



# Adult Social Care Market Position Statement

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Our priorities for developing the adult social care  
market in Dorset to meet the needs of its  
residents into the future

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# Introduction

In February 2023, we finalised a set of strategies that helped shape the future direction of commissioned adult social care services in Dorset. We committed to develop a clearer set of statements about the future priorities for the development of the market. We want to work with providers of social care services to ensure that this represents a shared view on that future.

This Market Position Statement (MPS) starts that conversation through this iterative document which gives details about the types, quantities and quality of services needed to support our population as it grows.

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 longer-term impacts of the pandemic. We are keen to support the market as much as possible in the development of social care businesses, aligned to the emerging needs of our population.

To enable us to respond to the dynamic nature of the social care market, we are intending to keep the MPS live, and regularly updated, building a stronger data picture which can help care business owners as they plan their own business futures.

## Evolution of this Market Position Statement

There are a number of important evolutions of this document such as:

- Building the data picture: a stronger data picture will provide more insight for care providers to draw on when thinking about the future of their business within the overall Dorset market.
- We want to make this a more interactive 'live' web document, so we can update it as new developments or new insights are available, and this will include data streams that should provide a more real-time picture to providers of emerging business opportunities.
- We want to evolve the document to work jointly with partners, particularly in the NHS and our neighbours (and integrated care system partners) Bournemouth, Christchurch & Poole Council. Care providers often do not work exclusively in Dorset, so this should assist them to harness business opportunities from a wider landscape.

We will work with providers and partners to develop this into the future.

# About Dorset

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Our Adult Commissioning Strategies set out a picture of the population of Dorset, for whom our social care services are designed.

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

The coastline and rurality of the county attracts a large number of people who relocate to Dorset as they approach retirement, resulting in an ageing, often affluent population. At the same time, the limited higher education settings and career opportunities results in significant numbers of young adults leaving the county. The current median population age is 52 (2019) compared to a national average of 40 years, and it is anticipated this will grow to 54.4 by 2029. We expect 24,000 (~21%) more over 65s in the

population by 2029, and by 2035 the over 85 population is predicted to increase by 40% (from 16,104 currently to over 22,500). Conversely, the working age adult population is expected to decline slightly over the coming 25 years. 4.4% of residents are from minority ethnic communities.

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

## Population wealth

Whilst Dorset is perceived to be a highly affluent county, it has a varied population wealth, with pockets of significant deprivation. Of the 2019 Census "lower super output areas" that make up the Dorset Council area, 11 are ranked within the highest 20% for deprivation, 10 of which are in the Weymouth and Portland locality. A large proportion of the

workforce are employed in the leisure, care and farming sector, with typically low wages against a backdrop of high house prices driven up by people relocating to the county later in life or purchasing second homes.

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

The deprivation and rural nature of the county also increases risk factors in relation to mental wellbeing. Dorset is amongst the highest nationally for admissions to hospital for self-injury and completed suicides (ASCOF). The longer-term impact of the Covid-19 pandemic is still being felt by many Local Authorities.

# Market Relationships

Dorset Council recognises the critical importance of a sound, sustainable market of social care provision. In the main, where they have additional support needs in adulthood, this is where the key day-to-day support for the residents of the county is happening. We have a number of plans that evidence our commitment to improving relationships with the provider market and ensuring that together we are best placed to address the challenges – and build on our strengths – of delivering adult social care for the most vulnerable people in Dorset.

## Supporting the Dorset Care Association

In 2022/23 we worked with representatives of the provider sector, and committed resources, to support the reinvigoration of the local care provider association. The Dorset Care Association is now a principal partner to the Council, offering the opportunity for critical challenge for our plans and commissioning approaches, and amplifying and channelling the voice of the sector. We will continue to communicate directly with the market at large, and we will often consult with the DCA before initiated or launching plans or activities – and we value the input that they bring.

## Fair Cost of Care and Market Sustainability

As part of the Government's 'People at the Heart of Care' programme, the Council was required to undertake an assessment of the sustainability of the market for older people's residential care and for all provision of home care. We had already launched such an exercise, having recognised that we needed greater insight into the cost of local care delivery in order to inform our commissioning. We undertook the exercise across supported living for all adults also.

Our resulting plans can be found online<sup>1</sup>. These plans continue to develop, and we welcome participation, comment and feedback. The insight provided by the Fair Cost of Care assessment exercises – conducted for us by independent consultancies – is now core to our approach to setting the fee rates that we pay under the Dorset Care Framework. Moving to paying the full 'fair cost' continues to be a journey, and we remain constrained by the resources that we have available, but by working together with the market we are able to address not only fee rates but the other factors that potentially challenge the sustainability of care delivery in Dorset.

## A commercially minded approach for Dorset Council

The Council has re-defined its approach to commissioning and commercial activity. The values set out in that approach inform the way we want to refine and develop our commissioning practice. 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.

