# Principles of How We Commission in Dorset

2023-2028

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

Dorset Council

# Contents



**About this strategy**

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

# How commissioning supports “A Better Life”

### What we mean by “Commissioning”?

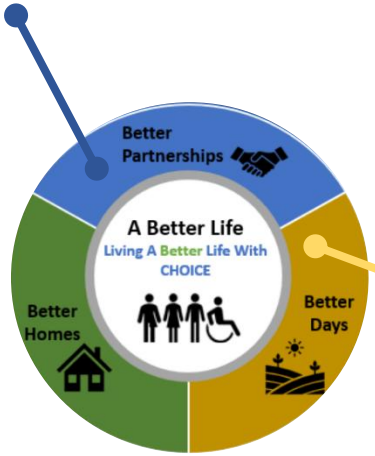
Commissioning is a process of business planning and service development by which we use our data-driven insight, our relationships, and our technical knowledge to plan and deliver the Council’s vision for adult social care. Here are just some of the ways in which commissioning approaches help to deliver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

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

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

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

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




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

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

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

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

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

# How commissioning supports our strategy ambitions

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

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

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

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

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

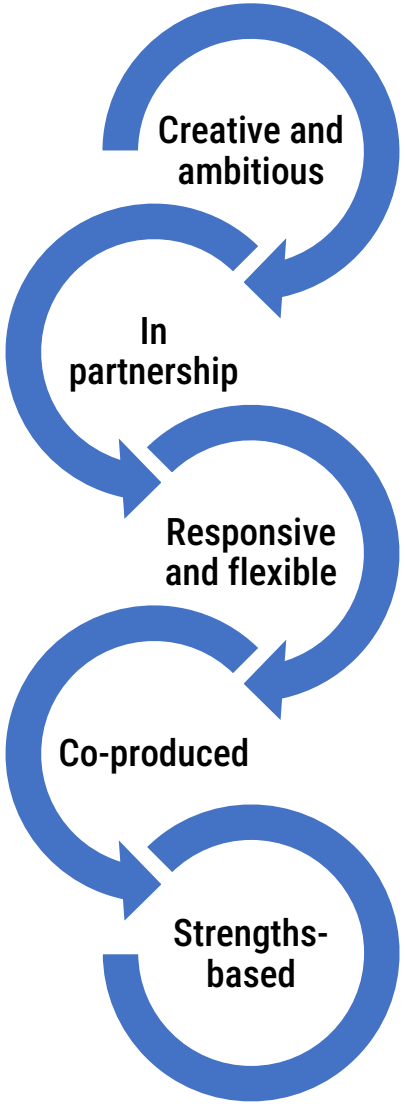
We will involve people – foremost, the people who need our support, and their carers – in the development of support, **using a co-production approach**.

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

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

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

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



# Working with providers and the care market

## A commercially minded approach for Dorset Council

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

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

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

# Working with our new Care Company, Care Dorset

## Working with our new care company

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

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

The timing of the decision sits well with our statement – through these strategy documents – of our intentions for the coming years. Indeed, the forming of many threads of future ambition into these single strategy documents was a significant catalyst for the decision with regard to the new company. Residential care, reablement and day opportunities are major themes in the care-specific strategies that form part of this set of strategies, and the intentions that we set out here will set the direction for our partnership with Care Dorset.

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

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

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

# Market Position Statement

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

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

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

We have a refreshed Market Position Statement (2025) and we continuously develop our work on the Market Sustainability Plan in partnership with the provider sector.

### Choice in Care Policy, 2025

Dorset now has a Choice in Care Policy which sets out how Dorset Council will work with individuals that have been assessed to have eligible beds under the Care Act 2014.

This policy covers home-based or community-based care, where the care and support planning process has determined that a person needs to live in a specific type of accommodation (care homes, shared lives, or supported living and extra care) to meet their identified needs and to circumstances where the council is providing or arranging accommodation in discharge of its duty under section 117 of the Mental Health Act 1983. It also applies to individuals moving to care homes, shared lives, or supported living and extra care accommodations for the first time, as well as those moving between care settings.

# Fair Cost of Care and Market Sustainability

## A wider reform programme

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

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

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

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

## Raising the emphasis on market sustainability

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

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

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

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

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

We have undertaken detailed research with providers on the costs that drive their delivery of social care services. On this basis we have established a "fair cost" for care delivery, in line with Government guidance issued in 2022.

