



2023-
2028

A Better Life for Adults in Dorset

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

Foreword



I am pleased to introduce Dorset Council's adult social care strategies, which set out our vision for a fairer, more inclusive Dorset where everyone can live well and age well.

These strategies reflect our commitment to prevention, independence, and community-led support. They show how we are working to embed age-friendly principles across our county, recognising the strengths of our older population

while planning for the future needs of all residents.

We are also embracing the concept of Age-Friendly Communities. Dorset has one of the oldest populations in the country, and we are responding to this with ambition and creativity. From extra care housing developments to inclusive day opportunities and digital tools like Bridgit, we are creating environments where people feel valued, connected, and supported.

We are proud of the work already underway. The Bridgit platform is helping carers access support when they need it. Our direct payment reforms are giving people more choice and control. And our partnerships with the NHS and voluntary sector are enabling joined-up care that puts people first.

But we know there is more to do. These strategies are a springboard for further innovation and collaboration. They reflect our belief that good care is not just about services—it's about relationships, trust, and shared purpose. I want to thank our dedicated staff, partners, and communities for their continued commitment. Together, we are building a Dorset where prevention is prioritised, independence is supported, and every community is age-friendly.

Councillor Steve Robinson
Deputy Leader of the Council and
Portfolio Holder for Adult Social Care



Dorset Council's adult social care strategies reflect our commitment to delivering the right support, in the right place, at the right time. These documents set out our shared ambition to build a care and support system that is inclusive, preventative, age friendly and rooted in the strengths of our communities.

We are proud of the progress made since the launch of our commissioning strategies in 2023.

Our transformation programme has been shaped by continuous improvement, with a clear focus on prevention, independence, and community resilience. We've embedded a performance framework that enables us to understand demand, manage resources effectively, and deliver better outcomes for residents.

Our new Council Plan (2024–2029) places housing, communities for all, and prevention at its heart. These strategies are central to delivering those priorities. They show how we are working in partnership across the system—whether through integrated neighbourhood teams, enhanced reablement services, or the development of extra care housing—to support people to stay connected to the things that matter most whilst living independently and well.

We recognise the challenges ahead. Dorset's ageing population, rural geography, and workforce pressures require us to think differently. That's why we're investing in digital tools, expanding direct payments and individual service funds, and strengthening our partnerships with the voluntary and community sector.

These strategies are not just plans—they are a call to action. They invite collaboration, innovation, and co-production. They reflect our belief that adult social care is everyone's business, and that together we can build a system that supports people to live the lives they choose.

Jonathan Price
Executive Director of People, Adults & Housing

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PART 1

Setting the Context

A Better Life and Better Ageing

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 judgement 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 – to ensure people have the opportunity to live the better life that they are seeking for themselves. As people age and, in many cases, develop the conditions or frailty associated with older age, it becomes ever more important that we provide the opportunities to think about what their version of 'A Better Life' is and have the support available to help them to achieve it.

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.

Key connections with our overall vision for adults in Dorset

Preventing care and support needs from developing, or delaying them, or reducing the degree of need, are all crucial to helping people to age better. This strategy starts from what it means to live well in supportive communities, before people develop care and support needs. In the strategy for all adults, we talk about the supportive and preventive community system, plus the use of technology-enabled care systems, that are all part of a prevention vision for older people.

As we age, we all need to make choices about how, and possibly where, we live. It is very important that we have good information and advice available to people to help them in those choices, so what we said in the adults' vision is of great importance to older people.

We also set out a vision for day opportunities, focusing on a community-embedded approach, moving away from more rigid "day services" to a more flexible and responsive set of options for people to occupy their days. This is important for older people to remain connected to their communities and the things that matter to them, as well as better tailoring the support offer to the needs of different groups.

National reform of adult social care

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**’ **management**. 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.

Delivering the Council Plan 2024 - 2029

This ambitious Council Plan sets out our commitments to you, our residents and partners. It also outlines the council's four key priorities to be delivered in the next five years, to 2029.

Dorset resident views have helped shaped this plan. In 2024 we held a Big Conversation with our residents to ensure their voices were not only heard but their priorities were reflected in this Council Plan. We asked residents how we can work together to create a fairer, more prosperous and more sustainable Dorset. The findings of our biennial residents' survey have also been used to inform this plan.

This Council Plan is the result of that response and shows our shared desire to see Dorset thrive for current and future generations.

Our strategic priorities

Our four strategic priorities set out where we want to make a significant and positive difference. They are:

- » **Provide affordable and high-quality housing**
- » **Grow our economy**
- » **Communities for all**
- » **Respond to the climate and nature crisis**

We will work hard to achieve each priority so we can deliver the best outcomes for Dorset. Our ambition is to work in new and more efficient ways, joining forces with partners when appropriate.

We will stand up for Dorset to try and secure more investment and help us achieve the outcomes our residents have told us are most important to them.

Transformation Programme to support delivery of the 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

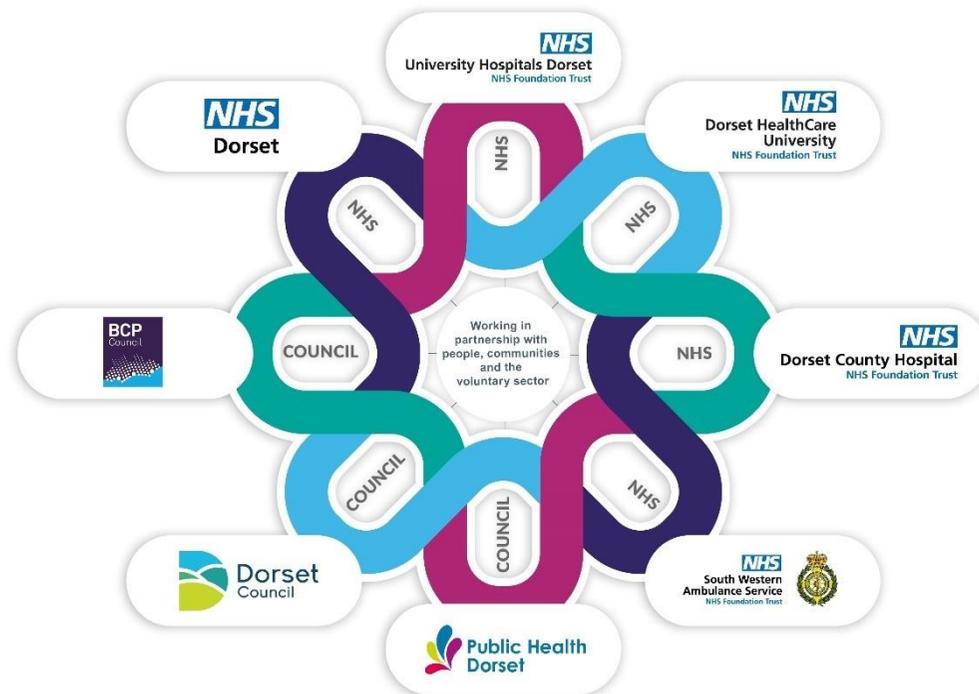
These comments, together with many more specific comments on elements of the plans that are within the strategies, have shaped the documents we have today. Crucially, the strategies are designed to start conversations, not to close them down with a finished product. So further feedback will always be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

Health and Care – working together locally

Dorset Health and Care Partnership is the local “integrated care system” (ICS). 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.

Our Dorset Population

The Dorset population

Dorset Council's current population is 384,800, of which 207,200 aged 18-65 and 118,200 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 53 (2023) compared to a national average of 41 years, and it is anticipated this will grow to 54.4 by 2029. We expect 11,300 (~9%) more over 65s in the population by 2029, and by 2035 the over 85 population is predicted to increase by 46% (from 19,100 currently to over 27,900). Conversely, the working age adult population is expected to decline slightly over the coming 25 years. 6.1% of residents are from minority ethnic communities.

