Notice of Health and Adult Social Care Overview and Scrutiny Committee

Date: Monday, 28 September 2020 at 6.00 pm

Venue: Skype meeting

Membership:

Chairman:
Cllr K Rampton

Vice Chairman:
Cllr L-J Evans

Cllr L Northover	Cllr N C Geary	Cllr R Rocca
Cllr H Allen	Cllr C Johnson	Cllr M Robson
Cllr J Edwards	Cllr C Matthews	Cllr D Butler

All Members of the Health and Adult Social Care Overview and Scrutiny Committee are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to view the live stream of this meeting at the following link:

https://democracy.bcpcouncil.gov.uk/ieListDocuments.aspx?MId=4319

If you would like any further information on the items to be considered at the meeting please contact: Democratic Services or email democratic.services@bcpcouncil.gov.uk

Press enquiries should be directed to the Press Office: Tel: 01202 454668 or email press.office@bcpcouncil.gov.uk

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GRAHAM FARRANT
CHIEF EXECUTIVE

18 September 2020

Maintaining and promoting high standards of conduct

Declaring interests at meetings

Familiarise yourself with the Councillor Code of Conduct which can be found in Part 6 of the Council's Constitution.

Before the meeting, read the agenda and reports to see if the matters to be discussed at the meeting concern your interests

Do any matters being discussed at the meeting relate to your registered interests?

Disclosable Pecuniary Interest → Yes

- Declare the nature of the interest
- Do NOT participate in the item at the meeting. Do NOT speak or vote on the item EXCEPT where you hold a dispensation
- You are advised to leave the room during the debate

Local Interest → Yes

- Declare the nature of the interest
- Applying the bias and pre-determination tests means you may need to refrain from speaking and voting
- You may also need to leave the meeting. Please seek advice from the Monitoring Officer

No

- Do you have a personal interest in the matter?

Yes

- Consider the bias and pre-determination tests
- You may need to refrain from speaking & voting
- You may also need to leave the meeting. Please seek advice

No

- You can take part in the meeting speak and vote

What are the principles of bias and pre-determination and how do they affect my participation in the meeting?

Bias and predetermination are common law concepts. If they affect you, your participation in the meeting may call into question the decision arrived at on the item.

Bias Test

In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?

Predetermination Test

At the time of making the decision, did the decision maker have a closed mind?

If a councillor appears to be biased or to have predetermined their decision, they must NOT participate in the meeting.

For more information or advice please contact the Monitoring Officer (anne.brown@bcpcouncil.gov.uk)

Selflessness

Councillors should act solely in terms of the public interest

Integrity

Councillors must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships

Objectivity

Councillors must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

Accountability

Councillors are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

Openness

Councillors should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

Honesty & Integrity

Councillors should act with honesty and integrity and should not place themselves in situations where their honesty and integrity may be questioned

Leadership

Councillors should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

AGENDA

Items to be considered while the meeting is open to the public

1. Apologies

To receive any apologies for absence from Councillors.

2. Substitute Members

To receive information on any changes in the membership of the Committee.

Note – When a member of a Committee is unable to attend a meeting of a Committee or Sub-Committee, the relevant Political Group Leader (or their nominated representative) may, by notice to the Monitoring Officer (or their nominated representative) prior to the meeting, appoint a substitute member from within the same Political Group. The contact details on the front of this agenda should be used for notifications.

3. Declarations of Interests

Councillors are requested to declare any interests on items included in this agenda. Please refer to the workflow on the preceding page for guidance.

Declarations received will be reported at the meeting.

4. Confirmation of Minutes 5 - 14

To confirm the minutes of the meeting on 27 July 2020.

5. Public Issues

To receive any public questions, statements or petitions submitted in accordance with the Constitution, which is available to view at the following link:

https://democracy.bcpcouncil.gov.uk/ieListMeetings.aspx?CommitteeID=151&Info=1&bcr=1

The deadline for the submission of a public question is 4 clear working days before the meeting.

The deadline for the submission of a public statement is midday the working day before the meeting.

The deadline for the submission of a petition is 10 days before the meeting

6. Action Sheet 15 - 18

To note and comment as required on the action sheet which tracks decisions, actions and outcomes arising from previous Committee meetings.

7. Learning Disability Annual Health Check Programme - Update 19 - 24

	To receive an update from the Clinical Commissioning Group (CCG) on the delivery of the Health Check programme for people with a learning disability.	
8.	**Joint Business Plan 2020-22 of the Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Board - Annual Report 2019-20 of the Bournemouth, Christchurch & Poole Safeguarding Adults Board** To receive an update on the progress of objectives in 2019-20 and an outline of the overarching aims of the Board for 2020-22 and how the Board plan to achieve these, whilst acknowledging the effect the coronavirus pandemic may have on partner agencies' ability to contribute to the plan.	25 - 90
9.	**Adult Social Care Charging Policy** To consider the proposed single charging policy and the recommendations of the Adult Social Care Charging Policy Working Group.	91 - 184
10.	**Forward Plan** To consider and amend the Committee's Forward Plan as appropriate.	185 - 190

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the Meeting held on 27 July 2020 at 6.00 pm

Present:-

Cllr L Northover – Chairman

Cllr L-J Evans – Vice-Chairman

Present: Cllr H Allen, Cllr D Butler, Cllr J Edwards, Cllr C Johnson, Cllr C Matthews, Cllr K Rampton, Cllr M Robson and Cllr R Rocca

66. Apologies

Apologies were received from Cllr N Geary.

67. Substitute Members

Notification was received from the nominated representative of the relevant Political Group Leader that Cllr P Hilliard was substituting for Cllr N Geary for this meeting of the Committee.

68. Election of Chair of the Health and Adult Social Care Overview and Scrutiny Committee

RESOLVED that Cllr K Rampton be elected Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2020/21 Municipal Year.

69. Election of Vice-Chair of the Health and Adult Social Care Overview and Scrutiny Committee

RESOLVED that Cllr L-J Evans be elected Vice-Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 2020/21 Municipal Year.

70. Declarations of Interests

Councillors made the following declarations of interest:
Cllr P Hilliard declared, for transparency purposes and relating to Item 8, that he is the Council's appointed Governor representative to the Royal Bournemouth and Christchurch NHS Foundation Trust.

Cllr L-J Evans declared, for transparency, that she is a bank employee of Poole Hospital Trust.

Cllr C Matthews declared, for transparency purposes and relating to Item 8, that he is the Council's appointed Governor representative to the Dorset Healthcare university NHS Foundation Trust.

Cllr H Allen declared, for transparency, that she is a consultant nurse working employed by the Royal Bournemouth Hospital, and works across Dorset.

71. Confirmation of minutes

The minutes of the meeting held on 2 March 2020 were confirmed as a correct and accurate record.

72. Action Sheet

A Councillor suggested that the Big Plan update item, that was scheduled for Committee in September, be heard as the first item of business in order to facilitate external participants joining from the start of the meeting.
Following this suggestion, to which the Committee agreed, the action sheet was noted. There were no further comments.

73. Public Issues

There were no public questions, statements or petitions received for this meeting.

74. University Hospitals Dorset - update on merger, services and estates programme

The Committee received a presentation on the University Hospitals Dorset merger update by the Chief Strategy and Transformation Officer of the University Hospitals Dorset NHS Foundation Trust.

The presentation included information on the rationale for the merger, the new organisational structure, the strategic goals, the Shadow Interim Board, the merger related benefits, layouts of hospital sites and the Trust Sustainable Travel Plan.

Members heard that:

- The merger will award greater resilience to the NHS across Dorset, in order to deal with the variety of challenges it faces, with COVID19 as a single example.
- The new organisation is built around a one culture, one team ethos that will allow a smooth transition from day one with 9000 staff transferring to the new organisation on 1 October 2020
- Organisational turnover will stand at £630m, comparable to other hospital organisations of this size.
- The University Hospitals Dorset's vision is to positively transform the health and care services along with providing excellent healthcare to patients and the wider community, as well as being a great place to work.

- The Shadow Interim Boards has a Joint Chair and Chief Executive with all other members being made up of existing boards.
- The merger related benefits were fundamentally about improving the quality of care under a single structure, with additional non-clinical and financial benefits.
- University Hospital Status allows stimulus for research and innovation, education and training as well as improvement in recruitment and retention of staff. Furthermore, relationships across Bournemouth University would be built, with a future ambition to create a Dorset Medical School.
- The outline planning application for the Royal Bournemouth Hospital had been granted and the Poole Hospital site application was currently under officer consideration.
- Each of the estate plans had been assessed with COVID-proofing in mind, with extremely high levels of infection control and isolation measures in place.
- The Christchurch Hospital site, following a public consultation, will include a Macmillan Unit new build, with a mix of senior living accommodation on site.
- Poole Hospital will see a large, new theatre block. Internally a refurbishment will take place.
- The Trust Sustainable Travel Plan involves many healthy travel options with a view to cutting congestion around the Royal Bournemouth Site, reducing carbon levels and making the hospital more accessible to all.

Following the presentation, members of the Committee were able to ask questions of the Chief Strategy and Transformation Officer of the University Hospitals Dorset NHS Foundation Trust.

A member asked a question on the travel plan. The Committee heard that the travel assessment was part of the planning application that was assessed by planning officers and highways officers. A further question was posed on the provision of travel for staff that had to travel across sites, to which members heard that the aim is to reduce travel, with the help of technology, by improving transport timetabling and planning for both staff and patients. Members were informed that a Shuttle bus between sites would be part of the travel plan and that demand would be assessed from the start, with specific consideration to peak times. Work could be done alongside the University following their successful implementation of shuttle buses. The Committee were reassured that the travel plan would continue to evolve and would take a pragmatic approach with the key aim of improving patient access in mind.

A member enquired as to whether patients and the public could be involved in the merger to which the Committee heard that throughout the process plans had been published in public spaces, that the University Dorset Trust would look to their colleagues such as Healthwatch, volunteers, consultations and a structured approach to future events for comments to be received from all areas. The Committee also heard, following a question on user experience and public/patient involvement, that the design and layouts of the hospitals would incorporate the views from people with a disability or physical limitations in order to make the facilities easy to

navigate and use. It was also heard that an aim in the development plans was to achieve BREEAM excellence through high quality sustainability and building standards.

A question was posed on accommodation for staff and key worker housing. The Committee were told that there were 200 units of key worker housing on the Bournemouth Hospital site and that additional units were being considered for the adjacent Wessex Fields site. Longer term, the Poole Local Plan had the St Mary's maternity site zoned for key worker housing development.

A final question was posed on maternity in Poole and whether any facilities would be retained in Poole. The Committee heard that all maternity and anti-natal facilities would be moved in Bournemouth however this would not negatively impact on access to maternity services in the conurbation.

RESOLVED that members noted the contents of the presentation and update.

75. Adult Social Care Consumer Relations Annual Report 2019/20

The Committee were presented with the first Adult Social Care annual report on customer opinion and learning for BCP Council by the Head of Strategic Planning and Quality Assurance.

Members heard that the service area had been working together to deliver appropriate responses to complaints across BCP and that the total number of complaints for BCP Council Adult Social Care was lower than the combined figure from the legacy Councils, at 178. Furthermore, 99% of the complaints received had been acknowledged despite some slight delays in speed of response caused by the COVID19 pandemic. There were 13 complaints considered by the Ombudsman in 2019/2020.

The Committee were informed of the main complaint themes these were: communications and response times, financial assessments and charges/fees, and professional practice. These themes are similar to previous years and generally concern managing the users' expectations.

Members heard that the service had identified several learning improvement areas and had developed/provided online training to 28 members of staff. Training for teams with 'hotspots' of complaints would also be developed in a more bespoke way in order to better respond to users.

The Committee heard that the service had received 275 compliments and messages of thanks in 2019/2020.

Members were told that the NHS Digital ASC users survey had been undertaken, with 631 responses from 700. The survey highlighted some areas for improvement, particularly around information and advice and user

satisfaction. Action plans are being put in place to look at how we can improve related services and in turn the
measures, around these two areas.

A question was asked on training, with reference to the 28 members of staff who had been trained. The Committee heard that the service area employed 4000 members of staff, and that training was hoped to be rolled out more widely across the service area, with the possibility of it being made mandatory.

A point was made on social contact rates from the January survey and the Committee heard that the figure was positive when compared nationally. The hope was that as community based support improved over time, the figure would increase and social contact rates would improve. The Committee were informed that very few users identified as receiving no social contact at all.

A Member referred to the 'ease to find services' rate and was informed that engagement with individuals who are dissatisfied was to be prioritised in order to learn from users and work with providers to improve this. Furthermore, the Front Door Programme, as it develops, would make information clearer and more appropriate in order to better answer users' questions in a timelier manner.

RESOLVED that:-

(a) The information contained in the report and appendices be noted.

(b) Any actions or issues relevant for the Committee's Forward Plan be considered.

76. Adult Social Care Strategy

The Committee heard from the Head of Strategic Planning and Quality Assurance that the introductory talks on the Adult Social Care Strategy had begun in Autumn 2019. Initial discussions took place among the senior management team, with a focus on what needed to be delivered to transform the service over the next 4 years.
Members were informed that consultation with key stakeholders, primarily staff, in order to gauge views on how to develop strategy took place over this initial period. Elements of the Corporate Strategy, specifically the 'Fulfilled Lives' priorities, the NHS 5-year Forward Plan and the Council's Housing Strategy were all considered while initial developments were made, as were national drivers. In combination, these different reference points all influenced and formed key parts of the strategy's priorities and development.
In order to improve, the Committee heard that the areas identified for improvement formed another key part of the development process. These areas included:

- Increasing the percentage of people with learning difficulties living in settled accommodation.
- Increasing the percentage of Mental Health clients in paid employment.
- Increasing the percentage of carers receiving direct payments.

It was also explained that several stakeholder engagement events and an online survey for users were undertaken. Despite the COVID19 pandemic reducing the ability for face to face consultation and events, over 140 responses were received. Key feedback included requests for:

- A good quality of information and advice to be provided.
- A good quality of early access services to be offered.
- Improved support for carers to be provided.
- Increased training opportunities to be provided.

Communicating the progress of the strategy's development to key partners was vital throughout the process. Finally, the Committee were informed that following their comments and consideration at Scrutiny, the strategy would be submitted to Cabinet.

A question was asked on what support for independent living and basic skills training were offered. The Head of Strategic Planning and Quality Assurance informed the Committee that the housing options were being assessed and that the aim was to provide a range of housing to suit the needs of the users. Furthermore, it was heard that part of the strategy's offer is looking at how more comprehensive training can be offered, for example on getting people back into employment.

A member posed a question on the financial risks of viably delivering the component parts and if there was any flexibility in the budget to meet these risks. The Head of Strategic Planning and Quality Assurance informed the Committee that the funding requirements and any competing priorities would be assessed over the four-year period.

With COVID19 isolating many service users, a member asked if virtual socialising options were being investigated, such as Zoom. It was heard that assistive technology was already a part of the strategy, for mobility matters as an example, however the scope would be widened in order to provide people with support and socialising within the home.

The Committee were reassured that one aim of the strategy was to improve on the indicators within the Adult Social Care Outcomes Framework 2019/2020.

A question on the turnover figures of staff was raised and members were informed that a dataset on the staffing figures could be circulated outside of the meeting.

The Portfolio Holder for Adult Social Care added that it would be of benefit for the Committee to assess the indicators over time and to include this as part of the Forward Plan.

RESOLVED that the Committee considered and commented on the Strategy ahead of its presentation to Cabinet for approval on 2nd September 2020.

77. Adult Social Care Response to the COVID19 pandemic

The Corporate Director for Adult Social Care updated the Committee on the Council's response to the COVID pandemic. The main points of the update were:

- COVID had adversely impacted the service provision.
- 88 people had died from COVID related illness in care homes.
- A new national plan was created for Adult Social Care in April 2020, along with a national task force and local care home support planning mechanism.

The Service Director for Adult Social Care Services informed the Committee of the changes in services that had occurred during the COVID period. The main points were:

- Broadly, most Adult Social Care services had continued, however certain adjustments had to be made.
- Telephone and video conferencing with clients had been utilised where possible.
- The Coronavirus Act 2020 allowed certain easements to be made to statutory activities; this included the closure of day centres where social distancing could not be observed.
- The Home First model allowed assessments to be made once patients had left hospital.
- A much larger number of people enquired to the crisis line on financial and food issues.
- Safeguarding concerns had increased over the last three months; however, many concerns had not developed into investigations.

Members heard from the Corporate Director for Adult Social Care of the issues that had arisen for the adult social care sector were:

- Financial pressures
- Personal Perspective Equipment (PPE)
- Deep cleaning
- Staffing, for example absence and sickness.

It was heard that to resolve these issues, BCP Council had given a 10% uplift for commissioned providers' costs from late March to mid-July and that this funding was being reviewed. Furthermore, the Government had created an Infection Control Fund that was targeted primarily at how the sector utilises staff. A key risk in this area was found to be staff moving areas or working in more than one setting. Further funding from Government was being sought to continue to respond to the pandemic.

The specific issue of PPE was discussed, and the Corporate Director for Adult Social Care explained that Adult Social Care providers had generally reported sufficient levels of PPE. Furthermore, the frequency at which providers asked for assistance from the Council had dropped.
Weekly testing of staff and monthly testing of residents in care homes was being rolled out.
On financial matters, the Committee were informed that additional costs would mean that some of the planned savings in the budget would not be met and that despite Government funding the gap totalled £30 million for the Council as a whole. Certain savings had been identified to combat this, such as legacy savings from Local Government Reorganisation (LGR) budgets, holding vacant posts open and training costs. Finally, the Committee were informed that the Corporate Director for Adult Social Care and the Portfolio Holder for Adult Social Care were regularly presenting the case to Government for additional funding support.

The Portfolio Holder for Adult Social Care gave her condolences to the 88 individuals who had died due to COVID. The Portfolio Holder also gave thanks to all of the staff who had worked tirelessly throughout the COVID period.

A question was asked on the clarity of Government guidance, to which the Committee heard that guidance had been constantly evolving. An example of this was how guidance on PPE use had developed several times during April alone. Difficulties with guidance had emerged on issues such as a-symptomatic testing.

A member asked if any of the PPE is recyclable or reusable. It was explained that the very large numbers of PPE were, in general, not reusable due to the nature of contamination and infection control.

The Chairman sought the Committee's thoughts on how to scrutinise the Council's response to COVID going forward. One suggestion was for monthly emails to be circulated by the Corporate Director for Adult Social Care. Work Programming sessions could also be used to identify areas of future scrutiny.

RESOLVED that the Committee noted the Adult Social Care response to the COVID19 pandemic and would consider areas of scrutiny going forward.

78. Healthwatch Dorset Annual Report

The Committee were given a presentation on the Healthwatch Dorset Annual Report by the Healthwatch Dorset Manager.
The presentation included information on the main projects that Healthwatch Dorset had undertaken in 2019/2020, such as

- Diabetes awareness - a project that encouraged young people to speak out and create blogs and videos to express their experiences of living with type 1 diabetes, in order to raise awareness.
- Raising awareness with real-life stories – in partnership with Bournemouth University, Healthwatch Dorset helped produced a series of films about local people's experiences of health and social care in order to inform and educate students and the wider public.
- A & E services at Poole Hospital – Investigations were undertaken to discover what matters most to people who use Poole A&E services to help shape changes to A&E performance standards. The Committee heard that all of Healthwatch Dorset's recommendations were accepted.
- Cancer support in West Dorset – reports were submitted on support services for cancer patients, their carers and family to inform a Macmillan project. The Committee heard that the work had unfortunately had been put on hold by COVID but would hopefully continue at the end of the year.
- NHS Long Term Plan – feedback was received by over 500 people on what they would like to see from services in the future.

The Committee also heard a summary of the overall organisation, engagements and services provided by Healthwatch Dorset over the previous year. Highlights included :

- 120 volunteers helped carry out over 400 hours of voluntary work.
- Healthwatch Dorset employed 4 members of staff and received £204,800 of local authority funding.
- Over 1500 people shared their health and social care feedback with Healthwatch Dorset and over 1000 people made contact for information, advice and support.
- 26,874 people engaged with Healthwatch Dorset online and 212,190 people were reached through social media.
- Healthwatch Dorset published 2 reports and 7 short films about improvements that local people wanted to see in health and social care services and 16 recommendations were made from this.

Members were informed that there were a variety of enquiries made by the 240,000 that were helped with information. These included:

- Health Care
- Access to GP Services
- Mental Health Services
- Other Primary Care Services
- Transport
- Hospital Services
- Social Care

The Portfolio Holder for Adult Social Care informed the Committee that both BCP Council and Dorset Council congratulated Healthwatch for their work over the 2019/2020 year.

A question was posed on the financial report regarding the £10,000 funding gap to which the Committee heard was an underspend and would be made up over the course of the next year.

RESOLVED that the Committee note the contents of the Healthwatch Dorset Annual Report.

79. Portfolio Holder Update

The Committee received an update from the Portfolio Holder for Adult Social Care of work undertaken by the Council over the COVID pandemic. Members heard that:

- Scrutiny of health and adult social care had been formally conducted at the O&S Board over the COVID19 period.
- Twice-weekly meetings had taken place between the Portfolio Holder and the Director of Public Health Dorset on COVID19 in the area.
- The Health and Wellbeing Board had approved a Local Outbreak Management Plan.
- On the 13 and 16 July 2020, Adult Social Care staff engagement sessions were held and attended by 200 members of staff. The sessions deal with the pressures of COVID19, home working and the reset and recovery after the COVID period.
- On 17 July there was an Adult Lead Members South West Briefing Session which concerned the crisis handling of central government during the COVID19 period.
- The Portfolio Holder attended the Joint Public Health Board whereby an extension was agreed to the Drug and Alcohol Contract.
- Work had been undertaken with Tricuro during the COVID19 period.

RESOLVED that the Portfolio Holder update be noted by the Committee.

80. Forward Plan

Cllr J Edwards asked a question on the closure of Leybourne Doctor's surgery, to which a full response was provided by the Director of Primary and Community Care, NHS Dorset Clinical Commissioning Group.

RESOLVED that the Forward Plan was agreed and approved by the Committee.

The meeting ended at 8.45 pm

CHAIRMAN

ACTION SHEET – BOURNEMOUTH, CHRISTCHURCH AND POOLE ADULT HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minute number	**Item**	**Action*** *Items remain until action completed.	**Benefit**	**Outcome** (where recommendations are made to other bodies)
Actions arising from Committee meeting: 2 March 2020				
59	**The Big Plan**	For officers to discuss the options for the People First Forum to attend a future Full Council meeting where the Bill of Rights Charter will be considered.	To enable the voices of a local group (People First Forum) to be appropriately heard at Council.	
Actions arising from Committee meeting: 27 July 2020				
63	**Forward Plan**	For the Chairman to work with Key Officers on how best to consider the ongoing issue of Covid-19. Added: For the Committee to receive a brief monthly email update on the Council's COVID19 ASC response.	For members to receive up to date, expert information on the ongoing issue of Covid-19.	

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
	University Hospitals Dorset	For the Fly Through of the RBCH and Poole video the be circulated to members of the Committee. **Action: Youtube link circulated to all members of the Committee on 28 August 2020.**	For members to be provided with a visual aid of the merger, services and estates programme.	
	Healthwatch Dorset Annual Report	For the Care Homes and COVID19 Focus Group report to be circulated to all members of the Committee. **Action: The report was circulated to members of the Committee on 27 August 2020.**	For members to receive the results of the Focus Group work in order to best consider what is it like to live and work in a care home during COVID-19.	
	Portfolio Holder Update	For the Local Government Association's 7 Principles for Reform in Adult Social Care report to be circulated to members. **Action: The report was circulated to members of the Committee on 27 August 2020.**	For members to consider the latest guidance on principles of best practice relating to Adult Social Care.	
	Forward Plan	For Cllr J Edwards' question to be circulated to all members of the Committee along with the response from the Principal Officer, Planning and Quality Assurance.	For members to be kept up to date with any key changes to service provision within their wards.	

Minute number	**Item**	**Action*** *Items remain until action completed.	**Benefit**	**Outcome** (where recommendations are made to other bodies)
		Action: The question and response were circulated in full to members of the Committee on 27 August 2020.		

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Health and Adult Social Care

Overview and Scrutiny Committee

Report subject	**Learning Disability Annual Health Check Programme**
Meeting date	28 September 2020
Status	Public
Executive summary	CCG update on the delivery of the Health Check programme for people with a learning disability
Recommendations	It is recommended that: The Committee note the information and next steps outlined within this report
Reason for recommendations	To provide an update on this priority area following the covid restart
Portfolio Holder(s):	Cllr Lesley Dedman
Corporate Director	Jan Thurgood
Contributors	Mark Harris – Head of Service, Mental Health & Learning Disabilities Laura White – Dorset CCG, Programme Lead: Learning Disability and Autism
Wards	N/A
Classification	For Update

1. Background

1.1 Learning disability annual health checks continue to feature as a priority within the NHS Long Term Plan with the aspiration that all Integrated Care Systems achieve a compliance of 75% completion rates by 2023/24.

1.2 Due to the impact of the Covid-19 pandemic and associated restrictions on face to face interventions alongside risks to the population, LD health checks were scaled back at the onset of the virus. Prior to Covid-19, it is acknowledged that there was still some way to go in terms of improving the take up of the health checks and the support which then follows.

1.3 As part of the NHS phase 3 recovery planning, NHS England have set out key priorities in relation to the learning disability population and annual health checks:

- GP practices should ensure that everyone with a learning disability is identified on their register and that annual health checks are completed.

- As a minimum, by 31 March 2021 systems should aim to ensure that primary care practices reach an annual rate of seeing at least 67% of people on their learning disability register through higher quality health checks, accelerating progress towards the NHS Long Term Plan target of 75% by 2023/24.

- It is expected that every system will monitor and achieve this goal and in addition, improve their GP learning disability register, it is particularly important to ensure people with a learning disability from a BAME background are known and included.

1.4 NHS Dorset CCG is working with primary care and wider stakeholders to set in place plans to achieve this mandate.

2. Current Position

2.1 Annual Health Checks have featured as part of ongoing workstreams for this cohort of the population. For the year 2019-20, a total of 2,396 annual health checks were completed representing 54% of the total number of people on primary care registers with a learning disability.

2.2 Within the BCP conurbation, the completion rate amounted to 59.8%.

2.3 As outlined within section 1, completion of health checks during the first quarter of 2020-21 has been significantly impacted by the Covid-19 pandemic.

2.4 In lieu of specific risks to the population cohort, and the need to undertake health checks via face to face contact, provision of health checks was scaled back and subsequently very few completed during the period April – June 2020.

2.5 Throughout this period a total of 123 health checks were undertaken across Dorset. 73 were completed within the BCP conurbation.

2.6 Following the publication of the NHS Phase 3 Recovery letter in July, work has commenced to fully re-instate the provision and programme of work to undertake LD Annual Health Checks recognising the critical importance these health checks have in addressing any health inequalities.

2.7 Recent GP contract changes as part of the Covid-19 recovery have further enhanced the Quality and Outcomes Framework (QoF) points, expectations and value of LD health checks.

2.8 Based on the local current GP registers as at Q1 2020/21, there is a total population of 4057 people registered across Dorset with a learning disability. Using this figure, a trajectory of the number of completed annual health checks to achieve the minimum 67% threshold has been produced as outlined within table 1 below. (To note is that the total number of people registered with a learning disability may alter as work to validate the GP registers progresses – this may impact on the number of health checks required to meet the threshold and plans will be adapted accordingly).

Table 1

Period	**Number of Annual Health Checks**
Quarter 1	123
Quarter 2	450
Quarter 3	950
Quarter 4	1200
Total	**2723**

3. Current Actions:

3.1 Work has commenced to review the current approach to completion of annual health checks within each of the local Primary Care Networks (PCN). The aim of this will be to improve intelligence around the approaches that work well and identify any challenges that can inform the future approach and support offer.

3.2 Stakeholder engagement plans are being developed to support and promote the health checks, their importance, and the continuation of the checks post Covid-19. The Learning Disability Provider Networks, Healthwatch and the community and voluntary sector groups across BCP and Dorset areas have been engaged to support promotion.

3.3 Dialogue has also re-commenced with the BCP People First Forum about how they can support current plans to increase the uptake of health checks by the learning disability population. This support is a key feature of the jointly commissioned self-advocacy offer from People First Forum Plans with current conversations ongoing about how they will promote the need within the LD community, offer virtual training to key stakeholders, support awareness of and implementation of reasonable adjustments, and obtain intelligence about the experience of those who have an health check completed.

3.4 The CCG Business Intelligence team are developing an interactive dashboard for LD Annual Health Checks. This will improve the visibility of completion rates and act as real time means of engaging and improving individual GP practice awareness of completion rates. It will also assist with risk stratification of the population cohort to ensure those at greatest risk are prioritised.

3.5 A dedicated task & finish group was convened in August involving 5 PCN areas who have included LD Health checks in their Clinical Commissioning Local Improvement Plan (CCLIP) – 2 of which are in the BCP area. The group is being used to share current approaches and learning from this with key themes / developments arising from it to date including:

- Building good relationships with local Community LD teams
- Developing consistent approach to validating primary care LD registers
- Using a dedicated platform to share accessible tools and templates

4. Planned Next Steps

4.1 Build links with the Dorset Primary Care Flu Programme to consider a joined-up approach around Flu vaccinations for LD patients and health checks.

4.2 Continue to collate models of good practice via the task and finish group and start to share more widely across GP practices.

4.3 Develop a shared resource platform using Microsoft Teams as a means to create ongoing support and communication and information.

4.4 Build on early dialogue with stakeholders including the provider forum, People First Forum and the offer of support from HealthWatch to progress greater awareness and an improved uptake of annual health checks within the LD population.

4.5 Complete the development of the Business Intelligence information dashboard as a means of supporting targeted approaches to improve individual practice completion rates.

5. Conclusion and Recommendations

5.1 LD Annual Health Checks features as key priority within local health plans supporting Phase 3 recovery from Covid-19.

5.2 A dedicated workstream with the remit of improving current uptake rates is in place and is overseeing specific actions to achieve this.

5.3 HOSC members are asked to note the work programme and associated actions / plans.

Report end.

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Report subject	**Joint Business Plan 2020-22 of the Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Board** **Annual Report 2019-20 of the Bournemouth, Christchurch & Poole Safeguarding Adults Board**
Meeting date	Monday 28th September 2020
Status	Strategic
Executive summary	**Draft Business Plan** To advise of the progress on objectives in 2019-20 and to outline the overarching aims of the Board for 2020-22 and how we plan to achieve these, whilst acknowledging the effect the coronavirus pandemic may have on partner agencies' ability to contribute to the plan. At the time of submitting the Draft Business Plan to this committee the Dorset and BCP Safeguarding Adults Boards are due to meet (23rd September) and agree any revisions to this Business Plan. **Annual Report** The achievements of the Board, its subgroups and its member organisations are detailed here along with key events such as the Independent Provider Event and the multiagency 'Harry' SAR/DHR Learning Event. There is information on the Independent Review of the two Safeguarding Adults Boards in BCP and Dorset. The report looks at some of the trends identified by analysis of safeguarding data and highlights some improvements in recording that have been implemented to better understand the most prevalent abuse types.

Recommendations	(a) Members are asked to note and comment upon the content of the attached report of the Bournemouth, Christchurch and Poole Safeguarding Adults Board. (b) The Annual Report was considered at the July Board meeting and final amendments made. The Business Plan will be published on Board website alongside the Annual Report following final approval of Business Plan at September 2020 Board meeting. https://www.bcpsafeguardingadultsboard.com/about-the-bcpsab.html
Reason for recommendations	The Local Authority is statutory lead for the Safeguarding Adults Board and the committee is asked to review the Business Plan and Annual Report as part of their scrutiny arrangements.
Portfolio Holder(s):	Cllr Lesley Dedman Portfolio Holder for Adults and Health
Corporate Director	Jan Thurgood Corporate Director for Adult Social Care
Contributors	Barrie Crook, Independent Chair Claire Hughes, Business Manager
Wards	All BCP Council area
Classification	For Information

Background

1. BCP Council became a legal entity on 1st April 2019 and the Safeguarding Adults Board therefore became the Bournemouth, Christchurch and Safeguarding Adults Board.

The Board website and logo was updated to reflect the new name.

The remit of the Bournemouth, Christchurch and Poole Adult Safeguarding Board is all encompassing and works across agencies to achieve its aim:

This Board exists to protect adults at risk from abuse, significant harm or neglect.

We will achieve this through strategic leadership and collective accountability.

The Business Plan looks at 2019-20 the second year of an agreed three-year joint strategy for the Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards.

The annual report is produced to communicate and reflect on the work and outcomes for 2019/20 and to look at some of the future challenges.

BUSINESS PLAN

2. **Progress on Objectives in 2019-20:**

- Refresh of multi-agency procedures, including new appendices on:

Guidance on pressure ulcers and safeguarding – revised and renamed Appendix 17

Multi-agency scams, rogue trading and fraud – revised and renamed Appendix 21

Guidance on undertaking Large Scale Enquiries – revised and renamed Appendix 13

Allegations against people in positions of trust – Appendix 19

- Following the independent audit of decision-making in respect of cases involving Domestic Abuse and Learning Disabilities in the previous year further work to examine practice in this area was undertaken.
- Internal audits also focus upon Making Safeguarding Personal and how far individuals are asked about the safeguarding outcomes they would like and to what degree these have been met.
- Progress has been made on the audit of the MARM process including on the Terms of Reference and a six-week time period was identified for the collection of data for the audit. The audit is being progressed in 2020-21which will enable us to look at the conclusion of the sample cases.
- The Board received a presentation on self-neglect in order to better understand the complex nature of some of the issues involved and the multi-agency collaboration needed to address this.

- Improvements to recording systems allow for a greater understanding of the most prevalent abuse types – for example Neglect and Acts of Omission has been further subcategorised which leads to greater understanding of the issues and therefore enables a more targeted approach.
- The 3-year training strategy is in place. A training framework has been developed for adoption by statutory agencies which addresses the lessons learned from reviews in terms of risk assessment, risk management and information sharing. Business Managers and training leads of the SABs, Children's Safeguarding Partnership and the Community Safety Partnerships (CSP) meet regularly to develop a combined approach to embedding shared lessons from reviews.
- There has been increased engagement with carers and service users through the Learning Disability Partnership Boards (LDPB), especially in relation to the SAR in respect of 'Harry'.
- Following the Advocare independent report the Board has increased engagement with the Carers Steering Group.
- Continued monitoring of the uptake of Advocacy Services has led to an agreement to improve communication of the advocacy role, and to ensure that Advocacy is considered in cases where a Safeguarding Adults Review takes place.

Work for 2020-21

3. In recognition of the scale of the issues involved, and in order to keep up the momentum a decision was made to build on the progress made during 2019-20 on the three overarching aims of the Board

- domestic abuse
- exploitation
- neglect and self-neglect

ANNUAL REPORT

4. Safeguarding Adults Boards are bound to produce an annual report. This report examines the activity and achievements of the board and how member organisations have contributed to the safeguarding adults agenda. We consider how our activity has contributed to:

- Effective prevention;
- Effective safeguarding;
- Effective learning;
- Effective governance.

5. The 2019/20 Annual report gives an overview of the work of the Board and its subgroups during the year.

The report includes details of safeguarding work undertaken by the Board and its partner agencies across local authorities, health, police and emergency services, probation and representatives from the voluntary and provider sectors.

The report touches on some of the challenges of safeguarding in the coming year.

Achievements

6. Key achievements for the Bournemouth, Christchurch and Poole Safeguarding Adults Board this year include:

- Event to engage with independent care providers and share an overview of the Board's activity and share learning on Domestic Abuse including from a SAR/DHR case, as well as an update on planned changes to legislation (Liberty Protection Safeguards due October 2020 – now delayed until April 2022).
- Increased engagement with the Learning Disability Partnership Board including presenting to this group on the findings of the 'Harry' SAR/DHR and as a main presenter at the Keeping Safe event in June 2019 for people with LDs and their carers.
- Multiagency 'Harry' SAR/DHR learning event for practitioners from a range of services including local authorities social work, occupational therapy and integrated Learning Disability teams, police, health and others. An appendix to the annual report details some of the feedback received.
- Worked with the local authority following Local Government Reorganisation to help ensure a smooth transition.

7. **Effective prevention**

- The aim of the Board is to prevent instances of abuse or neglect. Ongoing work undertaken by the SAR Subgroup seeks to prevent similar incidents occurring.

- Engagement with local organisations about the role of the Safeguarding Adults Board.

8. **Effective safeguarding**

- Revision of the pan-Dorset multi-agency policy and procedures documents.

- The Communications Strategy has sought to strengthen the branding of the Board in order to promote the Board and its work.

- The Keeping Adults Safe information leaflet has been revised and published on the Board websites, including the most recent changes to the BCP Emergency Duty Service contact telephone number.

Keeping Adults Safe Leaflet November 2019

- An updated version of the Safeguarding Adults posters was commissioned to reflect the new local authority arrangements post-LGR (links below)

Safeguarding Poster 2020 - Margaret

Safeguarding Poster 2020 - Russell

9. **Effective learning**

- The 'Harry' SAR/DHR Event mentioned under 'Key Achievements' was an example of excellent collaborative working with the Safeguarding Adults Board, the local authority and Health colleagues to stage a successful and very useful event.

  An Easy Read version of the learning was produced
  BCPSAB Learning from Harry SAR/DHR - Easy Read Version

10. **Effective governance**

- The Executive Group continues to use the risk register to monitor and manage risk as the safeguarding landscape changes.

- The subgroups carry forward the business of the board as outlined in workplans.

- The Quality Assurance subgroup examines the data collected by partner organisations and seeks assurance that measures are in place to record and respond to what the data tells us.

- An independent review of the Safeguarding Adults Board was arranged with interviews with Board members undertaken in August and September. The findings were examined by the commissioning group and shared at a joint Boards Development Session in December to seek views of members.

Summary of financial implications

11. The Board is funded by member organisations.

This report is for information and not for the purposes of requesting funding or approval for expenditure.

Summary of legal implications

12. Producing an Annual Report is one of the Board's statutory duties, we invite comments on the report.

Summary of human resources implications

13. The Board Review detailed on page 24 of the Annual Report may have future human resources implications, but no implications for this committee to consider.

Summary of environmental impact

14. The Annual Report and Business Plan are made available online.

Summary of public health implications

15. Not applicable

Summary of equality implications

16. Not applicable

Summary of risk assessment

17. Not applicable

Background papers

18. None

Appendices

1. Joint Draft Business Plan 2020-22 of the Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Board
2. Annual Report 2019-20 of the Bournemouth, Christchurch & Poole Safeguarding Adults Board

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Dorset Safeguarding Adults Board

Bournemouth, Christchurch & Poole Safeguarding Adults Board

Joint Business Plan 2020-22

Version: 01.09.2020

Dorset, Bournemouth, Christchurch and Poole

Safeguarding Adults Boards

Joint business plan 2020 onwards

Introduction

The scope of adult safeguarding is broad and it is therefore often difficult to prioritise certain areas of work to the exclusion of others. This year the exercise of building a business plan has been hampered by the Covid-19 pandemic which has absorbed the energies of key partners and delayed the final agreement of a plan. The pandemic itself has realigned priorities, introducing new concerns but also potentially exacerbating issues which the Boards already considered important.