### The Market Sustainability Plan

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

# Care and support at home – improving the service offer

### The Dorset Market

Over the past 2 years, the sufficiency of the Home Care market has made a significant recovery, to the extent that we no longer experience any waiting time to source home care. There are approximately 82 Home Care Providers operating in Dorset, most deliver care for the Council. 33 are commissioned via the Dorset Care Framework 2 (DCF2), which is the route via which all new care packages are sourced. 30 providers are engaged on a spot contract basis, but these are long-standing packages that were commissioned prior to the re-launch of the DCF2. 98% of all home care packages are delivered at Dorset Council published rates (calculated following Fair Cost of Care principles).

In Dorset, like many other areas across the country, there is now an over-supply of home care provision, due in the main to the successes of sponsored international recruitment during 2023 and 2024. This has led to increased numbers of new entrants to the Dorset market, from elsewhere in the country. However, this increased availably of work force has coincided with cost-of-living pressures which Providers report is causing some self-funders to rationalised the amount of private care they purchase. This has resulted in Providers who have historically focussed on the self-funding market now approaching the local authority for business.

Weekly demand for new homecare support is approx. 20 packages of care, across the Dorset Council footprint.

Where packages of care are handed back, alternative provision is easily found via DCF2 providers, and therefore risks are limited for those individuals affected.

### Workforce challenges

Dorset is particularly challenged by having an ageing population and reducing working age population. In addition, there is direct competition from the hospitality and retail sector who sometimes offer more attractive terms and conditions.

Skills for Care predict that the 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 has an ageing population; the impact is felt not only by the volume of care and support needed to support older individuals but also the workforce available to deliver care and support. In addition, Dorset has higher than average housing costs which limits where lower paid workers (such as Care and Support workers) can reside.

Whilst we have seen significant increases in sponsored workers entering the Dorset Home Care Market which has greatly helped plug the workforce gap during 2023 and 2024, we acknowledge that this is not a sustainable long-term solution.

### Becoming a customer of choice

Dorset is, in the main, an affluent county where many individuals can fund their own care and support. This means commissioners are in competition with self-funders who tend to be able to pay more for care and support.

However, over the past 2 years we have embraced opportunities to innovate, in particular how we commission home care, we hope this improves Providers' experiences of working with us.

Pilot initiatives such as Home Care Optimisation, Provider Led Reviews and Trusted Practice are supporting the market to become more dynamic and efficient in care delivery and enabling an upskilling of the workforce.

We are keen to hear suggestions from Providers about how we could further improve our commissioning approaches.

### Rurality

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

In response to Provider feedback, through our fair cost of care rate we introduced a 'Rural' rate for home care to acknowledge the additional costs associated with greater travel times.

# Our market sustainability plans for homecare

We remain committed to the journey towards paying the fair cost of care, particularly prioritising the homecare market, but we always have to balance our ambition with the resources the council has available within a 'balanced budget'.

**We concluded our Market Sustainability Plan for homecare (provided to adults of all ages) in early 2023. This forms the basis of an ambitious set of plans to improve the stability of the market, and support providers to deliver high quality services for people who need them. We will work with providers, including through the Provider Association, to continue to strengthen and build upon this ambition.**

To proactively and strategically work to improve relationships with providers

- Collaborate with market leaders on establishing a more active provider association, and jointly agreed plan for the future, aligned to commissioning strategies

To work with the market to tackle workforce challenges

- Develop joint workforce plan with provider market, including promotional activity, to address recruitment and retention challenges, paving way for developing more specialisms
- Work with providers on round optimisation, with 'zoned' approach to improve retention
- Develop housing plans that support keyworker housing for areas where targeted support is needed to build the local workforce

To continue to develop understanding of the 'Fair Cost of Care' and refine implementation

- Strengthen dialogue on Fair Cost of Care (FCoC), leading to early repeat of exercise to improve engagement

To develop new reablement and other short-term interventions for independence

- Develop new reablement model with Care Dorset, as community preventive intervention, supporting ICS (Integrated Care System) strategy and developments

