

Notice of Health and Adult Social Care Overview and Scrutiny Committee



Date: Monday, 15 July 2024 at 6.00 pm

Venue: HMS Phoebe, BCP Civic Centre, Bournemouth BH2 6DY

Membership:

Chair:

Cllr P Canavan

Vice Chair:

Cllr L Dedman

Cllr J Edwards

Cllr H Allen

Cllr D Farr

Cllr M Gillett

Cllr C Matthews

Cllr J Richardson

Cllr J Salmon

Cllr P Slade

Cllr A-M Moriarty

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?MIId=5932>

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

Press enquiries should be directed to the Press Office: Tel: 01202 118686 or email press.office@bcpCouncil.gov.uk

This notice and all the papers mentioned within it are available at democracy.bcpCouncil.gov.uk

GRAHAM FARRANT
CHIEF EXECUTIVE

5 July 2024

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on the Mod.gov app



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



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
(janie.berry@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. Minutes

5 - 12

To confirm the Minutes of the meeting held on 20 May 2024.

a) Action Sheet

13 - 18

To check on any outstanding actions.

5. Public Issues

To receive any public questions, statements or petitions submitted in accordance with the Constitution. Further information on the requirements for submitting these is available to view at the following link:-

<https://democracy.bcpccouncil.gov.uk/documents/s2305/Public%20Items%20-%20Meeting%20Procedure%20Rules.pdf>

The deadline for the submission of public questions is 3 clear working days before the meeting (not including the date of submission and the date of the meeting).

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

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

ITEMS OF BUSINESS

6. Adult Social Care Transformation Business Case	19 - 90
This report sets out the ASC Transformation Business Case for Cabinet's consideration and recommendation to Council. It includes plans to establish the Fulfilled Lives Programme comprising four priority projects, with a proposed investment of £2.9m which will lead to improved outcomes for adults who draw on support within the BCP Council area.	
7. Tricuro Business Plan: Delivery Progress	91 - 96
This report provides information to members of the Committee on progress to date in the delivery of the Tricuro Business Plan objectives.	
8. Future of Public Health in BCP Council	97 - 100
This report provides an update to the Committee on the development of BCP Council's public health function and the process of separating from the shared service agreement with Dorset Council.	
9. Items for Information	101 - 170
For the Committee to receive the following information only reports with no presentation or discussion planned:	
<ul style="list-style-type: none">• University Hospitals Dorset (UHD) Maternity paper• Adult Social Care Charging Policy Additions	
10. Portfolio Holder Update	
To receive a verbal update from the Portfolio Holder for Health and Wellbeing.	
11. Forward Plan	171 - 210
The Committee is requested to consider its Forward Plan and receive a verbal update following the work programming session.	

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE

Minutes of the Meeting held on 20 May 2024 at 6.00 pm

Present:-

Cllr P Canavan – Chair

Cllr L Dedman – Vice-Chair

Present: Cllr D Farr, Cllr M Gillett, Cllr C Matthews, Cllr J Richardson,
Cllr J Salmon, Cllr P Slade, Cllr A-M Moriarty and Cllr C Adams

1. Apologies

Apologies for absence were received from Cllr H Allen. Cllr J Edwards attended virtually.

2. Substitute Members

Cllr C Adams substituted for Cllr H Allen on this occasion.

3. Election of Chair

The Chairman of the Council presided over this item.

It was Proposed, Seconded and RESOLVED that Cllr P Canavan be elected Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 24/25 Municipal Year.

4. Election of Vice Chair

The new elected Chair presided over the remainder of the meeting.

It was Proposed, Seconded and RESOLVED that Cllr L Dedman be elected Vice Chair of the Health and Adult Social Care Overview and Scrutiny Committee for the 24/25 Municipal Year.

5. Declarations of Interests

Cllr J Salmon declared a personal interest as an employee of Dorset Healthcare.

6. Minutes

The minutes of the meeting held on 4 March 2024 were confirmed as a correct record and signed by the Chair.

7. Action sheet

The action sheet was noted.

8. Public Issues

There were no public issues received on this occasion.

9. Future of Public Health in BCP Council

The Corporate Director for Wellbeing presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The Committee had been offered a briefing on the Council's public health responsibilities to inform their findings. It was hoped that the Committee's discussion would inform design work.

The Committee considered the questions posed to them as set out at Paragraph 8 of the report and made comments, including:

- In response to a query, the Director of Public Health (DPH), Public Health Dorset advised that his current role as a shared DPH has been as a strategic lead for the system.
- The Committee considered the models of practice set out in Annexe A to the report and a member highlighted the need to engage effectively with hard to reach communities and the positive impact that could have on the whole system.
- The Committee when considering the community advocate role detailed was advised of the importance to ensure there was a clear distinction between the role of DPH as an Officer and elected members of the Council.
- The Vice Chair highlighted the role of the provider detailed and felt that would be the best fit for an internal DPH.
- There was further discussion over the role of the DPH and it was felt that the role should be focussed and provide an intelligence led DPH service which could offer advice and support to services such as libraries and communities.
- The Committees considered the functions of the DPH and how it was important to ensure that objectives were evidence led, scalable and had political support and acceptance.
- In response to a query regarding the positive actions which could be gained from having a DPH serving BCP solely, the DPH advised he would focus on increasing physical activity across the conurbation by promoting it in daily activities.
- In response to a query, it was confirmed that the DPH was a statutory role to deliver the mandatory services required by the Department for Health and Social Care.

The Chair proposed the following to the Committee for consideration:

This committee agrees to indicate to the Director of Wellbeing that the role of Director of Public Health Should be primarily one as a provider to enable budgetary management, whilst at the same time being able to offer independent expert advice to Officers and the Council.

This committee is open to the role, incorporating other services or functions, providing those are not too broad and to ensure that this is led by public health intelligence. The committee agrees that there are a number of areas where influence could be of benefit and that these should continue to be explored.

The Committee discussed the recommendation and the following comments were made:

- A Committee Member expressed a wish for the areas of influence to be detailed in the recommendation and include knife crime, active travel and drug addiction.
- There was some discussion about whether it was appropriate to include the prevention of knife crime within the remit of the DPH and it was advised that this could be done by using the PH intelligence functions carefully and collaboratively working with other interventions and organisations.
- The Vice Chair highlighted how it would be beneficial if Committee reports had a section which detailed the impact on health included.
- A Committee Member expressed the wish for early intervention to be included in the areas of influence as it was felt that this could encompass some of the issues discussed.

It was Proposed, Seconded and RESOLVED that:

- 1. This committee agrees to indicate to the Corporate Director of Wellbeing that:**
 - a) the role of Director of Public Health Should be primarily one as a provider to enable budgetary management, whilst at the same time being able to offer independent expert advice to Officers and the Council.**
 - b) This committee is open to the role, incorporating other services or functions, providing those are not too broad and to ensure that this is led by public health intelligence. The committee agrees that there are a number of areas where influence could be of benefit and that these should continue to be explored. The Committee discussed areas where influence could be used and gave the following examples: active travel, knife crime, drug addiction, early intervention.**

2. Committee members agree that a further report will be provided to the meeting in July.

10. Update on Home First (Intermediate Care) Development across Dorset

The Director of Adult Social Care and the Deputy Director – UEC and Flow, Operations Directorate – NHS Dorset presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

The purpose of the Report was to provide an update on Home First (Intermediate Care) development across Dorset to the Health and Adult Social Care Overview & Scrutiny Committee.

The Committee discussed the report and comments were made, including:

- In response to a query regarding Pathway 3, the Committee was advised of the whole system process of identifying and supporting that small number of complex patients who were not able to return home due to identified risks. The support would be provided through an appropriate care and support package and providing a structured recovery programme to enable individuals who were able to return home. Further information regarding the different Pathways and what they entailed was provided to the Committee.
- In response to a concern regarding the reduced level of funding, the Committee was advised that there had been a system wide reduction in funding, however work had been undertaken to ensure the funding was targeted at the schemes which were felt essential such as rapid response to help people leave hospital and return home.
- The Committee was advised that some of the reduction in funding was due to the lack of the one off funding pots which had previously been received to bolster funding, however it was important to note that the whole system was working collectively across health and social care to ensure the resources available were more efficiently utilised.
- In response to a concern about the data detailed in the report of 20-25% of acute beds being blocked by patients not meeting the criteria to reside in hospital, the Committee was advised that numbers were coming down and the system had a target to halve that figure over the next year and the work that was being done to reduce that figure was detailed.
- The Committee was advised about one of the five key areas of focus was setting an expected date of discharge from hospital with the multi disciplinary team working towards and monitoring that target.
- The Chair requested that a copy of the Better Care Fund report going to BCP Health and Wellbeing Board be circulated to the Committee for their information. **ACTION.**

RESOLVED that the Committee note the update, with a further update to Committee in May 2025.

11. Data Working Group final report

The Scrutiny Specialist and the Chair of the Data Working Group presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

The Health and Adult Social Care Overview and Scrutiny Committee commissioned a Data Working Group to consider how it could effectively use data to strengthen scrutiny.

The purpose of this report was to inform the committee of the findings and output of the working group and to present recommendations.

The Committee were grateful for the work undertaken and looked forward to the toolkit being used.

RESOLVED that the Committee:

- 1. notes the findings of the Data Working Group as set out at Appendix A to this report.**
- 2. adopts the Data Use Toolkit at Appendix B to this report and implements it with immediate effect to support O&S work.**
- 3. supports the standard data request to accompany all O&S reports as set out at section 6 of the toolkit.**
- 4. shares the toolkit with the Council's Corporate Management Board to share the expectations of the committee in relation to data reporting, and to highlight the committee's commitment to evidence-based scrutiny.**
- 5. agrees to undertake 'horizon scanning' research proactively and independently, raising any issues of interest or concern into committee.**
- 6. explores the value of using the rapporteur model further in its next round of annual work programming.**
- 7. agrees to review the identified primary sources annually, as part of work programming activity, to assist in setting a value-added programme of work for the forthcoming year.**
- 8. annually reviews its training needs associated with accessing and interpreting data sources, this to form part of the committee's annual work programming activity.**
- 9. agrees to follow the methodology, as set out in the toolkit at section 6, for the scoping of scrutiny items and identification of Key Lines of Enquiry and supporting data requests.**

10. keeps the toolkit under review and strengthens it with additional suitable data and policy, as arising.

RESOLVED that the Committee recommend to the O&S Board:

11. that a similar toolkit be developed for all O&S committees to reflect the relevant data and policy landscape within the remit of these committees. This to be added to the O&S Action Plan.

12. that the Data Use Toolkit be highlighted within the O&S annual report to Council.

12. Healthwatch update on NHS Dentistry

The Manager from Healthwatch Dorset provided the Committee with a presentation regarding their recent work on NHS Dentistry which had previously been circulated to the Committee as part of the agenda report pack.

The Deputy Chief Officer, Commissioning, NHS Dorset advised that they had been working with Healthwatch and thanked the Manager for all their work. It was highlighted that the NHS contract was very challenging for dentists and there had been an increase in the number of them being handed back. The work to try and address the issues was detailed including a training hub in Dorset to try and increase workforce into the County. It was detailed that in addition to that work, NHS Dorset was trying to put in additional capacity and it was noted that NHS dentistry was a priority for the Integrated Care Board this year.

The Committee discussed the presentations and comments were made, including:

- In response to a query about increasing capacity, the Committee was advised that it would be achieved by uplifting the current NHS contract on a national level and training more dentists locally.
- The Chair invited a Councillor to address the Committee who highlighted her experience of trying to find an NHS dentist.
- In response to a query regarding the budget for dentistry, the Committee was advised it was normally underspent and the ways in which that was being utilised was detailed including targeting inequalities.
- In response to a query regarding the dentistry college, the Committee was advised it was currently in the scoping stage and learning from others who had implemented a training offer. It was highlighted that this would take a few years to implement.

The Chair concluded the item by thanking Healthwatch for its work in this area and the need to keep this important issue under review.

RESOLVED that the update be noted.

13. Integrated Neighbourhood Teams Programme

The Corporate Director for Wellbeing and the Deputy Chief Officer, Commissioning, NHS Dorset presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

The report provided an update on the development of integrated neighbourhood teams within the Dorset Integrated Care System.

In response to a query from the Chair regarding proposed timescales, the Committee was advised that there was detailed work ongoing to progress some early adopters with the plan to roll out further areas soon after.

RESOLVED that the update be noted.

14. Forward Plan

The Chair advised that the Portfolio Holder was unable to attend the meeting and therefore his update would be circulated to the Committee by email. **ACTION.**

The Health and Adult Social Care Overview and Scrutiny (O&S) Committee was asked to consider and identify work priorities for publication in a Forward Plan.

The Chair advised the Committee of the proposed items detailed within the report for the next meeting scheduled in July and highlighted the addition of the Future of Public Health in BCP which had been considered earlier. **ACTION – ADD TO FORWARD PLAN.**

A Member requested Gender Identity Services in Dorset be added to the Forward Plan. **ACTION.**

The meeting ended at 8.10 pm

CHAIR

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ACTION SHEET FOLLOWING 20 MAY 2024 – BOURNEMOUTH, CHRISTCHURCH AND POOLE HEALTH AND ADULT 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 – 25 September 2023				
20	National Suicide Prevention Strategy	<p>Decision Made: The Board was advised that Public Health was unsure of the amount which would be allocated to the BCP area, as the closing dates for bids had not yet happened, however bids were being worked on and once any funding was known, the Committee could be informed.</p> <p>Action – Public Health aware</p> <p>Decision Made: The Chair advised it was important for the Committee to keep this issue under review and further scrutiny of the planed refresh of local action plans should be bought back to the Committee at the appropriate time in 2024.</p> <p>Action – Officers aware and added to Forward Plan with date to be allocated.</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
21	Access of GP Practices in BCP Area	<p>Decision Made: In response to a concern regarding the methodology of the data presented within the report and the need for more interactive data, the Committee was advised that Officers would take this away and consider how to present data in the future.</p> <p>Action – Officers aware.</p> <p>Decision Made: In response to a query regarding the PCN Improvement plans, the Committee was advised that the business plans were not publicly available however all 18 PCNs had their plans signed off by the ICB, so it was anticipated that all of them should meet the needs of their residents. The Deputy Chief Officer advised that further consideration should be given to the publication of business plans due to the use of public funding and that NHS Dorset would consider it further.</p> <p>Action – NHS Dorset aware.</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
22	Closure of Winton Health Centre: Review of Process and Outcomes	<p>Decision Made: The Committee was advised of the mapping work which had been undertaken and ensuring that all residents could still access a GP local to them who had capacity to take on the patients. It was acknowledged that some feedback could be collected from patients including how many had moved since September.</p> <p>Action – NHS Dorset aware.</p> <p>Decision Made: A Committee Member expressed concern regarding patients being moved to Winton Health Centre from Leybourne Surgery due to its closure and then being moved again and requested consideration regarding engagement with those patients regarding the impact it had on them.</p> <p>Action – NHS Dorset aware.</p>		
Actions arising from Committee meeting – 27 November 2023				

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
	Dorset and Bournemouth, Christchurch & Poole (BCP) Safeguarding Adults Boards Annual Report 2022-2023	<p>Decision Made: That next year's Annual Report would include data for self-neglect as a separate entity.</p> <p>Action – Chair of SAB aware.</p> <p>Decision Made: Further consideration be given about how the Committee would like to see the data presented and broken down in the next Annual Report.</p> <p>Action – to be considered by Officers and Committee.</p>		
	Annual Adult Social Care Complaints Report	<p>Decision Made: Core data used to formulate report be shared confidentially with the Committee.</p> <p>Action – Director of Adult Social Care aware.</p>		
Actions arising from Committee meeting – 15 January 24				
	Health Inequalities –	Decision Made:		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
	background briefing	In response to queries regarding the projected data around childhood obesity and NHS Dorset's aim to prevent 55,000 children from becoming obese by 2040, the Committee was advised of the link between areas of deprivation and obesity in children and how the figure of 55,000 was reached. The Director of Public Health advised he would check with NHS Dorset for clarity over how that figure was reached. Action – Director of Public Health aware.		
Actions arising from Committee meeting – 4 March 24				
	BCP Council's Adult Day Opportunities Strategy	Decision Made: To feedback concerns regarding the consultation to the team. Action – Officer aware.		
Actions arising from Committee meeting – 20 May 24				
	The Future of Public Health in BCP	Decision Made: That the resolution agreed be considered by the Corporate Director of Wellbeing and that a further report come to Committee at the next meeting.	To enable the Committee to input and help shape	

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		Action – Officers aware and added to Forward Plan	the role of the BCP Director of Public Health	
	Update on Home First (Intermediate Care) Development	Decision Made: That the Better Care Fund report going to BCP Health and Wellbeing Board be circulated to the Committee for their information. Action – Officers aware		
	Forward Plan	Decision Made: That the Portfolio Holders update be circulated to the Committee outside of the meeting: Actioned – email sent on 21 May 24 Decision Made: Add the Future of Public Health in BCP to the meeting in July. Actioned – added to Forward Plan. Decision Made: Add Gender Identity Services to the Forward Plan. Action – to be considered in forward planning session.		

CABINET

Report subject	ADULT SOCIAL CARE TRANSFORMATION
Meeting date	17 July 2024
Author	Jillian Kay, Corporate Director of Wellbeing Betty Butlin, Director of Adult Social Services Phil Hornsby, Director of Commissioning
Executive summary	<p>Adult Social Care (ASC) services locally and nationally have faced significant challenges in recent years, with an ageing population, increased demand for support and more complex needs. As a result, the Council is holding significant risk in relation to its ability to deliver statutory responsibilities within the available budget, to adults and their families who require support.</p> <p>The nature of these challenges means that long term, sustainable change is needed to ensure that BCP Council's ASC services are modern, preventative, fit for the future and affordable.</p> <p>This report sets out the ASC Transformation Business Case for Cabinet's consideration and recommendation to Council. It includes plans to establish the Fulfilled Lives Programme comprising four priority projects, with a proposed investment of £2.9m which will lead to improved outcomes for adults who draw on support within the BCP Council area.</p> <p>It is anticipated that the one-off investment will lead to recurring savings of approximately £3.5m.</p>
Recommendations	<p>It is RECOMMENDED that Cabinet recommends that Council:</p> <ul style="list-style-type: none"> a) Approves the business case for a new adult social care transformation delivery model to improve outcomes for residents and to achieve financial efficiencies and savings enabled by investment. b) Agrees to the establishment of a formal transformation programme; 'Fulfilled Lives'.

	<p>c) Agrees to the proposed investment of £2.9M, with Corporate Management Board being provided 6-monthly stage reviews on the progress of the transformation programme.</p> <p>d) Invites the Health and Adult Social Care Overview and Scrutiny Committee to provide regular scrutiny of progress towards benefits and sustainable change.</p>
Reason for recommendations	The investment will enable improved outcomes for adults and their families within the BCP Council area, with effective and efficient services which are needed to fulfil statutory duties. In turn, this will lead to recurring savings of c.£3.5m.
Portfolio Holder(s):	Councillor David Brown – Health and Wellbeing
Corporate Director	Jillian Kay – Corporate Director of Wellbeing
Wards	Council-wide
Classification	For Recommendation and Decision

Background

1. Adult Social Care (ASC) services locally and nationally have faced significant challenges in recent years, with an ageing population, increased demand for support and more complex needs. As a result, the Council is holding significant risk in relation to its ability to deliver statutory responsibilities within the available budget to adults and their families who require support.
2. The nature of these challenges means that long term, sustainable change, over a 3-5 year period, enabled by investment is needed to ensure that BCP Council's adult social care services are modern, preventative, fit for the future and affordable.
3. The plans in this document follow a focussed period of scoping, called the 3-month Sprint, which was undertaken during February, March and April 2024. The sprint built on, and took learning from, a range of pre-existing areas of work and identified further opportunities based on national best practice.
4. These plans will enable Adult Social Care, with support from wider Council colleagues and partners, to deliver sustainable transformation and change to the way services are provided.

Strategic case for change

5. The Council's adult social care service has developed a strong understanding of its areas of strength and areas for development through a range of activities during 2023/24. This has included:
 - a. The development of a detailed self-assessment as part of the Council's preparation for Care Quality Commission (CQC) inspection arrangements

- b. An LGA peer challenge to test the Council's self-assessment and offer recommendations on areas to focus attention
 - c. An LGA financial review to support a greater understanding of the financial challenges and opportunities
 - d. A bespoke safeguarding review undertaken by Partners in Care and Health
 - e. Reviews of evidence from other local authorities and sector led reports on priorities for transformation including [ADASS - Time to Act](#).¹
6. The above activities have highlighted that the current approach to the delivery of ASC responsibilities by the Council could be seen as quite traditional, with a need for transformation.
 7. Some work is already underway within the service to transform service delivery, for example through strategies relating to extra care housing, care technology, day opportunities, and the Council's work to develop strengths-based practice through the Three Conversations approach². This Transformation Business Case, however, aligns these separate pieces of work into a single coherent plan and identifies further opportunities based on national best practice.
 8. The recent LGA financial review of adult social care in BCP Council concluded that the Council is a high spender on adult social care services, both as a proportion of overall expenditure and when spend is compared to other authorities.
 9. Overall levels of spend will be affected by the relatively high number of older people but, despite having deprived areas, Bournemouth, Christchurch and Poole is not a deprived area overall. It is therefore reasonable to aim to bring levels of spend in line with the national average and potentially beyond that.
 10. The demand for ASC services will continue to increase over coming years, which makes the case for change stronger and more pressing. This has been demonstrated in the BCP Council area by recent increases in key areas as detailed below:
 - a. An increase in requests of 28% (or 601) from 2022/23 to 2023/24 for support to new people aged 18-64, and an increase of 7% (or 543) support to new older people aged 65+.
 - b. More people contacting BCP Council in 2023/24 have needed long term support. Increased by 3% for both age groups from 2022/23 (59 people aged 18-64) and (121 people aged 65+).
 - c. BCP Council has continued to support more people in 23/24 carried over from 22/23. We increased by 9% for both age groups from 2022/23 (108 people aged 18-64) and (155 people aged 65+).

¹ Association of Directors of Adult Social Services (ADASS)

² Three Conversations is set out in more detail at Slide 41 of the business case appendix

- d. The total number carers increased by 18% (or 1078) from 2022/23
11. It is anticipated that the investment will lead to recurring savings of approximately £3.5m. This estimated savings opportunity is based on benchmarking data, which shows that the Council spends more per head of the population on care than comparator councils. The benchmarking data is supported by detailed diagnostic assessments of current state and future state for four priority areas, alongside potential opportunities and savings identification. The four priority areas and the way in which the plans translate to savings is set out at paragraphs 14 and 24.
12. The proposed transformation of the ASC service delivery model is aligned with the national social care future vision and with the Council's operating model. The plans are based on national best practice in order to support a sound and robust transformation programme. It supports the following BCP Council transformation objectives:
- a. A council where customers are better understood and so better served
 - b. Modern, efficient ways of working, that give colleagues flexibility to improve
 - c. Savings to tackle our medium-term financial pressure and establish a sustainable operating model for the future.

Fulfilled Lives Programme

13. The 3-month sprint carried out detailed scoping work on the following recommended four priority areas:

How we work	We have evaluated our learning from the 3 conversations approach and analysed the data to work out how we create the conditions for this approach to thrive.
Better short-term support	We want to improve community access to short-term support (reablement), so that we can prevent more people from needing long term care. The sprint has helped us to plan how best to do this.
Self-Directed Support	We want more people to be in control of their own support. We have planned how to develop more community-based options for people to access through a Direct Payment or Individual Service Fund.
Support at Home	We have reviewed the current Support at Home provision and developed plans for future commissioning, to ensure that we enable people to stay as independent as possible in their own home

14. Plans have been developed to target the following opportunities:
- a. **Earlier, better targeted intervention** through the Three Conversations approach and use of technology, data and intelligence. Analysis of case data demonstrates that there are too many hand-offs and contacts which do not add value, as well as missed opportunities to intervene early with lower cost interventions. The introduction of online self-service and a defined prevention and early help offer has been demonstrated in other councils to reduce this significantly.
 - b. **Making more use of short term reablement support** before long term care is considered. During 2023 only 12% of people who went on to

receive long term services received reablement support, which seeks to maximise people's ability to remain independent. BCP Council is ranked 129 of 152 authorities nationally for the percentage of people offered reablement following discharge from hospital at 1.3% The plans would aim to bring this at least in line with the England average of 2.9%.

- c. **A more diverse market of support that can be self-directed.** 85% of BCP Council spend on care costs is on traditional services (care homes, domiciliary care, day care). The plans will target a significant reduction in this. A more diverse market, with a greater focus on self-directed support will enable more needs to be met through more cost-effective means (with more traditional services available for those who need them).

15. It is proposed that the 3-month sprint will now move into a formal transformation programme, Fulfilled Live, comprising of four individual projects.

Fulfilled Lives Programme	
Project Objectives	
How We Work	<ol style="list-style-type: none"> 1) Technology is used to support new ways of working and to reduce demand 2) The right people with the right skills intervening at the right time 3) Good quality data and intelligence is used to drive our approach 4) A stronger focus on preventative approaches 5) Reducing spend on long term support as a result
Self-Directed Support	<ol style="list-style-type: none"> 1) Improved systems and processes for accessing self-directed support 2) There is a more diverse and available provider market 3) Improved culture and practice towards self-directed support 4) Residents are supported to embrace self-directed support
Support at Home	<ol style="list-style-type: none"> 1) Develop a clear procurement timeline 2) Establish and define what support at home model we want in the future 3) Procure, establish and define new model of support at home
Short Term Support	<ol style="list-style-type: none"> 1) Define, establish and embed new Reablement model 2) Establish key performance and quality data metrics for Reablement 3) Delivery service improvement plan

16. The programme will take an agile approach, to learn and adapt as it progresses. The approach has been taken because of learning during the 3-month sprint, and recognition that delivering transformation within complex systems like ASC can be challenging – doing everything at the same time can lead to failure to deliver benefits.
17. The programme will have an overall roadmap, divided into 6-month stages. At the end of each stage, we will assess, review, learn and reflect, before commencing and mobilising the appropriate next stage. Summaries of the

diagnostic assessments and roadmaps are included in the business case appendix.