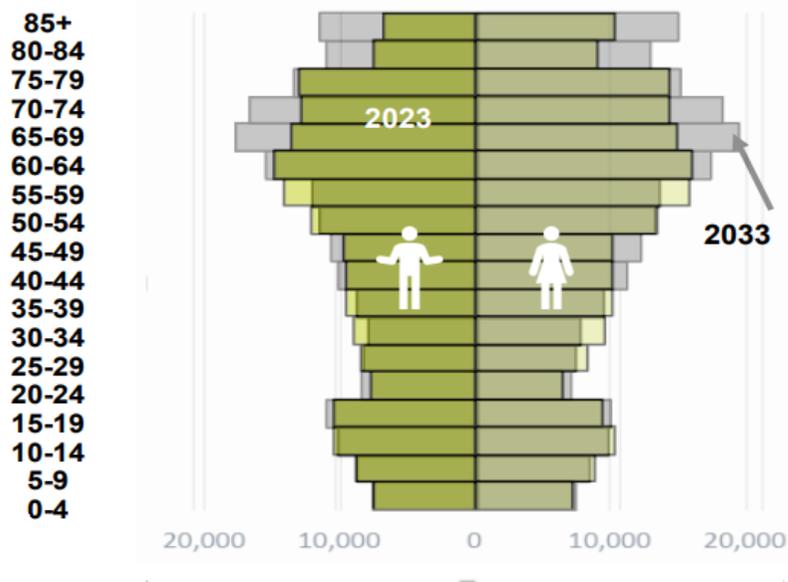
Population wealth

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.

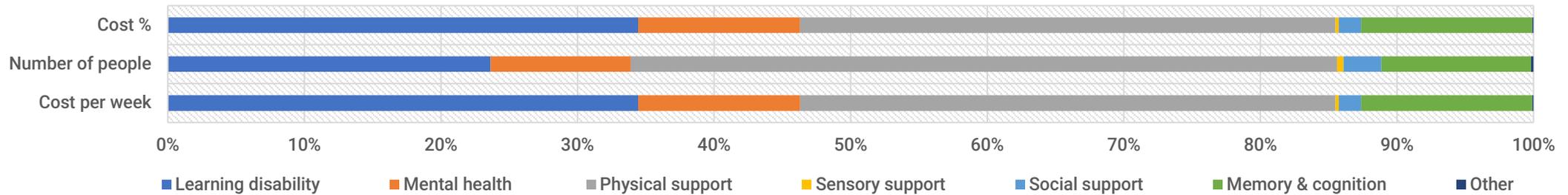
46% of Dorset's population lives in rural areas, and barriers to housing and essential services are substantial. 66 Dorset neighbourhoods fall in the 20% most deprived nationally for access to housing and essential services and makes for countywide challenges in developing and delivering a range of specialist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

The deprivation and rural nature of the county also increases risk factors in relation 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.

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.



Care and support in Dorset



1,605

people aged 18-64 were accessing care and support



56% learning disability support need

21% physical support need

19% mental health support need

2,678

people aged over 65 were accessing care and support

1,241

packages of homecare were being commissioned weekly

100 care homes offered 3,749 beds. Just over one third nursing. Council commissioned one quarter of them.

4,172

older people had a diagnosis of dementia, with

8,700 the estimated prevalence of the condition in the community

35,498

people in the Census identified as carers

8,744 formally known to Council services

653 & 83

people received their support in the form of a direct payment

in the form of an Individual Service Fund

ca. £198m

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

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

Outcome 7: Dorset is a great place to grow older, with a range of vibrant community activity, giving people better days whether they have support needs or not, and keeping them well connected to the people around them and where they live

Outcome 8: People have access to excellent care and support in their home, both responsive short-term reablement and longer-term care, which always puts independence at its heart and helps people to continue to live independently for as long as possible, utilising equipment and assistive technology where appropriate

Outcome 9: A good range and choice of residential care is available, in high quality, modern homes, to meet the increasingly complex needs of the local older population

Trends for the future... and assessing rising demand

+15%

rise in people aged 65 and over by 2032

+30%

rise in people living with a learning disability by 2032

889

more people aged 85 and over per year

11,800

more people living with dementia by 2035 = +131%

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 2022

4,525

had their care paid for by the Council, costing £122m

1,031

people were in a Council-commissioned care home, averaging £1,047 per week

17,394

hours of home care were delivered, with average cost of £25.21 per hour

998

people had a Council-funded learning disability support package, average cost £1,071 per week

327

People had Council-funded support for their mental health, at average cost of £959 per week

...and by 2025

...**192** more people received Council-funded care, costing **£5.8m**

...there were **120** more people, with average costs up **26%**

...a decrease of **1,026** hours (down 6%), at an hourly cost of **£31.64**

...this had decreased to **954** people, and the average package cost was **£1,171** per week

...this had risen to **553** (inc. S117) people, and the average package cost was up by **19%** due to complexity

Some of our priorities for improving support for all

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.

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.

PART 2

Prevention

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

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.

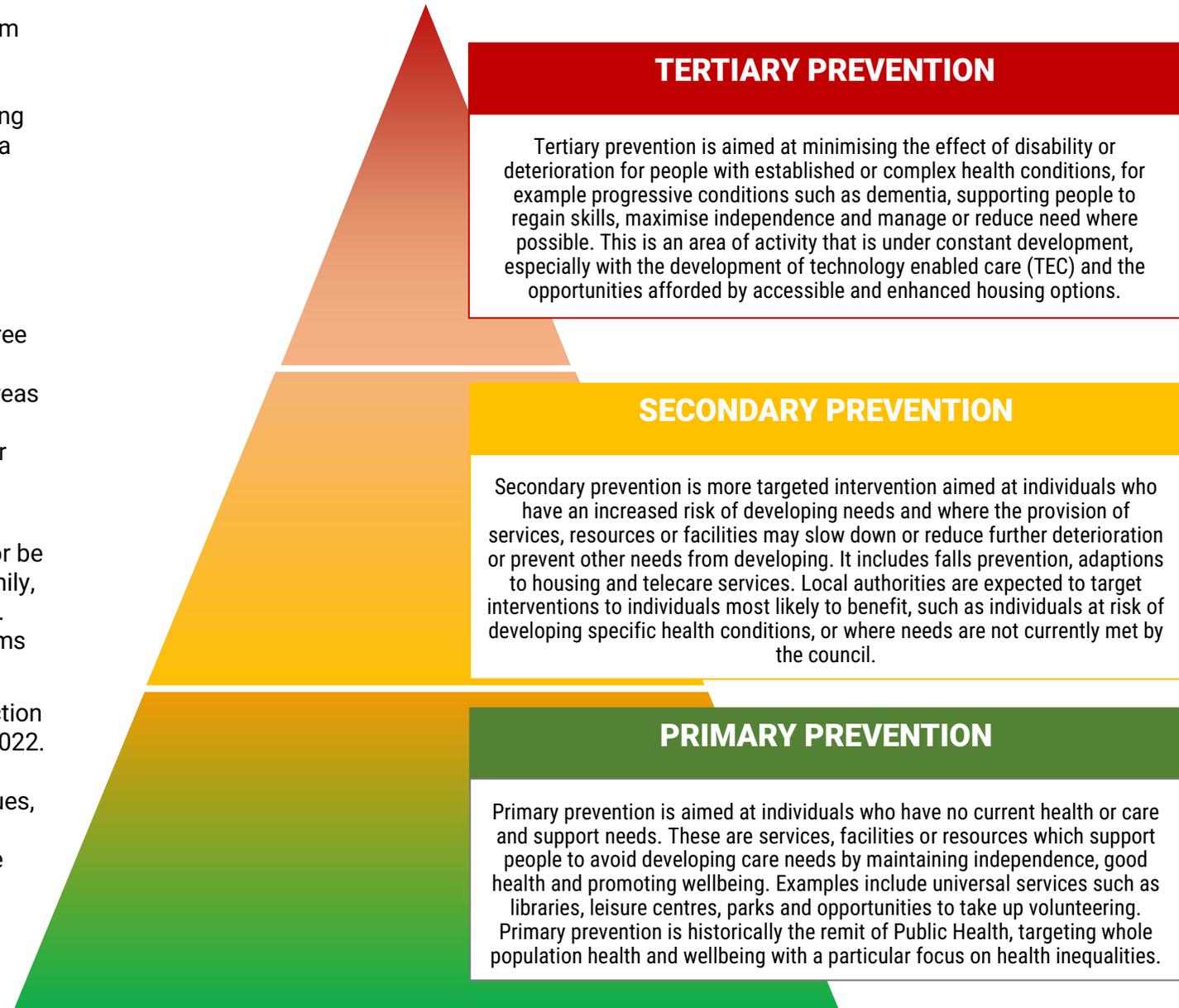
Thinking about prevention

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.