To improve contracting processes to better drive innovation and responsiveness

- Implement Dorset Care Framework 2 as the vehicle for reforming homecare and reablement system
- Design new contracts, emphasising recovery and independence and stronger links to VCSE (Voluntary, Community, Social Enterprise)
- Implement a robust contract management approach to strengthen the relationship that we have with our Providers including quality assurance assessments, submission of performance metrics and risk management oversight.
- Establish strategic provider relationships, for more consolidated and transformational purchasing, and to develop more trusted assessor and trusted practitioner models

To build on strengths-based approaches to better support individuals; choice, control and independence

- Improve information/advice provision, to support good decision-making including self-funders and promote alternatives to contracted homecare (personal assistants / Direct Payments, etc.)
- Develop strategy around delivery of extra care and other accommodation with support, and associated market development plan
- Development programme around personal assistants and other micro-provider activity
- New extra care housing developments in order to support effective care delivery in people's homes for longer

To harness technology to better deliver care outcomes for individuals and improve access

- Implement plans to develop and promote technology-enabled care options, improve efficiency of care delivery, incl. training providers and expanding trusted assessors
- New technology will allow for some assessment self-service, linked to other stands of the reform programme.

# Our market sustainability plans for residential and nursing care

For residential and nursing care, the journey to paying 'fair cost' is a complex picture, with many providers paid above 'fair cost', and some others below. We remain committed to the journey towards paying 'fair cost' in more cases, and raising our floor rates accordingly, but always in the context of the duty on the Council to remain within a 'balanced budget'.

**We concluded our Market Sustainability Plan for residential and nursing care for those over 65 in early 2023. This forms the basis of an ambitious set of plans to improve the stability of the market, and support providers to deliver high quality services for people who need them. We will work with providers, through the Provider Association, to continue to develop these plans and build upon this ambition.**

To proactively and strategically work to improve relationships with providers

- Collaborate with market leaders on establishing a more active provider association, and jointly agree plan for the future, aligned to our emerging commissioning strategies

To further develop understanding of 'Fair Cost of Care' and refine implementation

- Continue to develop dialogue around financial issues in residential care delivery
- Establish agreed set of definitions on the levels of complexity in care contracting, which will include understanding of the number of care hours typically required and allow us to address the higher care hours found in the Fair Cost of Care (FCoC) analysis
- Repeat FCoC exercise to inform 2024/25 budget setting

To improve contracting processes to better drive innovation and responsiveness

- Establish new contract types to match definitions of care complexity and options for intermediate, other flexible provision
- Dorset Care Framework 2 commissioning to formalise new elements in care delivery, including NHS as partner to create opportunities to make DCF2 a more powerful instrument in supporting ICS ambitions
- Develop strategy for delivery of extra care and other accommodation with support, and associated market development plan
- Implement e-brokerage system and provider quality management system to strengthen brokerage and contract management activity (more efficient, more commercial), with council workforce development plan (to include stronger contract management, option for NHS offer)
- Establish strategic provider relationships on which to base more consolidated and transformational purchasing, and allowing for the development of more trusted assessor/trusted practitioner models

To work with the market to tackle workforce challenges

- Shared workforce plan with providers
- Develop housing plans that support keyworker housing for areas where targeted support is needed to build local workforce

To build on strengths-based approaches to better support individuals; choice, control and independence

- Develop information and advice provision, proactive and targeted to those making decisions about their care and costs under new financial rules – especially issues around what counts to the cap, etc.
- New online assessment self-service, harnessing opportunities for more tailored and targeted information and advice

To develop new forms of provision that can better meet residents' needs

- Council-initiated development of new residential provision for higher-level needs
- New extra care housing developments to support people staying in homes for longer
- 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.

# Commissioning for ‘place’

## What we mean by commissioning “for place”

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

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

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

## The role of partnerships in commissioning for place

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

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

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

### The most significant issues that affect places differently

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

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

# Partnerships and integrated care

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

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

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

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

The Dorset Health & Care Partnership provides a forum for NHS leaders and local authorities to come together, as equal partners, with important stakeholders from across the system and communities. It includes NHS trusts and commissioners, together with Council representatives, the Police, Fire and Ambulance services, and community, voluntary and public representation. It supports integrated working and works together with the Health & Wellbeing Boards in the two council areas.