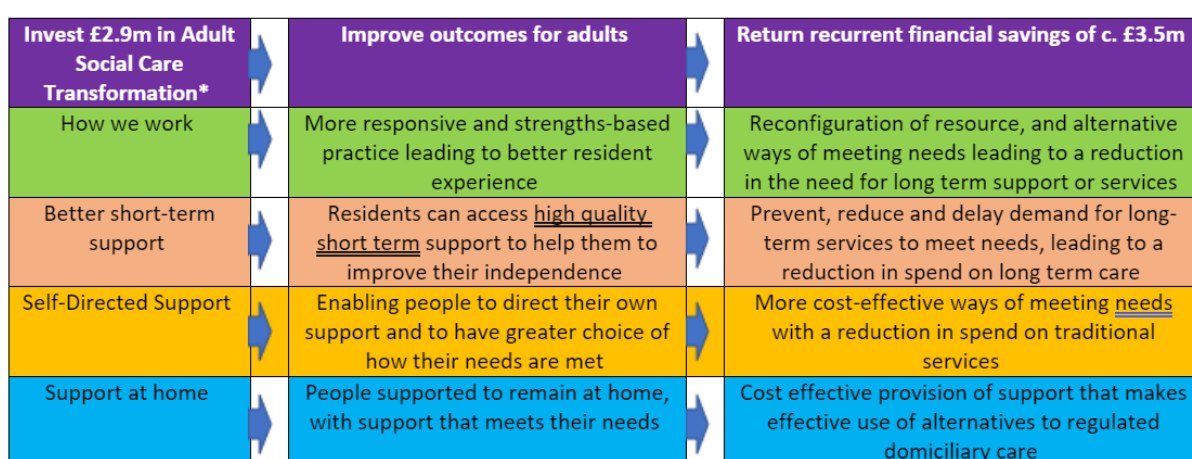
18. The programme will report to the Corporate Management Board on a 6-monthly basis, covering progress on delivery and tracking of risks and assurance around benefits.

Programme savings, benefits and investment

19. Analysis of the Council's spend per head of population and work with the LGA identified that there were opportunities to reduce ASC spend over time and the importance of having a detailed transformation plan/business case that set out resources and capacity needed to bring about long-term sustainable efficiencies over a 3-5-year period. There was a clear acknowledgement and appreciation that there would need to be investment to bring about the transformation.
20. Since working with the LGA, we have begun to implement areas of change where we are seeing green shoots develop; areas such as strength-based (Three Conversations) working, improving our Mosaic case management system and culture.
21. This has positively impacted on several areas that are showing a reduction in expenditure, but the service requires the investment outlined below to deliver the roadmap and achieve sustainable savings and transformation. Without investment, the transformation will not be possible and the long-term consequences for the Council's finances are challenging.
22. The proposed investment of £2.9M will be drawn from the flexible use of capital receipts.
23. Costs and benefits – overall programme

Category	Element	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	Total
Transformation Investment	Programme Management	£31,000	£430,500	£448,500	£85,500	£0	£0	£995,500
Transformation Investment	Self Directed Support	£22,500	£138,000	£26,500	£0	£0	£0	£187,000
Transformation Investment	Short Term Support	£8,500	£67,000	£43,000	£0	£0	£0	£118,500
Transformation Investment	Support at Home	£14,500	£80,000	£62,000	£0	£0	£0	£156,500
Transformation Investment	How we work	£9,500	£810,856	£538,970	£122,830	£0	£0	£1,482,156
Total one off investment	Total one off investment	£86,000	£1,526,356	£1,118,970	£208,330	£0		£2,939,656
Income	Flexible use of capital receipts	-£86,000	-£1,526,356	-£1,118,970	-£208,330	£0		-£2,939,656
Total one off income	Total one off income		-£1,526,356	-£1,118,970	-£208,330	£0		-£2,939,656
Transformation saving	Change in LTC domiciliary care spend		-£250,000	-£327,740	-£409,265	-£488,172	-£160,934	-£1,636,111
Transformation saving	Change in LTC residential care spend		£0	-£450,507	-£446,002	-£441,542	£0	-£1,338,050
Transformation saving	Staff savings resulting from Mosaic provider portal		£0	-£105,000	£0	£0	£0	-£105,000
Transformation saving	Reduction in average cost of support for LD		£0	-£78,000	-£104,000	-£130,000	-£156,000	-£468,000
Total recurrent annual saving	Total recurrent annual saving		-£250,000	-£961,247	-£959,267	-£1,059,713	-£316,934	-£3,547,161
Cumulative annual saving	Cumulative annual saving		-£250,000	-£1,211,247	-£2,170,514	-£3,230,227	-£3,547,161	

24. The table below sets out how each individual projects will lead to improved outcomes and how that translates to reduced spend on services:



25. The assumed changes in the numbers of domiciliary care packages and residential care placements in each year is set out in the below table. These changes will need to be netted off increases already built into the MTFP for demographic growth. For example, if demographic growth assumes growth of 25 domiciliary care packages in 2025/26, then the net position will be an increase of the (25 minus 22). The assumptions are based on the average weekly cost per package/placement for 24/25.³

Placement/package type	2024/25	2025/26	2026/27	2027/28	2028/29	Total
Change in 65+ domiciliary care (number of packages)	-18	-22	-28	-33	-11	-101
Change in 65+ residential care	0	-10	-10	-10	0	-30

26. In addition to the assumed changes in packages of care and residential care placements, the Fulfilled Lives transformation programme will have a set of key performance indicators that underpin the programme and ensure further robust monitoring of progress and delivery of benefits. The proposed performance indicators are included at Appendix 1.

Summary of legal implications

27. The Council are required by law to provide and hold direct accountability for the effectiveness, availability and value for money of Adult Social Care services. The functions are set out in legislation including Care Act 2014 (legislation.gov.uk)

28. Statutory roles are required to be held by the Council and this includes a Director of Adult Social Services (DASS) and a Principal Social Worker (PSW).

³ 65+ Domiciliary care £352.35
65+ Residential care £1.070

29. The quality of ASC services is inspected by the Care Quality Commission (CQC) against a quality framework.
30. The recommendations in this paper will improve the Council's ability to discharge these duties more effectively and to secure a positive CQC rating.

Summary of human resources implications

31. Human Resources processes will be followed, as required, during recruitment around resources for delivery.

Summary of sustainability impact

32. There are no sustainability implications within this report.

Summary of public health implications

33. Relationships with Public Health partners will be improved with transformed ways of operating ASC services, particularly around prevention and population health.

Summary of equality implications

34. Full EIA documentation will be completed and reviewed at Panel (as required) during implementation of transformation plans e.g., policy change or development, service change or development.
35. The ASC strategic approach to Equality, Diversity and Inclusion aims to support transformation work with improved data and workforce support.

Summary of risk assessment

36. It has already been acknowledged in this report that, by doing nothing, the Council is holding significant risk in relation to its ability to deliver statutory responsibilities within the available budget to adults and their families who require support. These risks are mitigated by these ASC Transformation plans and Business Case.
37. Programme risks have been identified and mitigations put in place, with clear escalation processes for each workstream. The recommendations include regular reporting to the Corporate Management Board and scrutiny by the Health and Adult Social Care Overview and Scrutiny Committee.

Item	Risk Description	RAG	Mitigation
1.	Leadership – potential risk of lack of leadership capacity and coherence to support the programme.	12	Establish programme governance with Fulfilled Lives programme board being the senior responsible board for delivery of objectives. Board will have visibility and sight of any capacity challenges within the leadership team.
2.	Benefits realisation – potential risk that benefits may be overstated within the initial business case and as a result ability achieve savings/benefits will be challenged.	9	Benefits have been based on sound activity data and national benchmarking. Each individual project will be clear on the makeup of savings and any potential challenge will be captured and escalated early via the programme board.
3.	Resourcing – Risk that the ability to recruit to roles that support programme delivery may be challenged leading to delay and achieving programme deliverables.	12	Early engagement with HR to ensure recruitment is activity progressed at pace to avoid delay.
4.	External factors – Potential risk that CQC inspection takes place during key programme mobilisation OR alternative legislative changes impact programme delivery.	12	Consideration of temporary pausing some element of transformation to ensure appropriate focus on CQC.
5.	Mosaic Re-procurement – The current case management system for ASC (Mosaic) expires in December 2026. A re-procurement exercise leading to an alternative supplier would significantly impact programme delivery.	15	Re-procurement of case management system to be initiated and mobilised as early as possible to ensure adequate time to manage risks.

Recommendations

38. Cabinet is asked to consider and support the contents of this report and associated ASC Transformation Business Case.

Appendices

Appendix 1 – Performance indicators

Appendix 2 – ASC Transformation Business Case

Appendix 1 - Key performance indicators

Workstream	Key performance indicator	Baseline BCP performance	England average (where known)	What does good look like
Programme	Gross current expenditure on adult social care per adult aged 18 and over	557.18	523.95	BCP Council spends more on ASC support in comparison to other local authorities (6.3% more than the England average in 2022/23).
	Spend on long term care per person, aged 18-64	269.21	264.46	Current spend is slightly higher than England average, aim should be to bring at least in line with England average
	Spend on long term care per person, aged 65+	1039.39	872.83	Current spend is significantly higher than England average, aim should be to bring at least in line with England average
How we work	Average number of people per month referred to LTC locality teams for care act assessment	290 of which 35% (102) receive an assessment and 9% (27) receive a service	Not available	Aim for reduced number of referrals for assessment and 90% of those referred receiving an assessment (any of C1, C2 and C3)
	Average number of people per month receiving a service from LTC teams	27 per month	Not available	Aim to reduce the number of people prescribed a service by Long Term Conditions teams (which accounts for 50% of all services prescribed)
	% people offered technology enabled care as an alternative to other types of long term support	Not currently measured	Not available	Aim to increase the % of people offered technology enabled care as part of C1 or C2 who don't go on to need other services.
Better Short-term support	% people still at home 91 days after discharge from hospital into reablement	71.60%	82.30%	Data from 2022/23 ASCOF returns show BCP performance as 139th nationally. Aim to bring in line with England average
	% people offered reablement support following discharge from hospital	1.30%	2.90%	Aim to bring in line with England average, but also monitor access to reablement from community teams
	% of people receiving a long term service who received reablement support first	12%	Not available	Local data shows very low use of reablement before long term support is provided. Six steps to managing demand analysis suggests this figure should preferably be more than 70%
	Spend on short term care per person, aged 65+	1.42	69.43	Spend on short term care per older person is significantly lower than the England average
Self-Directed support	% of overall ASC expenditure spent on traditional services	85% of ASC spend on care costs spent on traditional services (care homes, dom care and day care)	Not available	% spend on non traditional services should be tracked as an indicator of the success of efforts to
Support at home	% of people who receive less than 10 hours of domiciliary care a week (as a proportion of all older people receiving dom care)	41%	Not available	Six steps to managing demand analysis suggests this figure should preferably be no more than 15%

ASC

Transformation Delivery Plan

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Executive summary

Adult Social Care services locally and nationally have faced significant challenges in recent years, and as a result the Council is holding significant risk in relation to the ability of the Council to deliver its statutory responsibilities to adults that require support within the available budget.

The nature of these challenges means that long term, sustainable change is needed to ensure that BCP Council Adult Social Care services are fit for the future and affordable.

The plans in this document follow a focussed period of scoping, called the 3-month sprint, that was undertaken during the months of February, March and April 2024.

The sprint built on and took learning from a range of pre-existing projects and areas of work and combined this learning with work to scope other opportunities for change.

These plans will enable the Adult Social Care Directorate, with support from wider Council colleagues and partners to deliver sustainable transformation and change to the way services are provided.

The plans set out proposal for investment of £2.9m in 4 key areas of Adult Social Care transformation that will lead to improved outcomes for adults that draw on support in BCP and support the Council to deliver this within the available financial envelope.

It is anticipated that the investment will lead to recurring savings of approximately just over £3.5m. This estimated savings opportunity is based on benchmarking data, which shows that the Council spends more per head of the population than comparator Councils.

Local and national drivers for change

A number of **significant pressures, challenges and risks, both nationally and locally** are driving the need for change

Local drivers

- The **creation of BCP Council** has resulted in a lot of focus and work on harmonising ways of working, systems, processes etc. This along with other change initiatives has drawn on Council resources and capacity and led to some reported change fatigue.
- The Council currently has **backlogs of assessments, reviews and people waiting for services**, which in turn creates failure demand. This needs to be addressed sustainably through new ways of working.
- The Council, in common with many other authorities, is managing **significant ongoing financial challenges**, with a large proportion of the Council's budget spent on Adult Social Care.
- Following recent Local Government elections in 2023, **a new Council administration** has been created.
- The creation of a **new strategic health authority** in July 2022 has and will continue to impact on the Council through new and developing partnership arrangements.
- The Council is accelerating plans to **transform the Council**, which the ASC Directorate must align with.

National drivers

- The impact of the **COVID-19 pandemic** is still being felt, with impacts on people's health and wellbeing, resulting in increased demand, and higher levels of need.
- **Societal inequalities** mean that people who require support achieve worse outcomes. Adult Social Care has a key role to play in ensuring social justice and fairness in our society.
- With **people living longer and an ageing population**, there is increased demand for support, and more complex needs.
- **Workforce shortages** across Adult Social Care, are putting pressure on the ability of local authorities to meet their statutory responsibilities to work with people and provide support.
- Local Government funding has failed to keep pace with the increased level of demand, resulting in **potentially unsustainable funding pressures**.
- The **Integration of Health and Social Care** is a key government priority, which is being delivered through the creation of Integrated Care Boards.
- The introduction of new arrangements for the **inspection of Local Authority arrangements to deliver Adult Social Care** by the Care Quality Commission will include the risk of government intervention.

Vision

Our vision for the transformation of Adult Social Care by BCP Council is:

To support people to live a fulfilled life based on the social care future vision



We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us.

That's the social care future we seek. #socialcarefuture

The Vision brought to life

The following examples describe how our transformation plans could support people to live fulfilled lives based on the social care future vision.

Initial contact

People can access advice, guidance and support through self-service options or through person-centred conversations. This approach connects people to things that help them to live a fulfilled life based on what is important to them.

3 **Bob** is a carer for his wife and feels isolated. He found information about local community support online and spoke to someone to get advice on how technology could help him and his wife to live independently and stay connected to others.

"I have been able to find out about a range of options that are of interest to me online and know who to speak to if I need further advice".

Relationship and strengths-based conversations

People can speak to someone who listens to what is important to them, building on what they can do and developing support with them.

Mary was recently discharged from hospital after a fall. She lives alone and is worried about whether she will be able to get back to doing the things she's always enjoyed. Mary was supported to access reablement support, and a named practitioner worked with Mary over time to plan for the future as she rebuilt her confidence.

"I really feel listened to. It's not easy to be able to do the things that are important to me, but I feel that the person I spoke was going to help me to find a way to make it work".

In control of my own support

People can access support in flexible and creative ways, that meet their needs and represent good value for money.

Tony's needs can change day to day, and he needs flexibility in how his support is provided. He draws on support from a Personal Assistant and has been supported to join a gardening club using an Individual Service Fund.

"I feel in control of my support, which is helping me to do the things that are important to me".

How we developed this plan

This plan was developed during a 3-month sprint from Feb-Apr 2024. The approach during the sprint drew on the following analysis:

- **The Adult Social Care Financial Review – undertaken by the Local Government Association**
- **The Adult Social Care Peer Review – led by the Local Government Association**
- **A review of available locally held activity data and nationally available benchmarking data**
- **A review of the status of existing projects and engagement with key stakeholders**

We also carried out detailed scoping work for the following 4 priority areas:

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How we work

We have evaluated our learning from the 3 conversations approach and analysed the data to work out how we create the conditions for this approach to thrive.

Better short-term support

We want to improve community access to short-term support (reablement), so that we can prevent more people from needing long term care. The sprint has helped us to plan how best to do this.

Self-Directed Support

We want more people to be in control of their own support. We have planned how to develop more community-based options for people to access through a Direct Payment or Individual Service Fund.

Support at Home

We have reviewed the current Support at Home provision and developed plans for future commissioning, to ensure that we enable people to stay as independent as possible in their own home

Key insights and the opportunities for change

Analysis of the data has highlighted the following key opportunities for benefits realisation through a transformed approach:

Opportunity to reduce spend on long term support in comparison to other authorities

3 The Adult Social Care Financial Review (LGA) highlighted that BCP Council spends more on ASC support in comparison to other local authorities (6.3% more than the England average in 2022/23).

The review highlighted significant scope to reduce spending on older people in particular, where the spend on each long-term care package in 2021/22 was 24% more than the England average.

Missed opportunities to intervene earlier

50% of people who go on to receive a service contact the council via the ASC Contact Centre, before being passed to the Long-Term Condition Locality (LTC) teams.

On average the ASC Contact Centre pass 290 requests for care act assessments to the LTC locality teams each month. Of these only 102 receive a care act assessment. Of which only 27 receive a service.

This indicates that there are missed opportunities to intervene earlier.

Opportunity to make more use of short term reablement support

During 2023 only 12% of people who went on to receive long term services received reablement support, which seeks to maximise people's ability to remain independent without ongoing support.

BCP Council is ranked 129 out of all authorities nationally for the % people offered reablement following discharge from hospital and local data shows that very few people in the community are offered reablement.

There is a missed opportunity to support more residents with short term support before long term care is considered.

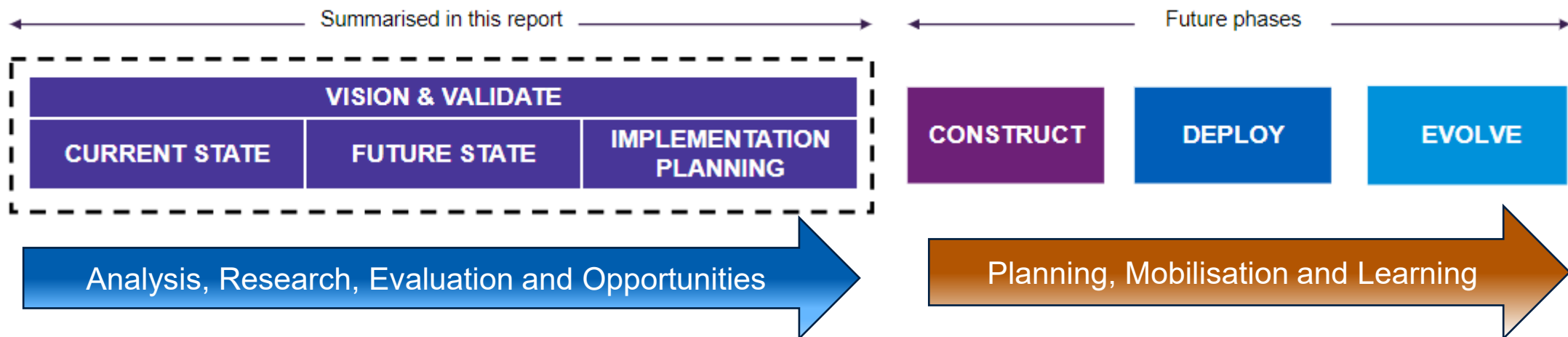
A more diverse market of support that can be self-directed

86.5% of total gross expenditure on ASC by BCP Council is spent on care costs, and 85% of that spend is on traditional services (care homes, domiciliary care and day care)

A more diverse market, which includes a greater focus on self-directed support will enable more needs to be met through more cost-effective means, such as micro-providers and personal assistants, with more expensive traditional services for those who need them.

Corporate Transformation Alignment

- The Corporate Transformation service design process commenced in September 2022.
- Much effort and consideration has been given to ensuring the methodology that was introduced from KPMG has been utilised and tailored to ensure effective engagement with the right approach for our organisation.
- Both through the 3-month sprint and the following transformation plan, there has been a focus on ensuring that this methodology continues to be utilised.
- The below, sets out the transformation methodology used across other directorates – it has been this approach that has been taken through the 3-month sprint and next phases.



Fulfilled Lives Programme

- Each key priority area of the 3-month sprint has gone through significant detailed diagnostic assessments of current state and future state, alongside potential opportunities.
- It is proposed that the 3-month sprint will now move into a formal transformation programme 'Fulfilled Lives' comprising of 4 individual projects.
- These individual projects and objectives have been set out within this slide to provide a high-level overview of what each project will look to achieve.

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Fulfilled Lives Programme	
Project Objectives	
How We Work	<ol style="list-style-type: none"> 1) Technology is used to support new ways of working and to reduce demand 2) The right people with the right skills intervening at the right time 3) Good quality data and intelligence is used to drive our approach 4) A stronger focus on preventative approaches 5) Reducing spend on long term support as a result
Self-Directed Support	<ol style="list-style-type: none"> 1) Improved systems and processes for accessing self-directed support 2) There is a more diverse and available provider market 3) Improved culture and practice towards self-directed support 4) Residents are supported to embrace self-directed support
Support at Home	<ol style="list-style-type: none"> 1) Develop a clear procurement timeline 2) Establish and define what support at home model we want in the future 3) Procure, establish and define new model of support at home
Short Term Support	<ol style="list-style-type: none"> 1) Define, establish and embed new Reablement model 2) Establish key performance and quality data metrics for Reablement 3) Delivery service improvement plan

How we work – Assessment and Roadmap

Diagnostic assessment

Journey to date

- In February 2022 we started working with Partners for Change to introduce a new approach to our work using the “3 conversations”.
- From Feb 2022 to Summer 2023 five early pioneer Innovation sites helped us to test the approach.
- A second phase of innovation between November 2023 and February 2024 tested the approach in an innovation area across the ASC Contact Centre and Long-Term Condition teams.
- An evaluation of the approach and learning was undertaken during February/March 2024 with input from innovators.

What we've learned

- There is strong support for the principles of 3 conversations. We believe that this approach done right can be better for residents, better for staff and better for the budget.
- Innovation has been more successful in some teams than others and we are learning more about the conditions that support this approach to thrive.
- An over-reliance on process and inefficient systems drives ways of working that focus on getting tasks done and distances us from a person-centred approach.
- We need to ensure that all managers/leaders are on the same page and have the skills/capability to lead the change.
- We're starting to build a clearer picture with data although the use of data is not embedded across the service. This tells us that most of our new work can be completed using a conversation 1 or 2 and most residents don't require services as solutions.
- Making it Happen meetings have shown us the benefits and challenges of a more inclusive, open and transparent governance structure for change.

What will the future look like?

- The 3 conversations approach is rolled out across all teams and functions.
- Our operating environment (culture, ways of working and systems) supports person-centred rather than process driven practice.
- There is strong leadership, communication and engagement and an open and transparent culture where challenges and insights are shared, and we work together to problem solve and drive continuous improvement.
- The whole workforce is confident in their respective roles and responsibilities and know what good looks like.
- Teams, managers and leaders have access to good quality data and the skills to use it, and this is used to drive change and improved outcomes.
- We put the person at the centre, listen to what is important to them, and we work collaboratively across teams, functions and with partners to help them to achieve this.
- Technology is used to support new ways of working, reduce demand and provide better support to residents who need it

Roadmap



Short term One – six months

Enhance first response function

- Deploy additional capacity in first response function
- Co-produce and deploy a front door data set and improve arrangements to capture required data
- Co-produce changes to ways of working in first response function (using 3Cs principles)
- Develop plan for introduction of self-serve/technology solutions
- Prioritise Mosaic changes that create efficiencies in first response (including conversation 1 and 2) and ensure staff are coached to use correctly
- Engage with specialist services to co-produce more efficient ways of working for professional contacts
- Define first response and business support roles, responsibilities and expectations including the development of practice guidance

Prepare for the future

- Maintain light touch support to existing Long Term Condition innovation teams and continue to develop understanding of current approach/practice/data
- Commence “3 Conversations” roll out across Mental Health and Learning Disability teams
- Scope and commission a training/coaching offer for managers
- Complete Mosaic health check and develop roadmap for future Mosaic development (see appendix)
- Development of Technology enabled care operating model
- Plan for introduction of Mosaic provider portal

Medium to Long term Six to Forty-eight months

Develop new ways of working across all ASC functions

- Continuous approach to performance improvement further embedded within first response function
- Evaluate learning from 3 Conversations roll out across Mental Health and Learning Disability teams and use this to plan further service development work
- Roll out the 3 Conversations approach across all other ASC teams and functions, including: Long Term Condition teams, Hospital teams, Specialist Services and support functions and for all people who may need support including carers
- Deliver training/coaching to managers
- Deployment of Mosaic provider portal to improve invoicing and payment arrangements.

Development of preventative/early help approach

- Develop a prevention strategy including community & voluntary sector support to prevent, reduce and delay the need for long term care and support

Systems and performance management

- Deliver changes to Mosaic based on the health check and roadmap leading to more efficient ways of working
- Co-design performance and workload dashboards and embed their use within teams whilst rolling out the 3Cs approach.

Technology

- Deployment of online and telephony self-serve functionality
- Deployment of Tech enabled care operating model, including embedding changes to practice and an innovation roadmap to support a greater take up of technology.

Neighbourhood teams

- Engage with the Integrated Care Partnership in the development of Neighbourhood teams, ensuring alignment with other activity in “How we work”

Better Short-Term Support – Assessment and Roadmap

Diagnostic assessment

Journey to date

- Project commenced on 14th February 2024
- Scope – Bed and community based reablement services in the context of the wider hospital discharge, community referral and intermediate care system
- Understanding the current service delivery and performance – data and performance analysis, engagement with provider and wider stakeholders, case audits
- Review of referral process and effectiveness
- Review of delayed discharges from the service and barriers to timely discharge
- Explore potential service outcomes to evidence outcomes for people receiving reablement
- Co-production of a service improvement plan with Tricuro in line with national guidance and best practice.