Dorset Council's Prevention Journey

Dorset Council's Prevention Journey

Adults 'a better life' Strategies developed with prevention as a golden thread. We initiated a Transformation Programme to accelerate this work

Strategies Developed

2022

Vision to deliver Prevention at Scale

Commissioning for A Better Life for the People of Dorset

Our Overarching Commissioning Strategy for Adults Services 2023-28

The development of a strong care and support market through the Fair Cost of Care, Dorset Care Framework, Provider Led Reviews and Homecare Optimisation. We also developed our Accommodation with Care Strategy

Market strengthening

2023

We have delivered programmes of work linked to our strategies.

These include: Bridgit Care, Dorset Integrated Prevention Partnership & our work with the VCSE, Recovery & Community Resilience, Tech Enabled Care and Reablement.

Early Intervention and Front Door

2023

New Ways of Working

We continue to look at the right sizing of care, least restrictive practice, our accommodation with care offer, digital solutions and creating a sufficient care market

Promoting Independence

2024

The new political administration identified the need to prioritise a prevention and community element to help shape the 'Communities For All' priority within the new Council Plan

Communities For All

2024

Our work will continue to grow with our focus on Age Friendly communities and community prevention.

Age Friendly Communities

2024-2029

Future



Prioritising independence

Developing the Dorset Integrated Prevention Partnership (DIPPs)

Dorset Integrated Prevention Partnership 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. We have researched devices to find a simple solution to work alongside our care providers in prompting individuals to complete necessary activities and that offers the provider to do virtual care calls but will allow family members to contact the person. From recent and past trials, we know that getting engagement from individuals and their family is the key to successfully implementing technology in someone's home. A new trial with a dedicated provider will look at supporting people home from hospital starting in early 2025.

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. Another successful trial with NHS England enabled us to introduce the Companion Pets for those individuals with extreme stress and anxiety.

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.

Technology support for independence

What are we doing now

- » Review adult social care investment to support the contracts and align our Tech Enabled Care (TEC) Team, so we can more effectively support the work of the preventative agenda.
- » We provide advice and support to care homes on suitable equipment or technologies to use, as required or on request
- » Work closely with operational colleagues to develop their knowledge and skills to embed technology enabled care into their assessment as a way of preventing, reducing and delaying the need for care
- » Develop our offer around TEC lounges, enabling more Dorset residents to access resources to learn more about the opportunities TEC and equipment offer.
- » Through the new contract, enable hospital staff and strategic provider partners to access technology, as well as drive some cost efficiencies so we are better able to meet the demand coming through.
- » We have assessed the impact of the national change of the telephone network on the costs of the service and have now converted 75% of all our carelines over to digital equipment.

- » Work with housing standards teams on a more flexible approach to include technology enabled care within the Disabled Facilities Grant process.

What are we doing next

- » Retender our technology enabled care contract to future proof it
- » Scan market to ensure we have the latest technology and systems to support the commissioning of services going forward
- » Continue to evaluate and identify gaps
- » Linking more closely with Bournemouth University and research to evidence TEC
- » Evaluate the impact of the TEC lounges
- » Continue to embed TEC within the workforce
- » Strengthen relationship with Children's Services and commissioning
- » Further improve reporting of TEC
- » Explore use of artificial intelligence and other technology to help reduce hospital admissions

Priorities

- » Refresh the TEC strategy in line with changes to our Adult Social Care transformation, focusing on developing a strong prevention offer to encourage staff and partners to think of Technology First which will include a refresh of the service and training for all.
- » Look to develop better understanding of the use of technology with our community stakeholders and VCSEs
- » Look to integrate more with our ICB to create a consistent approach for technology with the NHS Dorset and BCP council. Opening up the offer with NHS Dorset by demonstrating the value of technology in a social care setting that would benefit health.
- » Develop the offer of the Greenwood TEC lounge at the other assessment centres for Dorset.
- » Look to develop what a responder service could look like for Dorset residents with current provider

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' for adults with Care Act eligible needs where having a Direct Payment is in the persons best interest.

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

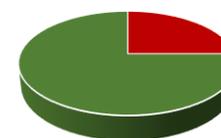
A Direct Payment is a payment of money from the local authority to either the individual needing care and support, or to someone else acting on their behalf, to pay for the cost of arranging all or part of their own support. The local authority could make a Direct Payment instead of arranging or providing any services itself if the individual asks them to do so. This ensures the individual can take full control over their own care. The amount of money awarded in a Direct Payment will be dependent on the level of need and sufficient to purchase care and support at the most efficient cost with the local care market.

Individual Service Funds (ISFs)

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.

653

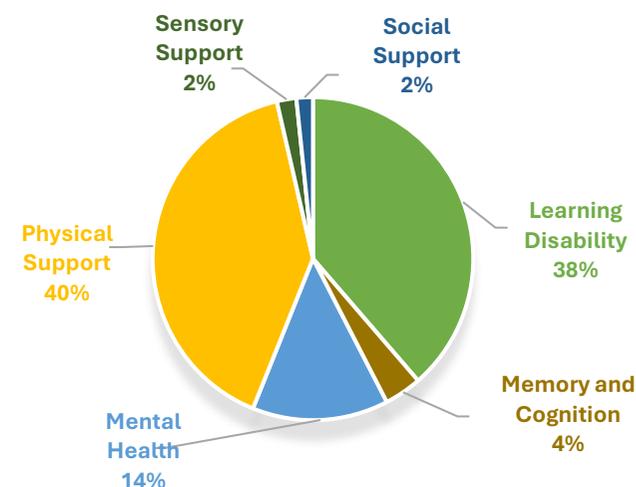
people have a direct payment, at a total cost of around £19.2m per year – this is about 11% of the total community care budget.



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

83

people have an individual service fund, at a total cost of around £3.7m 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

Direct Payments and Individual Service Funds

What are we doing now

The commissioning teams are working to promote and increase the number of Individual Service Fund Providers / Brokers in Dorset.

Market engagement in November 2024 to support an increase in sign up to the Dorset Care Framework Lot specific to the provision of Individual Service Funds.

Direct Payments are increasing with a clearer delivery process and refresher training provided for staff. Direct payments and Individual Service funds will be pivotal in the delivery of bespoke day opportunities in local communities, offering increased choice and control for individuals, including a move away from daytime only accessibility. There has been a deliberate shift to an outcomes focused based model giving people the power to make decisions for themselves.

What are we doing next

Providers will be encouraged to join the Dorset Care Framework specific Individual Service Fund Lot which will be open on a recurring six monthly basis.

Expanding the number of Individual Service Fund providers/brokers will enabling more choice for Individuals seeking to direct their own care and support. The Micro provider network continues to develop and become established across local communities in offering bespoke care and support.

We are looking to enhance the support offer to direct payment recipients at the beginning of their journey.

Priorities

Continue to Increase the number of Individual Service Fund Providers/Brokers available to support people to attain the best outcomes from their personal budget.

To promote Individual Service Funds and Direct Payments as the first choice for Individuals wishing to be in control of the delivery care and support to meet their outcomes.

Direct payments and Individual Service Funds are being rolled out across the Directorate with providers / brokers invited to join the DCF. The Micro provider market continues to develop providing a range of opportunities for people to access through Direct Payments and Independent Service Funds (ISF).

We are continuing to strive to enhance our Direct Payment and ISF offer, to make it more viable and attractive to people.

Digital and Information, Advice and Guidance

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, preventing their needs from escalating

What are we doing now?

We are improving our digital offer to residents. This has included enhancements to our website with a specific focus on the most highly ranked topics based on the analysis of the data. This has included information on finance and help at home. Part of the offer has seen the roll out of on-line self-service tools such as our financial estimator and Safe & Well tool and better support for carers in place (Bridgit).

This is the first time Dorset Council has had a **financial estimator**. The tool has been developed by residents for residents. It now enables residents to see the estimated cost of non-residential and long-term residential care. The look and feel of the tool was shaped by users with lived experience. The Bridgit tool is an on-line platform which can be accessed 24/7 by carers. It is an interactive tool that provides advice, guidance and information to help residents in their caring role. It can also connect carers to key services to support and inform them about local events taking place in their community. The breadth of content, navigation and look and feel have all been shaped by user feedback. Exciting artificial intelligence functionality is being explored in a safe and secure way to enhance the tool further.

Our workforce has now got access to a Community Connectors Hub enabling them to tap in quickly and efficiently to opportunities based in the community for residents they are working with.

Further improvements have been sought through piloting new technology, such as the use of artificial intelligence, for internal processes such as summarising meetings. We have set up a panel made up of residents with lived experience to help shape our information, advice & guidance.