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

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

- Work together to tackle common challenges.
- Joint working to find digital solutions
- Talk to and work directly with communities, voluntary sector and neighbourhoods.
- Use local community projects and organisations to deliver services where possible; and
- Co-ordinate local action and support communities to have control over their wellbeing.

### The Better Care Fund

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

The BCF and iBCF ("improved" BCF) provides Dorset with a total pooled budget of £15,096,612. Working collaboratively Dorset Council and Dorset NHS alongside input from the local NHS providers, including Acute Trusts, the provider market and voluntary community sector have continued to invest BCF into the following schemes:

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

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

# Partnerships and Integrated Care

### What are we doing now

Adult Social Care has an integral role in the Integrated Care System. We have provided leadership and oversight to the system-wide urgent and emergency care pathways review; leading negotiations around information governance and data sharing, successfully implementing a system-wide data sharing agreement to support the diagnostic and future ICS change programme. Our involvement in the Dorset Strategic Intelligence Forum (DSIF) has enabled us to engage with BI and performance leads across Dorset on the provision of data to support ta direction of travel around the strategic use of data and insight. Our work in the Integrated Neighbourhood Teams space continues active involvement in Programme Board, Delivery Group meetings and developing the adult social care vision in this space.

### What are doing next

We will continue to support the Future Care transformation programme through leading contract and procurement negotiations and supporting the implementation planning for phase 2. This work will formally launch in January 2025.

We will work closely with colleagues in the Dorset Insights and Intelligence Service (DiiS) to support the development of health and social care insight and intelligence. We will enable further data flows to enhance existing reporting and to support future requirements.

We will continue to support the roll out of the Integrated Neighbourhood Teams work through active participation in partnership groups, production of data and insight to enable a greater understanding of the health and care needs of communities and through actively engaging with our local communities.

### Priorities

- Future Care Transformation Programme.
- Enhanced data flows into DiiS (adults and housing) to enable more robust intelligence to be developed and a greater understanding on the health and care needs of our population.
- Ongoing support to the development and roll-out of the Integrated Neighbourhood Teams Programme to include identification of geographical areas and alignment to Dorset Council Plan (Communities For All).
- Support the ICS Digital Reference Group and the Dorset Strategic Intelligence Forum to help shape the direction of travel for digital and data across Dorset.
- Support the work of the Integrated Care Partnership (ICP) and the Working Better Together Strategy.
- Continue to provide leadership and attendance to all ICS meetings (including but not limited to System Executive Group meetings, INT Programme Board, Chief Executive Meetings, INT Delivery Group meetings).
- Continue to explore Joint Commissioning opportunities.

