for the move from children’s care and support to adults’ care and support – but can also refer to other moves between care types or care settings

**Working Age**

A term which is sometimes used, but is also felt to be problematic, to describe people aged in the range 18-64, and typically intending to capture the needs of people who live through all or most of their adult lives with forms of additional need such as disability or mental health conditions



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