What are we doing next?

Dorset will be exploring new technologies, such as artificial intelligence, in a safe and responsible way. We will explore how this can enhance the experience of residents in sustaining their independence, as well as the experience of front-line practitioners. Part of this will be to automate internal processes, enabling our front-line staff to focus more on our residents and less on the administrative burden. We will be exploring the use of AI to transcribe conversations so our practitioners can focus more on the residents needs and less on the administrative burden.

We will be focusing even more on the voice of our residents to help shape our future digital offer. Dorset will be further enhancing the content available to residents to self-help, this will include the role out of a range of tools, available at any time. In addition, we will continue to provide more traditional resources, such as paper based, at key locations. Underpinning this we will be developing a council wide digital strategy.

Priorities

- » Strengthen the voice of our residents in all things digital to help develop the best tools possible
- » Explore the use of artificial intelligence in a safe and responsible way to improve the experience of residents and practitioners
- » Develop further self-service tools and content based on user research
- » Develop and implement a council wide digital strategy

Care and support at home – prevention

Promoting Independence

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

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

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

Links to Voluntary and Community Sector

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

There are a growing number of Micro Providers in Dorset and Commissioners are working with these, including where they grow in size or collaborate in arrangements where registration with the CQC (Care Quality Commission) is required to allow them to deliver personal care and support. For those who do not wish to become registered and directly commissioned via brokerage, the Direct Payment Strategy will help identify the processes and procedures for Individuals to commission these providers directly.

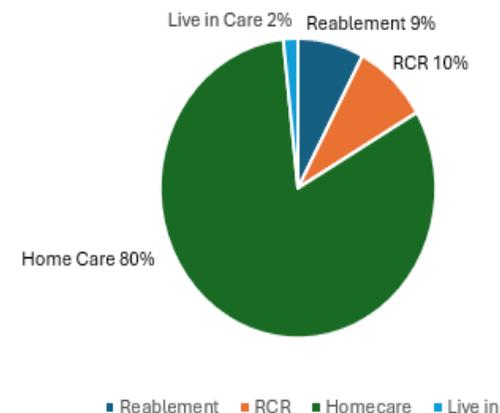
Day opportunities

Around one third of people using day services (pre-Covid) were mainly older adults living with dementia or other cognitive impairments or who have physical care needs. For those aged over 65, the number of people accessing long term care from the council due to memory and cognition is anticipated to rise from 447 in 2025 to 532 in 2040. The most significant

increase can be seen with those who are aged over 85 requiring physical support which is anticipated to rise from 931 in 2025 to 3,150 in 2040.

In our strategy for improving support for all adults in Dorset, we set out a vision for day opportunities that is more community-focused, more flexible and more responsive to how people want to live their lives. We also commit to a more modern set of specialist day services for those who need that level of support. Our current service offer mixes provision for older people and for people with learning disability, and we want to work with both groups to think differently about what each wants from their support.

A snapshot of relative budget proportions of different forms of weekly care provision into older peoples homes



Reablement

Like other areas, Dorset has experienced significant pressure on health and care services over the past three years. In addition to the challenges of an ageing demographic and recruitment and retention difficulties, the COVID pandemic has created difficulties logistically, restricting capacity and adding to workforce pressures, all of which have further negatively impacted on people's mental and physical health. The current cost of living crisis is exacerbating this position and presents more challenge both in workforce stability and business costs.

Across the system, partners are working to mitigate the risks and impact for individuals and their families; and for the staff who deliver this care and support. There has been short-term investment in additional home and bedded care to provide extra community capacity, underpinned by continuous improvement work across hospital and community teams to refine and improve the processes that support successful discharge/prevention of admission.

Our care company, Care Dorset, is working to further develop their Reablement Service to support Hospital Discharge Policy and the ethos of 'Home First'. The future direction is to build this more formally into the future whole Dorset system intermediate care offer.

Our current offer for supporting people back to independence is strongly focused on helping people to come out of hospital and return home, driven in large part by the significance of the 'out of hospital' pathway to the stability of the local health and social care system. The transfer of these services to Care Dorset in 2022 was an opportunity to address a significant gap in reablement provision in Dorset and build a stronger therapeutic element into the service model.

It will be important to reorient reablement away from being solely an out-of-hospital intervention, and build its community-facing capacities, so that it can respond to community crisis and return people to stability prior to needing hospitalisation, other medical interventions, or long-term care.

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

Commissioners propose that a future response to individuals who are being assessed for the first time, should be short term strengths based 'empowerment' support that focusses on regaining or maintaining of independence, considering the individual's assets rather than just the deficit that is presenting at that time. This is consistent with the strengths-based approach to social work that is integral to how adult social care works

in Dorset. It will be piloted with providers, enabled through the new Dorset Care Framework 2.

The Dorset Home First programme

Dorset Integrated Care System (ICS) has commissioned a Home First programme to mobilise an integrated and sustainable intermediate care model for the Dorset population which provides both step-up and step-down support to people in the community (ideally in their own homes).

The Home First Board has agreed an outline service model for a pan-Dorset integrated intermediate care service which is premised on bringing together the current service offer across health and care, and ensuring it has the right capacity, therapeutic capabilities, and resilience to meet local need. Key to this will be a strong commissioning and financial framework that enables a true 'discharge to assess' approach.

An outline business case has been developed that is focused on delivering these outcomes:

- » Reduction in bed days through increased prevention of admission and reduction in acute and Community Hospital length of stay (COHO LOS)
- » Improved health and care outcomes as a result of timely and effective intermediate care with more people able to return/remain living independently at home

Whilst full delivery of the integrated intermediate care model is likely to take 2 years, the Home First Board has committed to accelerating key components where this can support improved system flow and resilience.

Reablement

What are we doing now?

Care Dorset

- » Completion of a review of the reablement service with barriers identified and key improvement actions identified into short-, medium- and long-term objectives
- » Regular joint meetings established in terms of commissioning and contract monitoring
- » Completion of a data sharing agreement to improve customer journeys and reduce hand offs
- » Joint agreement between Care Dorset and Dorset Council around the standard Operating Procedures within Reablement
- » Co-production around the new reablement service specification
- » Agreement around capturing of baseline data information in respect of reablement provision
- » Solutions incorporated into the new specification to address identified barriers:
 - » Weekend admissions
 - » Criteria for refusals/declines and exclusions
 - » Escalation processes

Dorset Council

We are committed to adopting a reablement approach in our support services, leveraging community access to foster independence and progression. Our focus is on providing short-term,

person-centred support that enhances health and well-being.

To assess the effectiveness of a therapy-led reablement approach in preventing the need for ongoing support, we are currently evaluating the Community Reablement Adult Access Team (AAT) pilot, measuring impact, identifying issues and opportunities, reviewing reablement criteria, and understanding demand, internal staffing, and external reablement provision needed for future implementation.

Partnering with our ICS Strategic Partner, Newton, who has been observing Recovery and Community Resilience (RCR) and Care Dorset to gather insights on the Hospital Discharge Reablement offer. Next, we will be reviewing opportunities to participate in Transfer of Care hubs. We are working with Newton following their report and staff internally to progress an action plan for areas within our control.

In July 2022, Capital funding of up to £80m was earmarked to construct three therapy-led bedded reablement centre in Dorset. Cabinet agreed in October 2024 to take forward the former Sidney Gale site in Bridport as the first development, to build a new reablement centre. The Council is exploring options for other reablement centres in Dorset, which include conversations with Dorset County Hospital Foundation Trust on a possible development adjacent to the hospital site.

What are we doing next?

Care Dorset

- » Agreement of referral process options, taking into consideration front door processes
- » Agree levels of provision/capacity in the various clusters
- » Consideration of provision and capacity to accommodate specialist support
- » Agreement around therapy led provision and preferred approach i.e. embedded into reablement team, occupational therapy (OT) input at discharge stage for equipment
- » Clear staffing structures and skillsets required to deliver the new specification to include job descriptions supporting a more holistic approach to reablement
- » Overview of financial provision for the new specification to be delivered
- » Links to fluctuations in service i.e. Winter Pressures

Dorset Council

Delivery of a new 56-bedded reablement centre in Bridport, which aims to be operational in 2028.

Home Care and Reablement: What we have achieved and what's next?

Improved Sustainability and Transparency in homecare fees

Fair cost of care; over the past 3 financial years, our published rates have been set using fair cost of care principles, focussing on rising the rates of care paid to staff, remaining in front of National Living Wage rates.