What we've learned

- Community reablement was not providing a therapy led service with little or no Occupational Therapy involvement
- Service inefficiency due to productivity and geographical model within the service
- Long waits to commence service
- Service starting to implement more flexible recruitment processes to improve recruitment
- Some cultural challenges within workforce to resist change
- Coastal Lodge costs are in line with residential care costs
- Community reablement costs are high due to low productivity and high management costs
- Stakeholders are unclear about the referral routes into the service, purpose and model of reablement
- Low numbers of community referrals
- High numbers of people referred to community reablement did not receive the service
- High numbers of inappropriate referrals with no identified reablement needs or goals
- No meaningful performance data for Coastal Lodge due to MOSAIC recording processes
- Significant delays in discharge from the services due to ASC capacity and housing (extra care) processes
- Hospital discharge processes are over complicated and driven by PUSH model for P1 discharges and not based on individual needs of people, with referrals to multiple services to identify discharge capacity.

What will the future look like?

- Community reablement service will be therapy led, with OT/OTA assessment of all new referrals with clear reablement goals, timescales and early discharge planning designed with people and their families
- Service will be focused on the strengths of people, their families and creating community connections to maximise their independence and wellbeing
- Service will become more effective and efficient and deliver positive outcomes for people and evidence vfm
- Implementation of outcomes metrics including satisfaction questionnaires, independence or reduced levels of care need, evidence-based outcomes tool measurements
- Access to service within 48 hours
- Service involvement in TOC and early assessment of people in hospital with potential reablement capacity
- Effective performance and quality data for Coastal Lodge
- Development of assistive technology as a core enabling tool for people
- Review opportunities for joint working with ASC to address process capacity issues including Trusted Assessor for service discharge
- Increased housing support and review of referral pathways for housing, in particular for extra care in the context of reablement pathways and timescales
- Potential to explore an extended reablement pathway for people referred to ASC to assess potential for reablement before decisions around LTC needs.

Roadmap

Short term One – six months

Commissioning Activity and Capacity

- Recruit additional commissioning capacity 0.5 wte Snr Manager and 0.5 wte Commissioning Officer
- Review service specifications to include SOP and revised performance reporting
- Monthly contract monitoring meetings to include project information and updates
- Ensure reablement services are considered as part of review of assistive technology
- Discussions with Housing to review capacity and extra care timelines for people receiving bed based reablement

Service Improvement

- Ongoing review of Reablement service improvement plan
- Roll out of service information and presentations to include attending hospital and community teams to ensure future appropriate referrals and understanding of service purpose and model
- Agree and implement new referral requirements with referral agencies including timescale in line with system developments eg early MDT hospital discharge pathways.

Performance and Quality Data

- Establish MOSAIC recording of Coastal Lodge placements
- Embed weekly dashboard reporting

Future Preparation

- Understand emerging hospital discharge model and if includes case management of people through intermediate care and if not to further explore Trust Assessor Model for discharge from community reablement
- Ongoing consideration of reablement as an important element of intermediate care offer in the context of ongoing system discussions

Long term Six to Forty-eight months

Quality and Improvement of Reablement Services

- On going monitoring of the quality, and performance of the service to include internal service issues and system issues and barriers to improvement
- Implementation of recommendations in terms of
 - Case management system or Trusted Assessor model for community reablement discharge
 - Review of housing support and extra care pathway for intermediate care services
 - Ongoing improvement of service focus on strength-based model including family and community connections to maximise opportunities to maintain independence and well being

Reablement Model Options

- Explore changes to reablement model. Current model is for people identified as having reablement capacity and goals. However, 88% of people accessing home care have not accessed reablement support first. This is backed up by feedback which suggests that the majority of people contacting the Council for support do not receive an assessment of their reablement potential. Need to explore if this assessment could be provided through ASC (SW/OT/OTA) or an expanded assessment pathway for reablement. This level of assessment would provide the opportunity to maximise independence for people, and potentially reduce demand and cost of LTC home care.

Long Term Strategic Partnership/Integration of Intermediate Care

- Involvement in the transformation of the Intermediate Care Model for BCP system in line with national guidance and best practice

Self-Directed Support – Assessment and Roadmap

Diagnostic assessment



Journey to date

Current data and insights

- Assessment of Direct Payment data and our insight work completed last year.
- Assessment of a range of literature on personal budgets and self-directed support.
- Assessment of the feedback from the Fulfilled Lives programme.

New data and insights

- Conversations with people who have Direct Payments (30).
- Conversations with practitioners across ASC (10 – 15).
- Conversations about Individual Service Funds (ISFs) with people who have experience of our services.
- Conversations about ISFs with care and support providers.

Insights from elsewhere

- Connections with other practitioners across the country through networks and direct connections.
- Participation in relevant webinars and presentations.

Co-production

- Understanding how we currently coproduce our work across ASC.

Personalisation Programme

- Continued the delivery of the wider Personalisation Programme activity using the insights gained through the sprint activity.

What we've learned

Culture and practice

- There is a tension between us wanting to be person-centred and having being risk averse in to maximise value and control costs.
- Self-directed support is a mindset not a set of processes.
- We have practice leadership that is inspiring and committed to person-centred approaches; the roll-out of Fulfilled Lives demonstrates this commitment.
- The Direct Payments Team has leadership that is committed to personalisation and self-directed support and the team works well with both practitioners and Direct Payment holders.
- The DP Team has dealt with its waiting list and taken on more activity in the DP process over the last year.
- We have practitioners across the directorate who want to support people to self-direct their support and want this to be easier to set up but we're not person-centred in everything we do across ASC.
- We're not consistently coproducing the way we do things with people who experience our services.

System and processes

- We often don't understand the Direct Payment process and we report that it is time consuming, complicated and doesn't create a different outcome.
- There is failure demand and delays in the Direct Payment process being completed – sometimes linked to the authorisation of care and support plans.
- Practitioners are looking forward to Individual Service Funds being available as this will grow our offer of self-directed support.

Provider market

We currently have a limited provider market and a lack of available Personal Assistants who can creatively support people with Direct Payments.

Feedback from people holding Direct Payments

- People are positive about the support they receive from the DP Support team and practitioners, but they would like to have more flexibility in how they use their budget.
- People report that any changes to their circumstances that impacts their finances results in a lot of work for everyone.

What will the future look like?

Culture and practice

- People who look to us for support are having the right conversation with the right person at the right time and in the right place.
- Person centred and strengths-based approaches are demonstrated in our practice across ASC and both staff, and the people we are supporting feel the benefits of this.
- Staff and the people they are supported feel they are listened to, and heard, in their conversations.
- We take every opportunity to enable people to self-direct their support and encourage them to create better outcomes for themselves.
- Our culture supports and encourages practitioners to work alongside people to turn conversations into personalised care and support plans that have solutions right for them.
- We have honest, open and timely conversations about costs, personal finances and contributions.

System and processes

- We have more options for personal budgets and self-directed support.
- Practitioners feel confident in offering these to people, are knowledgeable about putting them in place and know how to get support from the wider team if needed.

Provider market

- We have a diverse marketplace of creative and flexible providers who offer the care, support and activities that people want to purchase with their personal budget.
- The marketplace includes ISF accredited providers and community and micro-enterprises.
- Providers want to work with us to develop innovative models of support.

For people self-directing their support through a personal budget

- People have the best possible understanding of the personal budget arrangements and manage changes in circumstances.
- People have a choice in the personal budget options we offer.
- People have a choice in, and control over the support they purchase and that support enables them to thrive and live fulfilling lives.

Roadmap



Short term One – six months

Continue the delivery of the Personalisation Programme

- Design and develop Individual Service Funds (ISFs) and the provider accreditation process.
- Deliver the Trusted Reviewers Programme with Community Action Network; working closely with day opportunities commissioning and providers and the Learning Disabilities SW team.
- Commission external support to deliver our community and micro-enterprises (CMEs) development programme.

Coproduction

- Ensure coproduction is embedded into the design and delivery of the programme.

Connect the Personalisation Programme to social work practice

- Use the opportunity of the Learning Disability, Mental Health, Autism and Preparing for Adulthood teams starting their 3 Conversations approach to connect the programme to their practice.

Involve people with lived experience of the support we provide

- Invite people with lived experience of personal budgets to join a co-produced Self Directed Support Forum that focuses on all aspects of our personal budget business.

Embedding personalisation and self-directed support into BCP Council strategy

- Coproduce a corporate policy that sets our approach to personalisation and self-directed support

Carers

- Support the redesign of the personal budget model for unpaid carers.

Training

- Develop a revised and comprehensive training package for personal budgets implementation

Medium to Long term Six to forty-eight months

Continue the delivery of the Personalisation Programme

- Focus on embedding the programme into our social work and commissioning practice.

Evaluation of impact

- Understand impact so that some savings can be used as investment that enables the operations activity of the programme to continue after the first year and for further savings to be delivered.

Enhance the support for people wanting a personal budget

- Explore the options for enhancing our personal budget support offer through externally delivered information, advice and coaching for people wanting a personal budget. This could develop from the Trusted Reviewers Programme.

Develop the personalisation projects with further innovation in commissioning

- Explore models of Neighbourhood ISFs and models of neighbourhood care.
- Explore the development of the small provider market, e.g. Small Supports – could develop from the CME development.

Involve people with lived experience of the support we provide

- Explore the development of a peer review team of people with lived experience to assist us with quality standards and working with high quality providers– could develop from the CME development.

Voluntary and community sector (VCS)

- Explore options for continued investment in VCS-delivered activity that enables the Fulfilled Lives approach and contributes to our priorities around prevention, wellbeing and independence.

Coproduction

- Develop our coproduction strategy that sets out our aspirations for working alongside people with lived experience, partners and stakeholders to develop initiatives that are well informed by a diverse range of people.

Support at Home – Assessment and Roadmap

Roadmap

Short term One – six months

Provider Market Analysis

- Further analysis of the market and potential impact of a new framework on the stability and sustainability of the market.

Specialist Needs

- Decision of how to address issue of people with moderate to advanced dementia, ABI, substance misuse etc and how these needs will be met either through incorporation into existing plans for MH/LD framework or additional lot as part of procurement.

Agree scope of home care provision

- Identify if this includes non-regulated activity such as shopping and domestic/laundry tasks

Further demand forecasting analysis

Explore utilisation of vol sector and community services to support people's non-care needs.

- Develop and embed plan as to how we engage and utilise the VCS for non-care needs

Audit of CAA for people accessing home care

- Seeking to ensure assessments are focused on delaying and reducing care needs and consistent approach to planning for home care provision

Consider reopening of the framework for a 3 year 2 +1 (ideally two years) year contract life

- Seeking to adhere to financial regulations and allow due diligence with market fairness

Long term Six – forty-eight months

Develop a Home Care strategy to inform future model and provision

Model co-production through engagement with providers and wider stakeholders including NHS

- To include market view of how to address ongoing issues including capacity for small and large/complex packages, reaching difficult to source localities, workforce development, joint working
- Agree key principles and value base of model of care, strength based, person centred c
- Explore in detail trusted assessor model for the effective review of people's needs and adjustment to PoC

Pre-procurement Activity

- Market Testing to inform procurement decision eg preferred number of framework providers
- Specification development and performance and QA frameworks and processes
- Agree future commissioned capacity
- Agree final procurement process, likely to be framework procurement, potential for two lots, and limited number of providers

Procurement

- Develop and implement detailed procurement process, including award and appropriate governance processes and mobilisation plan to include risk register

Reducing Demand for Home Care

- Development of detailed practice and service plans to ensure principles of delaying and reducing demands for home care through CAA , assistive technology,

Performance Monitoring

- Regular monitoring of activity and costs for home care and impact of procurement

Development of Long-Term Strategic Model for Home Care

- Further review of emerging models of home care, this includes development of potential integrated health and social care teams addressing locality based population health

Development of Alternative Provisions to Home Care

- Further detailed work to be completed on triangulation of information from John Jackson, BCF metrics, service data activity, costs and forecasting for home care, ECH, care homes and DPs. Explore question of "home first" v's "right care, right time, right place" v's reducing/preventing harm v's financial sustainability?

Diagnostic assessment

Journey to date

- Project commenced on March 2024
- Understanding the current market and service delivery – data and performance analysis, engagement with provider and wider stakeholders, ASC questionnaire and case audits
- Review of referral and assessment process and effectiveness
- Understanding of needs for small packages of care and complex hard to source packages
- Explore potential to reduce demand on home care through review of assessment process, potential for reablement and maximising other services to reduce demand including assistive technology and vol sector
- Review of emerging models and best practice
- Understand reasons for current overspend and activity trends, including forecasting of future demand
- Explore potential procurement options to replace current framework

What we've learned

- Recent improvement in service with increased capacity, reduced waiting times and complaints over the last two years following additional on framework providers and recruitment drives
- Still some challenges in provision of small packages, carer sitting service and complex/specialist care needs in terms of sourcing
- Need for risk assessment for people waiting for packages with complex needs
- Workforce, ongoing review of recruitment and retention, upskill workforce especially around dementia and other complex needs
- Strong voice for the development of a specialist framework for advanced dementia with challenging behaviours, ABI, substance misuse that will not be covered by new MH/LD framework
- Need to review policy for provision of shopping and domestic work as part of care packages
- Current best practice models reflect high levels of health and social care integration and population health models which will require integrated strategy to be developed
- Three Conversations model should be reviewed against duty of reducing and delaying needs
- Key service developments required to reduce demand including: increasing community reablement access, use of extensive assistive technology model and increasing use of vol sector for support/unregulated needs
- Without change to current social care system we can anticipate growth in demand of between 1%-2.5%, based on demographic growth and current practice trends,

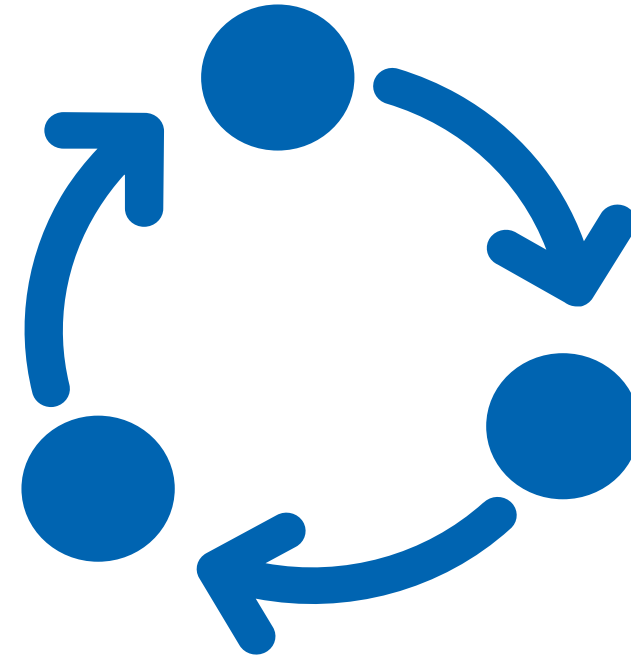
What will the future look like

- New home care framework will be procured and will be informed by current work to date, and further project work
- Further market analysis to understand implications of new framework on market stability and sustainability going forward
- Engagement with providers and other stakeholders to co-produce adjusted model to address ongoing issues such as workforce training and recruitment, managing complexity, and sourcing for challenging geographical patches and specialist needs
- Key best practice principles and values will be embedded into the new model
- Trusted assessor approaches will be considered to enable timely review and adjustments to PoC
- Risk assessment process to be implemented for those people awaiting care
- Consider mixed packages for support (vol sector) and care needs (home care)
- Ensure all framework providers use digital care records and management systems
- Audit of CAA's to ensure they are addressing need to reduce and delay needs, and practice relating to referral for home care is consistent across the borough
- Increase community access to reablement for people assessed as having reablement capacity through their CAA
- Roll out of new assistive technology model to maximise people who can be supported without or with reduced packages of home care support
- Increase use of vol sector and community services for support/non-regulated needs
- Ensure Extra Care services are utilised for people with more complex needs

Approach to Programme Delivery

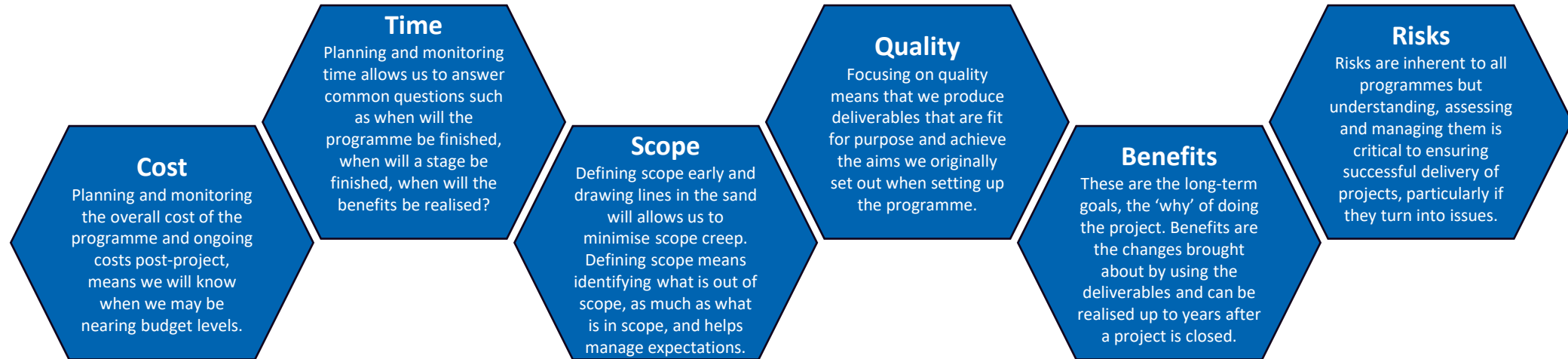
Programme Approach

- The proposed Fulfilled Lives transformation programme will adopt the BCP project framework methodology (See Appendices) .
- The programme will also utilise the newly established Project for the Web (PftW) software management tool, ensuring that all activity is appropriately managed and tracked throughout the programme.
- Each individual project attached to the Fulfilled Lives programme will be aligned to the project lifecycle and the activity that underpins it.
- It is acknowledged that the sprint approach has already delivered and supported some early project lifecycle stages i.e. scoping.

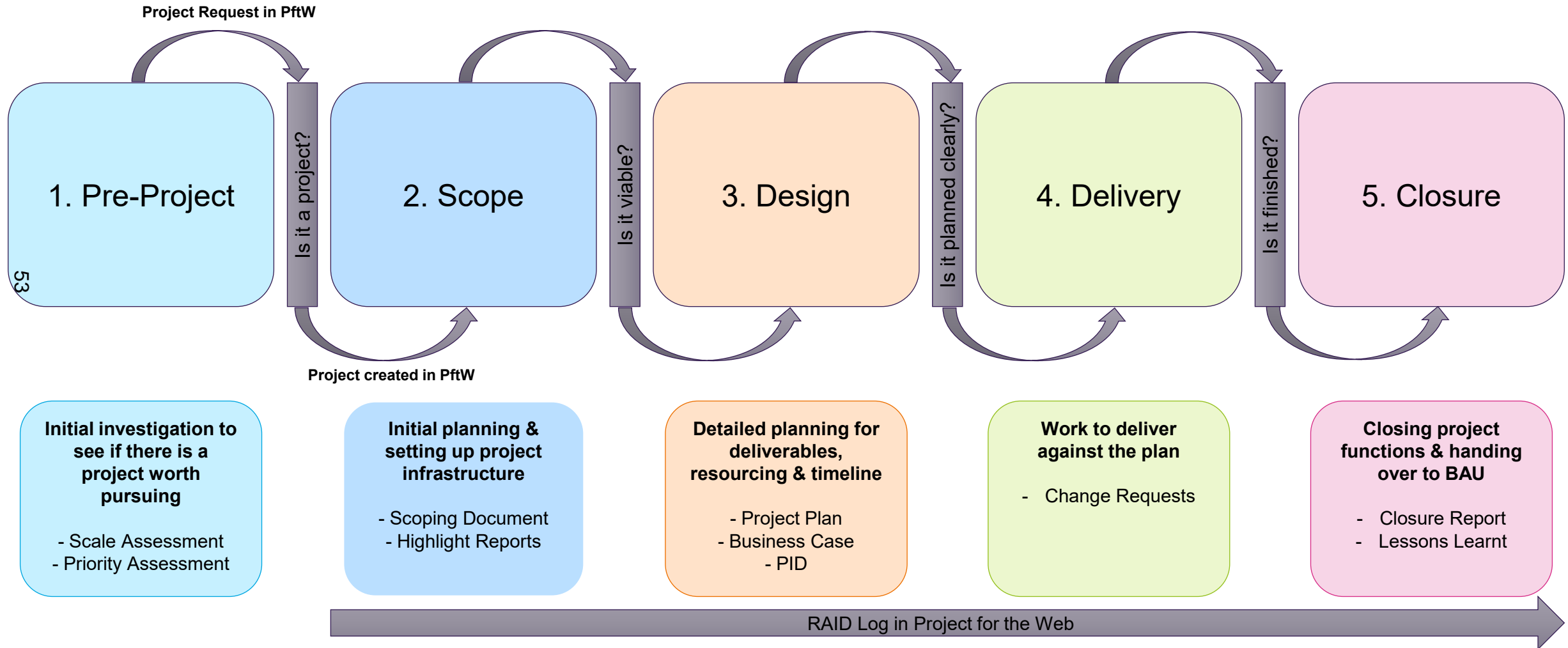


Core Programme Concepts

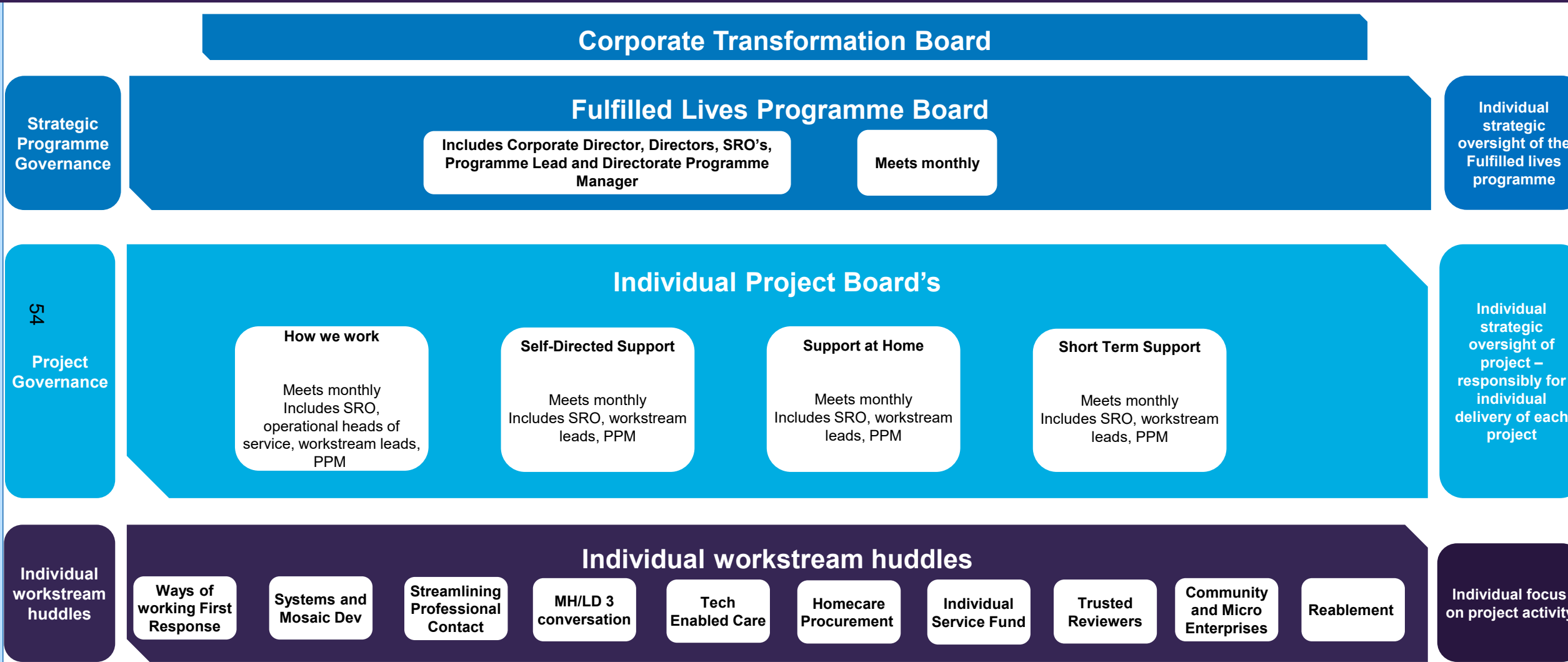
- The Fulfilled Lives programme approach will also provide ongoing focus of 6 key concepts, ensuring these are at the forefront and the programme structure and delivery. These are:



Fulfilled Lives – Individual Project Cycle



Fulfilled Lives Programme Governance



Fulfilled Lives – Board Roles and Responsibilities

Role	Description	Responsibilities
BCP Transformation Board	<ul style="list-style-type: none"> To provide strategic leadership to all transformation activity in BCP. To provide overall corporate governance and decision making for the council. 	<ul style="list-style-type: none"> Note and resolve escalations. Approve additional programme budget expenditure (if needed).
Fulfilled Lives Board	<ul style="list-style-type: none"> To provide strategic leadership to Adults Transformation. To provide the overall governance and decision making for the Adult Fulfilled Lives Programme. Brings together all workstream SROs and Programme management to manage and coordinate operational delivery of all transformation projects. 	<ul style="list-style-type: none"> Approve all PIDs. Approve all programme budget expenditure. Accountable for progress against the programme and benefits realisation plans. Escalates issues/ risks to the Corporate Transformation Board as necessary.
Project Boards	<ul style="list-style-type: none"> To provide an activity vehicle with the appropriate colleagues to deliver against approved business cases/ project initiation documents (PIDs). To provide project governance and local decision making for approved activity related to business cases and project initiation documents To provide a project structure which engages the appropriate internal and external colleagues/ partners Allow for the creation and use of project plans, risk registers, action trackers and decision logs 	<ul style="list-style-type: none"> Accountable for progress against business cases and project initiation documents (PIDs). Activity vehicles to achieve the programme and benefits realisation plans. Escalates project issues/ risks to the Fulfilled Lives Board as necessary.
Workstream Huddles	<ul style="list-style-type: none"> Provides opportunity to discuss smaller activities related to project Informal approach Greater flexibility and encourages creative thinking Open discussion on activities 	<ul style="list-style-type: none"> To discuss openly progress of workstream activities. Ensures colleague engagement and voices are heard, share best practice and identify gaps in activities. Discusses opportunities for workstream activity improvement.