The priorities set out below have been discussed at meetings of each Board and finalised in conjunction with members of the Executive Group. They are also based upon evaluation of safeguarding data, which is being kept under review during Covid-19, and identification of key risks emerging from and during the pandemic.

A larger number of actions in the plan this year involve seeking assurance from member organisations or other partnerships, where the safeguarding of adults at risk falls within an area of their responsibility.

It is likely that priorities will need to be reviewed and/or the timescale for completion of objectives lengthened as the year progresses.

Priority themes

Safeguarding in the care sector

A high proportion of safeguarding concerns already emanate from the care sector which has been particularly affected by Covid-19. The SABs have a role alongside others in monitoring safety in and contributing to support plans for the sector. A significant amount of work has been undertaken by partners in response to the pandemic and each local authority has produced a support plan and action plan in relation to care homes in its area.

It is planned to hold a special joint meeting of the SABs in October. This will be a reflective learning event with a focus on preventing future harm particularly in the light of concerns about spikes in Covid-19 during the winter period when the health and care system is annually under stress.

There have so far been no referrals for SARs in respect of deaths in care homes.

Domestic abuse

This is a continuing priority for the SABs. "Both local domestic abuse and safeguarding adults' protocols will apply to situations where a person who has care and support needs that prevent them from safeguarding themselves is experiencing domestic abuse." (Domestic Abuse Statutory Guidance Framework)

Community Safety Partnerships have lead responsibility for responding to domestic abuse. However as Domestic Homicide and Safeguarding Adult Reviews continue to show, the two systems are not sufficiently coordinated when responding to adults with care and support needs.

The Boards have recognised that domestic abuse has not always been acknowledged as a factor in relationships between older partners or in familial abuse, whilst during the recent 'lockdown' the impact of carer stress contributing to DA may have increased.

Following Local Government Reorganisation separate domestic abuse strategies are being developed in the two CSPs, which may lead to each SAB having local as well as joint initiatives in respect of domestic abuse.

Neglect and self-neglect

It is a continuing priority for the SABs to better analyse and segment the data on 'neglect and acts of omission' which is the largest type of safeguarding concern recorded. This is already leading to exploration of opportunities for preventative actions, e.g. in respect of medicine management. The forthcoming audit of Multi Agency Risk Management Meetings (MARMs) will shed more light on the effectiveness of responses to this theme.

Self-neglect is emerging as the most prominent type of abuse or neglect in a current national study of Safeguarding Adult Reviews. Additionally there is a potential increasing risk of self-neglect from the impact of isolation and unexpected bereavement as a result of Covid-19. The SAR sub-group has recently been reviewing more cases of suicide.

SAB Governance Review

It is acknowledged that an overarching governance structure for safeguarding in its widest sense would help to mitigate the risk of duplication across partnerships and lead to better coordination of scarce resources. Different models of governance which bring together the responsibilities of children's and adult safeguarding and community safety are being implemented in some authorities. The SAB review, which commenced with an independent report in October 2019 following Local Government Reorganisation, was paused in March. There is now a need to integrate into our planning

- Learning from how the safeguarding system as a whole has responded to the pandemic
- The pattern of new safeguarding risks and needs that are resulting from it

Associated themes contained in the workplan

Implementation of learning arising from SARs/DHRs and LeDeR reviews

Forthcoming reviews will highlight the need for better coordination with MAPPA to manage high risk offenders including

- To clarify understanding and use of different risk management meeting structures
- To develop capability to manage complex and potentially dangerous individuals, some of whom will also have care and support needs
- For 'duty to cooperate' agencies to fully carry out their responsibilities for supervision of level 1 MAPPA offenders

Exploitation

This is an area led by the Community Safety Partnerships but SAB partners will seek to understand better the impact upon individuals with care and support needs and respond appropriately.

Homelessness

Following a homicide in Dorset there will be an opportunity to identify system learning from the death of a homeless person temporarily placed in a hotel in Weymouth. Board members will need to engage with any safeguarding issues for rough sleepers if any choose or have to return to the street after living in temporary Covid-19 accommodation.

Substance Misuse

In conjunction with Public Health both Boards have already committed to being involved in the national project on Safeguarding Vulnerable Dependent Drinkers.

Detailed objectives are included in the Boards' workplan which links with the plans of the 4 subgroups and will be reviewed quarterly.

Barrie Crook

Independent Chair

September 2020

ANNUAL REPORT 2019-20

Bournemouth, Christchurch & Poole Safeguarding Adults Board – working in partnership to develop, share and implement a joint safeguarding strategy to protect adults at risk from abuse, significant harm or neglect

Version 31.07.2020

Safeguarding is Everybody's Business

This report is available electronically at www.bcpsafeguardingadultsboard.com


BCP
Council


Dorset Police


NHS
Dorset
Clinical Commissioning Group


NHS
Poole Hospital
NHS Foundation Trust


NHS
The Royal Bournemouth
and Christchurch Hospitals
NHS Foundation Trust


Bournemouth, Christchurch & Poole
Safeguarding Adults Board
Safeguarding is Everybody's Business


NHS
Dorset HealthCare University
NHS Foundation Trust


NHS
South Western
Ambulance Service
NHS Foundation Trust


DORSET & WILTSHIRE
FIRE AND RESCUE


National
Probation
Service

Introduction from the Chair

A key feature of 2019-20 has been the commissioning of an independent report to review how Dorset and Bournemouth, Christchurch and Poole (BCP) Safeguarding Adults Boards work together and identify options for the future.

The review has given an impartial view of current safeguarding arrangements. The author commented positively on the work of the subgroups and Board staff. The introduction of multi-agency risk management meetings (MARMs) had been an important initiative. The development and maintenance of pan Dorset policies and procedures was highly valued. Safeguarding Adult Reviews were rigorously considered and action plans followed up well.

However the reviewer also commented that there was infrequent evidence of challenge in Board meetings. Analysis of data was limited and therefore the Boards do not have sufficient line of sight into the quality of front-line practice. Time could be saved for the pan-Dorset agencies by reshaping Board meeting agendas.

Since the review there has therefore been an emphasis upon improvements in data recording and analysis, particularly in seeking to understand better the causes of neglect and acts of omission, which form the most frequent reason for a safeguarding concern being raised.

The Boards have also tried a different meeting structure with each Board meeting separately on the same day and then together. This new practice has not yet been repeated or evaluated as the advent of Covid-19 led to a temporary pause in a number of Board activities.

It was agreed by members that the independent report had provided a useful starting point for discussion but had not mapped out a definitive model that the partnerships could immediately adopt. The appraisal of structural changes has still to be completed.

One driver for the review has been Local Government Reorganisation. BCP Council now forms a much larger authority covering the geographical area of Bournemouth, Christchurch and Poole. Consideration is therefore being given to how the governance of safeguarding more broadly, including children's and adult safeguarding and community safety, can be better integrated within the authority.

A second important element is the heightened awareness of domestic abuse within safeguarding. This features strongly in many of the accounts provided by member organisations within this report. County Lines and exploitation is another form of abuse where there needs to be integration between safeguarding and community safety responsibilities.

As a number of Safeguarding Adult and Domestic Homicide Reviews have now pointed out, there is still insufficient alignment between systems for adult safeguarding and domestic abuse. It remains an aim of the Board to consistently improve information sharing and multi-agency risk management in practice.

As a result of Local Government Reorganisation Christchurch passed from Dorset County Council to the new BCP Council. The Board was able to monitor the detailed preparations that took place prior to the transfer and has not encountered any examples of where the transfer was not effected well.

Although there are an increasing number of safeguarding issues that lend themselves to a place-based approach, approximately a quarter of concerns emanate from residential establishments in the independent care sector. This calls for continuing cooperation between the two local authorities and Health services across the county. The impact of Covid-19 upon the care sector has been significant and it is clear that agencies have created new structures to promote a coordinated response to the pandemic. Different ways of working have evolved which, with the continuing importance of controlling the spread of infection in the community and the residential sector, will take up much of the Boards' attention during 2020-21.

Once again, I express my gratitude to the staff of the Board in Bournemouth, Christchurch and Poole and chairs of subgroups whose diligence and enthusiasm underpin all that the Board has achieved this year.

Barrie Crook

July 2020

Contents

Executive Summary

Although the local authorities in the area have had a Safeguarding Adults Board for some ten years, this has been the first year with Christchurch included in the Bournemouth, Christchurch & Poole Safeguarding Adults Board. The Board has been working towards delivering the strategic objectives set out in the three-year Strategic Plan encompassing the period from April 2018 to March 2021 and this report focuses on April 2019 to March 2020.

The report details what a Safeguarding Adults Board is and our core duties. It then lists some of the achievements of the Board and its subgroups and looks at the volume of safeguarding activity in the area.

There follows a section where organisations have shared their key safeguarding activity and comments on the year. The report looks at some of the future challenges in store although it should be noted that there is more scope for changing challenges in light of the coronavirus pandemic that has been occupying much of the resources of the various member organisations and is likely to do so for some time hence.

In the appendices to the report are a case study focusing on one of the Board's priority areas - self neglect and some documents referred to in the report.

About Us

Who Are We?

The Bournemouth, Christchurch and Poole Safeguarding Adults Board has been the partnership body for Safeguarding, originally in Bournemouth and Poole since its inception ten years ago. It is a partnership Board with senior representatives from those organisations listed at the front of this document. On 1st April 2019 we became the Bournemouth, Christchurch and Poole Safeguarding Adults Board reflecting the new structure of local government in the BCP Council area.

The overarching purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs. We aim to stop abuse or neglect wherever possible and prevent harm occurring. We strive to address the causes of abuse or neglect. Our work includes raising awareness of safeguarding issues so these can be identified, and supporting affected people in making choices to resolve issues.

Our Mission

This Board exists to protect adults at risk from abuse, significant harm or neglect.

We will achieve this through strategic leadership and collective accountability.

Our Structure

The Bournemouth, Christchurch and Poole Safeguarding Adults Board is comprised of representatives from the statutory partners of Local Authority, Police and Health, as well as Emergency Services and Probation and the voluntary sector.

The Board has an Independent Chair, who also fulfils this role for the Dorset Safeguarding Adults Board which helps facilitate the close alignment of the two Boards in their quest to safeguard adults Pan Dorset. The Board has 5 subgroups which are comprised of members from the Bournemouth, Christchurch and Poole Safeguarding Adults Board and the Dorset Safeguarding Adults Board:

What We Do

The overarching purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs. The Bournemouth, Christchurch and Poole Safeguarding Adults Board seeks to assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance. The Board seeks assurance that Safeguarding practice is person-centred and outcome-focused and that partners work collaboratively to prevent abuse and neglect where possible.

In the event that abuse or neglect have occurred, the Board calls on agencies and individuals to give timely and proportionate responses so that lessons can be learned to inform the preventative agenda.

Safeguarding practice ought to improve and enhance the quality of life of adults in the area.

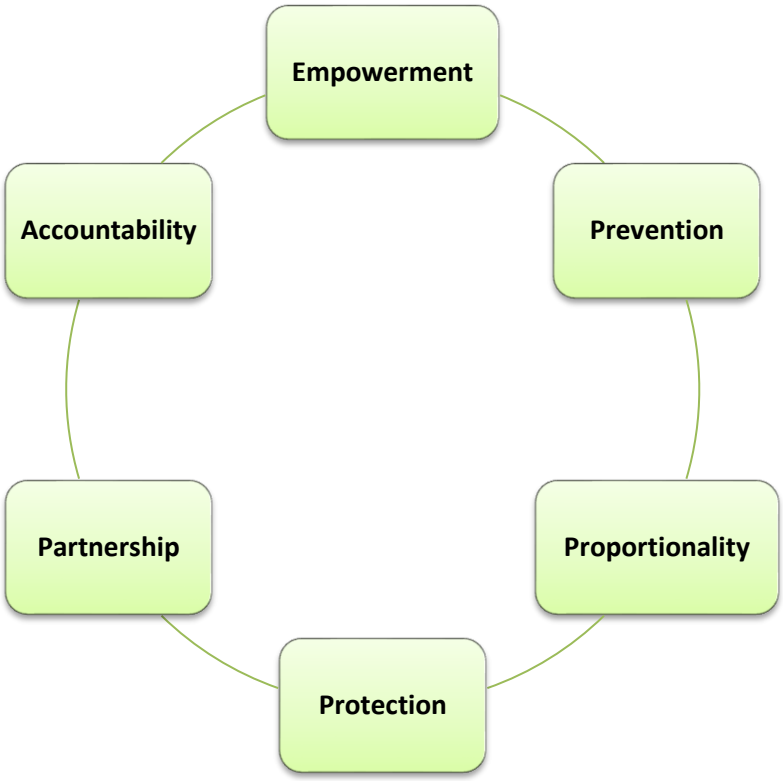
Core Duties

SABs have three core duties. We must:

- Develop and publish a strategic plan setting out how we will meet our objectives and how our member and partner agencies will contribute.
- Publish an annual report detailing how effective our work has been.
- Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

The six safeguarding principles

All safeguarding activity should have at its core these six principles:



Safeguarding Adult Reviews

One of the Board's core duties is the commissioning of Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.

It is important to note that a death does not need to have occurred for a SAR to take place, although sadly a death will have occurred before a Domestic Homicide Review (DHR) is undertaken. The responsibility for commissioning new DHRs sits with the local Community Safety Partnerships, although completed reports are still quality assured by the Safeguarding Adults Board.

The Safeguarding Adult Review Subgroup of the Board is comprised of members from the BCP area and Dorset and meets twice per quarter to review those cases where serious harm has occurred or may have occurred. This subgroup examines cases presented for consideration and works collaboratively with partner agencies, requesting full and frank contributions from partners in order to systematically assess whether a SAR ought to be commissioned.

The objective of any SAR is not to apportion blame but to extract the key learning points from a potentially tragic or shocking occurrence with a view to fulfilling the aims of effective learning and safeguarding, and above all in this context prevention of a recurrence.

The SAR Subgroup report their findings to the Board and collaborate with the other subgroups of the Board.

The SAR Subgroup has overseen progress on several ongoing SARs and Domestic Homicide Reviews (DHRs). The learning from these cases is distilled via the Shared Learning group which is attended by the Business Manager and Training Coordinator from the Board as well as their counterparts in the Dorset Safeguarding Adults Board, the Pan-Dorset Safeguarding Children Partnership and the Community Safety Partnerships for the area. The Shared Learning group link with the subgroups to ensure the learning is included in training and reflected in the policies and procedures of the Board; there are clear pathways to enable this.

In the year 2019/20 there were no new SARs commissioned in the BCP Council area. However, a supplementary report was agreed by the Board in a case where a Mental Health Homicide Investigation has been completed. The purpose of the report is to identify learning in respect of engagement between mental health services and the Multi Agency Public Protection Arrangements (MAPPA).

Much progress has been made on a joint SAR/DHR/MAPPA review as a result of a complex case from the previous year originating in the former Borough of Poole. The panel of this review met in May and November and by the close of the reporting year a first draft of the report had been written.

The SAR subgroup regularly receives referrals of cases for it to consider whether a Safeguarding Adult Review (SAR) is required.

Of the Dorset referrals since 2016, only one case has met the threshold to date. In BCP area there have been two, each of which is being progressed as a joint review

There are other avenues that can be considered if it is felt that a case has not met the SAR criteria but learning can be derived. In such circumstances a referral is made to the Safeguarding Leads group whose members consider the case and report back to the SAR subgroup with their findings and recommendations.

The subgroup also reviews the outcome of Domestic Homicide Reviews to determine if any recommendations may be relevant to adult safeguarding and provide some quality assurance.

The table below records information for both Dorset and Bournemouth, Christchurch and Poole Boards to illustrate the outcome of referrals since 2016.

Dorset	Outcome	BCP
1	Agreed	0
0	Agreed and progressed as a joint report	2
2	Currently under consideration	1
2	Not SAR – reviewed by safeguarding leads	2
1	LeDeR review considered sufficient	1
1	Not SAR but other review considered by the subgroup	2
2	DHRs or SCR reviewed by the subgroup	6

It is also a role of the subgroup to monitor action plans arising from the recommendations of reviews. In last year's annual report, we highlighted the publication in March 2019 of the 'Harry' SAR/DHR on our website. Although key learning had been identified and implemented by agencies as they participated in the review, following publication we had the opportunity to carry out a

dedicated visit to the Learning Disability Partnership Board in May 2019. The BCP Safeguarding Board together with BCP Council and Dorset Healthcare then organised a very successful pan-Dorset multi-agency Learning Event in November 2019 - for more details please see page 22 and Appendix 2.

An easy read version of the Synopsis of Learning from the 'Harry' review was commissioned so that other adults with learning disabilities can access this report.

Learning from 'Harry' SAR and DHR - Easy Read Version

The SAR Subgroup has developed the working relationship with the Coroner's Office with more regular updates in each direction; those received from the Coroner are shared with the subgroup, and the subgroup has agreed to inform the Coroner of progress on relevant cases or share reports where appropriate.

Policy and Procedures Subgroup

A major aspect of the work of the subgroup is to oversee the revisions of the Safeguarding Adults Procedures. The latest version was issued in August 2019 with some changes to the format towards a more user-friendly document which can be found at:

BCPDSAB Safeguarding Adults Procedures published 01 08 2019

The revision contains some important new or revised Appendices including those on Large Scale Enquiries, Pressure ulcer care, allegations against people in positions of trust and guidance about multi-agency scams, rogue trading and fraud. All the changes were fully explained in an accompanying letter to Board members.

As the Procedures is a 'live document', the following areas have been identified for inclusion in the next edition - pressure care, falls and safeguarding, guidance on nutrition and hydration, the sexual abuse of older people and concerning people with learning disabilities and oral health.

The Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) jointly published a Framework document for SABs which sets out the responsibilities of local authorities under Section 42 of the Care Act 2014 and offers greater clarity about how to identify and respond to concerns and improve authorities' consistency of reporting. In response the subgroup set up a short life group to assess operational compliance with the framework. Textual changes are being made to the SA Procedures to ensure compliance with the Framework

ADASS South West produced new guidance on Self Neglect and Hoarding and, as a result the Policy and Procedures subgroup agreed a desktop review of the local arrangements which concluded the existing framework was satisfactory and should not currently change.

For the future the Policy and Procedures subgroup have agreed a major, innovative, piece of work to comprehensively reformat the Safeguarding Adults Procedures so they are more easily accessible. A "portal" approach is being considered.

The subgroup have explored ways to raise awareness of policy and procedure updates after some provider organisations advised at engagement events that they have not been aware of updates. Those who attended the Provider events held in January (DSAB) and February (BCPSAB) have received a link to the revised procedures. This will keep providers informed and maintain a dialogue between the providers and the Board.

The *Keeping Adults Safe* information leaflet has been revised and published on the Board website, including the most recent changes to the BCP Emergency Duty Service contact telephone number in November:

Keeping Adults Safe Leaflet November 2019

As part of the Communications Strategy the subgroup commissioned an updated version of the Safeguarding Adults posters to reflect the new local authority arrangements post-LGR (links below). At the same time updated pop-up banners with the new logo for the BCP Safeguarding Adults Board were purchased for use at events and debuted at the Independent Provider Event in February.

Safeguarding Poster 2020 - Margaret

Safeguarding Poster 2020 - Russell

As part of the Board's Communication plans a new poster campaign was planned for the new financial year. The focus and format of the new campaign may be adapted depending on what message needs to be conveyed in light of the Covid-19 crisis.

Training and Workforce Development Subgroup

The Training and Workforce Development Subgroup is a forum for sharing what training is undertaken by organisations and there is time allocated at each meeting for updates on training attended and also delivered by members. Learning from these events can then be shared for the benefit of all members to cascade to their organisations where appropriate.

A safeguarding trainers meeting was undertaken in May to update and support trainers delivering Safeguarding Adult Training. Representatives were invited from the Police, Fire Service, and Independent trainers, Local Authority, Health providers. Updates to the Safeguarding Adult Procedures were shared and the topic of 'embedding the six Safeguarding principles into practice' featured as a theme for the morning.

The Training Coordinators for DSAB and BCPSAB continue to raise the profile of the work of the SABs and safeguarding adults with Partners in Care. A presentation was delivered to their Training Providers Workshop in January 2020.

Following circulation to all representatives of the Training and Workforce Development Subgroup and a request for feedback, the Standards for Essential Safeguarding Adults Skills Training was updated and presented to the subgroup.

The Training Coordinator maintains a working relationship with the Children's Safeguarding Partnership Strategic Training group to ensure that themes and updates around delivering safeguarding training can be shared. This is reported back to the Training and Workforce Development subgroup.

The Training Coordinator supported the Safeguarding Adults Board stall at Dorset's Mental Capacity Act Annual Conference in Dorchester in the spring.

Attendance at several pop-up events throughout the year by members of the Training and Workforce Development subgroup also raised the profile of safeguarding with members of the community.

Poole Hospital had a successful Raising Safeguarding Awareness week in November. There was a combined Adults and Children's focus. The Police and the BCP SAB Training Coordinator supported the event. Future events are being planned for an Open Day at the Royal Bournemouth and Christchurch Hospital which will include activities related to Safeguarding.

The Training and Workforce Development subgroup workplan priorities included the Independent Provider Event and the Harry Learning Event. Following the 'Harry Event', a Task and Finish group has been looking at how to examine the impact of learning on practice.

Quality Assurance Subgroup

The Quality Assurance subgroup supports the Safeguarding Adults Boards to take a strategic overview of the quality of safeguarding activity across its area of responsibility. The group reviews and analyses data and performance information as well as the outcome of audits. Service user feedback in line with Making Safeguarding Personal (MSP), is integral to supporting improvements in provision and practice to ensure effective prevention and early intervention. The principles of Making Safeguarding Personal are consistently promoted to ensure that they are embedded across partners and the individual remains at the very centre of their safeguarding journey.

The subgroup requires statutory agencies to submit performance data giving an overview of activity. During this year more emphasis has been placed on interpreting data and information to effectively identify trends and themes, with a shift from data in the form of tables to formats more easily understood with narrative as to what the data actually means. Some partner organisations at the subgroup have discussed the challenges in achieving this and the limitations in terms of availability of analytical capability to assist with understanding.

The subgroup is responsible for assuring the Board that the safeguarding adults quality performance indicators and monitoring systems in place in member organisations are effective and during the course of the year discussions have been held around how data might be improved, whether in presentation or in the ability to pinpoint trends by geographical area, although the challenges in achieving this are recognised.

The subgroup produces a quarterly report to the Board highlighting individual agency safeguarding themes, approach and service provision. This enables the board to consider how it should respond and may give rise to areas for inclusion in the Business Plan of the Boards.

Advocacy referrals and contract monitoring processes are also regularly reviewed to ensure effective support and representation of views and wishes.

The subgroup's terms of reference were reviewed to ensure the right focus on aspects of work with a renewed commitment to developing feedback mechanisms and co ordinating multi agency audit work to effectively understand the person's safeguarding journey and experiences across organisations, identifying areas of good practice and learning.

Helpful amendments were made with the agreement of all organisations.

An improved understanding for the individual's safeguarding journey across organisations is important. Additional work will be undertaken to focus these further over the coming months. The discussion demonstrated commitment and appetite to reshape the purpose and outcome of the QA subgroup as part of the wider Board review.

Key areas of work initiated or completed by the Quality Assurance subgroup in 2019/20 include:

- Additional recording mechanisms agreed to enable a better understanding of those safeguarding concerns relating to Neglect & Acts of Omission. This has enabled enhanced analysis of this abuse type and a better understanding of influencing factors.

- Initiated an audit of the Multi Agency Risk Management Meeting process. The purpose of the audit is to assure the Board that the guidance issued in 2017 is being used correctly and to seek assurance that the process is not being used in place of other more appropriate governance arrangements. The audit will be completed in 2020/21 with a report including recommendations shared with the Boards. Outcomes will shape revisions of the guidance
- Improved links with carers' steering groups to support improvements in capturing feedback and improve service delivery.
- All partners have worked towards improving the analysis of their data to promote a mutual understanding of safeguarding practice and processes.

On the following pages some information from the Data Analysis by BCP Council is presented.

Data Analysis

Safeguarding data is examined by the Quality Assurance subgroup on a quarterly basis. The local authority data is based on the Safeguarding Adults Collection (SAC) return.

The QA subgroup looks at data from the local authority as well as health and police. By examining data together common themes, trends or indeed unusual activity can be identified.

During 2019-20 the local authority data progressed to become one dataset to reflect the new local government arrangements. Although BCP Council has brought together the Adult Safeguarding teams under single line management, throughout the reporting year separate case management systems were in use - in Bournemouth and Christchurch 'Mosaic' and in Poole 'CareDirect'. The performance management team worked to collate the data in a uniform way to enable comparisons to be drawn where needed but importantly to move forward as one local authority and understand the challenges facing teams across the board. In the future one case management system will be used across BCP Council.

Graphs illustrating concerns (Figure 1) and Section 42 Enquiries (Figure 2) received during the last 2 years give a snapshot of the volume of safeguarding occurrences and any peaks and troughs in volume of those received in Bournemouth and Poole, and more recently in Christchurch.

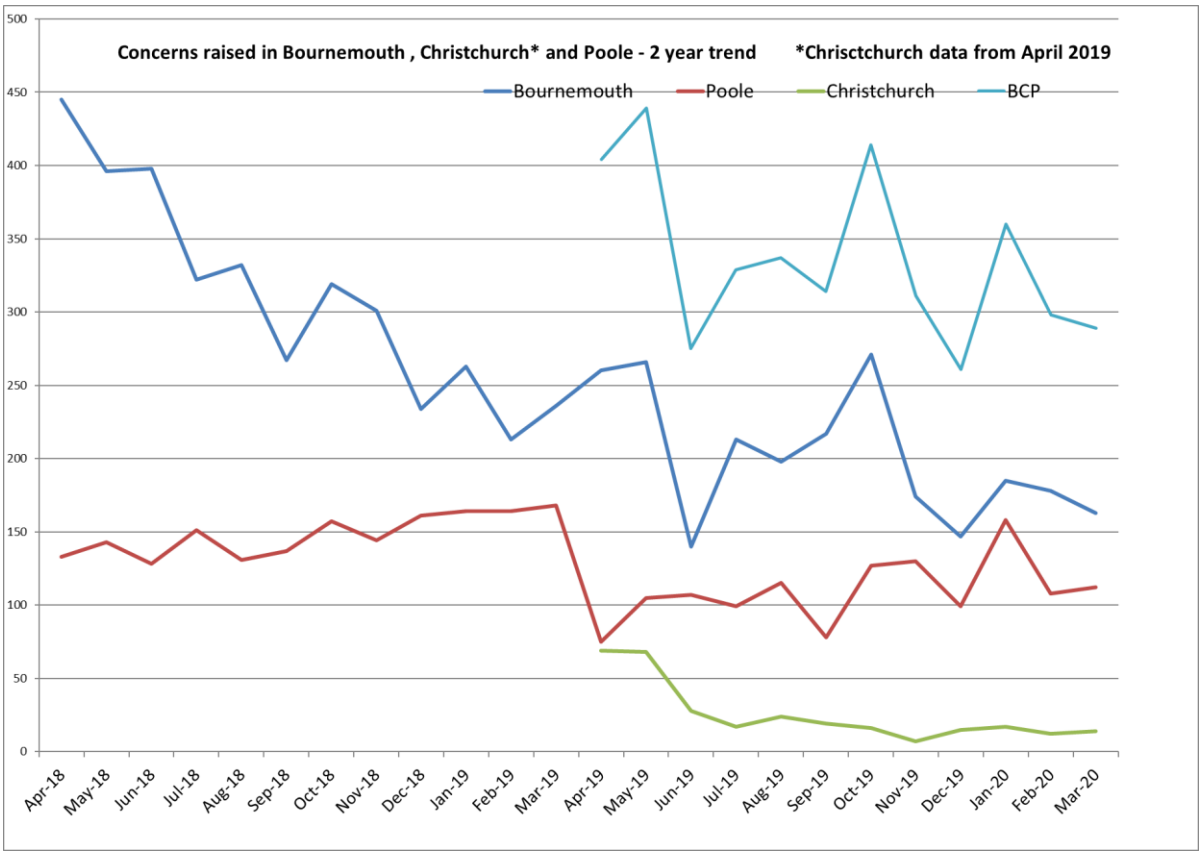


Figure 1 – Concerns raised in Bournemouth, Christchurch and Poole (2-year trend)

During the last two years the volume of concerns received has remained fairly consistent. The higher volumes in April and May 2018 can be attributed to two large scale enquiries in Bournemouth which saw greater numbers of concerns raised, before returning to expected levels.

Figure 2 illustrates the 2-year trend of Section 42 enquiries conducted in Bournemouth, Christchurch and Poole.

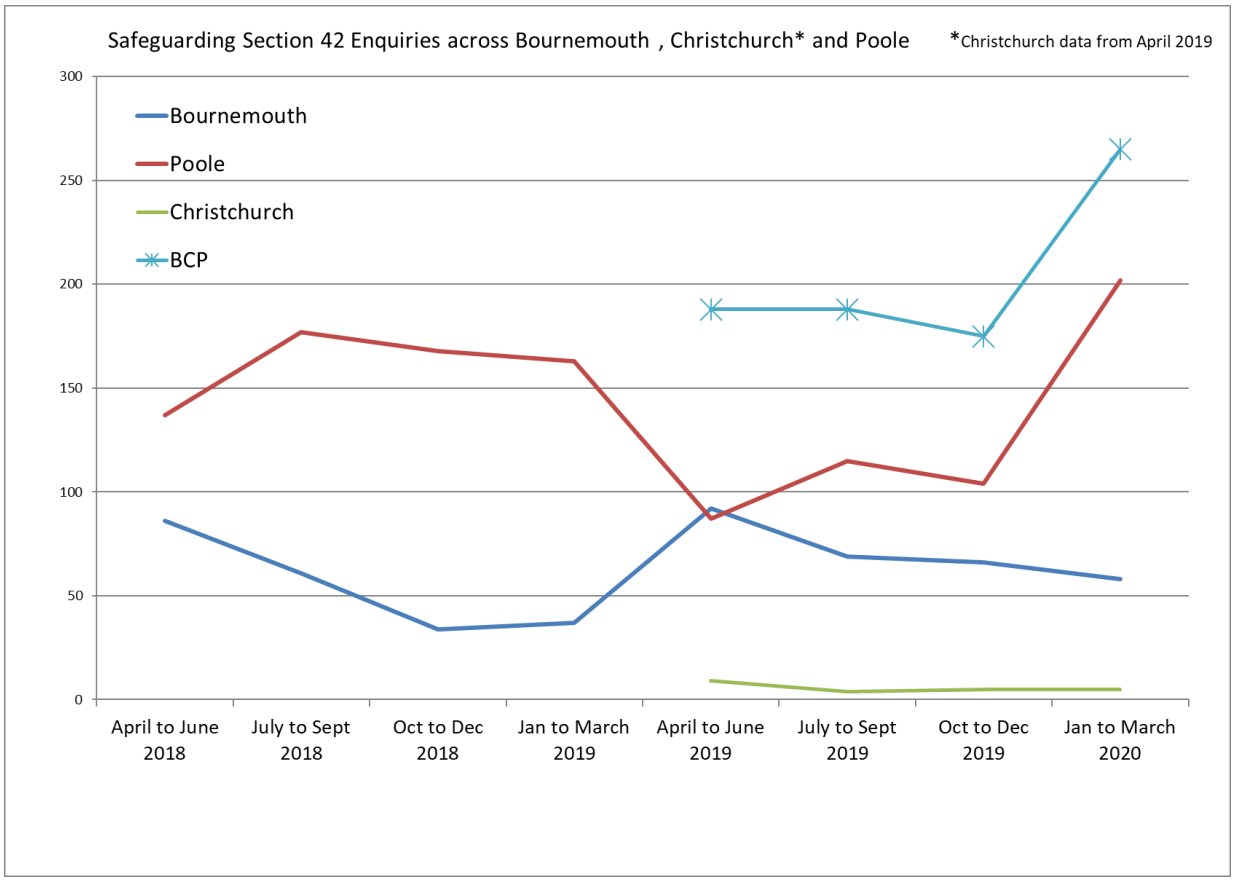


Figure 2 - Section 42 Enquiries across Bournemouth, Christchurch and Poole (2-year trend)

It is anticipated that over time there will be an increased conversion rate of concerns to Section 42 enquiries in Bournemouth, and a lower conversion rate to Other Enquiries.

The volume of Section 42 Enquiries in BCP Council rose towards the end of the year, while the proportion of Other Enquiries has remained steady. It had been anticipated that over time there would be some increase in the conversion rate of concerns to Section 42 enquiries, due to staff being actively encouraged and supported by Managers to triage concerns in line with ADASS guidance so this increase is not unexpected. In Q4 last year around 1 in 6 concerns progressed to a S42 Enquiry compared to around 1 in 4 this year during Q4.

In order to better understand those cases which do not progress to a Section 42 or other statutory enquiry changes have been made to the recording systems for the new reporting year. Practitioners have been asked to record additional information with several possible reasons for No Further Action (NFA). This means that for the next reporting year we will have more data available for NFA concerns.

On the following pages there is an overview of some of the data from BCP Council and the 4019 concerns received in 2019-20 resulting in 816 Section 42 Enquiries. The conversion rate of concerns to Section 42 Enquiries is therefore 20%. It should be noted that there is no agreed national benchmark of what constitutes a desirable conversion rate, although a very high proportion would

perhaps suggest the response was not proportionate. With that in mind BCP Council Adult Social Care strive for consistency of service across the area and to ensure best practice among practitioners. Methodical recording via one IT system will enable us to know more about the cases we deal with and any emerging trends.

Each quarter for concerns and enquiries, females consistently outnumber males. Reasons for this were requested at the Overview & Scrutiny Committee. Although no definitive answer can be given this is a trend reflected nationally. Various theories have been suggested, including that women are perceived as more likely to ask for help than men or assumed to be more vulnerable. There are also demographic factors such as that women have a longer life expectancy than men.

The most common location of abuse is in a person's own home, with more than half of all incidents occurring there. Audits have been carried out to ensure that recording is accurate. It has been suggested that as significant numbers of people are supported to stay at home this will imply a rise in incidents occurring there whereas staff are on hand and policies are in place to help prevent incidents in residential settings.

The most common type of abuse is Neglect and Acts of Omission. This reflects the national picture. Locally much effort has been employed this year to better understand this type of abuse in order to reduce incidents where possible. Categories were added to the case management system to enable practitioners to record specific issues such as missed visits, medication errors or carer stress or carers not following advice. In this way patterns can be identified and resources can be targeted where needed. For the coming year a BCP Self-Neglect and Hoarding Panel will be introduced to examine some complex cases.

Physical and financial abuse are usually the next most prevalent types of abuse. Other less common types of abuse such as organisational abuse and modern slavery have their own categories on the SAC return to ensure that they are recorded appropriately where they are identified.

There is much emphasis on Making Safeguarding Personal and it is encouraging that when desired outcomes are expressed in the great majority of cases these are fully or partially met (over 90%). Further work is ongoing to ensure greater a proportion of people are asked for their views, although it is recognised that it may not always be possible or appropriate to ask due to issues of capacity or where a person has become too unwell.

Risk assessment is looked at in the QA subgroup and in a large majority of cases risk is reduced or removed, usually upwards of 90%.

During the year it was noted that in some cases the ethnicity of the individual was not recorded in concerns and enquiries and BCP Council made a commitment to improve recording and to ask partners for assistance with this, for example to include details when making a referral. This initiative will continue into the next year and allow better understanding of any possible barriers to different groups and may be timely if more evidence emerges to suggest a greater risk to individuals from minority ethnic communities from Covid-19.

For the year ahead there is a commitment to look into cases where the perpetrator of abuse is unknown to the individual and identify any recurring themes and continue ongoing work with

colleagues in Commissioning to examine 'lower level' neglect and acts of omission and identify any patterns or trends.

It has been noted at Board meetings that a better understanding of the story behind the data and what it is telling us will be a useful step to improving safeguarding. Efforts to improve the data presented to the Board are ongoing.

A summary of the data for the year is on the next page.

Some feedback from individuals using the service is below:

I would like to tell you about my colleague. He has been a massive help to me in unpicking a complex case these past few weeks (months!). He went out of his way to look into historical information and as a result really try and find out what is going on for a young man I am working with. It has been a big learning curve for me and is absolutely the best way to draw from experiences and improve practice, ensuring good outcomes […]. I am really grateful as he is a busy man with his own time pressures and he clearly wishes to share learning and experience in order to get the best outcome. And through all of this, he did it with a big smile and a bucket load of encouragement. Thank you !

I think every visitor, visit, phone call from this department has been really excellent. No-one has been hasty or disinterested and I praise everyone who has visited or written to me.

BCP Council

Thank you for being my mother's social worker over the past year or so. Thanks also for the clarification over mental capacity – I will contact an appropriate person to conduct an assessment.

I thought I would update you on current events and to advise you that our Care Staff are beginning to regain a sense of confidence in the good work they do. Several have mentioned that they are feeling more confident and trusting of 'Safeguarding' who worked compassionately with the home through recent events. They were particularly praising of the method of approach by […] who put them at ease whenever they visited our home. Thank you so much.