Transparency in how we set fees has enabled Commissioners to develop a greater understanding of business operations and cost pressures faced by the market, this has led to more transparent conversations and improved relationships.

Dorset Care Framework (DCF)

Successful on-boarding to DCF2 means all new care is procured via the framework. In early 2025 we will engage with the market as we turn our focus to zonal development. This will continue our optimisation work, enabling providers to operate as efficiently as possible, optimising contact time, reducing travel (and impact on environment), but also developing greater local presence and pro-active links between providers and local community organisations and groups. This will offer better opportunities for people to remain or regain contact with the local community around them.

Promoting Independence through Reablement

We have seen great successes in outcomes from our 'Recovery and Community Resilience' Contracts which provide additional reablement capacity within our hospital pathways. Commissioned on behalf of the Dorset ICS, through these arrangements we are exploring more effective and efficient ways to support people and transforming how we work with our provider partners. From 2023 to 2024 we have increased the number of people being supported to get back home from hospital and remain at home. The length of stay within the services is also reducing, so we been able to reduce the capacity within the contracts without impeding provision.

For anyone who needs additional care and support, we want to expand access to Reablement focussed support, before any long-term care needs are arranged. This will ensure care is 'right sized' to promote maximum independence for Dorset residents; this will include use of equipment and TEC to support daily living tasks.

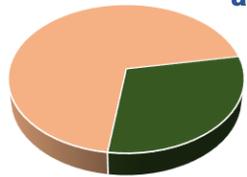
PART 3

Older People

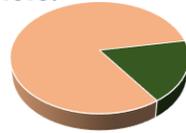
A snapshot of older people in Dorset

30%

of the population of Dorset are aged over 65...



...compared to **18%** across England as a whole.



53

The median age of the Dorset population...

...up by **6** years since 2009, and compared to just

41

For England overall.

Across England there are

297

Older people for every 1,000 people of "working age"...

...in Dorset this figure is

537



Over 85s are expected to increase **38%** by 2034

+19%

The expected growth in the over 65 population in Dorset this decade



83.6%

of over 65s are homeowners

6%

of the Dorset workforce in 2021 were over 65, double the national rate

Predicting demand – Residential and Nursing Care

If we don't get the right support to people in the community, then we risk people moving into residential care earlier than they would otherwise need to.

Currently, there are 3,063 occupied care home beds in Dorset. This is out of 3,749 available beds. A range of scenarios have been evaluated, with estimates of potential reductions in demand for residential care (over other options) matched against the escalating potential numbers needing some form of care and support. These scenarios are not an exact science but will continue to shape the work of commissioners and partners.

Nationally, LaingBuisson, market analysts, have considered worst-case scenarios which suggest a higher level of occupancy than our current capacity. They provide one scenario based on assuming that there is no further

intervention in the market. By 2035 it predicts as many as 5,936 beds may be needed, an increase of 2,873 beds (65%) on current capacity levels, equivalent to 30 more 80-bed care homes.

In the middle-range of the projections is that issued by the POPPI system (the Projecting Older People Population System). Their data is based on Office for National Statistics data on the older population. Again, without preventive intervention this projects a care home population of 4,727 in 2035, 1,175 (33%) more beds. This is equivalent to around 15 new 80-bed care homes.

At the other end of the scale, with maximum preventive intervention and leveraging all possible care-at-home interventions, demand could be as low as 3,307 beds. This is a reduction of 442 beds on current levels and is a

significant stretch target. It relies on maximum whole-system impact, which these strategies aim to shape, including:

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

In addition, there would have to be significant intervention in the operation of the residential care market locally, shifting its emphasis away from elective provision for self-funders, to a higher level of acuity. Whilst this is an ambitious target, with all commissioning intentions considered this is the scenario Commissioners are keen to strive for.

Our vision for better ageing

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

The Right Support

We want older people to be able to live healthy, independent lives, in their own homes for as long as possible. We want to strengthen the role of the home care sector and its workforce locally. Reablement will become a default first intervention, offering more robust, therapy-led and proactive short-term support, whether to respond to a community need or a crisis, or after hospital discharge. This will avoid or reduce long-term care needs by empowering people to regain and maintain independence following a crisis or illness. We are committed to working with system partners, including the voluntary and community sector, to develop this approach and will support providers, where needed, to upskill the workforce.

We will work to strengthen relationships across the provider market, supported by effective

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

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

The Right Place

As part of our ambition to develop our high streets, we want to improve their accessibility for older people and explore how to foster connected and supportive communities with local organisations and businesses (including town and parish councils).

We also want to move from fixed location day service provision to a greater emphasis on networks of community-based offers for day opportunities. Some specialist day services with care included will always be needed, where complex care and support needs can be met.

Providers will promote strengths-based care and support to enable people to live as

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

We know that we need more extra care housing over the coming years, both for rental and ownership. Where people stay in their own homes, we also plan to improve our offer for equipment, adaptations, and care technology. This will also help to reduce the number of avoidable care home admissions by self-funders.

The Right Time

We want to create more opportunities to identify social isolation in older people, recognising Dorset's largely rural nature. As older people consider what they need to live healthy and independent lives, we will ensure that good information and advice are available to help them make decisions. We will also need to help more people become digitally connected.

To promote independence and deliver the right level of care, we want to expand the Trusted Practitioner model, empowering homecare providers to amend the care required by individuals based on professional judgment, including access to care technology.

Ageing well in inclusive communities

Inclusive communities, healthy communities

The covid-19 pandemic showed us the power of a supportive community. Despite many opportunities for people to keep connected and active, we know that many older people fall into social isolation, aided in part by the county's rural setting. Intervening early when someone is at risk of isolation will be part of improving the lives of older people in our county.

Healthy Ageing is impossible to conceive without the support of strong and active communities. Community well-being is dependent on people staying socially connected, staying physically active, and continuing to explore things that interest them or matter to them. We want to explore all opportunities to support our communities to feel socially included so that Dorset is a place where it is easy to age well and stay healthy and active.

We have identified some of the opportunities for prevention and early intervention. Key to this is strong partnership work with the voluntary and community sector, as they build upon their connection to local communities to strengthen social resilience. As people develop a need for support, it is to these groups, organisations or small businesses that they naturally turn first, and in many cases, who

may have first spotted their emerging needs. We want to support this organic community 'wraparound'. Likewise, regulated formal care providers will also look to improve and develop their local community networks to further enhance community support.

Ageing in 'places'

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

Changing the narrative about an older population

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

But Dorset would not have the range, depth and connectedness of its voluntary sector without the time and energy contributed by very many people who are reaching the end of their formal working age and entering retirement and older age. This is a strength. We have committed to strengths-based commissioning approaches, and this resource of community-minded, socially connected older people is one of the greatest strengths that we should be drawing on when thinking about how we support an older population. There are opportunities – many of them as yet untapped – to foster intergenerational connections through this work. We will need to work on the exact projects that people want to explore, but we are committed to making such intergenerational programmes as part of our approach.

Ageing well in inclusive communities

What are we doing now?

The Council's strategic ambition, as set out within the Dorset Council Plan 2024–2029, is to ensure Dorset remains a place where people can age well, live independently, and stay connected to their communities. The council intends to embed age-friendly principles across services, infrastructure, and community partnerships across the Dorset Council area. This work is also central to the Council's prevention agenda, reducing future demand on health and care services by supporting people to remain active, connected, and well in their communities.

We have applied to join the UK Age Friendly Communities Network and are working towards joining the WHO global network of Age friendly communities. Becoming an age friendly county means creating inclusive, supportive environments where people of all ages, especially older adults, can live healthy, active, and connected lives. It involves adapting public spaces, transport, housing, and services to meet the needs of an ageing population, while promoting independence, wellbeing, and social participation. Age friendly communities value older people's contributions, reduce isolation, and ensure access to opportunities and support.

For Dorset, this means aligning local planning, commissioning, and community development with the World Health Organisation's Age Friendly framework, enabling residents to age well in place and strengthening resilience across generations.

We are creating better online information for all to access giving advice on services and self-help.

Age Friendly Employer Pledge – Dorset Council is now an age friendly employer registered with the Centre for Better Ageing.

A Healthy Ageing in Neighbourhoods event was completed in March 2024, and its outcomes are now woven into the Adult transformation programme.

What are we doing next?