Fulfilled Lives Programme - Leadership Roles

Name	Fulfilled Lives Role	Key Function
Jillian Kay, Corporate Director of Wellbeing	Fulfilled Lives Programme Senior Responsible Owner (SRO)	Overall strategic responsibility for the delivery of all aspects of the Fulfilled Lives programme
Unknown, Fulfilled Lives Programme Lead	Programme Lead	Responsible specifically for fulfilled lives programme delivery and oversight of projects that sit within the fulfilled lives programme
Betty Butlin, Director of Adult Social Care	Project SRO – How we Work	Responsible for ensuring the project meets its objectives and delivers projected benefits
To be identified and confirmed	Project SRO - Self-Directed Support	Responsible for ensuring the project meets its objectives and delivers projected benefits
To be identified and confirmed	Project SRO - Support at Home	Responsible for ensuring the project meets its objectives and delivers projected benefits
To be identified and confirmed	Project SRO - Short Term Support	Responsible for ensuring the project meets its objectives and delivers projected benefits

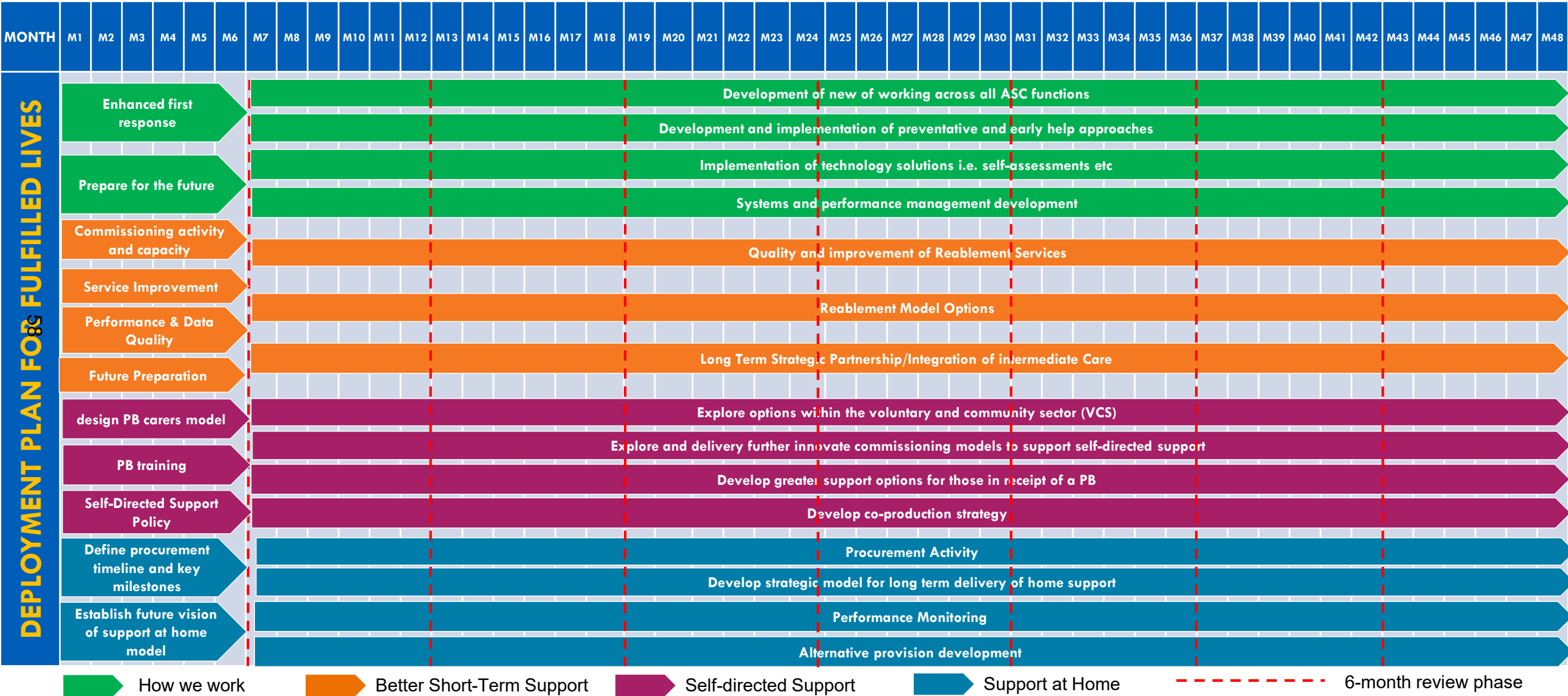
Name	Fulfilled Lives Role and Key Function
Corporate Directorate Programme Management: Harry Ovnik – Wellbeing Directorate Programme Manager	Overall directorate programme management leadership and coordination Link to all central enabling functions and mobilisation of project resource
Central Corporate Functions: Veronique Moorcroft (HR), Anna Fresolone (Finance), & Geoff Bridgman (IT) - Business Partners/Managers, Comms, Procurement	Central leads to provide mobilisation, challenge and accountability
Project Managers (various)	Internal project support

Fulfilled Lives Programme Roadmap

- The programme will be shaped against an agile approach, providing an iterative process environment, where the programme can learn and adapt as it progresses.
- The approach has been taken as a result of learning taken during the '3-month sprint', and an acknowledgement that delivering transformation within ASC can be challenging – **doing everything at the same time can/will lead to failure.**
- The programme will be defined into 6-month stages, whereby at the end of each stage, we will assess, review, learn and reflect, before commencing and mobilising the appropriate next stage.
- In addition, at the start of each stage, defined plans etc will be drawn up, detailing the 6-month stage to come based on the long-term diagnostic assessment opportunities.



Fulfilled Lives Programme Roadmap

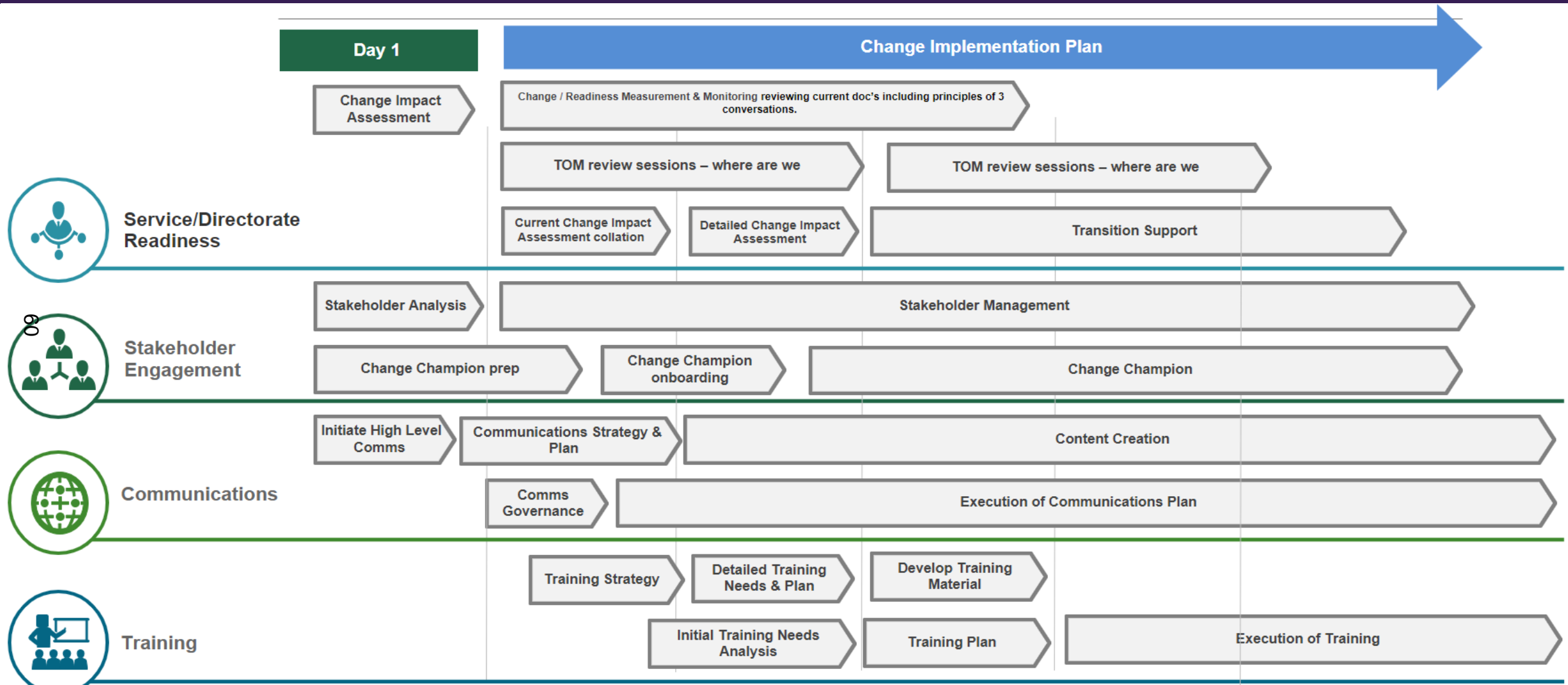


Fulfilled Lives – Change Management

- The Fulfilled Lives Programme will look to utilise additional and existing resource to support with change management. We are looking to ensure that the people affected by the change are supported to adopt and champion new ways of working.
- A transformation plan of this scale can lead to anxiety, confusion, and resistance from the people on the ground, who may not fully understand the need for the changes, or how to adopt and adapt to new processes.
- Change management seeks to support and facilitate by:
 - Supporting the people affected by a project to transition smoothly through three process stages: 'planning for change', 'managing change' and 'reinforcing change'.
 - Craft the messaging around the project and communicate the reason for the changes with employees and other stakeholders.
 - Determine how to move forward effectively and efficiently.



Fulfilled Lives – Change Management Approach



Programme Savings, Benefits and Investment

Savings – Context and Background

- The Use of Resources report in Autumn 2023 identified there were opportunities to reduce ASC spend and the importance of having a detailed plan/business case that set out resources and capacity needed to bring about long-term sustainable efficiencies over a 5-year period.
- There was a clear acknowledgement and appreciation that there would need to be investment to bring about the transformation.
- Based on this work and report, the ASC transformation business case has been developed. Below sets out the transformation investment required to bring about the change in 4 key areas as set out in previous slides.
- Since working with the LGA we have begun to implement areas of change where we are seeing green shoots develop; areas such as strengths based (3 conversations) working, improving Mosaic and culture.
- This has positively impacted on a number of areas that are showing a reduction in expenditure but require the investment below to deliver the roadmap and achieve sustainable savings and transformation.
- Without investment, the transformation will not be possible - and the long-term consequences for the Council's finances are challenging.

Benefits realisation - Savings

- As mentioned in the previous slide, this table summarises the investment and savings for a programme of transformation, with proposed estimated (some of costs and savings are currently estimates) expenditure of £2.9m and overall cumulative savings (over 5 years) of just over £3.5m.

Category	Element	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	Total
Transformation Investment	Programme Management	£31,000	£430,500	£448,500	£85,500	£0	£0	£995,500
Transformation Investment	Self Directed Support	£22,500	£138,000	£26,500	£0	£0	£0	£187,000
Transformation Investment	Short Term Support	£8,500	£67,000	£43,000	£0	£0	£0	£118,500
Transformation Investment	Support at Home	£14,500	£80,000	£62,000	£0	£0	£0	£156,500
Transformation Investment	How we work	£9,500	£810,856	£538,970	£122,830	£0	£0	£1,482,156
Total one off investment	Total one off investment	£86,000	£1,526,356	£1,118,970	£208,330	£0		£2,939,656
Income	Flexible use of capital receipts	-£86,000	-£1,526,356	-£1,118,970	-£208,330	£0		-£2,939,656
Total one off Income	Total one off Income		-£1,526,356	-£1,118,970	-£208,330	£0		-£2,939,656
Transformation saving	Change in LTC domiciliary care spend		-£250,000	-£327,740	-£409,265	-£488,172	-£160,934	-£1,636,111
Transformation saving	Change in LTC residential care spend		£0	-£450,507	-£446,002	-£441,542	£0	-£1,338,050
Transformation saving	Staff savings resulting from Mosaic provider portal		£0	-£105,000	£0	£0	£0	-£105,000
Transformation saving	Reduction in average cost of support for LD		£0	-£78,000	-£104,000	-£130,000	-£156,000	-£468,000
Total recurrent annual saving	Total recurrent annual saving		-£250,000	-£961,247	-£959,267	-£1,059,713	-£316,934	-£3,547,161
Cumulative annual saving	Cumulative annual saving		-£250,000	-£1,211,247	-£2,170,514	-£3,230,227	-£3,547,161	

Benefits realisation – Assumed changes

- The following table summarises the assumed changes in the numbers of domiciliary care packages and residential care placements in each year. These changes will need to be netted off increases already built into the MTFP for demographic growth. For example, if demographic growth, assumes growth of 25 domiciliary care packages in 2025/26, then the net position will be an increase of 3 (25 – 22).

Placement/package type	2024/25	2025/26	2026/27	2027/28	2028/29	Total
Change in 65+ domiciliary care (number of packages)	-18	-22	-28	-33	-11	-101
Change in 65+ residential care	0	-10	-10	-10	0	-30

The changes are based on average weekly cost per package/placement for 2024/25 as follows:

- 65+ Domiciliary care: £352.35
- 65+ Residential care: £1,070

Benefits realisation – Performance

The following table sets out a suggest set of key performance indicators that should be monitored by the Delivery Board to assess the impact of the programme and each workstream. These are informed by [Six Steps to Managing Demand in Adult Social Care: a... | IPC Brookes](#)

Workstream	Key performance indicator	Baseline BCP performance	England average (where known)	What does good look like
Programme	Gross current expenditure on adult social care per adult aged 18 and over	557.18	523.95	BCP Council spends more on ASC support in comparison to other local authorities (6.3% more than the England average in 2022/23).
	Spend on long term care per person, aged 18-64	269.21	264.46	Current spend is slightly higher than England average, aim should be to bring at least in line with England average
	Spend on long term care per person, aged 65+	1039.39	872.83	Current spend is significantly higher than England average, aim should be to bring at least in line with England average
How we work	Average number of people per month referred to LTC locality teams for care act assessment	290 of which 35% (102) receive an assessment and 9% (27) receive a service	Not available	Aim for reduced number of referrals for assessment and 90% of those referred receiving an assessment (any of C1,C2 and C3)
	Average number of people per month receiving a service from LTC teams	27 per month	Not available	Aim to reduce the number of people prescribed a service by Long Term Conditions teams (which accounts for 50% of all services prescribed)
	% people offered technology enabled care as an alternative to other types of long term support	Not currently measured	Not available	Aim to increase the % of people offered technology enabled care as part of C1 or C2 who don't go on to need other services.
Better Short-term support	% people still at home 91 days after discharge from hospital into reablement	71.60%	82.30%	Data from 2022/23 ASCOF returns show BCP performance as 139th nationally. Aim to bring in line with England average
	% people offered reablement support following discharge from hospital	1.30%	2.90%	Aim to bring in line with England average, but also monitor access to reablement from community teams
	% of people receiving a long term service who received reablement support first	12%	Not available	Local data shows very low use of reablement before long term support is provided. Six steps to managing demand analysis suggests this figure should preferably be more than 70%
	Spend on short term care per person, aged 65+	1.42	69.43	Spend on short term care per older person is significantly lower than the England average
Self-Directed support	% of overall ASC expenditure spent on traditional services	85% of ASC spend on care costs spent on traditional services (care homes, dom care and day care)	Not available	% spend on non traditional services should be tracked as an indicator of the success of efforts to
Support at home	% of people who receive less than 10 hours of domiciliary care a week (as a proportion of all older people receiving dom care)	41%	Not available	Six steps to managing demand analysis suggests this figure should preferably be no more than 15%

Proposed resources for delivery

Category	Element	Unit cost	Grade	FTE	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	Total
Programme Leadership / management	Programme Lead	£104,000	N/A	1	£31,000	£117,000	£78,000				£226,000
	Project Manager (Change specialist)	£57,000	J/K	1		£57,000	£28,500				£85,500
	Senior Project Manager	£62,000	L	0.6							£0
	Project Manager	£57,000	J/K	6		£256,500	£342,000	£85,500			£684,000
Total Programme Management					£31,000	£430,500	£448,500	£85,500	£0		£995,500
Self Directed Support	Senior commissioner	£53,000	J	1	£22,500	£63,000	£26,500				£112,000
	CME development costs					£75,000					£75,000
Total Self Directed Support					£22,500	£138,000	£26,500	£0	£0		£187,000
Support at home	Strategic Commissioning Manager (Homecare/Intermediate Care)	£62,000	L	1	£14,500	£80,000	£62,000				£156,500
Total Support at home					£14,500	£80,000	£62,000	£0	£0	£0	£156,500
Short term support	Commissioning Officer (Homecare/Intermediate Care)	£43,000	H	1	£8,500	£67,000	£43,000				£118,500
Total Short term support					£8,500	£67,000	£43,000	£0	£0	£0	£118,500
How we work	Mosaic developer	£45,000		1		£33,750	£33,750				£67,500
	Mosaic specialist	£132,080	N/A	0.6		£59,436					£59,436
	Business Analyst	£45,000	I	1	£9,500	£34,250	£22,500				£66,250
	Senior Commissioner (prevention)	£53,000	J	1		£39,750	£39,750				£79,500
	Innovation lead	£57,000	J	1		£57,000	£28,500				£85,500
	Mosaic provider portal	N/A	N/A	N/A		£162,000	£93,000				£255,000
	Financial assessment online tools						£104,830	£80,830			£185,660
	Self assessment online tools (TBC)						£84,250	£42,000			£126,250
	Up front investment in first response capacity	£439,560				£329,670	£109,890				£439,560
	Lead information management officer	£45,000	I	1		£45,000	£22,500				£67,500
	Leadership development	£50,000		1		£50,000	£0				£50,000
Total How we work					£9,500	£810,856	£538,970	£122,830	£0		£1,482,156
TOTAL					£86,000	£1,526,356	£1,118,970	£208,330	£0	£0	£2,939,656

APPENDICES

How we work – Principles of 3 Conversations

The 3 Conversations

1 Conversation 1 : Listen & Connect

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.



2 Conversation 2 : Work intensively with people in crisis

What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



3 Conversation 3 : Build a good life

For some people, support in building a good life will be required.

What does ‘a good life’ look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?



Principles of 3 Conversations

- We are not the experts in people's lives – people and families are
- Stop assessing / reviewing people for services (wrong focus) and start listening even more carefully to what matters to them
- Always start with the assets and strengths of people, families and communities
- Know more about the neighbourhoods and communities that people are living in
- Always work collaboratively with other members of the community support system
- No hand-offs, no referrals, no triage or screening, no acceptance of waiting lists
- Stick to people like glue during **Conversation 2** – there is nothing more important than supporting someone to regain control of their life
- Never plan long term in a crisis (work at helping someone get through the crisis)
- Always exhaust Conversations 1 **and** 2 before having Conversation 3 **and test this out with colleagues in huddles**

PPM – Project Framework and PftW

About our framework

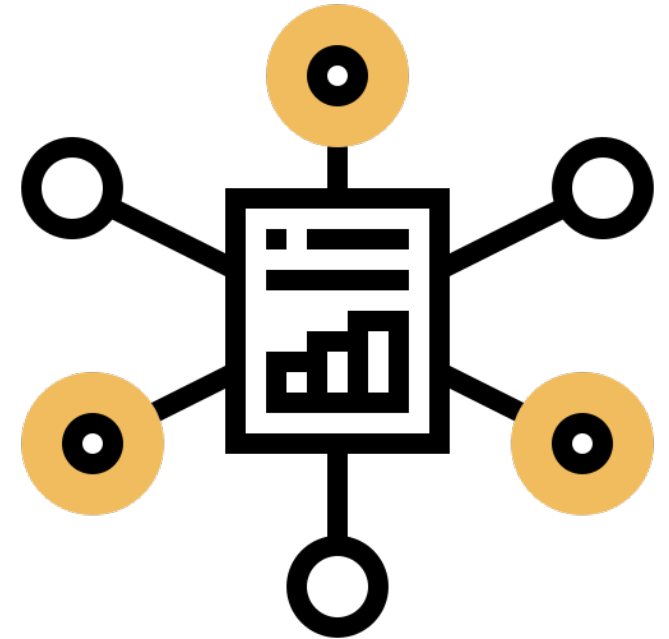
Designed to provide a consistent approach to project delivery across BCP. Our aim:

To drive exceptional project delivery through the shared understanding of expectations and the required standards to meet operational and strategic project activities.

We have designed our Framework to align with our project management software, Project for the Web (PftW), which is being implemented simultaneously. This enhances our role as a central function within BCP and helps us deliver better results for you.

72 Our Framework and software are not static - we will monitor, evaluate and refine them over time to ensure continuous improvement. We have established governance structures to support this process and ensure quality and accountability.

This document gives you a summary of our Framework, showing how our Officers use their skills and experience to support your projects, and what you need to do as our clients to make the projects successful. By working together, we can create and deliver outcomes that are sustainable and impactful beyond the project completion.



1. Pre-Project

1. Pre-
Project

2.
Scope

3.
Design

4.
Delivery

5.
Closure



This stage is about identifying and understanding an incoming piece of work and assessing it to determine whether it is something the we will engage with.

This stage is primarily the purview of the Programme Managers, working with Heads and Directors, but may involve some PPM staff.

PPM Core Tasks & Responsibilities

- Complete the Project Request Form in Project for the Web
Programme Managers
- Complete the Project Priority Record
Programme Managers
- Assign resources if a project is created
Programme Managers

Client Core Tasks & Responsibilities

- Clearly articulate the issue trying to be resolved
- Identify potential solutions
- Provide high-level information on cost, duration, strategic alignment and impact/complexity of the project
- Identify potential funding sources and amounts
- Identify an appropriate Senior Responsible Officer (SRO) for the project

Information Gathered

- General project details
- Identified senior responsible officer (SRO)
- High-level business case
- Estimate of project scale & tier
 - A priority value
- Indicative funding details
- Estimated start & finish dates

Stage Outcome

The project request is assessed by the PPM Management Team and, if it is confirmed as a project, resources will be assigned, and a project will be created in Project for the Web.

Project Request Form

1. Pre-Project

2. Scope

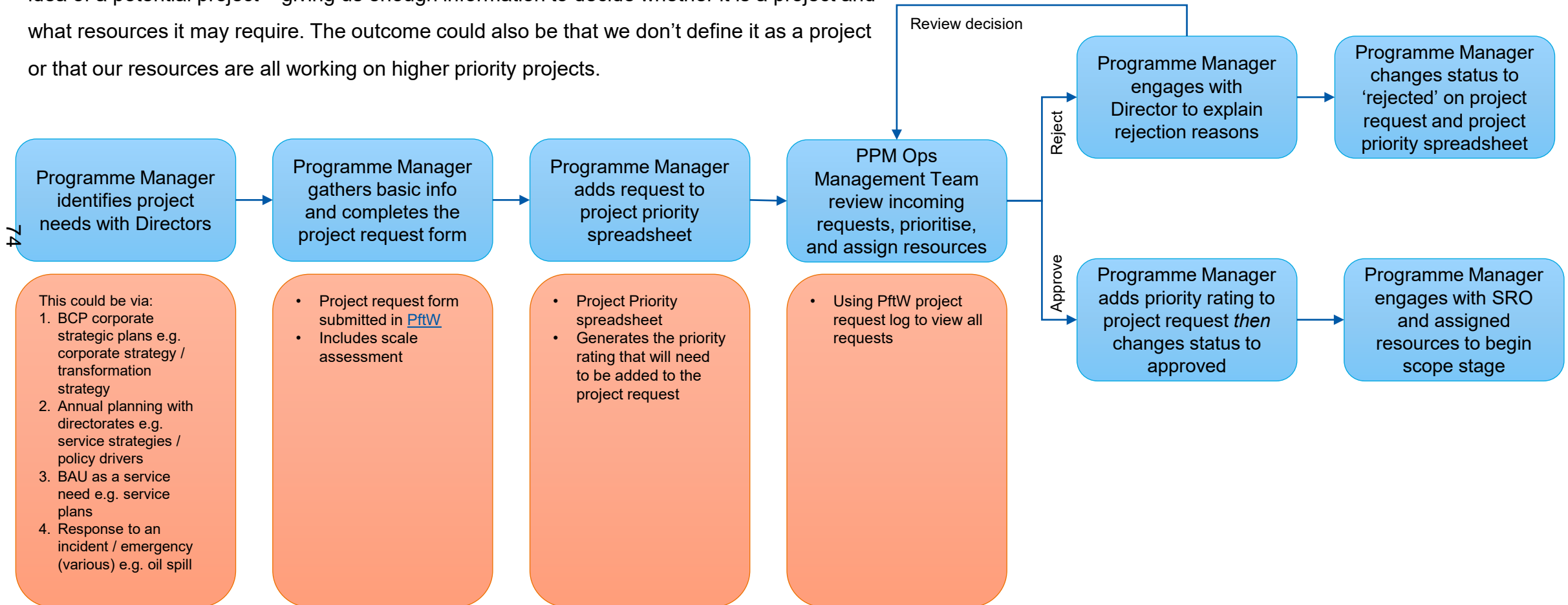
3. Design

4. Delivery

5. Closure



The project request form is housed within Project for the Web and is designed to capture the idea of a potential project – giving us enough information to decide whether it is a project and what resources it may require. The outcome could also be that we don't define it as a project or that our resources are all working on higher priority projects.



2. Scope

This stage begins to investigate the project in detail to allow an informed decision to be made on its viability (cost / resourcing / benefits) and lays the groundwork for the project in terms of governance and documentation. It is where the assigned Project Manager / Officer and the Senior Responsible Officer (SRO) start to work together.