<sup>1</sup>[Market Sustainability and Fair Cost of Care - Dorset Council](#)

# Delivering care services in a preventive environment

## Our Approach

We think about prevention on three levels. Broad, supportive interventions within the communities of Dorset are a huge source of primary support and rehabilitation for those with low-level needs, and fostering the community connections so that they are there when needed is critical.

Secondarily, we want to identify those at risk of developing increased needs and intervene early. There is a role here for all providers of social care services to be thinking preventively in their delivery of support.

Finally, at a tertiary level, we want to minimise and contain the effects of disability or frailty as much as possible and, again, providers developing their own strengths-based practice is important in looking for the opportunities to support people in this way.

## Commissioning opportunities

Dorset Integrated Prevention Partnership Service (DIPPs) is a joint contract between Dorset Council and seven 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
- » Home from Hospital support
- » Access and support from volunteers

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.

## Technology

Dorset recognises the essential role that 'technology-enabled care' 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.

We are taking a number of actions to improve the provision of technology-enabled care, including training our operational and commissioning teams, reviewing our investment, and working with providers and housing teams.

We have introduced the Bridgit platform which provides online information for carers and includes a self-help and Carer Assessment tool. Bridgit is in development and is continually being updated and improved.

## Day Opportunities

Following extensive engagement through 2021 and 2023 Adults Commissioning will enter a period of formal consultation in spring 2025 on the introduction of a hub, spoke and specialist model of service delivery across Dorset. This will enhance the services accessible to Individuals as well as working with communities, voluntary and community groups and providers to develop day opportunities to offer choice and flexibility. Planned removal of the 9 - 3 boundaries, introducing weekend and evening provision.

## Carers Support

Carers support services in Dorset are being developed to ensure Carers are supported and that a range of support is available to Carers across the Dorset Council area. This includes the introduction of the Bridgit platform.

## Supported Employment

Over the next year we will be preparing a procurement for supported employment, learning from the development of our current provision.

# The Dorset Care Framework (DCF2)

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In 2022, Dorset Council relaunched the Dorset Care Framework “2” as its main procurement vehicle to purchase care. It is a 10-year light touch framework, joint with Dorset NHS, with more than 20 lots covering the whole Adult Social Care market. This includes Adult Social Care, Community Safety, Housing, Children's Services and micro-markets. It will form the platform through which all procurement activity will take place

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. This is a priority area for us to address; we want to develop stronger, strategic partnerships with providers who are willing to work with us via the DCF2 to develop the service levels that Dorset needs. Currently, most sensory impairment packages are taken as direct payment, with a small number of packages purchased from the framework.

The advantages of a framework mean we have a swift and efficient route to purchase services to meet the needs of Dorset’s residents. 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. Providers will experience the benefit of being on DCF2 as they will be able to be considered for greater contracting opportunities from spot contracts and block for long term care, pilot initiatives and wider System requirements, such as to meet seasonal pressures.

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.

Future opportunities to further develop and enhance the Dorset Care Framework, specific plans for further rounds within Lots 6 & 7 Care Homes for Older People.

As we build a solid framework of providers, it allows us to build on pilots such as the Provider Led Review work to support innovation.



# Care at Home for Older People

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## About this market

There over 70 Home Care agencies providing care and support to older people, a subset of which also provide services to adults under 65. For older people, 13,800 hours (approximately) of homecare are commissioned by the council per week, for 1210 older people. 40 agencies are commissioned via the Dorset Care Framework 2 (DCF2), 28 are engaged on a spot contract basis. Over 90% of provision is commissioned at Dorset Council Published rates with a small number of historic purchases above published rates (this number continues to decrease).

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 availability 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. However, we do not have the level of demand and therefore the requirement to

purchase the surplus of care that the market currently has available.

Increases to national minimum wage and employer national insurance contributions from April 2025 are likely to impact on the Dorset Care market which may change the council's ability to source care with the ease it has during 2023 and 2024.

Due to the excellent levels of sufficiency achieved via DCF2 Lot1, at the time of writing there are no imminent plans to open the framework to further grow our provision.

## Zonal approach

Rurality poses a challenge and via DCF2 we have established 'zones' for our home care commissioning. This helps providers to plan more efficient and effective routes, reducing travel time for carers and increasing the amount of care time available to Dorset residents. Furthermore, reducing our carbon footprint.

We plan to further deploy this zonal approach via our DCF 2 Lot 1 homecare providers during 2025/26.

## Reablement and Recovery focussed approach

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.

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, and opportunities to maximise independence via equipment and technology, rather than just the deficit or challenge that is presenting at that time.

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



## Trusted Review

We are piloting the use of models of Trusted Review, both in long term care, and within our hospital discharge pathways, working closely with strategic homecare partners. We recognise that providers have a very good knowledge of individuals needs and are best placed to identify where needs change. We are exploring delegation of authority for reviews to providers to allow packages to be adjusted faster, resulting in best use of resources and ensuring packages are appropriate to meeting care needs.