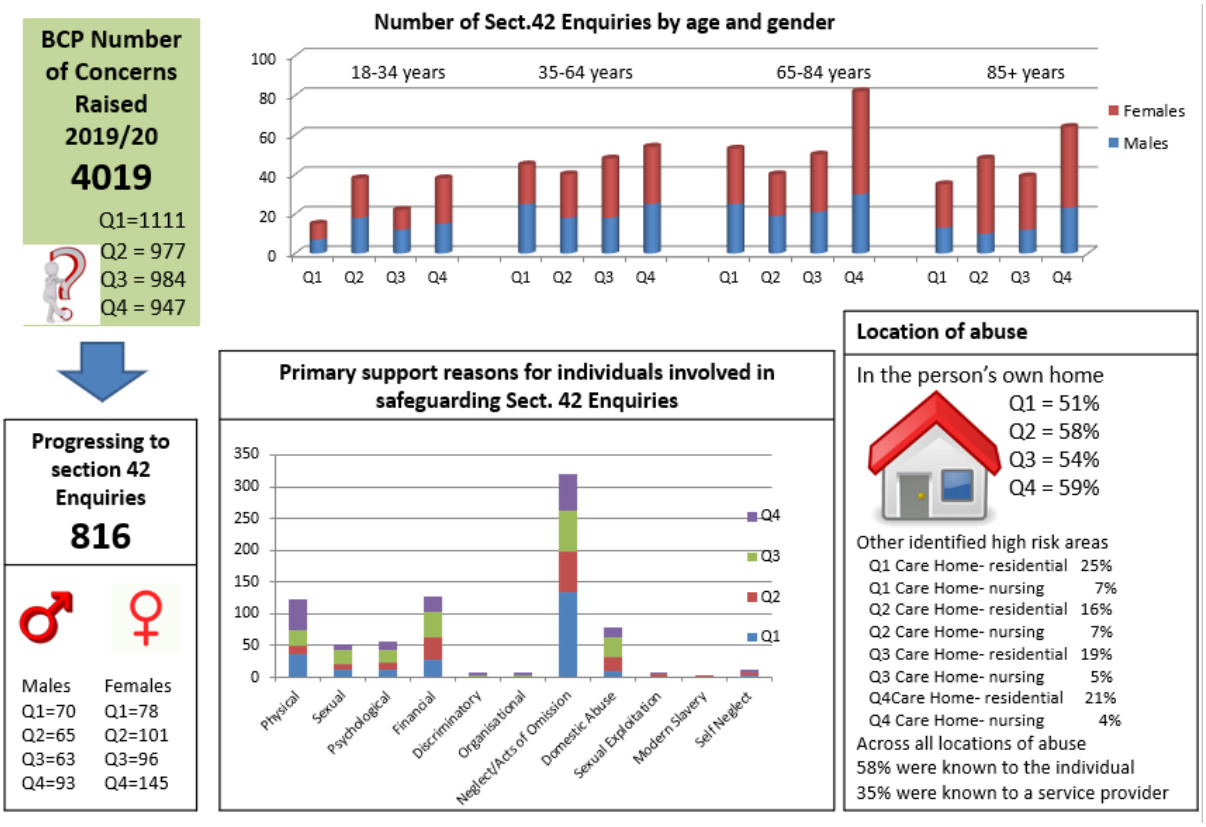


Figure 3 – Annual Summary 'A'

Most common types of abuse recorded in Section 42				
	Q1	Q2	Q3	Q4
Domestic Abuse	10	22	31	16
Financial/ material	27	37	39	25
Neglect/ Acts of Omission	133	65	65	58
Physical	36	25	48	37
Psychological	12	12	19	14
Self Neglect	4	4	0	4
Sexual	13	9	21	8

Safeguarding Adult Reviews	Numbers (Individuals who died)
Quarter 1-4	0

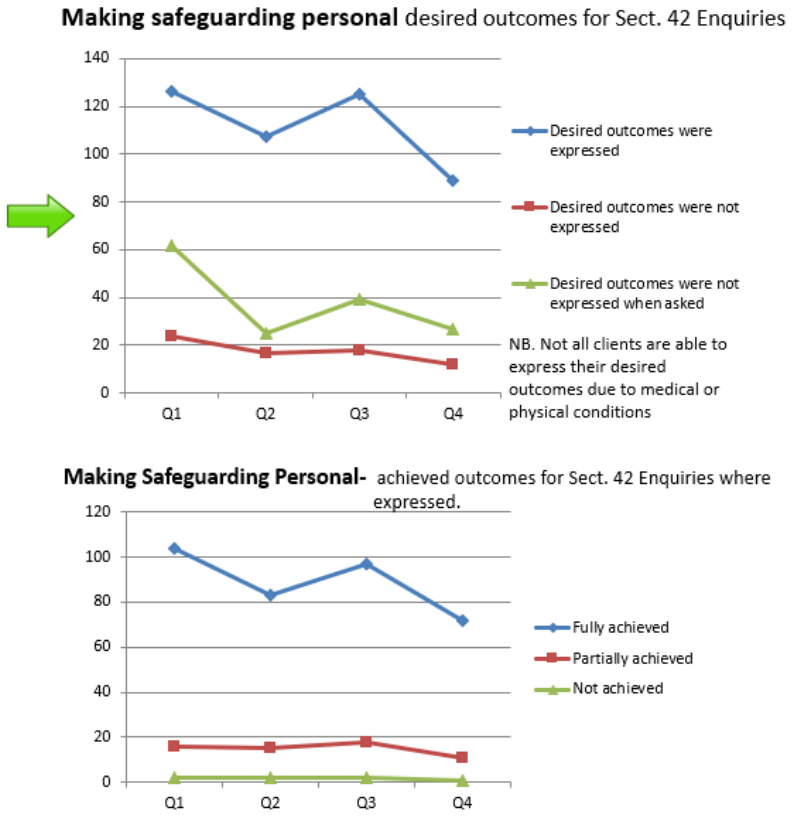


Figure 4 – Annual Summary 'B'

Key Achievements and Future Challenges

During 2019-20 the Board worked towards achieving the priorities set out in the Strategic Plan for 2018-2021.

Support the development of a more robust independent provider market that leads to fewer safeguarding concerns

Each year the Board holds a provider event to engage with care providers and hear from them regarding current challenges which can inform the Board's future business, and to share with them an overview of the Board's activity.

In February at the Lighthouse in Poole 100 attendees heard from the Independent Chair, who encouraged engagement with the Board and asked them to consider how the Board can support them in their work. There was a presentation on the upcoming changes to the Liberty Protection Safeguards which will have an impact on providers when they are finalised. Providers had the opportunity to sign up to a panel of interested parties who would have ongoing engagement with the Mental Capacity team at BCP Council. Attendees also heard from an expert on Domestic Abuse and the Principal Social Worker from BCP Council presenting on ways to support adults in their relationships with others, with a focus on helping people identify good relationships in their life and spot signs that a relationship, whether a family, friendship or intimate one, may not be healthy or helpful. This included some learning from the 'Harry' SAR/DHR case.

Reduce the instances of people with care and support needs being involved in Domestic Abuse and improve the interface between Domestic Abuse and Safeguarding

The Keeping Safe Event and the Provider Event mentioned above both focused on supporting people to recognise good and bad relationships and suggested ways for practitioners to support people to engage in positive relationships with others.

Help to establish working with the whole family as standard practice

Although there were no further 'whole family' events this year the concept has become embedded in the day to day work of practitioners.

Evidence lessons from SARs and DHRS really have changed the way we work

The Business Teams from the Safeguarding Adults Boards, Safeguarding Children Boards and Community Safety Partnerships have formed a Shared Learning Group to look at themes from SARs and DHRs. This group links with subgroups, in particular Training & Workforce Development around learning and also with the Policy & Procedures group in case any learning necessitates an amendment to the pan Dorset safeguarding procedures.

Other achievements to note:

Learning Disability Partnership Board (LDPB)

Following the publication of the 'Harry' SAR/DHR the Independent Chair attended the LDPB to speak to the group about what had happened to 'Harry' and the findings of the Coroner's inquest.

The SAB commissioned People First Forum to produce the Easy Read version of the 'Harry' learning.

Later in the year the Business Manager worked with the LDPB by presenting to the Board and engaging in group work at their meeting to gather suggestions for how a 'Keeping Adults Safe' leaflet could look in Easy Read format.

The Business Manager continued to be an active member of the LDPB and their Keeping Safe subgroup. This has strengthened the links between the Safeguarding Adults Board and the LDPB.

Local Government Reorganisation (LGR)

The intense preparations for LGR during the previous year ahead of the creation of BCP Council proved worthwhile as the new local authority came into being and therefore expanded the reach of the Safeguarding Adults Board to include Christchurch, hence the name change to Bournemouth, Christchurch and Safeguarding Adults Board. The Board website was updated to reflect the new arrangements. As Board documents are updated versions are amended to reflect the new local authority alongside any other changes.

The 'Harry' SAR/DHR Learning Event

Following the publication of the 'Harry' SAR/DHR much planning was undertaken to bring together the learning and create a format for sharing this with as many practitioners as possible representing various agencies relevant to the review. The Business Manager and the Training Coordinator worked with colleagues from BCP Community Safety Partnership, BCP Council and Dorset Healthcare to plan a pan-Dorset event for 240 practitioners. A programme that included findings of the independent review and the inquest looking at each of the protagonists in turn (victim and two perpetrators) led by a presenter with excellent knowledge of the events and the theory of Domestic Abuse invited groups to reflect on what had happened and how things might be done differently today with the advanced learning. Care had been taken to ensure groups had a wide range of agencies in order to get a broad spectrum of views and opinions. Questions prepared in advance sought to get to the crux of key issues and the participants were asked to identify both barriers and enablers in their practice. Initial feedback was shared with the large group on the day and there was the opportunity to ask questions of a panel from a range of agencies. The panellists gave thoughtful and frank responses to the questions posed on the day. The atmosphere was one of collaboration and a recognition of the complexities of the case and the fact that some safeguarding activity and decision-making requires a shared approach and responsibility. There was a tangible desire to learn and increase confidence from practitioners so that they may feel better equipped when they encounter an individual who may be a potential victim – or perpetrator.

A report summarising some of the feedback from the day was presented to the Board in March and is attached as Appendix 2.

Future Challenges

The Board's objectives in the 3-year Strategic Plan and our progress against those would ordinarily have informed the Business Plan for the new reporting year.

However due to the coronavirus pandemic, in the weeks preceding the start of the 2020-21 year many of the Board's partners have had to adapt very rapidly to the ever-changing landscape. Whilst safeguarding remains at the heart of all activity, new ways of working have had to be developed overnight. Existing issues have needed new and innovative approaches due to infection-control considerations, and emerging issues have seen partner agencies work collaboratively to look for workable, safe solutions. In terms of funding the crisis partner organisations will have had already stretched resources stretched that bit further.

The direction of the Board's Business Plan will inevitably alter course to align with the member organisations to focus on the most pressing issues, to include the need for examining practice during this crisis, sharing learning in a timely manner and measuring and analysing the impact it has had on issues such as domestic abuse and on those with care and support needs. All this will be against the backdrop of preparing for the possibility of further 'waves' of the virus.

Even in the very early stages of these challenging times, it has been clear that partner organisations have adapted very quickly to new ways of working and have made use of the technology available. This will undoubtedly impact how we all work in the future.

The Board Review

An Independent Review of the BCP and Dorset Safeguarding Adults Boards was commissioned during 2019-20. Although the Children's Safeguarding arrangements locally had been reviewed just prior to this due to a statutory requirement to do so, the review of the Adult Safeguarding arrangements could not be carried out at the same time due to other pressures, particularly Local Government Reorganisation.

The Independent Reviewer commissioned was Chair of a Safeguarding Adults Board and Safeguarding Children's Board in another region.

The aim of the review was to develop a preferred option for the most efficient and effective model of partnership arrangements to fulfil their responsibilities for adult safeguarding board.

The scope of the review was to consider the existing arrangements and how these could look in future by including the following:

- Compliance with the requirements of the Care Act 2014
- The impact of the Board on safeguarding Adults
- Safeguarding Adult Board arrangements in other areas in the country
- Geographical boundaries, including whether to move to one Pan-Dorset Board
- Terms of reference for a future Board to include: Governance, Membership, Accountability and Reporting.
- Range and effectiveness of subgroups
- Relationships with other partnership boards
- Budget and financial contributions
- Review skills and dedicated staffing required to support the Board to deliver its strategic aims and core functions
- Ensuring independent scrutiny
- The role of the independent chair
- Developing a robust shared understanding of the safeguarding threats to adults in need of care and support through data / information sharing to inform SAB priorities / activities.
- Considering how policies and procedures continue to be developed / updated; whether internally or by purchase of system such as tri.x

Prior to commencing the Reviewer considered:

- Background material on local government reorganisation in BCP, demographic data and needs analysis
- Terms of reference for Boards, subgroups, and the Executive Group, minutes of all Board, sub-group and Executive Group meetings from April 2018, a sample complete set of Board and QA Subgroup papers, budget, performance and activity data
- Published Business Plans, published and draft Annual Reports, published Safeguarding Adults Reviews, audit reports on S42 decision making and learning disabilities / domestic abuse
- Background information and published arrangements for Pan Dorset Safeguarding Children Partnership and alternative arrangements in other areas

- Available information on Dorset and BCP Community Safety Partnerships and Dorset Community Safety and Criminal Justice Board

A series of interviews then took place in the summer between the Reviewer and Board members, where possible in person or by telephone. Where this was not possible Board members submitted their views by email to gain an understanding of their views on the existing arrangements and suggestions for improvements.

The Independent Chair met with senior leaders from BCP Council, Dorset Council, Dorset Police and Dorset CCG in November and from this meeting prepared a discussion paper detailing current thinking and proposals of partner agencies.

A report of findings was circulated and in December a joint Development Session was held for members of both Safeguarding Adults Boards to examine the proposals.

The review acknowledged the hard work and dedication of the Boards and members whilst highlighting that the close working relationship between the Dorset and BCP Safeguarding Adults Boards does at times lead to duplication on agendas, an issue particularly noted by agencies working pan Dorset.

The large volume of data currently received and presented at the Quality Assurance subgroup does not translate into a clear understanding of the quality of front line practice, a different type of analysis is needed, and the separation of some strands of data for the local authority areas could lead to a better understanding of local issues.

The document contained six proposals including:

- maintaining the status quo,
- forming a joint Safeguarding Adults Board for the pan Dorset area, or
- other combined partnership models encompassing Community Safety, Children's and Adults Safeguarding
- a pan Dorset Safeguarding Adults Partnership
- thematic integration - a single set of arrangements covering adults and children's safeguarding and community safety
- Strategic Collaboration / Local Delivery – consisting of a pan Dorset Safeguarding Adults Partnership and then for BCP and Dorset separate Safeguarding Adults Delivery Group

Although the two boards remain it was decided to trial holding a joint Board meeting with time either side for local BCP or Dorset specific items and the inaugural one was held in March 2020. It was hoped that after this meeting further progress could be made on deciding to continue with joint meetings or the future pathway, but the timing of the coronavirus pandemic meant that other business was necessarily prioritised. This will therefore be considered further in 2020-21 in the context of shaping the Adult Safeguarding landscape pan-Dorset.

PARTNER CONTRIBUTIONS

The Board works with partner agencies to ensure that safeguarding activity is making a difference.

The aim of the activity is to ensure:

EFFECTIVE PREVENTION

Adults are safe from avoidable harm and avoidable death

Effective and early intervention using a pro-active approach which reduces risks and promotes safe services whilst ensuring independence, choice and control

EFFECTIVE SAFEGUARDING

Adults know that their concerns about safety will be listened to and dealt with at an early stage and that they are safe and in control with people who work with them

EFFECTIVE LEARNING

People working with adults are aware of their safeguarding responsibilities and have access to appropriate guidance, procedures and training. Learning from Safeguarding Adults Reviews and Investigations is disseminated to multi-agency professionals to ensure effective learning, learning transfer and continuous improvement.

EFFECTIVE GOVERNANCE

Hold partnerships to account for their contribution to safeguarding Adults at Risk: Accountabilities to the public, its constituent bodies and individuals at risk for example – hate crime, domestic abuse, mental health, sexual offences, and overall quality of health services.

Partners were invited to share some of their organisation's contribution to safeguarding during 2019-2020.

The request was made of partner organisations in April 2020 and due to the timing, some of them have been extremely busy due to the Covid-19 crisis and were unable to provide as detailed a response as they would have liked.

BCP Council

Adult Social Care Services and Commissioning

For BCP council, 2019/20 has been a year marked by transformational change and new opportunities. BCP Council became a legal entity on 1st April 2019, although many months had been spent prior to this date in detailed preparations. It was important that the council was able to maintain safeguarding continuity, quality and data integrity throughout the transition from the four preceding local authorities (Borough of Poole, Bournemouth Borough Council, Christchurch Borough Council and the Christchurch locality of Dorset County Council) to the new organisation. The preparations resulted in a "safe landing" for the new authority with some early benefits including a more consistent application of ADASS guidance to harmonise the approach to converting safeguarding concerns to section 42 enquiries; something which had, throughout 2018/19, been a concern for the Safeguarding Adults Board.

BCP has, in its first year of operation, launched a safeguarding strategy which will ensure organisation-wide safeguarding accountability, leadership and training. The council has also worked with partners to reframe the Safeguarding Adults Board structure so that Christchurch is included within the geography overseen by the board.

The last year has seen planning for new BCP wide safeguarding team structures and a review of The Adult Social Care 'Front Door'. The review has prompted the deployment of safeguarding practitioners, embedded within the "front door", to undertake triage and initial response to safeguarding concerns. A pilot in the Bournemouth locality suggested that this approach achieves good outcomes for clients and often prevents the need for more complex safeguarding interventions.

A new Principal Social Worker (PSW) has been appointed for BCP, who will support the development and assurance of performance standards and contribute to safeguarding training programmes. The PSW has already supported to two very successful events in 2019/20; the Harry Learning Event (see page 22 and Appendix 2) and the Safeguarding Adults Board Provider Event (see page 21).

A new BCP adult Emergency Duty Service, operating outside of office hours, was launched in November 2018 and provides immediate response to safeguarding concerns and a better link between daytime and out of hours services. This service was launched at the same time as a similar BCP service for children and families, and connects with that service to ensure a whole-family out of hours response where necessary. 2019/20 also saw the development of new MARAC meeting arrangements, supported by BCP safeguarding staff.

BCP Council has been looking ahead to national changes, such as the implementation of Liberty Protection Safeguards (LPS), which will replace Deprivation of Liberty Safeguards (DoLS). Planning will continue in 2020/21, although the Covid-19 pandemic has resulted in Government changing the date of implementation to 1st April 2022.

Self-neglect has emerged as a theme throughout 2019/20 and received focussed scrutiny by the Safeguarding Adults Board. BCP Council has, in response, adopted a self-neglect panel which was previously piloted by Borough of Poole. The Multi-Agency Provider Support (MAPS) approach, which

helps providers to raise standards and avoid the re-occurrence of harm, has been developed throughout 2019/20. This approach involves multi-agency information sharing, regular reviews and monitoring of providers as well as agreed professional approaches to issues such as neglect and restraint. Standards for care providers have been more clearly enshrined in contracts and the local authority quality monitoring approach is increasingly working with partners such as the Care Quality Commission and Clinical Commissioning Group to ensure there is engagement with clients and their families.

In response to the COVID19 pandemic, practical operational adjustments within BCP was necessary to maintain a safe and lawful standard of safeguarding practice and respond to some of the issues associated with the pandemic such as a rise in the incidence of domestic abuse and neglect. Focus has been on safeguarding people during a period when lives have changed because of self-isolation and social distancing and, in particular, attention paid to carers experiencing high levels of stress and on the needs of people with substance misuse.

Since the coronavirus crisis emerged, adult social care providers have been working to introduce new infection prevention and control measures. There have been countless examples of providers ensuring the safety and well-being of service users, carers and staff, often taking advantage of the multi-agency support that has been offered, both practical and financial.

BCP Council has continued to host the Safeguarding Adults Board through the employment of business management staff and the provision of accommodation and accountancy.

The Portfolio Holder for Adults and Health in BCP Council is Councillor Lesley Dedman.

Throughout the year Councillor Dedman has supported the work of the Safeguarding Adults Board by attendance at Board meetings where she has contributed greatly to the discussions around safeguarding adults and brings insight from her own experience in the Provider Sector.

Councillor Dedman also attended the Board's annual Provider Event in the Lighthouse and engaged with representatives from the independent and voluntary sector during group discussions on supporting people to maintain relationships with others, and planned changes to legislation.

Learning and Development

The Board's business team, in particular the Training Coordinator, continues to work closely with the workforce development team.

The team is undergoing a period of transition which will ensure consistency of training across Bournemouth, Christchurch and Poole and ensure course content is updated to include current themes in safeguarding.

Supporting Adult Safeguarding through learning remains a priority across the new BCP Council. The Team worked tirelessly to ensure that the same self-booking system was available across the new organisation, achieving this in September. All training is now booked though CPD online for staff across BCP Council.

The team held over 30 full day courses and the same number of half day courses in Essential Safeguarding Adults Skills.

Bespoke Safeguarding Essential Skills training has been provided to many external organisations including provider services, charities including Age UK and Hope, community organisations and church group such as Faithworks Wessex. To meet the needs of the various groups a number of these courses were made available in the evenings or on weekends.

Safeguarding Adults Training for Managers courses were held throughout the year with six full courses and two update courses available.

The Safeguarding Adult Practitioner modular course has been well-received. Six events were held for Safeguarding Adult Practitioners and their managers, topics covered included updates to procedures, current themes of interest and learning from SARS.

The team held a Safeguarding Enquiry Managers' Peer Form and collaborated with Dorset Council for Safeguarding Train the Trainer.

The team contributed greatly to the joint SAR/DHR 'Harry' Learning Event in November.

Housing

As a result of referrals made by Housing to the Safeguarding Adults Review (SAR) subgroup in the previous year a multiagency Safeguarding Leads meeting was convened in the summer to look at learning from these referrals.

MARAC arrangements within Housing were reviewed to accommodate weekly MARAC's and Christchurch joining with Bournemouth MARAC. Agreed new process and rota to ensure information continued to be effectively shared, appropriate actions are taken and statutory duties are fulfilled.

Rough Sleeper Initiative

BCP Council is committed to achieving the government targets for rough sleeping and has successfully applied for grant monies made available in 2018 and 19/20 under the Rapid Rehousing Pathway (RRP) and Rough Sleeper's Initiative (RSI). The fundamental aim of these projects is to create new pathways for supporting rough sleepers off the street and into accommodation with emphasis on long-term recovery by targeting those who are facing considerable health difficulties and entrenched in their rough sleeping.

In 19/20 this funding has been used to sustain and extend the work of the RSI Team and to extend outreach service provision under the RRP. This includes:

- Additional navigator roles who case manage and work in a reactive and person-centred way to support people into accommodation
- Housing Hospital Discharge Role that works with Royal Bournemouth Hospital, Poole Hospital and St Ann's staff to ensure patients receive advice and assistance with housing before they are discharged.
- Supported Housing role that works with commissioned and non-commissioned providers to ensure evictions are minimised and move on opportunities are maximised.
- A Psychologist to advise, support and train the navigators on engagement with individuals. Including specific case analysis to plan engagement and gain the most from interactions

- Additional funds to secure temporary accommodation and supported lettings

Homelessness

Further HMO's and family homes have been purchased and built in BCP area to meet the needs of people approaching as homeless and our Housing Register applicants. In 19/20 across BCP Council and Poole Housing Partnership we have built 3 x 3 bed houses, 30 x 1 bed apartments and 32 x 2 bed apartments. We have also purchased 8 HMO properties providing 45 additional lettable rooms. Work continues to identify provision to meet the needs of BCP residents where we cannot be wholly reliant on hotel/B&B accommodation and the private rented sector.

In 19/20 BCP welcomed 2 families to the Bournemouth area bringing the BCP Syrian Resettlement Programme up to 8 families in total.

Poole Adult Social Care Housing Allocation Panel (HAP) has been reviewed and relaunched to cover BCP area. This means there is now one point of access for supported housing for people with a learning disability and an equitable process to ensure the most in need are prioritised and the utilisation of our accommodation is maximised.

Continued to deliver on the Severe Weather Emergency Protocol accommodation for Bournemouth, Christchurch and Poole enabling safe temporary housing for Rough Sleepers in cold and extreme weather. In addition to this Ministry of Housing, Communities and Local Government (MHCLG) funding was for the first time used to contribute to Sleepsafe, a voluntary provision which ran from September to March 2020 and was only withdrawn owing to COVID-19.

Dorset Police

County Lines

The Force has continued to work with national partners to develop and implement effective safeguarding practices in relation to County Line offences in the following ways:

- Continued work with National County Lines Coordination Centre and the College of Policing
- Introduction of a County Lines team in BCP area

Modern Day Slavery and Human Trafficking

We are continuing to develop our capability to investigate Modern Slavery and Human Trafficking (MSHT) offences in the following ways:

- We have taken part in an inspection from the National MSHT and are seeking to continue to develop in this area.
- We have delivered training to a small proportion of neighbourhood officers and first responders.
- We have invested in the further training of Detective Inspectors and Detective Sergeants on the Modern-Day Slavery investigators course. Further training was planned for June and October but had to be postponed due to Covid. This will be revisited in due course.
- The development and planned introduction a first responder's booklet to assist front line officers in the initial management of a MSHT offence.

Sharing, analysis and management of information

The force has continued to develop a more effective way of sharing information following police contact with vulnerable people with partner agencies. A team of Safeguarding Referral Officers (SROs) manage the referrals for vulnerable adults, domestic abuse and vulnerable children within the Safeguarding Referral Unit (SRU). There work is supported by a Detective Sergeant to ensure a timely review and that any criminal investigations are triaged and allocated to an officer for further investigation.

The force is actively engaging S42 planning enquiry meetings, professional meetings and MARMS to ensure that we proactively contribute to the safeguarding of these most vulnerable.

The Force Intelligence Bureau ('FIB') continues to focus on an intelligence-led approach to threat, risk and harm. The FIB has a dedicated vulnerable adult's desk, an analyst and a researcher, developing and supporting vulnerable adult and MSHT investigations

Training and Development

The force is seeking to develop further vulnerability training during autumn 2020. This one-day training day will improve the skills of officers/staff to effectively recognise and support the complex needs of vulnerable individuals, to encourage professional curiosity and to ensure that they have the skills to keep people safe.

The Adult Safeguarding Team have all completed Level 1 Adult Safeguarding course.

The force's Learning and Development Unit are developing an Adult Safeguarding course for specialists.

Stalking Clinic

The force continues to support the Stalking Clinic and ensure that relevant cases are referred to clinic and considered for Stalking Protection Orders.

Vulnerability Lawyers

The force has introduced two Vulnerability Lawyers this year in order to develop our tactical options in keeping the people of Dorset safe. These lawyers support the Vulnerability programme by providing legal guidance and obtaining civil orders on behalf of Dorset Police such as Domestic Violence Protection Orders, Stalking Protection Orders, Trafficking Orders and Sexual Harm Prevention Orders. The team will be joined by a third part time lawyer in September 2020.

Governance

Dorset Police have now established a Vulnerability Programme Board chaired by the Assistant Chief Constable. This is the overarching governance board driving the force's vulnerability agenda and will take Dorset Police from good to outstanding. There are two key subgroups that support this board:

- DA and Operations Group
- Partnership and Operations Group

Over the last year the force has invested in creating dedicated posts in the shape of a Superintendent, Inspector and Project Manager, in support of our commitment to delivering an outstanding service to vulnerable victims. An additional Superintendent post has just been agreed to further support this work with a focus on partnership and business support to the operational teams within Public Protection Command.

Transformation and Business Development

In addition to the Vulnerability Programme described above, Crime and Criminal Justice Command are undertaking further work to review structures and capabilities to further enhance our quality of service and delivery. Integral to this is a commitment to ensure the most effective and efficient use of resources and to enhance the force capability in support to the vulnerability agenda and drive to deliver outstanding service in relation to vulnerability. Within this work, the recognition of effective partnership working in order to achieve the ambition of outstanding is explicit.

Dorset Clinical Commissioning Group (CCG)

Dorset Clinical Commissioning Group (CCG) is the main commissioning organisation for health services across the whole county of Dorset. The CCG commissions planned and emergency health care across Dorset, as well as rehabilitation, and community mental health services. The CCG has responsibility for Continuing Health Care across the county. The CCG works closely with partner members of the Safeguarding Adults Board, and in particular with Dorset HealthCare, Poole Hospital Trust and the Royal Bournemouth and Christchurch Hospitals Trust.

The CCG Safeguarding Team was restructured in 2019, this led to the appointment of a Head of Safeguarding, an Adult Safeguarding Lead and a Designated Children's Nurse who joined the team in March 2020. The new members of the Team have joined the three GP Safeguarding Leads, the Designated Nurse for Looked After Children (LAC), and the Designated Doctor and Designated Doctor for LAC.

The vision for the new Team is to work in a systems-led approach across the CCG and its commissioned services, simplifying processes and streamlining bureaucracy, with a view in health to have a single training package, safeguarding policy and risk register. The new Team will work closely with Contracts and Procurement to ensure safeguarding is embedded throughout all services.

Across the health economy, both the CCG and all of our commissioned providers are engaged and committed to safeguarding. The Safeguarding Teams across all commissioned services provide expert advice, support, supervision and specialist training to support all staff to fulfil their safeguarding responsibilities and duties.

Over the past 12 months the Safeguarding Teams across Dorset have adopted a `think family` / think community approach, both Dorset Health Care and Dorset County Hospital have integrated their specialist safeguarding services.

All Providers maintain their knowledge and keep up to date through attendance at regional and national networks and all safeguarding specialists in health receive regular supervision.

Dorset Healthcare

Dorset Health Care's Safeguarding Service has gone through considerable transformation this year. The Professional Lead for Safeguarding has led the development of a comprehensive integrated safeguarding service across the Trust. The service has focused on the statutory safeguarding requirements as set out in the Children Act (1989, 2004) Working Together 2018 and the Care Act (2014).

The service provides assurance that the Trust has safeguarding children, young people and adults at risk in the centre of the care provided. The service is committed to work with learning and development to continually update and upskill staff to ensure processes and procedures are in place to facilitate excellent safeguarding standards.

Our safeguarding vision and strategy recognises that prevention is central to service provision, therefore we are working to deliver a "Safeguarding Everyone, Think Family" approach across the Trust. This approach allows the Trust to embrace the additional requirements of the wider safeguarding agenda including contextual safeguarding, Domestic Abuse, PREVENT, Modern Slavery and Human Trafficking. The working group provides a forum for the dissemination of learning from safeguarding and safeguarding reviews and enables us to monitor actions and outcomes.

We have responded to the challenges of COVID19, introducing remote working to ensure effective interagency engagement to maintain safety for children and adults at risk. Innovative training opportunities have also been adopted through this virtual platform.

The service complies with the NHSE/I Safeguarding Accountability and Assurance Framework (SAAF) 2019. This outlines the Trust's safeguarding roles, duties and responsibilities through the demonstration of safeguarding leadership and safeguarding commitment at all levels of the organisation. The Trust is fully engaged and supports local accountability and assurance structures set by the local Safeguarding Children's Partnership, two Safeguarding Adult's Boards, Community Safety Partnership and the CCG.

The safeguarding service has reviewed all the internal relevant safeguarding policies, procedures and guidance to ensure all Trust staff and volunteers are aware of their statutory duties to safeguard. All safeguarding documentation is uplifted onto the Trust internal website.

The service has continued to work with learning and development to offer a comprehensive integrated safeguarding training package to meet the requirements set out in the following:

- Intercollegiate Document, Safeguarding Children and Young People: Roles and Competencies for Health Care Staff 4th edition (2019)
- Adult safeguarding: Roles and Competencies for Health Care Staff (2018)
- Looked After Children: Knowledge, skills and competencies of health care staff (2015)

The service receives evidence to indicate that all staff are compliant with the training requirements which includes a comprehensive Domestic Abuse eLearning package for both clinical and non-clinical staff. A number of bespoke DA training sessions have also been delivered which have embraced issues of stalking, harassment, coercion and control.

The safeguarding team offer safeguarding supervision to all relevant staff as appropriate to their role. Group supervision sessions have been provided by the Senior Safeguarding Practitioners (SSP); this has been continued albeit virtually during the Covid19 pandemic. Safeguarding supervision has been developed further to embrace a train the trainer model allowing suitably experienced practitioners to deliver supervision with support from the SSP's. Both the Sexual Health services and the Looked after Children Nurses are using this model.

We now have Senior Safeguarding Practitioners and Safeguarding Practitioners in place, each with different roles and responsibilities. A safeguarding hub has been developed as a single point of contact for all DHC safeguarding concerns. Our safeguarding practitioners have generic safeguarding knowledge to offer first line support to frontline practitioners, accessing support from the senior safeguarding practitioners (adult and child) for support with more complex cases.

We have continued to meet the demands of the Multi-Agency Safeguarding Hub (MASH) based at Poole Police Station and have worked alongside multi agency partners to embrace the growing requirements of the Domestic Abuse agenda through the BCP council Multi-Agency Risk Assessment Conference (MARAC) and the High Risk Domestic Abuse pilot with Dorset Council.

We have strengthened our links with Mental Health and Learning Disabilities services which includes working alongside a nominated adult mental health practitioner to strengthen the "Safeguarding Everyone, Think Family" agenda. This practitioner has worked with a number of MH safeguarding forums and strong links have been forged with the Criminal Justice Liaison Diversion service, the homelessness service and the Forensics service. This has facilitated a deeper understanding of individuals within the services and the complexity of their needs. The professional lead for safeguarding has been supporting the Multi-Agency Public Protection Arrangements (MAPPA) task and finish group after a mental health homicide review. The Professional Lead for Safeguarding now also attends all the Mental Health, Community Services and CYP senior team meetings to strengthen the voice of safeguarding. Work has also ongoing reinforcing links with the Medical Advisory Committee.

Considerable work has been undertaken to review the clinical systems to identify when there are children under the care of adults in receipt of services. A safeguarding template has been designed and embedded into the Electronic Patient Record, for the safe storage and sharing of relevant and proportionate information.

Collaborative work has taken place with partners to meet the requirements of Section 10 of the Children Act 2004 and the Care Act 2014 with strong evidence of effective cooperation at all levels of the multi-agency partners, from strategic level through to operational delivery.

The safeguarding service has strengthened collaborative working with the Trust's Quality directorate to manage any serious incidents where there are elements of safeguarding present. The safeguarding service has managed a number of significant events throughout the year including unexpected death and serious injury of a child, young person or adult at risk. The service also engages in all safeguarding practice reviews (previously serious case reviews), domestic homicide reviews, safeguarding adult reviews and multi-agency case audits.

The Service is engaged with any LADO referrals that implicate a DHC staff member and has guidance in place to managing allegations against people who work with children and adults at risk. The service is also fully engaged within a comprehensive audit programme, which allows for the service to learn and develop. Finally, the service is looking forward to the opportunities that the forthcoming year will offer it, including further transformation of the team, a review and quality assurance of what is currently offered.

Poole Hospital NHS Foundation Trust

Poole Hospital continues to be an active partner is the Safeguarding Adults Board activities and has regular attendance at the Board and sub-groups. Through its own internal structures, it continues to work in support of the Boards 4 key aims to have Effective Prevention, Effective Safeguarding, Effective Education and Effective Governance.

The trust had its last CQC inspection between 15th October and 14th November 2019. Overall the trust maintained its Good rating with an Outstanding rating for the caring domain. In respect of safeguarding the only key action for the trust was to continue with work to ensure that all staff complete mandatory safeguarding training in a timely way.

Highlights from 2019/20

Over the past year the adult safeguarding lead and the named and lead safeguarding midwives have worked collaboratively to further develop a whole family and lifespan approach to adult safeguarding. This has included the following highlights:

Safeguarding Champions

The Safeguarding Champions group has been strengthened through the addition of midwifery staff since September 2019. The development programme for the Champions group has included learning disabilities, the Mental Capacity Act, County Lines and Sexual Exploitation, Domestic Abuse and the MARAC process. External speakers have attended from the Sexual Assault Recovery Centre in Bournemouth, the Police Impact Team and Bournemouth, Christchurch and Poole Council.

Access to support for victims of Domestic Abuse

In July 2019 the trust introduced an additional resource through which staff can discreetly provide the domestic abuse help line number to women who may be vulnerable to abuse (for example lip balms with the telephone number on), these products have been implemented across the trust.

Safeguarding Awareness Week

In November the Trust's children, adult and maternity safeguarding team worked together to highlight safeguarding across the whole trust. The team were joined at an awareness raising day by partner agencies including the police, Sexual Assault Referral Centre (SARC) and the Rape Crisis Team and together shared information with staff and patients.

Within the trust's clinical departments the team undertook daily trolley dashes around the hospital to ensure that safeguarding awareness was bought to all areas. Staff on wards had the opportunity to meet everyone in the team, ask questions, and help themselves to information and resources.

Safeguarding Training

Both the safeguarding lead nurse and named midwife are now involved in facilitating safeguarding training across the Trust and working closely with the adult and children's leads to deliver in house level 2 and 3 training. This has had excellent feedback and also enabled staff from across the trust and maternity site to work together.

During 2020/21 new on-line training will be developed to supplement face to face learning and provide a flexible and easy to access offer for training all staff in the trust.

The Royal Bournemouth and Christchurch Hospitals Foundation NHS Trust

The Royal Bournemouth and Christchurch Hospitals provide healthcare for the residents of Bournemouth, Christchurch, East Dorset and part of the New Forest with a total population of around 550,000. Some specialist services cover a wider catchment area, including Poole, the Purbecks and South Wiltshire.

The Trust strives to provide safe, caring, effective, responsive and well-led care within the Royal Bournemouth and Christchurch Hospitals and safeguarding is an important component of this.

The hospitals in the Trust have strong relationships with other health leads and ensure that learning is shared with these. The Trust also works in partnership with Pan Dorset partner agencies to promote and strive towards the priorities of the Safeguarding Adults Board and the alignment of practice in the CCG and in all Dorset Acute Trusts.

Staff in selected areas of the trust have received enhanced Learning Disability Training and have participated in awareness-raising initiatives including trolley dashes.

The online safeguarding training has been updated and relaunched.

Promotion of domestic abuse awareness is ongoing.

The Trust's strategic objectives include Valuing our Staff, Improving Quality and Reducing Harm and Strengthening Team Working. This framework supports Team RBCH to deliver safe and compassionate care for our patients and shape future health care across Dorset. Our final objective of Listening to Patients ensures meaningful engagement to improve patient experience. This aligns with the Care Act principle of Making Safeguarding Personal.

NHS England and NHS Improvement (South West)

For NHS England and NHS Improvement, 2019/20 has been a year of transformational change and new opportunities leading to the organisation becoming a single body on 1st April 2020. For the organisation it has been important that NHS England and NHS Improvement maintains safeguarding continuity, as it prepared for the devolution from the national safeguarding team, to regional safeguarding leads.

NHS England and Improvement – South West has undertaken a considerable journey in the last year as we developed our new workforce aligned to each Directorate. As part of our workforce development we have developed a diverse safeguarding team supporting national safeguarding programme delivery, leadership and safeguarding support to our partners as well as specialist roles within our own commissioned services. A new South West Regional Safeguarding lead has been appointed and we are looking forward to settling our teams in their new roles in addition to the opportunity and potential this coming year brings.

Nationally and the South West has seen considerable change over the last financial year, not only in our own workforce but across our South West partners in both Health and Social Care. We have continued to be actively working with our cross-government partners and to ensure our NHS plays a full part as system leaders. This includes actively contributing to and looking ahead to national changes, such as the implementation of Liberty Protection Safeguards (LPS) and to ensure the relevant sections of the Domestic Violence and Abuse Bill are implemented at a national level and, across region.

The NHS Standard Contracts, Safeguarding Digital Strategy and Commissioning Assurance Toolkits have remained a key focus of work on protection, section 42 enquiries, Think Family, and the prevention agenda and contextual safeguarding. This work is ongoing, and since COVID-19, expanding across cross government workstreams, as well as regionally through our integrated care systems, community safety partnerships and violence reduction units; where we look to identify hot spots of contextual safeguarding and trauma informed practice.

The Safeguarding Adults National Network (SANN) has continued to raise the profile of the safeguarding adult's agenda. The Network has Designated Adult Professionals from local systems who have been nominated by regional leads. During 2019/2020 there have been face to face core meetings as well as, a virtual network which is hosted on the FutureNHS Safeguarding Workspace. Over the financial year, the virtual network has been able to feed any issues, concerns and successes to the core network for discussion, via this platform.

In response to the COVID-19 pandemic, SANN meets virtually fortnightly, and has expanded to include Safeguarding Adult Board Business Managers and the Chair of the National Independent Safeguarding Adults Board Chairs. Together, we continue to build the voice of the virtual network and create a community of practice for safeguarding adults' colleagues across the health and integrated care systems.

Dorset and Wiltshire Fire and Rescue Service

Our procedures have been reviewed to make them clearer and easier to follow including bookmarking links, chart of responsibilities and easy to follow flow charts. Additions to the procedure includes handling confidential information and Personal Information Sharing Agreement (PISA). PISA enables the legal and secure exchange of personal information between partner organisations that have a common obligation or desire to provide services within the community. The procedures have been peer reviewed by a Safeguarding Board with recommendations actioned and completed.