PPM Core Tasks & Responsibilities

- Set up Teams team
PPM Officer
- Establish initial project governance
PPM Officer & SRO
- Complete Scoping Document
PPM Officer & SRO
- Add initial Risk / Action / Assumption / Issue / Decision / Dependency (RAID) entries to PftW
PPM Officer
- Start producing project Highlight Reports via PftW
PPM Officer

Client Core Tasks & Responsibilities

- Identify key initial stakeholders
- Input into development of the scoping document
- Approve scoping document via SRO and/or initial governance body
- Highlight RAID entries and lessons learnt to PPM officer to record

Information Gathered

- Project name
- Project team composition
 - Project purpose
- High level workstreams & deliverables
- Key comms messaging
 - Initial risks, issues, dependencies and assumptions / constraints
- Overarching scope
- Out of scope items
- High-level milestones

Stage Outcome

It is agreed that based on the high-level information and analysis to date that the project is viable and worth pursuing, so the project moves into the design stage where the low-level planning takes places.

3. Design

This stage plans the project in detail and captures that detail across key documentation so that it can be reviewed and approved appropriately. It is where all the necessary planning takes place to enable delivery to commence in the next stage.

PPM Core Tasks & Responsibilities	Client Core Tasks & Responsibilities	Information Gathered	Stage Outcome
<ul style="list-style-type: none"> Develop the Business Case PPM Officer / Project Team Develop the Project Initiation Documentation (PID) PPM Officer / Project Team Develop the Project Plan PPM Officer / Project Team <ul style="list-style-type: none"> Establish remaining governance bodies, manage RAID entries & produce Highlight Reports PPM Officer Develop & agree stage gate criteria (Tier 1 projects) PPM Officer & SRO 	<ul style="list-style-type: none"> Input into development of the business case / PID / project plan Identify resources to undertake project activity <ul style="list-style-type: none"> Input into development of stage gate criteria (Tier 1) Approve scoping document via SRO and/or initial governance body Highlight RAID entries and lessons learnt to PPM officer to record 	<ul style="list-style-type: none"> Workstreams Task / activities Milestones Required resources Project options incl. financials Management approach Final governance structure Stage gate criteria (Tier 1) 	<p>The business continues to agree that the work is viable and it is further agreed that the project has been planned in sufficient detail, with clear roles and responsibilities, and appropriate resources have been identified and allocated to allow the commencement of work on the deliverables.</p>

4. Delivery

This stage is where all the planning goes into action and the team begin working on all the tasks that have been planned. It is generally the longest stage of our project cycle, requiring oversight and monitoring by the project managers / officers, alongside reporting and managing change. This stage ends with the completion of all deliverables and leads to project closure.

PPM Core Tasks & Responsibilities	Client Core Tasks & Responsibilities	Information Gathered	Stage Outcome
<div> <ul style="list-style-type: none"> Set project baseline PPM Officer Manage project plan in PftW PPM Officer Manage change requests PPM Officer & SRO / Project Board Manage access requests for Teams & PftW PPM Officer <ul style="list-style-type: none"> Add Lessons Learnt PPM Officer Manage RAID entries & produce highlight reports PPM Officer </div>	<div> <ul style="list-style-type: none"> Undertake project activity per agreed documentation Submit change requests via PPM officer for consideration of project governance body Highlight RAID entries and lessons learnt to PPM officer to record </div>	<div> <ul style="list-style-type: none"> Change requests Lessons learnt </div>	<div> <p>All deliverables have been delivered to agreed specifications and all work has been completed. The deliverables are now ready to be handed over to the client to manage via BAU.</p> </div>

5. Closure

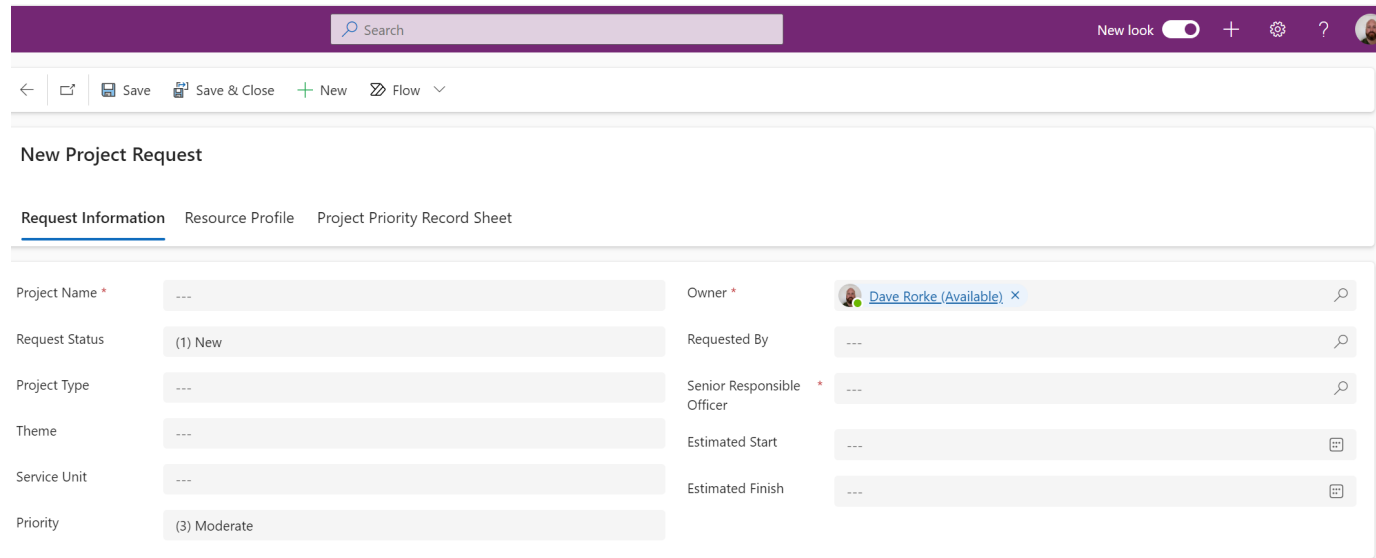
This stage draws together all of the work and documentation done to deliver against the planning done in earlier stages and officially closes a project. It is where we collect feedback from all our stakeholders and ensure that our customers have all the information to use the deliverables and oversee post-project benefits realisation once we've concluded our involvement in the project.

PPM Core Tasks & Responsibilities	Client Core Tasks & Responsibilities	Information Gathered	Stage Outcome
<div>829</div> <ul style="list-style-type: none"> Circulate project feedback form PPM Officer Finalise lessons learnt in PftW PPM Officer Complete closure report PPM Officer & SRO Finalise documentation & archive project Team PPM Officer 	<ul style="list-style-type: none"> Complete project feedback form and encourage stakeholders to do the same Contribute to development of closure report Approve closure report via SRO and/or initial governance body Highlight lessons learnt to PPM officer to record Take ownership of project deliverables and ensure post-project benefits are realised 	<ul style="list-style-type: none"> Objectives review Deviations from Business Case Deliverables review Stakeholder feedback <ul style="list-style-type: none"> Lessons learnt Benefits realisation Post-closure actions 	<p>All lessons learnt and feedback has been collected from stakeholders and a closure report produced, which the presiding governance body and SRO have accepted.</p>

Project for the Web (PftW)

We use Project for the Web, a Microsoft product that integrates with other Microsoft tools, to manage our projects in a cloud-based environment. This software helps our officers organise their work and report on their progress in a consistent and efficient way. You will receive regular highlight reports from us that show you the status, achievements, plans, and risks of your project.

Our Programme Managers will also use Project for the Web to submit a project request after exploring your project idea with you. This request will go through our review process and, if approved, will become a live project for our team to deliver via the system.




Search

New look

← Save Save & Close + New Flow

New Project Request

Request Information Resource Profile Project Priority Record Sheet

Project Name *	---	Owner *	 Dave Rorke (Available) ×
Request Status	(1) New	Requested By	---
Project Type	---	Senior Responsible Officer *	---
Theme	---	Estimated Start	---
Service Unit	---	Estimated Finish	---
Priority	(3) Moderate		

Mosaic Roadmap

Mosaic Roadmap – First 6 months

- The priorities shown on the following slide are recommended to be progressed within the first 6 months as part of the overall ASC Transformation Delivery Plan, within the 'How we work' workstream.
- The priorities will ensure alignment of Mosaic development work, with the ASC Transformation plan
- This includes the upgrade of Mosaic, which is an essential upgrade, and will take up a significant proportion of development time
- 81 • One day a week of specialist Mosaic contractor resources are already funded until end August (they will also be supporting the Mosaic upgrade for 2 days a week funded from wider Council funding source)
- Plans for the next priority areas of development should be developed through the first 6 months of delivery and agreed as part of the review of 'How we work' workstream at end of 6 months
- Fast track items will continue
- Communication of the current priorities via SMT is required once agreed.

Mosaic roadmap – first 6 months

Priority	Area	Description - What needs to change
1	Mosaic Upgrade	Upgrade Mosaic to a newer version
2	S117	New pathway and templates
3	Lifeline Team	Change in the team on Mosaic. New staff to be added onto Mosaic. Current staff on Mosaic to be resent their login details.
4	Care Technology	Brand new workflow to be created on Mosaic
5	Front door / First Response	Consolidation of contact/ follow up templates
6	C3	New C3 forms and worksteps to replace Care Act Assessment, Care and Support Plan and Review processes
7	C1	Review how C1 is working and if anything needs to change (linkages from new First Response forms and streamlined info into C2/C3)
8	C2	Review how C2 is working and if anything needs to change (Action Planning)

Care Technology

Care Technology – Background

- Diagnostic review and options appraisal carried out by Hampshire County Council and PA Consulting in 2022.
- Recommendation of full-service transformation approved at Cabinet in October 2022.
- Aim to mainstream care technology across ASC.
- Enable more people to access Care Technology and delay, reduce or prevent the need for costly, long-term care and support.
- Savings of £3.3 million over 5 years



Care Technology – Current Position

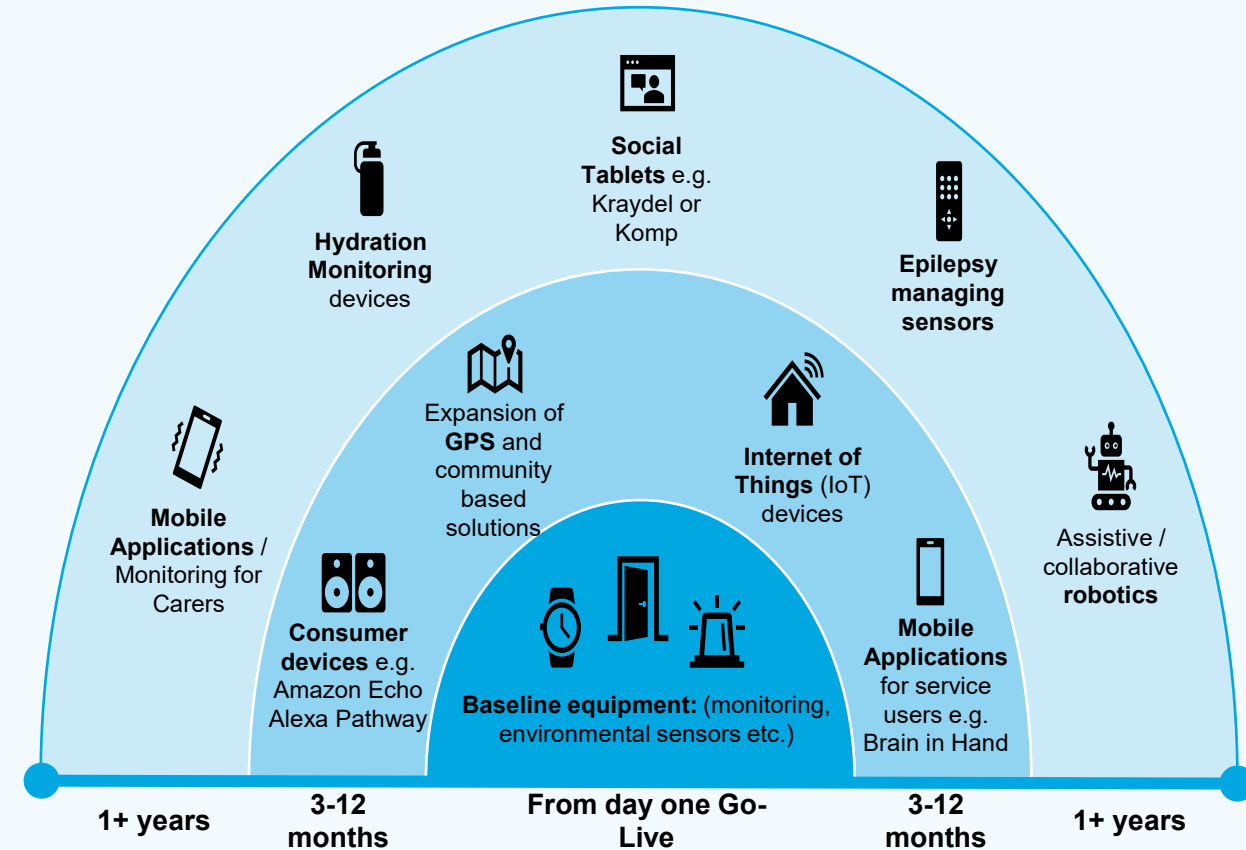
- We are designing the Operating Model based on Trusted Assessor approach, where practitioners make outcomes-based referrals into a care technology team that carry out the assessment at the same time as installation.
- The care technology team would be based within our existing telecare service - Lifeline. This elicits maximal financial benefits and supports the sustainability of the Lifeline service. It must, however, be noted that this transition into lifeline is in addition to other MTFP pressures within the service.
- Preparation of job descriptions and team structure for imbedding the Trusted Assessor approach into Lifeline team is nearing completion.
- Redesign of the referral process has commenced, it will be followed by development, testing and training of the new automated referral form on Mosaic.
- Following the go-live of the referral form the training and engagement with relevant stakeholders as well as development of Power BI tools will commence.



Care Technology – Future Vision

- The project will look to develop and utilise not only traditional methods of technology but seek new and innovative models.
- The equipment development roadmap, sets out our ambition in terms of the potential use of technology, such as Alexa, mobile apps etc.
- The initial timeline for go—live was October 2023, however, due to the need to change proposed operating model, the project is expected to go live summer 2024.

Indicative Equipment Development Roadmap



Self-Directed Support Insights

Key insights from conversations

ASC Practitioners

'The impact of a (pre LGR) Direct Payment audit and the direction that resulted from it - specifically related to carers - are still being felt'

'Getting Direct Payments for carers agreed can feel like a battle each'.

'Being creative feels like a battle- if you want to do anything different you expect it to be challenged.'

'Direct Payments are meant to enable creative approaches but they can end up annoyingly rigid'.

'If Direct Payments are going to be the first port of call, they need to change to be more usable.'

'The time taken to complete a Direct Payments referral seems to be going up and up and up'.

Personalisation and our priorities

People's lives and situations are messy and complicated. They often don't fit neatly into the processes and policies designed to guide our work.

Social workers - as the advocates for these people, navigating them through our system - can feel their voice is lost.

It appears that we are spending a lot of time trying to get agreement for plans and budgets and dealing with failure demand arising from our processes and culture.

This is frustrating and there is a cost and lost opportunity of our time balanced against the savings we think we're making.

Direct Payment Holders

'My experience of setting up my Direct Payment was very good - I felt I had a voice in the process and the power balance was right.'

'I had problems right at the beginning by needing to agree to things that weren't applicable to me - I was told to just tick all the boxes and not worry about it. But it did worry me.'

"If BCP Finance Management can empower the DP team to make individual and sensible decisions instead of computer says no - will make our lives a lot easier"

"When no changes are made it's great, but when changes happen it's a nightmare to manage and follow"

Direct Payment Holders

'Only seems to be issues when any changes happen - then seems to get complicated and not very clear for a layman to follow but would say an overall positive experience on the whole'.

"Does it all really have to be so complicated?"

'Before Covid it was better and I understand Adult Social Care is under pressure but sometimes they are so cold with communication and approach'.

'I use the BCP website to look for day opportunities but it would be good if they had an independent organisation reviewing as sometimes there are organisations out of date - perhaps some feedback or review system to help us have confidence who to choose if a change is needed'.

Early identified Programme Risks

Identified Programme Risks

Item	Risk Description	RAG	Mitigation
1.	Leadership – potential risk of lack of leadership capacity and coherence to support the programme.	12	Establish programme governance with Fulfilled Lives programme board being the senior responsible board for delivery of objectives. Board will have visibility and sight of any capacity challenges within the leadership team.
2.	Benefits realisation – potential risk that benefits may be overstated within the initial business case and as a result ability achieve savings/benefits will be challenged.	9	Benefits have been based on sound activity data and national benchmarking. Each individual project will be clear on the makeup of savings and any potential challenge will be captured and escalated early via the programme board.
3.	Resourcing – Risk that the ability to recruit to roles that support programme delivery may be challenged leading to delay and achieving programme deliverables.	12	Early engagement with HR to ensure recruitment is activity progressed at pace to avoid delay.
4. ⁰⁶	External factors – Potential risk that CQC inspection takes place during key programme mobilisation OR alternative legislative changes impact programme delivery.	12	Consideration of temporary pausing some element of transformation to ensure appropriate focus on CQC.
5.	Mosaic Re-procurement – The current case management system for ASC (Mosaic) expires in December 2026. A re-procurement exercise leading to an alternative supplier would significantly impact programme delivery.	15	Re-procurement of case management system to be initiated and mobilised as early as possible to ensure adequate time to manage risks.

Impact score	Likelihood score	1	2	3	4	5
		Very Unlikely	Unlikely	Possible	Likely	Almost Certain
1	Negligible	1	2	3	4	5
2	Minor	2	4	6	8	10
3	Moderate	3	6	9	12	15
4	Major	4	8	12	16	20
5	Catastrophic	5	10	15	20	25

RAG status rating	Low	Moderate	High	Extreme
Aggregate score range	1 – 3	4 – 7	8 – 14	15 – 25

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Tricuro Business Plan: Delivery Progress
Meeting date	15 July 2024
Status	Public Report
Executive summary	This report provides information to members of the Committee on progress to date in the delivery of the Tricuro Business Plan objectives.
Recommendations	It is RECOMMENDED that: Members note and scrutinise progress against the key short-term objectives contained in the Tricuro Business Plan
Reason for recommendations	To ensure members of the committee are informed on the Tricuro Business Plan objectives and receive an update on current activity.

Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Jillian Kay, Corporate Director for Wellbeing
Report Authors	Phil Hornsby, Director of Commissioning Derek Law, Interim Managing Director of Tricuro
Wards	Council-wide
Classification	For Update or Information

Background

1. Tricuro, the Local Authority Trading Company (LATC) originally wholly owned by the three local authorities (Borough of Poole, Bournemouth Borough Council and Dorset County Council) was launched in July 2015. Changes through Local Government Review and, more recently, Dorset Council's decision to set up a separate LATC, means that Tricuro is now wholly owned by BCP Council and this report brings forward the first

progress report against its strategic business plan, approved by Cabinet on 22 May 2024.

2. The five-year strategic business plan sets out the journey that Tricuro needs to go on in order to redefine its approach and operations, aligned to the Council's strategic priorities, as defined in the new Corporate Strategy.
3. There is a focus on innovation, community engagement, workforce development and growth, while also striving to be an efficient and well-run organisation that supports the most vulnerable adults in our communities.
4. The business plan sets out short-, medium- and longer-term objectives, that should position the company as a leading provider of good quality services in the area. This report focuses on the short-term objectives and the progress and plans to deliver those.

Progress against short term objectives (2024 – 2025)

5. Objective 1: Aligning with BCP Council's Vision

Aligning with BCP Council's vision for Adult Social Care is crucial for creating a cohesive and effective service delivery system that meets the needs of the community. Tricuro is transitioning to a new reablement service structure with clearly defined roles and established community hubs to coordinate reablement services more efficiently. Advanced care technology, including remote monitoring and assistive devices, will be integrated this year to support early intervention and self-managed care, and links with local universities are established to support this. Community-based activities have been developed to promote social inclusion and engagement, and a plan to integrate day opportunities into community hubs is in place.

Next step: Ensure all community hubs are fully operational by finalising budgets across the next quarter, staffing structures which meet the needs of the client base and commissioning intentions, establishing clear service delivery models.

6. Objective 2: Enhancing Reablement Services

Enhancing reablement services is crucial to supporting individuals in their recovery and promoting independence. Tricuro's strategy focuses on establishing Reablement Community Hubs, aligning with BCP Council and Integrated Care System (ICS) frameworks, and adopting a therapy-led model to deliver personalised and collaborative care. The key aims include developing streamlined referral and assessment processes, ensuring services are led by qualified therapists, and empowering practitioners to manage support plans actively. The integrated multidisciplinary approach involves occupational therapists, GPs, hub leads, and reablement practitioners working together to provide comprehensive community outreach services.

Progress has been made in several areas. The reablement hub model has been operationalised across BCP, supporting transfer of care and increasing contact time above 70%. A new reablement community service will be operational this year, utilising multidisciplinary teams in Bournemouth, Christchurch, and Poole. Efforts are ongoing to refine and implement a goal setting and discharge planning system to ensure all supported individuals have personalised goals. Staff redesign and training are underway

to support the hub model, with plans to fully operationalise the reablement pathway within community hubs within this next nine months.

Next Steps: Focus on completing the integration of the reablement pathway within community hubs, ensuring clear processes for assessment, plan development, and live adjustments are in place. This will enhance service delivery and support individuals in achieving greater independence and well-being.

7. Objective 3: Day Opportunities

Objective 3 focuses on enhancing Day Opportunities by transforming services into multifunctional community hubs, aligning with BCP Council's vision for community integration and support.

Progress includes continued planning on the launch of redesigned Day Opportunity hubs for those that require buildings based, complex care. Staff structures modernisation and training to support these roles are progressing to support the new hub model, with partnerships initiated for increased service user access to community resources. Co-produced engagement activities are being introduced to demonstrate successful community integration, where this is required for the client and their family.

Next Step: to finalise the budget in collaboration with stakeholders and modernise the staffing structure to better support the new way of working within the Day Opportunity hubs.

8. Objective 4: Optimising Intermediate Care

Optimising Intermediate Care focuses on enhancing the Discharge to Assess (D2A) model and ensuring seamless transitions from hospital to home. Significant progress has been made, including completing proposals and service specifications to fully utilise beds at Coastal Lodge, increasing the OT team's presence at Transfer of Care meetings and hospitals, and recruiting additional Occupational Therapists and Assistants to improve this model and support.

Efforts to improve discharge processes are ongoing, with an emphasis on reducing steps and improving patient flow from acute trusts to Coastal Lodge or community reablement services. Staff have been reorganised to work flexibly between community reablement and bed-based services, ensuring dynamic responses to changing needs.

The next step is to finalise the referral process and continue to expand the OT team, budget allowing, to fully support the enhanced D2A model, ensuring effective use of all beds at Coastal Lodge.

9. Objective 5: Enhancing Regulated Services

Enhancing regulated services is essential for Tricuro to provide high-quality, innovative care that meets complex needs while maintaining regulatory compliance.

Key progress includes the initiation of immersive therapy sessions, which have started to show positive impacts on resident well-being by using virtual reality and other tools to target apathy and emotional health. The deployment of assistive technology is also

underway, promoting independence and enhancing the quality of life for residents with cognitive or mental impairments.

Staffing and training enhancements are ongoing, with current efforts focusing on upskilling staff to handle high-complex cases and ensuring a safe, supportive environment. Training includes accredited courses in Positive Behavioural Support and restraint reduction. Collaboration with mental health teams has been strengthened, establishing protocols for regular and ad-hoc support, which is crucial for delivering specialised care. Budget approval for these enhancements has been achieved, supporting the procurement of necessary resources, and ensuring best value for money.

Next Step: Finalise the development and integration of de-escalation rooms/strategies into care plans and continue with the comprehensive training of staff to support the use of immersive therapy and assistive technology, ensuring these innovations are fully embedded into daily care routines over the coming 3 quarters.

10. Objective 6: Quality Assurance

Progress in the area of Quality Assurance has been substantial, focusing on refining and embedding a comprehensive framework to ensure high standards across all services. Tricuro has adopted a strength-based approach to care and support planning, aligning with the Care Act 2014 to deliver personalised and high-quality care. A key achievement has been the implementation of monthly dashboard analyses, which highlight trends in safeguarding, accidents, and incidents, thereby informing proactive strategies for care improvement. Additionally, the Quality Assurance Framework has been reviewed and signed off by the board, ensuring that all staff understand and implement these standards effectively.

To promote continuous quality improvement, Tricuro has engaged managers and staff in the design and evolution of their services through SWOT analyses and ongoing discussions. This engagement ensures accountability and a clear understanding of next steps, fostering a collaborative environment for service enhancement. Moreover, quality assurance forums have been established to facilitate the sharing of best practices and updates on health and social care policies and procedures.

Next Step: The next step is to ensure the consistent implementation of the Quality Assurance Framework across all services and enhance staff competencies through targeted training, ensuring new knowledge is effectively applied in practice.

11. Objective 7: Digital Transformation

Digital transformation is vital for Tricuro to improve efficiency, enhance service delivery, and ensure accessibility for all users. Key progress includes forming strategic IT partnerships with local universities and IT firms to develop new digital systems tailored for social care. This collaboration has resulted in initiatives like the Assistive Tech with Bournemouth Arts University which involves Tricuro services, Coastal Lodge and Parkstone Connect, aiming to integrate advanced technologies to support service users.

Tricuro's Care Certificate training programme now includes a digital literacy module, ensuring staff are equipped with the necessary skills for modern care delivery.

The introduction of Digital Champions within the team supports staff and service users in navigating digital platforms, fostering a digitally inclusive environment. Progress has also been made in identifying and implementing AI for administrative efficiency, particularly in the tasks of minute taking and action tracking.

Next Step: Continue developing and implementing digital reablement tools in collaboration with technology partners to enhance service user independence and ensure the new digital systems are fully integrated across all service areas by Q4.