## Key challenges to address

Ensuring there is a skilled, resilient and sustainable workforce remains a high priority. We have an exciting opportunity to enhance care and support offers that enable more people to remain in a home of their own for longer, as they age.

We recognise that provider resources are often better placed than council resources to identify individual's needs. Continuing to explore and develop initiatives such as Trusted Review is a key priority, in how, by working better together with Providers, we can better meet the overall demand and needs of the Dorset population.

## Technology support for independence

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 started 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.

We recognise 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.

# Care Homes for Older People

## About this market

The Dorset Council locality has 69 residential care homes, with approximately 2,222 registered beds and 31 nursing care homes with 1537 registered beds. The local market has ample capacity at lower levels of need, driven by high levels of occupancy by self-funders, some of whom enter residential care early.

Occupancy rates are around 82%. This means that typically 18% are unoccupied at any one time due in part to a business decision by the owners and/or due to staff availability and/or suitability of the home to be able to meet the individual's level of care and support.

Dorset Council purchases around 24% of these registered beds. The remaining beds are occupied by self-funders or people whose care is being funded by another local authority or the NHS.

CQC ratings for care homes in the Dorset Council area are generally above those of our comparator or national authorities. The table in the next column provides a breakdown of the ratings as of April 2025.

All Providers %	National	Comparat or LA's	Dorset	May 2025 figures from CQC listing
Outstanding %	4%	5%	5%	6%
Good %	65%	71%	76%	77%
Requires Improvement %	13%	12%	6%	10%
Inadequate %	1%	0%	0%	0%
Not Yet Rated/Inspected %	18%	11%	13%	7%

Care homes in Dorset Council area are generally smaller than that considered economically 'ideal', with 14% of care homes having fewer than 20 beds, 61% in the 20-49 bed range, and 25% over 50 beds. Only 12 are in the 'economically ideal' 60+ bed range, although these smaller care homes may still have the potential to offer a service that can meet the needs of older people in the Dorset Council area (see below).

In November 2024 Dorset Council funded 1,091 care home long term placements, 78.55% in residential care homes without nursing and 21.45% in care homes with nursing. 82% of all Dorset Council-funded placements were in the Dorset Council area and 18% out of county<sup>1</sup>.

We've developed a Care Home Service Category Model which describes in detail the type and level of needs to be met across 7 Service Categories<sup>2</sup>. We have included weekly care hours within the model, taken from the Fair Cost of Care analysis. We have further work to do in this area, as our consultants found that there was a higher level of hourly care provision per resident week than their benchmarks would suggest should be the case. This was variable between different types of residential care, but some excess was common to them all.

<sup>1</sup> People and Packages Dashboard 10/24. This includes care homes in the Bournemouth, Christchurch and Poole local authority area and elsewhere.

<sup>2</sup> We're planning to make this available via our website [www.dorsetcouncil.gov.uk](http://www.dorsetcouncil.gov.uk). In the meantime, please

contact [adultscommissioning@dorsetcouncil.gov.uk](mailto:adultscommissioning@dorsetcouncil.gov.uk) if you would like more information.

## Key challenges to address

Previously, few care homes were willing to work with us under the first Dorset Care Framework (DCF1). We have increased our fee rates for care home services significantly in recent years however and our best fee rates are those available to care homes that have been awarded a contract under the Framework (DCF2). These rates are now very close to the Fair Price of Care, and we're now seeing more care homes wanting to work with us as a result. The framework now represents an opportunity to access the Council's first-line commissioning approach for residential care, and a steadier stream of consistent business.

We have difficulty in sourcing suitable and affordable residential care for people with higher levels of need and greater complexity of need, principally in terms of complex dementia and for people who require positive behavioural support. This is an area of the market that requires further development and presents opportunities for care homes that can develop their service capabilities to meet these needs.

Our market appraisal has identified significant supply gaps across the Dorset Council area for the following Service Categories:

- Approximately two thirds of demand for long term care home placements is in the residential Service Categories 1 and 2 (without nursing)
- We have a particular need for care homes that can provide Service Category 2 (high level needs) area wide.

- We also have a need for the specialist service capability required to meet the needs of the relatively few individuals in Service Category 2a (advanced dementia and mental health needs)
- All residential Service Categories with nursing but particularly SC4 (advanced dementia and mental health needs)

We're keen to work with care homes that want to work with us to provide and develop the type and level of care home services that older people in our area need. We want to support providers to develop their services, and work with us via the Dorset Care, Support, Housing and Community Safety Framework (DCF2).

We would like more providers to work with us through the DCF2, which represents an opportunity for providers to access a more consistent flow of business from the Council and for the Council to develop stronger relationships with a wider section of the market.

Care homes can sign up to join Lots 6 and 7 (care home services for older people) of the Dorset Care, Support, Housing and Community Safety Framework (DCF2) at any time and will be notified of further competitions (tenders) on release.