- » The Council's intent is not only to meet the criteria for WHO accreditation but to create a sustainable model of community-led transformation. Through targeted investment, Dorset will support VCSE-led co-design grants, falls prevention programmes, rural transport pilots, and creative health initiatives that directly address the needs of older residents. These initiatives are designed to reduce isolation, improve mental and physical wellbeing, and delay or prevent entry into formal adult social care.
- » The impact of this work is both social and economic. Age Friendly Communities contribute to improved health outcomes, reduced demand on statutory services, and enhanced civic participation. Evidence from national programmes shows that targeted age-friendly interventions can reduce fall-

related hospital admissions, lower GP visits, and delay the need for domiciliary or residential care. In Dorset, where adult social care already accounts for over 38% of the council's net budget, these preventative measures are essential to long-term financial sustainability.

- » The Age Friendly Framework aligns with Dorset's broader prevention agenda across the health and social care system. It promotes a shift from reactive care to proactive support, enabling older people to remain active contributors to their communities. The programme also aims to address health inequalities, digital exclusion, and ageism, ensuring that older residents are not only supported but empowered.
- » The Council's ambition is to create a network of Age Friendly Towns and Parishes, each with the tools, partnerships, and community leadership needed to drive local change. This decentralised approach ensures that age-friendly principles are embedded at every level, from strategic planning to neighbourhood design. It also positions Dorset as a national leader in place-based ageing well, capable of attracting external funding and influencing policy.

Other Priorities

Future vision for day opportunities to introduce a hub and spoke model offering support, activities and advice for everyone in that community

Supporting people to return home after time spent in hospital through reablement service developments

Ensuring there is the right service offer for people living with complex mental health conditions and learning disability, increasing the quality and availability of supported living.

Thriving Communities programme—Develop a plan to grow community support and capacity through the voluntary and community sector (VCS), supporting people in remaining living well and independently.

Develop age-friendly communities, linked to the development of Integrated Neighbourhood Teams.

Increase offers for employers to look after their employees to maintain the age-friendly employer status

Link our prevention work to key community developments so people can thrive in their community and prevent the need for social care intervention.

Ageing well whilst living with long-term conditions and disability

Long-term conditions

Men in Dorset have a healthy life expectancy of 62.6 years, and women 65.2 years. Taken together with overall life expectancy, this means people live for around 19 years on average with health conditions. In Dorset, around two-thirds of adults are overweight or obese, smoking rates are below UK averages, and physical activity levels stand at around the national average. In older adults, physical activity is associated with increased functional capacities.

Hip Fractures and Frailty¹

Hip fractures are a debilitating condition that can leave people with reduced mobility, chronic pain and at risk of depression. Nationally, only one in three sufferers return to their former levels of independence, and one in three ends up leaving their own home and moving to long-term care. The rate of hip fractures in Dorset (570 per 100,000) is better than the England average; however, we see variation across the county.

Local workshops highlighted the risk of deconditioning and its role in falls and frailty –

as people spend time being inactive, their condition decreases, and frailty increases. This leads them to being at risk of falls, which further increases inactivity, continuing the cycle of deconditioning.

Dementia

One of the most significant conditions to develop in older age is dementia. One in five people aged over 85 are estimated to have dementia in the UK. With a relatively high population aged over 85, and set to grow, dementia is a major issue for Dorset and will set to become more significant over the coming decade.

Recorded prevalence in Dorset is lower than for the Southwest overall, and for neighbouring Bournemouth, Christchurch & Poole. Lower numbers of people die with a recorded dementia diagnosis also; however, those statistics are dependent on people coming forward for assessment and diagnosis.

Learning disability

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

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

¹ Extracted from the Joint Strategic Needs Assessment, Public Health Dorset

Dementia

What are we doing now?

In 2024, Dorset Council and the Voluntary and Community Sector Assembly (VCSA) facilitated a Stakeholder Conversation event which brought together a network of people and organisations working to support people with dementia and /or memory loss to outline strengths, challenges, opportunities and threats.

The key headlines we heard were:

- » Improve information advice and guidance both for practitioners and the public
- » Grow and sustain networks for practitioners, statutory and voluntary partners and care providers.
- » Keep talking, sharing and collaborating between us.
- » Improve public education and awareness – let's destigmatise dementia and begin earlier conversations with people. We should also include young people in these campaigns.

- » Improve education for Home Care and Care Home providers.
- » Create clear pathways and agreed referral / signposting routes. It is important we all know who can support an individual and when / how the support is delivered.
- » Recognise and promote best practice in communities—There is already a lot of good work happening, but it's often not county-wide. We should celebrate what's good and help increase the reach of those services.
- » Explore and develop early help and identification. We could consider when and where non-medical services can play a role.

What are we doing next?

We have shared the insights from our big conversation event with senior leaders across our Integrated Care System to inform service and commissioning of future services and the Dorset Dementia Partnership Board.

Our Dorset Care Framework Care Homes Services for Older People seeks to develop the market to better meet population needs, including for people with middle and later stage dementia, complex needs, and adults of working age whose primary support need is now ageing-related.

The Dorset Council Communities for All strategy seeks to ensure we: “value, trust and build our communities in ways where everyone feels valued and still has the opportunity to both contribute and feel valued within both their immediate communities and beyond.”

Accommodation with care for older people

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

Two main factors that lead to people entering Residential Care are Night Support needs and Social Isolation. In July 2024, the council adopted a new Extra Care Housing Strategy, which aims to increase the number of homes that are designed to help people with care needs remain independent in a home of their own.

Through the strategy the council is partnering with a Housing Association, to develop new extra care homes in Bridport, Wareham, Weymouth and Ferndown. These will be in addition to the new extra care housing scheme (St Martins) that opened in Gillingham in 2024. This will deliver over 250 new extra care homes by 2029.

In 2024 the council committed extra investment and funding, to improve the

support available to residents living in their own extra care home who have care needs. This ensures they can access the support and help they need 24/7; are provided with immediate help when they become unwell or are concerned about their wellbeing; are supported to become and remain active and fit and are able to keep relationships and make new friends.

The new support services will use technology enabled care, which is a key feature of extra care housing design, to support residents with care needs to remain independent and live their lives in the way they choose.

You can read the council's new strategy at:

[Dorset's Extra Care Housing Strategic Statement 2024 to 2039 - Dorset Council](#)



Accommodation with care for older people

The Housing Learning Improvement Network (Housing LIN) have produced a toolkit for estimating demand for Extra Care Housing, based on research into how the market has developed across the Country. The toolkit finds that to meet demand for Extra Care Housing there should be 25 units for every 1,000 people aged 75 and over. In Dorset this conversion rate suggests that 1,529 units of Extra Care housing are needed in 2025, and 1,960 units will be needed by 2040.

The council has reviewed the current Extra care provision and has concluded that the market currently has a deficit of 903 housing units with 54% of these required as rental properties. Comparisons with comparator local authorities shows that Dorset has a requirement of at least four additional Extra Care Schemes to bring itself up to the benchmark average.

The demand for Extra Care Housing is anticipated to develop and by 2038 a further 1,127 Extra care Housing units will

be required, with a split of 44% in the rental market and 56 % for owner occupiers.

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

The council is running a competition to find a highly experienced housing developer of extra care housing, to support it with the investment needed and design and building expertise to build four new extra care housing schemes by 2029. The outcome of the competition will be a Development Partnership, between the council and the successful Housing Developer, which will be in place by the summer of 2025.

Achievements so far and our priorities

From April 2025 improved support services offering 24/7 onsite support, including help with care, will be available across all the extra care housing planned and used by the council.

The improved support service will be delivered across three extra care housing schemes in Gillingham, Blandford and Dorchester Poundbury. The service improvements will help more residents who need some extra help to remain independent, to live in a home of their own., avoiding or delaying the need for a move into a care home.

Our priorities are now to embed our new strategy, working closely with our Housing and Care and Support Partners to ensure as many people as possible in Dorset can benefit from Extra Care Housing options.

By 2029 the development of four new extra care housing schemes offering over 250 new homes, aimed at residents who may need support to help them remain independent in a home of their own.

Residential and nursing care

Approximately, 100 care homes in the Dorset Council area provide care for older people, with a total of 3,776 beds, with approx. 3000 beds occupied². There is also a total of 159 registered care homes in the neighbouring Bournemouth, Christchurch and Poole area.

At the time of writing³, 6 of the 100 care homes providing care for older people in the Dorset Council area were rated by the Care Quality Commission as 'outstanding', 78 were rated as 'good' and 9 'required improvement. Eight care homes were awaiting assessment.