12. Objective 8: Risk Management and Governance

Risk management and governance are crucial for ensuring Tricuro operates with the highest standards of accountability and foresight. Progress includes the development and review of a comprehensive Board Assurance Framework and risk registers, which are now being reviewed quarterly by Tricuro's Board, which also includes membership from BCP Council.

This framework establishes a baseline for risk management, enabling continuous monitoring and updating of risk strategies. Additionally, board governance reviews have been conducted, and necessary development programs for board members have been implemented, ensuring compliance with current regulations and effective governance.

Key initiatives include the establishment of regular governance development sessions for board members to enhance their oversight capabilities and strategic direction. The organisation has also initiated a robust risk register review process, ensuring that all potential risks across operations, finance, compliance, workforce, and strategy are identified and mitigated effectively. This structured approach contributes to long-term stability and credibility, enhancing Tricuro's capacity to deliver high-quality care and support services.

Next Step: The next step is to continue the quarterly risk reviews and refine the Board Assurance Framework based on emerging insights and best practices, ensuring ongoing compliance and robust governance.

Summary of financial implications

13. As part of the Council's Medium Term Financial Plan, efficiencies and savings have been delivered by the company and further efficiencies are expected as their modernisation programme progresses.

Summary of legal implications

14. The relationship with Tricuro is underpinned by the services contracts held with the company.

Summary of human resources implications

15. None in relation to this report.

Summary of sustainability impact

16. None in relation to this report.

Summary of public health implications

17. None in relation to this report.

Summary of equality implications

18. None in relation to this report.

Summary of risk assessment

19. None in relation to this report.

Background papers

Tricuro Local Authority Trading Company Strategic Business Plan report – Cabinet 22
May 2024 (Published works)

Appendices

There are no appendices to this report.

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Future of Public Health in BCP Council
Meeting date	15 July 2024
Status	Public Report
Executive summary	This report provides an update to the Committee on the development of BCP Council's public health function and the process of separating from the shared service agreement with Dorset Council.
Recommendations	It is RECOMMENDED that: The Committee note the report.
Reason for recommendations	The report was requested by the Committee at the previous meeting on 24 May.

Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Well-Being.
Corporate Director	Jillian Kay, Corporate Director for Well-Being.
Contributors	Jillian Kay, Corporate Director for Well-Being
Wards	All
Classification	For recommendation

Background

1. The Health and Social Care Act 2012 enacted the transfer of public health responsibilities into local government. In Dorset, those responsibilities have been discharged as a shared service since then. The current arrangement is that Public Health Dorset operates under a shared service agreement between BCP Council and Dorset Council. The shared service is hosted by Dorset Council.
2. BCP Council's corporate strategy sets out a new vision for the Bournemouth, Christchurch and Poole area: 'Where people, nature, coast and towns come together in sustainable, safe and healthy communities'. It was adopted in January 2024 and puts greater emphasis on the principles of developing healthy communities, putting public health more strongly at the heart of the Council's strategy and aspirations.
3. On 10 April 2024, in this context, BCP Council Cabinet agreed to give notice to terminate the shared service agreement and to establish a programme to shape the future public health function. The Chief Executive wrote to Dorset Council's Chief Executive on 19 April, providing the requisite notice. A joint programme board has been established across the two Councils, and planning has begun to oversee the transition and deliver the separation by April 2025.
4. As part of the process, Cabinet invited the Committee to:

'Assess options for configuring public health functions within the council's corporate structures to maximise community benefit, and to report findings to the Corporate Director for Wellbeing by the end of May to inform this work ahead of any job design or appointments process'.

HASC O&S recommendations

5. At their meeting on 24 May, the Committee made the following decisions:
 1. This committee agrees to indicate to the Director of Wellbeing that the role of Director of Public Health Should be primarily one as a provider to enable budgetary management, whilst at the same time being able to offer independent expert advice to Officers and the Council.
 2. This committee is open to the role, incorporating other services or functions, providing those are not too broad and to ensure that this is led by public health intelligence. The committee agrees that there are a number of areas where influence could be of benefit and that these should continue to be explored. The Committee discussed areas where influence could be used and gave the following examples: active travel, knife crime, drug addiction, early intervention.
 3. Committee members agree that a further report will be provided to the meeting in July

Shaping the future of public health in BCP Council

6. Since 24 May, the following progress has been made:

- The joint programme board with Dorset Council has continued to meet, and overseen a series of workshops covering finance, contracts and HR. We are developing a statement of what we aim to achieve by the proposed end date of the notice period, which coincides with the end of the financial year, and a critical path for the programme. It is already clear that the 'separation' phase of work to April 2025 will be followed in both councils with further work to develop the new public health functions to their full potential.
- Building on the Committee's recommendations, we are developing a proposal that public health be combined with communities, creating a new function within the Wellbeing Directorate. It will enable a strong connection to the areas highlighted as priorities by the Committee in their recommendation. There is well established practice in local government of combining these functions to good effectⁱ.

Next steps

7. We are engaging with staff and consulting with the Regional Director of Public Health and the Faculty of Public Health on the role. The change brief will be taken to the Corporate Management Board for formal sign off.
8. We will move into more detailed design and development of the new function over the coming weeks. This includes further discussion with Dorset Council on areas where we may continue to share services, hosted by either council. We are working with the LGA to ensure that we draw on best practice and support from across the sector.

Summary of financial implications

9. None

Summary of legal implications

10. None

Summary of human resources implications

11. None

Summary of environmental impact

12. None

Summary of equality implications

13. None

Summary of risk assessment

14. None

Background papers

BCP Council Cabinet paper – 10 April – Future of Public Health in BCP Council

HASC O&S Committee paper – 24 May – Future of Public Health in BCP Council

ⁱ For example, Bristol City Council, Director for Communities and Public Health; Essex County Council, Director for Wellbeing, Public Health and Communities.

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HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	University Hospitals Dorset (UHD) Maternity paper
Meeting date	15 July 2024
Status	Public Report
Executive summary	To provide the committee with an update on the provision of maternity services at UHD.
Recommendations	It is RECOMMENDED that: The committee note the paper.
Reason for recommendations	Committee update only.

Portfolio Holder(s):	Cllr David Brown, Cabinet Member for Health & Wellbeing
Corporate Director:	Jillian Kay, Director of Wellbeing
Directors:	Betty Butlin, Director of Adult Social Care Phil Hornsby, Director of Commissioning
Contributors:	Lorraine Tonge Director of Midwifery UHD Sarah Herbert Chief Nursing Officer UHD
Wards	All Wards (Maternity services)
Classification	For Update and Information.

1. Background

1.1 The paper is to provide public assurance of the maternity services at University Hospitals Dorset UHD and the current service provision. The paper will also highlight the planned move of maternity services to the new BEACH (Births, Emergency, And Critical care, children's Health) Building on our Royal Bournemouth Hospital site in Spring 2025 and outline planning and the preparation stages for this move.

2. Current Maternity Services at University Hospitals Dorset



2.1 The maternity service at UHD is located at St Mary's Hospital Poole and is an obstetric unit with a midwifery led birthing centre alongside. Care is shared between midwifery and medical staff and is undertaken in community settings across east Dorset and within the maternity hospital.

2.2 St Mary's Maternity Hospital is the centre for all high-risk care in east Dorset and is fully equipped to meet the needs of parents and babies with complications, as well as women with normal pregnancies and births.

2.3 From April 2023-March 2024 there was 3,629 babies born. 14% were born in the midwifery-led birthing centre and 85% in the delivery suite and 1% at home. There were approximately 40% of babies born by Lower Segment Caesarian Section and

50% by normal delivery, with 10% having an assisted delivery. 1:1 care was provided in labour by the midwife 100% of the time ensuring safe care was provided.

2.4 Postnatal care is provided, either on the postnatal ward, or at home by the community midwives and maternity support workers. Length of stay will depend on the needs of the mother and baby and will vary for each person. For example, women with babies in the Neonatal Intensive Care Unit (NICU) or on the Transitional Care Unit may stay longer, as will women who have undergone an assisted delivery or caesarean section.

3 CQC maternity inspection

3.1 Our regulators the Care Quality Commission (CQC) inspected the maternity services in November 2022. The overall rating went down from the previous inspection from good to inadequate.

UHD maternity services were rated as inadequate for safe and well led because:

- The service did not always have enough midwifery or medical staff to keep women and babies safe.
- Systems and processes for assessing and responding to risk in maternity were not always effective, especially in maternity triage.
- The maintenance of the environment especially in relation to the emergency call bell systems were not sufficient to maintain patient safety.
- Managers did not always investigate incidents thoroughly or in a timely way.
- The delivery of high-quality care was not assured by the governance and risk management processes. (CQC maternity report March 2023).

3.2 The Trust has responded to this result by completing a detailed action plan which has been monitored through the Integrated care Board ICB. The trust looks forward to welcoming the return of the CQC to be able to demonstrate the progress we have made since the inspection.

Actions fully completed are:

- Midwifery vacancies now at 0% and new medical staff have started with remaining medical staff interviews booked in July.
- A full review of maternity triage has been completed, and the service was remodelled to provide 24-hour triage with waiting times monitored continuously. The service is now seen as one of the best within the country with other units following our model of care.
- A new call bell system has been installed and there is a system in place to monitor maintenance requirements ensuring repairs are done in a timely way.

- Managers have been developed and had training on investigations, risk and the governance processes.

3.3 The maternity team continues to strive to make improvements and we await a reinspection from the regulators.

3.4 Other improvements also continue following the national maternity programme for transformation and safety which also is monitored through the ICB Local maternity neonatal system (LMNS).

3.5 Some key achievements have been;

- Providing continuity of care for women in lower social economic areas and ethnic minorities (as national poorer outcomes and health inequalities for these women.)
- Improving pelvic health provision and physiotherapy services for antenatal and postnatal women.
- Improving mental health provision
- Increasing our provision of maternity voices partnership (service user voice) and working in collaboration on our service improvements.
- Digital inclusion to enable women who have digital poverty to have access to the internet during their pregnancy and for six months postnatally, as many of the sources of information from healthcare is on digital applications.

4. Our next steps in 2025



4.1 In Spring 2025 the maternity service located at St Mary's Hospital is planned to relocate to the new Beach building for all maternity services on the Royal Bournemouth Hospital site. This means parents who are pregnant over the summer may have their baby in the new building.

- 4.2 The maternity unit will be across three floors, including antenatal clinic, ultrasound, fetal medicine centre, antenatal ward, midwifery low risk birthing unit, obstetric labour ward, postnatal ward and transitional care unit. The neonatal unit is also adjacent to the ward, and we will work together in providing care for parents and babies.
- 4.3 The team are in the preparation stages for the move and working with the maternity and neonatal voices partnership hearing from service users and being involved in the move plans.
- 4.4 The move plans include:
- A communications strategy to inform services users of the changes. The ICB MNVP's are assisting with this work and all channels of communication will be used.
 - Preparation of the workforce to ensure staff are confident in their new place of work with practiced simulation session and understanding of the new environment.
 - A workforce plan has been agreed to ensure safe staffing on both sites as one site is moved, and the other unit is closed.
 - The move plan is in development taking safety and risk assessing at each stage of the move. We are completing a full review, and a process is in place to ensure safety throughout the move period to all women.
- 4.5 The team is looking forward to this move and having an improved environment to deliver care for a better experience for all families in east Dorset.
- 4.6 Should the committee have any further enquires the team from UHD would be happy to attend as required. We would also be delighted to welcome members to our new BEACH building so we can show you the new facilities and so you can meet the team.

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Report subject	Adult Social Care Charging Policy Additions
Meeting date	17 July 2024
Status	Public Report
Executive summary	<p>Bournemouth, Christchurch and Poole (BCP) Council have recently been the subject of a legal challenge around the content of its Adult Social Care (ASC) Charging Policy, as have other local authorities.</p> <p>In addition to this, ASC has received a recommendation from the Local Government Ombudsman (LGO) to make an inclusion in the Charging Policy, following a complaint.</p> <p>Therefore, changes and improvements have been made to the Policy, which are set out in this report alongside the reasons and implications.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>Cabinet approves the amendments to the existing Adult Social Care Charging Policy, as outlined in this report.</p>
Reason for recommendations	<p>Section 14 of the Care Act 2014 gives local authorities the power to charge for meeting needs under Sections 18-20 of the Care Act 2014. Section 17 of the Care Act 2014 specifies the duty to carry out an assessment of the adult's financial resources in order to determine the adult's contribution towards the cost of the care and support they require. The Charging Policy sets out how BCP Council will approach this.</p> <p>It is important, therefore, that Cabinet approves the Policy changes as set out in this report.</p>
Portfolio Holder(s):	Councillor David Brown
Corporate Director	Jillian Kay – Corporate Director of Wellbeing
Report Authors	<p>Betty Butlin – Director of Adult Social Care</p> <p>Phil Horsby – Director of Commissioning</p>

Wards	Council wide
Classification	For information

Background

1. It is important that people engaging with Adult Social Care (ASC) 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).
2. 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.
3. 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.
4. Adult Social Care (ASC) has recently been the subject of a
5. legal challenge around the content of its Charging Policy. Additionally, ASC has received a recommendation from the Local Government and Social Care Ombudsman (LGSCO) to make an inclusion in the Charging Policy, following a complaint.
6. Therefore, changes and improvements have been made to the Policy, which are set out in this report.
7. Nationally, complaints and legal challenges around charging for ASC services have risen and it is expected that, as these challenges and changes arise, further amendments to the Charging Policy maybe required.

Summary of changes and improvements

1. A challenge around BCP Council's ASC Charging Policy was received from a solicitor (Lawstop) who specialise in community care law. A number of legal challenges around case law in relation to Disability Related Expenditure (DRE) have been well publicised. Lawstop cited the case of [RW v Royal Borough of Windsor and Maidenhead \[2023\] EWHC 1449 \(Admin\)](#), and the successful challenge of Norfolk's charging policy on Article 14 grounds in [R\(SH\) v Norfolk County Council & SSHC \[2020\] EWHC 3436 \(Admin\)](#). It was therefore considered that we would obtain advice from Counsel to support this case and to ensure that we prevent further possible disputes about DRE.
2. The Council was challenged on the criteria for DRE, what should and should not be considered and how this was laid out within the Charging Policy. The case of [RW v Royal Borough of Windsor and Maidenhead \[2023\] EWHC 1449 \(Admin\)](#) concluded that Councils could be too prescriptive in their interpretation of DRE.
3. Counsel was asked to review the section on DRE within the Charging Policy and advise on associated changes deemed necessary.

4. Therefore, the deletions and additions to the Policy (see pages 20 and 21 - Appendix One) ensure that the Policy clearly emphasises that, whilst National Association of Financial Assessment Officers' (NAFAO) Guide to Disability Related Expenditure is used during a Financial Assessment to consider DRE, it is guidance only and discretion will be used for individual cases.
5. It is also now clear that consideration will be given to the reasonableness of disregarding DRE in relation to a person's circumstances.
6. The LGSCO investigated a complaint and decided that the financial assessment did not properly consider contributions and DRE. They recommended that a further addition to the Charging Policy was made, to include the link to the Care Act 2014 [Care and Support Statutory Guidance](#) (Annex C paragraphs 39 - 41,) to clarify how the Council will consider evidence for DRE. This guidance link has also been added to public information.
7. Under Counsel advice, for transparency, BCP Council's Minimum Income Guarantee (MIG) rates were also added to the Council's website and a link provided in the Policy.
8. The final addition to the Charging Policy is clearer in advising that a person can make a complaint if they are not satisfied with their Financial Assessment.

Summary of financial implications

It is not expected that there will be significant financial implications as a result of the recommended changes put forward by Counsel.

Summary of legal implications

Statutory Powers:

Section 14 of the Care Act 2014 gives local authorities the power to charge for meeting needs under sections 18-20 of the Care Act 2014, and section 17 of the Care Act 2014 specifies the duty to carry out an assessment of the adult's financial resources in order to determine the adult's contribution towards the cost of the care and support they require.

Where a local authority decides to charge, as BCP Council has, it must follow the Care and Support (Charging and Assessment of Resources) Regulations 2014 (as amended), which sets out how the financial assessment should be undertaken, how different types of income and capital should be treated and the minimum amount of income an adult must be left with after charging.

Chapter 8 of the Care and Support Statutory Guidance, read in conjunction with the associated Annexes, provides guidance on Sections 14 and 17 of the Care Act 2014 and the Care and Support (Charging and Assessment of Resources) Regulations 2014. Local Authorities are required to follow the Care and Support Statutory Guidance unless there is good reason to depart from these.

Other Legal Implications:

The public sector equality duty imposed by S.149 of the Equality Act 2010 is a duty imposed on public authorities to consider how their policies or decisions affect people who are protected

under the Equality Act. In taking any decision to adopt the policy, public authorities, when exercising their functions, are obliged to have 'due regard' to the need to:

- Eliminate discrimination, harassment and victimisation and other conduct which the Act prohibits;
- Advance equality of opportunity; and
- Foster good relations between people who share relevant protected characteristics and those who do not.

The relevant protected characteristics under the Equality Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Article 14 of the ECHR provides for the prohibition of discrimination on any grounds including sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

Summary of human resources implications

There are no human resources implications within this report.

Summary of sustainability impact

There are no sustainability implications within this report.

Summary of public health implications

There are no public health implications within the report

Summary of equality implications

Full EIA documentation was completed and reviewed at panel at the point of Charging Policy development, however, as these changes are simple amendments or additions, it has not been necessary to repeat this exercise.

Summary of risk assessment

The risk from not amending the existing Charging Policy is that of legal challenge and Judicial Review being brought against BCP Council.

To manage and mitigate legal challenge Counsel advice was sought.

Appendices

Appendix One – ASC Charging Policy Changes

Appendix Two – Charging Policy V1.5 – v2 April 2024



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1 Introduction

It is important that people engaging with Adult Social Care 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.

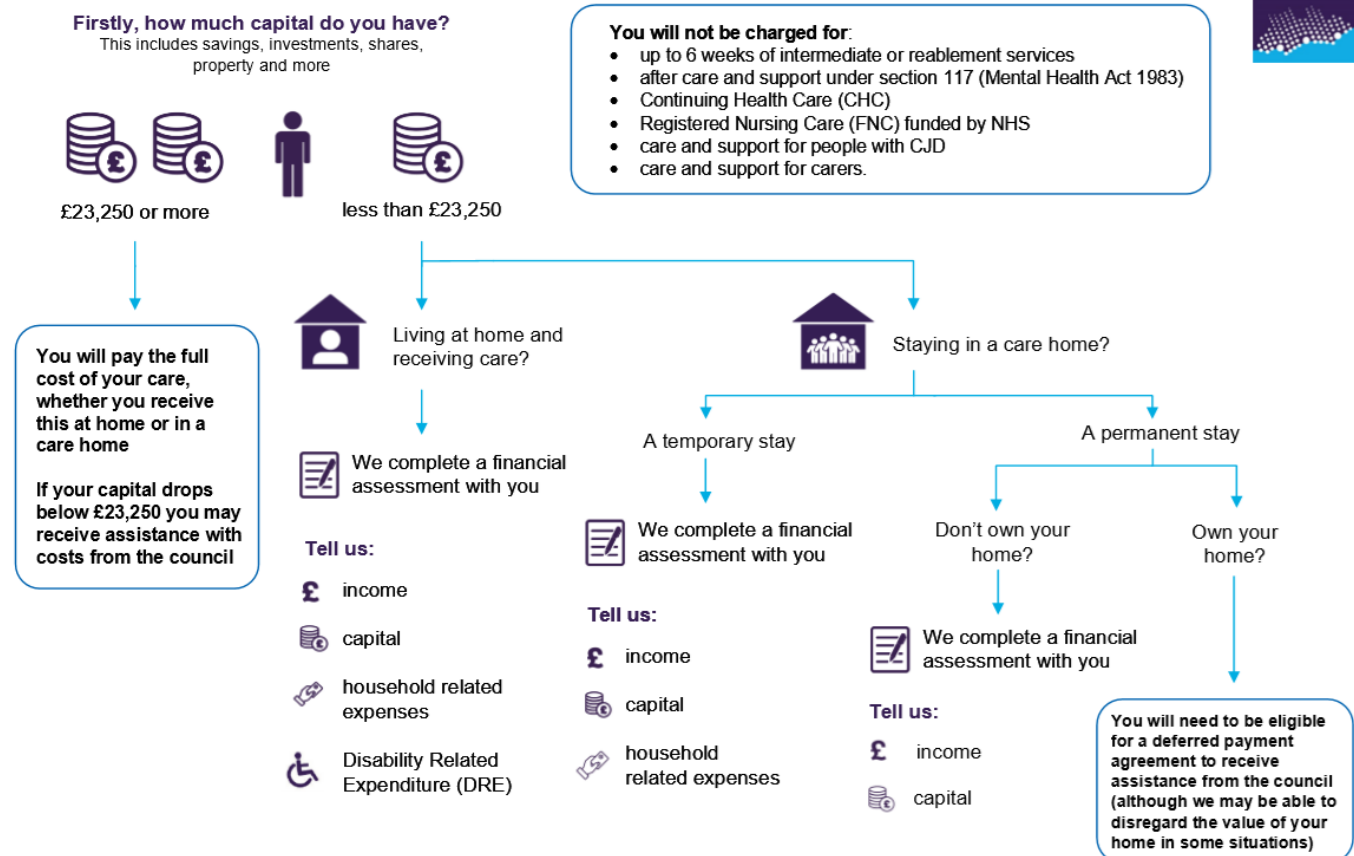
BCP Council's Charging Policy complies with the Care Act 2014. Our aim is to provide a consistent and fair framework for charging and financial assessment for all individuals who receive care and support services.

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?



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 (MIG)**
We will not include some of your income so that you have money to cover your normal living costs. BCP Council MIG rates are outlined in Appendix 1.
- 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. Further information can be found via the link below.



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**
£30.15 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 usual 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**
£30.15 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 a Savings Credit disregard, usually up to £6.95 per week for an individual (up to £10.40 per week for couples)
- 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.

[Disability Related Expenditure \(DRE\) Information - Care and Support Statutory Guidance \(Annex C - Paragraph 39 - 41\)](#)

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 the [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 policy 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 Adult Social Care staff and Adult Social Care individuals' 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, from 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 their assessed client contribution.

Care providers or care homes may request that 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 sections will explain this. Later sections 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 has also made the decision not to charge for the following, although the Care Act 2014 allows us the discretion to charge:

- 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 will charge

All other services arranged by Adult Social Care on behalf of BCP Council (i.e., those not showing in the above section) 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 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.

We will consult people receiving care and support services arranged by us on any major changes to our 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 registered 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,
- 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.

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 or not 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 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.

A care and support assessment will be needed to ensure that the care and support provided is necessary and/or appropriate. 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.

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 client 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?

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.

Income is usually money that is; earned, received as a benefit, or received from investments.

We will treat a person's financial 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 capital or income, 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 effect 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 to 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 to, 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 sections below: [11.2 First party top-up payments](#) and [11.3 Third party top-up payments](#).

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 receives 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 payment 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
- may be liable for any increases due to changes in the accommodation's fees or changes to the financial assessment
- must expect 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
- may face legal action if they refuse to repay the council
- must expect that 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-up payments

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 payment 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-up payments

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 top-up payments

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 breakdown 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 payment 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 identify 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](#) (Annexe 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 proven 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 United Kingdom.

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 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-owns 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 sections 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 someone from the following list lives there (referred to as the occupier).

The disregard will only apply if the 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. If it is unclear, we will ask for more information and/or evidence in order to decide whether the person can be considered to occupy the property.

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 aged under 18 of the person receiving care and support
 - is incapacitated.

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 refer to a 'relative' we mean:

- 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).

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 property 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 the [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 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 the [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 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 for 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 would 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 they could apply for the capital. Please see 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

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 income 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 the [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 the [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 the [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 the [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 the [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 the [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 do not 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 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 section 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 section 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 ensure that a person keeps a minimum amount of their income, after paying towards the cost of their eligible care and support needs.

This is called the minimum income guarantee (MIG). The MIG should enable the person to cover their necessary living costs and assist them to live independently.

The Government publishes MIG rates annually, see [Social care charging for local authorities](#). BCP Council ensures these rates are applied as a minimum and annually reviews the MIG rates set. [Please refer to Appendix 1 for the BCP Council MIG Rates for 2024/25](#)

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 if they receive a disability benefit. Every individual is different, and so their DRE will be too. We therefore consider the individual's circumstances, including their care and support needs, when deciding what can be considered as reasonable DRE, and how much to disregard from their disability benefit award.

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 it would not be appropriate to disregard the expense or allowance in the financial assessment. BCP Council decisions relating to DRE are made in line with the [Care and Support Statutory Guidance](#) (Annex C paragraphs 39 - 41.), evidence to confirm an expense may be requested.

The following principles will inform our decision as to what is considered as DRE:

- ~~• Only items where the person has 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 person'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.~~

- Consideration will be given to the reasonableness of disregarding this expenditure in relation to the person's circumstances.
- 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.
- 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 or Personal Independence Payment mobility component that the person receives. Generally, the mobility component should cover the cost of transport.

A person can request their DRE allowance be reconsidered if they have concerns about the decision. Final decision-making authority rests with the Director of Adult Social Care Services.

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 towards 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 the [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 financially 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 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 if 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% 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 the cost of their 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.

BCP Council may conduct an investigation into whether deprivation of assets has occurred rather than relying on the declaration provided by the person. BCP Council will have regard to the use of powers in the Regulation of Investigatory Powers Act 2000 before considering any investigations.

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 BCP Council has decided that a person has deliberately deprived themselves of capital or income, the person has the right to request the decision be reviewed if they believe it is made using incorrect information. This can be requested via the [ASC Complaints procedure](#).

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

Section 70 of the Care Act 2014 gives BCP Council the power to recover care and support 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](#). Particular attention should be given to the statements provided in the Appendix relating to Adult Social Care debt.

18 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 Safeguarding team. We will refer matters to the police if we suspect a crime has been committed.

19 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.

20 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.