[Sign up to the Dorset Care, Support, Housing and Community Safety Framework \(DCF2\) here.](#)

To participate in a further competition, each care home must first have been accepted onto DCF2. The acceptance criteria are basic and include having a registered Care Home in the purchasing area with an acceptable CQC rating.

Once on the Framework, Providers are then able to bid for a specific call-off contract which will mean, if successful, that we will prioritise sending referrals to our framework providers. Also, joining the framework ensures that providers receive timely updates and alerts about new bidding opportunities.

Getting onto DCF2 doesn't mean the provider will be awarded placements. It ensures however that care homes will receive updates and alerts so that they know when to bid in further competitions (tenders) when these are released.

# Accommodation with support for older people

## About this market

Extra Care Housing represents a key opportunity to enable adults with care and support needs to live independently within their own homes. These homes within the schemes are designed to be accessible and combine accessible communal facilities with adaptable housing units which can accommodate care and support needs. Within these schemes is an onsite CQC registered care agency to provide scheduled and emergency support due to temporary deterioration of need care and support.

The Council currently commissions three Extra Care Housing Schemes and has commissioned two further schemes which are similar in nature to Extra care Housing but do not meet the full criteria of Extra Care Housing.

The two schemes not meeting the criteria for Extra Care Housing are classified as Accommodation with Support. These two schemes have onsite care teams but do not provide a 24/7 support coverage, with coverage available at night and a core offering between 10.30 to 4.30 each day. These schemes also were found to have the following issues in a council review of the provision.

Some schemes are not located near to shops, health, transport and leisure amenities and the

surroundings do not provide an accessible environment for people with mobility needs. Whereas some schemes offer space standards both in terms of tenant flats and shared spaces that can cater for people with mobility and related care needs, there are challenges at a number of schemes for people who permanently need to use wheelchairs.

These issues could potentially compromise people's independence, increase the costs of delivering care and support, and possibly lead to increased isolation for the residents of the schemes. However, this must be balanced against the positive attributes living within the scheme brings.

## A Council Housing Needs Assessment completed in 2021 found:

- » Dorset currently has a shortfall of 903 extra care homes.
- » To address the needs of an increasing older population, Dorset needs to develop 1,805 new Extra Care homes by 2038.
- » This includes 884 affordable homes and 921 extra care homes for sale. Currently only 13 of the flats commissioned are available for leasehold purchase.

## Key challenges to address

The principal challenge is in driving forward the right developments, in the right locations and being able to access viable development

sites with capital investment, to develop new Extra Care Homes. We also need to invest in outcome driven support and care, which can maximise what Extra Care Housing can offer, to ensure the independence of our residents with long term support and care needs.

We have established a programme of work to address these challenges. Through this the council has approved:

- » A new Extra Care Housing Strategic Statement
- » A new Support and Care Commissioning Model, delivering 24/7 onsite support across extra care housing commissioned by the council
- » The establishment of a Housing Development Partnership, to develop four new extra care housing sites across Dorset.

The Cabinet report approving the council's strategic statement and Extra Care Housing Development Partnership, can be accessed by using the link below:

[Cabinet Decision - Extra Care Housing Strategy & Accommodation with support programme](#)

You can read our strategic statement via the following link:

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

## Current Provision

Scheme	Location	No of Units
Foylebank	Portland	48
Westhaven	Weymouth	54
Trailway Court	Blandford	44
Melrose Court	Dorchester	63
St Martin's House	Gillingham	55

## Opportunities and needs

We will support developers on opportunities for new extra care housing development, where these fit with the priorities set out in our strategic statement. This will be alongside our plans to develop new extra care homes, through our Housing Development Partnership.

## Housing Development Partnership

The council is progressing a competitive dialogue to find a suitably qualified and experienced developer, to support it with its Extra Care Housing Development Partnership. Through this the aim is to have the partnership in place in 2025. The competitive dialogue will commence in January 2025 with five identified potential developers

## Care and Support Services in Extra Care Housing

During 2024 the council launched a procurement to commission an experienced provider of care and support services, delivered in extra care housing. The opportunity was procured through the council's Dorset Care, Support, Housing and Community Safety Framework, following market engagement.

Following a competitive tender through the framework, Apex Primecare were appointed. Given the need to transform support and care services across several extra care housing schemes, to deliver the council's new 24/7 support and care model, a single provider was appointed under a five-year contract. This approach is also designed to ensure we have an experienced provider of support and care services in extra care housing, able to work with the council's Extra Care Housing Development Partnership on the design of new schemes.

# Accommodation and Support for Working Age Adults

## About this Market

As a Local Authority, Dorset Council provides support to 1600 adults aged between 18-64 years, of which 57% have a Learning Disability, 18% have a Mental Health Condition and/or Autism, and 21% receive support due to a physical need.

Reflective of the strategic direction to support more people to live in their own home, in their local communities; Supported Living is now the primary form of support for adults of working age.