The improved safeguarding referral form is now available electronically. The form is more intuitive, auto-populating in some areas and offering information text boxes to help with the completion of the form, which is automatically sent to the safeguarding email inbox on completion making the process slicker and preventing possible barriers to referring or data breaches. In line with the Care Act 2014 of Making Safeguarding Personal there is a question on the individual's desired outcome.

The procedure is also reflective of the requirements associated with the Data Protection Act 2018 and the General Data Protection Regulations.

The Service's procedures adopt a 'whole system approach' to adult and children's safeguarding and are reflective of our key principles. Safeguarding arrangements are delivered via a broad spectrum of activities including:

- Through support and promotion of both national and local safety campaigns
- Through specific intervention such as operational incidents, safe and well visits, fire setter programmes and other children and young people programmes
- Multi-agency training and awareness
- Through formal safeguarding arrangements, in partnership with local authority safeguarding teams and other key agencies.
- Circulating resources such as posters and prompt cards.

By working closely with other agencies, we can utilise information sharing to keep vulnerable persons safe and to keep others safe, including Service staff.

Formal safeguarding arrangements are developed and delivered predominantly by the Safeguarding Lead who is responsible for supporting the organisation in its policy commitment to safeguarding and promoting the welfare of young people and adults at risk. The focus of the role is to provide professional, accessible and reliable advice and guidance to staff relating to safeguarding concerns and practice. This also includes making sure we conform to relevant legislation, that we reflect organisational and local authority policy and procedures and best practice to ensure continuous improvement through embedding safeguarding standards across the organisation.

The role is also crucial in making sure that we develop and establish good working relationships with partner agencies and local authorities. This allows us to effectively raise safeguards with local services and arrange extra support for the referrals that do not meet the safeguard thresholds by knowing when to sign post and when to call 999. By arranging extra support, we are ensuring that the most vulnerable people in our area receive early intervention and support, with the aim of

preventing the concerns from escalating, improving well-being as well as possibly saving money across the health and welfare system. A safeguarding information page is available on Connect (the Services intranet) where additional information and tool kits can be accessed.

To ensure organisational resilience, we have a Single Point of Contact (SPOC), Safeguarding Lead and Deputy Safeguarding Leads. Cover is available 24 hours a day, 365 days a year by the Duty Area Manager who is contactable through Fire Control. Group/Area Managers give strategic management representation on all local Safeguarding Boards.

The Safeguarding Lead represents the Service on local subgroups and meetings where we are actively involved in safeguarding. This is predominantly through Multi Agency Risk Management Meetings. We have an Authority level Safeguarding policy in place and effective Service wide reporting procedures which are supported by a clear training delivery plan which includes corporate induction and continuation training. These arrangements provide guidance to all staff and Service volunteers on how to recognise when a child or adult with needs for care and support may be experiencing harm, abuse or neglect. The Safeguarding Lead has also reviewed which staff roles within the organisation need to be Disclosure and Barring Service checked to ensure safer recruiting.

We were invited as a key stake holder to be involved in the independent review of BCP Adult Safeguarding Board following the national changes to Safeguarding Children Boards arrangements.

We also have representation on a self-neglect/hoarding panel which sets out the shared understanding across key agencies of how we jointly respond to very serious situations of adult self-neglect. The aim is to prevent death or serious injury by ensuring there is a shared multi-agency understanding and recognition of issues involved in working with individuals who self-neglect and to make sure there is effective multi-agency working and practice in place which enables agencies to uphold their duty of care.

We have worked with 'You Trust' which is a charity that supports vulnerable people working with a wide range of specialist areas from learning disabilities to mental health and domestic violence and abuse Services. Key staff have received training in domestic abuse and have become Domestic Abuse Champions so they can offer guidance to those experiencing domestic abuse.

Contact has been made with all surrounding Fire and Rescue Service (FRS) Safeguarding leads as crews are increasingly attending calls outside of our service area. This is to ensure crews are aware that they should follow their own respective organisational procedures and the local FRS Safeguarding lead will direct any referrals as appropriate. The intention is to prevent confusion and any safeguarding concerns being missed. The Safeguarding Lead hosts and chairs meetings with Devon and Somerset FRS, Hampshire FRS, Royal Berkshire FRS and Avon FRS Safeguarding Leads three to four times a year to share best practice. The meetings are useful, not only from the perspective of reviewing current practice, but also to remind us that the issues we face are common to us all.

We provide locality base evidence of what we are involved in and report progress and opportunities to Members through Local Performance and Scrutiny Committees on a quarterly basis. This is also reported to the Authority on a six-monthly and annual basis.

Assurances have also been provided on recent financial abuse and domestic abuse audit reports to Swindon Local Safeguarding Adults Board. Quarterly reports are completed on performance headlines and emerging issues. The Board monitors the key performance information which helps demonstrate the effectiveness of the partnership's safeguarding activity. Each quarter focuses on a different topic.

3 years refresher training took place this year. The interesting training was developed by the Safeguarding Lead and a Local Safeguarding Trainer/ Social Worker and has been well accepted and proven to be a great success. The feedback and buy-in from staff have been outstanding and this has resulted in programmed training that ensures that all key personnel dealing with young people and the public have carried out level 2 safeguarding training, and that this training is delivered consistently.

The Learning & Organisational Development Adviser and the Safeguarding Lead meet two to three times a year to ensure we are meeting our stated training requirements and we continue to look at how we can improve the evaluation of the training that is delivered to ensure the consistency and application of our procedure in practice. This has also led to the Safeguarding Lead being invited onto a local authority group and invites to sessions to train the trainer which cover new learning and legal updates.

Our safeguarding e-learning has recently been updated and supports our other means of training and allows us to monitor understanding. The training that has been put in place crucially serves to highlight that safeguarding is everyone's responsibility and keeps all staff up to date with changes such as modern slavery, forced marriage, female genital mutilation, child sexual exploitation and radicalisation. The Safeguarding Lead has also completed additional training, including Safeguarding Essential Training, Information Asset Owner training (storing of confidential information), Serious Case Review, Managing Incident training, Managing Allegations, Hoarding and a Policies and Procedures workshop. Training has also been completed on General Data Protection Regulations as the safeguarding information we hold is some of the most sensitive that is held within the Service and is therefore recorded as 'Official Sensitive'.

We have ensured we work closely in partnership with South West Ambulance Service Foundation Trust (SWASFT) and the police forces that serve our area of responsibility. If either the ambulance service or the police visit a property and think that there is a fire risk, or some fire intervention is required, this goes to the Safe and Well Lead to disseminate and make sure it is managed internally and they also feed back any outcomes to the referring agency. Working with other agencies allows better access and management of fire risks for individuals with care and support needs and raises the awareness and training around identifying and managing fire risks in domestic dwellings and the built environment. The Safeguarding Lead has also worked closely with the named professional from SWASFT on hoax calls and frequent callers. This led to a monthly report of frequent callers being set up.

The Safeguarding Lead also contributes to the NFCC (National Fire Chiefs Council) Safeguarding Co-ordination Workstream. The purpose of the workstream is to provide direction for the NFCC in relation to safeguarding children and adults at risk to ensure the NFCC complies with government legislation and guidance. This also supports the Service in aligning local and national policy.

South West Ambulance Service NHS Foundation Trust

South Western Ambulance Service NHS Foundation Trust publishes an annual safeguarding report describing safeguarding activity across the entire geographical area of operations. This is a summary of highlights from the annual report.

The Trust generated 18,000 safeguarding referrals for adult patients in 2019/20. The volume of referrals has risen year-on-year over the last 6 years. In 2019/20, the volume of referrals about adults increased by 46% on the previous year. The causes for this are multi-factorial and cannot be explained from the perspective of a single provider. All ambulance services are experiencing a similar trend. The most significant theme from these referrals is a lack of care packages available for patients. In many instances, the concerns are not yet at a level of safeguarding but need urgent intervention to prevent neglect or self-neglect.

The Trust's Safeguarding Service sets annual development objectives based on horizon-scanning, dominant themes from development plans of local safeguarding partnerships, inter-agency safeguarding strategy discussion and themes arising from statutory safeguarding reviews. Of note in 2019/20, the Trust's Safeguarding Service achieved its objectives of strengthening corporate safeguarding, improving the quality of safeguarding statements produced by staff and improving staff understanding of the Care Act. During 2020/21, objectives include improving staff awareness of Modern Slavery and Human Trafficking and improving staff ability to hold challenging safeguarding conversations.

National Probation Service

The National Probation Service in Dorset is committed to the Safeguarding Adults agenda and implements new policy and procedures, sends staff on appropriate training and undertakes a number of Quality Assurance activities as well as making appropriate referrals.

The National Probation Service engages in joint working with other agencies through Multi Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conferences (MARAC), Stalking Clinics and Professionals Meetings. Staff seek to support victims and perpetrators in order to reduce safeguarding concerns.

Appropriate use of recall, licence variation conditions and breach of community orders support prevention and safeguarding.

National Probation Service staff work to support vulnerable victims of crime and to seek to reduce the risks of serious harm by perpetrators by use of one to one work and appropriate group interventions while recognising that some of these adults may have dual roles of perpetrator and victim.

Staff undertake training in Domestic Abuse and Safeguarding.

Staff make referrals into the local authority Adult Safeguarding team in relation to adults they are working with and engage in joint working and use of Care Act referrals.

The National Probation Service cooperates fully with the Safeguarding Adult Review (SAR) procedures in relation to known offenders, sits on panels and implements learning from all SAR's.

This year the National Probation Service has made a particular contribution to ongoing joint reviews.

Senior management from the National Probation Service contribute to various Pan Dorset boards which seek to support adult safeguarding including MAPPA, and the Domestic Abuse and Sexual Violence Groups. The Head of Service in Dorset seeks to ensure full engagement and integration across the various boards to support linked up thinking and deliver statutory responsibilities.

Healthwatch Dorset

The manager of Healthwatch Dorset presented at the Board in September. Healthwatch Dorset is the county's independent health and care champion and aims to ensure that people are at the heart of care.

Dedicated teams of staff and volunteers listen to feedback and suggestions about local health services, and shared these views with the decision-making organisations, so that together a real difference can be made.

Healthwatch Dorset can also help people find the information they need about health and care services in their area. They are also involved in nationwide projects gathering information on how people access services with the aim of contributing to wider improvements.

Appendix 1 - Case Study

One of the Board's strategic priorities for 2019-20 was neglect and self-neglect.

From an outside perspective, neglect could be easier to identify and the Board member organisations work together to prevent neglect and where identified resolve issues wherever they might occur.

What happens when an individual neglects their own needs?

Self-neglect is a complex area of practice, raising questions of capacity and the right to make unwise decisions. In recent years greater understanding of hoarding as a mental health condition has meant that consideration is given to factors that have led the individual to a point where this mental health issue is rendering an individual incapable of looking after themselves safely.

"This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis" (Care Act Guidance, section 14.7).

The case study below is based on an example of a complex case of self-neglect and hoarding where a Section 42 Enquiry was required. This in fact led to long term engagement with an individual who is referred to here as 'John' to maintain confidentiality.

John had lived in his house for most of his adult life and had always collected things, but it had become obvious in recent years, even from the outside, that clutter was an issue.

In winter 2015 a Section 42 Enquiry referral was raised by Environmental Health following concerns from neighbours regarding the state of John's house.

A Safeguarding Social Worker made contact with John who by now was over 70 and did not want to change. What appeared to be rubbish to others was his treasured collection. Continued engagement with John led to referral to a local team and then allocation to a Social Worker in summer 2016.

Through the Self Neglect & Hoarding Panel, Social Care were able to support John to re-engage with GP surgery through Frailty Nurse. In line with the principle of Making Safeguarding Personal it was agreed that his Social Worker would be the main care co-ordinator and would discuss with John all actions and decisions recommended by professionals.

In summer 2018 a referral was made to the Community Mental Health Team. John's Social Worker supported his attendance at the appointment where diagnoses of Hoarding and Mild Mixed Dementia were made. John's collecting or hoarding had by this point spanned 50 years, from the time he bought his own house as a young man.

Over the course of John's involvement with services several MARM meetings were convened, to which he was invited and attended. This alongside the Self Neglect & Hoarding Panel allowed for joint agency working and risk management. John continued to engage with all services and moved from denial to acceptance of his hoarding diagnosis, which he had initially refuted in strong terms. John agreed to some Fire Service involvement and due to their careful explanation of the potential

fire risk to neighbours John decided to allow some garden de-cluttering and tree cutting. John also continued to engage with the day service at CMHT and became involved in voluntary work in the community. John had become somewhat isolated from his family over time, mainly due to his hoarding but steps have been taken to meet, although he is not ready to have people in his home yet.

> *"Just as people self neglect in varying ways the question of why people self neglect has many answers" Cooper and White, (2017), Safeguarding Adults Under The Care Act, 2014, p.182*

The Social Care Institute for Excellence in their guide to self neglect https://www.scie.org.uk/self-neglect/at-a-glance list some of the reasons:

- a person's brain injury, dementia or other mental disorder
- obsessive compulsive disorder or hoarding disorder
- physical illness which has an effect on abilities, energy levels, attention span, organisational skills or motivation
- reduced motivation as a side effect of medication
- addictions
- traumatic life change.

Sometimes self-neglect is related to deteriorating health and ability in older age and the term 'Diogenes syndrome' may be used to describe this. People with mental health problems may display self-neglecting behaviours. There is often an assumption that self-neglecting behaviours indicate a mental health problem but there is no direct correlation.

In the coming year Board partner organisations will monitor whether any increase in self-neglect is reported due to effects of the coronavirus pandemic, particularly regarding traumatic life changes.

Appendix 2 - Feedback from 'Harry Learning Event

Report summarising the feedback from the Learning Event on the SAR/DHR on 'Harry' 5th November 2019

Attendance AM: 120 PM: 117

Cost: £1681.85

Information sharing

Places were allocated across 12 tables to ensure that delegates from different professions and organisations were represented at all tables. This supported discussions around the questions posed. The interest and success of the event can be measured by the number of people attending the event, 120 places were allocated for each session, the variety and number of responses noted during the table exercises and the scope and number of questions that were posed for the panel at the end of each session.

Table Exercises

Q1 What challenges and opportunities do we have to support vulnerable adults to identify and maintain meaningful relationships?

Challenges: (222 responses)

Delegates recognised that vulnerable adults should be allowed to make choices, although often professionals may not like the choices that were being made, however managing risks was seen as a way of supporting people's choices. There was a value in allowing people to be in charge of making their own choices and this was to do with developing self-esteem and learning from previous experiences. It was acknowledged that fluctuating capacity did have an impact on supporting vulnerable adults.

Providing services and social opportunities that supported vulnerable adults were seen as an area where additional resources could be committed. Having time to build trust was recognised as important however with changes to staffing, resources available, meetings that need to be attended, use of time, these factors did impact on the opportunity to build that trust.

Education and training was felt to be an important area where support could be offered, this would be both for professionals and vulnerable adults. Some areas where this could be developed include: on-lie safety, use of social media, how professional use and understand language i.e. what is meant by a meaningful relationship? It was noted that Care Plans often did not refer to sexual relationships.

Opportunities (131 responses)

It was recognised that MARM, and MAPPA had improved communications across Agencies however there was still further development needed. The role of the Lead Professional and the findings from

the MARM audit were noted as areas for further development. There was also an appetite for strengthening the work in areas of 'transition' and 'sharing information' at an earlier age for the young adult. It was noted that aspects of 'low level' issues were often overlooked, and this was a missed opportunity.

Professionals identified that having workshop's on 'sex and healthy relationships' would be an advantage as well as 'Pattern changing behaviour'.

A number of points were given around the 'consistency of workers' and 'allowing professionals to use their own judgement where adults did not meet any thresholds'.

Examples of groups that were seen as having a positive impact on vulnerable adults were shared. E.g. Dorset's Vulnerable Adults Tea and Learning Disabilities Social clubs were used for safe social contact. It was shared that there was a forum based in Dorset that had undertaken work to support safe relationships and Oxford provided a dating service for adults with Learning Disabilities. A request for a Dorset Repository of organisations that could offer support for vulnerable adults was expressed.

What challenges and opportunities do we have to build resilience with clients who have been through multiple adverse childhood experiences?

Challenges (205 responses)

Improved working between Adults and Children's services was identified as a challenge. It was identified that schools were good at recognising concerns early however trauma in adults was not readily noted. Having access to Professional support such as CMHT, Steps to Well-being, CAMHS and transition to adulthood was seen as a challenge. Time spent with clients, heavy caseloads, changes/turnover of Professionals were identified as factors that had an impact on building resilience with clients who have recognised ACE's. Again, having time to build trust was seen as a challenge.

It was felt that there could be assessments around ACES's and that adults who were identified as having ACE's did not readily engage with services. It was noted that some Professional did not recognise ACE's and this could be a training opportunity.

Planning for Transitions was noted as a challenge as too was sharing information around families, and across agencies.

Opportunities (155 responses)

The feedback identified that there was an opportunity to provide good preparation and planning for adulthood with children, to include Care Leavers, who had experienced ACE's. Careful commissioning of children's placements and improving Early Help for children and their parents were identified as ways of promoting resilience in later life. Better sharing of information, to include Risk Plans, across agencies was also seen as a way to build resilience.

It was asked if there should be a specialist 'Learning Difficulty Team' for those who fall through the net. It was felt that a Forum for those adults who had experienced ACES could be an advantage.

The opportunity of providing training/education around ACE's was noted for professional as well as the local communities e.g. churches, shop owners and licensees; this would help them look out and support vulnerable people. It was felt that some Professionals would welcome training on autism in people with Learning Disabilities as well as training in psychology-based interventions. Mental Health training was also identified as being useful for some Professionals. The impact of the NHS having long term plans on vulnerable young people increasing to the age of 25 years was noted. Mental Health Services were identified as having good holistic assessments that highlighted ACE's and STAR workers were identified as providing good work. Creative solutions using the voluntary sector were seen as an opportunity. It was expressed whether there was an opportunity to broaden the work to look at identifying perpetrators or potential perpetrators through the application of ACE's.

What indicators of risk are apparent for John? (210 responses)

Substance misuse	History of DV/sexual assault	Previous violence/rape	Predatory behaviour
Paternity	Suicide	Escalation in behaviour	Exploitation-sexual/financial
Homelessness	Loss of control	No occupation	Eligible for MAPPA
Multiple reports of rape	Undiagnosed Learning Disabilities	Lack of knowledge of history/childhood ACEs	Mental Health Act Assessments (7 s136's)
Loss of father impacting relationship with mother	Cuckooing, targeting vulnerable people	Not enough known, shared, recognised	Perpetrator vs victim

What are the challenges and opportunities in responding to these risks?

Challenges (140 responses)

Discussion identified that John's behaviour was a challenge and this would have influenced his reluctance to engage with services when they had previously turned him way. His own family dynamics influenced his behaviour and resulted in him being seen as 'transient'.

It was acknowledged that 'Housing' had no duty to house him due to his lifestyle but questions were raised as to how he would ever get suitable accommodation. Groups felt that 'risks' did not sit with one agency, however lack of information sharing due to him not being under the care of a service did provide a challenge. Although he was known to the Police and the Rough Sleepers team, this information was not shared; it was identified that if 'systems were joined up' it would be easier to share information.

Groups identified that adults misusing drugs and/or alcohol made assessments difficult and hospitals supporting people with mental health issues cannot always treat people like John. Concern was raised that his behaviour was 'service seeking' and how do professionals respond to this.

Opportunities (89 responses)

Opportunities to look at 'mapping exercises' and 'integrated multiagency working' would support people like John. There was a comment that looking for 'Triggers' and 'Flags' could have identified earlier concerns with John. A number of S136's were assigned to John and this information could have been available for sharing if support systems allowed. The use of 'Perpetrator' and 'Changes to behaviour' programmes may be suitable. (Northumbria was cited as having such programmes). Groups felt that the MARM process could have been triggered. Groups identified that MARM and MAPPA training may help Professionals to work more consistently and ensure that the 'right people that would make a difference' are invited to meetings. Would a MAPPA/MARM be triggered for situations like John's today?

Groups felt that there was an opportunity to offer 're-education' with living skills and going 'back to basics could support people like John.

Questions for the Panel

- Have the Police considered an adult exploitation/grooming specialist team?
- There appears to be a disconnect between MARM, MARAC, LASB meetings.
  What are the views as to how best to improve upon this situation?
  Could the MARM process be reviewed to make it less process driven and easier for agencies to work together to achieve service user focussed outcomes and more effectively managed?
  How can we improve communication with MARAC to ensure operational shift know what the outcome is to have access to the minutes & risk management plan?
- How do we engage people who don't want to attend statutory services? Time to think outside the box.
- Despite having 23 hours 1-to-1, Harry unfortunately did not gain enough understanding of meaningful relationships, this include intimate relationships. Does this mean we need to look at the quality of support as opposed to quantity?
- After much work being done to increase awareness of other agencies, what can be/is being done to increase accountability (e.g. constant struggle to convince other agencies to act as nominated enquirer if it so obviously makes sense.?
- Why don't we consider a children's style approach to safeguarding?
  E.g. 'Front door' team making initial enquiries→determining harm→daily triage/strategy meeting→daily discussions.
  Independent Chairs and Minute takers for EPM and ERM's
- How can we support Karen when she nears the end of her custodial sentence and returns to the community?
- How sufficient and accessible and timely are services for children and young adults who are exhibiting signs of sexually harmful behaviour?
- John - Who would oversee his case? Would he still fall through the net?
- What is BCP doing to work to a loneliness strategy?
- Is there currently a way to assess a child taken into care for ACE's (if that is allowed)

- What can we do to create a better transition between child and adult services?
- What can we do for high risk clients in housing to reduce likelihood of risk to self and others?
- Could risk assessments be an open live document that is updated from an MDT approach?
- There is a lack of resources for vulnerable adults, especially Learning Disabilities, for those who experience domestic abuse. Is there a plan to develop this, to make it more accessible and effective for those adults?
- Will priorities be given more autonomy to use professional discretion to meet needs of borderline people?
- What is BCP doing to work with and provide services to clients like John and Karen that do not fit into the Learning Disabilities services, i.e. those with an IQ of 71-75?
- If we struggle with the challenges of complex systems-how can we expect vulnerable people to understand them?
- With all the different processes, how do we envisage that these will all be done given a stagnant/shrinking workforce?

HEALTH AND ADULT SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE

Report subject	**Adult Social Care Charging Policy**
Meeting date	28 September 2020
Status	Public Report
Executive summary	Since the formation of BCP Council on 1st April 2019, the council has operated under the three legacy Adult Social Care Charging policies for Bournemouth, Christchurch and Poole. It is therefore necessary to adopt a new single charging policy in order to operate a fair and equitable approach to adult social care charging. A public consultation was launched on the proposals for the new policy in January 2020 and concluded in March 2020. The results of this consultation have informed the drafting of a new single policy. This new Adult Social Care Charging policy, subject to Cabinet approval will be implemented on 1st April 2021.
Recommendations	**It is RECOMMENDED that:** **(a) The findings of the consultation are noted and commented upon** **(b) Committee recommend to Cabinet that the new Adult Social Care Charging policy is approved** **(c) Committee support the use of mitigation measures which assist clients when moving to new charging arrangements as set out in paragraphs 17 to 21 of the report.**
Reason for recommendations	The outcome of the consultation has been used to inform the development of this policy and demonstrates that the majority of respondents do not object to the introduction of charges which would apply equally to all BCP residents. Establishing a new single policy with clear and fair underpinning principles is necessary to introduce equitable charging for residents who receive Adult Social Care services from BCP Council.

Portfolio Holder(s):	Cllr Lesley Dedman
Corporate Director	Jan Thurgood, Corporate Director Adult Social Care
Report Authors	Pete Courage, Head of Strategic Development David Vitty, Service Director Adult Social Care Services
Wards	Council-wide
Classification	For Recommendation

Background

1. BCP Council operates three legacy Adult Social Care (ASC) charging policies inherited from the three preceding councils. It is important that the inconsistencies between these legacy arrangements are replaced by a single charging approach for all residents within the BCP Council. Currently, individuals in Bournemouth with identical income and financial assets to those in Christchurch, for example, will be charged different amounts to attend the same Day Centre due to the legacy policies currently in place.
2. Following recommendation from the Health and Adult Social Care Committee in November 2019 and approval from Cabinet in December 2019, an 8-week public consultation on the proposal to introduce a new single charging policy for Adult Social Care was launched on 20th January 2020.
3. The consultation sought views about the principle that those who can afford to do so, should pay the full cost for care services. Of the legacy charging policies, the Bournemouth Borough Council policy was the most recently reviewed and operates to this principle, as does the policy for Poole residents. Conversely, the former Dorset County Council policy, which applies to residents in Christchurch, had not been reviewed in recent years and does not reflect this principle, with some charges falling below the real cost to the council of providing the service. Since LGR, Dorset Council has implemented a new charging policy which increases its maximum charges to “the full cost of provision”.
4. The consultation process ended on 16th March 2020 and was unaffected by the COVID19 pandemic.

Summary of Consultation Findings and Impact Assessment.

5. In total, 536 responses to the questionnaire were received. This number includes online responses, paper questionnaires and Easy Read questionnaires. In addition to the consultation questionnaire there were a series of seventeen drop-in sessions held at libraries and day centres across the BCP Council area and a focus group hosted by DOTS Disability. The Adult Social Care Charging Consultation Report (Appendix 1) gives a detailed breakdown of the consultation results and includes the report produced by DOTS Disability following the focus group. Further feedback received at the various drop-in sessions is also included in Appendix 2.

6. Across all of the activities there was no overall objection to introducing one single set of charges for all of BCP Council. There was less support for measures relating to deferred payment charge, although there was not an overall objection to these charges. There was also less support for including travel charges as part of the day centre charge rather than applying this as a separate charge. Many people felt that this arrangement may limit an individual's choice and control, force people who currently walk to make use of transport as they would be paying for it and disrupt current routines.

7. There was strong support for people paying the full-cost of services if they can afford to do so with day centres, transport and bathing, but there was a less clear picture in relation to charges relating to deferred payments where the majority of respondents (36-38% across set up fees, annual admin and closing fees) responded "neither agree nor disagree".

8. As well as gauging support for the proposals, the impact of these proposals on individuals was analysed. The impact results can be seen by former local authority area on Page 20 of Appendix 1. However, the tables below summarise the impact from the perspective of those who currently use the service.

9. With regard to expected impact, it should be noted that even if charges are increased, many clients will see no change in the amount that they contribute. Clients who are assessed as being unable to make any contribution will be unaffected as will those who contribute some proportion of the costs, but not the full amount. Therefore, the biggest individual impact will be on those who are able to contribute the full cost of their care.

10. As a result of the COVID-19 pandemic, care services have been disrupted and consequently this report uses pre-COVID modelling in order to estimate the impact of these measures. Accordingly, unless otherwise stated, the data below is based on the cohort of clients receiving services in October 2019, as this data is more reflective of long-term patterns of service and financial contributions than the data in the first six months of the 2020/21 financial year.

11. For the increase in Day Centre charges the impact will vary depending on which legacy authority an individual was from. Bournemouth day centre users, for example, will experience no difference as they are currently being charged the amount proposed in the consultation. Likewise, in Poole the impact would be minor due to a close similarity with the current charges, but in Christchurch the impact will be greater with approximately 20 full charge payers seeing an increase in their charge. In total there are 714 Day Centre attendees across BCP Council.

12. Of approximately 2000 individuals who receive domiciliary care 4%, or 80, are full charge payers. As these clients pay for domiciliary care based on fixed contract rates which are the same across BCP, they would not be impacted by the policy unless they also attended a Day Centre as part of their package of care.

13. For Day Centre Transport charges, clients from Bournemouth are currently being charged a very similar sum to the proposed new rates. In Poole, transport costs are currently included in the Day Centre charge, so between 20 and 30 full charge payers would see an additional separate charge for transport. There are approximately 10 to 15 clients in Christchurch who may experience an increase in their transport costs.

14. The number of individuals who regularly received baths in Day Centres is very small (under 10 across the conurbation) and the differences between the three pre-

existing charges was equally small (within £1.50). Modelling in October 2019 did not suggest that any of these individuals were full charge payers and consequently there will be no anticipated impact on those who attend a day centre for a bath.

15. In regard to Deferred Payments, the newly proposed charges would only impact new deferred payments and based on previous figures, BCP Council is likely to receive between 20 and 30 new applications for a deferred payment each year.

Proposal	% 'Disagree' or 'Strongly Disagree'	Users of the service who answered that they expected to be impacted 'a lot'
To introduce a single charge for Day Centre attendance at the cost of the service to the local authority	18%	38%
To introduce a single charge for day centre transport	22%	40%
To include Transport costs as part of the Day Centre charge	43%	35%
To introduce one charge for bathing at Day Centres	17%	9% (This result refers to all those who attend Day Centres not just those who are bathed at Day Centres)

Table 1: Table to show those in disagreement with the proposals and the expected impact of the proposals on individuals who use the service currently

16. As the deferred payment proposals only impacts new applicants, and not those with existing agreements in place, the table below refers to the expected impact to all respondents rather than users of the service as in Table 1 above.

Proposal	% Disagree / Strongly Disagree	Expected impact all respondents
To introduce one set up fee	24%	20%
To introduce one annual admin charge	25%	20%
To introduce a fee for closing or ending the deferred payment	32%	23%

Table 2: Table to show those who disagreed with the proposals in regard to deferred payments and the expected impact on all respondents.

Mitigations

17. Whilst no individual will be required to pay more than they can afford towards the cost of their care under the new Charging Policy some of the changes consulted on would result in an increase in some charges for a small number of individuals. Equally the perceived impact, noted in the tables above and in the consultation report (See Appendix 1), may be lessened if a series of mitigations are put in place. It is therefore appropriate to plan for a number of mitigations which will enable individuals to transition smoothly onto the new charges. As equity is one of the fundamental underpinning objectives of introducing the new Charging Policy, it is important that these mitigations are applied to all of the charges and to all client groups.
18. The following mitigations are all recommended as together they will support those individuals who are impacted to transition to new charges and, in exceptional circumstances, allow for charges to be waived.
19. The first recommended mitigation is to introduce a notice period which would give individuals more time to plan for the changes and to engage with any additional support they require. Early notification to each client would be provided between two and three months before charges were changed with final and more detailed notification following no less than four weeks before this change.
20. Within the notice period, it will be important to ensure that there is adequate support, information and advice on offer for individuals. A telephone helpline will be established, to allow those affected to ask questions and seek support. When appropriate the new policy, if agreed, will be publicly available along with any associated guidance and factsheets. Where necessary, alternative formats and hard copies will be made available.
21. Finally, for individuals facing exceptional circumstances or severe financial hardship it will be possible for the Director of Adult Social Care Services to sanction a full or partial waiver of charges.

Policy principles

22. Following the consultation, a new BCP Adult Social Care Charging Policy has been drafted (See Appendix 5).
23. The new Charging Policy is, underpinned by a number of key principles which were established through the public consultation, namely:

    - Adult Social Care charging will be fair, consistent and equitable across the BCP Council area, all client groups and all services
    - All client contributions towards the cost of their care are based on a person's ability to pay and no one will be asked to pay more than they can afford
    - All maximum charges will be based on the actual cost to BCP Council of delivering the service
    - Clear and accessible information as to how a client's contribution is calculated will always be provided

24. The new policy also includes the mitigations mentioned above and notes that charges will be regularly reviewed to ensure they accurately reflect the costs of services which may increase or decrease.

The Health and Adult Social Care Overview & Scrutiny Working Party

25. Proposals have been shared with the Health and Adult Social Care Overview & Scrutiny Working Party. The Working Party has met on three occasions. A report from the Working Party chair can be found in Appendix 4.

Summary of financial implications

26. The purpose of introducing a single charging policy for BCP Council is to fairly and consistently charge residents for adult social care services. There will, however, be a limited increase in income which will help to support the overall ability of BCP Council to provide adult social care services. Based on the provisional proposals set out in this paper, a full year increase of annual income between £30,000-£60,000 could reasonably be anticipated. The expected total income from adult social care fairer charging and direct payments this year is approximately £8m.

Summary of legal implications

27. The legislation establishing BCP mandated that, under the Structural Change Order, BCP Council has two years to reach equitable approaches to key services. Therefore, as well as it being desirable to create a new Charging Policy to achieve equity, it is also essential that this is achieved in order to reduce the potential of legal challenge. Whilst it is clear that there must be a single policy (and a single set of charges) applied by BCP Council there is scope within the legislative framework set out by the Care Act to determine what services are charged for and what these charges should be. It is also clear that where there is a change in local authority charging policy, consultation is required, without it the council would be liable to challenge.

28. The legislative framework which governs the contents of these policies is contained in the Care Act 2014 which, together with the related statutory instruments and regulations, provides a single framework for charging for care and support. Section 14 of the Act affords local authorities the power to charge individuals in receipt of care and support services, for these services where the local authority is permitted to charge.

29. The overriding principles of charging in all settings is as follows:

- ensure that people are not charged more than it is reasonably practicable for them to pay
- be comprehensive, to reduce variation in the way people are assessed and charged
- be clear and transparent, so people know what they will be charged
- promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control
- support carers to look after their own health and wellbeing and to care effectively and safely
- be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs

- apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings
- encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so
- be sustainable for local authorities in the long-term

30. The draft Charging Policy (Appendix 5) complies with all these legal regulations and principles and was written following appropriate public, stakeholder and legal consultation.

Summary of human resources implications

31. Staff are in place within current structures to implement the new Charging Policy and to staff a helpline for individual's impacted and therefore there are no anticipated human resources implications.

Summary of sustainability impact

32. The environmental impact is limited, but it is recognised that transport to and from day centres contributes to carbon emission and traffic congestion. The consultation process, informed by the Committee Working group, set out transport options which would mitigate such impacts. Respondents indicated that separating transport charges from the overall charge for day centres would be preferred, and this does indeed encourage people to use public transport or walk to day services, only using (and paying for) transport where there is no other alternative. It is therefore recommended that the charges for Day Centre attendance and transport are kept separate from one another.

Summary of public health implications

33. The ongoing provision of Adult Social Care Services which is, in part, supported by income received from charging for services is an important component of realising the wellbeing principle of the Care Act 2014.

Summary of equality implications

34. The consultation gave a greater insight into some of the equality impacts, notably that for those clients answering the questionnaires there is a direct impact on people with a disability or age-related frailty. It is also recognised that because these services are provided to more older people, the impact is likely to be greater on women than men as, with greater longevity, they make up a larger percentage of the client group. An equality impact assessment has been completed and is included as Appendix 6.

Summary of risk assessment

35. The impact on individuals has been noted in this consultation and it is expected that the recommended mitigations will limit this impact.

36. Whilst generally the introduction of the new charging policy may be seen as an increase in charges, that is only true for a limited number of individuals who can afford to contribute more towards their care than they currently do and the impact on those individuals will be mitigated by the financial assessment process and the

principal guarantee that no one will contribute more than they can afford towards the cost of their care.

37. There is a risk that for some clients who will be asked to make a greater contribution to their care cost, there may be a disincentive to accept necessary care. It should be noted that when charging changes were made by preceding authorities, there was no reduction in service take-up and for those facing financial hardship who may consider cancelling care services, changes can be waived in exceptional circumstances to prevent this.

Background papers

Published works

- Care Act and Accompanying Statutory Guidance
- Department of Health and Social Care, guidance "Social Care Charging for local authorities; 2020-2021"
- BCP Health and Adult Social Care Overview and Scrutiny Committee, Adult Social Care Charging Policy, 18 November 2019
- BCP Cabinet Report, Adult Social Care Charging Policy, 20 December 2019
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Appendices

1 Adult Social Care Charging Consultation Report,
2 Drop-in session feedback,
3 Mitigations
4 Working Group Chair's notes
5 BCP Adult Social Care Charging Policy Draft
6 Equalities impact assessment

Adult Social Care Charging Consultation

January – March 2020

Produced by the Insight Team

Contents

Background

Currently, BCP Council operates three Adult Social Care (ASC) charging policies inherited from the three preceding councils. As of 31 March 2019, each of the preceding Councils operated its own set of charges and charging procedures under their own charging policies for Adult Social Care. In the case of the Christchurch area, this was the Dorset County Council's council wide policy. Due to the complexity of implementing changes to charging (which necessitates public consultation and political governance), it was not possible to harmonise the three legacy approaches of Poole, Bournemouth and Christchurch/Dorset ahead of Local Government Reorganisation.

There are very few differences between the legacy policies and they are limited by the legislative framework which applies to them all. However, the three policies were reviewed and updated at different times by the legacy councils and therefore differences in the amounts charged for similar services exist. The biggest of these differences are in Day Centre session costs and transport.

Of the legacy charging policies, the Bournemouth Borough Council policy was the most recently reviewed and so in many cases presents a set of charges which more closely mirror the actual cost of care to the local authority. Conversely, the Dorset County Council policy had not been reviewed for some time at the point of Local Government reorganisation and therefore has some charges which are well below the cost of delivering the service. Since LGR, Dorset Council has implemented a new charging policy which increases its maximum charges to "the full cost of provision" which is in line with the policy proposals for BCP Council.

A consultation was carried out to test the principles of creating a new charging policy for BCP, and of full cost recovery, with some more focussed questions around impact and some of the matters raised by the Members working group regarding transport and the environment.

Proposals for Consultation

The proposals are based on the idea that those who can afford to pay for their care will cover the actual cost of the service to the Council. The maximum charge would only apply to people who are assessed as being able to pay the full amount, with most people paying either no contribution or a partial payment based on their financial means to do so.

Day centre attendance

- To introduce one maximum charge for attending a day centre based on the actual cost of providing the service to BCP Council. Currently this would be £35 for a half day session.

Transport to and from day centres

- To introduce one rate based on the actual cost of providing the service. Currently this rate would be around £10.49. People would only pay £10.49 per journey if they can afford to pay the full cost of their care.
- To consider whether transport costs should be separate to the cost of attending a day centre or included as part of the overall day centre charge.

Assistance with bathing at day centres

- To introduce one rate of £14.50 for assistance with bathing. This figure is based on the actual cost of providing the service.

Deferred payment agreements for residential care

- To introduce one rate for the set-up fee which reflects the actual cost to the Council of setting up these agreements. This is likely to be in the range of the current charge in Christchurch of £804.

- To introduce one rate of £100.00 for the annual fee. This figure is based on the average yearly cost of administering the deferred payment.

- To introduce one rate of £100.00 for ending a deferred payment (termination fee). This figure is based on the average administrative cost of ending the deferred payment.

Methodology

A consultation questionnaire was prepared alongside background information and a summary of the proposed changes. A letter, consultation document, questionnaire and a freepost reply envelope was sent out to all those in receipt of chargeable non-residential services (3,139) inviting them to have their say. Anyone identified as having a learning disability was sent easy read versions of the document and questionnaire. A dedicated helpline was made available to help people who requested the document and questionnaire in another language or format including braille and spoken word. Carers and advocates were also able to complete the consultation themselves or on behalf of the individuals that they care for.

The consultation ran for 8 weeks from 20 January to 16 March 2020. As well as the documents and questionnaires being distributed, there were drop-in events at each of the day centres, and at libraries across BCP Council. There were seventeen drop-in events in total and these provided an opportunity for people to ask Adult Social Care staff questions about the proposals.

DOTS Disability were commissioned, as part of the Council's disability consultation contract, to undertake a qualitative discussion group in relation to the proposed changes. Their report can be found in the appendix 3.