# Our digital vision

## A Digital Council in a Digital Place

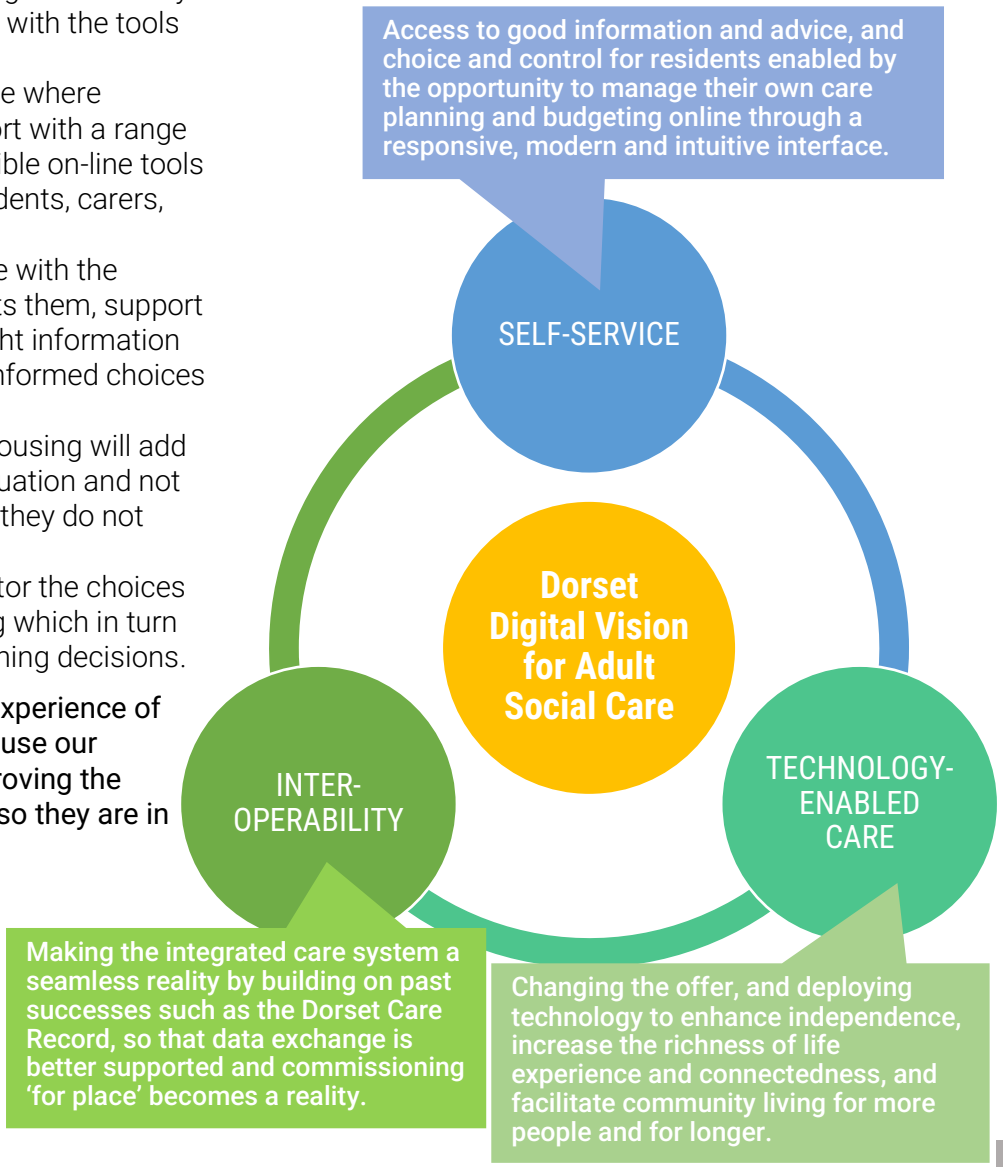
The Council's digital vision is well-aligned to the ambitions of these commissioning strategies. Digital developments can be a powerful enabler of social care outcomes, whether simply giving people more choice and control over the care services that they arrange for themselves or bringing about a step-change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

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

- Meet growing demand for adult social care by targeting digital resources where they are most needed
- Technology will compliment, not replace, personal care with the potential to transform peoples' lives, maintain independence for longer and achieve better value for money
- Ensure services are working as efficiently and effectively as possible with the tools required to enable this
- Look to reduce, or eliminate where possible, unnecessary effort with a range of appropriate and accessible on-line tools for use by colleagues, residents, carers, and external agencies
- Enable residents to engage with the council in a way which suits them, support residents to access the right information at the right time to make informed choices about what to do next
- Contact with Adults and Housing will add value to the individual's situation and not be the last resort because they do not know where else to go
- Digital will help us to monitor the choices that self-funders are taking which in turn will inform our commissioning decisions.

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

### Describing our digital vision



# Digitising Social Care

## What we are doing:

The Digitising Social Care programme (DiSC), came into being while our four commissioning strategy documents were published. At the time, we had no clear idea of the digitisation rate of the adult social care market and only loosely thought about possible integrations of the DiSC programme with our commissioning strategies.

The programme aimed to:

- Support providers to introduce a Digital Social Care Records system (DSCR) and move away from pen & paper care plans.
- Supporting care homes, across both Dorset and BCP to introduce acoustic monitoring sensors.

**Progress:**

- The DiSC programme reached the end of its delivery phase in March 2025, having supported a total of 57 providers across the Dorset ICS to install a Digital Social Care Records system for care planning purposes.
- The programme has achieved the national target of having 80% of Dorset ICS Adult Social Care providers using a DSCR for care planning purposes.
- The programme is currently supporting a total of 7 care homes, across both Dorset and BCP, in introducing a total of 215 acoustic monitoring sensors, by providing the funding for the first 12 months of using the acoustic monitoring solution.