A core principle of the Government reforms of adult social care is to introduce the idea that housing is critical to supporting people to achieve their outcomes, and that it should be central to every decision about care and support. We know there are approximately 199 people open to adult social care with an identified housing need in the next five years, so we are looking to increase our availability of appropriate high calibre and future-proofed accommodation which will meet the needs of the people who require it.

Whilst some will be able to access general needs housing with a support package in place, a proportion will need specialist housing, largely due to complex behaviours, the need for a fully accessible property, and/or support as a younger adult who is moving towards living independently.

Dorset Council is moving away from developing single person services, which are difficult to staff and are higher cost, and instead looking to develop clusters of single units of accommodation which will enable support teams to be shared across the cluster, whilst also giving people their own space.

Over the last three years, Dorset Council has invested heavily in market sustainability and ensuring we are paying a Fair Cost of Care for supported living. Our framework rate is competitive regionally and set to enable support providers to pay above National Living Wage. All new services will be purchased through the framework at the published framework rate.

We have recently been piloting an outcomes-based commissioning model within some of our supported living services, using block contracts, which offer greater security to providers, and empowering individuals; giving them greater personal choice, promoting independence, and enabling outcomes to be met through creative planning, collaboration between individuals and the provider, and increased opportunities through engagement with the local community and supported by Technology Enabled Care (TEC). We are looking for providers who share our vision, with a positive approach to managing risk and commitment to supporting people in the least restrictive way.

## Key challenges

We project a 33% increase in people with a learning disability living in Dorset by 2032. Short-term demand also paints a stark picture, with package costs for learning disability support rising by 25% over the past three years.

Similarly, since 2022, supported living placements for people with mental health conditions has risen by 55%, with average package cost now approximately £300pw more.

There are a number of significant challenges, most notably:

- » The changing profile of the people we support, with an aging demographic, additional complexity of need and increase in those with neurodiversity.
- » Availability of appropriate and affordable accommodation
- » Ensuring support staff have the right training and experience to support people with complex needs
- » Balancing the rights of the individual against the potential risks created through additional independence
- » A need to increase the focus on building skills for independence and working to clear agreed outcomes with a focus on progression and move on through services



## Learning Disability and Autism

The ageing profile of adults with a learning disability, and the increasing complexity of need, is seeing a change in the model of support being commissioned, with a growing need for specialist and adapted accommodation with support.

Dorset Council currently supports 388 working age adults with learning disabilities and/or autism in Supported Living services, at an annual cost of £31.8m. The majority of our placements are commissioned through the Dorset Care Framework at the agreed framework rate.

We currently support 90 working age adults with a learning disability in residential settings of which only 34 are supported within Dorset Council area. The majority of residential care placements made by the Council for adults under 65 are out of county. These placements are often complex packages, and placements are commissioned individually with providers, rather than through larger contracts for provision to multiple individuals.

In the last two years we have opened over 25 new supported living placements in a mix of self-contained and shared settings and are anticipating similar growth over the next few years to help manage demand and prevent out of county placements.

### Learning Disability Opportunities and Needs

High level analysis suggests we have 184 adults with learning disabilities requiring accommodation with support in the next three years, of which 87 have been identified as

needing supported living. In addition, we currently have 32 people within the Transforming Care Programme with an accommodation need, of which 21 require a supported living service.

We are looking to develop high quality supported living services for adults with mild to moderate learning disabilities. These will be small blocks of approximately six self-contained flats, with a maximum of 8 -10 units per development and a small number of large, shared houses, for 3 – 4 adults, some of which need to be fully accessible. Rent levels on these services need to be affordable, sustainable and proportionate to the level of adaptation. Properties should be located close to local amenities, and with good transport links. Whilst there is demand across the county for new accommodation, demand is highest in the Weymouth and East Dorset areas and is therefore our preferred areas for developments.

Commissioning for support provision is through the Dorset Care Framework lot 9, with market tenders planned for 25/26. Some of this activity will be recommissioning existing provision, and some will be to deliver support to new services. Providers should be able to evidence their experience of working with adults with learning disabilities and/or autism, and a strong ethos of building independence, and drawing on resources within the community to deliver blended packages of support.

We are also looking to develop a small number of specialist schemes with a maximum of four self-contained units,

consisting of large, adaptable and robust properties for adults with complex needs. Whilst geographically these services could be anywhere within the Dorset Council area, we would look for them to be close to amenities and accessible to staff, avoiding very rural locations.

Support to these properties would be commissioned through the Dorset Care framework under Lot 11, with providers skilled in Positive Behaviour Support and taking a positive approach to managing risk. There is also a need for providers to have experience in supporting people with a forensic profile.

Strategically, our intention is to support people in a supported living setting wherever possible, however, we would be open to discussions around registered care model as part of a step down to less restrictive models of support.

With all Supported Living there needs to be a clear distinction between the housing and support elements, with tenants having their own standalone tenancy which is independent to the support provider.

