



## People and Health Overview Committee

**Date:** Thursday, 8 September 2022  
**Time:** 10.00 am  
**Venue:** Council Chamber, County Hall, Dorchester, DT1 1XJ

**Members (Quorum: 3)**

Mike Parkes (Chairman), Pauline Batstone (Vice-Chairman), Tony Alford, Pete Barrow, Jean Dunseith, Beryl Ezzard, Ryan Holloway, Stella Jones, Rebecca Knox and Cathy Lugg

**Chief Executive:** Matt Prosser, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic Services Meeting Contact 01305 224185 - [george.dare@dorsetcouncil.gov.uk](mailto:george.dare@dorsetcouncil.gov.uk)

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda.

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### Agenda

Item		Pages
1.	<b>APOLOGIES</b>	
	To receive any apologies for absence.	
2.	<b>DECLARATIONS OF INTEREST</b>	
	To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.	
	If required, further advice should be sought from the Monitoring Officer in advance of the meeting.	
3.	<b>MINUTES</b>	5 - 12
	To confirm and sign the minutes of the meeting held on 28 June 2022.	

#### **4. PUBLIC PARTICIPATION**

Representatives of town or parish councils and members of the public who live, work or represent an organisation within the Dorset Council area are welcome to submit up to two questions or two statements for each meeting. Alternatively, you could submit one question and one statement for each meeting.

All submissions must be emailed in full to [george.dare@dorsetcouncil.gov.uk](mailto:george.dare@dorsetcouncil.gov.uk) by 8.30am on Monday, 5 September.

When submitting your question(s) and/or statement(s) please note that:

- no more than three minutes will be allowed for any one question or statement to be asked/read
- a question may include a short pre-amble to set the context and this will be included within the three minute period
- please note that sub divided questions count towards your total of two
- when submitting a question please indicate who the question is for (e.g. the name of the committee or Portfolio Holder)
- Include your name, address and contact details. Only your name will be published but we may need your other details to contact you about your question or statement in advance of the meeting.
- questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda
- all questions, statements and responses will be published in full within the minutes of the meeting.

[Dorset Council Constitution](#) Procedure Rule 9

#### **5. COUNCILLOR QUESTIONS**

To receive questions submitted by councillors.

Councillors can submit up to two valid questions at each meeting and sub divided questions count towards this total. Questions and statements received will be published as a supplement to the agenda and all questions, statements and responses will be published in full within the minutes of the meeting.

The submissions must be emailed in full to [george.dare@dorsetcouncil.gov.uk](mailto:george.dare@dorsetcouncil.gov.uk) by 8.30am on Monday, 5 September.

**6. INDEPENDENT REVIEW OF CHILDREN'S SERVICES SOCIAL CARE** 13 - 18

To receive a report by the Corporate Director for Care and Protection.

**7. ADULT SOCIAL CARE MARKET SUSTAINABILITY PLAN** 19 - 90

To receive a report by the Commissioning Consultant.

**8. COMMITTEE'S FORWARD PLAN AND CABINET'S FORWARD PLAN** 91 - 104

To consider the Committee's Forward Plan and that of the Cabinet.

**9. URGENT ITEMS**

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4)b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

**10. EXEMPT BUSINESS**

To move the exclusion of the press and public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph 3 of schedule 12A to the Local Government Act 1972 (as amended).

The public and the press will be asked to leave the meeting whilst the item of business is considered.

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## PEOPLE AND HEALTH OVERVIEW COMMITTEE

### MINUTES OF MEETING HELD ON TUESDAY 28 JUNE 2022

**Present:** Cllrs Mike Parkes (Chairman), Pauline Batstone (Vice-Chairman), Tony Alford, Beryl Ezzard, Ryan Holloway and Cathy Lugg

**Apologies:** Cllrs Jean Dunseith and Stella Jones

**Also present:** Cllr Laura Beddow, Cllr Byron Quayle, and Cllr Rebecca Knox (In attendance virtually)

**Officers present (for all or part of the meeting):**

Jonathan Price (Interim Corporate Director for Commissioning), Deborah Smart (Corporate Director – Transformation, Innovation and Digital), Ed Denham (School Admissions Manager), Sam Crowe (Director of Public Health), Steve Veevers (Corporate Director Operations, Adult Care), Vik Verma (Interim Director of Education and Learning), Chris Gillie (Change Consultant), Mark Tyson (Commissioning Consultant), George Dare (Senior Democratic Services Officer) and John Miles (Democratic Services Officer Apprentice)

1. **Apologies**

Apologies for absence were received from Councillors Jean Dunseith and Stella Jones.

2. **Declarations of Interest**

Cllr Alford said that he had previously commented on the Dorset Council Plan Refresh at the Place and Resources Scrutiny Committee and therefore would not discuss the item at this meeting. The Chairman advised that he was able to take part in the item.

Cllr Holloway declared that he had a pecuniary interest in Dorset Innovation Park and therefore would not participate or vote in the item on the Dorset Council Plan Refresh 2022-24.

3. **Minutes**

Proposed by Cllr Batstone, seconded by Cllr Parkes.

**Decision:**

That the minutes of the meetings held on 3 May and 11 May be confirmed and signed.

#### 4. **Public Participation**

There was no public participation.

#### 5. **Councillor Questions**

There were no questions from councillors.

#### 6. **Urgent Items**

There were no urgent items.

#### 7. **Home to School and Post 16 Transport Policies**

The School Place Sufficiency Manager introduced the home to school and post 16 transport policies. The policies are renewed each year and they provide they set out transport support for children in mainstream schools. After consultation, the policies were fundamentally unchanged. The cost of a surplus seat was increased to £825 and families with free school meals would have a 50% discount.

The committee discussed the policies, and the following points were raised:

- The policies should be straight forward, but they are not east to understand.
- Policies should be written in plain English.
- The £25 cost rise for surplus seats was in line with the RPI at the time of consultation.

Proposed by Cllr Alford, seconded by Cllr Batstone.

**Decision:** That the committee recommends to Cabinet that the Home to School and Post 16 Transport Policies are rewritten in plain English.

Officers suggested creating a 'parent friendly' version of the policies. Members felt that a parent friendly version should be A4 size but does not solve the problem of the policies not being in plain English.

Proposed by Cllr Batstone, seconded by Lugg.

**Decision:** That the committee recommends to Cabinet that:

1. The Home to School Transport Assistance Eligibility Polity for Children and Young People attending School 2022-2023 be approved and adopted, which includes a rise in the surplus seat price from £800 to £825.

2. The Dorset Post 16 Transport Support Policy for 2022-2023 which includes a rise in the surplus seat price from £800 to £825 be approved and adopted.
3. A schedule of increase of the Surplus Seat Cost in line with the prevailing Retail Price Index is implemented each year without the need to reconsult.
4. The Home to School Transport Assistance Eligibility Policy for Children and Young People attending School and Post 16 Transport Support Policy are re-consulted on only either when there is a significant change to the eligibility criteria; or where there are changes to the statutory guidance that would require significant change to either policy; or in October 2026 for the 2027-2028 policy – whichever is the earliest.

## 8. **Council Plan Refresh 2022-24**

The Corporate Director for Transformation, Innovation and Digital introduced the Council Plan Refresh 2022-24. The draft council plan was recently reviewed by the Place and Resources Overview Committee and the Corporate Leadership Team have been working to update it since that meeting.

The Portfolio Holder for Culture, Communities and Customer Services felt that there was a good economic case to prioritise culture in the council plan.

The Portfolio Holder for Adult Social Care & Health said that adult social care linked to 9 of the 10 priorities set out in the council plan refresh.

Members of the committee made the following comments:

- Working with the Integrated Care Systems should lead to ‘better outcomes’ rather than ‘better deals.’
- When writing about partner organisations in the plan, the language should not be confrontational.
- The word ‘residents’ should be included.
- The cross-cutting diagram rather than the circle diagram was better as it emphasised how the council works with communities.

## 9. **Adult Social Care White Paper Reforms**

The Corporate Director for Adult Social Care and Corporate Director for Commissioning introduced the adult social care white paper reforms and gave a presentation to the committee, which is attached to these minutes.

The reforms were extensive and included a new assurance and support framework, funding reforms, and market reform. The white paper sets a 10-year vision to transform support and care based on 3 objectives.

Committee members asked questions related to the adult social care reform. The following points were raised:

- The requirements were being fed into the Local Plan by the Corporate Director for Housing.
- Houses should be built with technology in. The TEC lounge showed some of what could be put in a new home.
- Building accommodation for staff which reduces travel.
- The committee would like input on policy that relates to Planning.
- Adult social care services were preparing for an inspection by the CQC.
- Waiting for detail about what the inspection would include. There was an expectation the inspection would not be in isolation and there would be key lines of enquiry to understand problem points.
- The care account was a very significant change to how the council was currently working.
- A briefing to this committee on the cost of care cap and the requirements would be appropriate.
- It was not clear if the council would receive additional funding for this work.
- Dorset has an ageing population so it would affect Dorset more than other Local Authorities.
- There would be a communications plan for the funding reforms which would include health and care staff, customer services, and libraries. It would communicate what residents should or should not expect.
- Wider support networks could help people find information, such as at doctors' surgeries or libraries.
- Any data used would need to be precise and supportable.
- Colleagues in the Place Directorate should attend future meetings where adult social care reform is being discussed.

**Decision:**

1. That the proposed reforms to adult social care and health systems, and their implications for Dorset, be noted.
2. That the proposed approach to addressing those implications be endorsed.

**ADJOURNMENT**

At 11.35am there was an adjournment and the committee reconvened at 11.55am.

As the meeting was likely to extending beyond 3 hours, it was proposed by Cllr Parkes and seconded by Cllr Batstone that the meeting be extended to 13.30pm.

**Decision:** That the meeting be extended beyond 3 hours until 13.30pm.



## 10. **Developing a Strategy for the Dorset Integrated Care Partnership**

The Director of Public Health introduced the item to the committee. A new health system known as the Integrated Care System (ICS) replaced the Clinical Commissioning Group on 1 July. The Integrated Care Partnership (ICP) would be part of the system. A presentation, which is attached to these minutes, was given to the committee to outline the ICP Strategy development.

Members discussed the strategy development, and the following points were raised:

- Success would be getting greater alignment with health organisations and reducing health variations in communities.
- The strategy would need to be clear and unambiguous as it would be influential to other organisations.
- Populations are important and services are taken up differently by groups of populations.
- The system would bring a new way of working between organisations which would lead to organisations effectively working in partnerships.

There was upcoming national guidance on health overview and scrutiny which would help shape the role of overview and scrutiny in the ICS.

The committee was supportive of the work being done to develop the ICP strategy.

## 11. **Developing Commissioning Strategies for Adult Social Care**

The Corporate Director for Commissioning provided a summary of the content in the 4 documents related to these commissioning strategies. There was a presentation given to the committee which is attached to these minutes.

Members asked initial questions about the commissioning strategies. It was confirmed that the co-production process would engage with a cross-section of people, including engagement at town and parish council level. In a response to a question on respite for carers, the committee was informed that there were dedicated carers case officers and there were carer assessments.

### **Overarching Commissioning Strategy**

The Corporate Director for Commissioning and the Commissioning Consultant explained the like to national policy and adult social care reform. The overarching strategy would include a glossary of adult social care terms.

There were no questions from members on the overarching commissioning strategy.

### **Older People with Support Needs**

The strategy and outcomes for older people were outlined. There would be a move from day services to day opportunities. The strategy focussed on care

and support at home, accommodation with care, and residential and nursing care.

A member asked a question on underutilised care homes and planning for the future. The Corporate Director for Commissioning said that capacity could be changed to areas where there were shortfalls, and it would be data led.

### **Working-Age People with Support Needs**

The strategy and its outcomes were outlined. the strategy included the birth to settled adulthood programme, day opportunities, and accommodation with care. There were a series of service reviews which would add further content to the strategy. It also included shaping provision which addressed some issues and ambitions to meet needs.

Members made the following comments:

- The strategy was complex and diverse. It feels like there was too much in one strategy.
- The voice of a person with a learning disability should be captured, rather than their parent.
- The Shared Lives Panel was a marvellous thing to do in Dorset.

### **Carers Strategy**

The strategy outcomes for carers were outlined. The strategy needed to have definitions and terminology of carers. The strategy included the vision for carers, services for carers, and improvement priorities.

A member asked how carers would be involved with the co-production process. The Commissioning Consultant said that a small number of carers were already involved which was insightful. There would be further co-production with carers during the summer.

## **12. Committee's Forward Plan and Cabinet's Forward Plan**

The Chairman expected more items to be added to the forward plan which would follow on from the items discussed at this meeting.

## **13. Exempt Business**

There was no exempt business.

**Duration of meeting:** 9.30 am - 1.28 pm

**Chairman**

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## People and Health Overview Committee

8 September 2022

## Independent Review of Children's Services Social Care

### For Review and Consultation

**Portfolio Holder:** Cllr A Parry, Children, Education, Skills and Early Help

**Local Councillor(s):** All

**Executive Director:** T Leavy, Executive Director of People - Children

**Report Author:** Paul Dempsey  
**Title:** Corporate Director - Care and Protection  
**Tel:** 01305 224513  
**Email:** [paul.dempsey@dorsetcouncil.gov.uk](mailto:paul.dempsey@dorsetcouncil.gov.uk)

**Report Status:** Public

#### **Brief Summary:**

The Independent Review of Children's Social Care, commissioned by the Government, and chaired by Josh McAllister, published its final report in May 2022. The report calls for a radical reset of the system supporting children and families. It makes 46 recommendations and calls for new Government investment of £2.6 billion over the next four years to fund the reforms.