As DSCRs are becoming more and more prevalent in the market we can look at ways of implementing Data Sharing Agreement with providers and their DSCR supplier, so that we can collect (anonymised) data about the cohort of people residing in care homes or receiving care by a domiciliary care agency.

These data sets can extend beyond the information we currently hold (which refers to citizens funded by Dorset Council only) and provide a more accurate picture of the adult social care market.

This work loosely links in with our Technology Support for independence plans (part of the commissioning for a better life for adults strategy). The results of using acoustic monitoring can be used to inform our thinking in terms of promoting this as a suitable Technology Enabled Care (TEC) offer.

**What we are doing next**

We are thinking about software integrations – DSCR solutions and DiiS / Dorset Shared Care Record / Mosaic (client system), etc.

## Priorities

- Establish data points that would be meaningful to collect
- Identify how to get them from a DSCR and where to link them to

There are further improvements to online digital tools, such as; improvements to recording information with the new version of Imosphere our client record system, better self-serve tools for residents, information, advice and guidance web based information available 24/7; improved interoperability to shared data sets, such as enhancements to the Dorset Intelligence & Insights Service (DiiS).

# Engagement and Co-production

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

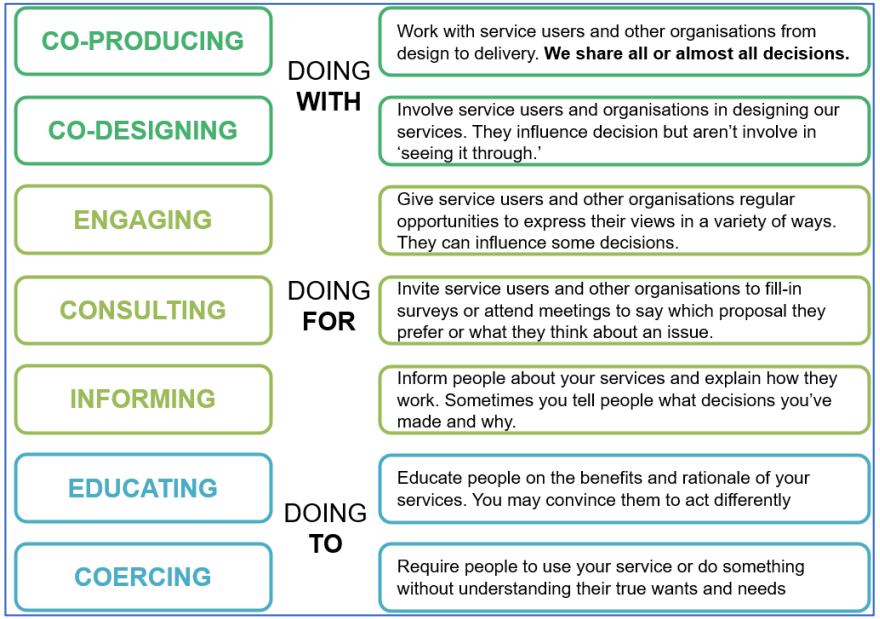
We have set out that we are committed to engagement, co-production and partnerships as a flexible and responsive approach to developing our services. This vision has been shaped by many conversations, relationships and pieces of data analysis over the past months and years. We believe that, certainly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

However, particularly over the longer term, there is still a lot that we need to work on with all those who use, or work within and alongside, the social care system. Under each strategy area we have identified a broader set of aspirations that represent how we see social care evolving in the years that follow. To turn those broader aspirations into action, we have also set out some 'conversations' that we think are important to ensuring that we bring as many partners and people as possible with us.

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

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

| Short Term (1-2 yrs) | Long-Term (3-5 yrs) | Beyond (5+ yrs) |
|---|---|---|
| Dorset Council will have achieved some 'Quick Win' engagement projects that demonstrate our commitment to working in partnership with our stakeholders. | Dorset Council will evidence that the people we support have been actively involved in the design and co-production of the majority of our services. | Dorset Council is recognised as a leading Local Authority for public engagement and co-production |