Details of the consultation were sent to voluntary organisations in Bournemouth, Christchurch and Poole who work with Adult Social Care clients and carers.

In addition to hard copies of the questionnaire being sent to Adult Social Care clients, the consultation was also available online and open to all residents in Bournemouth, Christchurch and Poole as well as to organisations and stakeholders. The online survey was promoted via the Council's social media channels and newsletters, at the planned drop-in sessions and publicised on the Council's Consultation Tracker.

Results

The total number of responses to the consultation was 536 of which 303 (57%) were paper questionnaires, 184 (34%) were easy read versions of the questionnaire and 49 were completed online (9%).

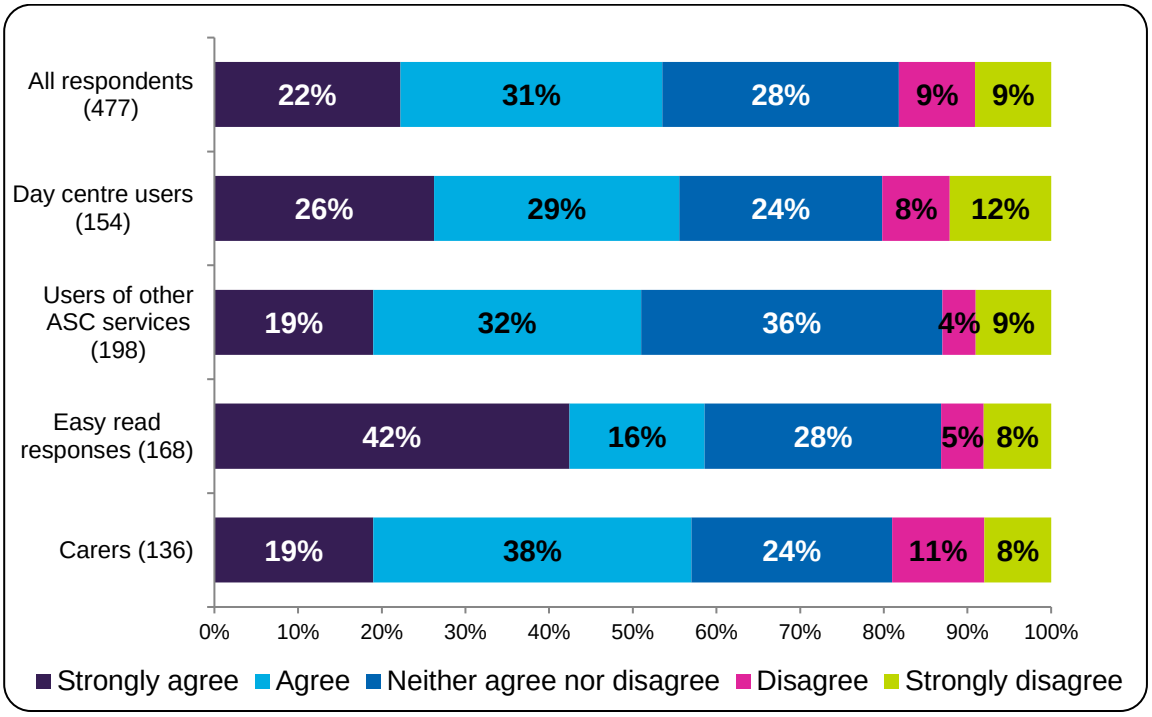
This report also summarises the nature of comments and suggestions made by respondents and the type of themes arising. All comments are available on request from the Insight Team.

Figures in this report are presented as a percentage of people who answered the question i.e. excluding 'don't know', 'does not apply' and 'no reply'. The percentages in this report will not always add up to 100% due to rounding or because respondents are allowed to select more than one response.

Proposal to introduce one maximum charge for attending a day centre

Just over half of respondents (54%) agreed with the proposed change to day centre charges. Just over one quarter (28%) gave a neutral response and just under one fifth (18%) of respondents disagreed with the proposed change. Amongst respondents who use day centres and carers, both agreement and disagreement levels were slightly higher and there were less neutral responses. Respondents who completed easy read versions of the survey were significantly more likely to strongly agree with the proposal than all other groups.

Figure 1: To what extent do you agree or disagree with the proposal to introduce one maximum charge for attending a day centre based on the actual cost of providing the service? (% respondents)

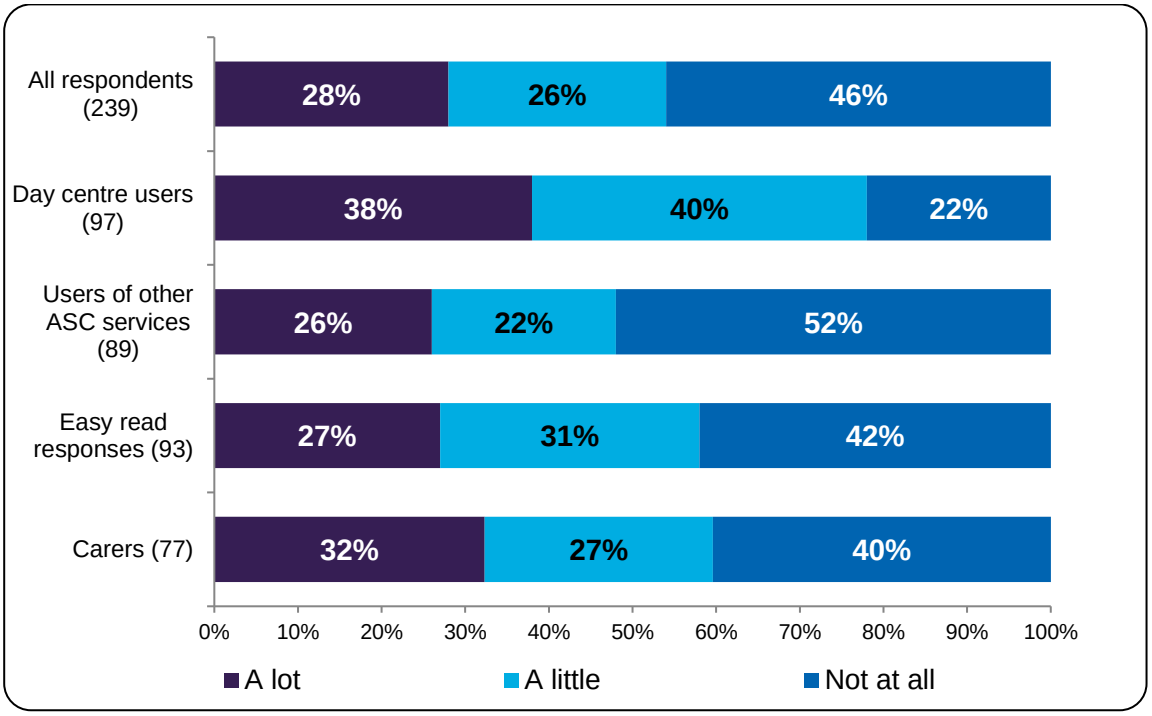


BASE: Varied as labelled

Impact of proposed change to day centre charge

Almost three in ten respondents (28%) said that they would be impacted a lot by the proposed change. Just over one quarter (26%) said they would be impacted a little and almost half (46%) said they wouldn't be impacted at all. Day centre users themselves were more likely to be impacted by the proposal a lot (38%) and a little (40%) with just under one quarter (22%) not being impacted at all.

Figure 2: To what extent do you think that the proposal to introduce one charge for attending a day centre will have an impact on you / your family? (% respondents)



BASE: Varied as labelled

Respondents were asked how the proposal to introduce one charge would impact them. The main theme to arise from the comments was the financial impact of the proposal:

'I may have less money'

'It stops me sometimes from getting other things that I need'

'I will have less money, that could be spent for his clothes, transport etc'

Some respondents also said that they may have to stop attending the day centre, or decrease the number of times they attend, and the associated impact on their wellbeing (or that of their carers).

'If the current rate that I pay was increased much more I would need to reduce my attendance and stay at home'

'We will have to reduce the days my husband attends the day centre. This will have an impact on my deteriorating health and isolate my husband!'

'I will not be able to go to the day centres as often and miss some of my healthy activities they do like sports and dancing'

Comments and suggestions

Respondents were also asked if they had any comments or suggestions they would like to make about the proposal to introduce one charge. The main theme from the comments were alternative suggestions of how the cost could be calculated:

'A fairer charge would be to take an average of the 3 previous council charges'

'The final costing (excluding transport) should be an average of the three areas'

'Make it in the middle not on the highest rate'

The other main theme was general agreement with the proposal:

'One charge across the three areas is a good idea'

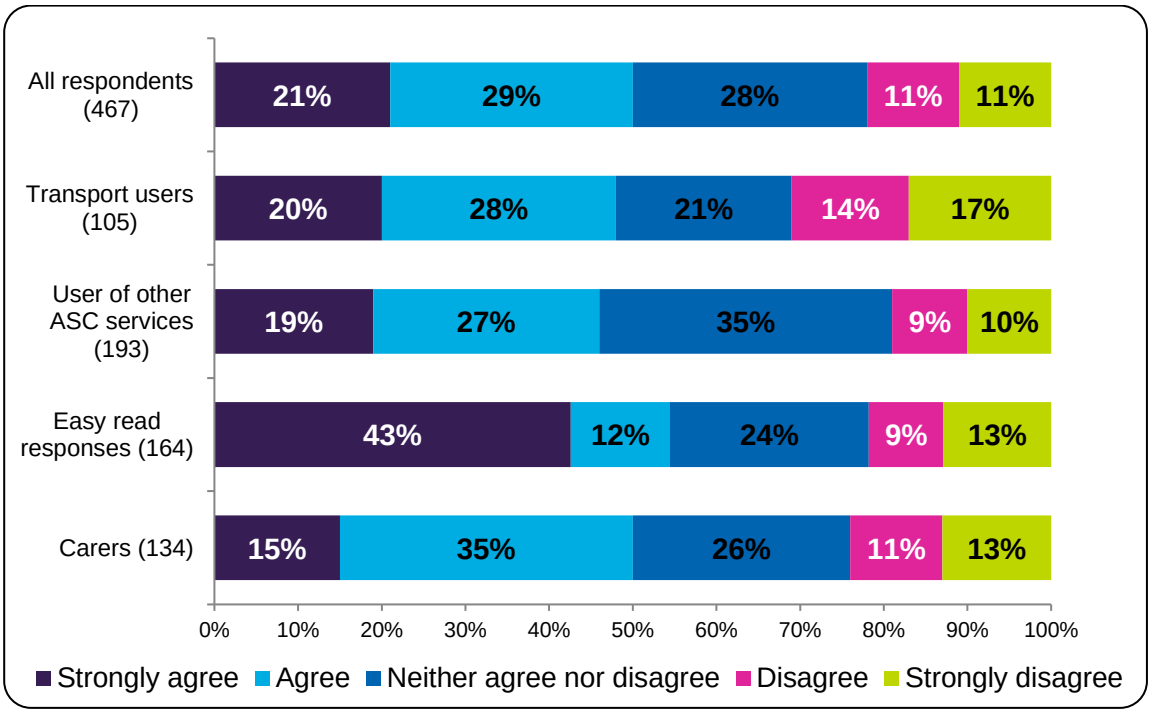
'Puts it fair across the board'

'This sounds consistent and fairer'

Proposal to introduce one maximum rate for transport

Half of respondents (50%) agreed with the proposed change to transport charges. Just over one quarter (28%) gave a neutral response and just over one fifth (22%) of respondents disagreed with the proposed change. Amongst respondents who use transport to and from day centres, disagreement levels were higher (31%). Respondents who completed easy read versions of the survey were significantly more likely to strongly agree with the proposal than all other groups.

Figure 3: To what extent do you agree or disagree with the proposal to introduce one maximum rate for transport based on the actual cost of providing the service? (% respondents)

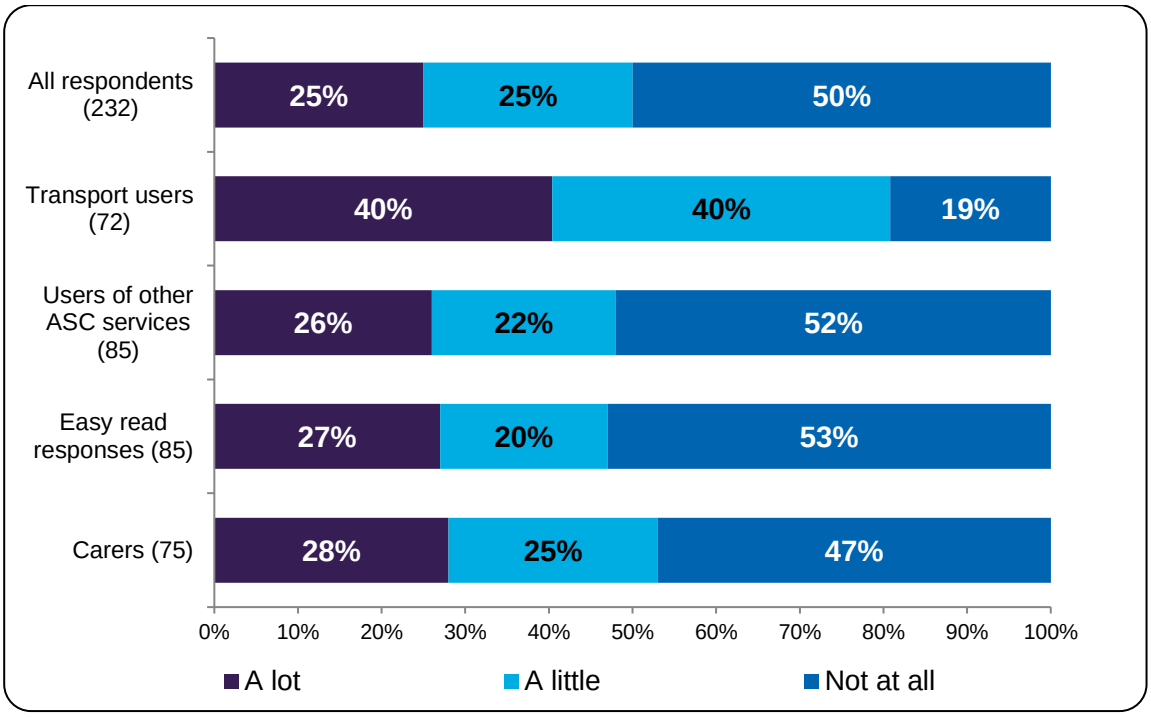


BASE: Varied as labelled

Impact of proposed change to transport rate

One quarter of respondents (25%) said that they would be impacted a lot by the proposed change and the same proportion again (25%) said they would be impacted a little. Half of respondents (50%) said they wouldn't be impacted at all. Transport users themselves were significantly more likely to be impacted by the proposal a lot (40%) and a little (40%) with just under one fifth (19%) not being impacted at all.

Figure 4: To what extent do you think that the proposal to introduce one rate for transport will have an impact on you / your family? (% respondents)



BASE: Varied as labelled

Respondents were asked how the proposal to introduce one rate would impact them. The main theme to arise from the comments was the financial impact of the proposal:

'I could not afford £10.49 for each journey'

'the cost will affect us a lot on a reduced income'

'If the price goes up too much it would be a shame as not affordable'

Once again, some respondents said that they may have to stop attending the day centre, or decrease the number of times they attend, if the cost of transport is too high:

'My mother would not use the transport or would need to reduce from 2 days down to 1 day which would have an adverse effect on her quality of life'

'If I had to pay, it could affect my decision on whether I come or not'

'I will not be able to go as often'

Comments and suggestions

Respondents were also asked if they had any comments or suggestions they would like to make about the proposal to introduce one rate. The main theme from the comments were alternative suggestions of how the cost could be calculated, most of which suggested that it should be based on mileage:

'Transport costs/charges should be based on individual client mileage to and from day centres'

'Surely the cost of transport should be based on the distance travelled so if a client only travels 1/2 mile he/she should be paying less than someone travelling 2 miles. In other words like taxi charges'

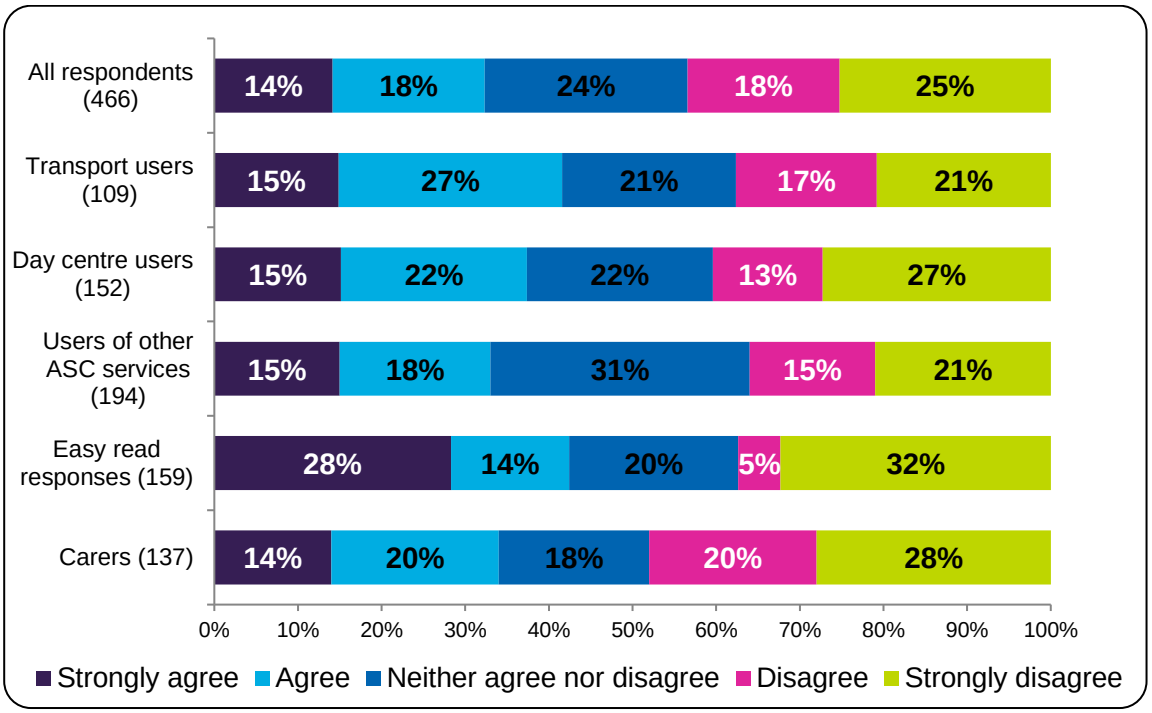
'Could be unfair for the people who only live short distance from the day centre'

'I think that people should pay different amounts as it depends on the transport they use and the distance they are travelling. They all need to be paid according to fuel costs'

Consideration of including transport as part of an all inclusive charge

A third of respondents (33%) agreed that transport costs should be part of an all inclusive charge. Just under one quarter (24%) gave a neutral response and over two fifths (44%) of respondents disagreed. Respondents who completed easy read versions of the survey were significantly more likely to strongly agree with the proposal than all other groups.

Figure 5: To what extent do you agree or disagree that transport costs should be part of an all inclusive charge with day centre costs regardless of whether you use transport or not (% respondents)

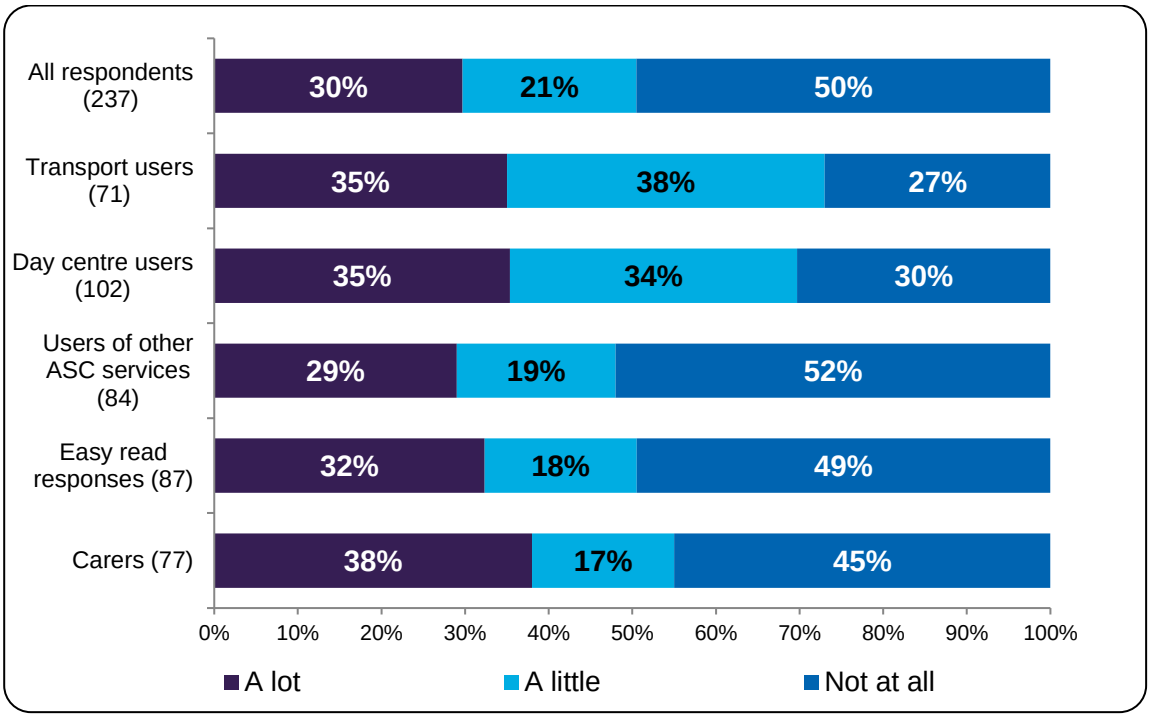


BASE: Varied as labelled

Impact of an all inclusive charge

Three in ten respondents (30%) said that they would be impacted a lot by an all inclusive transport charge and just over one fifth (21%) said they would be impacted a little. Half of respondents (50%) said they wouldn't be impacted at all. Those who said they wouldn't be impacted at all decreased significantly amongst transport users and day centre users.

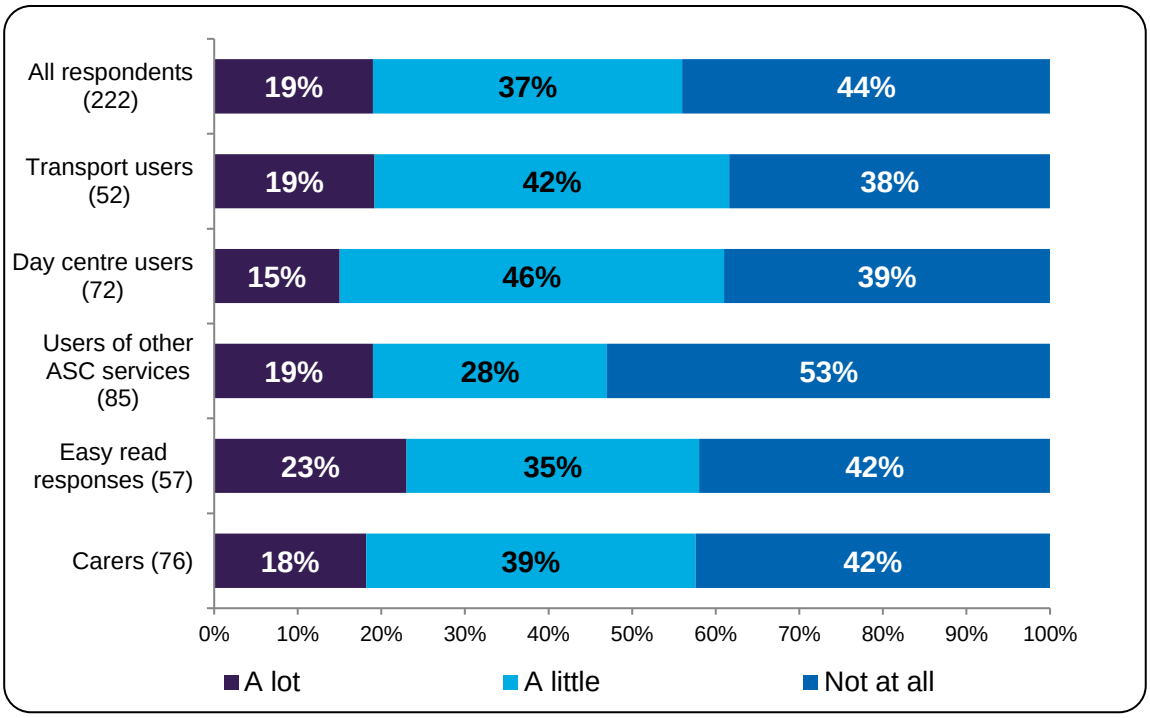
Figure 6: To what extent do you think that including transport costs as part of an all inclusive charge with day centre costs will have an impact on you / your family? (% respondents)



BASE: Varied as labelled

Respondents were also asked whether they thought an all inclusive transport charge would impact on the environment. Just under one fifth of respondents (19%) thought it would impact on the environment a lot and 37% thought it would have a little impact. Over two fifths (44%) thought it wouldn't impact the environment at all.

Figure 7: To what extent do you think that including transport costs as part of an all inclusive charge with day centre costs will have an impact on the environment? (% respondents)



BASE: Varied as labelled

Respondents were asked how including transport costs as part of an all inclusive charge would impact them. The main theme to arise from the comments was that respondents felt it was unfair for people to pay for something they don't use:

'Not fair on people who don't use transport'

'We live within walking distance of the day centre. Therefore I see no reason why we should pay towards transport for other day care users'

'I would normally drop my husband off on the way to somewhere else so I would be paying for a service I would not be using'

'Why should you be charged if you do not use the transport service. Some people may find it less stressful and the journey time quicker if a relative or friend can drop them off and pick them up'

Some respondents also raised the issue of choice:

'Client may have access to family/ motability transport and then are potentially having to pay the cost twice. It also takes the ability of choice and free movement from the client in a financially restricted manner'

'A day centre user should be able to choose the most convenient and cost effective transport for their needs. Transport provision can be provided by various suppliers - including family, friends, partners'

Respondents feelings around the environmental impact of an all inclusive charge were mixed:

'It will reduce the number of cars on the roads if people have already paid for transport'

'I do not think this would affect environment to much extent. It would mean the buses would have a longer route'

'No motivation to walk/exercise'

'If they can walk they should be encouraged & not have to pay'

Comments and suggestions

Respondents were also asked if they had any comments or suggestions they would like to make about including transport costs with day centre costs. The main theme to arise from the comments was a repetition that respondents felt it was unfair for people to pay for something they don't use:

'It doesn't seem fair that to include the transport cost within the fee if some people won't use it'

'If people don't use transport they should not be expected to pay for it'

The other main theme was general disagreement with the idea of including transport costs with day centre costs:

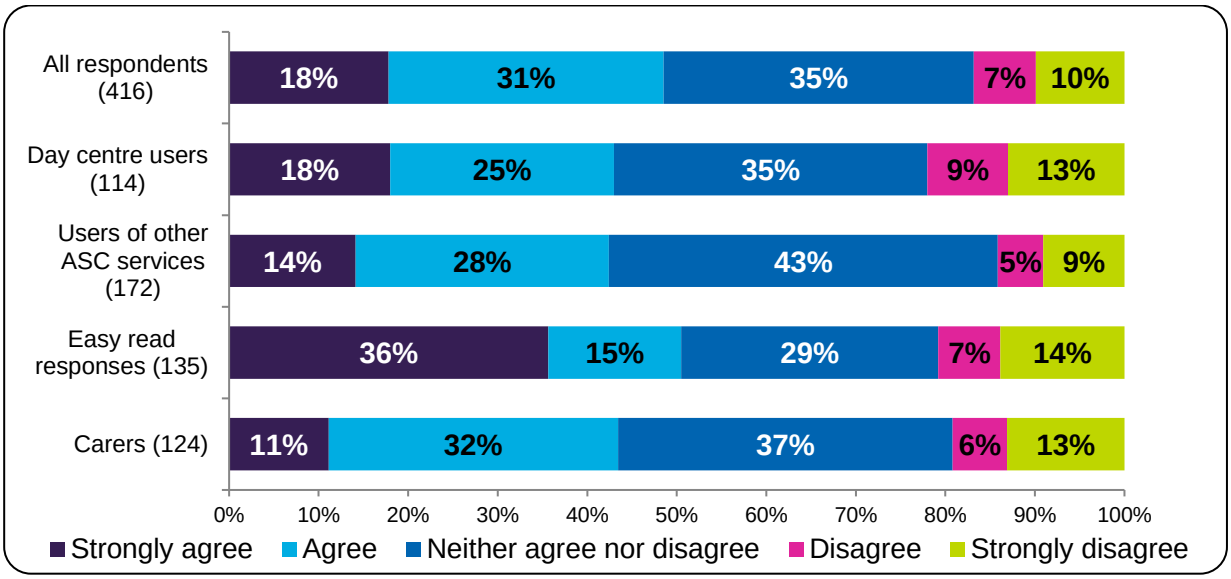
'They should be kept separate'

'I strongly disagree due to the fact I do not & will not be using this service'

Proposal to introduce one rate for assistance with bathing

Just under half of respondents (48%) agreed with the proposal to have one rate for bathing. Over one third (35%) gave a neutral response and under one fifth (17%) of respondents disagreed with the proposal. Respondents who completed easy read versions of the survey were significantly more likely to strongly agree with the proposal than all other groups.

Figure 8: To what extent do you agree or disagree with the proposal to introduce one rate for bathing based on the actual cost of providing the service? (% respondents)

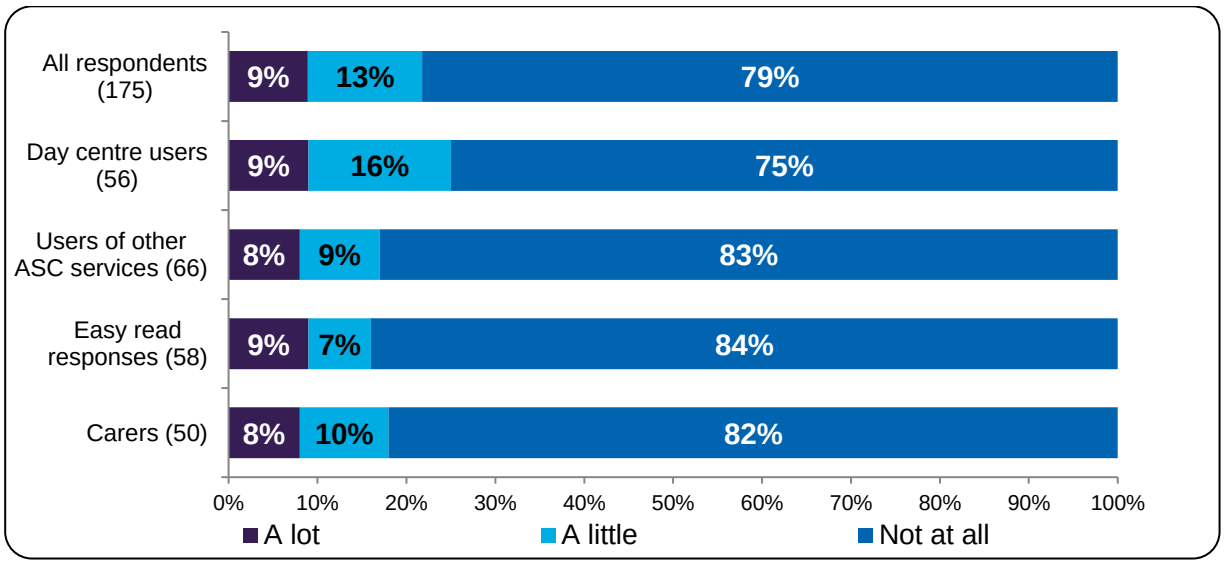


BASE: Varied as labelled

Impact of proposed change to bathing rate

Less than one in ten respondents (9%) said that they would be impacted a lot by the proposed change and 13% said they would be impacted a little. Almost four fifths of respondents (79%) said they wouldn't be impacted at all.

Figure 9: To what extent do you think that the proposal to introduce one rate for bathing will have an impact on you / your family? (% respondents)



BASE: Varied as labelled

Respondents were asked how the proposal to introduce one rate for bathing would impact them. The comments were mixed. Some respondents said there would be little or no impact:

'Not much because the variation is small'

Whilst other respondents felt the cost was too high:

'Very expensive'

'I think £14.50 is too expensive'

One respondent raised a question about whether they would be charged more than once:

'If it's a one off payment that's fine, but if I need extra bathing do I have to pay each time I bath due to toilet accidents?'

Comments and suggestions

Respondents were also asked if they had any comments or suggestions they would like to make about the proposal to introduce one rate for bathing. The main theme from the comments were alternative suggestions. These included bathing being part of the care received at a day centre:

'If the bathing is done at a day centre and a person is already paying to attend and be looked after at the day centre they are in effect being charged twice for the period taken to bathe'

'A bath for some day centre users is a priority. The cost of this "service" should be an integral part of the care they receive. It takes less than an hour to bath someone and users are already on site. If staff are appropriately trained - what is the difference between assisting with a bath or assisting to eat lunch?'

Other respondents suggested the rate should be the average of the previous three rates:

'Adopt average of £14 rather than highest fee'

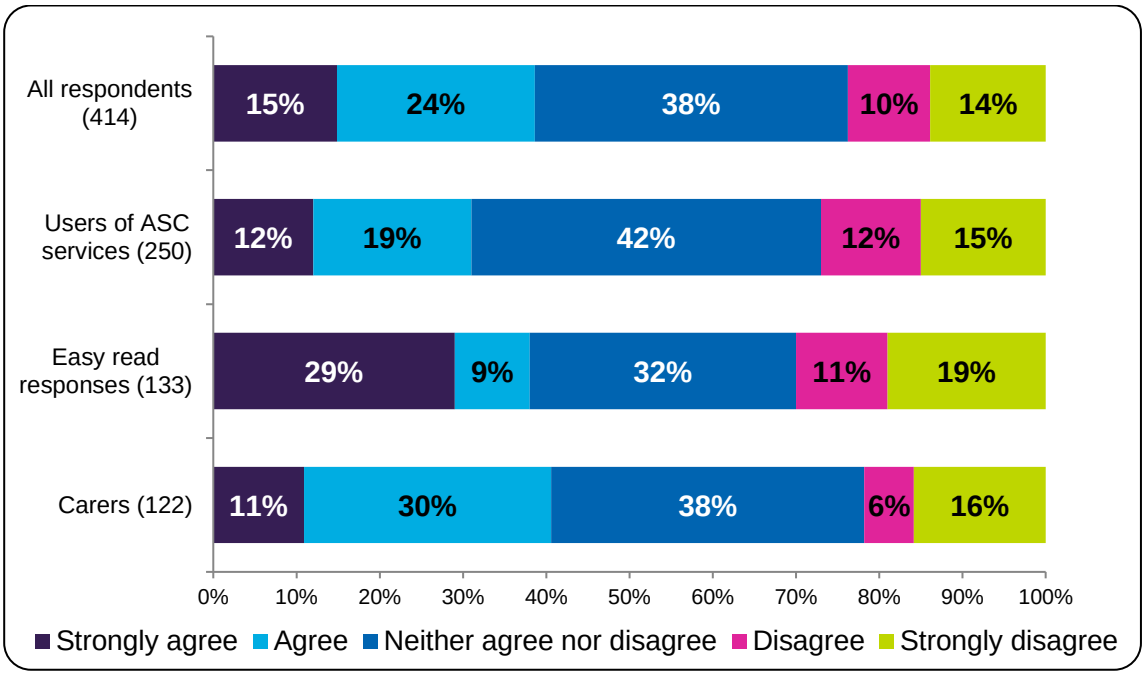
'Shouldn't the charge be an average of the 3 costs currently in place instead of the highest charge?'

'Should be middle rate for all'

Proposal to introduce one rate for the set-up fee of deferred payment agreements

Just under two fifths of respondents (39%) agreed with the proposal to have one rate for the set-up fee of deferred payment agreements. Almost the same proportion again (38%) gave a neutral response and just under one quarter (24%) of respondents disagreed with the proposal. Respondents who completed easy read versions of the survey were significantly more likely to strongly agree with the proposal than all other groups.

Figure 10: To what extent do you agree or disagree with the proposal to introduce one rate for the set-up fee which reflects the actual cost of setting up these arrangements? (% respondents)

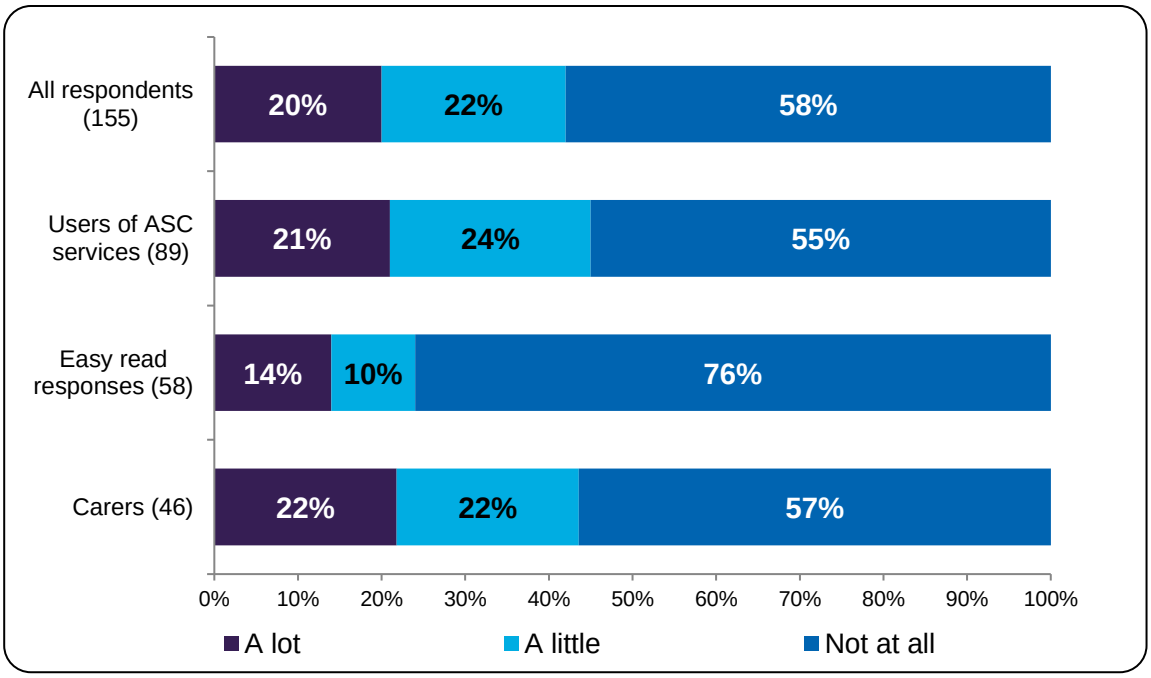


BASE: Varied as labelled

Impact of proposed change to set-up fee

One fifth of respondents (20%) said that they would be impacted a lot by the proposed change and 22% said they would be impacted a little. Almost three fifths of respondents (58%) said they wouldn't be impacted at all. Respondents who completed easy read versions of the survey were significantly more likely to say they wouldn't be impacted at all.