Alongside long-term support services, we also have a need to develop building-based respite services and crisis accommodation. One of our key challenges is identifying accommodation for individuals with complex support needs at times of crisis. In 2025, we will be doing engagement work with the market to inform future commissioning models.



## Mental Health and Autism

Dorset Council currently supports 293 adults between 18-64 with a mental health condition or autism at a cost of £14.7m. This includes 118 in supported living services at a total cost of 7.7m and 47 people in residential settings.

The majority of our supported living placements are commissioned through the Dorset Care Framework at the agreed framework rate. Many of the services supporting people with mental health conditions are also supporting people with learning disabilities and it is our intention to develop specialist mental health services which facilitate a recovery focused approach to support. Due to the availability of accommodation, people are tending to move into a supported living service and are unable to move on; we are therefore needing to commission in a more creative way, which facilitates support being able to step up and down, depending on someone's needs.

Over the last few years, we have seen an increase in people presenting with complex needs; with high levels of risk to themselves, others or their environment; often stemming from childhood trauma. Currently, we are placing individuals in residential settings outside of Dorset or establishing single person services with high levels of support; both of which can be restrictive. This is not a model we are able to sustain going forward; and we are looking to work alongside providers to develop services which are able

to facilitate elements of shared support and manage risk in a less restrictive way within the Dorset Council area.

## Mental Health and Autism Opportunities and Needs

High level data analysis suggests we have 161 people with a mental health condition or autism requiring accommodation in the next three years, of which 39 people need supported living.

For many people with mental health conditions, properties do not need specialist adaptations; the important factor is ensuring rent levels are affordable and sustainable, and do not restrict someone from gaining employment. We are looking to develop small blocks of self-contained accommodation with a maximum of 8-10 units per development, alongside a small number of large, shared houses for 3-4 adults. Whilst there is demand across the county for supported living services, we are particularly interested in developing in Weymouth and Dorchester to reflect the areas where demand is highest. Wherever possible we would look to facilitate people moving through services as they build on their recovery, however, we recognise for some people there will be ongoing support needs and are therefore looking for support within services to be flexible, recognising the changing needs of someone with a mental health condition.

In our approach to commissioning support, we will be seeking strategic partnerships with organisations whose approach to support includes promoting tools for self-management e.g. encouraging the use of peer support groups, using recovery college and other similar resources. Support will be commissioned through the Dorset Care Framework lot 10, and we will be expecting providers to be able to evidence creative approaches to meeting support needs using Technology Enabled Care (TEC), building on people's strengths and the assets within their local community, with a positive approach to risk management. We would be especially interested in providers with experience in supporting people with complex trauma and associated patterns of behaviour.

Currently, there are between 16-20 individuals known to adult social care who require accommodation and support with a forensic profile. These individuals are either under section and approaching discharge, in prison, or placed in out-of-county services. Following a market engagement event held in 2023 and additional analysis of our demand, we plan to commission a small, registered care service with an intensive housing offer through market competition in 2025/26. This service will cater to individuals with a range of needs and varying levels of support and will require a provider with experience in delivering similar services.

From Birth to Settled Adulthood (B2SA)

This joint approach across Children’s and Adult services, Health and Housing is being developed to transform our pathway for young people aged 14 years and upwards, helping them to prepare for adulthood, encouraging independence and maximising their skills and opportunities for a more fulfilling and empowered life.

The Birth to Settled Adulthood (B2SA) 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.

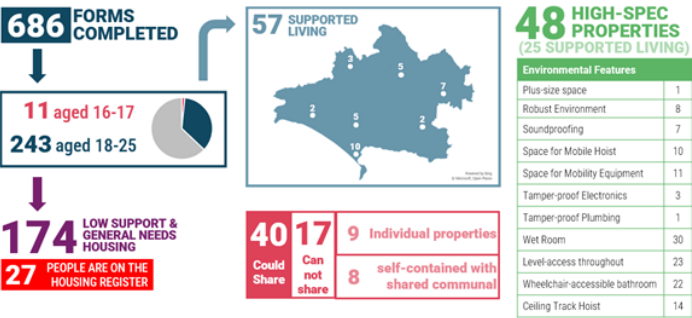
Over the last few years, we have seen an increase in the number of autistic young people entering adult services, which is changing the nature of services we are needing and commissioning. There is an increased emphasis on support which

promotes young people to learn skills and strategies to live independent and fulfilling lives, alongside being more mindful around the sensory environment of homes for people with more complex presentations.

From Birth to Settled Adulthood Opportunities and Needs

High level analysis shows that we have 57 young people approaching 18 who require a supported living setting, of which 40 can share.

B2SA Accommodation Demand Data



In 2024 we opened our first transitions property in Weymouth, which has been

developed to support people to build the skills needed to move on to a more independent setting. This has been very successful, and we are now looking to replicate the model in further services across the county. We are looking for shared properties (3-4 young people) in central locations with good access to shops, local amenities and transport links. The properties should offer enough space for up to four young people with rent levels close to Local Housing Allowance to facilitate employment where appropriate.