#### **Recommendation:**

It is recommended that members note the contents of the report. Further updates will be provided once the Government has produced an implementation plan.

#### **Reason for Recommendation:**

This is an information report. There are no proposals put forward for consideration and therefore no recommendations at this stage other than to note the report contents.

## 1. Report

- 1.1 The Review was described as a “once-in-a-generation opportunity” to set out a bold and broad plan to improve outcomes for children and families. The big question it sought to answer was: How do we ensure children grow up in loving, stable and safe families and, where that is not possible, that care provides the same foundations?
- 1.2 The review found the current system to be increasingly skewed towards crisis intervention, with outcomes for children unacceptably poor, and costs continuing to rise. It reports that without a ‘radical reset’ of the whole system, outcomes will remain poor, and in a decade’s time the children in care population will have increased from 80,000 to 100,000, and costs will increase to £15billion from £10billion now. It argues that implementing the review recommendations will result in 30,000 more children living safely and thriving with their families by 2032 than the current trajectory suggests.
- 1.3 The review recommendations are set out under seven headings. The following is a brief summary of the proposals.
- 1.4 **A revolution in family help** – The review argues that families need more responsive, respectful, and effective support. It aims to reduce handovers between services by merging targeted early help and statutory child in need services to create one ‘family help’ service. These will be community based, multi-disciplinary teams, inclusive of domestic abuse and mental health practitioners. The review suggests that an extra £2billion will be needed over the next five years to develop family help services.
- 1.5 **A just and protective child protection system** – the review states that child protection services ‘must do better’. It recommends the creation of ‘Expert Child Protection Practitioners’, to ensure that child protection work is overseen by professionals with the right experience and expertise. These practitioners will have been through a five-year ‘Early Career Framework’ and will work alongside practitioners from family help teams. For harms outside of the home, such as child exploitation, the review recommends the creation of bespoke ‘Child Community Safety Plans’.
- 1.6 **Unlocking the potential of family networks** – the review calls for far greater recognition and support for wider family networks. It says more should be done to involve wider family members before a child comes into care and that this should be facilitated by a formal family group decision making process that leads to a family network plan. It recommends improved financial and

practical support for kinship carers, in line with foster carers' financial allowances.

- 1.7 **Transforming care** – the review argues that providing care should be about promoting loving and lasting relationships, not about profit making. It wants local authorities to take back control of the care placement market through the mandatory establishment of 'Regional Care Co-operatives', which would run all public sector fostering, residential and secure care in a region, and commission all private sector provision. It recommends the Government invests in a national recruitment campaign to recruit 9,000 foster carers, support the widespread development of the Mockingbird model of fostering, and apply a windfall tax on the largest private sector care providers to contribute to investment in this area.
- 1.8 **The care experience** – this section of the report sets out five ambitions for care leavers. It says the system should secure for care leavers; loving relationships, quality education, a decent home, fulfilling work, and good health. It wants the UK to be the first country in the world to recognise care experience as a protected characteristic and recommends that the concept of 'Corporate Parenting' should be widened and changed to 'Community Parenting'.
- 1.9 **Realising the potential of the workforce** – the review wants to create a new offer for social workers, including creating a five year 'Early Career Framework', linked to national pay scales, removing administrative tasks, and improving case management systems to allow social workers to spend more time with children and families. It says all social workers, including social work leaders and academics, should spend at least 100 hours undertaking frontline social work each year. It wants to see agency social worker use dramatically reduced through the introduction of national restrictions. The review also recommends replacing the roles of Independent Reviewing Officers, who review children in care cases, and Regulation 44 visitors, who quality assure children's homes, with a new national system of children's advocacy run by the Children's Commissioner.
- 1.10 **A system that is relentlessly focused on children and families** – the review reports that there is a lack of national direction about the role of children's social care. It recommends the setting up of a National Children's Social Care Framework, to set direction, purpose, objectives and outcome measures. It says strategic multi-agency safeguarding arrangements need clarifying and sets out that 'Directors of Children's Services should be the primary interface between strategic and operational leaders to facilitate

effective multi-agency working'. It wants education added as a fourth strategic partner in Children's Safeguarding Partnerships, Ofsted inspections more to be more focussed on what matters most to children and families, and Government to intervene with local authorities who have consecutive inspection gradings of 'Requires Improvement', not just 'Inadequate', as now.

## **2 Implementation**

- 2.1 The review recommends that a Reform Board be established to drive the implementation of the recommendations over the next five years and that the Government invests £2.6 billion of new spending over the next four years.
- 2.2 The Government has committed to respond to the review recommendations with an implementation plan by the end of 2022.

## **3 The Local Government Association Response**

3.1 The Local Government Association (LGA) has welcomed the report, with some qualifications, some of which are detailed here:

- It does not support the establishment of Regional Care Commissions and believes that local decision making and relationships with providers are vital
- It wants to discuss the replacement of Independent Reviewing Officers and Regulation 44 visitors with its members, children's rights groups and others in the sector before coming to a judgement
- The NHS must commit to improving capacity to support children in care and care leavers with their mental health
- Creation of national pay scales for social workers will be very complex and time consuming
- It does not agree that Government intervention for local authorities consecutively graded Requires Improvement is either helpful or necessary

## **4. Current Provision in Dorset**

4.1 There are a number of recommendations in the review that align with existing Dorset practice, including, for example:

- We have a locality model of provision that is multi-disciplinary



- We are introducing mental health and domestic abuse practitioners in the Safeguarding Families Together initiative we are rolling out in Chesil
- We have a contracted Family Group Conference service
- We are rolling out the Mockingbird model in our Fostering Service

## **5 Financial Implications**

5.1 Significant central Government funding will be required to enable all local authorities, including Dorset, to implement the recommendations.

## **6 Climate Implications**

6.1 There are no specific climate implications

## **7 Well-being and Health Implications**

7.1 All the recommendations in the review report are aimed at improving the overall wellbeing and health of children and young people.

## **8 Other Implications**

8.1 Implementing the recommendations will mean a significant period of disruption and transition. Some of the recommendations will have a significant impact on our workforce, such as the Early Career Framework and the proposals to replace local authority commissioning services with Regional Care Co-operatives and Independent Reviewing Officers with a national advocacy service.

## **9. Risk Assessment**

- a. **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: n/a no decision required as yet

Residual Risk: n/a no decision required as yet

## **8. Equalities Impact Assessment**

We will need to wait for the Government's implementation plan before developing and assessing our local implementation.

## **9. Appendices**

None

**10. Background Papers**

[Independent Review of Children's Social Care Final Report](#)

## People & Health Overview Committee

8 September 2022

### Adult Social Care Market Sustainability Plan 2022-2025

#### For Recommendation to Cabinet

**Portfolio Holder:** Cllr P Wharf, Adult Social Care and Health

**Local Councillor(s):** All

**Executive Director:** V Broadhurst, Executive Director of People - Adults

**Report Author:** Mark Tyson  
**Title:** Commissioning Consultant  
**Tel:** 01305 224825  
**Email:** mark.tyson@dorsetcouncil.gov.uk

**Report Status:** Public

**Recommendation:**

- (1) To review and comment on the outline of the Market Sustainability Plan for submission to the Department for Health & Social Care;
- (2) To recommend the plan to Cabinet for its approval in order to submit the draft to the Department for Health & Social Care by the deadline of 14 October 2022, subject to any comments and amendments recommended under (1);
- (3) To note the intention to return to Overview with the finalised plan as part of the second-stage submission process to the Department for Health & Social Care in February 2023.

**Reason for Recommendation:**

As set out in section 5 of the Care Act 2014, local authorities have a duty to promote the efficient and effective operation of a market in services for meeting care and

support needs, with a view to ensuring services are diverse, sustainable and high quality for the local population, including those who pay for their own care.

The Government's reform of adult social care, as set out in the White Paper, *People at the Heart of Care*, includes a new approach to the sustainability of local care markets. This is absolutely central to the overall reform programme for adult social care. It requires the Council to submit a Market Sustainability Plan, which details how it will work with the local providers to set a 'fair' price for care and maintain that level of fees into the future. The plan covers older people's residential care, and all-age domiciliary care. In return, the Government has committed an amount of funding (yet to be allocated) to support local authorities to increase the fees paid for care.

Having commissioned specialist consultancy support, commissioners have developed the plan attached based on their findings on Fair Cost of Care, for submission by the deadline of 14 October 2022. There is further opportunity to revise the plan, to include a firmer commitment on financials (including, critically, Dorset's allocation of the national funding for market sustainability), for resubmission by the final deadline in February 2023. The plan sets out the challenges in the local care market in Dorset, proposes an approach to incrementally raising rates to the level of the 'fair cost of care' by the end of the Plan period and sets out a wider action plan for improving the stability and sustainability of the care market.

## 1. Introduction

- 1.1 In December 2021, the Government published a White Paper, People at the Heart of Care, that outlined a 10-year vision to put personalised care and support at the heart of adult social care. This built upon previous policy and legislation, including the Care Act 2014. In particular, the White Paper and its subsequent regulations takes the existing duty on local authorities to promote market sustainability contained in Section 5 of the Care Act and builds a stronger framework for ensuring that local authority purchasing practices are supportive of an effective, sustainable and sufficient local market in social care.
- 1.2 This is part of the wider reform agenda in adult social care, which includes changes to the ways in which people pay for their care. Separate funding streams support delivery of these related interventions, but the impact of them cannot be separated from the work on the 'fair cost' of care and market sustainability. Members will recall receiving a presentation on the Council's wider approach to implementing the reform agenda at the Overview Committee meeting on 28 June (<https://moderngov.dorsetcouncil.gov.uk/ieListDocuments.aspx?CId=652&MIId=5303&Ver=4>, item 9 refers).
- 1.3 There are 3 fundamental factors that the government wants to achieve with this part of the reforms:
- That the practice of local authorities and self-funders paying different prices for the same care (effectively cross-subsidy) ends;
  - That self-funders (those without local authority contributions to their care costs) can access care at the prices local authorities pay; and
  - That local authorities pay providers a 'fair' rate for care - i.e. what care costs.

### **Market Sustainability and Fair Cost of Care Fund**

- 1.4 A national fund of £1.36bn has been allocated to support changes to the fee levels paid by local authorities, and the associated reform of commissioning systems that will be required. This is provisionally allocated at £162m for 2022/23, and £600m for each of 2023/24 and 2024/25. The Council is required to do three things to access the fund:
- Undertake 'cost of care' exercises for 65+ care homes and 18+ domiciliary care;
  - Develop a market sustainability plan, using the cost of care exercises as a key input to identify risks in the local market, with a final plan to be submitted in February 2023; and
  - Submit a spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the fund's purpose.
- 1.5 These documents are in final development. This report presents an overview of the proposed way forward and seeks Overview Committee input and

guidance on the Market Sustainability Plan as currently drafted. Approval of the Plan is scheduled for Cabinet on 4th October 2022. This allows the first submission of a draft plan, to be made to the Department for Health & Social Care by the required deadline of 14th October.

- 1.6 A second submission is then required in February 2023, which will incorporate full financial implications based on the local government finance settlement and the allocation of the Market Sustainability & Fair Cost of Care Fund for 2023/24 and 2024/25.
- 1.7 Although our draft plan sets out commitments on how quickly the Council intends move to paying the full assessed 'Fair Cost of Care', it is heavily dependent on the grant allocation to ensure that this is affordable.

## **2. Structure of the report**

2.1 The attached slide deck sets out the issues which will be presented in the final narrative plan which must be submitted. This conforms to a set menu of information contained within [Annex C of the Department of Health and Social Care guidance](#). It includes:

- An overview of the market sustainability planning process;
- An overview of the 'Fair Cost of Care' exercises that have been undertaken;
- An assessment of the issues in each of the markets that the plan must address: 18+ homecare and 65+ residential care;
- An overview of the impact of the social care charging reforms;
- The proposed approach to both of the markets around addressing sustainability;
- The results of the 'Fair Cost of Care' exercises and the approach that has been taken to setting 2022/23 fee rates, and how this relates to the longer-term trajectory towards the Council paying what is assessed as the 'Fair Cost of Care' by 2025.

2.2 Also included as appendices are executive summaries of the two reports that have been presented by the consultancies involved in the 'Fair Cost of Care' exercises. It is a requirement to publish the full reports in due course.

## **3. Conclusion**

3.1 The Market Sustainability Plan, and the processes set out by the Government, are an important step towards moving the care market to a more sustainable position and to lower the price differential between that paid by private fee payers and that paid by local authorities for social care services. It has significant financial implications for local government. It will not address all the issues related to the provision of social care services, either locally or nationally. However, it is important that this plan receives due scrutiny and has a robust financial analysis included.