Figure 11: To what extent do you think that the proposal to introduce one rate for the set-up fee will have an impact on you / your family? (% respondents)

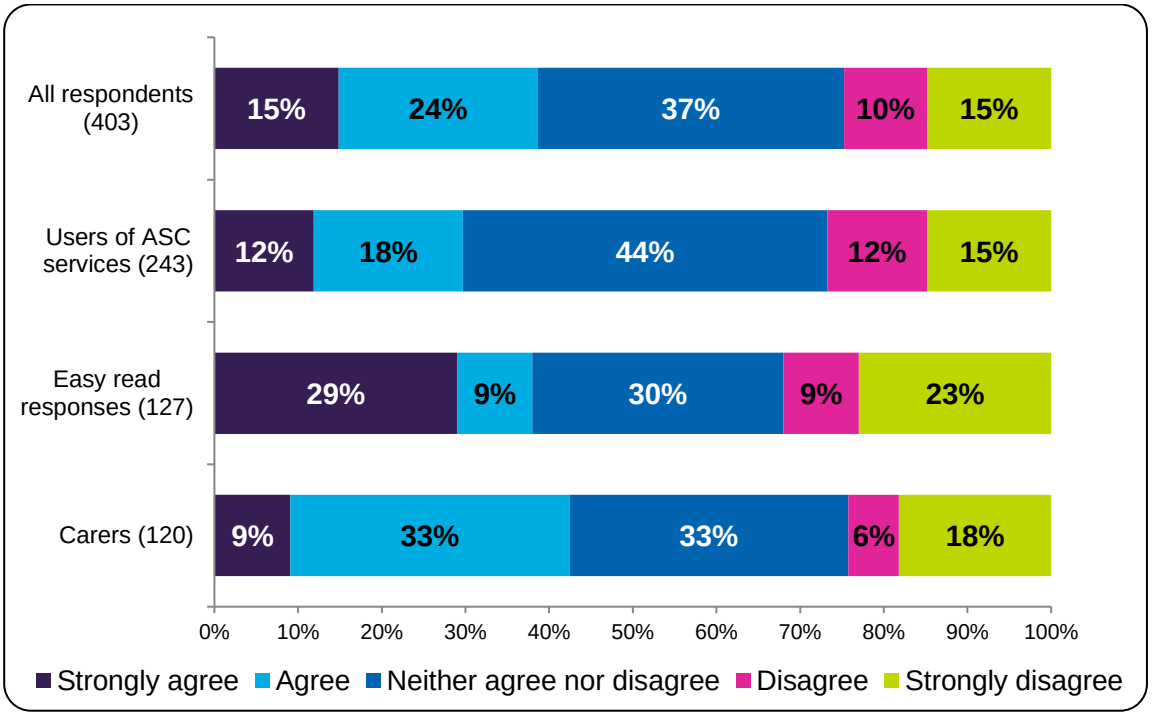


BASE: Varied as labelled

Proposal to introduce one rate for the annual fee of deferred payment agreements

Just under two fifths of respondents (39%) agreed with the proposal to have one rate for the annual fee of deferred payment agreements. Almost the same proportion again (37%) gave a neutral response and one quarter (25%) of respondents disagreed with the proposal. Users of adult social care services were significantly more likely to give a neutral response. Respondents who completed easy read versions of the survey were significantly more likely to strongly agree with the proposal than all other groups.

Figure 12: To what extent do you agree or disagree with the proposal to introduce one rate for the annual fee based on the yearly average cost of administration? (% respondents)

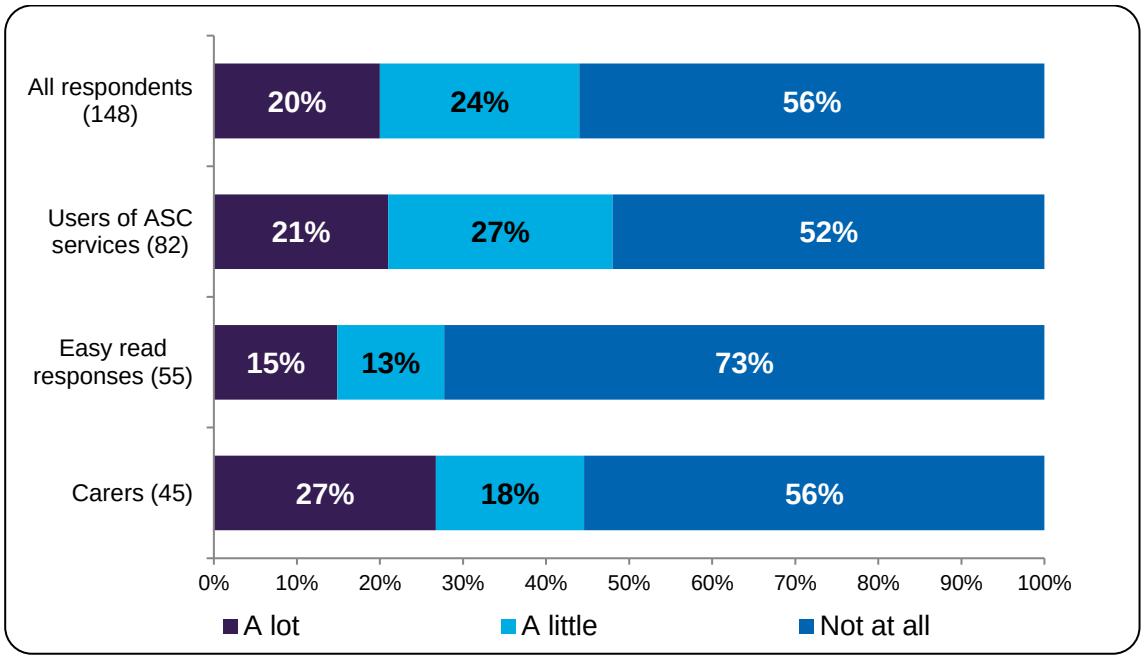


BASE: Varied as labelled

Impact of proposed change to annual fee

One fifth of respondents (20%) said that they would be impacted a lot by the proposed change and 24% said they would be impacted a little. Over half of respondents (56%) said they wouldn't be impacted at all. Respondents who completed easy read versions of the survey were significantly more likely to say they wouldn't be impacted at all.

Figure 13: To what extent do you think that the proposal to introduce one rate for the annual fee will have an impact on you / your family? (% respondents)

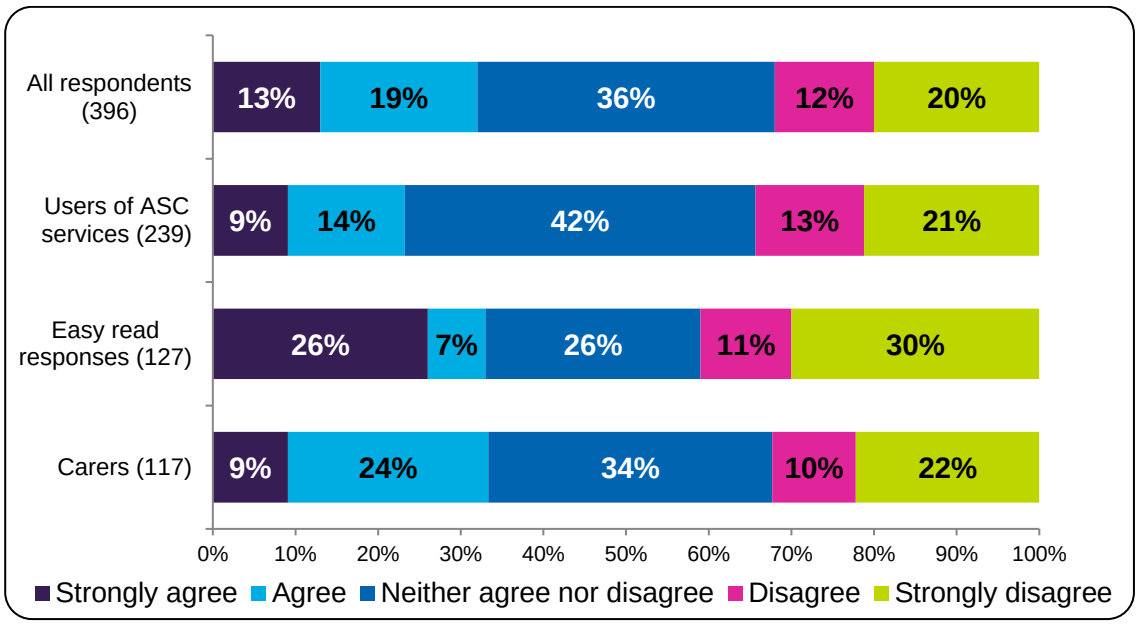


BASE: Varied as labelled

Proposal to introduce one rate for ending deferred payment agreements

Just under one third of respondents (32%) agreed with the proposal to have one rate for ending deferred payment agreements. Over one third (36%) gave a neutral response and just under one third (32%) of respondents disagreed with the proposal. Users of adult social care services were significantly more likely to give a neutral response. Respondents who completed easy read versions of the survey were significantly more likely to strongly agree with the proposal than all other groups.

Figure 14: To what extent do you agree or disagree with the proposal to introduce one rate for ending a deferred payment based on the average cost of administration? (% respondents)

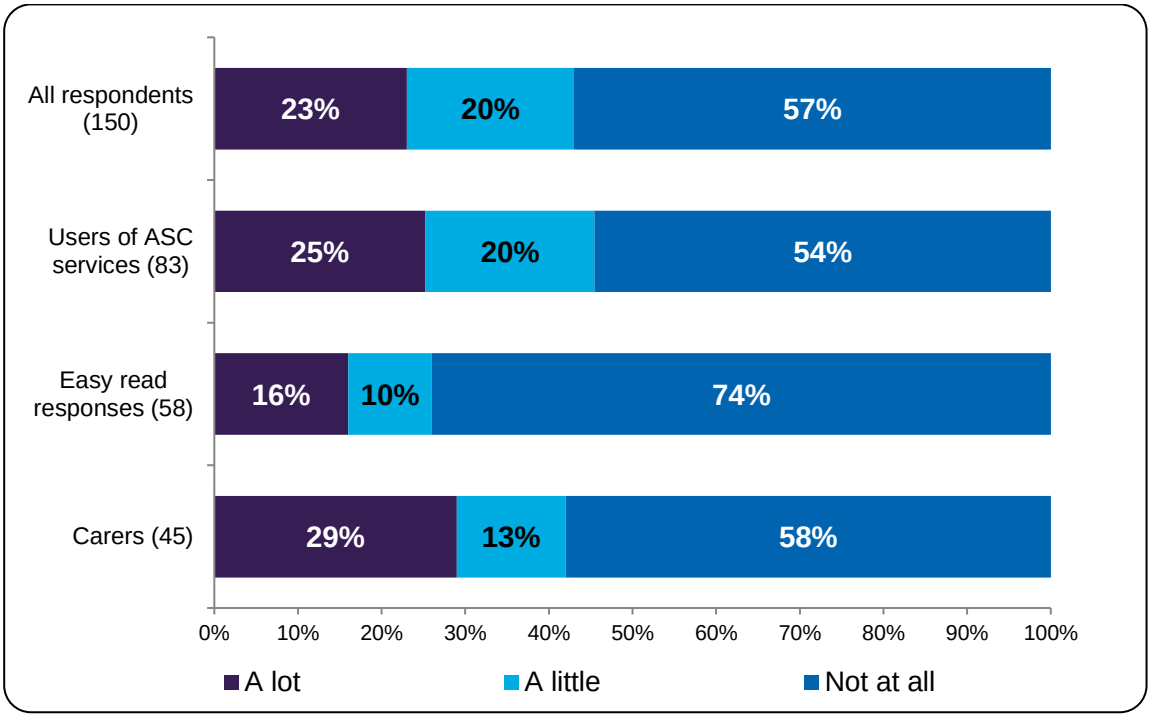


BASE: Varied as labelled

Impact of proposed change to ending a deferred payment agreements

Just under one quarter of respondents (23%) said that they would be impacted a lot by the proposed change and 20% said they would be impacted a little. Almost three fifths of respondents (57%) said they wouldn't be impacted at all. Respondents who completed easy read versions of the survey were significantly more likely to say they wouldn't be impacted at all.

Figure 15: To what extent do you think that the proposal to introduce one rate for ending a deferred payment will have an impact on you / your family? (% respondents)



BASE: Varied as labelled

Respondents were asked how the proposals in relation to deferred payment agreements would impact them. The main theme to arise from the comments was the financial impact of the proposals:

'It's too much cost'

'It just means that the money that we get for mum's flat sale will be used quicker and we'll have to apply to the council sooner for funding once the money runs out'

The other prominent theme was a general disagreement with the proposals:

'I am not in favour'

'Just another additional charge. Too much form filling, red tape, bureaucracy etc'

Comments and suggestions

Respondents were also asked if they had any comments or suggestions they would like to make about the proposals in relation to deferred payment agreements. The main theme from the comments were that the rates are too high:

'Costs seem rather high, especially termination fee when none was charged for any residents'

'I think the fees you are charging are extortionate. Many people you are dealing with don't have this kind of money to pay out'

'The increase is too much'

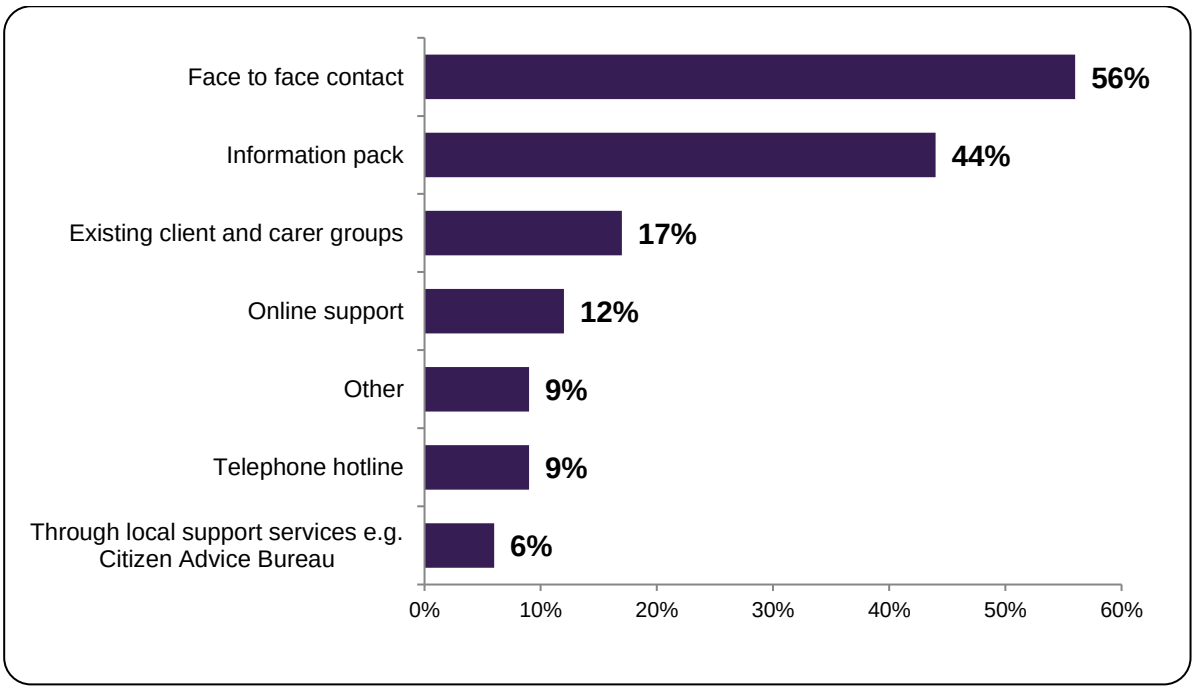
'I would be interested in seeing how the charges are calculated as they appear high to end the agreement'

Support

Respondents were asked how they would prefer to receive support if the proposals are implemented. Over half of respondents (56%) would prefer face to face contact and over two fifths (44%) would prefer an information pack. Almost one fifth (17%) would like support through existing client and carer groups whilst more than one in ten (12%) would like online support. Less than one in ten (9%) would prefer a telephone hotline and 6% would like support through services such as the CAB.

The other support that respondents specified was through their social worker, family member or carer.

Figure 16: If the proposals are implemented and you need support with the changes, how would you prefer to receive the support? (% respondents)



BASE: All respondents

Equalities analysis

The table below highlights the significant differences in the impact of the proposals between different equality groups.

Figure 17: Significant differences in impact

Equalities	Significant differences between equalities groups
To introduce one maximum charge for attending a day centre based on the actual cost of providing the service	• Respondents with a disability were significantly more likely to be impacted (a lot/a little) compared to those without a disability • Christian respondents were significantly more likely to be impacted (a lot/a little) than those with no religion
To introduce one maximum rate for transport based on the actual cost of providing the service	• Respondents with a disability were significantly more likely to be impacted (a lot/a little) compared to those without a disability
To consider whether transport costs should be included as part of an all inclusive charge with day centre costs	• No significant differences
To introduce one rate for assistance with bathing based on the actual cost of providing the service	• No significant differences
To introduce one rate for the set-up fee which reflects the actual cost to the Council of setting up these agreements	• Female respondents are significantly more likely to be impacted a lot compared to male respondents
To introduce one rate for the annual fee based on the average yearly cost of administering the deferred payment	• No significant differences
To introduce one rate for ending a deferred payment (termination fee) based on the average administrative cost of ending the deferred payment	• No significant differences

It is also worth noting that respondents who completed easy read versions of the survey were more likely to strongly agree with proposals compared to all other respondents. However, in general, the overall agreement levels weren't significantly higher.

Appendix 1 – Summary of results by area

The summary results below show the breakdown of agreement and impact levels of respondents by area (based on postcode where provided by respondent). The number of respondents by area were 206 in Bournemouth, 77 in Christchurch and 174 in Poole.

Proposal	% Agree				% Impact A Lot				% Impact A Little			
	Overall	Bournemouth	Christchurch	Poole	Overall	Bournemouth	Christchurch	Poole	Overall	Bournemouth	Christchurch	Poole
Day Centre Attendance												
To introduce one maximum charge for attending a day centre based on the actual cost of providing the service	54%	55%	37%	54%	28%	25%	51%	19%	26%	18%	24%	37%
Transport												
To introduce one maximum rate for transport based on the actual cost of providing the service	50%	47%	42%	53%	25%	19%	41%	19%	25%	23%	14%	37%
To consider whether transport costs should be included as part of an all inclusive charge with day centre costs	33%	35%	21%	37%	30%	25%	51%	25%	21%	16%	15%	27%
Assistance with Bathing												
To introduce one rate for assistance with bathing based on the actual cost of providing the service	48%	47%	39%	52%	9%	4%	13%	9%	13%	13%	16%	12%
Deferred Payment Agreements												
To introduce one rate for the set-up fee which reflects the actual cost to the Council of setting up these agreements	39%	39%	37%	37%	20%	18%	22%	19%	22%	21%	22%	29%
To introduce one rate for the annual fee based on the average yearly cost of administering the deferred payment	39%	37%	40%	37%	20%	17%	14%	22%	24%	21%	29%	31%
To introduce one rate for ending a deferred payment based on the average administrative cost of ending the deferred payment	32%	30%	29%	34%	23%	24%	21%	20%	20%	14%	21%	32%

Appendix 2 – Respondent profile

Group	Breakdown	Number of respondents	%
Gender	Male	218	44%
	Female	267	54%
	Other	5	1%
	Prefer not to say	9	2%
Transgender	Yes	4	1%
	No	411	94%
	Prefer not to say	21	5%
Age	16 - 24 years	21	4%
	25 - 34 years	43	9%
	35 - 44 years	42	8%
	45 - 54 years	58	12%
	55 – 64 years	90	18%
	65 - 74 years	66	13%
	75 - 84 years	82	17%
	85+ years	84	17%
	Prefer not to say	10	2%
Disability	Yes, limited a lot	244	50%
	Yes, limited a little	105	22%
	No	114	24%
	Prefer not to say	22	5%
Ethnicity	White British	473	94%
	White Other	8	2%
	BME	9	2%
	Prefer not to say	11	2%
Religion	No religion	118	24%
	Christian	325	66%
	Other religion	17	3%
	Prefer not to say	31	6%
Sexual Orientation	Heterosexual	393	84%
	All other sexual orientations	15	3%
	Prefer not to say	61	13%

DOTS Disability
Community Interest Company

Disability Consultation and Advisory Service

Social Care Charging Policy Consultation

March 2020

Introduction

DOTS Disability was asked to consult with local disabled people on proposed changes to Adult Social Care charging. 8 disabled people took part in the consultation exercise, including people with mobility impairments, sensory impairments long-term health conditions and mental health support needs. Also involved in the consultation was the Chair of Bournemouth Older People Forum. Participants welcomed the opportunity to contribute their views regarding the prosed changes which clearly have high proportionality for disabled people. Pete Courage, Head of Strategic Development & Change Management, BCP Council provided background information and the meeting was facilitated by Jonathan Waddington-Jones, DOTS Disability.

Background

The councils previously serving Bournemouth, Christchurch and Poole were replaced by BCP Council in April 2019. The priority as a new council has been to ensure all services continue to be provided as normal.

As a result of this local government change, BCP Council has three different Adult Social Care charging policies which have been inherited from the previous three councils. These policies contain differences in the amount that people are charged for adult social care services and as a result we now need to create a single policy for the whole of Bournemouth, Christchurch and Poole.

The Council want to charge in a fair and consistent way and this involves removing the differences in charging arrangements.

The proposals being considered are:

To have one rate which is the same in Bournemouth, Christchurch and Poole and is based on the actual cost of providing the service for:

a) Attending day centres
b) Using transport to and from day centres
c) Assistance with bathing at day centres
d) Setting up deferred payment agreements

a) Day Centres

The current charges for a half day session at a day centre are:

Bournemouth residents	Christchurch residents	Poole residents
£35 (excluding transport)	£24.70 (excluding transport)	£39 (including transport if needed)

Therefore, the current costs are unevenly weighted towards Christchurch.

BCP propose to introduce one maximum charge for attending a day centre based on the actual cost of providing the service to BCP Council. Currently this is has been calculated by Tricuro to be £35 for a half-day session.

This maximum charge would only apply to people who are assessed as being able to pay the full amount, with most people paying either no contribution or a partial payment based on their financial means to do so.

b) Transport to and from day centres

The current cost for transport to day centres per journey are:

Bournemouth residents	Christchurch residents	Poole residents
£10.49	£2.76	Included as part of the day centre charge

BCP propose to introduce one rate based on the actual cost of providing the service. Currently this rate would be around £10.49. People would only pay £10.49 per journey if they can afford to pay the full cost of their care.

To consider whether transport costs should be separate to the cost of attending a day centre or included as part of the overall day centre charge.

C) Assistance with bathing at day centres

The current costs for assistance with bathing at a day centre are:

Bournemouth residents	Christchurch residents	Poole residents
£14.00	£13.00	£14.50

BCP propose to introduce one rate of £14.50 for assistance with bathing, based on the actual cost of providing the service.

D) Deferred payment agreements for residential care

A deferred payment is an optional way in which an individual can ‘defer’ or delay paying the costs of their care and support until a later date. This is done by taking out a loan with the Council based on the value

of their home so that they are not forced to sell their home during their lifetime to pay for their care. Deferred Payments only apply to people in residential or nursing care.

These new rates would only apply to new deferred payment agreements, current agreements would be unaffected.

Current situation

The maximum interest rates for deferred payment agreements are nationally set and the Council will continue to apply these rates as it does now.

The setting up and administration of a deferred payment is complex and so a number of fees are currently charged to cover these costs:

Deferred payment agreement fee type	Bournemouth residents	Christchurch residents	Poole residents
Set-up fee	£500.00	£804.00	££500.00
Annual fee	None	£100	£100
Termination fee	None	None	None

BCP propose to introduce one rate for the set-up fee which reflects the actual cost to the Council of setting up these agreements. This is likely to be in the range of the current charge in Christchurch of £804. To introduce one rate of £100.00 for the annual fee. This figure is based on the average yearly cost of administering the deferred payment.

To introduce one rate of £100.00 for ending a deferred payment (termination fee). This figure is based on the average administrative cost of ending the deferred payment.

Discussion

There was concern that the very process of consulting current service users might *"put vulnerable people off accessing services".*

Participants noted that in each instance BCP favoured the highest of the 3 ex-local authorities costs. One commented *"it's always the higher charge that's chosen. It's easy. But it begs questions"*

Another commented, *"it's a big hike for residents in crisis"* and another questioned whether *"people with low level needs are subsidising others with high level needs*" (with regard to Day Centre costs).

Some participants were puzzled as to why charges varied so greatly, *"why are*

Christchurch residents paying so much less than Poole to the same provider" (Tricuro) *"Have Christchurch negotiated a better deal or is there some other reason?".* One participant questioned whether Christchurch *"are able to subsidize day care costs because residents pay higher level Council Tax?"*

One participant was concerned that the proposed transport solution is *"effectively insisting that disabled people use local authority transport* and *"busing people in might not be great for everyone, people who can't tolerate touch etc, where's the personalisation?".* Another pointed out that there are other potential voluntary sector providers that might be used, such as SEDCAT.

Personalisation was also raised an issue by a young adult DOTS Disability member who was unable to get to this consultation. She is transported to a Day Centre, but feels this is more for the convenience of the Council/Tricuro than anything to do with her personal preferences, which might well be to attend voluntary sector vocational training groups.

Tricuro's effective monopoly on provision was highlighted. How have they arrived at their cost estimates and to what extent has this been scrutinised? As a local authority trading company why isn't it subsidising Social Care?

Participants were concerned at the cumulative impact of cuts and extra costs on the lives of disabled people. The current proposals which result in extra costs for some, add to the costs already resulting from changes to Disability Related Expenses and charges for TaxExempt Blue Badge holders. Given the combined impact "*are they* (the Council) *going to invest in those voluntary sector organisations that provide financial advice?"*

Participants noted that there are 30 – 40 new deferred payment arrangements each year across BCP and were concerned that *"compound interest could be a bit of a killer".*

Recommendations

1) Participants supported harmonisation of charges in principle but expressed concern that in each proposal the preferred option is always the most expensive.

2) BCP should scrutinise how the proposed charging levels are arrived at by Tricuro. This is an opportunity for BCP to renegotiate with Tricuro and/or open the market.

3) BCP should avoid entering into long-term contracts with Tricuro to allow more personalised solutions to emerge, based on strength-based/community asset approaches.

4) BCP Councillors should consider the impact of these proposals in context of multiple other additional costs that disabled people have already been exposed to, such as changes to Disability Related Expenses and charges for Blue Badge Tax Exempt drivers.

Location and description of Individual	Comments Made
Highcliffe Plus, Female carer,	Would not want transport fees included in Day Centre charge as she walks her husband to their local day centre. As they are also self-funders the carer was concerned about the increased cost which may mean they need to consider attending less frequently in the future.
Highcliffe Plus, Female carer	If the inclusion of transport charges with the day centre charge means that I effectively have to use the council's transport option how will this work and how will it impact on me – I'm a member of a walking group and we have set times that we leave for our walks
Christchurch library, two women who run a support group for people with dementia, alzheimers or Parkinsons and their carers	A general conversation regarding the consultation with a few questions answered and although not specific to charging, both were really keen to lodge their concern about a lack of signposting for carers.
Wallisdown Plus, female carer who's sister attends Wallisdown Plus	Believes that the purpose of the consultation is just and that it would be much fairer if everyone across BCP were charged on the same basis.
Creekmoor Library, Cllr	The Councillor was concerned about the increased fees for self-funders and full charge payers which may result in people withdrawing from day centres which, ideally, should be well used
Parkstone Connect, family	Family currently use their own motability vehicle to transport their son to a day centre, they would not want to change this and so, if the transport charge were to be included in the day centre charge, then they would effectively be being charged twice for transport as they pay for their own fuel etc.
Highcliffe Library, male carer whose wife attends a day centre	Felt that the consultation could have been clearer on the 'you will only be expected to pay what you can afford' point as this was a bit ambiguous and wanted to understand why people were being paid different charges in the first place.
Highcliffe Library, female carer whose husband attends a day centre	Main concern is the increase in transport costs, particularly if included with the day centre charge, a taxi would be cheaper so believes transport cost should stay separate to day centre charge
Christchurch Connect, male member of the public	It must surely be cheaper to commission a week of services rather than just one, due to the set up costs (assessments etc.) so there should be a reduced rate for someone using multiple sessions

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Mitigation Options

- Whilst no individual will be required to pay more than they can afford towards the cost of their care, some of the changes consulted on would result in a increase in some charges for a small number of individuals

- Having some mitigations planned in order to allow people to transition smoothly on to the new charges is therefore prudent

- As equity is one of the fundamental under pinning objectives of introducing a new charging policy it is important that these mitigations would be applied across the board to all of the charges rather than picking and choosing services or particular groups

- Potential mitigation options are outlined below, it may be that a combination of these measures is deemed appropriate.

Notice Periods

Introducing a notice period would give individuals more time to plan for the changes and also a longer window to engage with additional support if needed. By effectively delaying the charging changes this will have a financial impact on the Council in lost income which will vary depending on the length of the notice period and also extend the period of inequity of the current charges.

Potential mitigation	Advantages	Disadvantages	Expected financial impact to the Council
A 2-month notice period	This would be relatively simple to implement and have only a limited financial impact.	This would effectively extend the period of inequity of the current charges	£5,000 - £10,000 reduction in anticipated income
A 3-month notice period	As above.	As above	£7,500 - £15,000 reduction in anticipated income
An extended 6-month notice period	As above in regard to the ease of implementation	As above in regard to the inequity but this will also have a moderate financial impact on the Council based on the expected income from the new charges	£15,000 - £30,000 reduction in anticipated income

Other mitigations

Potential mitigation	Description	Advantages	Disadvantages	Expected financial impact to the Council
Create a helpline for supporting individuals affected	This would allow individuals to gain greater understanding of the charges and be signposted to additional support such as the Debt Advisory Service	Little financial impact on the Council	An increase of demand on a current staffing group who would need to take the additional calls. This doesn't ultimately alter the financial impact on individuals	None, if existing staff are used to handle the calls – however this will draw some staff away from their day to day roles.
Apply individual waivers where appropriate for people who are in particular hardship	At the Director's discretion an individual's charges can be waived in extreme circumstances..	Significant financial impact for an individual if they should find themselves in extreme hardship and limited financial impact on the Council	Waivers are only effective on an individual basis	The precise impact will depend on the individual in receipt of the waiver and the charges which are being waived but as these are on an individual basis any impact on the Council would be minimal
Annual Review	An annual review of the cost of services would allow for increases or decreases to charges based on the actual cost of delivery	This would allow for ongoing fair charges which track the costs of services	This will have no impact on individuals in Year 1 of the new charges being introduced	None, as this would ensure that charges reflect changes in the cost to services going forward

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BCP Council

Health and Adult Social Care Overview and Scrutiny Committee

Adult Social Care Charging: Working Party

Report of the Working Party Chair

Councillor Lisa Northover
7th August 2020

Purpose

The purpose of this report is to share with the Health and Adult Social Care Overview and Scrutiny Committee the issues considered during the three-part working party and to make recommendations to the committee.

Recommendation

- Endorsing the proposals for a BCP ASC Charging Policy
- That transport and day centre attendance charges would be separate, reflecting the findings of the consultation.
- That the principles behind the new ASC fairer charging policy are based on, for those who pay a full charge, full cost recovery; that is, the charge for those that can afford to do so, will be based on the actual cost to BCP council of commissioning the service. The Fairer Charging principles will relate to: Day Services, Domiciliary Care, Direct Payments, Day Centre Transport
- Mitigating the impact through early notice of change to clients, a telephone helpline and a process for agreeing waivers and write-off of charges for clients in exceptional circumstances or facing financial hardship.
- An annual review by officers of fairer contribution charges.

Background

At the point of Local Government Reorganisation, BCP Council inherited three ‘legacy’ Adult Social Care charging policies which applied to Bournemouth, Christchurch and Poole. These policies were reviewed at different times by the previous councils and so present three different sets of charges for the same services which are still being applied today depending on which legacy area an individual resides in. This is an untenable position for a single local authority to maintain and so work began in early 2019 to prepare a programme of work to create a new single, equitable policy to replace the legacy policies for BCP Council. Once early proposals had been drafted and the legacy policies had been analysed, officers approached Health Overview and Scrutiny to set out a timeline which would go on to include public consultation.

The Health and Adult Social Care Overview and Scrutiny Committee held on the 22nd July 2019 agreed the establishment of a working party to provide a test and challenge function throughout the development of the new Charging Policy for Adult Social Care.

Three working party meetings were held:

- Working Part 1: 3 September 2019: To introduce the existing charging arrangements and establish principles upon which the new BCP policy would be based.
- Working Party 2: 17 October 2019: To explore in detail the charging elements of the proposed policy and methodology for public consultation.
- Working Party 3: 4 August 2020: To review the findings of the consultation and consider mitigation measures.

Working Party Findings

a) Working Party One

Overview of the meeting:

- Officers explained that BCP Council was required to update and create a new Charging Policy for Adult Social Care by April 2021.
- Members were informed that the predecessor Councils had separate charging policies for the financial assessment of clients who received Adult Social Care.
- Officers provided the Working Group with an overview of Financial Assessments for Non-Residential Care.
- It was proposed that councillors agree a set of principles that would facilitate the development of options available for modelling a future schedule and charging policy.

Outcomes:

- The WG agreed to principles 1a, 3a and 1b,2b,3b of the Principles for Developing Charging Proposals, allowing officers a framework from which to develop the charging proposals.
- The WG, in relation to principle 2a – asked Officers to bring back a series of costed models and contrasting options that included their opinion on what presented the better option.
- The WG, in relation to principle 4b – requested that Officers bring back options and examples and would consider setting out a baseline that could be taken to consultation to determine public opinion.
- A member asked that an 8-12-week consultation period be considered.

b) Working Party 2

Overview of the meeting:

- Officers explained that the meeting would focus on draft policy proposals for harmonising social care charges.
- The WG were provided with a list of the Adult Social Care charges and a breakdown of the previous rates against the new proposals.
- Members were also provided with a draft list of harmonised Disability Related Expenditure definitions.
- Officers explained the format of the consultation and the ways in which it could be conducted.
- It was proposed that Members discuss and comment on the proposals for both the charges and DRE definitions as well as the format of the consultation.

Outcomes:

- The WG, having assessed the recommendations for each Social Care charge, were happy to endorse the public consultation.
- Members agreed that the list of recommended Social Care charges should include a line on meal charges.
- Members also agreed that there should be a question/s on transportation to day centres to enable clients to have their say on the matter and to encourage the use of provided transport over individual car journeys in line with the Council's environmental stance.
- All Members will be able to attend drop-in sessions during the consultation period.

c) Working Party 3

Overview of the meeting:

- Officers presented the findings of the consultation and noted that easy read responses tended to be more positive toward each of the proposals. In response to all questions, fewer than 50% of respondents disagreed with the proposed charging policy proposals.
- Officers presented the findings of a consultation meeting with DOTS Disability, noting that the response was broadly in favour of the charging proposals but that the council needed to ensure best value from the contract with Tricuro.
- A question was raised about whether Officers were happy with the survey response rate, to which the answer was that it was in line with expectations compared to similar consultation exercises.
- It was clarified that each episode of bathing at a day centre would be subject to a separate charge,
- Officers clarified that the maximum charge for day centre attendance correlates with the cost to BCP of purchasing the service (related to the contract price) and would not alter in the short term if the number of clients attending changed.

- A question was raised about whether a 94% while/British response rate was typical for consultations; officers confirmed that this was the case.
- It was noted that that Christian respondents are more likely to be impacted by proposals.
- The possibility of delaying implementation during any further strategic commissioning work around future day centre provision was discussed. Officers noted that the new charging policy was required against the planned timescale to ensure consistency and equity of charging across BCP, but that should there be future change in the nature of day service provision, charges could be reviewed.

Outcomes:

- Officers will, based on comments from members of the working party, simplify some of the language in the consultation report Equalities Analysis, particularly around the section on introducing one maximum charge for attending a day centre based on the actual cost of providing the service.
- Officers were asked to quantify the number of clients who would be impacted by the changes. Officers committed to the modelling which would be reported to the health and Adult Social Care Overview and Scrutiny Committee.
- Members of the working party, noting the consultation response felt that day centre transport should be a separate charge to the day centre session. The proposal to combine both into a single charge was not supported by consultation respondents. Members of the working group felt that the transport rate would be based on service cost (which includes passenger assistants) rather than mileage travelled.
- Members of the working group did not feel that an extended delay would be appropriate mitigation to the increased charges that some clients would experience, but did support a good notice period (no less than one month) as well as a telephone helpline, waiver or write-off of charges for clients facing exceptional circumstances or financial hardship and an annual review by officers of charges.

Conclusion

The working party provided test and challenge when considering the range of charges which would be included in the proposed Fairer Contribution Policy, the principle of full charge recovery, the methodology and outcome from consultation with clients and residents and the implementation process, including mitigating factors for those most impacted by the changes.

Adult Social Care

Charging Policy for Adult Social Care BCP

Version 0.5 September 2020

Contents

1 Introduction

It is important that people engaging with Adult Social Care Services understand that they can be charged for the care and support they receive. Services provided through Adult Social Care are not free at point of contact, as may be the case with the National Health Service (NHS).

BCP Council's Charging Policy explains what care and support services a person may be charged for and how we calculate what is reasonable for a person to pay. We call this calculation a financial assessment.

BCP Council's Charging Policy complies with the Care Act 2014. Our aim is to provide a consistent and fair framework for charging and financial assessment for all individuals who receive care and support services.

BCP Council may charge for other services provided by Adult Social Care that do not directly relate to care and support. For example, the provision of training. The administration of these charges is dealt with in separate Adult Social Care policies or guidance.

When we refer to 'we' this means Adult Social Care Services, as part of BCP Council. We also mean other departments or organisations who are supporting Adult Social Care Services in providing care and support services.

When we refer to the 'person' we mean the person who is receiving care and support. Where someone has a financial representative, 'person' also refers to the representative who is acting on behalf of the person receiving care and support.

How does BCP Council charge for the care and support I receive?

Firstly, how much capital do you have?
This includes savings, investments, shares, property and more

You will not be charged for:
- up to 6 weeks of intermediate or reablement services
- after care and support under section 117 (Mental Health Act 1983)
- Continuing Health Care (CHC)
- NHS funding to Registered Nursing Care (FNC)
- care and support for people with CJD
- care and support for carers.

£23,250 or more

You will pay the full cost of your care, whether you receive this at home or in a care home.

If your capital drops below £23,250 you may receive assistance with costs from the council.

less than £23,250

Living at home and receiving care?

We complete a financial assessment with you

Tell us:
- **Income**
- **Capital**
- **Household related expenses**
- **Disability Related Expenditure (DRE)**

Staying in a care home?

A temporary stay

We complete a financial assessment with you

Tell us:
- **Income**
- **Capital**
- **Household related expenses**

A permanent stay

Don't own your home?

We complete a financial assessment with you

Tell us:
- **Income**
- **Capital**

Own your home?

To receive assistance from the council you will need to be eligible for a deferred payment agreement.

The financial assessment (if you have £23,250 in capital, or less)

We complete a financial assessment with you to work out what you will contribute to your care and support costs

We will usually need to see evidence of your income, capital and expenses

Living at home and receiving care?