21 Comments, compliments and complaints

Any adult or carer who is either entitled to or has a possible need for social care support can complain at any stage in their contact with the service, for example, at the point of referral, assessment, care planning or review.

BCP Council residents can submit [comments, compliments and complaints](#) in relation to Adult Social Care online.

Comments, compliments and complaints can also be sent to, and received by, any BCP Council member of staff who will pass it on to the relevant team to be processed as soon as they receive it.

A person can request their Financial Assessment be reconsidered if they have concerns about the decision. Final decision-making authority rests with the Director of Adult Social Care Services.

22 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 temporarily suspend a person's charge 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
- where a person requests a reassessment of either their care and support needs or client contribution, consider the request equitably and provide a written response outlining the reasons for the decision (where not resolved, further requests are then dealt with through Adult Social Care's complaints procedure).

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 individuals, as outlined in this policy
- relative to their role, ensure that; the outcome of reviews, the impacts of changes to 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.

23 References and related information

[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](#)

[Social Care Charging for Local Authorities](#)

[Data Protection Act 2018](#)

[Debt Management Policy BCP Council](#)

[Deferred Payment Agreement Policy BCP Council](#)

[Equality and Diversity Policy BCP Council](#)

[Human Rights Act 1998](#)

[Regulation of Investigatory Powers Act 2000](#)

Document Control

Version	Date	Details
1.0	31/03/2021	Final version following outcome of Charging Consultation and feedback from; the ASC Charging Board, Head of Strategic Development and Change Management, Head of Access and Carers Services, Head of Specialist Services, Financial Assessment, Support and Related Debt Manager, Senior Officer for Financial Assessment (SVPP), ASC Complaints Manager, ASC Finance Manager, Collection Services Manager (SVPP), Head of Long-term Conditions. Reviewed at Health and Adult Social Care Overview and Scrutiny Committee on 28/09/2020
1.1	17/05/2021	Addition of Memorandum and update to Complaints section
1.2	25/03/2022	Update to rates as per Department of Health and Social Care (DHSC)
1.3	09/03/2023	Wording updated in 14.1 for clarity, minor update to complaints contacts, update to relevant national rates as per DHSC
1.4	09/06/2023	Memorandum removed and reference to waiving of charges amended
1.5	30/04/2024	Full review of policy. Wording updated to Section 14.1 (MIG) and 14.2 (DRE). Addition of BCP Council MIG Rates table (Appendix 1) Update to relevant national rates as per DHSC (page 4) Minor updates to Section 16 (Deprivation) and Section 21 (Comments, compliments and complaints)

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BCP Council Policy – Charging Policy for Adult Social Care V1.4 July 2023

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Policy author: Lucy Russell - Policy Officer / Sarah Rose – Policy Officer, ASC Services

Target audience: All Adult Social Care Staff and BCP Council Residents

Contact information ASC.policy@bcpcouncil.gov.uk

Appendix 1 – BCP Council MIG Rates

Local Minimum Income Guarantee (MIG) for Basic Living Costs

Eligibility Criteria	MIG - single/living alone	MIG - living with partner
A lone parent aged 18 or over	£110.60 per week	n/a
Age 18 or older but less than 25 <i>(this for people who are not receiving main phase of ESA (Employment and Support Allowance))</i>	£87.65 per week	£86.85 per week
Age 18 or older but less than 25 and in receipt of main phase of ESA (Employment and Support Allowance) *	£110.60 per week	£86.85 per week
Age 25 or older but less than qualifying Pension Credit age	£110.60 per week	£86.85 per week
Reached or older than qualifying age for Pension Credit	£228.70 per week	£174.60 per week
Responsible for, and a member of, the same household as a child	An additional £101.25 per week per child	
In receipt of, or BCP Council considers would, if in receipt of income support, be in receipt of Disability Premium (If in a couple, one member of that couple)	An additional £48.80 per week	An additional £34.80 per week
In receipt of, or BCP Council considers would, if in receipt of income support, be in receipt of Enhanced Disability Premium (If in a couple, one member of that couple)	An additional £23.85 per week	An additional £17.15 per week
In receipt of, or BCP Council considers would, if in receipt of income support, be in receipt of Carer Premium	An additional £52.35 per week	
People who receive the highest rate of Attendance Allowance (AA), Disability Living Allowance (DLA) Care component, or Personal Independence Payments (PIP) Enhanced daily living component	An additional £4.48 per week*	

*This is a local offering

BCP Council Minimum Income Guarantee (MIG) Rates - Feb 2024

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 your benefits, if you are 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 you enjoy the benefits of owning something, even if it is held in someone else's name. Or it may be where you have the power to influence a transaction regarding a particular asset, either directly or indirectly
boarder	Someone who pays you to live in your home. They should 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 this means someone appointed by the Court of Protection to make decisions on your behalf if you lack capacity to make those decisions yourself and you 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	<p>A person that deals with your finances and financial decisions for you</p> <p>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 appoints someone as your deputy)</p>
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 your living costs when you live at home, after paying towards the cost of your 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 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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1 Introduction

It is important that people engaging with Adult Social Care 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.

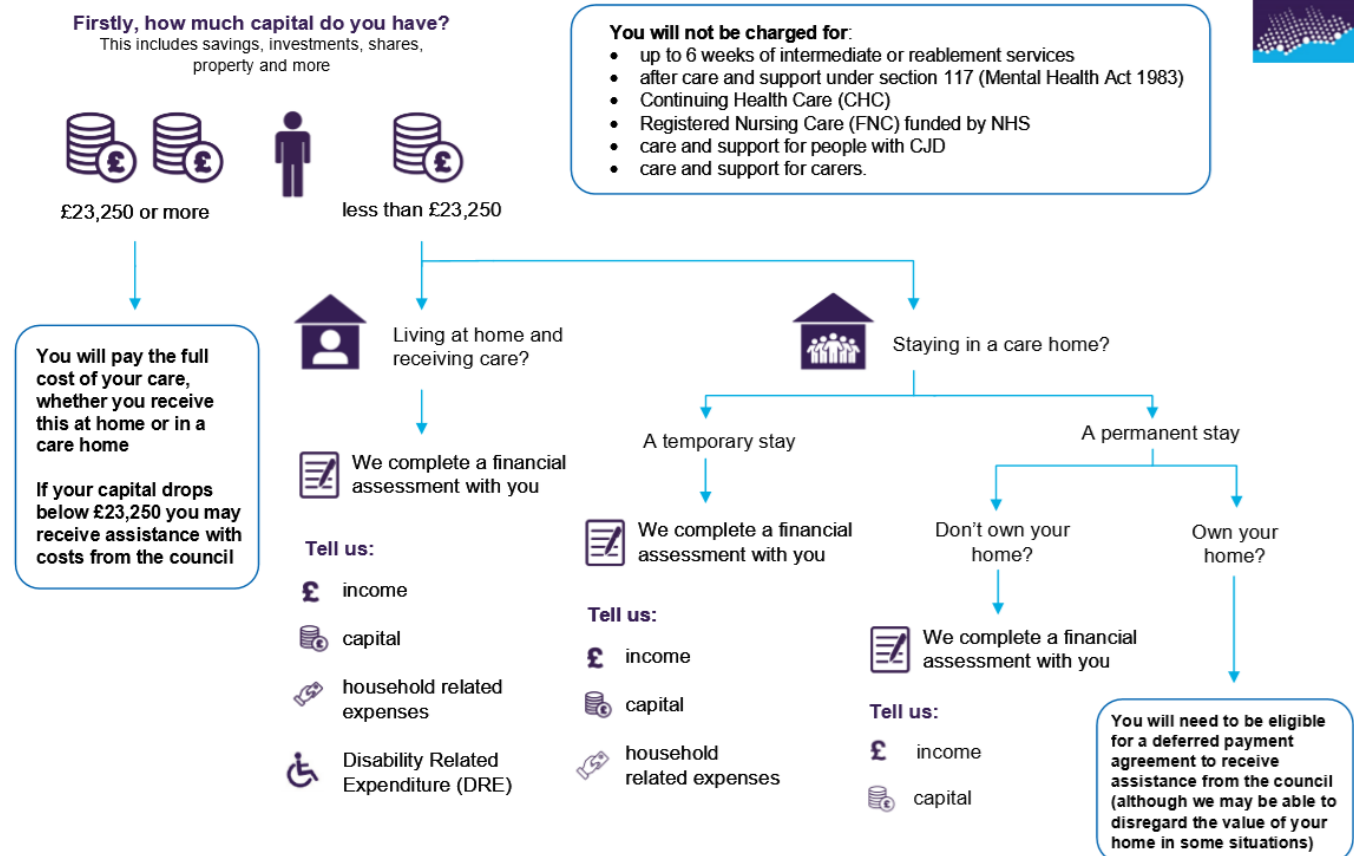
BCP Council's Charging Policy complies with the Care Act 2014. Our aim is to provide a consistent and fair framework for charging and financial assessment for all individuals who receive care and support services.

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?



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 (MIG)**
We will not include some of your income so that you have money to cover your normal living costs. BCP Council MIG rates are outlined in Appendix 1.
- £ 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. Further information can be found via the link below.



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**
£30.15 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 usual 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**
£30.15 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 a Savings Credit disregard, usually up to £6.95 per week for an individual (up to £10.40 per week for couples)
- £ 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.

[Disability Related Expenditure \(DRE\) Information - Care and Support Statutory Guidance \(Annex C - Paragraph 39 - 41\)](#)

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 the [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 policy 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 Adult Social Care staff and Adult Social Care individuals' 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, from 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 their assessed client contribution.

Care providers or care homes may request that 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 sections will explain this. Later sections 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 has also made the decision not to charge for the following, although the Care Act 2014 allows us the discretion to charge:

- 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 will charge

All other services arranged by Adult Social Care on behalf of BCP Council (i.e., those not showing in the above section) 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 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.

We will consult people receiving care and support services arranged by us on any major changes to our 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 registered 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,
- 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.

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 or not 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 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.

A care and support assessment will be needed to ensure that the care and support provided is necessary and/or appropriate. 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.

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 client 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?

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.

Income is usually money that is; earned, received as a benefit, or received from investments.

We will treat a person's financial 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 capital or income, 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 effect 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 to 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 to, 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 sections below: [11.2 First party top-up payments](#) and [11.3 Third party top-up payments](#).

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 receives 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 payment 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
- may be liable for any increases due to changes in the accommodation's fees or changes to the financial assessment
- must expect 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
- may face legal action if they refuse to repay the council
- must expect that 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-up payments

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 payment 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-up payments

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 top-up payments

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 breakdown 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 payment 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 identify 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](#) (Annexe 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 proven 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 United Kingdom.

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 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-owns 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 sections 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 someone from the following list lives there (referred to as the occupier).

The disregard will only apply if the 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. If it is unclear, we will ask for more information and/or evidence in order to decide whether the person can be considered to occupy the property.

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 aged under 18 of the person receiving care and support
 - is incapacitated.

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 refer to a 'relative' we mean:

- 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).

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 property 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 the [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 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 the [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 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 for 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 would 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 they could apply for the capital. Please see 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

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 income 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 the [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 the [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 the [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 the [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 the [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 the [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 do not 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 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 section 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 section 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 ensure that a person keeps a minimum amount of their income, after paying towards the cost of their eligible care and support needs.

This is called the minimum income guarantee (MIG). The MIG should enable the person to cover their necessary living costs and assist them to live independently.

The Government publishes MIG rates annually, see [Social care charging for local authorities](#). BCP Council ensures these rates are applied as a minimum and annually reviews the MIG rates set. [Please refer to Appendix 1 for the BCP Council MIG Rates for 2024/25](#)

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 if they receive a disability benefit. Every individual is different, and so their DRE will be too. We therefore consider the individual's circumstances, including their care and support needs, when deciding what can be considered as reasonable DRE, and how much to disregard from their disability benefit award.

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 it would not be appropriate to disregard the expense or allowance in the financial assessment. BCP Council decisions relating to DRE are made in line with the [Care and Support Statutory Guidance \(Annex C paragraphs 39 - 41\)](#), evidence to confirm an expense may be requested.

The following principles will inform our decision as to what is considered as DRE:

- 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 person's care and support needs when making a decision.
- Consideration will be given to the reasonableness of disregarding this expenditure in relation to the person's circumstances.
- 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.
- 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 or Personal Independence Payment mobility component that the person receives. Generally, the mobility component should cover the cost of transport.

A person can request their DRE allowance be reconsidered if they have concerns about the decision. Final decision-making authority rests with the Director of Adult Social Care Services.

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 towards 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 the [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 financially 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 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 if 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% 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 the cost of their 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.

BCP Council may conduct an investigation into whether deprivation of assets has occurred rather than relying on the declaration provided by the person. BCP Council will have regard to the use of powers in the Regulation of Investigatory Powers Act 2000 before considering any investigations.

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 BCP Council has decided that a person has deliberately deprived themselves of capital or income, the person has the right to request the decision be reviewed if they believe it is made using incorrect information. This can be requested via the [ASC Complaints procedure](#).

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

Section 70 of the Care Act 2014 gives BCP Council the power to recover care and support 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](#). Particular attention should be given to the statements provided in the Appendix relating to Adult Social Care debt.

18 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 Safeguarding team. We will refer matters to the police if we suspect a crime has been committed.

19 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.

20 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.

21 Comments, compliments and complaints

Any adult or carer who is either entitled to or has a possible need for social care support can complain at any stage in their contact with the service, for example, at the point of referral, assessment, care planning or review.

BCP Council residents can submit [comments, compliments and complaints](#) in relation to Adult Social Care online.

Comments, compliments and complaints can also be sent to, and received by, any BCP Council member of staff who will pass it on to the relevant team to be processed as soon as they receive it.

A person can request their Financial Assessment be reconsidered if they have concerns about the decision. Final decision-making authority rests with the Director of Adult Social Care Services.

22 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 temporarily suspend a person's charge 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
- where a person requests a reassessment of either their care and support needs or client contribution, consider the request equitably and provide a written response outlining the reasons for the decision (where not resolved, further requests are then dealt with through Adult Social Care's complaints procedure).

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 individuals, as outlined in this policy
- relative to their role, ensure that; the outcome of reviews, the impacts of changes to 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.

23 References and related information

[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](#)

[Social Care Charging for Local Authorities](#)

[Data Protection Act 2018](#)

Document Control

Version	Date	Details
1.0	31/03/2021	Final version following outcome of Charging Consultation and feedback from; the ASC Charging Board, Head of Strategic Development and Change Management, Head of Access and Carers Services, Head of Specialist Services, Financial Assessment, Support and Related Debt Manager, Senior Officer for Financial Assessment (SVPP), ASC Complaints Manager, ASC Finance Manager, Collection Services Manager (SVPP), Head of Long-term Conditions. Reviewed at Health and Adult Social Care Overview and Scrutiny Committee on 28/09/2020
1.1	17/05/2021	Addition of Memorandum and update to Complaints section
1.2	25/03/2022	Update to rates as per Department of Health and Social Care (DHSC)
1.3	09/03/2023	Wording updated in 14.1 for clarity, minor update to complaints contacts, update to relevant national rates as per DHSC
1.4	09/06/2023	Memorandum removed and reference to waiving of charges amended
1.5	30/04/2024	Full review of policy. Wording updated to Section 14.1 (MIG) and 14.2 (DRE). Addition of BCP Council MIG Rates table (Appendix 1) Update to relevant national rates as per DHSC (page 4) Minor updates to Section 16 (Deprivation) and Section 21 (Comments, compliments and complaints)

Documents this replaces

BCP Council Policy – Charging Policy for Adult Social Care V1.4 July 2023

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Policy lead: Shelley Bambrey - Head of Direct Care and Support Services, ASC Services

Policy author: Lucy Russell - Policy Officer / Sarah Rose – Policy Officer, ASC Services

Target audience: All Adult Social Care Staff and BCP Council Residents

Contact information ASC.policy@bcpcouncil.gov.uk

Appendix 1 – BCP Council MIG Rates

Local Minimum Income Guarantee (MIG) for Basic Living Costs

Eligibility Criteria	MIG - single/living alone	MIG - living with partner
A lone parent aged 18 or over	£110.60 per week	n/a
Age 18 or older but less than 25 <i>(this for people who are not receiving main phase of ESA (Employment and Support Allowance))</i>	£87.65 per week	£86.85 per week
Age 18 or older but less than 25 and in receipt of main phase of ESA (Employment and Support Allowance) *	£110.60 per week	£86.85 per week
Age 25 or older but less than qualifying Pension Credit age	£110.60 per week	£86.85 per week
Reached or older than qualifying age for Pension Credit	£228.70 per week	£174.60 per week
Responsible for, and a member of, the same household as a child	An additional £101.25 per week per child	
In receipt of, or BCP Council considers would, if in receipt of income support, be in receipt of Disability Premium (If in a couple, one member of that couple)	An additional £48.80 per week	An additional £34.80 per week
In receipt of, or BCP Council considers would, if in receipt of income support, be in receipt of Enhanced Disability Premium (If in a couple, one member of that couple)	An additional £23.85 per week	An additional £17.15 per week
In receipt of, or BCP Council considers would, if in receipt of income support, be in receipt of Carer Premium	An additional £52.35 per week	
People who receive the highest rate of Attendance Allowance (AA), Disability Living Allowance (DLA) Care component, or Personal Independence Payments (PIP) Enhanced daily living component	An additional £4.48 per week*	

*This is a local offering

BCP Council Minimum Income Guarantee (MIG) Rates - Feb 2024

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 your benefits, if you are 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 you enjoy the benefits of owning something, even if it is held in someone else's name. Or it may be where you have the power to influence a transaction regarding a particular asset, either directly or indirectly
boarder	Someone who pays you to live in your home. They should 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 this means someone appointed by the Court of Protection to make decisions on your behalf if you lack capacity to make those decisions yourself and you 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	<p>A person that deals with your finances and financial decisions for you</p> <p>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 appoints someone as your deputy)</p>
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 your living costs when you live at home, after paying towards the cost of your 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 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

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE



Report subject	Forward Plan
Meeting date	15 July 2024
Status	Public Report
Executive summary	The Health and Adult Social Care Overview and Scrutiny (O&S) Committee is asked to consider and identify work priorities for publication in a Forward Plan.
Recommendations	<p>It is RECOMMENDED that:</p> <p>The Committee considers, updates and confirms its Forward Plan.</p>
Reason for recommendations	The Council's Constitution requires all Overview and Scrutiny Committees to set out proposed work in a Forward Plan which will be published with each agenda
Portfolio Holder(s):	N/A – O&S is a non-executive function
Corporate Director	Graham Farrant, Chief Executive
Report Authors	Lindsay Marshall, Overview and Scrutiny Specialist
Wards	Council-wide
Classification	For Decision

Background

1. All Overview and Scrutiny (O&S) bodies are required by the Constitution to consider work priorities and set these out in a Forward Plan. When approved, this should be published with each agenda. It is good practice for the Forward Plan to be kept under regular review by the committee, and in this report councillors are asked to discuss and agree work priorities for the next meeting to allow sufficient time for report preparation as appropriate. See the Forward Plan attached at Appendix B to this report.

2. HASC O&S have a work programming session scheduled for Monday 8th July to scope and inform its forward plan for the next 12-18 months. Feedback from that session will be fed into this item verbally at Committee.

BCP Constitution and process for agreeing Forward Plan items

3. The Constitution requires that the Forward Plan of O&S Committees (including the O&S Board) shall consist of work aligned to the principles of the function. The BCP Council O&S function is based upon six principles:
 - Contributes to sound decision making in a timely way by holding decision makers to account as a 'critical friend';
 - A member led and owned function – seeks to continuously improve through self-reflection and development;
 - Enables the voice and concerns of the public to be heard and reflected in the Council's decision-making process;
 - Engages in decision making and policy development at an appropriate time to be able to have influence;
 - Contributes to and reflects the vision and priorities of the Council;
 - Agility – able to respond to changing and emerging priorities at the right time with flexible working methods.
4. An O&S Committee may take suggestions from a variety of sources to form its Forward Plan. This may include suggestions from members of the public, officers of the Council, Portfolio Holders, the Cabinet and Council, members of the O&S Committee, and other Councillors who are not on the committee.
5. The Constitution requires that all suggestions for O&S work will be accompanied by detail outlining the background to the issue suggested, the proposed method of undertaking the work and likely timescale associated, and the anticipated outcome and value to be added by the work proposed. No item of work shall join the Forward Plan of the O&S Committee without an assessment of this information.
6. Any councillor may request that an item of business be considered by an O&S Committee. Councillors are asked to complete a form outlining the request, which is appended to this report at Appendix C. The same process will apply to requests for scrutiny from members of the public.
7. A copy of the most recent Cabinet Forward Plan will be supplied to O&S Committees at each meeting for reference. The latest version was published on 18 June 2024 and is supplied as Appendix D to this report.

Resources to support O&S work

8. The Constitution requires that the O&S Committees take into account the resources available to support their proposals for O&S work. This includes consideration of councillor availability, officer time and financial resources. Careful and regular assessment of resources will ensure that there is appropriate resource available to support work across the whole O&S function, and that any work established can be carried out in sufficient depth and completed in a timely way to enable effective outcomes.

9. It is good practice for O&S Committees to agree a maximum of two substantive agenda items per meeting. This will provide sufficient time for committees to take a 'deep dive' approach to scrutiny work, which is likely to provide more valuable outcomes. A large number of agenda items can lead to a 'light touch' approach to all items of business, and also limit the officer and councillor resource available to plan for effective scrutiny of selected items.
10. O&S Committees are advised to carefully select their working methods to ensure that O&S resource is maximised. A variety of methods are available for O&S Committees to undertake work and are not limited to the receipt of reports at committee meetings. These may include:
 - Working Groups;
 - Sub-Committees;
 - Tak and finish groups;
 - Inquiry Days;
 - Rapporteurs (scrutiny member champions);
 - Consideration of information outside of meetings – including report circulation/ briefing workshops/ briefing notes.

Further detail on O&S working methods are set out in the Constitution and in Appendix A – Terms of Reference for O&S Committees.

Options Appraisal

11. The committee is asked to consider, update and confirm its Forward Plan, taking account of the supporting documents provided and including the determination of any requests for scrutiny. This will ensure member ownership of the Forward Plan and that reports can be prepared in a timely way. Should the committee not confirm its forthcoming priorities, reports may not be able to be prepared in a timely way and best use of the meeting resource may not be made.

Summary of financial implications

12. There are no direct financial implications associated with this report. The committee should note that when establishing a Forward Plan, the Constitution requires that account be taken of the resources available to support proposals for O&S work. Advice on maximising the resource available to O&S Committees is set out in paragraphs 7 to 9 above.

Summary of legal implications

13. The Council's Constitution requires all O&S committees to set out proposed work in a Forward Plan which will be published with each agenda. The recommendation proposed in this report will fulfil this requirement.

Summary of human resources implications

14. There are no human resources implications arising from this report.

Summary of sustainability impact

15. There are no sustainability resources implications arising from this report.

Summary of public health implications

16. There are no public health implications arising from this report.

Summary of equality implications

17. There are no equality implications arising from this report. Any member of the public may make suggestions for overview and scrutiny work. Further detail on this process is included within Part 4 of the Council's Constitution.

Summary of risk assessment

18. There is a risk of challenge to the Council if the Constitutional requirement to establish and publish a Forward Plan is not met.

Background papers

There are none.

Appendices

Appendix A – Overview and Scrutiny Committees Terms of Reference

Appendix B - Current Health and Adult Social Care O&S Committee Forward Plan

Appendix C – Request for consideration of an issue by Overview and Scrutiny

Appendix D – Current Cabinet Forward Plan

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

OVERVIEW AND SCRUTINY BOARD / COMMITTEES TERMS OF REFERENCE

Overview and Scrutiny (O&S) is a statutory role fulfilled by Councillors who are not members of the Cabinet in an authority operating a Leader and Cabinet model. The role of the Overview and Scrutiny Board and Committees is to help develop policy, to carry out reviews of Council and other local services, and to hold decision makers to account.

PRINCIPLES OF OVERVIEW AND SCRUTINY

The Bournemouth, Christchurch and Poole Overview and Scrutiny function is based upon six principles:

1. Contributes to sound decision making in a timely way by holding decision makers to account as a 'critical friend'.
2. A member led and owned function – seeks to continuously improve through self-reflection and development.
3. Enables the voice and concerns of the public to be heard and reflected in the Council's decision-making process.
4. Engages in decision making and policy development at an appropriate time to be able to have influence.
5. Contributes to and reflects the vision and priorities of the Council.
6. Agile – able to respond to changing and emerging priorities at the right time with flexible working methods.

MEETINGS

There are four Overview and Scrutiny bodies at BCP Council:

- Overview and Scrutiny Board
- Children's Services Overview and Scrutiny Committee
- Health and Adult Social Care Overview and Scrutiny Committee
- Environment and Place Overview and Scrutiny Committee

Each Committee meets 5 times during the municipal year, except for the Overview and Scrutiny Board which meets monthly to enable the Board to make recommendations to Cabinet. The date and time of meetings will be set by full Council and may only be changed by the Chairman of the relevant Committee in consultation with the Monitoring Officer. Members will adhere to the agreed principles of the Council's Code of Conduct.

Decisions shall be taken by consensus. Where it is not possible to reach consensus, a decision will be reached by a simple majority of those present at the meeting. Where there are equal votes the Chair of the meeting will have the casting vote.

MEMBERSHIP

The Overview and Scrutiny Board and Committees are appointed by full Council. Each Committee has 11 members and the Board has 13 members. No member of the Cabinet may be a member of the Overview and Scrutiny Committees or Board, or any group established by them. Lead Members of the Cabinet may not be a member of Overview and Scrutiny Committees or Board. The Chair and Vice-Chair of the Audit and Governance Committee may not be a member of any Overview and Scrutiny Committees or Board.

The quorum of the Overview and Scrutiny Committees and Board shall be one third of the total membership (excluding voting and non-voting co-optees).

No member may be involved in scrutinising a decision in which they been directly involved. If a member is unable to attend a meeting their Group may arrange for a substitute to attend in their place in accordance with the procedures as set out in the Council's Constitution.