## **4. Financial Implications**

- 4.1 Dorset Council has been allocated £1.2m from the national fund for 2022/23. Local non-recurrent funding of £3m has also been made available by NHS partners to assist the implementation of the Fair Cost of Care exercise. This has allowed for the full implementation in the 18+ domiciliary market and a good start to meeting the 2025 deadline for the achievement of fair costs of care in the 65+ residential market.
- 4.2 When taking inflation into account from the Fair Cost of Care exercise the financial impact in 2023/24 is between £12.6m and £14.3m depending how approach to the 65+ residential market. This figure includes the £4.2m from 2022/23.

## **5. Well-being and Health Implications**

- 5.1 The provision of sustainable, stable social care services are of critical importance for the wellbeing of those who rely on them. Further, the Integrated Care System is absolutely dependent on access to social care and on its sustainable provision in order to support the effective operation of the out-of-hospital flow systems. It is in recognition of this that the NHS has contributed £3m in 2022/23 towards improving market sustainability, and this one-off allocation has allowed for the acceleration of the move towards 'fair cost of care' in homecare in particular.

## **6. Climate implications**

- 6.1 Part of the sustainability plan relies on the improved 'zoning' of homecare contracting, as set out in the Council's emerging commissioning strategies, and this should improve the transport planning of care workers and reduce the mileages covered across agencies' overall care package portfolios.

## **7. Other Implications**

### **Property and Assets**

- 7.1 There are no direct property or asset implications for the Council.

### **Voluntary organisations**

- 7.2 There is a significant overlap between providers of social care services and the voluntary, community and social enterprise sector. The measures in this report seek to improve the sustainability across the whole market, and will provide benefit to the VCSE organisations that provide relevant regulated social care services. Additionally, the sustainability plans build on the intentions set out in our emerging commissioning strategies, to build greater interface and partnership between formal social care and informal community-based support, chiefly provided by VCSE organisations.

## **Safeguarding Adults**

- 7.3 Sustainable services are likely to be safer services. The measures in this report are the first steps to addressing many of the challenges that have the potential to compromise the delivery of safe services. They will change the relationship between the Council and the provider markets, which is a key plank of the emerging commissioning strategies, and on which an improved dialogue about safeguarding practice and safety of services can be built.

## **Risk Assessment**

- 7.4 The most significant risks relate to the financial impact of the commitments in this report, and the impact of not receiving sufficient market sustainability and fair cost of care grant to cover them. However, in that case the straightforward mitigation would be not to proceed with the proposals. However, that carries further risks around further damage to the relationship with the market, and further deterioration in the delivery of care and support.
- 7.5 With the introduction of the right to request that the council arranges a package of residential care on behalf of a self-funder (covered under reforms to Section 18(3) of the Care Act), there is a further risk that not having the funding to move to the Fair Cost of Care would remove significant self-funder financial flows from the provider market (as they move to council-funded rates) without raising the funding from the state to compensate. In this instance, providers would have to raise rates to ensure their viability, and the Council would be forced to bear the costs, whether or not there was any formal 'uplift' in base rate fees or the money to fund them.

## **8. Equalities Impact Assessment**

### **8.1 Age**

The market sustainability planning process is heavily skewed towards services for older people. As such a significant proportion of the population of Dorset, this has a notable impact on many Dorset residents. However, although not covered in this report, Dorset Council has sought to ensure that a robust approach to setting 'Fair Cost of Care' has been taken across all care types for all ages.

### **8.2 Disability**

Whether due to emerging frailty or lifelong (or acquired) disability, the proposals will stabilise the provision of homecare services for all ages. Further, they will improve the stability of provision of residential care for older, frail people and those with dementia.

## **9. Appendices**

- 9.1 Three appendices are included:



1. Slide deck detailing the contents of the proposed Market Sustainability Plan;
2. Executive Summary of the Fair Cost of Care exercise for 18+ domiciliary care;
3. Executive Summary of the Fair Cost of Care exercise for 65+ residential care.

## **10. Background Papers**

- 10.1 National Government guidance on the Market Sustainability & Fair Cost of Care process: <https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance>

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Dorset  
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# Dorset Council Adult Social Care Market Sustainability Plan

Plan summary for Overview Committee, 8 September 2022

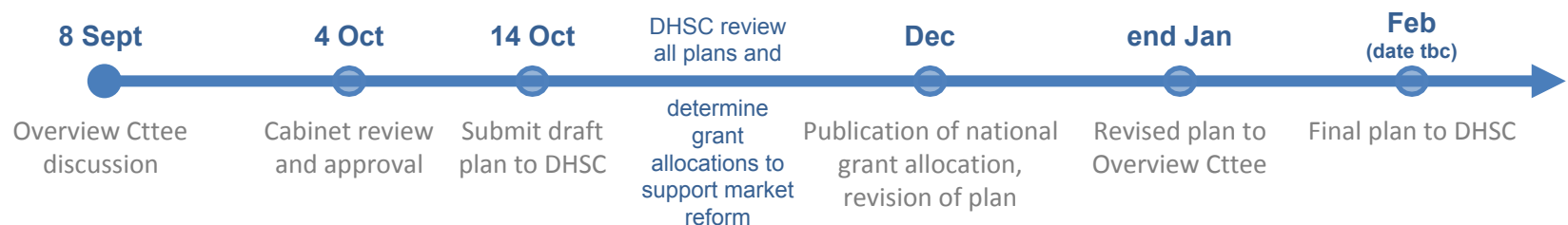
Jonathan Price

Corporate Director of Commissioning

# About the Plan

- A government requirement to access the national fund for market sustainability and fair cost of care
  - £162m (£1.2m to Dorset) was allocated in 2022/23 – we must account for spend against that
  - £600m for each of 2023/24 and 2024/25 – individual allocations not yet confirmed, and will be informed by all councils' submitted plans
- Must deal with issues in the markets for 18+ domiciliary (home) care, and 65+ residential/nursing care
- Plan template is a short narrative document, covering issues in the market, the impact of the reforms, and the actions that are proposed to improve market sustainability
- First draft must be submitted by 14 October 2022.
  - Scheduled for Cabinet approval on 4 October 2022
- Final draft will follow the Local Government Finance Settlement, and confirmation of allocation of the national grant monies, and should be a costed version detailing how money will be spent
  - For submission in February 2023

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# The national reform agenda in adult social care

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- 10-year vision to transform support and care in England based on 3 objectives:
  - People have choice, control, and support to live independent lives.
  - People can access outstanding quality and tailored care and support.
  - People find adult social care fair and accessible.
- Ambitions extensive, but can be summarised as:
  - **Innovation and workforce**  
Innovations and investment in models of care, support for the care workforce and for carers.
  - **A new assurance regime for local authorities**  
A new assurance and inspection framework for the Adult Social Care delivered by Local Authorities and Integrated Care Systems
  - **Funding reforms**  
For individuals, including the proposed cap on the overall cost of care, and the ability to ask local authorities to arrange residential care under Council's own contracts
  - **Market reform**  
A move to local authorities paying the 'fair cost of care' and reducing the financial burden that falls on self-funders

*Market reform is critical to supporting the workforce and forming the relationships upon which we can build innovation. Without market reform, the funding reforms cannot work properly because the new expectations of self-funders will be very disruptive to the current operation of the market.*

# The Fair Cost of Care

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- Critical to ensuring a sustainable market is also to ensure that the prices being paid for care allow the operators of those businesses to reward staff appropriately, and to make a reasonable return on the business operations after costs are taken into account.
- All councils must undertake exercises to understand the 'fair' cost of care for their local markets
  - Dorset had already initiated such exercises
  - We have subsequently confirmed that they are compliant with the spirit of the national guidance
- Nationally, it is structural feature of the operation of the care market, particularly the older people care market, that local authorities' bulk buying power, and greater experience as commissioner, commands lower rates than for the individual self-funder.
  - The higher rates paid by self-funders has for many years been required to balance the difference and allow providers to make a reasonable return.
  - It is this cross-subsidy that the Government now wishes to remove, and the reason for providing funding for local government to pay the 'fair cost' of care that it commissions, so that it is no longer necessary for self-funders to pay a higher rate.

# The Impact of Social Care Reforms

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- Self-funders can ask us to arrange their residential care using our own contracting
  - Around 1,850+ people in residential care are self-funders
  - They will have access to our rates, hence the importance of the ‘fair cost of care’
  - We will need to assess them and determine their level of need and the right options for them
- Introduction of the cap on care costs means transparency about costs is critical
  - The full cost of residential care does not count towards the cap – ‘hotel’ costs are excluded
  - Metering towards the cap is based on the local authority assessed rate, which may be less than the actual price paid if care at that rate could be sourced in the market. Again, makes a robust assessment of ‘fair costs’ absolutely essential.
- New expectations means a greater emphasis on having the right capacity in place to support the system
  - Assessment capacity
  - Information, advice and guidance
  - Commissioning and contracting
  - Business analysis and data management

Cheshire East Council are a ‘trailblazer’ site, with a very similar population accessing social care to Dorset. They have 6,000 people known to services... their estimates were of an additional 4,200 self-funders who may come forward for assessment for both community-based and residential services. This work is currently underway for Dorset using some of these tools and techniques.



# Commissioning for a Better Life: links to our new strategies

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- Our new strategies already start to address these issues. The plans contained in this presentation build on and continue work already in train to improve the commissioning picture for homecare and residential/nursing care.

## Overarching strategy

- Commercial capacity; data and analysis; personalisation; information and advice; prevention; digital programmes for improving access to care

## Older People

- Market interventions around residential care; definitions of different levels of care complexity; provision of new, higher complexity care; homecare market stabilisation including zoning, trusted practitioner, reablement models

## Working-Age Adults

- Service reviews on levels and complexities of care, including homecare and supported living; advocacy support

## Carers

- Support for carers around information and advice, and on decision-making with loved ones; provision of more respite options and other temporary care arrangements

# Domicilliary Care, 18+

The market, its challenges, and our suggested responses

# The homecare market: an overview

**12,400** to support **1,150**

Hours of homecare are commissioned per week

Older people

*Older people's homecare is the dominant sub-set of the overall homecare market, compared to 18-64*

**5,000** equivalent to **80**

Care hours sought in Winter 2021, for people of all ages

Full time workers

**74** ...and which meant

Contract 'handbacks' Jun – Nov 2021 – meaning withdrawing from providing a person's care because staff aren't available

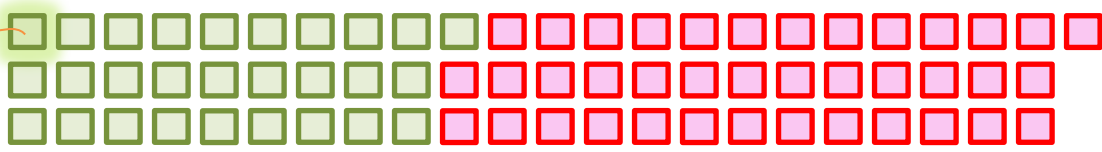
**70**

Patients waiting for discharge from hospital

**225** ...and

People in the community waiting for care

70 homecare agencies providing to older people



28 on the Dorset Care Framework

42 spot contract, generally with higher rates

...with 75% of our business



...but with much less of our business

Page 35  
Only 1 provider has >75% of its business with the council, majority have less than half

A survey from the Association of Directors of Adult Social Services published in early August found that, as of 30 April 2022, more than 540,000 people were waiting for assessments, care, Direct Payments, or adult social care reviews, an increase of 37 per cent in just six months. These are common national issues in adult social care provision.



# The challenges in the homecare market in Dorset

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- Workforce

- The principal challenge concerns workforce stability and capacity.
- Currently stability is deteriorating, due to a range of factors including the pandemic, burnout, and overseas workers not returning either due to pandemic-related decisions or immigration status. Workers can also find more attractive terms and conditions in other industry sectors, including tourism and logistics.
- Skills for Care have estimated that in excess of 3,600 further care workers will be needed in Dorset by 2035, whilst the proportion of the population of working age is projected not to grow significantly.
- Turnover in September 2021 was estimated at 33% - roughly equivalent to regional and national averages, but to reduce this would be a major intervention in supporting a more stable market.

- Rurality

- Rurality is a key factor, with long travel times and mileage required, which is being currently exacerbated by the cost of living crisis and the increasing price of fuel.
- These issues are further exacerbated in the summer months when the tourist traffic across the county renders journeys between care appointments even more challenging. There are some significant hotspot areas for these problems.
- During 2021, however, challenges also became more acute for our major towns, with long waits for care also becoming a new norm. Whilst the rural disparity remains, this highlights the building pressure across the whole system.

- Self-funder competition

- Self-funder competition is also a factor in this market, with only one provider having more than 75% of its business with the Council, and most under 50%, with higher rates paid by self-funders adding pressure on the availability of care to meet needs assessed for residents by the Council. For homecare, this is very much secondary to the overall issue of workforce availability.