Income
We include most of your income, although we will not include some benefits and payments

Capital
We will not include capital that you have under £14,250

If you have capital between £14,250 and £23,250 we will include £1 for every £250 you have over £14,250

Your main or only home
If you own the home you live in, we will not include it in the assessment

Minimum income guarantee
We will not include some of your income so that you have money to cover your normal living costs.

Disability Related Expenditure (DRE)
We will also not include some of your income because you use this to cover extra expenses you have, due to a disability or longterm condition.

Staying in a care home? A temporary stay

Income
We include most of your income, although we will not include some benefits and payments

Capital
We will not include capital that you have under £14,250

If you have capital between £14,250 and £23,250 we will include £1 for every £250 you have over £14,250

Your main or only home
If you own the home you live in, we will not include it in the assessment

Personal Expenses Allowance
£24.90 per week from your income will not be included. This covers your day to day costs

Household related expenses
If you have expenses related to your normal home we will not include some of your income because you use this to cover these costs. For example, water bills

Staying in a care home? A permanent stay

Income
We include most of your income, although we will not include some benefits and payments

Capital
We will not include capital that you have under £14,250

If you have capital between £14,250 and £23,250 we will include £1 for every £250 you have over £14,250

Personal Expenses Allowance
£24.90 per week from your income will not be included. This covers your day to day costs

Savings Credit disregard
Depending on what savings you have, you may get up to an extra £5.75 per week as a Savings Credit disregard

Deferred Payment Agreements
If you own your home, or another property, then normally you will pay the costs of your care and support yourself. However, if you are eligible, a deferred payment agreement may enable you to receive 'a loan' from the council, using the value of your home as security.

2 Legal Framework and Principles

The Care Act 2014 provides a single legal framework for charging for care and support.

Section 14 of The Care Act 2014 provides local authorities with the power to charge individuals who receive certain care and support services. Please see 4 When we won't charge for a list of services that we do not charge for.

Section 17 of The Care Act 2014 allows BCP Council to assess a person's finances in order to confirm the amount an individual can contribute to the cost of meeting their eligible care and support needs. This is called a **client contribution** or an **assessed charge**.

BCP Council will refer to Care and Support (Charging and Assessment of Resources) Regulations 2014 and Care and Support Statutory Guidance issued under The Care Act 2014, in all regards for specific guidance relating to charging and financial assessment, and as such, these statutory regulations form the basis of this policy.

This guidance is subject to any national changes in legislation and/or regulations. There may be occasions of unprecedented change to local or national circumstances which will require BCP Council to adapt its charging framework for Adult Social Care, in line with the latest government guidance or legislation. The impact of any changes will be fully considered, and decisions recorded, with the aim of upholding the principles below.

2.1 Principles

The principles underpinning this charging policy are:

- To ensure a fair, consistent and comprehensive charging framework, where all contributions towards the cost of care and support are based on what is reasonably practicable for the person to pay.
- To ensure that the charge is based on the actual cost of the service to BCP Council and is sustainable for us in the long-term. Charges will therefore be reviewed annually and may be adjusted based on changes to the cost of services delivered.
- That our charging arrangements should support our work to promote wellbeing, as outlined in the Care Act 2014.
- That our charging arrangements are person-focused, reflecting the range of care and caring journeys an individual may experience and the variety of options available to meet their needs.
- To ensure that care and support needs are assessed separately from a person's ability to pay.
- To encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so.
- To support carers to look after their own health and wellbeing and to care effectively and safely.
- To be clear and transparent, so that people know what they will be charged and how their client contribution is calculated.
- That all efforts will be made to provide accessible information for every individual.
- To be fair and equitable to all.

This policy applies to charging arrangements for people previously assessed by the local authorities preceding BCP Council: Bournemouth Borough Council, Dorset County Council and Borough of Poole Council (from now on referred to as the Legacy Councils), as well as people coming to BCP Council Adult Social Care Services for the first time.

For ASC Staff and ASC clients' responsibilities, please see 23 Roles and Responsibilities.

3 How we charge: care and support received at home or in the community, residential care and support for carers

BCP Council calculates charges for care on a weekly basis, running Monday to Sunday.

For those receiving care and support at home or in the community, we will send an invoice to the person every four weeks.

Direct payments are paid to a person excluding their client contribution.

For people receiving care and support in a care home, we may pay the council's contribution to care homes directly, excluding the person's client contribution, and any top-up that may have been agreed. We will inform the care home of how much the person's contribution is and they will then invoice the person directly for that amount. These payments are made every two weeks. Alternatively, the council can pay the care home the full cost of the care and then invoice the person every four weeks for the amount of their assessed client contribution.

Care providers or care homes may request any payments made directly to them are at a different frequency, for instance monthly.

There are general rules as to how a person's capital and income are treated, the following chapters will explain this. Later chapters outline our position specifically in relation to:

- 14 Charging for care and support a person receives at home or in the community
- 15 Charging for care and support a person receives in a care home or nursing home.

We do not charge for services provided directly to carers.

3.1 When will a person's contributions start?

A person's contribution is payable from the date their chargeable care and support commences. Should a person receive details of their client contribution after their care and support has started, they should expect that their contribution will be backdated to this date and that they will be required to pay their assessed contribution in full.

We aim to advise individuals of their assessed client contribution as soon as practicably possible. The speed at which we can do this will sometimes depend on additional questions we may need to ask of the person or their representative, and how quickly we receive information to support the financial assessment.

If a person is concerned that the backdated payment is unaffordable, we ask that the person contact us at the earliest opportunity to discuss the situation. For more information please see BCP Council Debt Management Policy.

4 When we won't charge

As outlined in the Care and Support Statutory Guidance (Chapter 8, paragraph 14), BCP Council will not charge for:

- intermediate care for up to 6 weeks
- reablement services for up to 6 weeks
- aids and minor adaptations (up to a cost of £1000)
- care and support provided to people with Creutzfeldt-Jakob Disease (CJD)
- after care services and/or support provided under section 117 of the Mental Health Act 1983
- any service or part service which the NHS is under a duty to provide. This includes Continuing Health Care (CHC) and the NHS contribution to Registered Nursing Care (FNC)

- interim care funded by the NHS pending the outcome of a full CHC assessment
- assessment of a person's needs and care planning (a person contributes to the cost of meeting their care and support needs, they do not pay for the time spent assessing what those care and support needs might be).

BCP Council have also made the decision not to charge for the following, although the Care Act 2014 allows us the discretion to.

- services provided directly to carers
- administration costs relating to arranging care for those who have capital over the limit of £23,250, see 9 When a person is considered to be able to self-fund their care.

5 When we may charge

All other services arranged by Adult Social Care on behalf of BCP Council (those not showing in the above chapter) will be charged for. This may be the full cost of the service or a reduced amount, as decided by a financial assessment.

In some cases, a person may not be required to pay a client contribution because a financial assessment shows that their income is only just enough to cover their basic living costs, and their capital is lower than the lower capital threshold of £14,250, see 12.2 Capital limits.

6 Information, advice and engagement

Further to this policy, we will provide information explaining how we will conduct a financial assessment and what information and evidence we require from the person in order to do this. This will usually be in writing although we may also provide information and advice online, over the phone or in person.

We will always provide written confirmation of a person's assessed client contribution.

Where we identify that a person appears not to be receiving the benefits they are entitled to, we will inform them and advise where to make the application. In some situations, an increase in a person's income may result in an increase in their client contribution.

We look to provide information to the person using their preferred communication method. As outlined in our principles, we aim to make information accessible for all and will respond to individual requirements where we can.

The council will consult people receiving care and support services arranged by us on any major changes to its charging framework. However, this does not apply to legislative or regulatory changes that may affect what we charge. For example, the personal expenses allowance (PEA) is set annually by the Government.

7 Financial representatives

A person who has mental capacity to manage their financial and property affairs may wish to nominate someone to act as a financial representative on their behalf. We require the person to sign a declaration to confirm this. A person may have already arranged for someone to act under power of attorney, we will require evidence of this.

A person who lacks mental capacity to make financial decisions may have:

- previously arranged for a person to act under registered power of attorney for property and financial affairs
- been granted a deputy for property and affairs by the Court of Protection or, if neither of these have been arranged
- an appointee for benefits who deals with any income they receive from the Department for Work and Pensions (DWP).

We require evidence that a financial representative has authority to act on the person's behalf for any of the above.

We strongly encourage people to consider appointing an attorney before they require the assistance of one. For more information go to gov.uk/power-of-attorney.

8 Mental capacity considerations

BCP Council will need to establish whether a person has the mental capacity to make financial decisions. Either way, the person must still receive a financial assessment to confirm the contribution they should pay.

However, if we have identified that the person does not have mental capacity to make these decisions, they will not be able to consent to a financial assessment. We will talk with family and friends to identify someone to act as an authorised financial representative.

If the person who is deemed to lack capacity has no-one acting under registered power of attorney or as a deputy, then an application to the Court of Protection for deputyship may be required.

There may be occasions where we have cause for serious concern as to how a person's money is being managed. We have a duty to report these cases to the Office of the Public Guardian and will do so, as well as making a referral to the Adult Social Care Services Safeguarding team.

8.1 Interim funding: paying costs of care and support whilst an authorised financial representative is put in place

Where a person lacks capacity to make financial decisions and does not have an authorised financial representative, they may find themselves in a situation where they are unable to access their money. In these circumstances, BCP Council may consider temporarily meeting the full cost of the care service to ensure that a person's care and support is not put at risk due to non-payment.

We will make these payments on the understanding that:

- no other arrangements can be made to secure the care and support being received
- someone is applying to become an appointee and/or a deputy
- this person is treating the application as a priority
- the appointee/deputy will advise us promptly once they have the outcome of the application
- the appointee/deputy will complete a financial assessment for the person receiving care and support once they have been authorised as a financial representative
- the appointee/deputy will arrange repayment of the backdated assessed charge from the person's available finances.

We require assurances from the person seeking to become the authorised financial representative that the application is progressing. Failure to provide these assurances may result in BCP Council seeking an alternative financial representative to act on behalf of the person receiving care and support.

Once a person has been made an appointee or deputy, we require them to promptly complete the financial assessment form and promptly arrange repayment once we have advised them of the person's assessed charge.

9 When a person is considered able to self-fund their care and support

Where a person has £23,250 or more in capital, they will be expected to fund their care and support without the assistance of BCP Council. See 12 Capital and the financial assessment for information as to how this is calculated and what is included.

In some cases, it may be determined that a person receives a sufficient amount of income to pay for their care and support without the assistance of BCP Council. See 13 Income and the financial assessment.

Where a person is able to fund their care and support themselves, the council can still meet eligible care and support needs:

- if they are delivered outside of a care home setting
- and the person requests that we do so.

We will invoice the person for the full cost of the care and support provided. We will not make a charge for our administration costs. A care and support assessment will be needed to ensure that the care and support provided is necessary and/or appropriate.

Individuals who are self-funding their care and support may wish to approach the council for financial assistance once their capital drops close to £23,250. If contacted, we will look to complete a financial assessment to indicate what the person's client contribution may be if their capital drops below £23,250.

There may be occasions where a person is self-funding their care and support in a care home, and the cost of this is higher than our standard agreed rates with residential care providers. If a person becomes eligible for assistance from the council in this situation, they must bear in mind that they may have to either move to alternative accommodation or be able to arrange payment of a top-up. See 11 'Top-up' payments for further explanation.

10 Carrying out a financial assessment

BCP Council will offer a financial assessment to everyone who is receiving, or is likely to receive, care and support services that we charge for. The financial assessment will confirm how much a person can afford to contribute to the cost of the services they receive.

We must complete a financial assessment to determine what a person's financial contribution will be. We will complete this before the chargeable care and support begins, where possible.

In most cases we require evidence to confirm a person's capital, income and relevant expenditure. It is the responsibility of the person applying for assistance with their care and support costs to provide evidence to support the financial assessment.

Once a financial assessment is completed, we will provide the person with a written record of the assessment. We will also confirm in writing what the client contribution will be and how often it should be paid.

10.1 What is capital and what is income?

We will treat a person's resources as either capital or income. We will not treat a resource as both because this would disadvantage the person receiving the financial assessment.

When we determine whether a resource should be treated as income or capital, we will take into account whether the resource is paid for a specific period and/or is intended to be part of a series of payments.

Please see the Care and Support Statutory Guidance (Annex B, paragraphs 8 and 55 – 57) for more information as to which type of payments are considered capital, and which type of payments are considered income.

10.2 'Light-touch' assessments

In some circumstances we will not require a person to complete a full financial assessment to confirm their client contribution. This is because we are satisfied that the available information already confirms how much the person can afford to pay.

Examples of where a light-touch assessment may be appropriate include:

- Where a person has significant capital, savings and/or income, and does not wish to undergo a full financial assessment for personal reasons. Please see 12 Capital and the financial assessment for more information.
- Where we charge a small or nominal amount for a particular service which the person is clearly able to meet the cost of and would have the relevant minimum income left.
- When we are provided with evidence that an individual is in receipt of certain benefits, or someone else receives a benefit for them.

The decision to complete a light-touch assessment is at the discretion of BCP Council. If a person does not agree with the outcome of a light-touch assessment they can ask for a full financial assessment.

10.3 Reviewing the financial assessment

Financial assessments will normally be reviewed annually. However, a person may request a review of their financial assessment at any time.

If a person has a change to their income or a significant change to capital at any time, the person must contact us so that we can arrange a financial reassessment. In most cases the change to a person's client contribution will take affect from the date the person's financial circumstances changed.

10.4 Where we are unable to complete a financial assessment

Where a person or their representative declines or refuses a financial assessment, BCP Council is entitled to require the person pay for the full cost of their services.

In some circumstances, we may choose to base a financial assessment on the information currently available to us. This decision is at the discretion of BCP Council.

11 'Top-up' payments

Where possible, we will provide a choice of accommodation relevant to the person's eligible care and support needs and within the person's personal budget, as determined by their care and support assessment. BCP Council adheres to the relevant legislation governing choice of accommodation, as explained in the Care and Support Statutory Guidance, Annex A.

However, a person may prefer a setting for their care and support that is more expensive than the choice of accommodation available within the person's personal budget, as outlined within their care and support plan. In accordance with the Care Act 2014, BCP Council does not have a responsibility to meet the extra cost of this preferred accommodation.

A top-up payment will need to be arranged for the person to be able to move, or continue to stay, in their preferred accommodation. This regular payment will cover the difference between the maximum rate stated in the personal budget, and the actual cost of the preferred accommodation.

A top-up may be paid by the person receiving the care and support, or by a third party. This will depend on the circumstances and is explained in the chapters below: 11.2 First party top-ups and 11.3 Third party top-ups.

Where we agree that a top-up arrangement is affordable and sustainable, we will place the person in their preferred accommodation, providing that:

- the accommodation meets the person's eligible care and support needs
- the accommodation provider will enter into a contract with us on the council's usual terms.

We will provide advice and information to assist the person in deciding whether a top-up arrangement is right for them. We also suggest that the person receive independent financial advice.

When a person enters into a top-up arrangement, they must sign an agreement. The agreement will include the details of the arrangement and the consequences of ceasing to make payment.

Please note, a top-up payment is paid **in addition** to a person's client contribution. Where a top-up payment is required, the client contribution is calculated based only on the maximum rate stated in the person's personal budget.

11.1 Agreeing a top-up arrangement

BCP Council has a responsibility to ensure, within reason, that the person who will pay the top-up payment is willing and able to do this.

We will refer to the Care and Support Statutory Guidance when we decide whether a top-up payment is affordable and sustainable. We may request information from the person who will pay the top-up to confirm their financial circumstances. This information will be processed in accordance with our data privacy notice.

We will advise the person who is to pay the top-up that they must expect:

- to be able to pay the top-up for the likely duration of the stay
- they may be liable for any increases due to changes in the accommodation's fees or changes to the financial assessment
- to be liable to repay any unpaid top-up payments to the council, where we have made payments to the provider to cover these unpaid fees
- they may face legal action if they refuse to repay the council
- the person who the top-up is paid for may need to move to best value accommodation if the top-up is not paid or is no longer affordable.

The person who is to pay the top-up must agree to the above if we are to arrange care and support in the preferred accommodation setting.

We will review top-up arrangements periodically to ensure that they continue to be affordable and sustainable.

11.2 First party top-ups

A person can only pay a top-up towards their own care and support if:

- they are subject to a 12-week property disregard
- they have a deferred payment agreement in place with BCP Council, (the council will pay the top-up element, the amount will then be added to the sum that is deferred, see Deferred Payment Agreement Policy)
- they are in accommodation provided under section 117 of the Mental Health Act 1983 for mental health aftercare.

The above conditions are all subject to BCP Council agreeing that the top-up is affordable and sustainable, as explained in 11.1 Agreeing a top-up arrangement.

Where a person is paying a top-up from their capital during the 12-week property disregard, it should be noted that this will not reduce the level of tariff income that applies during those 12 weeks, see 12.4.1 Tariff income.

11.3 Third party top-ups

A third party is not obliged under national regulations to provide their financial information and/or evidence to the council for the purposes of assessing their ability to pay a top-up. However, we may ask for information and evidence to support a person's top-up request.

The applicant should understand that providing information and/or evidence will help us in reaching a more accurate decision. Where we do not have enough evidence that a top-up is affordable, we are likely to turn down the request.

11.4 Paying the top-up

Once agreed, the person liable to make top-up payments can either:

- pay the top-up payment directly to the care home provider
- pay the top-up payment to BCP Council. We will pay this to the care home provider and invoice the payee for the arranged top-up amount
- have the agreed top-up amount added to their deferred charge. This only applies for individuals who have a deferred payment agreement, see Deferred Payment Agreement Policy.

The arrangement will be agreed with the payee and the care home provider in writing. This will include frequency of payments.

11.5 Consequences of ceasing to pay a top-up

BCP Council will ensure payments continue to the care home provider in the event of non-payment by the person who has agreed to pay the top-up. We will consider doing this as a short-term measure only, to ensure the person's living and care arrangements are secure whilst alternative arrangements are made.

However, we are not obliged to continue to fund the extra cost of the care where an alternative arrangement can be made. Should there be a break down in the top-up arrangement, we will investigate as to whether another person can make these payments. We will also review the person's care and support plan.

Where there is no option for a top-up to continue to be paid, the person in the preferred accommodation may need to move to an alternative setting. In making this decision we will take into account the outcome of the care and support plan review.

The Care Act 2014 gives BCP Council the power to recover any payments we have made to the accommodation provider, due to unpaid top-up payments. The person who has agreed to pay the top-up is liable to make these repayments. We will therefore pursue repayment in these cases. This can also include legal action and we reserve the right to recover our legal costs. For more information, please see BCP Council Debt Management Policy.

12 Capital and the financial assessment

A person's capital is taken into account when financially assessing the client contribution that the person will pay. Firstly, we will look to see whether the amount of capital a person has will affect their eligibility to receive financial assistance, see 12.2 Capital limits. Secondly, where a person is

eligible for financial assistance, we will calculate how the amount of capital will affect how much the person's client contribution will be, see 12.4.1 Tariff income.

12.1 What is capital?

Capital is any financial resource available to use, even if not immediately available. This may be savings, land, property, stocks and shares, trust funds or cash. There are many other financial resources that may also be considered capital.

When deciding what should be treated as capital, we will consider the advice given in the Care and Support Statutory Guidance (Annex B).

BCP Council will not include a person's financial resources twice in the financial assessment. For example, if a person has an annuity, we will not include this as capital and as income from payments.

12.2 Capital limits

When we assess how much a person can afford to contribute to their care and support, we will apply an upper capital limit of £23,250 and a lower limit of £14,250.

A person with capital over £23,250 will be considered able to self-fund their care and support without financial assistance from the council.

A person with capital between £14,250 and £23,250 will have the amount of their capital taken into account as part of the financial assessment, see 12.4.1 Tariff income.

A person with capital below £14,250 will not have the amount of their capital included in the financial assessment.

12.3 Who owns capital

Normally the owner of capital will be the person whose name the capital is held in. They are the legal owner. However, there are cases where someone may be a 'beneficial owner'. The Care and Support Statutory Guidance (Annex B, paragraph 10) explains further what we will consider when determining if a person should be considered a 'beneficial owner'.

In some cases, there may be a dispute regarding ownership of a capital asset. Where ownership is disputed, we will require written evidence to prove who the owner is. If it cannot be adequately proved that the person does not: own the capital asset, is not a beneficial owner, or is legally unable to access the value of the capital asset, it will be included as capital in the financial assessment.

12.4 How we assess/treat capital

In general, the value of capital will be included at the current market rate or surrender value. For how we assess the value of a property, please see, 12.5.2 How we financially assess property.

12.4.1 Tariff Income

Where a person has capital between the lower capital limit of £14,250 and the upper capital limit of £23,250 we will include 'tariff income' in the financial assessment.

For every £250 of capital, or part of £250, we assess that a person can contribute £1 per week towards the cost of their eligible care and support. This is their tariff income. Please see the Care and Support Statutory Guidance (Annex B, paragraph 27) for an example.

12.4.2 Treatment of investment bonds

Due to the range of investment products on offer, we may seek advice from our legal department if it is unclear as to how we should treat capital held in an investment bond.

12.4.3 Capital held abroad

Where capital is held abroad and it can be transferred to the United Kingdom, we will assess the current value using the relevant exchange rate. Capital held jointly abroad will be treated the same as if it were capital held jointly in the UK.

Where capital cannot be wholly transferred to the United Kingdom, please see the Care and Support Statutory Guidance (Annex B, paragraphs 21 and 22) as to how this will be treated.

12.4.4 Capital which is not immediately accessible

Where capital cannot be made immediately available due to notice periods, the current value will still be taken into account in the normal way and at its value on the date of the financial assessment.

12.5 Property

Property is a form of capital and so may be included as part of the financial assessment. Property is usually a person's home, but may also be other buildings or land that a person owns, co-own or has a 'beneficial interest' in. Where it is included in the assessment, the assessed value (see 12.5.6 How we financially assess property) is taken into account from the date of the financial assessment, unless a 12-week property disregard applies (see 12.5.4.2 The 12-week property disregard: for individuals residing permanently in a care home).

However, we will first establish if the property should be disregarded.

12.5.1 When we disregard property

We will only consider disregarding a person's main or only home. Any other property, such as a second home, property that is let and/or land, will be included as part of the financial assessment. This includes property held abroad which must be declared.

The following chapters explain when we will disregard a person's main or only home.

12.5.2 How we treat property when a person receives care and support whilst living in their own home

We will disregard a person's main or only home in the financial assessment when someone receives care and support services whilst living in their own home.

12.5.3 How we treat property when a person temporarily stays in a care home or hospital

We will disregard a person's main or only home when the person temporarily stays in a care home (including as a respite stay) or in a hospital, as long as the person:

- intends to return to this home (and it is available for them to return to) or
- is taking reasonable steps to dispose of this home so that they can buy a more suitable property which they intend to live in.

12.5.4 How we treat property when a person permanently moves to a care home

Where a person moves permanently to a care home we will normally include their former home as capital in the financial assessment, as explained in 12.5.6 How we financially assess property. However, we may be able to disregard the person former home in the circumstances explained below.

12.5.4.1 Disregarding property when the main or only home is still occupied

Where a person has moved permanently to a care home we may be able to disregard the property in the financial assessment if another person (referred to as the occupier) from the following list lives there.

The disregard will only apply if this occupier lives at the property as their main or only home and they lived there before the person receiving care and support moved to a care home.

The occupier must be either:

- the partner, former partner or civil partner of the person receiving care and support (unless they are estranged)
- a lone parent if they are the person's estranged or divorced partner
- a 'relative' (this must be a relative from the list below) or member of the relative's family, who is also either:
    - aged 60 or over
    - is a child of the person receiving care and support aged under 18
    - is incapacitated.

When we refer to a 'relative' we mean someone from the list below.

- parent (including an adoptive parent)
- parent-in-law
- son (including an adoptive son)
- son-in-law
- daughter (including an adoptive daughter)
- daughter-in-law
- step-parent
- step-son
- step-daughter
- brother
- sister
- grandparent
- grandchild
- uncle
- aunt
- nephew
- niece
- the spouse, civil partner or unmarried partner of the first 11 referenced above (from parent to sister).

When we refer to a 'member of the relative's family', we mean someone who is living with the relative as their partner or spouse.

When we refer to someone who is incapacitated, we mean someone who is receiving disability benefits or would receive a disability benefit if they applied for it. We may ask for medical evidence if it is unclear that someone should be considered incapacitated.

When we say occupy, we mean that it is the person's main or only home. If it is unclear, we will ask for more information and/or evidence in order to decide whether a person can be considered to occupy the property.

12.5.4.2 The 12-week property disregard: for individuals who permanently live in a care home

During the first 12 weeks stay in permanent residential accommodation, the value of a person's main or only home is disregarded where they have been assessed as having eligible needs for care and support, and the person is eligible for assistance with funding.

This will only apply from the date:

- the person first enters a care home as a permanent resident. For example, a 12 week-disregard does not apply if a person has been self-funding their care in a care home before approaching the council for assistance with funding
- the property disregard relating to the person's partner occupying the property ends. This may be because the partner has themselves moved to a care home or has died.

After 12 weeks, unless there is a statutory disregard of the property, the value of the property is included as a capital resource in the financial assessment. At this point BCP Council can only continue to assist with funding if a deferred payment agreement can be arranged. For more information regarding other disregards of property please see Care and Support Statutory Guidance (Annexe B, paragraphs 34 - 42).

12.5.5 Discretion to disregard property

There may be other circumstances where we will consider disregarding a property. The purpose for offering a discretionary disregard is to safeguard certain occupiers from the risk of homelessness.

We will determine whether there is a risk based on the information available and we reserve the right to refuse a property disregard if we do not consider it is appropriate. We will have reference to the Care and Support Statutory Guidance when making this decision.

12.5.6 How we financially assess property

Where property is not disregarded it will be included as part of a financial assessment. We will initially complete a light-touch assessment to confirm the likely equity in the property.

Once we have confirmed the amount of estimated equity, we will disregard 10 per cent of the figure to allow for expenses associated with selling property.

If it is clear from the light-touch assessment that the estimated equity, and any other capital the person holds, totals more than the upper capital limit of £23,250, we will confirm in writing that the person is not eligible for financial assistance from the council.

However, if the combined value is close to £23,250, or there is not enough information to complete a light-touch assessment, we will require more evidence. This will include:

- a land registry search
- a desk-top valuation
- evidence of any outstanding charges held against the property, such as a mortgage
- any other evidence that we consider required to complete an accurate assessment.

In all cases, we reserve the right to conduct a full assessment where we are not satisfied that a light-touch assessment is appropriate. If we feel the evidence provided is not

sufficient to make an accurate assessment, we reserve the right to assume that the value of the property is higher than the upper capital limit of £23,250.

12.5.7 Property and a deferred payment agreement

A deferred payment is a way of deferring the costs of care and support against the value of an asset, usually the home of the person who is receiving care.

This means a person delays part of their payments towards their care and support costs by agreeing that BCP Council will pay this part now, and they will pay the money back later, usually when the deferred payment agreement ends.

A deferred payment agreement can only be considered in certain circumstances and only when a person is in permanently living in a care home (and occasionally where someone is living in supported living accommodation). For more information, please see Deferred Payment Agreement Policy.

12.6 Capital that is disregarded

We disregard some types of capital in the financial assessment. For a current list of capital that we must disregard under national regulations, please see the Care and Support Statutory Guidance (Annex B, paragraph 33).

Other capital may be disregarded for a limited time period. For a current list of capital that we will disregard under national regulations, and for how long the disregard will apply, please see Care and Support Statutory Guidance (Annex B, paragraphs 47-52).

BCP Council will disregard capital that a person holds in a business for a reasonable period of time if we are satisfied that steps are being taken to obtain their share of the asset as soon as practicable. This is relevant where capital held in a business is not readily accessible. When making this a decision as to whether this capital should be disregarded, and for how long, we will have due regard to The Care and Support Statutory Guidance (Annex B, paragraphs 50-52).

12.7 Capital available on application and notional capital

The Care and Support Statutory Guidance distinguishes between:

- capital already owned by a person, but which they must apply in order to access the money (capital available on application) and
- capital not owned by the person, or not held directly in their name, but which will become theirs if they requested it (notional capital).

12.7.1 Capital available on application

Where a person needs to apply for capital but has not yet done so this will be treated as already belonging to the person, apart from the following:

- capital held in a discretionary trust
- capital held in a trust derived from a payment in consequence of a personal injury
- capital derived from an award of damages for personal injury which is administered by a court
- a loan which could be raised against a capital asset which is disregarded, for example the person's main or only home.

12.7.2 Notional capital

In some circumstances we may treat a person as having capital, even if it is not held directly in their name. This is called notional capital and could be capital which:

- would be available to the person if they applied for it
- is paid to someone else, although it is for the person
- the person has deliberately deprived themselves of to reduce the amount they have to contribute to the cost of their care and support.

We will include notional capital from the date that the person could have received it. For example, this may be based on the date that they were aware that they could apply for the capital. The Care and Support Statutory Guidance (Annex B, paragraph 60).

Where a person has been assessed as having notional capital, we reserve the right to include the maximum of what we consider could be available to the person.

The value of notional capital will then be reduced weekly by the difference between the weekly rate the person is paying for their care and support, and the weekly rate they would have paid if notional capital did not apply. For an example, please see The Care and Support Statutory Guidance (Annex B, paragraph 31).

More information on how notional capital is identified in deprivation cases can be found in 16 Deprivation.

13 Income and the financial assessment

13.1 How we treat income

In order to accurately assess how much a person can contribute to their eligible care and support needs we must know what their income is. We will gather this information, and evidence where needed, as part of the financial assessment.

Income will always be taken into account unless it is disregarded under national regulations, please see 13.2 Income that is disregarded and 13.3 Income that is partially disregarded.

The amount of income we include in the financial assessment will always be after the deduction of any tax or National Insurance contributions.

Where a benefit payment has been reduced, for instance due to a previous overpayment, we will take into account the amount the person is entitled to before the reduction.

Only the income of the person receiving care and support will be taken into account in the financial assessment. Where this person receives income as one of a couple, we will assume that they have an equal share of that income.

Where a person lives with a partner or spouse and receives care and support whilst living at home, we will consider the impact of this on their financial situation.

13.1.1 How we treat income from pensions and annuities

In most cases when we complete a financial assessment, the amount a person receives as a pension or annuity is taken into account in full as income. However, there are some exceptions.

In the cases below we will assess pension income differently, in line with the Care and Support Statutory Guidance:

- Where a person has removed pension or annuity funds and placed them in another product or savings account, this will be treated according to the rules for that product.

- Where a person is only drawing a minimal income from an annuity product, or choosing not to draw an income, we may apply notional income. This will be the maximum income that could be drawn under an annuity product. Please see, 13.4 Notional income.
- Where a person is drawing down an income that is higher than the maximum available under an annuity product, the actual income that is being drawn down will be taken into account.

13.2 Income that is disregarded

We disregard employed and self-employed earnings in full. For what we mean by earnings, see Care and Support Statutory Guidance (Annex C, paragraphs 9-13).

For a list of income from benefits that we will disregard under national regulations, please see Care and Support Statutory Guidance (Annex C, paragraph 15).

We include Working Tax Credits when we assess what a person can afford to pay towards the cost of their care and support in a care home. However, we disregard Working Tax Credit when we calculate what a person will contribute to the cost of their care and support arranged other than in a care home.

An annuity will only be disregarded if it:

- was purchased with a loan secured on the person's main or only home
- is a gallantry award, such as the Victoria Cross Annuity or George Cross Annuity.

For a list of other income that we will disregard under national regulations please see Care and Support Statutory Guidance (Annex C, paragraphs 29 – 32).

13.3 Income that is partially disregarded

Where a person is in a care home and paying half of the value of their occupational pension, personal pension or retirement annuity to their spouse or civil partner, we will disregard this payment.

There are circumstances where we can disregard parts of income from an annuity purchased as a 'home income plan'. Please see, Care and Support Statutory Guidance (Annex C, paragraphs 22 – 25).

There are circumstances where we can disregard parts of income from a mortgage protection policy. Please see, Care and Support Statutory Guidance (Annex C, paragraphs 27 – 28).

For a list of other income that we will partially disregard under national regulations, please see Care and Support Statutory Guidance (Annex C, paragraph 33). This includes information relating to savings disregards for individuals and couples.

13.4 Notional income

In some circumstances we may treat a person as having income, even if they don't receive it. This is called notional income and could be income which:

- would be available to the person if they applied for it
- is due to the person but they have not received it yet
- the person has deliberately deprived themselves of the income to reduce the amount they have to contribute to the cost of their care and support.

The above also includes where a person of qualifying age has a pension plan but has not purchased an annuity which would allow them to access the annuity income that would be available.

BCP Council calculates notional income from the date it could be expected the person would have begun to receive the income. For example, the date a person is made aware they could claim a disability benefit would be the date that they could apply for that benefit.

Where notional income is included in a financial assessment, we treat this in the same way as actual income. Therefore, we will disregard any notional income that would be disregarded as income in a financial assessment.

There are some sources of income that we will **not** treat as notional income:

- income payable under a discretionary trust
- income payable under a trust set up with a payment made as a result of a personal injury where the income would be available, but has not yet been applied for
- income from capital resulting from an award of damages for personal injury that is administered by a court
- an occupational pension which is not being paid because:
    - the trustees or managers of the scheme have suspended or ceased payments due to an insufficiency of resources
    - the trustees or managers of the scheme have insufficient resources available to them to meet the scheme's liabilities in full
- Working Tax Credit.

14 Charging for care and support which a person receives at home or in the community

This chapter relates to charging for services such as:

- home care
- day centres and day activities
- bathing at a day centre
- transport to and from day centres
- supported living
- personal budgets and direct payments
- support in an extra care housing scheme that is not counted as home care
- shared lives scheme.

This chapter also relates to how we charge people in prison for care and support services arranged by BCP Council's Adult Social Care Services.

So that we can complete a financial assessment, we will ask about the person's income and capital. We will also ask about certain household expenditure and disability related expenditure that the person has.

For information as to how we treat capital and income, see 12 Capital and the financial assessment and 13 Income and the financial assessment.

However, the value of a person's main or only home will be disregarded when we assess a person's contribution to the above types of services. Any other property they own will be taken into account, as explained in 12.5.6 How we financially assess property.

14.1 Minimum income guarantee (MIG)

When someone is receiving care and support at home or in the community, we will arrange that a person keeps a minimum amount of income, after paying toward the cost of their eligible care and support needs.

We call this the minimum income guarantee (MIG). The Government sets the MIG rates for England annually, see Social care charging for local authorities. The MIG should enable the person to cover their necessary living costs and assist them to live independently.

Further to these nationally set rates, where a person lives with a partner or spouse and receives care and support whilst living at home, we will consider the impact of this on their financial situation.

14.2 Disability Related Expenditure (DRE)

When a person has a disability, or disabilities, they may spend extra money because of this. For example, they may spend extra on laundry, or have higher than average heating bills due to a disability. We call this Disability Related Expenditure (DRE).

As part of a person's financial assessment, we will ask a person to confirm their DRE. Every individual is different, and so there DRE will be too. We therefore consider the individual's circumstances, including their care and support needs, when deciding what can be considered as necessary DRE, and how much to disregard from the financial assessment.

Where necessary to support our decisions, we will consider the advice given in the National Association of Financial Assessment Officers' (NAFAO) Guide to Disability Related Expenditure. This guide is updated annually.

The NAFAO guide is just that. Therefore, in some circumstances we may consider allowing for items not included in the NAFAO guide or allow for a higher cost than suggested in the guide. Similarly, whilst an expense or allowance may be suggested in the NAFAO guide, we may consider that in certain individual cases, that expense or allowance is not necessary, and therefore would not be disregarded in the financial assessment. Allowances for DRE are at the council's discretion and evidence to confirm an expense may be requested.

The following principles will inform our decision as to what is considered necessary DRE:

- Only items where the person has no choice other than to incur the DRE in order to maintain independence should be allowed.
- A DRE assessment will normally apply for a full year. However, it may be reviewed more frequently if the person requests this.
- We will consider the individual's care and support needs when making a decision.
- Only the most cost effective and reasonable form of DRE will be allowed within the financial assessment.
- Evidence/receipts may be requested to verify the expenditure. It may be that items will not be included within the financial assessment if no evidence of expenditure is provided.
- Items will be allowed based on past expenditure not future expenditure.
- If Disability Living Allowance/Personal Independence Payment mobility component is in payment, the costs of transport considered eligible as DRE can only be included if the amount paid each week exceeds the amount of the Disability Living Allowance/Personal Independence Payment mobility component. Generally, the Disability Living Allowance mobility component should cover the cost of transport.

A person can request their DRE allowance be reconsidered if they are unhappy. Final decision-making authority rests with the Service Director for Adult Social Care.

15 Charging for care and support which a person receives in a care home

So that we can complete a financial assessment we will ask for details of the person's income, capital and value of assets they own. If someone is staying temporarily in a care home, we will also ask about certain household expenditure that the person has, see 15.2 Temporary and short-term stays in a care home for more information.

For information as to how we treat capital and income, please see 12 Capital and the financial assessment and 13 Income and the financial assessment.

We will take into account some state benefits a person receives, for example Attendance Allowance. This may be different to the state benefits we take into account when someone is receiving care and support in their own home. For a full list of benefits that we take into account, and what we disregard when someone is residing in a care home, please see the Care and Support Statutory Guidance (Annex C, paragraphs 14-16).

15.1 Personal Expenses Allowance (PEA)

When someone is receiving care and support in a care home, we will arrange that a person keeps a minimum amount of income, after paying toward the cost of their eligible care and support needs.

This is referred to as a person's Personal Expenses Allowance (PEA). The Government sets the amount of PEA annually, see Social care charging for local authorities. A person should be able to spend their PEA as they wish.

Although national legislation advises councils that they must leave a person with the nationally set amount of PEA, this does not override our right to charge a tariff income or include notional capital or income in a person's financial assessment. Please see 12.4.1 Tariff income, 12.7 Capital available on application and notional capital and 13.4 Notional income for more information.

There are some situations where we would consider allowing more than the minimum PEA, please see Care and Support Statutory Guidance (Annex C, paragraph 46) for more information.

15.2 Temporary and short-term stays in a care home

Following the assessment of a person's eligible care and support needs, it may be decided that a person would benefit from a temporary stay in a care home.

A decision that a person should stay temporarily in a care home will be agreed with the person and will be written into their care and support plan.

15.2.1 What is a temporary stay and what is a short-term stay?

A temporary stay in a care home is a stay that is intended to be for a limited period of time and there is a plan for the person to return home. Usually this would be for a stay of less than 52 weeks, although there may be exceptional cases where the stay may be longer.

There may be occasions where a person is staying in a care home on a permanent basis however, a change in circumstances allows for them to return home. In terms of the person's financial assessed client contribution, we will treat the person as being a temporary resident from the date of admission in these cases.

Where a temporary stay becomes permanent, we will update the financial assessment from the date the care plan is amended and agreed with the person.

A short-term stay in a care home is a stay of no more than 8 weeks.

Charges for respite stays are dealt with separately to this policy as part of Adult Social Care Services respite arrangements.