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

Five companies have over 100 beds each across the Dorset Council area and own 38% of all care home beds.

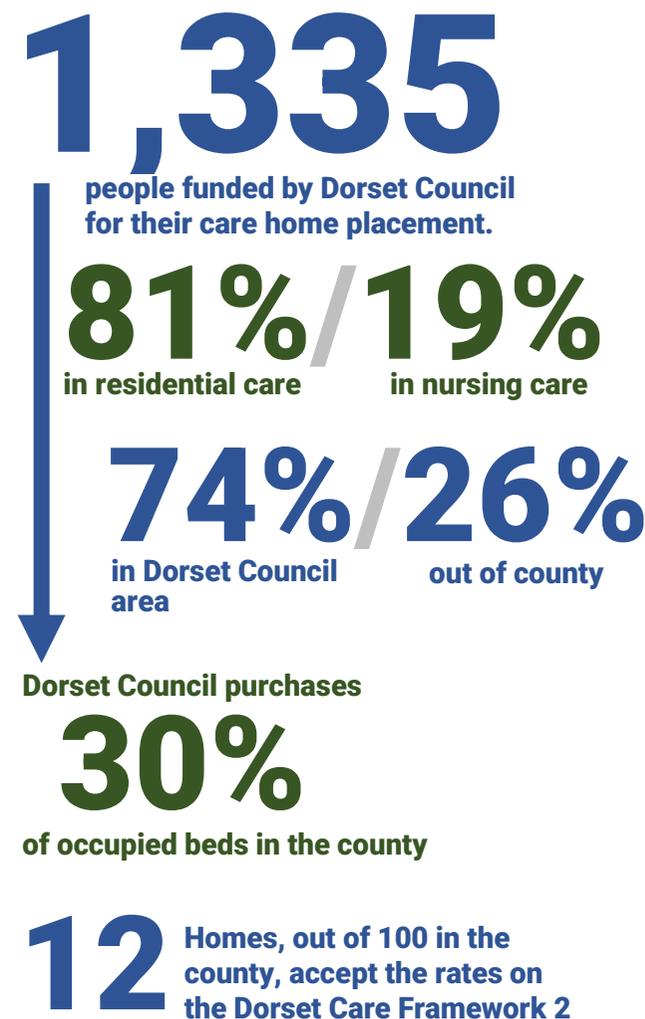
The majority of care homes in the Dorset Council area tend to be small, with 14 (14%) homes have less than 20 beds, 61 (61%) homes have 20-49 beds, 25 (25%) have 50+ beds. There is a need to develop our understanding of the buildings occupied by care homes in Dorset and to assess the implications for meeting the various needs of both state and self-funded residents. Being more 'efficient' is only one part of the story in delivering quality residential care, however, and many people

appreciate a smaller home. How the physical building stock of Dorset care homes supports effective delivery of care, including where they are located, is something we need to do more work to understand.

Four care homes in the Dorset Council area closed during the period April 2024 - March 2025. The reasons for the closures included 1) Contract termination due to ongoing serious safeguarding concerns; the provider later deregistered with CQC, 2) the home was an old building and need for repairs making it not viable for investment, 3) fire that destroyed the building; provider plans to reopen when work has been complete 4) low occupancy due to home only able to meet low level needs.

The majority (65) of care homes state that they provide services for people with dementia. However, this market is under-developed and often presents a challenge in finding suitable placements for people who use services, particularly where their dementia is advanced and / or the person may exhibit behaviours that others may find challenging.

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



² Source National Capacity Tracker December 2024

³ Last updated: December 2024

Residential and nursing care: challenges

The Council faces several challenges in responding to the scale of forecast demand.

Systemic pressures and demands

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

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

Developing alternatives to permanent care home placements

Key to achieving our aim of helping older people to remain at home for longer, is the need to develop realistic, robust and appealing options for housing with care in later life. This includes the provision of flexible and holistic options to support people at home, as well as alternative housing options such as Extra Care Housing.

Substantial, coordinated efforts and investment will be needed to shape and deliver the range of

later life housing options that will be needed to enable people to stay at home for longer.

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

Focus of the Dorset Care Homes market

Dorset has a large and growing population of older people, 83.6% of whom own their own home. The Dorset care homes market is predominantly geared towards more affluent, asset-rich individuals who fund their own care. Collectively, it is private or self-funders who have the market power in Dorset. Our current reliance on one-off 'spot' purchasing further dilutes our ability to negotiate good long-term access to residential care at reasonable rates.

However, people who pay for their own care and support often lack the comprehensive information required to make an informed choice about how their care needs will be met. Self-funders' purchasing decisions have a major impact on Dorset Council's ability to access suitable, affordable, quality care for the people whose care it funds.

Care homes that predominantly target people who pay for their own care are less likely to cater for the type and level of care

need that the Council brings to the market, to have the capabilities needed to do so or to be able to offer an affordable price.

Additionally, people who choose to go into permanent residential care may do so at a far earlier stage than would be typical for someone whose care is funded by a local authority. In 2023/24 the Council spent £2.8m on the care fees of 80 individuals who had run out of their own funds. The number of individuals had increased from 64 in 2020/21.

Gaps in service provision

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

During 2024, working with social care and health professionals, including provider representatives, we have developed a Service Category Model approach to define the types and levels of care we need, including typical weekly care hours and aligning to Fair Cost of Care analysis and fees.

Dorset Care Framework & Service Development

Through our DCF2 procurement, we're planning to apply the Service Category Model to all aspects of our care home service commissioning, including our major block contracts, bringing structure, definition and consistency to how we source residential care services for people who need them. We want to work with the market and our ICB Partners to develop both capacity and capabilities within the care home market to meet our service categories, particularly those covering middle and later stage dementia and more complex care and support needs, including behaviours that challenge, nursing care needs. We also anticipate a greater demand for short term services, as this will help older people to remain independent for longer.

We want to explore how we can incorporate the Service Category Model into our Information, Advice and Guidance so that it might be used to help self-funders navigate the care homes market.

We're currently concluding the first competition to deliver care home services for older people under Lots 6 & 7 of the Dorset Care Support, Housing and Community Safety Framework (DCF2).

In preparation for this major tender, Commissioners worked with stakeholders to develop and put in place key elements to incentivise and support the procurement process, including:

- » Service Category Model – a detailed framework for purchasing care home services for older people, which defines the type and level of needs to be met, makes clear assumptions about the hours of care to be provided informed by the Fair Cost of Care analysis completed in 2022/23, and clearly differentiates the various service categories.
- » Fee revisions and uplifts – additional funding received via the Market Sustainability Fund within the Adult Social Care budget allowed us to offer 'DCF2 fee rates' for Service Categories which in most cases equate to 95% of the relevant Fair Price of Care (FPOC). We also offered providers that are awarded a contract under this competition prioritisation for fee uplifts where available.
- » Service Specification – we've developed a comprehensive Service Specification to reflect current and anticipated care and support needs and make it easier for internal and external stakeholders to work with this and related documents.

We've analysed the gap between service supply and demand and have identified priorities for service and market development, including opportunities for care homes to develop their services to fill these supply gaps and better meet population needs.

We're planning for future competitions under DCF2 that will give care homes the opportunity to

bid to work with us at competitive fee rates and achieve greater business certainty if they are awarded contracts.

We're planning to apply the Service Category Model to other aspects of our care home service commissioning, including our major block contracts, bringing structure, definition and consistency to how we source residential care services for people who need them.

Budget pressures

The financial climate facing the public sector is difficult and unlikely to improve in the foreseeable future. In all of our commissioning arrangements, value for money, quality and the sustainability of services, need to be taken into account and we will continue to follow Fair Cost of Care principles in how we plan and manage our costs.

Priorities

- » Service development – we want homes to develop their services to better meet the needs of older people in Dorset, particularly those living with middle and later stage dementia. We're planning to work with NHS Dorset ICB and other stakeholders to explore what can be done to achieve this.
- » Planning guidance and the Local Plan – we will work with colleagues to ensure that the Local Plan makes clear the requirements for residential services in the Dorset Council area and individual localities.
- » Information, advice and guidance – we want to explore how the Service Category Model might be used to help self-funders navigate the care homes market.

PART 4

Working Age Adults

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, 1,601 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.