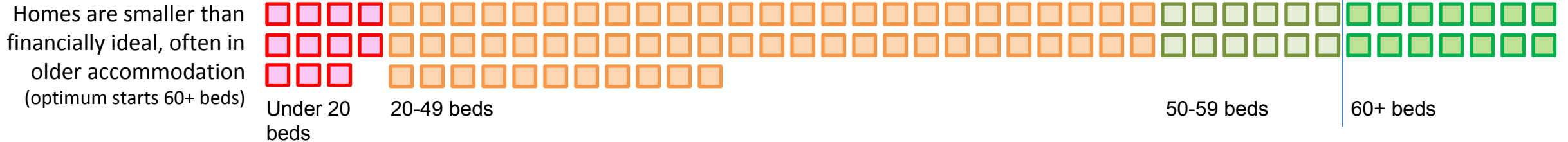
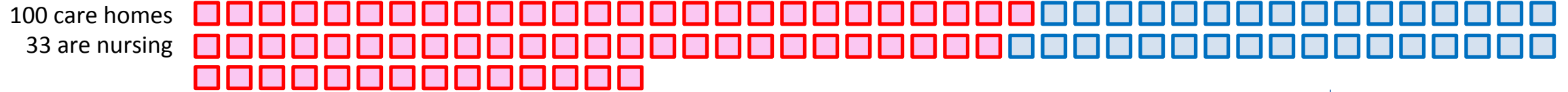
# Responding to the challenges: 18+ domiciliary care

Issue to address	Action/priority
Provider relationships	Collaborate with market leaders on establishing a more active provider association, and jointly agreed plan for the future, aligned to our emerging commissioning strategies
Workforce	Develop joint workforce plan with the provider market, including promotional activity, to address recruitment and retention challenges, and to pave the way for the development of increased specialisms
	Work with providers on round optimisation, under the new 'zoned' approach, to improve retention
	Develop housing plans that support keyworker housing for areas where targeted support is needed to build the local workforce
Fair Cost of Care	Strengthen dialogue on FCoC, leading to early repeat of the FCoC exercise to improve engagement
Reablement	Develop new reablement model with Care Dorset, as a community preventive intervention, supporting ICS strategy and developments
Contracting	Implement Dorset Care Framework 2 as vehicle for reforming operation of homecare and reablement system
	Design new contracts, emphasising recovery and independence and stronger links to VCSE
	Implement e-brokerage system and PAMMS provider quality management system to strengthen efficient brokerage activity, with associated council workforce development plan
	Establish strategic provider relationships on which to base more consolidated and transformational purchasing, and to develop more trusted assessor and trusted practitioner models
Choice, control and independence	Improve information and advice provision, aimed at supporting good decision-making including self-funders and promoting alternatives to contracted homecare (PAs/direct payments, etc.)
	Develop strategy around delivery of extra care and other accommodation with support, and associated market development plan
	Development programme around personal assistants and other microprovider activity
	New extra care housing developments in order to support effective care delivery in people's homes for longer
Using technology	Implement plans to develop and promote technology-enabled care options, to improve efficiency of care delivery, including training providers and expanding trusted assessor schemes
	New technology will allow for some assessment self-service, linked to other stands of the reform programme implementation

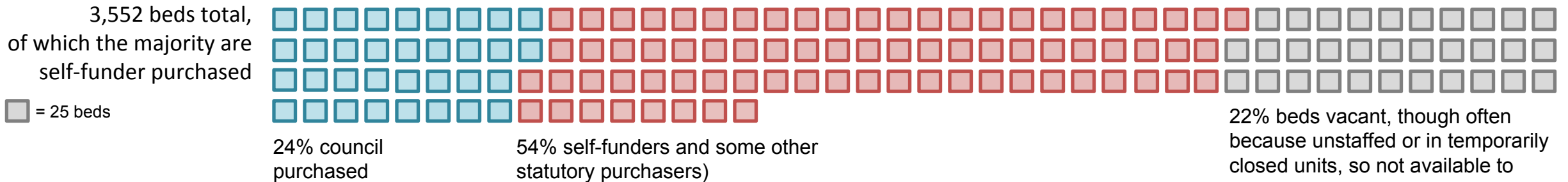
# Residential and Nursing Care, 65+

The market, its challenges, and our suggested responses

# The market: an overview



Page 39



69 different companies operate these 100 homes, with only 5 having more than 100 beds

4 homes closed between Aug 20 and Aug 21

165 beds are sourced out of county which can often be because of resident preference, not just care availability

# The challenges in the market in Dorset

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- **Workforce**
  - Workforce is a key factor, with similar difficulties in recruiting and retaining staff in the face of competition from other market sectors over terms and conditions.
  - Travel is not a key factor of the operation of a care home in the same way, but geographical availability of staff who can easily commute to homes is a pressing factor in some more rural parts of the county. Availability of nursing staff is a further particular issue.
- **Self-funders**
  - Of significant impact is the purchasing behaviours of individual self-funders. Even more so that with home care, private payers are charged, and can pay, higher rates for residential care than the Council pays. This drives a different 'product', with evidence that Dorset care homes provide more care hours for given levels of need than in other benchmarked areas, with necessarily the increased service capability, as well as other discretionary elements to make up a more desirable product for the self-funder.
  - There is evidence that a number of people make an independent decision to go into residential care ahead of when the Council would ordinarily assess this as being the right option for them at that point in their care journey. In 2020/21 the Council spent £2,226,611 on the care fees of 64 individuals who had run out of their own funds.
- **Availability of services to meet greater complexity, and clearer definitions of the types of care**
  - Particular difficulties are routinely reported by brokerage teams around the sourcing of placements for higher levels of need and greater complexity, and this is an area of the market that will need further development.
  - To assist further work with the market on the development of these options, it is critical that clear definitions around the four levels of complexity of care (residential, complex residential, nursing, complex nursing) are adopted.
- **Geographic challenges**
  - There are geographic imbalances in the availability of care, which need to be acknowledged and factored into any future planning about residential care availability. They also need to be reflected in future market position statement development so that independent providers who consider opening new facilities are clear on where need lies in the county. Development of residential services in very rural areas is a challenge, away from population centres that are sources of potential workforce.
  - This will remain a discussion point for families as well when considering locations for residential care placements for loved ones.
- **Council's strategic purchasing and contracting activities**
  - There are a number of aspects of Council purchasing practice that also do not assist the development of a more sustainable market in residential care, with placements made across a wide range of providers and opportunities missed to develop deeper and more long-term partnerships with key providers that would allow us to test new contract options or care types (including intermediate and other short term care).
  - Additionally, whilst the Council brokers for NHS Continuing Healthcare, on behalf of the NHS, it does so in a limited transactional manner, rather than full end-to-end completion of the care arrangement process – moving to this position could assist with maintaining consistency in practice across statutory agencies' market engagement.



# Responding to the challenges

Issue to address	Action/priority
Provider relationships	Collaborate with market leaders on establishing a more active provider association, and jointly agreed plan for the future, aligned to our emerging commissioning strategies
Fair Cost of Care	Continue to develop dialogue around financial issues in residential care delivery
	Establish agreed set of definitions on the levels of complexity in care contracting, which will include understanding of the number of care hours typically required and allow us to address the higher care hours found in the FCoC analysis
	Repeat FCoC exercise to inform 2024/25 budget setting
Contracting	Establish new contract types to match definitions of care complexity and options around intermediate and other flexible provision
	Dorset Care Framework 2 commissioning to formalise new elements in care delivery, which includes the NHS as a partner and so presents opportunities to make the DCF2 a more powerful instrument in supporting ICS ambitions
	Develop strategy for delivery of extra care and other accommodation with support, and associated market development plan
	Implement e-brokerage system and PAMMS provider quality management system to strengthen brokerage activity (more efficient, more commercial), with associated council workforce development plan (to include stronger contract management, option for new NHS offer)
	Establish strategic provider relationships on which to base more consolidated and transformational purchasing, and allowing for the development of more trusted assessor/trusted practitioner models
Workforce	Develop shared workforce plan with providers
	Develop housing plans that support keyworker housing for areas where targeted support is needed to build the local workforce
Choice, control and independence	Develop information and advice provision, proactive and targeted to those making decisions about their care and its costs under new financial rules – especially issues around what counts to the cap, etc.
	New technology will allow for some assessment self-service, linked to other stands of the reform programme implementation, and harnessing opportunities for more tailored and targeted delivery of information and advice
Provision to meet needs	Council-initiated development of new residential provision to meet higher-level needs
	New extra care housing developments in order to support effective care delivery in people’s homes for longer

# The Fair Cost of Care

The analysis, what it told us, and our plans to get to the Fair Cost of Care by 2025, subject to Government funding.

*Whilst not able to give a “green light” to our approach, an informal review with colleagues from the Department for Health & Social Care has indicated that we have conducted these exercises in the spirit of the guidance and in line with expectations.*

# The analysis: domiciliary (home) care, 18+

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## Process

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- 9 Older People's Home Care businesses responded, only 3 completed cost information
- Widespread ask for us to use benchmarking data with other authorities instead
- Strong effort to engage market means report can't be challenged as not representative; however, there has still been some concern expressed since the results were presented that they don't take account of all costs
- Benchmarking with 11 neighbours and 'most similar' comparators has also been completed
- Earlier discussions with home care providers fed into the process, asking consultancy to model £10.50/hr staff pay, to match competing employment sectors
- *Also completed exercise for Supported Living (although that is not required by the Government exercise): 9 Supported Living (learning disability/mental health) provided information; 4 deep-dives and 3 pre-engagement 1:1s. Reasonable spread across size of providers/geography.*

## Headline results

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- Workforce resilience vital to longer term market sustainability; higher wages for staff is key. The carer path and individual development is also important
- Paying £10.50/hour to staff brings working in care to a competitive level with retail and hospitality – a key 'threat' to local workforce recruitment/retention.
- Implementation of a rural rate will support achieving more consistent coverage across the county, regardless of time it takes to travel
- The modelling offers the basis for a data led conversation with providers. New rates assume key conditions are such 0.45p mileage, all staff paid at contact time rates, and sickness and pension contributions.
- Initial feedback from providers positively recognises the Council's intent in moving promptly to pay the 'fair cost' and implementation of a rural rate, however there has been some concern at lack of an uplift to the 30min urban rate. It is partly in response to this that we have offered an early re-run of the exercise, for which we hope to have better engagement.

# The approach: domiciliary (home) care, 18+

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- A robust approach to commissioning home care is critical both for the care at home system, and for the residential and nursing care system. Therefore we have moved in year 1 to paying what was assessed as the Fair Cost in the 2021 exercise.
  - This is made possible by a one-year allocation of funds for social care market stabilisation by the NHS, which effectively brings forward the availability of the allocations expected in future years from government funds.
- Elements of the approach to the rate for the Fair Cost of Care include:
  - We have set an expectation of a wage rate of £10.50/hr for a care worker. This is competitive with logistics and hospitality sectors. This may, however, change as the cost of living crisis plays out, and will need monitoring.
  - We have costed in the clear expectation that 45p/mile is paid for travel costs, in line with the HMRC approved rate.
  - In recognition of the mixed urban/rural geography of Dorset, we have established two rates, the rural rate reflecting the increased travel time that needs to be paid to care workers.
  - Inflation has been applied to the 2021 assessed prices to make them fully applicable to 2022/23.
- Inflation will be modelled in future years based on consultant recommendation, with rates set for April on the basis of the *predicted* inflation at the following September. The following April will then adjust for *actual* inflation in that year, and apply the new prediction for coming year.
- This approach to inflation is a commitment made subject to sufficient government funding being made available to the Council and will always be subject to the legal requirement for the Council to set a balanced budget.
- Given concerns that the results are not comprehensive, we have committed to an early re-run of the process.

# The approach: domiciliary (home) care, 18+

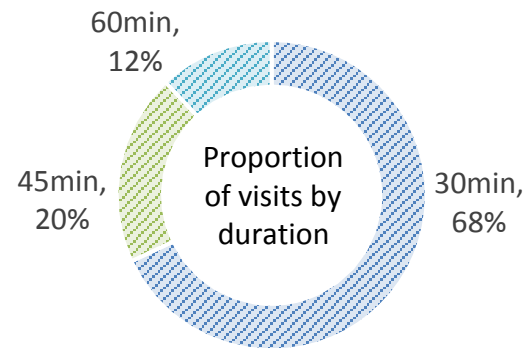
## The results in numbers: what we pay to providers

Moving straight away to paying the 'fair cost of care', partly in recognition of the importance of stabilising the homecare market both for immediate benefit of those receiving care and support at home, and for the connected impact on the residential care market.