Members of the public can be invited to attend and contribute to meetings as required, to provide insight to a matter under discussion. This may include but is not limited to subject experts with relevant specialist knowledge or expertise, representatives of stakeholder groups or service users. Members of the public will not have voting rights.

Children's Services Overview and Scrutiny Committee - The Committee must statutorily include two church and two parent governor representatives as voting members (on matters related to education) in addition to Councillor members. Parent governor membership shall extend to a maximum period of four years and no less than two years. The Committee may also co-opt one representative from the Academy Trusts within the local authority area, to attend meetings and vote on matters relating to education.

The Committee may also co-opt two representatives of The Youth Parliament and, although they will not be entitled to vote, will ensure that their significant contribution to the work of the Committee is recognised and valued.

Environment and Place Overview and Scrutiny Committee - The Committee may co-opt two independent non-voting members. The selection and recruitment process shall be determined by the Environment and Place Overview and Scrutiny Committee.

FUNCTIONS OF THE O&S COMMITTEES AND O&S BOARD

Each Overview and Scrutiny Committee (including the Overview and Scrutiny Board) has responsibility for:

- Scrutinising decisions of the Cabinet, offering advice or making recommendations
- Offering any views or advice to the Cabinet or Council in relation to any matter referred to the Committee for consideration
- General policy reviews, and making recommendations to the Council or the Cabinet to assist in the development of future policies and strategies
- Assisting the Council in the development of the Budget and Policy Framework by in-depth analysis of policy issues
- Monitoring the implementation of decisions to examine their effect and outcomes
- Referring to full Council, the Cabinet or appropriate Committee/Sub-Committee any matter which, following scrutiny a Committee determines should be brought to the attention of the Council, Cabinet or other appropriate Committee
- Preparation, review and monitoring of a work programme
- Establishing such commissioned work as appropriate after taking into account the availability of resources, the work programme and the matter under review

In addition, the Overview and Scrutiny Board has responsibility for:

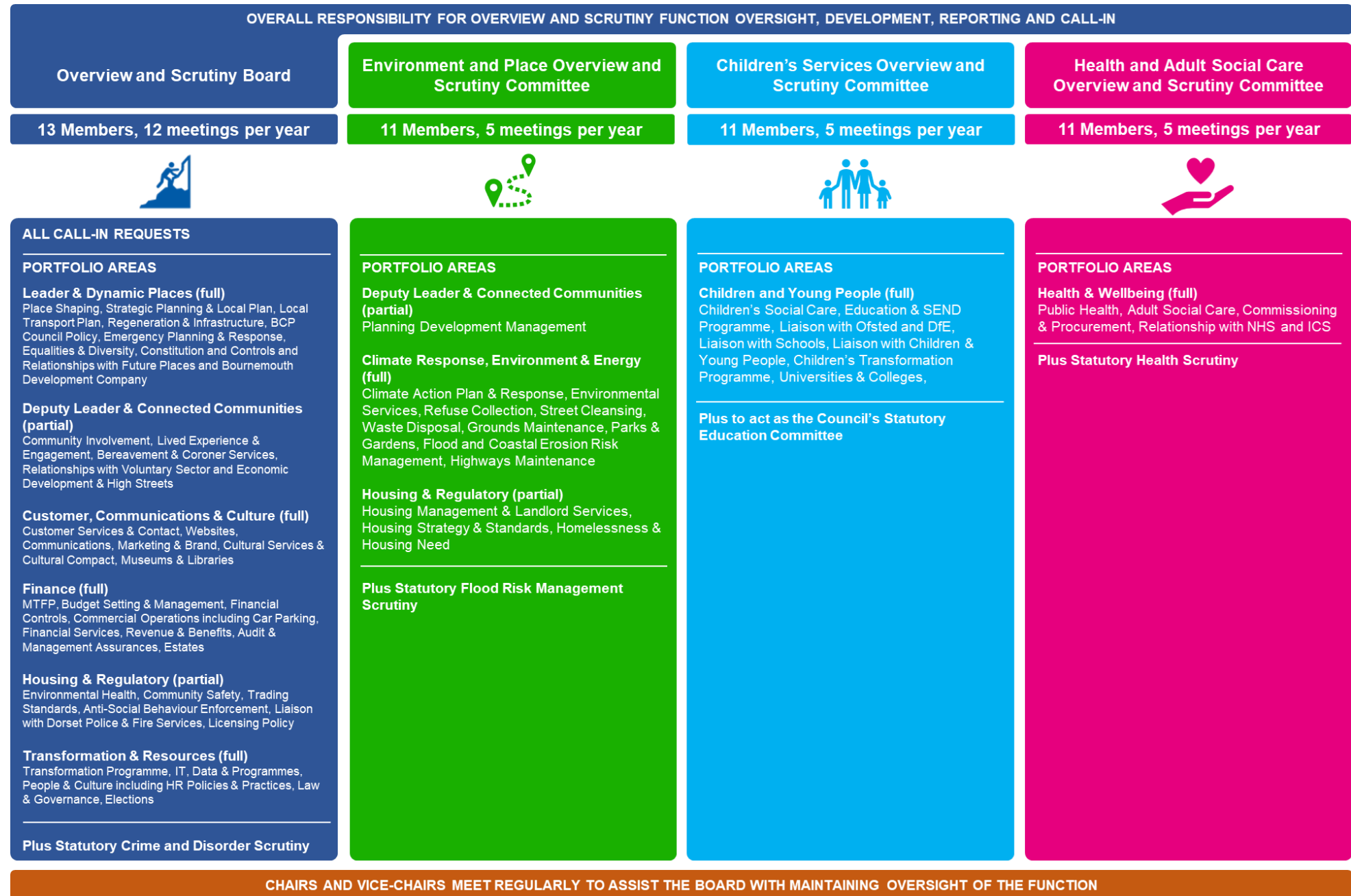
- Considering decisions that have been called-in
- Undertaking scrutiny of the Council's budget processes
- Carrying out the Council's scrutiny functions relating to crime and disorder, and discharging any other statutory duty for which the O&S function is responsible, other than those that relate to Flood Risk Management, Health, Adult Social Care, Children's Services and Education
- Overseeing the Council's overall O&S function including oversight of the work plans and use of resource across all O&S bodies
- Keeping the O&S function under review, suggesting changes as appropriate to ensure that it remains fit for purpose
- Reporting annually to Full Council on the output of the O&S function
- Maintaining oversight of the training needs of the whole O&S function.

Figure 1 below provides an outline of the responsibilities of each Committee.

The remit of the Overview and Scrutiny Board and Committees is based on the division of Portfolio Holder responsibilities. Portfolio Holders may report to more than one Overview and Scrutiny body.

Portfolio Holder responsibilities are changeable and from time to time it may be necessary to modify the designation of functions across the four Overview and Scrutiny bodies.

Figure One –Overview and Scrutiny Structure



COMMISSIONED WORK

In addition to Committee meetings, the Overview and Scrutiny Board and Committees may commission work to be undertaken as they consider necessary after taking into account the availability of resources, the work programme and the matter under review.

Each O&S body is limited to one commission at a time to ensure availability of resources.

a) **Working Groups** – a small group of Councillors and Officers gathered to consider a specific issue and report back to the full Board/ Committee, or make recommendations to Cabinet or Council within a limited timescale. Working Groups usually meet once or twice, and are often non-public;

b) **Sub-Committees** – a group of Councillors delegated a specific aspect of the main Board/ Committee's work for ongoing, in-depth monitoring. May be time limited or be required as a long-standing Committee. Sub-Committees are often well suited to considering performance-based matters that require scrutiny oversight. Sub-Committees usually meet in public;

c) **Task and finish groups** – a small group of Councillors tasked with investigating a particular issue and making recommendations on this issue, with the aim of influencing wider Council policy. The area of investigation will be carefully scoped and will culminate in a final report, usually with recommendations to Cabinet or Council. Task and finish groups may work over the course of a number of months and take account of a wide variety of evidence, which can be resource intensive. For this reason, the number of these groups must be carefully prioritised by scrutiny members to ensure the work can progress at an appropriate pace for the final outcome to have influence;

d) **Inquiry Days** – with a similar purpose to task and finish groups, inquiry days seek to understand and make recommendations on an issue by talking to a wide range of stakeholders and considering evidence relating to that issue, within one or two days. Inquiry days have similarities to the work of Government Select Committees. Inquiry days are highly resource intensive but can lead to swift, meaningful outcomes and recommendations that can make a difference to Council policy; and

e) **Rapporteurs or scrutiny member champions** - individual Councillors or pairs of Councillors tasked with investigating or maintaining oversight of a particular issue and reporting back to the main Board/ Committee on its findings. A main Committee can use these reports to facilitate its work prioritisation. Rapporteurs will undertake informal work to understand an issue – such as discussions with Officers and Portfolio Holders, research and data analysis. Rapporteur work enables scrutiny members to collectively stay informed of a wide range of Council activity. This approach to the provision of information to scrutiny members also avoids valuable

Committee time being taken up with briefings in favour of more outcome-based scrutiny taking place at Committee.

These terms of reference should be read in conjunction with the Overview and Scrutiny Procedure Rules outlined in Part 4C of the Council's Constitution.

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Forward Plan – BCP Health and Adult Social Care Overview and Scrutiny Committee

Updated 1/7/24

The following forward plan items are suggested as early priorities to the Health and Adult Social Care O&S Committee by the Chair and Vice-Chair, following consultation with officers.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
15 July 24					
	ASC Transformation	To enable the Committee to scrutinise this work prior to consideration by Cabinet	Committee Report	Jillian Kay, Corporate Director for Wellbeing	
	Update on Tricuro	To enable the Committee to scrutinise the work of Tricuro against its business plan.	Committee Report	Phil Hornsby, Director of Commissioning Derek Law, Interim Managing Director, Tricuro	
	The Future of Public Health in BCP	To enable the Committee to scrutinise the progress of the work in this area.	Committee Report	Jillian Kay, Corporate Director for Wellbeing	Requested at Committee on 20/5
	Update on Maternity Services	To enable the Committee to keep informed on the review of maternity services	TBC	Siobhan Harrington, Chief Executive, UHD.	
24 September 24					

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	ASC Waiting times?	Report to come after Transformation Programme has gone through Cabinet as knowing the outcome of this will impact on this area and would influence what goes in the report	Committee Report	Betty Butlin, Director of Adult Social Care	Moved from July to September at the request of Betty
DATE to be allocated or Annual Reports					
1.	Micro providers and community catalyst	To receive information	TBC	TBC	Requested at Committee on 4/3/24.
2.	Gender Identity Services	To receive information	TBC	TBC	Requested at Committee on 20/5/24
3.	Health and Wellbeing Board	Consider work of HWB	TBC	TBC	Considered at the forward planning session at 2/10/23.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
4.	National Suicide Strategy and consideration of the update to the BCP Suicide Prevention Strategy.	To enable the Committee to consider the strategy once published	Verbal update/Committee Report	Sam Crowe, Public Health Dorset	Verbal update received from SC at September 23 meeting. Proposed to come back in Spring 24.
5.	Health services for people who are Homeless and Rough Sleeping SC to catch up with Elaine and Ben to see when good to consider.	For the Committee to scrutinise the health services available to people who are homeless and for a general update in the first Quarter of 2022.	Committee Report.	Ben Tomlin, Housing Services Manager. Possible invite Dr Maggie Kirk re Health bus? TBC	BCP's Draft Homelessness Strategy was considered by the Committee prior to its consideration at Cabinet in April 2021.
6.	Dorset Care Record Update	To enable the Committee to receive an update on the Dorset Care Record	Committee Report	Stephen Slough	Requested briefing before July Committee.
7.	Think Big Project update	The Committee will be updated on the progress of the Think Big Project in BCP Council.	Verbal update	Ashleigh Boreham, Deputy Director Design and Transformation Community Diagnostics – Health Villages – Dorset Innovation Hub.	Requested by Committee at their meeting on 27 September 2021. Keep on FP to receive updates at appropriate intervals.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
8.	Safeguarding Adults Board Annual Report and Business Plan To receive an update on the progress of objectives and the Board's 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. 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.	Committee Report.	Siân Walker Independent Chair, Bournemouth, Christchurch and Poole Safeguarding Adults Board.	Annual standing item; added to Forward Plan in consultation with Corporate Director for Adult Social Care and Chair of the Committee. Next date to be considered - November 2024.
9.	Joint scrutiny on 'substantial variations to health services'. To consider the criteria that has been proposed to be added to the constitution, setting out what constitutes a 'substantial variations to health services' in the Joint Health Scrutiny Protocol.	To consider the criteria that has been proposed to be added to the constitution, setting out what constitutes a 'substantial variations to health services' in the Joint Health Scrutiny Protocol.	Committee Report.	DS to consider with Dorset and NHS Dorset.	Suggested by the Deputy-Head of Democratic Services for Committee's consideration.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
Information Briefings.					
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.					
1.	Working Group to consider data available	To enable the Committee to have oversight of available data to target scrutiny where appropriate	Working group	Jillian Kay, Director of Wellbeing, Sam Crowe, Director of Public Health	
2.	The South West Ambulance Service Trust Improvement and Financial Investment Plan	To enable Committee Members 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 – need to contact Dorset		Informal briefing held on 26 January 23
3.	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	Possible Joint Scrutiny with Dorset Council.	David Freeman – LS to Contact.	

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Committee to agree enquiry session.	Care Services (April 2020, 1 year after implementation).			
4.	External Scrutiny – Quality Accounts.	To ensure Committee members have the opportunity to scrutinise the quality accounts of the NHS Trusts. Scrutiny leads for NHS Dorset Quality Accounts will need to be revised due to Committee membership changes since first arrangements.	Rapporteur model.	Pete Courage, Head of Transformation & Integration	(Item has been postponed due to COVID19). ACTION - PH to find out if QA are still produced and how they could be scrutinised
5.	Dorset Integrated Care Board	Joint Scrutiny Committee with Dorset		TBC	Added in Jan 23
Update Items <p>The following items of information have been requested as updates to the Committee.</p> <p>The Committee may wish to receive these in an alternative to format to Committee updates (e.g. by emailed briefing note outside of the Committee) to reserve capacity in Committee meetings for items of value-added scrutiny.</p>					
None currently requested.					
Items requested from Cllrs					

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	The manner and level of integration of BCP Council, the Health and Wellbeing Board and NHS Dorset – how effectively are they working together across all aspects of health and social care?	TBC	TBC	TBC	Requested by Cllr Carr-Brown at work programming session – not yet determined by Committee
	Impact of climate change and preparation for it.	Consider the NHS Sustainability and Green Plan. SC to consider this item further.	TBC	Sam Crowe, Director of Public Health	Requested by Cllr Rice at work programming session – not yet determined by Committee

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	ASC Transformation programme	To scrutinise the Transformation programme before consideration by Cabinet.	Committee Report		Requested by Vice Chair at forward planning workshop Coming to Committee pre Cabinet in July 24.
	ASC Budget	To scrutinise the budget for ASC - Dem services to circulate the budget to Committee for consideration and any feedback to be given to the Chair for his attendance at Overview and Scrutiny Board on 29 Jan 24.	Committee Report		Requested by Vice Chair at forward planning workshop
Items requested from health partners					

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	All Age Neurodevelopmental Review	<p>As above, there will be service changes associated with this work. We'd like to update HASC on the work to date, seek their views on the proposed-emergent changes and ask what they might need from us to support future discussions and/or scrutiny.</p> <p>Recommend consideration in Q3 of 2023/24</p>	TBC	David Freeman, NHS Dorset	
	Mental Health Integrated Community Care (MHICC)	<p>Again, there will be service changes associated with this work. We'd like to update HASC on the work to date, seek their views on the proposed-emergent changes and ask what they might need from us to support future discussions and/or scrutiny.</p> <p>Recommend consideration in Q4 of 2023/24</p>	TBC	David Freeman, NHS Dorset	

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Clinical Services Review	Update will be provided by University Hospitals Dorset (UHD) but it is important that this work is seen in the context of the other developments outlined above. UHD to confirm recommended timings.	TBA	TBA - UHD	Request received – not yet determined by Committee.
	Update on maternity services to follow-on from previously requested update	To receive an update on maternity services	Information only report	TBA - UHD	Suggested as an info only item Not yet determined by Committee.

	Subject and background	Anticipated benefits and value to be added by O&S engagement	How will the scrutiny be done?	Lead Officer	Report Information
	UHD Annual Plan	usually published May each year and would welcome input and consideration of the plan by the committee	Committee Report	TBA – UHD	Requested by UHD – not yet determined by Committee.

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Request for consideration of an issue by Overview and Scrutiny

Guidance on the use of this form:

This form is for use by councillors and members of the public who want to request that an item joins an Overview and Scrutiny agenda. Any issue may be suggested, provided it affects the BCP area or the inhabitants of the area in some way. Scrutiny of the issue can only be requested once in a 12 month period.

The form may also be used for the reporting of a referral item to Overview and Scrutiny by another body of the council, such as Cabinet or Council.

The Overview and Scrutiny Committee receiving the request will make an assessment of the issue using the detail provided in this form and determine whether to add it to its forward plan of work.

They may take a variety of steps to progress the issue, including requesting more information on it from officers of the council, asking for a member of the overview and scrutiny committee to 'champion' the issue and report back, or establishing a small working group of councillors to look at the issue in more detail.

If the Committee does not agree to progress the issue it will set out reasons for this and they will be provided to the person submitting this form.

More information can be found at Part 4.C of the BCP Council Constitution
<https://democracy.bcpCouncil.gov.uk/ieListMeetings.aspx?CommitteeID=151&Info=1&bcr=1>

Please complete all sections as fully as possible

1. Issue requested for scrutiny

2. Desired outcome resulting from Overview and Scrutiny engagement, including the value to be added to the Council, the BCP area or its inhabitants.

3. Background to the issue

4. Proposed method of scrutiny - (for example, a committee report or a working group investigation)

5. Key dates and anticipated timescale for the scrutiny work

6. Notes/ additional guidance

Document last reviewed – January 2022

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CABINET FORWARD PLAN – 1 JULY 2024 TO 31 OCTOBER 2024

(PUBLICATION DATE – 19 June 2024)



What is the subject?	What is the purpose of the issue?	Is this a Key Decision?	Decision Maker and Due Date	Wards	Who are the key stakeholders to be consulted before the decision is made?	What is the consultation process and period	Officer writing the report	Is the report likely to be considered in private (i.e., it contains confidential or exempt information)?
Financial Outturn 2023/24	To provide the financial outturn for 2023/24	No	Cabinet 17 Jul 2024 Council 23 Jul 2024	All Wards	n/a	n/a	Adam Richens	Open
Medium Term Financial Plan (MTFP) Update	Present the latest medium-term financial plan (MTFP) of the council	No	Cabinet 17 Jul 2024	All Wards			Adam Richens	Open

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BCP Council Productivity Plan	The Government is reviewing productivity across all public services and requires councils to produce productivity plans outlining efforts to improve productivity in recent years, current plans for transformation, and how the effects of these changes will be measured.	No	Cabinet 17 Jul 2024	All Wards			Sophie Bradfield	Open
Pay and Reward: Update on progress in introducing new terms and conditions of employment		No	Cabinet 17 Jul 2024				Sarah Deane	

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Arndale House and 1-17 Kingland Road Poole (AKA Kingland House)	To seek Cabinet approval for the surrender of the existing head lease and regrant of a new long lease to facilitate a mixed use development on the site of circa 128 homes, nine ground floor commercial units and car and cycle parking.	Yes	Cabinet 17 Jul 2024	Poole Town	Ward Councillors & Portfolio holder	Briefing	Irene Ferns	Open
South Part of Beach Road Car park	Approval to appropriate for Planning Purposes and dispose of the site	Yes	Cabinet 17 July 2024 Council 23 Jul 2024	Canford Cliffs	Ward Councillors and Portfolio Holder	Ongoing Briefings	Irene Ferns, Adam Richens	Open

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BCP Seafront Strategy progress review and refresh	The BCP Seafront Strategy was adopted by Cabinet in April 2022. This report will update Cabinet on progress against this strategy and provide recommendations to refresh it in line with the new Corporate Strategy.	No	Cabinet 17 Jul 2024				Amanda Barrie, Andrew Emery, Gary Foyle, Anthony Rogers	Open
BCP Urban Forest Strategy	To present to cabinet, for adoption, the BCP Urban Forest Strategy	No	Cabinet 17 Jul 2024	All Wards	Public consultation is taking place pre Christmas 2023, leading in tot his decision; and follows extensive workshops and cross-service development of the strategy.	As above	Martin Whitchurch	Open

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Christchurch Bay and Harbour FCERM Strategy	Bournemouth, Christchurch and Poole Council (BCP) and New Forest District Council (NFDC) are working together with the Environment Agency to produce a new strategy to protect coastal communities from tidal flooding and erosion risk. It will guide how the frontage from Hengistbury Head to Hurst Spit, encompassing Christchurch Harbour, will be sustainably managed for the next 100 years.	No	Cabinet 17 Jul 2024 Council 23 Jul 2024	Christchurch Town; East Southbourn e & Tuckton; Highcliffe & Walkford; Mudeford, Stanpit & West Highcliffe; Burton & Grange	Landowners, BCP residents, businesses, organisations, BCP services	Several levels of public enegagement and consultation throughout the development of the Strategy between 2021 and 2023.	Catherine Corbin, Alan Frampton, Matt Hosey	Open
Core Gigabit Fibre Network	Due to changes in the economic climate, options are being provided to stop or proceed with this project.	Yes	Cabinet 17 Jul 2024	All Wards			Ruth Spencer	Open

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Commissioning & Procurement Transformation Update	To update members on the history of Strategic Procurement - Current position & future approach	No	Cabinet 17 Jul 2024	All Wards			Jeremy Richardson, Phil Hornsby	Open
Adult Social Care Transformation Business Case	To ask Cabinet to recommend the Adult Social Care transformation business case to Council.	No	Health and Adult Social Care Overview and Scrutiny Committee 15 Jul 2024 Cabinet 17 Jul 2024 Council 23 Jul 2024	All Wards			Jillian Kay	Open
Adult Social Care Charging Policy Additions	To update Cabinet on the recent Adult Social Care Charging Policy Additions.	No	Cabinet 17 Jul 2024	All Wards			Betty Butlin	Open

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Children's Safeguarding Partnership Review	To update on the proposed separation of the Pan-Dorset Safeguarding Children arrangements to create a BCP Safeguarding Children's Partnership and a Dorset Safeguarding Children's Partnership in order to meet the needs of two separate Local Authorities and enable the effectiveness of the partnership arrangements moving forward.	No	Cabinet 17 Jul 2024	All Wards			Tammy Lawrence	Open

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Youth Justice Plan 2024/2025	To present the Youth Justice Plan 2024/25 for approval. There is a statutory requirement to publish an annual Youth Justice Plan which must provide specified information about the local provision of youth justice services. This report summarises the Youth Justice Plan for 2024/25, with a copy of the Plan appended.	No	Cabinet 17 Jul 2024 Council 23 Jul 2024	All Wards			David Webb	Open
Housing Strategy - Annual Summary Review		No	Cabinet 2 Oct 2024				Kerry-Marie Ruff	

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Medium Term Financial Plan (MTFP) Update	To provide progress on delivering a legally balanced budget for 2025/26	No	Cabinet 30 Oct 2024	All Wards			Adam Richens	Open
Medium Term Financial Plan (MTFP) Update	Present progress in delivering a legally balance budget for 2025/26	No	Cabinet 18 Dec 2024	All Wards			Adam Richens	Open
Budget 2025/26 and Medium Term Financial Plan	To set out for Cabinet's consideration and recommendation to Council the proposed 2025/26 budget and council tax.	No	Cabinet 5 Feb 2025	All Wards			Adam Richens	Open

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Biodiversity Net Gain	To update Cabinet on the implementation of government's proposed Biodiversity Net Gain and our strategy for achieving net gain from new development	No	Cabinet Date to be confirmed	All Wards				Open
DfE SEND review next steps	To consider the DfE review next steps	No	Cabinet Date to be confirmed				Rachel Gravett, Shirley McGillick, Sharon Muldoon	Fully exempt

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Our Place and Environment - Strategic Transport Scheme Prioritisation	To present the outputs of public engagement on Strategic Transport Schemes and to seek recommendation from Cabinet to Council relating to the progression of the schemes in consideration of the consultation outputs. Noting: this is likely to include some selected schemes being promoted as a priority at the Western Gateway Sub-National Transport Body.	Yes	Cabinet Date to be confirmed	All Wards				Open
Affordable Fairer Broadband for all (Award Contract)	In July 2022 Cabinet approved 'Accelerating Gigabit Fibre' and asked the team to return to Cabinet to award the contract. The purpose of this report is contract award.	No	Cabinet Date to be confirmed	All Wards			Ruth Spencer	Open

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Bournemouth Development Company LLP Business Plan	To seek approval for the Bournemouth Development Company Business Plan, extend some contractual "Option Execution Dates" in relation to specific sites and provide an update in relation to the independent Local Partnerships Review.	No	Cabinet Date to be confirmed	Bournemouth Central			Sarah Longthorpe	Open
Children's Services Early Help Offer	Summary of findings and recommendations from an ongoing review of our current Early Help services	No	Cabinet Date to be confirmed	All Wards			Zafer Yilkan	Open

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Adult Social Care Business Case	Adult Social Care services locally and nationally have faced significant challenges in recent years, and as a result the Council is holding significant risk in relation to the ability of the Council to deliver its statutory responsibilities to adults that require support within the available budget. The nature of these challenges means that long term, sustainable change is needed to ensure that BCP Council Adult Social Care services (ASCS) are modern, fit for the future and affordable. This business case sets out a proposal for initial investment in Adult Social Care transformation that will lead to improved outcomes for adults that draw on support in BCP and support the Council to deliver this within the available financial envelope.	Yes	Cabinet Date to be confirmed	All Wards			Chris McKensie	Open

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Hurn Neighbourhood Plan	To report the findings of a formal public examination by independent examiner and to consider whether any proposed modification to any draft Neighbourhood Plan should be accepted.	No	Cabinet Date to be confirmed	Commons				Open