# Some engagement and co-production priorities

### Initial priorities

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

### Direct Payments / Individual Service Funds

» Continuing to explore how we improve the system

### Day Opportunities

» Involving people in the design of a new model

### Dementia

» Opening up the conversation about how we improve dementia support

### Autism

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

### Social care reforms/digital

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

### Birth to Settled Adulthood

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

### Some priority conversations for the longer term

For technology-enabled care

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

### For older people

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

### For residential care (for older people)

» We are keen to have discussions with self-funders who are new to residential care, and their families, about the choices that they made and what alternatives could have been made available for them to remain living independently for longer.
» There are also opportunities for community organisations to be part of enhancing the richness of life in our care homes and we must develop the conversation further with the market as we continue to share information about the future of provision. This will include discussions about the property and environmental challenges and opportunities in the sector, and how the physical estate can be improved. It will also include conversations on developing and supporting a stable workforce.

### For Direct Payments/Individual Service Funds

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

### For community resilience and participation

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

### For carers

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

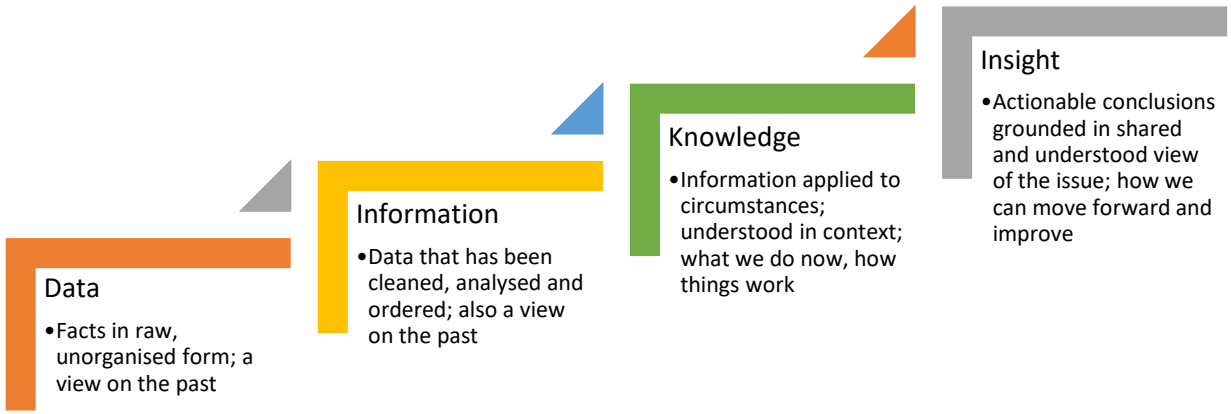
# Data and insight

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

## Identifying those who may benefit from preventative support

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

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




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

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

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

- Bereavement;
- hospital admission and/or discharge;
- people who have been recently admitted to or released from prison;
- application for benefits such as Attendance Allowance, or Carer's Allowance;
- contact with/use of local support groups;
- contact with/use of private care and support;
- changes in housing.

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

# Data and insight priorities for the coming years

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

### For adults of working age with support needs

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

### For Birth to Settled Adulthood

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

### For technology-enabled care

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

### For older people

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

### For residential care (for older people)

» Improving information management about care provision to better support commissioning decisions will allow us to bring more people into our decision-making, including the care market and health partners.

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

### For Direct Payments/Individual Service Funds

» Building a good data picture about DPs/ISFs is important, especially greater qualitative insight.

» Analysis of the base rates and costs involved in purchasing/providing care through this method will also be important.

### For day opportunities

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

### For community resilience and participation

» A dedicated Performance Analyst role will develop evidence base for cost avoidance on locality basis, where social work teams gain support from community and voluntary sector.

» There are a number of interactions and access points that could act as a trigger point for council/partners to consider a preventative service. Data helps us better understand currently missed opportunities, including high risk of hospital admission/health inequalities

### For care at home (for older people)

» Locality-based analysis is important to inform all of the interventions in these strategies. This will need to be regularly refreshed.

» These analyses will also show changes in flow through short-term services and inform future decisions about reablement/rapid response.

» Analysis of handed back cases will allow for a model to identify providers at risk of failure, minimising 'provider of last resort' intervention.

### For carers

» Continued work to build the picture of support needs, including with Health and providers.

» As part of that, understanding more clearly what data can tell us about the risk to caring arrangements breaking down will be invaluable.