### Current position

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- All calls:
  - 30mins £11.78
  - 45mins £14.04
  - 1hr £18.73



### New position for 2022/23

- Urban calls:
  - 30mins £11.78
  - 45mins £16.42
  - 1hr £21.07
- Rural calls:
  - 30mins £13.83
  - 45mins £18.42
  - 1hr £23.01

84% of people supported from the Dorset Care Framework, for 80% of total spend

16% of people supported from the Dorset Care Framework, for 20% of total spend

# The analysis: residential and nursing care, 65+

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## Process

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- 24 Older People's Care Homes completed survey (16 residential, 8 nursing; 24% of all)
- Consultant satisfied this provides a good level of confidence in the results

## Headline findings

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- DC currently pays on average at FCoC for residential and nursing, but pays higher for Dementia support.
- Dorset Homes provide higher levels of care hours per resident per week than Consultant's benchmark.
- To pay all providers at FCoC rate is unaffordable within existing budgets, but offers a key opportunity to work with local market to seek higher/more sustainable funding streams from Government
- As with all averages, any implementation would see 'winners and losers' in relation to uplifted rates – again an opportunity to change our relationship with providers who are willing to work with us to develop services to meet the needs, and help us better understand some of the anomalies such as weekly care hours per resident

# The approach: residential and nursing care, 65+

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- The Fair Cost incorporates elements as follows:
  - Rates calculated for residential, residential (complex/dementia), nursing, and nursing (complex/dementia)
  - Account of costs in a full breakdown, as provided by the providers that took part, and based on providers with generally market-standard occupancy and across the middle range of the size of local homes
  - Removes temporary additional costs relating to pandemic management
  - Removes geographical variation in the rates paid, which was not found to have an evidential basis
  - Assesses wage levels in the local market and ensures that the rate can support them
  - An allowance at a market standard rate of 5% for return on operations – this is the operator’s ‘reward’ for the effective delivery of the care operation and its associated financial and operational risks
  - An amount for return on capital (the owner’s ‘reward’ for investing in the capital asset of the home) which allows for 5.1% return, based on median property values and the local housing allowance rate for a 1 bedroom property – again benchmarked as being reasonable for the industry
- As with homecare, inflation will be modelled in future years based on the consultants’ recommendation, with rates set for April on the basis of the *predicted* inflation at the following September. The following April will then adjust for *actual* inflation in that year, and apply the new prediction for coming year.
- This approach to inflation is a commitment made subject to sufficient government funding being made available to the Council and will always be subject to the legal requirement for the Council to set a balanced budget.

# The approach: residential and nursing care, 65+

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- **It is not affordable to move to paying the full Fair Cost of Care from the start of the plan period. All changes proposed below are subject to government funding being available.**
- **There are two variables in play:**
  - closing the gap between current and 'Fair' rates; and
  - application of inflation.
- In **2022/23**, we use the rates evaluated at September 2021 to apply a new 'base rate' for placements which goes 50% of the distance between current base rates and 'Fair Cost' at September.
- In **2023/24**, subject to funding being made available:
  - we inflate that price by the measure of inflation in 2022/23 *and* that predicted for 23/24; and
  - move to 75% of the distance between our old base rate and the now-inflated 'Fair Cost'
- In **2024/25**, subject to funding being made available:
  - we adjust the previous year for actual inflation, inflate for the predicted inflation in 2024/25; and
  - move to paying the full Fair Cost of Care.



# The approach: residential and nursing care, 65+

## The results in numbers

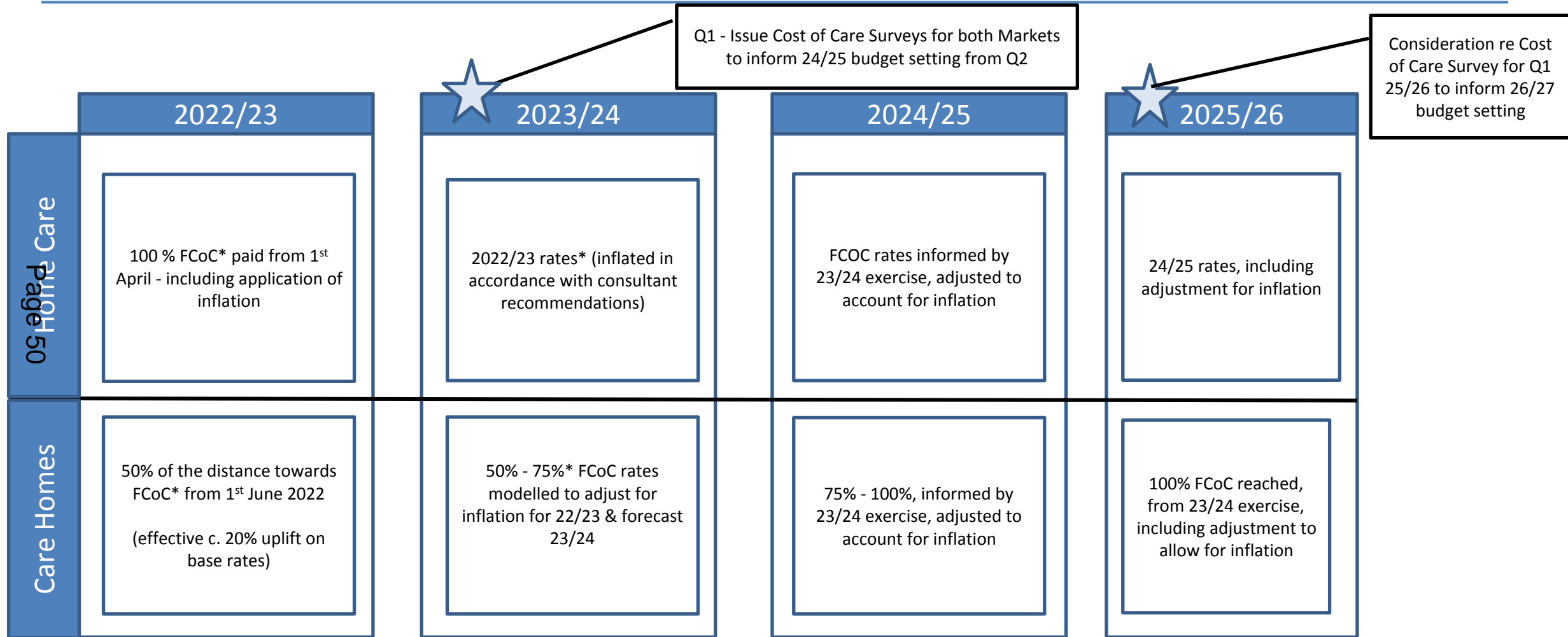
### Current position

- Base rates (with geographical variation):
  - Residential £572 - £686
  - Residential dementia £619 - £742
  - Nursing £624 - £745
  - Nursing dementia £671 - £805

### New position for 2022/23

- Base rates (no geographical variation):
  - Residential £702
  - Residential dementia £743
  - Nursing £767
  - Nursing dementia £834
- This moves minimum commissioning half way towards closing the gap with the Fair Cost of Care, and for those providers it represents a 20% uplift in care fees
- Full 'fair cost of care' fee rates (at Sept 2021):
  - Residential £832
  - Residential dementia £868
  - Nursing £909
  - Nursing dementia £938

# Our Plan to achieve full Fair Cost of Care Rates



Please note – Planning is based on the assumption that adequate funding is allocated from Fair Cost of Care & Market Sustainability Fund to enable ongoing payment at FCoC for Home Care and to achieve Care Home FCoC by 1 April 2025.

\*based on September 2021 costs

# Financial implications

National grant of £162m  
Dorset allocation = £1.2m

National grant of £600m per year  
Local allocations to be determined based on submitted plans. On standard methodology, Dorset would receive £4.4m each year, which will not close the gap.

Care type	2022/23	2023/24	2024/25	2025/26
Home care*, 18+	£3m	£8m	£13m	£18m
Residential & Nursing, 65+	£1.2m	£5.2m	£10.2m	£13.7m
<b>Year on year increases</b>	<b>+£4.2m</b>	<b>+£9m (+£13.2m**)</b>	<b>+£10m</b>	<b>+£8.5m</b>

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**Market Sustainability Plan period**  
additional funding requirement must be supported by the national Market Sustainability & Fair Cost of Care Fund allocation – over the two years an additional £36m is required, based on budgets for 2021/22.  
The Council has some mitigations in place to bridge this gap, but is dependent on the national grant allocation to be able to make these policy changes.



\* Includes supported living services, as the care delivered in those settings is related to home care provided to those 18-65  
\*\* The effective additional revenue funding required will be £4.2m higher to compensate for the loss of the one-off NHS allocation which supported the budget in 2022/23, and the new grant allocation replaces the £1.2m allocation received to support the 2022 budget



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# ARCC Consulting Homecare Costing Feedback Workshop

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27<sup>th</sup> April 2022

1. Purpose of today's session
2. Engagement Feedback
3. Presentation of the cost models and scenarios
  - a. Cost modelling
  - b. Benchmarking
  - c. Funding Implications
4. Commissioning Intentions
  - a. Future commissioning models
5. Next steps

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- Present feedback from the cost of care exercise
- Provide the baseline modelling and scenario modelling for future fee setting
- Illustrate benchmarking exercise from other LAs
- Detail future commissioning intentions alongside cost and fee considerations
- Present the budget impact for selected models
- Providers invited to comment following today's session and distribution of slide deck

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# Engagement Feedback



## Provider Contributions

- 9 survey respondents; 3 providers completed cost information; 3 attended 1-1s & 1 clinic session taken up
- Workshop attended by 16 providers
- Presentations at Dorset Care Forum Registered Managers' Meeting
- Interviews with 11 LAs to obtain benchmarking info
- Initial information request from November 2021, extended to allow for full engagement, extending conclusion of exercise to February 2022

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## Other Contributions

- Dorset Council Commissioners & Locality Managers
- Dorset Homecare Forum

## Locality Managers

- Relationships are good between providers and practitioners despite difficulties in market re. recruitment and retention of staff in order to keep packages
- Aware that staff availability is a limiting factor for the market at present, outside of LA rate increases there is no guarantee providers can get the staff
- Ambition to maintain and continuously improve our strengths-based commissioning
- Pilots underway for Trusted Assessor & will continue to develop partnership working in this area

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## Homecare Forum (BCP/DC Provider-led forum)

- Joint forum led by BCP – low representation in the forum
- Is it an active/passive forum? Is there benefit in engaging?
- Dorset Council do not currently input – would this benefit? Is it needed?

- Cost modelling based on current obtained cost data and volume data from Dorset
- Benchmarking with other LAs based on Dorset current rate
- Modelling of rural / zones linked to DCF2
- Presented a number of different cost models based on varying pay rates and including cost uplifts for 2022/23
- Assessed budget impact and feasibility
- Discussed future commissioning intentions linked to DCF2

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# Benchmarking

# Benchmarking – summary w/statistical neighbours



#	LA (Region)	Homecare 2021/22 visit duration	% increase from FY21 to FY22	FY22 rate	FY22 equivalent hourly rate
1	SE 1	15 min	n/a	£8.98	£35.92
2	SE 3	Limited purchase	n/a	£28.84	£28.84
3	SW 5	30 mins	2.00%	£13.40	£26.80
4	SW 4	30 min	1.50%	£13.28	£26.56
5	SW 3	1 hour rural	3.61%	£26.30	£26.30
6	SE 1	30 min	n/a	£12.52	£25.04
7	SW 6	Rural hourly	1.70%	£24.72	£24.72
8	<b>Dorset</b>	<b>30 mins</b>	<b>1.89%</b>	<b>£11.78</b>	<b>£23.56</b>
9	SE 2	Tier 2 Average	n/a	£22.48	£22.48
10	SW 7	30 mins	2.00%	£11.20	£22.40
11	SW 6	Standard hourly	1.70%	£22.28	£22.28
12	SW 5	1 hour	2.00%	£22.23	£22.23
13	SE 3	Rural	n/a	£21.88	£21.88
14	SE 2	Tier 1 Maximum	n/a	£21.62	£21.62
15	SE 1	45 min	n/a	£16.03	£21.37
16	SW 1	30 mins	1.89%	£10.59	£21.18
17	SW 3	1 hour Urban 2	3.61%	£21.15	£21.15
18	SW 4	1 hour	1.50%	£20.89	£20.89
19	SW 3	1 hour Urban 1	3.61%	£20.63	£20.63

#	LA (Region)	Homecare 2021/22 visit duration	% increase from FY21 to FY22	FY22 rate	FY22 equivalent hourly rate
20	SE 3	Semi-rural	n/a	£20.56	£20.56
21	SW 8	1 hour	3.20%	£20.32	£20.32
22	SW 8	30 mins	3.20%	£10.16	£20.32
23	SE 1	60 min	n/a	£19.53	£19.53
24	SE 3	Urban	n/a	£19.24	£19.24
25	<b>Dorset</b>	<b>1 hour</b>	<b>1.89%</b>	<b>£18.73</b>	<b>£18.73</b>
26	<b>Dorset</b>	<b>45 mins</b>	<b>1.89%</b>	<b>£14.04</b>	<b>£18.72</b>
27	SW 7	1 hour	2.00%	£18.40	£18.40
28	SW 2	1 hour	2.07%	£18.00	£18.00
29	SW 2	30 mins	2.07%	£9.00	£18.00
30	SE 2	Tier 1 Minimum	n/a	£16.32	£16.32
31	SW 1	45 mins	1.89%	£12.17	£16.23
32	SW 1	1 hour	1.89%	£15.54	£15.54

We compared against 11 LAs across the SW and SE who were able to provide their current rates across a range of different visit types – these included variations by visit length, framework tier and rurality.

Benchmarking showed us that whilst our existing framework rate for 30 mins was competitive, our 45-min and 1-hour rates were less so, although we found at least 3 LAs who had lower rates than ours currently.

# Cost of Care Scenarios

# Overview of considered scenarios

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Model #1	<u>Base Model</u> (National Living Wage)
Model #2a	£9.90 Real Living Wage (RLW) (Standard)
Model #2b	£9.90 RLW (Rural)
Model #3a	£10.50 p/hr base rate (Standard)
Model #3b	£10.50 p/hr base rate (Rural)

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Model #1 is an aggregated snapshot of provider submitted costs sampled during the exercise. This has been uplifted to match at least 2022/23 NLW and CPI/NI at 6.6% for non-pay costs.