We are looking for Support Providers who are able to support young people from 16 years upwards, to offer continuity of support as a young person moves into adulthood. Providers should be experienced working with this age group and be able to evidence delivering positive outcomes and continued progression for the young people they are supporting.

# Day opportunities and day services

## About this market

We define a day opportunity as “Anything that an individual chooses to do with their day that meets their needs – either with support or by themselves.” Increasingly we are moving away from thinking about formally commissioned day services – although they are of course an important part of what some people need – but rather we want to focus on support that emerges more seamlessly from the communities and circles of support within which people live. Some have talked of the idea of people with disability and frailty living “ordinary lives”, rather than reliance on more restrictive day services, specialist transport, etc.

We spend approximately £2.6m in the day opportunities market, formally commissioning supported activities for people. More than that is spent by private individuals and, if we were to expand our view to include all community activities that touch on the lives of those who draw on support, the potential reach is immense.

We are working with our wholly owned care company, Care Dorset, to rethink how the services are delivered in the 14 centres that they operate across the county, and to modernise and refresh the model.

In 2023/24 we are undertaking a piece of development work with partners, including private sector providers, Care Dorset, the Dorset Care Association and others. We aim for this to improve our commissioning practice for day opportunities and identify opportunities for innovation and service development.

## Key challenges

As we work to refocus the Care Dorset provision, we want at the same time to strengthen and sustain independent sector providers. We need to look at the fee structures and better support differing levels of complexity of needs.

The building stock of Care Dorset, together with many other community locations, could better support a range of delivery into localities, and we want to explore this further. Specialist transport services provided by the Council are a key part of delivering support through Care Dorset, and we know that there are many other examples in the independent sector of how transport is arranged. We want to work on a more coherent approach across the county for delivering supported transport. This will include expansion of our travel training offer.

## Opportunities and needs

There is plenty of opportunity for new developments in day opportunity provision. This ranges from community organisations providing small amounts of informal supported activity in local neighbourhoods, through to specialist day service providers for those with complex needs.

Younger adults just coming through transition are increasingly identifying different activities that they would like, distinct from traditional centre-based day services. This includes outdoors activities, leisure, sports and much else.

There is an on-going need to develop stronger employment and vocational support for adults with disabilities.

As we reconfigure Care Dorset’s offer, there may be geographical needs and opportunities opened up by changes to current services.

We would strongly encourage provider participation in the development of our strategies and plans as it rolls out in the coming months.

# Personal assistants, direct payments, individual service funds

## About this market

In our strategies we set out how we 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.

Around 700 people have a direct payment, which represents around 12-15% of the community care budget. The largest groups are those with learning disability and those with physical support needs. Around 73 people have an individual service fund.

Broadly, across all forms of community-based provision we want to see providers responding to the growth in direct payments with service offers that can support people appropriately. Personal assistants are a key part of this, and we welcome more people entering the PA market. Similarly, packaging day opportunities so that they are available for purchase directly by people with direct payments or individual service funds is important.

## Key Challenges

The Direct payment (DP) support services were reviewed and recommissioned in 2022. The service provides Direct payment support across Dorset Council. The Council are in the process of expanding its Individual Service Fund offer with an invitation to join the DCF going live in November 2024.

We are also reviewing the options for pre-paid cards to be used for Direct payments, which can provide alternative ways for people to manage their funds and simplify audit processes.

We are currently looking to establish a clearer model for delivering a personal budget and direct payment for carers, so that they have similar flexibilities in arranging the support for themselves.

We have established a clear methodology for setting an indicative hourly rate for the support provided by a personal assistant. This will be continuously reviewed to ensure we are identifying critical problems, with funds often returned at year end whilst needs have been met, we want people to feel confident to enter this market and deliver support to people through this direct relationship. It is therefore important that we continue to benchmark against other local authorities across the county.

## Opportunities and needs

Further personal assistants

The Dorset Care Framework will be accepting applications shortly for providers to join the framework for provision of individual service fund support.

All providers of community-based services (and many in the wider 'preventive' and less formal space) could consider ways to package their service offer to be more amenable to purchase by those with direct payments, including supporting them to evidence the meeting of their needs for the purposes of review of the support plan.

# Other Support Forms

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## Information, advice and guidance provision

We have identified some priorities in the improvement of information and advice support across the county, including:

- 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.

However, of more general importance is ensuring consistency of information provision for people. People tell us that the system is confusing to navigate and that they cannot always find reliable and consistent messaging. This means we want to encourage providers and other partners to work with us and both shape and then reinforce messaging about the care system and how it operates.

We continue to work with Help and Kindness who provide the Councils web-based directory of services. This includes an interactive virtual hub which provides hyper local community information as well as general service availability across the County. The Help and Kindness Directory is available to everybody.