# Safeguarding and commissioning for quality

The Council is responsible for establishing the Safeguarding Adults Board (SAB). The SAB has a strategic role. It oversees and leads on adult safeguarding across the Dorset Council area. And focuses on a range of issues that contribute to the prevention of abuse and neglect. As such, the priorities established by the SAB directly influence how the Council approaches its responsibilities for commissioning effective care and support.

Whilst Dorset and Bournemouth, Christchurch & Poole retain separate Boards; both Boards share an Independent Chair and join together for board meetings and share subgroups. Where specific place-based work is identified each local area will establish separate task-specific arrangements for working/ governance within its own area to focus on this work.

The Boards bring together public sector and voluntary/ community sector agencies across Dorset and BCP with the aim of working together to protect adults with care and support needs from experiencing abuse, harm, or neglect. We achieve this through joined up strategic leadership and collective accountability.

### From the 2023-26 Safeguarding Adults Board Strategic Plan

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

- Continued development with partners of preventative work in safeguarding;
- Continue to seek assurance on safeguarding practice across system partners
- Assurance on delivery of 'Making safeguarding personal'

Work within the new Integrated Care System in the context of the safeguarding assurance framework – continuously developing how the board delivers assurance with the evolving governance frameworks within the NHS and social care.

The Dorset Council Safeguarding work is aligned to the SAB Strategic Plan and the SAB from a strategic perspective.

### Priorities:

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

## Progress:

- We have a Transitional Safeguarding Pathway – enabling us to work closely with Safeguarding Children's Partnership to ensure that the complexities for children and young people who are stepping into adulthood and where risk is high are supported effectively when safeguarding concerns are made. We ensure that there is good information sharing, when necessary, between the services; Adults Safeguarding attend the Extra Familial Harm Panel, Children and Young People's Multi-agency Child Protection meetings and other crucial meetings to support this pathway approach.
- We have a new Self Neglect Specialist Safeguarding Practitioner and part-time Drug and Alcohol Safeguarding Practitioner to support and work alongside local teams to improve knowledge and skills in this area of practice.

## Next Steps:

- Reviewing the Safeguarding Service to create a more flexible approach to supporting the changing complexity of individuals coming through and future proofing our offer to support changing demographics in Dorset.
- Focusing on having sufficient options for specialist housing and accommodation with support for complex safeguarding cases, particularly people being released from prison with forensic needs.

### Developing our quality oversight systems and practice

For our part in the SAB's commitment to improve assurance on social care provider quality, we continue to strengthen the approaches we take to manage and oversee provider quality. This includes:

- Ensuring that our quality standards are clear in setting out expectations of the standards of care and support that the people of Dorset can expect
- Improving our data flows and management of insight into provider quality, so that we can continue to be confident in forming judgments as to the risks associated with different providers;
- Implementing a robust contract management approach that incorporates regular meetings with providers, onsite quality assurance visits and collation of key performance indicators that gives us insight and confidence that providers care and support services are safe and look after people wellbeing.
- Monitoring all safeguarding concerns raised in relation to Provider services to identify issues and trends that enables the Quality Assurance and Contract Monitoring team to work with Providers to make improvements and mitigate risks.

These and other actions will continue to be developed to respond to market pressures as they emerge.

# Glossary of Terms

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

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

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

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| **Residential care** | Long- or short-term care given to people in a dedicated setting in which they live, rather than in their own homes – often this is by necessity because their level of care needs meant that they cannot live at home any longer; sometimes it is by choice |
| **Sensory impairment/loss** | A general term used to describe blindness, deafness, or visual or hearing impairment |
| **Strengths-based** | Can describe either commissioning or the approach to social work, in both cases involves starting with thinking about the strengths and assets of a community or person, and how they can be enhanced to help them respond to challenges they are facing |
| **Technology-Enabled Care** | Forms of assistive technology that help to provide some of the care and support that someone may need, often with the intention of being less intrusive than when provided by a person in their home |
| **Transition** | Generally applied to the process of a young person approaching adulthood, and preparing for the move from children's care and support to adults' care and support – but can also refer to other moves between care types or care settings |
| **Working Age** | A term which is sometimes used, but is also felt to be problematic, to describe people aged in the range 18-64, and typically intending to capture the needs of people who live through all or most of their adult lives with forms of additional need such as disability or mental health conditions |

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