Models #2 and #3 use variables such as the base pay rate to model uplifts in care costs for consideration by Dorset Council.



We have created several costed scenarios which build in the following assumptions:

- The cost per hour outputs are presented as x1 hour of commissioned care delivered by x1 care worker (double-ups would require 2x hourly units of pay)
- The branch model is a small-medium provider (48,413 hours p/annum; 913 hrs per week)
- Care visit duration profile: 30-min = 66%; 45-min = 18%; 60-min = 16%
- Average visit duration = 35 mins
- Travel time & mileage is the same per visit and applied regardless of visit length;
- We assume as the above that average visit times c.30-min; 45-min and 60-min visits will be delivered in a proportion or split % of the total
- PPE is applied to all every visit at 1x face mask, 1x gloves, 1x apron per visit——
- Profit mark-up is set at 5%

- Hourly rates for travel time, sickness, holiday etc. are paid equivalent to the F2F hourly rate (i.e. these do not revert to NMW where the staff is not on NMW)
- Double-up calls assume staff travel separately
- All income incurs a staff pay cost for the same amount of time (i.e. 1 billed hour = 1 paid hour to care staff)

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## What is not included in model?

- Costs that are non-recoverable such as:
  - a. additional activities not reported by workers & not paid for or costed
  - b. additional activities paid to workers but not charged for (i.e. waiting A&E)
  - c. abortive costs i.e. assessments where package not commenced

These scenarios would naturally be recognised on a case-by-case basis with commissioner & in line with the contract terms (for example hold package costs)

- Travel time is included as an average time per visit (in line with Dorset sampling calculations) adjusted to become travel time per costed hour:
  - Standard = 5 mins/visit becomes  $5 \times (60 / \text{avg. visit time of 35 mins}) = 8.6$  mins per hour
  - Rural = 10 mins/visit becomes  $10 \times (60 / \text{avg. rural visit time of 35 mins}) = 17.1$  mins per hour
- Travel time & mileage expenses include from home to the first visit; but not back home from last
- Travel time & mileage are applied per staff member; including those on double-ups, regardless of whether staff travel together or not
- Mileage paid at an average of £0.45 per mile

- Short notice pay enhancements are added at £1 per hour to the base rate for 5% of all calls (i.e. for NMW 5% of calls are paid at £10.50; for RLW at £10.90)
- Bank Holidays have a 25% enhancement applied to the base rate (depending on level of staff)
- Team Leaders deliver 10% of all hours at an enhanced rate of £10.70 (enhancements above applied on top)
- All hours (including non-contact hours) are paid at the same rate as F2F hours – e.g. for RLW scenarios; sick pay; holiday; training; maternity/paternity etc. are all paid at a blended rate reflective of the rates across all staff (i.e. £9.90 p/h – blended rate)
- Assumes 100% of staff on 3% pension

- The scenario models have been presented using estimated (2022-23) costs for pay and non-pay
- Whilst future year cost impacts are not yet known, we have considered the following for 2022-23 fee uplifts:

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For pay costs:

- Employer's NI increases from 13.8% to 15.05% in line with legislation

For non-pay costs:

- Inflation has been uplifted by 6.6%

# Model #1 Base (NMW)



Hourly Breakdown	Model #1 (NLW)		
	Cost £	%	
Contact Hours / annum	<b>48,413</b>		
Direct Care	£9.60	<b>46.3%</b>	<b>52.9%</b>
Travel Time	£1.38	<b>6.6%</b>	
Mileage	£1.55	<b>7.5%</b>	<b>7.5%</b>
PPE *	£0.38	<b>1.8%</b>	<b>1.8%</b>
Training (staff time)	£0.29	<b>1.4%</b>	<b>15.5%</b>
Holiday	£1.39	<b>6.7%</b>	
Additional non-contact pay	£0.00	<b>0.0%</b>	
Sickness/Maternity & Paternity Pay	£0.33	<b>1.6%</b>	
Notice/Suspension Pay	£0.00	<b>0.0%</b>	
NI (direct care hours)	£0.82	<b>4.0%</b>	
Pension (direct care hours)	£0.39	<b>1.9%</b>	
Back Office Staff	£2.22	<b>10.7%</b>	<b>10.7%</b>
IT	£0.22	<b>1.0%</b>	<b>2.7%</b>
Telephony	£0.33	<b>1.6%</b>	
Rent / Rates / Utilities	£0.35	<b>1.7%</b>	<b>3.3%</b>
Recruitment / DBS	£0.02	<b>0.1%</b>	
Training	£0.00	<b>0.0%</b>	
CQC Registration Fees(4)	£0.09	<b>0.4%</b>	
Stationery / Postage	£0.04	<b>0.2%</b>	
Insurance	£0.06	<b>0.3%</b>	
Legal / Professional Services	£0.13	<b>0.6%</b>	
Uniform / other consumables	£0.00	<b>0.0%</b>	
Central / Head Office Recharges	£0.15	<b>0.7%</b>	<b>0.8%</b>
Other Costs	£0.03	<b>0.1%</b>	
<b>Profit Contribution</b>	<b>£0.99</b>	<b>4.8%</b>	<b>4.8%</b>
<b>Total Cost Per Hour</b>	<b>£20.75</b>	<b>100.0%</b>	<b>100.0%</b>

We have created a representative scenario using the base provider data. The fee levels and proportion of costs submitted against each cost line resulted in a range (when comparing hours and revenue submitted by providers).

Our aim was to create an 'average' model using the costs submitted ensuring that the cost lines and average rate is between the providers' submitted hourly ranges.

The model is based on a provider delivering an average volume of 48,413 hours per annum; which is representative of hours delivered on average by the top 95% of providers in Dorset.

This resulted in an average hourly rate of £20.75.

Whilst we have called this a 'national living wage' model, it most accurately represents the current costs based on submitted provider data, and therefore can be considered the representative sample 'cost of care' for comparison.

# Model #2 RLW and #3 £10.50 (Rural & Urban)



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Hourly Breakdown	Model #2(a) RLW - standard			
	Cost £	%		
Contact Hours / annum	48,413			
Direct Care	£10.00	46.5%	53.2%	
Travel Time	£1.43	6.7%		
Mileage	£1.55	7.2%	7.2%	
PPE *	£0.38	1.8%	1.8%	
Training (staff time)	£0.31	1.4%	15.8%	
Holiday	£1.44	6.7%		
Additional non-contact pay	£0.00	0.0%		
Sickness/Maternity & Paternity Pa	£0.34	1.6%		
Notice/Suspension Pay	£0.00	0.0%		
NI (direct care hours)	£0.90	4.2%		
Pension (direct care hours)	£0.41	1.9%		
Back Office Staff	£2.30	10.7%		10.7%
IT	£0.22	1.0%		2.6%
Telephony	£0.33	1.5%		
Rent / Rates / Utilities	£0.35	1.6%	3.2%	
Recruitment / DBS	£0.02	0.1%		
Training	£0.00	0.0%		
CQC Registration Fees(4)	£0.09	0.4%		
Stationery / Postage	£0.04	0.2%		
Insurance	£0.06	0.3%		
Legal / Professional Services	£0.13	0.6%		
Uniform / other consumables	£0.00	0.0%		
Central / Head Office Recharges	£0.15	0.7%		0.8%
Other Costs	£0.03	0.1%		
<b>Profit Contribution</b>	<b>£1.02</b>	<b>4.8%</b>	<b>4.8%</b>	
<b>Total Cost Per Hour</b>	<b>£21.51</b>	<b>100.0%</b>	<b>100.0%</b>	

Model #2(b) RLW - Rural			
Cost £	%		
48,413			
£10.00	39.7%	51.1%	
£2.87	11.4%		
£3.10	12.3%	12.3%	
£0.38	1.5%	1.5%	
£0.31	1.2%	15.6%	
£1.62	6.4%		
£0.00	0.0%		
£0.38	1.5%		
£0.00	0.0%		
£1.15	4.6%		
£0.46	1.8%		
£2.30	9.1%		9.1%
£0.22	0.9%		2.2%
£0.33	1.3%		
£0.35	1.4%	2.7%	
£0.02	0.1%		
£0.00	0.0%		
£0.09	0.4%		
£0.04	0.2%		
£0.06	0.2%		
£0.13	0.5%		
£0.00	0.0%		
£0.15	0.6%		0.7%
£0.03	0.1%		
<b>£1.20</b>	<b>4.8%</b>	<b>4.8%</b>	
<b>£25.19</b>	<b>100.0%</b>	<b>100.0%</b>	

Model #3(a) £10.50 standard			
Cost £	%		
48,413			
£10.61	46.5%	53.1%	
£1.52	6.7%		
£1.55	6.8%	6.8%	
£0.38	1.7%	1.7%	
£0.33	1.4%	16.1%	
£1.53	6.7%		
£0.00	0.0%		
£0.36	1.6%		
£0.00	0.0%		
£1.03	4.5%		
£0.43	1.9%		
£2.32	10.2%		10.2%
£0.22	1.0%		2.4%
£0.33	1.5%		
£0.35	1.5%	3.0%	
£0.02	0.1%		
£0.00	0.0%		
£0.09	0.4%		
£0.04	0.2%		
£0.06	0.3%		
£0.13	0.6%		
£0.00	0.0%		
£0.15	0.7%		2.0%
£0.30	1.3%		
<b>£1.09</b>	<b>4.8%</b>	<b>4.8%</b>	
<b>£22.83</b>	<b>100.0%</b>	<b>100.0%</b>	

Model #3(b) £10.50 Rural			
Cost £	%		
48,413			
£10.61	40.2%	51.8%	
£3.04	11.5%		
£3.10	11.7%	11.7%	
£0.38	1.4%	1.4%	
£0.33	1.2%	16.0%	
£1.72	6.5%		
£0.00	0.0%		
£0.41	1.5%		
£0.00	0.0%		
£1.29	4.9%		
£0.48	1.8%		
£2.34	8.9%		8.9%
£0.22	0.8%		2.1%
£0.33	1.3%		
£0.35	1.3%	2.6%	
£0.02	0.1%		
£0.00	0.0%		
£0.09	0.3%		
£0.04	0.2%		
£0.06	0.2%		
£0.13	0.5%		
£0.00	0.0%		
£0.15	0.6%		0.7%
£0.03	0.1%		
<b>£1.26</b>	<b>4.8%</b>	<b>4.8%</b>	
<b>£26.36</b>	<b>100.0%</b>	<b>100.0%</b>	



<b>SENSITIVITY COMPARISON</b>	<b>1. NLW</b>	<b>2. RLW</b>	<b>3. £10.50</b>
<b>(a) Standard (5 min &amp; 2 miles travel) [30 mins]</b>	<b>£10.70</b> (£21.40 p/hr)	<b>£10.80</b> (£22.17 p/hr)	<b>£11.76</b> (£23.51 p/hr)
<b>(a) Standard (5 min &amp; 2 miles travel) [1 hour]</b>	<b>£19.08</b>	<b>£19.81</b>	<b>£21.07</b>
<b>(b) Rural (10 min &amp; 4 miles travel) [30 mins]</b>	-	<b>£13.23</b> (£26.45 p/hr)	<b>£13.83</b> (£27.66 p/hr)
<b>(b) Rural (10 min &amp; 4 miles travel) [1 hour]</b>	-	<b>£21.94</b>	<b>£23.01</b>

Rate variants have been created, based on the average mix of visits to ensure that we continue to recognise and pay the impact of travel costs on shorter visits, as Dorset do currently.

In addition, we have modelled a rural rate to be applied to customers in more rural areas.

This means that whilst the ‘average’ costs on the previous slide represent the model scenarios and are based on an average visit of 35 mins, the prospective fee rates for different types of visit length can be broken down here.



SENSITIVITY COMPARISON	1. NLW	2. RLW	3. £10.50
(a) Standard (5 min & 2 miles travel) [15 mins]		<b>£6.72</b> (£26.91 p/hr)	<b>£7.09</b> (£28.39 p/hr)
(a) Standard (5 min & 2 miles travel) [30 mins]	<b>£10.70</b> (£21.40 p/hr)	<b>£10.80</b> (£22.17 p/hr)	<b>£11.76</b> (£23.51 p/hr)
(a) Standard (5 min & 2 miles travel) [45 mins]		<b>£15.45</b> (£20.60 p/hr)	<b>£16.42</b> (£21.89 p/hr)
(a) Standard (5 min & 2 miles travel) [1 hour]	<b>£19.08</b>	<b>£19.81</b>	<b>£21.07</b>
(b) Rural (10 min & 4 miles travel) [15 mins]		<b>£8.86</b> (£35.45 p/hr)	<b>£9.24</b> (£36.95 p/hr)
(b) Rural (10 min & 4 miles travel) [30 mins]	-	<b>£13.23</b> (£26.45 p/hr)	<b>£13.83</b> (£27.66 p/hr)
(b) Rural (10 min & 4 miles travel) [45 mins]		<b>£17.58</b> (£23.44 p/hr)	<b>£18.42</b> (£24.56 p/hr)
(b) Rural (10 min & 4 miles travel) [1 hour]	-	<b>£21.94</b>	<b>£23.01</b>

# Summary Budget Impact

A large, white, curved swoosh underline that starts under the 'I' in 'Impact' and extends to the right, ending under the 't'.