## Advocacy

We are currently reviewing and offering opportunities for providers to join the advocacy framework.

## Glossary of Terms

<b>Assessment, Care Act</b>	A conversation, or set of conversations, that leads to a determination of what someone needs in terms of social care support		consistent supply and often better pricing due to the commitment involved
<b>Assets-based approach</b>	An approach to commissioning or social work which starts by looking at the strengths and assets of a person or community, and how they can be built upon to address challenges they face	<b>Dementia</b>	Dementia is a group of symptoms that show decline in the function of the brain, often particularly memory function and more often seen in older people, and can be of different types, including Alzheimer's or vascular dementia
<b>Assistive Technology</b>	Any device or technology that provides support or assistance to people with everyday needs	<b>Direct payment</b>	When someone receives money from the Council for their care, for them to organise it themselves and pay providers directly, rather than the council contracting it for them
<b>Care market</b>	The marketplace of providers of social care services, from which the Council, NHS or private individuals purchase their care and support	<b>Domiciliary care/home care</b>	When care workers come to people's homes to provide support with the tasks of everyday living
<b>Carers</b>	Sometimes called "informal" or "family" carers, anyone who provides support to a person with care needs, whether they live with them or not	<b>DCF</b>	A 10-year light touch framework, joint with Dorset NHS, with more than 20 lots covering the whole Adult Social Care market. This includes Adult Social Care, Community Safety Housing, Children's Services and micro-markets. It forms the platform through which all procurement activity will take place
<b>Commissioning</b>	The process of understanding needs at a population level, identifying the right solutions, and then putting plans into action, which may often include contracting care services	<b>Fair Cost of Care</b>	A picture of the costs involved in providing care services, informed by providers themselves, and which the council was required to undertake as part of government strategy
<b>Community &amp; Voluntary Sector/VCSE</b>	The network of community-based organisations, often not for profit or charity organisations, who provide support or community connections	<b>Frailty</b>	The increasing weakness and difficulty in daily living tasks, often seen as a result of ageing and/or an accident or illness
<b>Contract Basis</b>	Planned, long-term agreements for purchasing goods or services, ensuring		



<b>Hospital discharge</b>	The process of someone leaving hospital, sometimes into further care and support
<b>Individual service fund</b>	A way of taking a direct payment but having a community organisation manage it for you to reduce the administrative burden on you
<b>Integrated care system</b>	Health and social care (and other partners) working together to ensure that services join up better for individuals, and that health problems are prevented where possible
<b>Learning disability</b>	Sense defines this as “Someone with a learning disability might take longer to learn new things or understand complex information. They may learn in a different way, or need information presented to them in lots of different ways.” No two people with a learning disability have the same needs, and whilst some will need very high levels of support, others will live independently, work and have relatively little formal support.
<b>Lot</b>	A lot has a clear descriptor and include entry requirements, it may be based on a specific cohort of people, who require services or types of service across all age groups, i.e. complex care or learning disabilities, and possibly then even further divided to Care Home provision or Care at Home for example.
<b>Lower Super Output Area</b>	A small geographical division, smaller than an electoral ward, used for analysing data about the population, especially from the Census
<b>Market Sustainability</b>	The stability of the care and support market, and the risk that providers will regularly go out of business because they cannot operate on a financially sound basis

<b>Mental health condition</b>	Generally, disorders that affect your mood, thinking or behaviour, whether short or long term, including for example schizophrenia, bipolar disorder, depression, anxiety or trauma
<b>Nursing care</b>	A type of residential care that includes nursing support, usually for people with medical conditions that require greater levels of care
<b>Older People</b>	Often considered to be people of 65 years old and over, but increasingly recognised as requiring more flexibility and openness in the definition
<b>Personal assistant</b>	Someone who is self-employed and provides care and support to an individual who pays with their own money or a council direct payment – they are distinguished from employees of a homecare agency, and there is currently no requirement on them to register with the Care Quality Commission
<b>Physical disability</b>	A substantial or long-term condition that affects mobility, physical functioning, dexterity or stamina, which can be the result of physical injury or conditions such as (for example) multiple sclerosis, motor neurone disease, stroke or arthritis
<b>Prevention</b>	Defined in the Care Act as the care and support system coming together to actively promote wellbeing and independence, and therefore going beyond just “treating the problems” that people face
<b>Provider</b>	An organisation (in care terms often a private business) who delivers support to people, sometimes paid directly by them,



	sometimes paid by the council on their behalf
<b>Residential care</b>	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
<b>Sensory impairment/loss</b>	A general term used to describe blindness, deafness, or visual or hearing impairment
<b>Spot Purchasing</b>	Purchasing services on an ad hoc basis, typically to meet immediate needs. It involves acquiring care home placements as needed, rather than through long-term contracts, allowing for flexibility and quick response to urgent requirements
<b>Strengths-based</b>	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
<b>Technology-Enabled Care</b>	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
<b>Transition</b>	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
<b>Working Age</b>	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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