15.2.2 How we charge for temporary stays

BCP Council will include a person's capital and income in the financial assessment, as explained in 12 Capital and the financial assessment and 13 Income and the financial assessment.

However, certain disregards will apply because the person will have a main home to maintain whilst they are temporarily staying in a care home.

We will disregard the person's main or only home, as long as the person:

- intends to return to this home (and it is available for them to return to) or
- is taking reasonable steps to dispose of this home so that they can buy a more suitable property which they intend to live in.

We will disregard part of their income to cover some costs relating to their home. What we allow is based on what we consider necessary so that their home is in a fit condition for them to return to. For example, contents insurance.

Where they are not the only person living in their home, the amount disregarded will be based on what we would reasonably consider is their portion to pay. For example, 50 per cent of the council tax if they live with another adult who is liable for the council tax bill.

Where the person's partner or spouse remains at home, we will consider whether they have sufficient income to cover their necessary living costs. For example, we may disregard half of the private or occupational pension of the person who is temporarily staying in a care home, if the partner or spouse would normally rely on this income to meet their day to day living costs.

We will disregard Attendance Allowance, Disability Living Allowance and Personal Independence Payments if the person is receiving any of these.

We will also disregard certain payments the person receives, such as Housing Benefit, the housing element of Universal Credit and income from sub-letting part of their home. Where a person has income from a boarder, we will disregard the first £20 of the income, plus half of any balance over £20.

15.2.3 How we charge for short-term stays

Usually a person's contribution to a short-term stay will be financially assessed as above.

However, in exceptional circumstances we may consider that a person requires short term residential care, due to difficulties in resourcing specific eligible care services to support and maintain the person living in their own home.

In these cases, we may assess and charge the person as if they were receiving the care and support they are eligible for in their own home. The decision to do so is at the discretion of BCP Council, as outlined in the Care and Support Statutory Guidance (Annex F, paragraph 8).

15.3 Permanent stay in a care home

A person residing permanently in a care home is likely to contribute most of their income towards their cost of care and support. As explained in 15.1 Personal Expenses Allowance (PEA), PEA will be taken into account in the financial assessment.

Property will usually be taken into account, although certain disregards may apply, please see 12.5.1 When we disregard property and 12.5.4.2 The 12-week property disregard: for individuals residing permanently in a care home. Where a property cannot be disregarded we will first determine whether the equity in the property will result in the person having over £23,250 in capital, see 12.5.6 How we financially assess property. If so, the person may have the option to pay for their care and support using a deferred payment agreement. Some information is provided

in 12.5.7 Property and a deferred payment agreement however, for more detailed information see BCP Council's Deferred Payment Agreement Policy.

When a person begins a permanent stay in a care home, they will be entitled to a 28 day 'run-on' of Attendance Allowance and the care components of other disability benefits (although a run-on may not apply if the person was in hospital before moving to a care home). We will include the relevant benefits in the financial assessment for the time that the person is eligible to receive the run-on. We will then remove this income from the assessment. This will reduce the amount the person will be required to contribute to the cost of their care and support, in line with the fall in their income.

It should be noted that it is the person's responsibility to inform the Department for Work and Pensions (DWP), or other third parties, of changes in their circumstances. This includes if they move to a care home. It is not the role of BCP Council to ensure this has been done.

Where a person fails to do this, they may accrue an overpayment of benefits which they will have to pay back to the DWP. It is not BCP Council's role to inform third parties of a change in a person's circumstances.

16 Deprivation

When completing a financial assessment or review, BCP Council may identify circumstances that suggest a person has deliberately deprived themselves of capital or income. An example would be where a person gives away a large sum of money. There may be a valid reason for withdrawing this money.

However, the Care Act 2014 allows the council to include as part of the financial assessment any income and/or capital that we are reasonably satisfied:

- the person has deliberately deprived themselves of and
- that this was done to avoid or reduce their contribution to the cost of the care and support they receive.

We will refer to the guidance relating to the Regulation of Investigatory Powers Act 2000 where we choose to investigate cases of possible deprivation.

BCP Council will also refer to the Care and Support Statutory Guidance when making a decision as to whether deprivation has occurred. Where there is information to suggest or suspect that an asset has been disposed of, it is for the person to prove to BCP Council that they no longer have the asset, or any beneficial interest in it.

Where a debt to the council is accrued, we have the right to recover this, either from the person who has deprived themselves of their capital/income or from the third party who has received the asset in question.

16.1 Recovering charges from a third party

Where a person has transferred capital and/or income to a third party to avoid or reduce their contribution, the third party is liable to pay BCP Council the difference between what we would have charged the person and what we have charged the person. This means we can send an invoice to a third party for money we have calculated is owed to the council.

This applies to every third party where capital and/or income has been transferred to more than one person. However, a third party is not liable to pay anything more than the benefit they received from the transfer.

For more information as to how we can recover money owed to the council, please see BCP Council Debt Management Policy.

17 Debt

The way we charge for Adult Social Care services adheres to the principles set out in this Charging Policy, namely that charging will be fair. Therefore, it is to be expected that any debt accrued will be repayable.

For more information as to how we will work with an individual to resolve a situation where debt has built up, please see BCP Council Debt Management Policy. Particularly attention should be given to the statements provided in the appendix relating to Adult Social Care debt.

18 Charging Schedule

BCP Council's charges for Adult Social Care are provided in the Adult Social Care Charging Schedule.

19 Safeguarding

Safeguarding concerns the protection of adults at risk from situations which may place them at risk of harm, neglect or exploitation. BCP Council policy and procedures on Safeguarding Adults will be followed.

We may identify situations where we have cause for serious concern as to how a person's money is being managed. We have a duty to report these cases to the Office of the Public Guardian and will do so, as well as making a referral to the Adult Social Care Services Safeguarding team. We will refer matters to the police if we suspect a crime has been committed.

20 Data protection

We are committed to protecting the privacy of people who use our services. For more information about how we use a person's personal information and protect privacy please visit bcpcouncil.gov.uk/About-BCP-Council/Privacy.

21 Equality and diversity

The council is required to treat people fairly and is committed to principles of equality and respect for diversity. In line with BCP Council's Equality and Diversity Policy we will not discriminate against people who access our services, including in those circumstances where services are provided by third parties on our behalf.

22 Complaints

If a person is dissatisfied with Adult Social Care services, a decision made by Adult Social Care and/or feel they have been treated unjustly by Adult Social Care, they have the right to make a complaint to the council. If the person is still not satisfied they then have the right to make a complaint to the Local Government and Social Care Ombudsman. For the for Adult Social Care complaints process, please see Comments, Compliments and Complaints. The complaints team may be contacted at comments.adultsocialcare@bcpcouncil.gov.uk.

23 Roles and responsibilities

Director of Adult Social Care Services:

- has the authority to review charges on an annual basis and adjust these based on changes to the cost of the services delivered
- has the authority to waive charges in exceptional circumstances
- ensures this policy is kept up to date and reflects national government legislation and regulations.

Managers:

- ensure staff have read, understood, and comply with this policy in the context of their role within Adult Social Care
- ensure those involved in the financial assessment process uphold the principles within this policy
- consider requests for a reassessment of either a person's care and support needs or client contribution equitably, and provide a written response outlining the reasons for the decision.

All staff:

- read and adhere to this policy relative to their role within Adult Social Care
- ensure this policy is applied equitably across BCP Council
- ensure appropriate information and advice is provided to clients, as outlined in this policy
- relative to their role, ensure that the outcome of reviews, the impacts of uprated income and uplifts in provider costs are communicated clearly to the person.

Individuals receiving our services and their financial representatives

If a person wishes to receive assistance from BCP Council towards the cost of their eligible care and support needs the person, or their representative, is expected to:

- provide truthful and accurate information and evidence (to the best of their knowledge) to support the council in completing the financial assessment
- provide information and evidence in a timely manner to support the council in completing the financial assessment
- inform BCP Council promptly of any changes to their circumstances which may impact their assessed client contribution.

24 References and related information

Include useful links and related documents

Care Act 2014: Sections 14, 17, 69 and 70

Care and Support (Charging and Assessment of Resources) Regulations 2014

Care and Support and Aftercare (Choice of Accommodation) Regulations 2014

Care and Support Statutory Guidance: Chapter 8 and Annexes A to F

Data Protection Act 2018

BCP Council Debt Management Policy

Deferred Payment Agreement Policy

Equality and Diversity Policy BCP Council

Human Rights Act 1998

National Association of Financial Assessment Officers' (NAFAO) Guide to Disability Related Expenditure

Regulation of Investigatory Powers Act 2000

Document Control

Version	Date	Details
0.1	27/03/2020	1st Draft
0.2	23/06/2020	Updated following outcome of Charging Consultation and feedback from Head of Strategic Development and Change Management.
0.3	21/08/2020	Updated following feedback from Head of Access and Carers Services, Head of Specialist Services, Financial Assessment, Support and Related Debt Manager, Senior Officer for Financial Assessment (SVPP).
0.4	01/09/2020	Updated following feedback from ASC Charging Board. Further feedback received from Financial Assessment, Support and Related Debt Manager and Senior Officer for Financial Assessment (SVPP).
0.5	07/09/2020	Updated following feedback from ASC Senior Management Team Meeting and BCP Council Solicitor for ASC. Final amendments provided by ASC Complaints Manager, ASC Finance Manager, Collection Services Manager (SVPP), Head of Longterm Conditions, Head of Specialist Services, Head of Strategic Development and Change Management,

Documents this replaces

Bournemouth Borough Council Policy – Adult Social Care Charging Policy 2018/2019

Dorset County Council Policy – Charging and Financial Assessment Policy

Dorset County Council Policy – Schedule for non-residential care charges 2018-2019

Dorset County Council Policy – Transport Provision and Charging Policy 2018

Borough of Poole Policy – Adult Social Care Charging Policy 2018

Borough of Poole Policy – Fairer Contributions and Charging (including Disability Related Expenditure) Policy 2016

Borough of Poole Policy – Fee Rates and Charges Payable for Adult Social Care Services for 2018-2019

Equality Impact Assessment

Full assessment / Screening Complete - Date

Data Protection Impact Assessment

Assessment complete - Date

Review frequency

2 yearly – next review Month and year

Policy approval

Cabinet on Date

Policy leads

Anne Humphries

Head of Specialist Service

Pete Courage

Head of Strategic Development & Change Management

Policy author

Lucy Russell

Policy Officer

Target audience

All Adult Social Care Staff and BCP Council Residents

Contact information

asc.changemanagement@bcpcouncil.gov.uk

Glossary

Word	Description
accrue	Here this means when you build up an amount of money that you owe
annuity	Money paid out every year to someone. The money usually comes from an insurance policy
appointee for benefits	Someone who the Department for Work and Pensions (DWP) has agreed can receive and spend a person's benefits, if that person is not able to deal with their finances
assessed charge	The amount of money we have financially assessed that you should pay towards your eligible care and support needs
asset	Here, this means income, savings, or things that you own which have value. For example, property or investments
beneficial ownership	Where someone enjoys the benefits of owning something, even if it is held in someone else's name. Or it may be where someone has the power to influence a transaction regarding a particular asset, either directly or indirectly
boarder	Someone who pays to live in the home of the person they pay. They receive at least one meal a week as part of what they pay
capital	Money and other things you own (assets) that have monetary value
care and support plan	A written plan made with you after you have had an assessment. The plan says how your care and support needs will be met and what services you will receive
client contribution	The amount of money we have financially assessed that you should pay towards your eligible care and support needs
defer	Here this means to delay part of your payments towards your care and support costs by agreeing that the council will pay this part now, and you will pay them back later
deprivation	When you deliberately reduce the amount of savings, property or income you have, in order to qualify for help from the council with paying for care and support costs or to receive grants and/or benefits
deputy/deputyship	Here we mean someone appointed by the Court of Protection to make decisions on your behalf if you lack capacity to make those decisions yourself and have not already given someone power of attorney
desk-top valuation	Here this means working out how much something of value is worth by using information available on the internet. For example, the value of a property

disregard	Here this means not to include something in a financial assessment
eligible care and support needs	The needs you have for care and support that the council is required by law to meet
equity	The value of something (such as a house), less the money you owe on it
financial assessment	Where we look at your income, capital and individual circumstances to work out how much you can afford to pay towards your eligible care and support needs
financial representative	A person that deals with your finances and financial decisions for you. This might be an informal arrangement (you have agreed this with a family member or friend) or a formal arrangement (such as appointing a solicitor, giving someone else power of attorney, or where the Court of Protection appoint someone as your deputy)
intermediate care	Care and support services aimed at keeping you at home rather than in hospital, or helping you to come home early from hospital after illness or injury
market rate	The usual price of something
mental capacity	Being able to make your own choices and decisions. To do this you need to be able to understand and remember information and tell people what you have decided. A person may lack capacity because of a mental health problem, dementia or learning disability
minimum income guarantee (MIG)	The amount of money you keep for you living costs when you live at home, after paying toward the cost of their eligible care and support needs
personal budget	The amount of money we have assessed is needed to meet the cost of your eligible care and support needs
personal expenses allowance (PEA)	The minimum amount of money you keep for your own personal needs if you move into a care home
power of attorney	A legal decision you make to allow a specific person to act on your behalf, or to make decisions on your behalf, if you are unable to do so. You can arrange this so that someone can make decisions about your health and welfare, and/or your property and finances. You can only arrange this if you have the mental capacity to do so
preferred accommodation	The place you would like to receive care, usually a care home that is more expensive than the care homes we offer you to support your eligible care and support needs

reablement services	A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost because of illness, an accident or disability
residential care	Care in a care home, with or without nursing, for older people or people with disabilities who require 24-hour care
respite care	A service that gives carers a break from their caring responsibilities, by providing short-term care and support for the person with care needs. This may be in their own home or in a residential care home
self-fund	When you arrange and pay the full cost of your own care and support services and do not receive financial help from the council
short-term stay in residential care	A stay of no more than eight weeks.
spouse	A person's husband or wife
surrender value	The amount of money you receive if you cancel a financial product before it is due to end. For example, a life insurance policy
tariff income	Here, this is an amount of money we include as income in your financial assessment because you have savings over £14,250. For every £250 you have between £14,250 and £23,250, we will include £1 as income
temporary stay in residential care	A stay that is intended to be for a limited period of time (less than 52 weeks) and there is an intention to return home
third party	A person or organisation that is not you and is not the council. For example, a family member
top-up	The additional amount that must be paid by you or a third party if you choose to live in a care home that costs more than the council's standard rates
uplift	An increase in the agreed fees with care and support providers, to reflect an increase in their costs, if any. These are usually reviewed annually
uprate	A set percentage increase of certain benefits, state pensions and some occupational pensions

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BCP Equality Impact Assessment Template

Executive Summary and Conclusions

Once the Equality Impact Assessment Template has been completed, please summarise the key findings here. Please send a copy of your final document to the Policy and Performance Team.

The Adult Social Care Charging Policy explains what care and support services a person may be charged for and how we calculate what is reasonable for a person to pay.

We have identified that those with disabilities and longterm conditions, and those of an older age are most likely to be potentially impacted by the content of the policy. Several mitigations are written into the policy, as explained in part 4. For example, when a person receives care whilst living at home, the amount of income we disregard as part of the financial assessment takes into account age and disability. We have identified certain circumstances that may adversely impacted women who are (or were) a part of a couple. It appears that this will impact a minority of women and again, mitigations are included in the policy as explained in part 4.

Carers and those from lower-socio economic groups (including where there are interdependencies with protected characteristics) are other groups of people that could be impacted. Provision has been made for both, i.e. Choosing not to charge carers for support received from Adult Social Care Services and means-testing the client's contribution.

The content of the Charging Policy appropriately minimises the risk of protected characteristic groups being adversely impacted by what we charge clients and how we assess their financial contribution to the cost of their eligible care and support needs.

Part 1 - The Project	
Policy/Service under development/review:	Adult Social Care Charging Policy
Service Unit:	Adult Social Care
Service Lead:	Anne Humphries, Head of Specialist Services Peter Courage, Head of Strategic Development and Change Management

BCP Equality Impact Assessment Template

Part 1 - The Project	
Equality Impact Assessment Team:	Peter Courage, Head of Strategic Development and Change Management Lucy Russell, Policy Officer Debi Platt, Equality Champion
Date assessment started:	08.09.2020
Date assessment completed:	11.09.2020
What are the aims/objectives of the policy/service?	Since the formation of BCP Council on 1st April 2019, the council has operated under the three legacy Adult Social Care Charging policies for Bournemouth, Christchurch, and Poole. It is therefore necessary to adopt a new single charging policy in order to operate a fair and equitable approach to adult social care charging. The principles of this policy are: • To ensure a fair, consistent and comprehensive charging framework, where all contributions towards the cost of care and support are based on what is reasonably practicable for the person to pay. • To ensure that the charge is based on the actual cost of the service to BCP Council and is sustainable for us in the long-term. Charges will therefore be reviewed annually and may be adjusted based on changes to the cost of services delivered. • That our charging arrangements should support our work to promote wellbeing, as outlined in the Care Act 2014. • That our charging arrangements are person-focused, reflecting the range of care and caring journeys an individual may experience and the variety of options available to meet their needs.

BCP Equality Impact Assessment Template

Part 1 - The Project	
	• To ensure that care and support needs are assessed separately from a person's ability to pay. • To encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so. • To support carers to look after their own health and wellbeing and to care effectively and safely. • To be clear and transparent, so that people know what they will be charged and how their client contribution is calculated. • That all efforts will be made to provide accessible information for every individual. • To be fair and equitable to all.
What outcomes will be achieved with the new or changed policy/service?	• To have one charging policy that covers all areas of the BCP area • Fair, consistent, and comprehensive charges for ASC care and support services, regardless of where the individual lives in the BCP area. • Provision of clear and accurate information to client and their financial representatives.
Are there any associated services, policies, or procedures?	Debt Management Policy BCP Council (to be ratified) Direct Payment Policy (to be ratified) Deferred Payment Agreement Policy BCP Council
Please list the main people, or groups, that this policy/service is designed to benefit, and any other stakeholders involved:	Adult social care managers and employees Adult Social Care service users Clients' carers, families, and friends

BCP Equality Impact Assessment Template

Part 1 - The Project	
With consideration for their clients, please list any other organisations, statutory, voluntary or community that the policy/service/process will affect:	Care providers Care home providers Advocacy groups Voluntary organisations that support our clients and/or carers

Part 2 – Supporting Evidence[1]
Please list and/or link to below any recent & relevant consultation & engagement that can be used to demonstrate a clear understanding of those with a legitimate interest in the policy/service/process and the relevant findings:  Appendix 1 - ASC Charging Consultatior ASC Charging Consultation January – March 2020
If there is insufficient consultation or engagement information please explain in the Action plan what further consultation will be undertaken, who with and how.
Please list or link to any relevant research, census and other evidence or information that is available and relevant to this EIA: Gender Pay Gap in the UK: 2019 Women's risks in life report: 2018 Ethnicity Pay Gaps I Great Britain: 2018

[1] This could include: service monitoring reports, research, customer satisfaction surveys & feedback, workforce monitoring, staff surveys, opinions and information from trade unions, previous completed EIAs (including those of other organisations) feedback from focus groups & individuals or organisations representing the interests of key target groups or similar.

BCP Equality Impact Assessment Template

Part 2 – Supporting Evidence[1]
Please list below any service user/employee monitoring data available and relevant to this policy/service/process and what it shows in relation to any Protected Characteristic: BCP insight profile
If there is insufficient research and monitoring data, please explain in the Action plan what information will be gathered:

Part 3 – Assessing the Impact by Equality Characteristic Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue. **Click here** for more guidance on how to understand the impact of the service/policy/procedure against each characteristic. If the impact is not known please explain in the Action plan what steps will be taken to find out.		
	Actual or potential positive outcome	**Actual or potential negative outcome**
1. Age[2] As per ASC performance dashboard (April-June 2020) our 76% of our client group are over the age of 64. As per BCP insight profile: on average, 57%		1. As a person gets older, they are more likely to develop a disability or longterm condition, so more likely to be impacted by this policy. They are more likely to have higher living costs and disability related expenses than younger generations which will need to be taken into account to be fair. 2. For younger generations who have an ongoing disability or longterm condition, they will be

[2] Under this characteristic, The Equality Act only applies to those over 18.

Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue.
Click here for more guidance on how to understand the impact of the service/policy/procedure against each characteristic.
If the impact is not known please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
of BCP residents aged 65 of over say they have a disability or longterm condition that limits their day to day activities (compared to on average 11.25% of adults aged 64 or under).		impacted by the charging policy for a longer period of their lives.
2. Disability[3] As per BCP insight profile: 18% of BCP residents say they have a disability or longterm condition that limits their day to day activities		1. The majority of those impacted by the Charging Policy will have a disability or longterm condition. They are likely to have extra costs associated with their disability which will need to be taken into account to be fair.

[3] Consider any reasonable adjustments that may need to be made to ensure fair access.

BCP Equality Impact Assessment Template

Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue.
Click here for more guidance on how to understand the impact of the service/policy/procedure against each characteristic.
If the impact is not known please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
3. Sex As per ASC performance dashboard (April-June 2020) our client group is 43% Male and 57% Female. The biggest differential is between the 85-94 age client group: 26% of male clients and 36% of female clients.		1. Women on average: earn less than men, are less likely to be economically active, have less savings, and are less likely to be the main breadwinner in a heterosexual couple. They are therefore more likely to rely on the income of their partner. They should not be negatively impacted due to the fact they may have a lower income/rely on the income of their partner. 2. However, in some instances they may be impacted: in heterosexual couples, men are more likely to receive Working Tax Credit (WTC) which is disregarded in the financial assessment for care received at home. 3. Women are more likely to be financially dependent on men, especially in older age groups. Therefore, where a male partner requires care and support, there is potential for this to represent a loss of income for the female partner to use for living expenses. 4. Women are more likely to live longer than men. For heterosexual couples who own property, women are more likely to the surviving owner

Part 3 – Assessing the Impact by Equality Characteristic Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue. **Click here** for more guidance on how to understand the impact of the service/policy/procedure against each characteristic. If the impact is not known please explain in the Action plan what steps will be taken to find out.		
	Actual or potential positive outcome	**Actual or potential negative outcome**
		Therefore, they are more likely to need the assistance of a deferred payment agreement to pay for care home fees and will be required to cover the relevant fees. 5. Men are more likely than women to have a dependent child who does not live with them. They may therefore be less likely to benefit from disregards due to a dependent child living in the client's home, however they may pay maintenance for a child.
4. Gender reassignment[4]	No perceived positive impact	No perceived negative impact
5. Pregnancy and Maternity	No perceived positive impact	No perceived negative impact
6. Marriage and Civil Partnership As per BCP insight profile:	Co-habiting couples are treated the same as those who are married or in a civil partnership, in terms of how a client's contribution is financially assessed.	1. As advised under 3. Sex, where one partner receives care and support at home, there is a risk that the remaining partner may see a loss of income to use for their own living expenses

[4] Transgender refers people have a gender identity or gender expression that differs to the sex assigned at birth.

Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue.
Click here for more guidance on how to understand the impact of the service/policy/procedure against each characteristic.
If the impact is not known please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
77% of couples in BCP area are married, 23% co-habit As per BCP insight profile: 22% of single BCP residents are divorced or separated and 16% are widowed.		2. As advised under 3. Sex, the surviving partner are more likely to need the assistance of a deferred payment agreement to pay for care home fees and will be required to cover the relevant fees.
7. Race As per BCP insight profile: White: British 88.4% White: Gypsy or Irish Trav.. 0.1% White: Irish 0.6% Other White 5.1% Asian/Asian British 2.9% Black/African/Caribbean/.. 0.6% Mixed/multiple ethnic gro.. 1.7% Other ethnic group 0.6%		1. Certain ethnic groups on average: earn less than white groups and have higher rates of economic inactivity, therefore are likely to have lower income than white groups 2. As lower income groups, they are also more likely to experience longterm conditions and so more likely to be proportionately impacted by this charging policy.

BCP Equality Impact Assessment Template

Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue.
Click here for more guidance on how to understand the impact of the service/policy/procedure against each characteristic.
If the impact is not known please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome
8. Religion or Belief As per BCP insight profile: Christian 59.7% No religion 29.3% Religion not stated 7.7% Muslim 1.2% Other religion 0.6% Buddhist 0.5% Hindu 0.5% Jewish 0.5% Sikh 0.1%		As part of the public consultation, Christian respondents were more likely to state that they were significantly more likely to be impacted (a lot/a little) by introducing a day centre charge that reflects our costs, than those with no religion. However, upon reviewing the charging arrangements there appears to be no difference in how Christian clients are treated, either directly or indirectly, which suggests this finding reflects the respondent profile (66% of respondents identified as Christian).
9. Sexual Orientation	No perceived positive impact	No perceived negative impact
10. Armed Forces Community	Certain income disregards apply to income received by Armed Forces Community, such	No perceived negative impact

Part 3 – Assessing the Impact by Equality Characteristic

Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue.
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If the impact is not known please explain in the Action plan what steps will be taken to find out.

	Actual or potential positive outcome	Actual or potential negative outcome	
	as to the gallantry award of war widows/widowers' pension. BCP Council have an Armed Forces Covenant in place.		
11. Socio-economic groups		1. Lower socio-economic groups are more likely to develop longterm conditions and so more likely to be impacted by this policy 2. Those with disabilities are more likely to be in lower socio-economic groups and so more likely to be impacted by this policy 3. Lower socio-economic groups might not have the support around them to be able to afford a third party 'top-up' where they may have a 'preferred accommodation' setting that is more expensive than our agreed rates. 4. Lower-socio-economic groups may not have access to private transport and so may be adversely impacted by the decision to charge separately for transport to day centres.	
12. Carers	1. We have chosen not to charge carers for services provided directly to them. This is to support them in the work that		

BCP Equality Impact Assessment Template

Part 3 – Assessing the Impact by Equality Characteristic Use the evidence to determine to the impacts, positive or negative for each Equality Characteristic listed below. Listing negative impacts will help protect the organisation from potential litigation in the future, it does not mean the policy cannot continue. **Click here** for more guidance on how to understand the impact of the service/policy/procedure against each characteristic. If the impact is not known please explain in the Action plan what steps will be taken to find out.		
	Actual or potential positive outcome	**Actual or potential negative outcome**
	they do and reduce the risk of 'carer breakdown'. They can receive certain support that they may otherwise have to pay for.	
2. Human Rights	No perceived positive impact	No perceived negative impact

Any policy which shows actual or potential unlawful discrimination must be stopped, removed or changed.

Part 4 – Equality Impact Action Plan Please complete this Action Plan for any negative or unknown impacts identified in the assessment table above.			
Issue identified	**Action required to reduce impact**	**Timescale**	**Responsible officer**
Age: As a person gets older, they are more likely to develop a disability or longterm condition, so more likely to be impacted by this policy. They are more likely to have higher living costs	1. Regarding the charging for care received whilst living at home, there is an increase to the Minimum Income Guarantee (MIG) for those of pensionable age, to reflect the increase in their day to day living costs.	Included in policy – to be ratified before April 2021	Anne Humphries – Head of Specialist Services

and disability related expenses than younger generations. For younger generations who have a disability or longterm condition, they will be subject to the charging policy for a longer period of time and potentially there may be a greater impact.	2. Disregards are also provided within the financial assessment for Disability Related Expenditure (DRE) so that a person's contribution is based on disposable income. 3. We will also signpost our clients to give them the opportunity to maximise their income (i.e. 'benefit take-up').	Included in policy – to be ratified before April 2021 Included in policy – to be ratified before April 2021	
Disability: The majority of those impacted by the Charging Policy will have a disability or longterm condition.	1. Regarding the charging for care received whilst living at home, there is an increase to the Minimum Income Guarantee (MIG) for those receiving disability premiums as part of their benefits. 2. The charging policy aims to provide a fair framework for charging. For example, by providing disregards for Disability	Included in policy – to be ratified before April 2021 Included in policy – to be ratified before April 2021	Anne Humphries – Head of Specialist Services

	Related Expenditure (DRE) so that their contribution is based on disposable income. 3. We will also signpost our clients to ensure that they maximise their income (i.e. 'benefit take-up').	Included in policy – to be ratified before April 2021	
Sex: 1. Women on average: earn less than men, are less likely to be economically active, have less savings, and are less likely to be the main breadwinner in a heterosexual couple. They are therefore more likely to rely on the income of their partner (see hyperlinks in part 2). 2. However, in some instances they may be impacted: in heterosexual couples, men are more likely to receive Working Tax Credit (WTC) which is disregarded in the financial assessment for care received at home. 3. Women are more likely to be financially dependent on men, especially in	1. A client contribution is means tested and so, in general terms, women should not be negatively impacted. 2. Working Tax Credit (WTC) will only be received by a minority of our clients. Most clients earning income (and so potentially eligible for WTC) will be on a nil charge so a small impact, if any. 3. The policy includes the statement "where a person lives with a partner or spouse	Included in policy – to be ratified before April 2021 Included in policy – to be	Anne Humphries – Head of Specialist Services

older age groups. Therefore, where a male partner requires care and support, there is potential for this to represent a loss of income for the female partner to use for living expenses.	and receives care and support whilst living at home, we will consider the impact of this on their financial situation" -this allows us to take into account the financial needs of the spouse or partner.	ratified before April 2021	
4. Women are more likely to live longer than men. For heterosexual couples who own property, women are more likely to the surviving owner Therefore, they are more likely to need the assistance of a deferred payment agreement to pay for care home fees and will be required to cover the relevant fees.	4. We require the client to cover the administrative cost of setting up and maintaining a deferred payment agreement. However, the person has the option to defer these costs or paying in full at the time invoiced. Deferred payment agreements are required by a very small proportion of our clients, and a smaller proportion still will find themselves negatively impacted due to a protected characteristic.	Included in policy – to be ratified before April 2021	
5. Men are more likely than women to have a dependent child who does not live with them. They may therefore be less likely to benefit from disregards due to a dependent child living in the client's home, however they may pay maintenance for a child.	5. Costs such as child maintenance are not addressed in this policy, but this has been noted for consideration when producing procedural guidance for financial assessment staff. 6. We will also signpost our clients to give them the	Will be addressed in procedural guidance Included in policy – to be	

	opportunity to maximise their income (i.e. 'benefit take-up').	ratified before April 2021	
Marriage/Civil Partnership: 1. A person could be negatively impacted by financial assessment of the spouse/partner's finances if they rely on them for financial support. 2. If they survive their partner, they are more likely to require a deferred payment agreement if they are to receive care in a care home.	1. Policy includes the statement "where a person lives with a partner or spouse and receives care and support whilst living at home, we will consider the impact of this on their financial situation" - this allows us to take into account the financial needs of the spouse or partner. 2. We require the client to cover the administrative cost of setting up and maintaining a deferred payment agreement. However, the person has the option to defer these costs or paying in full at the time invoiced. Deferred payment agreements are required by a very small proportion of our clients, and a smaller proportion still will find themselves negatively impacted due to a protected characteristic.	Included in policy – to be ratified before April 2021 Included in policy – to be ratified before April 2021	Anne Humphries – Head of Specialist Services
Race: 1. Certain ethnic minority groups on average: earn less than white groups and have higher rates of	1. A client contribution is means tested and so, in general terms these groups should not be negatively impacted. We will also signpost our clients to	Included in policy – to be ratified before April 2021	Anne Humphries – Head of Specialist Services

economic inactivity, therefore are likely to have lower income than white groups (see hyperlink in part 2) 2. As lower income groups, they are also more likely to experience longterm conditions and so more likely to be proportionately impacted by this charging policy.	give them the opportunity to maximise their income (i.e. 'benefit take-up'). 2. This charging policy aims to provide a fair framework for charging. For example, by providing disregards for Disability Related Expenditure (DRE) so that a person's contribution is based on disposable income.	Included in policy – to be ratified before April 2021	
Lower Socio-economic groups: 1. Lower socio-economic groups are more likely to develop longterm conditions and so more likely to be impacted by this policy 2. Those with disabilities are more likely to be in lower socio-economic groups and so more likely to be impacted by this policy	1. A client contribution is means-tested and so, in general terms these groups should not be negatively impacted. We will also signpost our clients to give them the opportunity to maximise their income (i.e. 'benefit take-up'). 2. This charging policy aims to provide a fair framework for charging. For example, by providing disregards for Disability Related Expenditure (DRE) so that a person's	Included in policy – to be ratified before April 2021 Included in policy – to be ratified before April 2021	Anne Humphries – Head of Specialist Services

3. Lower socio-economic groups might not have the support around them to be able to afford a third party 'top-up' where they may have a 'preferred accommodation' setting that is more expensive than our agreed rates.	contribution is based on disposable income. 3. As referenced in the policy we adhere to the Care Act 2014 regarding our choice of accommodation offer: We aim to give options to all clients who require care in a care home, so that they can exercise choice in where they are placed. We have a responsibility to ensure there is capacity and choice in the market.	Included in policy – to be ratified before April 2021	
4. Lower socio-economic groups may not have access to private transport and so may be adversely impacted by the decision to charge separately for transport to day centres.	4. A person's contribution to transport costs will be financially assessed, and so is means-tested. Therefore, those in lower socio-economic groups should not see an increase to their contribution.	Included in policy – to be ratified before April 2021	

Key contacts for further advice and guidance:

Equality & Diversity:
Sam Johnson - Policy and Performance Manager

Consultation & Research:
Lisa Stuchberry – Insight Manager

Forward Plan – BCP Health & Adult Social Care Overview and Scrutiny Committee

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	Meeting Date – 28 September 2020			
1	**The Big Plan – Update** To receive a 6-month update on the BCP annual health check figures adults with a learning disability or autism.	The update will allow members to monitor the progress of the health checks within BCP Council's 'Big Plan':	Report	Jo O'Connell Jen Collis-Heavens Mark Harris - CCG
2	**Annual Report for 2019/20 and Business Plan for 2020/21 for the BCP Safeguarding Adults Board** To receive the Annual Report for 2019/2020 from the BCP Safeguarding Adults Board and the Board's 2020/21 Business Plan.	The Committee will be updated on the work undertaken by the BCP Safeguarding Adults Board during the last year as well as the Board's Business Plan for 2020/2021. The item will also provide opportunity for the Committee to consider how it would like to engage in future scrutiny opportunities relating to the Adult Safeguarding Board and consider any Committee training needs in this respect.	Report	Barrie Crook Independent Chair, Bournemouth, Christchurch and Poole Safeguarding Adults Board.
3	**Adult Social Care Charging Strategy** To receive feedback from a working group of the Health O&S Committee, established to consider options	The findings of a scrutiny working group will strengthen the final strategy by testing options available to the council in respect of adult social care charging. To consider the	Working group will report initially to Committee in November 2019 and will report again when consultation outcomes are known and prior to the final	David Vitty Director of Adult Social Care Services

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	relating to the BCP Adult Social Care Charging Policy.	final policy proposals that will go to Cabinet for implementation.	policy is being presented to Cabinet for approval.	
	Meeting Date – 30 November 2020			
5	**Better Care Fund – End of Year Performance** To receive the year-end report for the Better Care Fund for 2019/2020 including an update on the metrics and the 20/21 Plan.	The year-end report for the Better Care Fund 2019/2020 will allow members to monitor its progress. Scrutiny will add value to the two requested topics: The Better Care Fund metrics and 2020/2021 Plan.	Report	Elaine Stratman, Principal Officer Planning and Quality Assurance
6	**COVID19 Winter Response**	TBC	TBC	TBC

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	Meeting Date – 18 January 2021			
7	**Home First**	**TBC**	**TBC**	**TBC**
	Meeting Date – 8 March 2021			
8	**Adult Social Care: Point of First Contact Service** To receive a progress report in respect of the new adult social care intake service. (Delayed start – October 2020)	To ensure that the Committee has information on the progress of the new adult social care intake service.	Report	David Vitty Director of Adult Social Care Services Tim Branson Service Manager Adult Social Care
9	**The Big Plan – Update** To receive an update on the employment offer.	The update will allow members to monitor the progress of the highlighted area of BCP Council's 'Big Plan's' paid employment offer.	Report	Jo O'Connell Jen Collis-Heavens Mark Harris – CCG

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
	Meeting Date TBC			
10	**Dorset Clinical Commissioning Group (CCG) – Mental Health Rehabilitation Service** That an update on the strategic business case, including the financial details of the service would be provided to members. The next steps would also be highlighted.	The information provided will ensure that Councillors are aware of the proposals in this respect, and the views of the next stage of the process to be undertaken by the CCG.	Presentation and report.	Mark Harris Dorset CCG / Elaine Hurll Dorset CCG
11	**Dementia Services Review** To receive an update on progress since the Dementia Services Review.	To inform O&S of progress in Dementia Services November 2021/January 2022.	Report	Mark Harris Dorset CCG
12	**Health services for people who are Homeless and Rough Sleeping**	Further discussions required with Chairman and Cllr Allen to establish the benefits and how scrutiny could be conducted.	TBC	TBC
13	**Structural Review of Safeguarding Community Safety Partnership**	To ensure the committee are informed of any changes to the arrangements.	Report	Barrie Crook Independent Chair, Bournemouth, Christchurch and Poole Safeguarding Adults Board.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
14	**Deprivation of Liberty Applications** (Delayed implementation date of April 2022).	For the Committee to be informed of the changes in legislation to the Deprivation of Liberty Applications.	TBC	Jan Thurgood, Corporate Director, Adult Social Care.
15	**Suicide Prevention Plan**	To offer recommendations on the BCP Council Suicide Prevention Plan in advance of its consideration by Cabinet.	Report	Sam Crowe, Director of Public Health Sophia Callaghan Assistant Director of Public Health
16	**Outbreak Management Plan**	For the Committee to determine, following the all member seminar held on 14 September 2020, how they wish to scrutinise the Council's Outbreak Management Plan.	TBC	TBC
Commissioned Work Work commissioned by the Committee (for example task and finish groups and working groups) is listed below. Note – to provide sufficient resource for effective scrutiny, one item of commissioned work will run at a time. Further commissioned work can commence upon completion of previous work.				
17	**Adult Social Care Charging Strategy Working Group**	As per item 3 above	Working group	David Vitty

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer
		Final meeting to be arranged for late July/early August.		Director of Adult Social Care Services
18	**The South West Ambulance Service Trust Improvement and Financial Investment Plan**	To scrutinise the impact of the improvement and financial investment plan on the response times and outcomes of the Ambulance Service	Possible joint scrutiny with Dorset Council	Jan Thurgood, Corporate Director for Adult Social Care
19	**The implementation and performance of NHS Dorset Urgent Integrated Care Services**	To scrutinise the impact, service performance and outcomes of the NHS Dorset Urgent Integrated Care Services (April 2020, 1 year after implementation).	Possible Joint Scrutiny with Dorset Council	Jan Thurgood, Corporate Director for Adult Social Care
20	**External Scrutiny – Quality Accounts** (Item has been postponed until at least the end of the year due to COVID19).	Scrutiny leads for NHS Dorset Quality Accounts finalised and sent to the Principal Officer of Planning and Quality Accounts on 3 February 2020, to begin meeting arrangements.	To ensure Committee members have the opportunity to scrutinise the quality accounts of NHS Trusts.	Elaine Stratman Principal Officer Planning and Quality Assurance
Development Session Forward Planning 2021 Work to be discussed by Committee at Development Sessions and to be strategically placed on the Forward Plan when as and when necessary.				
Training Required for new members of the Committee and any other associated training.				