- At Model 3, implementation would add £1.2m spend on current packages
- Market Sustainability Funding has provided Dorset with additional £1.2m for both home care and residential care
- Page 75 herefore 2022/23 allocation will cover only a proportion of this fee uplift
- Supported Living is not covered by the DHSC fund and therefore fee uplifts are separate and have to be covered by existing DC's budget
- Whilst this presents additional budgetary pressure to Dorset Council we are committed to creating a more sustainable market

# Future Market Sustainability, Commissioning Models & Strategic Messaging

A large, white, curved swoosh graphic is positioned below the main title text, starting from the right side of the word "Messaging" and extending towards the bottom right of the slide.

- Committed to improving the rates based on a more sustainable base pay model for carers to support recruitment and retention
- Committed to a standard and rural rate to improve sustainability across hard-to-reach areas
- Maintain and strengthen our position of keeping people at home for longer, which means ensuring we continue to use more community care than bed-based care – hours waiting remains on average 4,000 hrs/week
- Improve open dialogue & collaboration with the market to support workforce training, recruitment etc either via existing homecare forum or something different? Your feedback and views are needed to shape this.

- Finalising the Home Care strategy
  - Improving Reablement Offer
  - Strengths based care and support
  - Trusted Practitioners / Partner pilots
  - Implementation of rural rate & new zones
  - Different contracting models
- Launching the new DCF2 – future contracting vehicle

# Next Steps



## 1. Decision making and timescales for distribution of 2022/23 fee rate letters & future funding strategy

- Feedback from providers welcome by 6<sup>th</sup> May 2022
- Confirmation of new framework fee rates w/c 9<sup>th</sup> May, including instructions re. any April backdate

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## 1. Timescales for final output from the cost of care exercise

- Slides distributed to providers following today's workshop
- Any queries to be e-mailed & responses will be collated for final distribution of slide deck in 2 weeks' time (Weds 11<sup>th</sup> May)



# Questions & Feedback?

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**Executive Summary**

**Cost Review of Care Home Services for Older People**

**For Dorset Council**

**Jim White**  
**Senior Finance Consultant**  
**Valuing Care Ltd**  
**Final Report on 14<sup>th</sup> April 2022**

## 1 Executive Summary

In September 2021, Dorset Council (the Council) instructed Valuing Care Ltd (VC) to undertake a review of the cost of providing care home services to older people in Dorset. The objective of the review is to provide the Council with reliable information on what it usually costs to provide care home services, which can be used to inform a sustainable fee structure.

To identify the usual cost of delivering services locally, VC have undertaken a survey of care homes operating services in the area. A total of 24 completed survey templates were received, representing 24% of care homes located within the Council's boundaries. This included 16 residential homes and 8 nursing homes.

Based on the local survey results Valuing Care have constructed Fair Price of Care (FPoC) Rates for each needs group. The following points summarise how the rates have been calculated.

- The cost of nursing staff has been calculated by multiplying the median number of nursing hours (reported across all 8 nursing homes), by the median direct cost of nursing staff per hour
- The cost of care staff has been calculated by multiplying the median number of care hours provided to service users in each needs group, by the median direct cost of care staff per hour
- All other operating costs reflect the median costs reported by all care homes that participated in the survey
- Provision for return on capital (ROC) is based on the Local Housing Allowance (LHA) 1 bedroom rate for Mid & West Dorset BRMA, which provides a net yield of 5.1% on the median freehold valuation of £85,000 per bed
- Provision for return on operations (ROO) has been calculated at 5% of total operating costs

Valuing Care recognise that there is rational for varying provision for Return on Capital and Operations in accordance with the location of the service, the quality of the care home environment, and the quality of the services provided.

The following table summarises the FPoC Rates at September 2021 prices.

The number of care homes reporting the cost of delivering residential services, should provide a high level of confidence in the results for these needs groups.

The smaller number of homes reporting the cost of delivering nursing services creates greater uncertainty about the reliability of these results, although the consistency between registration categories should provide some assurance.

Please note these figures have been adjusted to exclude the average cost of COVID, which have been shown to be largely met by a corresponding increase in income.

**Table 1 – Fair Price of Care Rates (at September 2021 prices)**

Survey Section	Cost Type / Driver	Residential Older People	Residential Dementia	Nursing Older People	Nursing Dementia
<b>Income &amp; Expenditure</b>	Nursing Staff	£0	£0	£225	£225
	Care Staff	£344	£379	£372	£399
	Service Management	£44	£44	£44	£44
	Other Care Home Staff	£124	£124	£124	£124
	Premises	£36	£36	£36	£36
	Supplies & Services	£102	£102	£102	£102
	Head Office	£57	£57	£57	£57
	<b>Total Operating Costs</b>	<b>£707</b>	<b>£741</b>	<b>£959</b>	<b>£987</b>
	Return on Capital	£90	£90	£90	£90
	Return on Operations	£35	£37	£48	£49
	<b>FPoC Rate</b>	<b>£832</b>	<b>£868</b>	<b>£1,097</b>	<b>£1,126</b>
<b>Staffing Costs</b>	Direct Cost per Nursing Hour	n/a	n/a	£27.47	£27.47
	Direct Cost per Care Staff Hour	£13.02	£13.02	£13.02	£13.02
<b>Staffing Inputs</b>	Nursing Hours PRW	0.0	0.0	8.2	8.2
	Care Staff Hours PRW	26.4	29.1	28.5	30.6

The table shows:

- the increased cost of care staff to deliver a residential dementia service compared to a residential older people service (+2.7 hrs, +£35 Per Resident Week (PRW))
- the increased cost of care staff to deliver a nursing older people service compared to a residential older people service (+2.1 hrs, +£28 PRW)
- the increased cost of care staff to deliver a nursing dementia service compared to a nursing older people service (+2.1 hrs, +£27 PRW)
- the estimated cost of nursing staff at £225 for nursing older people and dementia exceeds the current rate of NHS funded nursing care (£187.60/week), leaving a potential funding shortfall of £37 PRW

Independent of the local cost survey, Valuing Care have used their cost model and database of service costs, to calculate benchmark rates for care home services for each needs group. This provides an opportunity to compare the local survey results against Valuing Care’s cost model and national intelligence of service costs.

The following tables provide, a summary of the benchmark rates for care home services in Dorset (Table 3), and a summary of the variance between the FPoC rates and the benchmark (Table 4).

**Table 3 – Valuing Care Benchmark Rates (at September 2021 Prices)**

	Cost Type / Driver	Residential Older People	Residential Dementia	Nursing Older People	Nursing Dementia
<b>Income &amp; Expenditure</b>	Nursing Staff	£0	£0	£204	£189
	Care Staff	£279	£314	£271	£326
	Service Management	£42	£42	£36	£36
	Other Care Home Staff	£102	£102	£102	£102
	Premises	£37	£37	£37	£37
	Supplies & Services	£84	£84	£88	£88
	Head Office	£50	£51	£52	£52
	<b>Total Operating Costs</b>	<b>£594</b>	<b>£629</b>	<b>£790</b>	<b>£829</b>
	Return on Capital	£90	£90	£90	£90
	Return on Operations	£30	£31	£39	£41
	<b>Total Benchmark Rate</b>	<b>£713</b>	<b>£750</b>	<b>£919</b>	<b>£960</b>
<b>Staffing Costs</b>	Direct Cost per Nursing Hour	n/a	n/a	£26.36	£26.36
	Direct Cost per Care Staff Hour	£12.77	£12.77	£12.70	£12.70
<b>Staffing Inputs</b>	Nursing Hours PRW	0.0	0.0	7.8	7.2
	Care Staff Hours PRW	21.8	24.6	21.4	25.7

**Table 4 – Variance between FPoC and Benchmark**

Survey Section	Cost Type / Driver	Residential Older People	Residential Dementia	Nursing Older People	Nursing Dementia
Income & Expenditure	Nursing Staff	£0	£0	£21	£37
	Care Staff	£66	£65	£101	£73
	Service Management	£2	£2	£9	£9
	Other Care Home Staff	£22	£22	£22	£22
	Premises	-£1	-£1	-£1	-£1
	Supplies & Services	£18	£18	£14	£14
	Head Office	£6	£6	£5	£5
	<b>Total Operating Variance</b>	<b>£113</b>	<b>£112</b>	<b>£170</b>	<b>£158</b>
	Return on Capital	£0	£0	£0	£0
	Return on Operations	£6	£6	£8	£8
	<b>Total Rate Variance</b>	<b>£119</b>	<b>£117</b>	<b>£178</b>	<b>£166</b>
Staffing Costs	Direct Cost per Nursing Hour	-	-	£1.11	£1.11
	Direct Cost per Care Staff Hour	£0.26	£0.26	£0.32	£0.32
Staffing Inputs	Nursing Hours PRW	0.0	0.0	0.4	1.0
	Care Staff Hours PRW	4.6	4.5	7.2	5.0

Comparison of the FPoC Rates against the benchmark allocations indicates that care homes in Dorset are incurring higher levels of expenditure across most cost groups.

The main reason for the adverse variances are the high level of care staff inputs reported in the local survey (residential older people +4.6 hrs, residential dementia +4.5 hrs, nursing older people +7.2 hrs, nursing dementia +5.0 hrs). Reported expenditure on nursing staff (+£21 to +£37), other care home staff (+£22), and supplies & services (+£14), also appear high compared to previous surveys undertaken by Valuing Care.

In VC's experience undertaking cost surveys for Councils and the NHS across the country, benchmark provision for operating costs is likely to be a good indication of the usual cost of providing care home services. VC also acknowledge that there is likely to be variation in the average service offer between areas, likely reflecting levels of income deprivation amongst older people, and the percentage of self-funders procuring services.

In assessing a value for money cost structure that meets required service standards, it is important that identified costs are fair to allow for the long-term sustainability of the services and to allow for a reasonable return for the care provider. However this requirement must be balanced with an expectation that costs are not disproportionately high for delivery of the required service standard and represent a cost-effective purchase for the commissioner of the service.

## 2 Managing the Annual Fee Adjustment

The Fair Price of Care (FPoC) Rates are stated at September 2021 prices.

To ensure they continue to reflect the actual costs of providing services, Valuing Care recommend they are adjusted on an annual basis, by an estimate of future inflation in year 1 (to September 2022 prices), and then to reflect actual inflation in subsequent years.

An estimate of future inflation is necessary in year 1 as actual inflation to mid-year 22/23 prices is not yet known. The estimate of future inflation should be updated annually to reflect anticipated cost pressures, with separate adjustment to reflect actual inflation over the previous year.

The following table summarises Valuing Care’s recommended adjustment for inflation over the next three years.

**Table 5 – Valuing Care’s recommended adjustment for inflation**

Year	Basis of Fee	Price Adjustment
Year 1 (2022/23)	FPoC rate (at Sept 2021 prices)	+ Estimate of future inflation to Sept 2022
Year 2 (2023/24)	FPoC rate (at 22/23 prices)	+ Adjusted to reflect actual inflation to September 2022 + Estimate of future inflation to Sept 2023
Year 3 (2024/25)	FPoC rate (at 23/24 prices)	+ Adjusted to reflect actual inflation to September 2023 + Estimate of future inflation to Sept 2024

Valuing Care recommend the following indices as the basis for adjusting the benchmark rates to reflect actual inflation:

- Staff costs are inflated in line with the Average Weekly Earnings (AWE) series for health and social work (K5BC). The AWE is the Office for National Statistics (ONS) headline measure of short-term earnings growth
- Non staff costs are inflated in line with Consumer Price Index (CPI). The CPI is a measure of inflation published monthly by the Office for National Statistics. It measures the change in the cost of a basket of retail goods and services, excluding house prices and mortgage interest
- Provision for return on capital is adjusted in line with Local Housing Allowance rates



- Provision for return on operations is maintained at 5% mark up on total operating costs

Valuing Care recognise there are other equally valid indices (or combinations of) which may be used to uplift care home fees but suggest that it is the adoption of clear methodology applied consistently on a year-to-year basis that is of primary importance to gain provider trust and confidence.