People living in Dorset with a learning disability

In the Dorset Council area, 1,775 number of people aged 18-64 are on the GP Learning Disability Register and 214 are over 65 reflecting 0.03% and 0.21% 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 1,010 adults with a learning disability or autism have a social care package of support funded by Dorset Council, of which 904 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. 17.3 people per 100,000 are now being supported in long term residential settings compared to a regional average of 16.2 and a national average of 15.2 (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 75.8 and a national average of 81.6. Dorset performs less well on supporting people with learning disability into employment. At 3.9% (ASCOF 2022/23) this figure is lower than that for England (4.8%) and the South West region (5.5%). We need to develop more apprenticeship options, and supported employment projects, particularly focused on supporting young people who are entering adulthood.



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, and from autumn 2021 includes improving services for autistic people too.

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 76% 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 14 and 75% by the age of 24 years old (Mental Health.Org statistics) meaning that resources targeted at children and young people services have to be preventative and cost effective.

As outlined below there is a significant prevalence of mental illness in females within Dorset. An estimated total of 42,391 people living in the Dorset Council area experiencing a diagnosis of depression, and 8,516 people with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses. Although only a small proportion of these

(444 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

In Dorset, the suicide rate is below the national average at a rate of 6.66 per 100,000 of population, compared to 10.5 across England (Public Health 2022), 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.

Mental Health

What are doing now?

To support the delivery of the Mental Health Services we have increased capacity within the Commissioning Team, with dedicated team members ensuring mental health remains a priority for the Local Authority.

To support us in improving our offer of a mental health supported living, a market engagement event has been held with Support Providers and further engagement work is underway to stimulate the market and inform procurement processes. Work is also ongoing to increase the availability of supported accommodation for people with Mental Health conditions, this includes work with Housing Teams to ensure people with Mental Health conditions can access general needs housing as part of a pathway through services.

A review of support for people on the forensic pathway has told us approximately 20 people could benefit from specialist forensic services. We are now in the process of developing these services. We have commissioned a service with several providers which offers a community based preventative service. This will include things like practical help, companionship, benefits and debt advice.

We are continuing to embed recovery focused principles to our commissioning activity.

What are doing Next?

We will be commissioning a series of new services. This includes forensic services, alongside supported living.

We are engaging with the Mental Health Forum to ensure the voice of people with lived experience is at the forefront of our service development, this will continue going into the next year. We are also seeking the experiences of people who currently receive our services and learning from those people. This will give us feedback on our information, advice & guidance.

Priorities

- » Increase the availability of supported accommodation for adults with mental health conditions, offering a range of services which are reflective of need
- » Improve access to general needs housing so people are able to leave hospital and move on from services, to become more independent
- » Embed a culture of recovery and empowerment within the services we commission, building on the use of Technology Enabled Care (TEC), community assets and the role of Occupational Therapy.
- » Continue working with health partners to ensure the services commissioned complement each other, and there is access to the right health support.
- » Work is underway to improve Information Advice and Guidance (IAG) on mental health with improved website and signposting information.

Physical and sensory disability

Dorset currently supports 329 people aged 18-64 with a physical support need of which only 20 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 June 2025, Dorset Council commissions support to 185 people in their own home or supported living setting with a physical support

need aged 18-65 years. 116 people use a direct payment, most typically to employ personal assistants. 37 people live in registered care settings at an average cost of £1,450.29 per week of which 96% of are commissioned off framework. There are 10 people in nursing care settings. Three people with a primary support need of physical support are currently living in supported living at an average cost of £2,404 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.

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.



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.

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.

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.

Day Opportunities

What are we doing now?

Following engagement in 2021 and 2023 with people accessing day service services, their carers, and others and following up on the key headlines, approval was granted in September 2024 for consultation on the “Towards a new model of day opportunities approach”.

Formal consultation scheduled for Spring 2025 will seek to inform the delivery of the new model:

Our commitment to co-production continues, a stakeholder advisor group has been formed and will support the development of the implementation plan.

The private day opportunities and micro providers market will need significant further development to ensure people can move away from building based care. We are opening the Dorset Care framework Lot for Individual Service Fund Providers/Brokers to expand the provider base and provide choice for Individuals seeking day opportunities in Dorset.

What are we doing next?

Working to develop the hub and spoke model

We are working with current community voluntary and private providers to establish the model. 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 will 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.

User consultation and further market development will support the enhancement of the current day opportunities offer. This will include the further development of Individuals Service Funds, Direct payments and Micro Providers in Dorset.

Following consultation support the development of a hub, spoke and specialist model

Priorities

- » Consult on the hub, spoke and specialist model of day opportunities spring 2025.
- » Introduce a new and modernised service model following the outcome of the consultation.
- » Continue to develop the market for day opportunities providers and support smaller or micro providers to deliver bespoke opportunities in local communities
- » Continue to develop the market for ISF Providers/Brokers and Direct payments.
- » We recognise transport is an issue for many people and this will form part of our review in 2025.

Supported Employment

What are we doing now?

Our Supported Employment Contract has been extended whilst we undertake a full review of support people are assessed as needing, and how they access employment. This includes looking at how successful we have been in supported people into both paid and voluntary employment and understanding the barriers to access this. This will include understanding how potential employers can become disability confident and offer meaningful work opportunities.

We are continuing to offer apprenticeships within Dorset Council for Adults with Support needs as part of our employment offer.

What are we doing next?

Once we have finalised our internal review we will be working with stakeholders and people who are using services to coproduce our offer going forward.

We are invested in developing more opportunities for people to be able to access paid employment and anticipate there will be a stronger emphasis on the successful provider facilitating this within the local community. We will be running a market tender towards the end of 2025 for this service.

Priorities

Retender our Supported Employment Service in 2025.

Increase the numbers of people in paid employment.

Enable people to access support through the Connect to Work Programme on their journey to employment.

Accommodation with care and support

See also: Better Ageing, discussion on extra care

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 503 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 ageing 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.

Forensic

We are updating demand to inform the procurement of an intensive supported housing service.

Our priority is to develop a small residential setting for 6 people and 10 units of intensive supported housing.

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.
- » Upton - 4 single person bungalows for complex needs, currently going to planning

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
- » Developments being explored in the North Dorset area.

Complete Work

- » Dorchester development – 4 bungalows and 12 flats near the centre of Dorchester completed and tenants moved in.
- » Large, shared property and individual bespoke properties, sourced and now providing support for individuals to learn independent living skills.



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.

Accommodation with care and support

What are we doing now?

We have opened Elizabeth Court, a new 16 unit supported living provision in Dorchester for those with Learning Disabilities, Autism and Mental Health needs as well as a new transitions property in Weymouth for young people who need support to develop their independence in preparation for moving to their own tenancy. We have also recommissioned Fox Court, moving towards an Outcome Focused Model of Commissioning.

We continue to pilot our Outcome Focussed Model of Commissioning. Which means we are commissioning through a block contract as opposed to through core and 1:1 support. This offers the person who is being supported and the provider more flexibility to shape the support to meet outcomes which are important to them. This approach is empowering our tenants with more choice and opportunities.

There has been a review of our demand data for supported living services which has informed a delivery plan across Working Age Adults.

What are we doing next?

We are continuing to implement an outcome focus model of commissioning across some newly commissioned supported living services.

There are further market tenders planned for 2025 to recommission existing supported living services and deliver support into new settings.

We are looking to commission additional transition properties for young people so that we can support them to gain the skills and confidence to live more independently. Alongside this, we are working with our housing team and providers to explore move on accommodation options.

We have a number of supported living developments in the early stages of planning, this includes sites in North and East Dorset. If successful, these would offer specialist services for people who have complex support needs or need highly adapted properties.

We know there are still challenges around accessing accommodation at short notice, or when individuals are in crisis which means they can no longer remain living in their current property. A priority area for us is to explore a crisis pathway which means people can access appropriate accommodation when needed.

We will be continuing to work alongside our market to deliver new accommodation and support options across the county.

Priorities

- » To increase availability of supported living services to meet a range of needs with a particular focus on young people moving into adulthood, fully accessible or specially adapted properties, and accommodation for adults with Mental Health conditions. Ensuring there is fair and equal access to services.
- » To continue to develop the market to increase capacity for individuals with complex needs, reducing the need for placements to be made outside of the Dorset Council area.
- » Joint Commissioning with Children's Services for respite services, and further development of a respite and emergency respite offer for adults.
- » To ensure well planned co-production which considers both the views of providers and the voice of those with lived experience.



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