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**People and Health Overview Committee – Forward Plan**

<b>Title</b>	<b>Description</b>	<b>Date of Committee Meeting</b>	<b>Requested by</b>	<b>Report Author</b>	<b>Portfolio Holder/s</b>	<b>Other Meetings (CLT, SLT, Cabinet etc)</b>
Children’s Social Care Review Findings	Findings from the independent review of Children’s Social Care in England.	<b>8 September 2022</b>		Theresa Leavy – Executive Director of People - Children	Cllr Andrew Parry - Children, Education, Skills and Early Help	
Adult Social Care Market Sustainability Plan	The Council must submit a Market Sustainability Plan to the Department for Health & Social Care by 14 October 2022. This plan will establish Dorset’s approach to ensuring the sustainability of the local market in older people’s residential and nursing care, and of domiciliary care for all adults.	<b>8 September 2022</b>		Jonathan Price – Corporate Director for Commissioning	Cllr Peter Wharf - Adult Social Care & Health  Cllr Gary Suttle, Finance - Commercial and Capital Strategy	Cabinet – 4 October
Birth to Settled Adulthood Transformation Project	Progress update on the scope and delivery plans for the Birth to Settled Adulthood Programme (B2SA).	<b>24 October 2022</b>		Mark Rogers, Independent Chair	Cllr Andrew Parry - Children, Education, Skills and Early Help  Cllr Peter Wharf - Adult Social Care & Health	

<b>Title</b>	<b>Description</b>	<b>Date of Committee Meeting</b>	<b>Requested by</b>	<b>Report Author</b>	<b>Portfolio Holder/s</b>	<b>Other Meetings (CLT, SLT, Cabinet etc)</b>
Developing Adult Commissioning Strategies for Care Dorset		<b>December 2022</b>		Jonathan Price, Corporate Director for Adult Commissioning	Portfolio Holder for Adult Social Care and Health	
		<b>31 January 2023</b>				
		<b>21 March 2023</b>				
		<b>27 April 2023</b>				
<b>Potential Agenda Items</b>						
Leisure Strategy		<b>Autumn 2022 (TBC)</b>		Paul Rutter, Service Manager for Leisure Services	Portfolio Holder for Customer and Community Services	
Adult Social Care Market Sustainability Plan		<b>January 2023</b>		Mark Tyson, Commissioning Consultant	Portfolio Holder for Adult Social Care and Health	Cabinet

**Potential Items for Overview:**

Data and Business Insights Strategy

Enabling Communities Strategy  
Levelling Up white paper  
Integrated Care System

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## The Cabinet Forward Plan - August to November 2022 (Publication date – 8 AUGUST 2022)

### Explanatory Note:

This Forward Plan contains future items to be considered by the Cabinet and Council. It is published 28 days before the next meeting of the Committee. The plan includes items for the meeting including key decisions. Each item shows if it is 'open' to the public or to be considered in a private part of the meeting.

### Definition of Key Decisions

Key decisions are defined in Dorset Council's Constitution as decisions of the Cabinet which are likely to -

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- (a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates (**Thresholds - £500k**); or
  - (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority."

In determining the meaning of "*significant*" for these purposes the Council will have regard to any guidance issued by the Secretary of State in accordance with section 9Q of the Local Government Act 2000 Act. Officers will consult with lead members to determine significance and sensitivity.

### Cabinet Portfolio Holders 2021/22

<b>Spencer Flower</b>	Leader / Governance, Performance and Communications
<b>Peter Wharf</b>	Deputy Leader / Adult Social Care and Health
<b>Gary Suttle</b>	Finance, Commercial and Capital Strategy
<b>Ray Bryan</b>	Highways, Travel and Environment
<b>Graham Carr-Jones</b>	Housing and Community Safety
<b>Jill Haynes</b>	Corporate Development and Transformation
<b>Laura Beddow</b>	Culture, Communities and Customer Services
<b>Andrew Parry</b>	Children, Education, Skills and Early Help
<b>Tony Ferrari</b>	Economic Growth, Assets & Property
<b>David Walsh</b>	Planning

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<b>September</b>					
<p><b>Additional Procurement Forward Plan Report - over £500k (2022 - 2023)</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Open</p> <p>The Cabinet is asked to consider the contents of this report in respect of proposed contracts to be procured 2022-2023 which are in addition to those on the procurement forward plan approved by Cabinet on 1 March 2022.</p>	<p><b>Decision Maker</b> Cabinet</p>	<p><b>Decision Date</b> 6 Sep 2022</p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Dawn Adams, Service Manager for Commercial and Procurement</i> <i>dawn.adams@dorsetcouncil.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p><b>Amateur Archaeological Fieldwork and Metal Detecting on Dorset Council Land Policy</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Open</p> <p>Seeking adoption of a new policy as an update to an earlier policy (1996) which relates to permissions required for metal detecting on DC county farms.</p>	<p><b>Decision Maker</b> Cabinet</p>	<p><b>Decision Date</b> 6 Sep 2022</p>	<p>Place and Resources Overview Committee 28 Jul 2022</p>	<p>Portfolio Holder for Economic Growth, Assets and Property, Portfolio Holder for Culture, Communities and Customer Services</p>	<p><i>Jacqueline Halewood, Principal Archivist</i> <i>Jacqueline.halewood@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p><b>Pan-Dorset Safeguarding Children Partnership</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Open</p> <p>To receive the annual safeguarding report from James Vaughan as Independent Chair of the Partnership.</p>	<p><b>Decision Maker</b> Cabinet</p>	<p><b>Decision Date</b> 6 Sep 2022</p>		<p>Portfolio Holder for Children, Education, Skills and Early Help</p>	<p><i>Executive Director, People - Children (Theresa Leavy)</i></p>



Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p><b>Strategic Community Infrastructure Levy (CIL) Expenditure - 2022</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Open</p> <p>To consider and approve recommendations for the expenditure of Strategic Community Infrastructure Levy funding on infrastructure to support the needs of development.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 6 Sep 2022</b></p>		<p>Portfolio Holder for Planning</p>	<p><i>Andrew Galpin, Infrastructure &amp; Delivery Planning Manager andrew.galpin@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i></p>
<p><b>SEND Capital Strategy Implementation Plan</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Open</p> <p>The SEND Capital Strategy Implementation Plan seeks approval for a number of projects that address the condition, capacity and suitability of provisions to meet SEND need in Dorset.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 6 Sep 2022</b></p>		<p>Portfolio Holder for Economic Growth, Assets and Property</p>	<p><i>Peter Hopkins, Corporate Director - Assets and Property peter.hopkins@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i></p>
<p><b>Dorset Council Plan Priorities Update: Libraries Review</b></p> <p><b>Key Decision</b> - No <b>Public Access</b> - Open</p> <p>To receive an update on the Libraries Review.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 6 Sep 2022</b></p>		<p>Portfolio Holder for Culture, Communities and Customer Services</p>	<p><i>Lisa Cotton, Head of Customer Services, Libraries &amp; Archives lisa.cotton@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p><b>Redlands Community Sports Hub Lease and Management Arrangements</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Part exempt</p> <p>The report will set out the ongoing management arrangements at Redlands.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 6 Sep 2022</b></p>	<p>Place and Resources Overview Committee 28 Jul 2022</p>	<p>Portfolio Holder for Economic Growth, Assets and Property</p>	<p><i>Peter Hopkins, Corporate Director - Assets and Property</i> <i>peter.hopkins@dorsetcouncil.gov.uk, Paul Rutter, Service Manager for Leisure Services</i> <i>paul.rutter@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p><b>October</b></p>					
<p><b>Medium Term Financial Plan (MTFP) and budget strategy</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Open</p> <p>To receive a budget update for 2023/24.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 4 Oct 2022</b></p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p><b>Adult Social Care Market Sustainability Plan</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Open</p> <p>The Council must submit a Market Sustainability Plan to the Department for Health &amp; Social Care by 14 October 2022. This plan will establish Dorset's approach to ensuring the sustainability of the local market in older people's residential and nursing care, and of domiciliary care for all adults.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 4 Oct 2022</b></p>	<p>People and Health Overview Committee 8 Sep 2022</p>	<p>Deputy Leader and Portfolio Holder for Adult Social Care and Health</p>	<p><i>Jonathan Price, Interim Corporate Director for Commissioning</i> <i>jonathan.price@dorsetcouncil.gov.uk</i> <i>Executive Director, People - Adults</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p><b>Dorset Council Plan Priorities Update: Children's Services</b></p> <p><b>Key Decision</b> - No <b>Public Access</b> - Open</p> <p>To receive an update from the Portfolio Holder for Children, education, Skills and Early Help.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 4 Oct 2022</b></p>		<p>Portfolio Holder for Children, Education, Skills and Early Help</p>	<p><i>Executive Director, People - Children (Theresa Leavy)</i></p>
<p><b>November</b></p>					
<p><b>Quarter 2 2022/23 Financial Monitoring Report</b></p> <p><b>Key Decision</b> - No <b>Public Access</b> - Open</p> <p>To consider the Quarter 2 Financial Monitoring Report for 2022/23.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 1 Nov 2022</b></p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial J.McManus@dorsetcc.gov.uk Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p><b>Dorset Council 20mph speed limit process and Guidance</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Open</p> <p>A report setting out the council's approach to 20mph speed limits.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 1 Nov 2022</b></p>	<p>Place and Resources Overview Committee 6 Oct 2022</p>	<p>Portfolio Holder for Highways, Travel and Environment</p>	<p><i>Wayne Sayers, Transport Planning Manager wayne.sayers@dorsetcouncil.gov.uk Executive Director, Place (John Sellgren)</i></p>
<p><b>Dorset Council Plan Priorities Update: Adult Social Care</b></p> <p><b>Key Decision</b> - No <b>Public Access</b> - Open</p> <p>To receive a report from the Portfolio Holder for Adult Social Care &amp; Health.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 1 Nov 2022</b></p>		<p>Deputy Leader and Portfolio Holder for Adult Social Care and Health</p>	<p><i>Executive Director, People - Adults</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<p><b>Air Quality Action Plan for Chideock</b></p> <p><b>Key Decision - No</b> <b>Public Access - Open</b></p> <p>The 2022 Air Quality Action Plan for Chideock has now received approval by Defra. The council is seeking a decision to formally adopt the plan.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 4 Oct 2022</b></p>		<p>Portfolio Holder for Culture, Communities and Customer Services</p>	<p><i>Janet Moore, Service Manager Environmental Protection</i> <i>Janet.Moore@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p><b>New Household Recycling Centre for the Eastern Area of Dorset</b></p> <p><b>Key Decision - Yes</b> <b>Public Access - Fully exempt</b></p> <p>Selection of the preferred location for the new Household recycling Centre to serve the eastern area of Dorset.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 1 Nov 2022</b></p>	<p>Place and Resources Overview Committee 6 Oct 2022</p>	<p>Portfolio Holder for Culture, Communities and Customer Services</p>	<p><i>Gemma Clinton, Head of Commercial Waste and Strategy</i> <i>gemma.clinton@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p><b>December</b></p>					

<p><b>Dorset Council Plan Priorities Update: Climate and Ecology, Assets and Property</b></p> <p><b>Key Decision - No</b> <b>Public Access - Open</b></p> <p>To receive an update from the Portfolio Holders for Highways, Travel and Environment and Economic Growth, Assets and Property.</p>	<p><b>Decision Maker Cabinet</b></p>	<p><b>Decision Date 6 Dec 2022</b></p>		<p>Portfolio Holder for Highways, Travel and Environment, Portfolio Holder for Economic Growth, Assets and Property</p>	<p><i>Executive Director, Place (John Sellgren)</i></p>
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Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
January 2023					
<p><b>Quarter 3 2022/23 Financial Monitoring Report</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Open</p> <p>To consider the Quarter 3 Financial Monitoring Report for 2022/23.</p>	<p><b>Decision Maker</b> Cabinet</p>	<p><b>Decision Date</b> 17 Jan 2023</p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p><b>Medium Term Financial (MTFP) and Budget Strategy Report</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Open</p> <p>The Council is required to set a balanced revenue budget, and to approve a level of council tax as an integral part of this.</p>	<p><b>Decision Maker</b> Dorset Council</p>	<p><b>Decision Date</b> 14 Feb 2023</p>	<p>Cabinet 17 Jan 2023 People and Health Scrutiny Committee 9 Dec 2022 Place and Resources Scrutiny Committee 12 Dec 2022</p>	<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p><b>Dorset Council Plan Priorities: One Customer Account and Digital Innovation</b></p> <p><b>Key Decision</b> - Yes <b>Public Access</b> - Open</p> <p>To receive a report from the Portfolio Holders for Corporate Development and Transformation and for Culture, Communities and Customer Services.</p>	<p><b>Decision Maker</b> Cabinet</p>	<p><b>Decision Date</b> 17 Jan 2023</p>		<p>Portfolio Holder for Corporate Development and Transformation, Portfolio Holder for Culture, Communities and Customer Services</p>	<p><i>Executive Director, Place (John Sellgren)</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
<b>February</b>					
<p><b>Dorset Council Plan Priorities Update: County Deals/Community Safety</b></p> <p><b>Key Decision</b> - No <b>Public Access</b> - Open</p> <p>To receive a report from the Portfolio Holders for Economic Growth, Assets and Property and Housing and Community Safety.</p>	<p><b>Decision Maker</b> Cabinet</p>	<p><b>Decision Date</b> 28 Feb 2023</p>		<p>Portfolio Holder for Economic Growth, Assets and Property, Portfolio Holder for Housing and Community Safety</p>	<p><i>Andrew Billany, Corporate Director of Housing, Dorset Council</i> <i>andrew.billany@dorsetcouncil.gov.uk</i> <i>Executive Director, People - Adults</i></p>
<b>March</b>					
<p><b>Dorset Council Plan Priorities Update: Housing for Local People</b></p> <p><b>Key Decision</b> - No <b>Public Access</b> - Open</p> <p>To receive a report of the Portfolio Holder for Housing and Community Safety.</p>	<p><b>Decision Maker</b> Cabinet</p>	<p><b>Decision Date</b> 28 Mar 2023</p>		<p>Portfolio Holder for Housing and Community Safety</p>	<p><i>Andrew Billany, Corporate Director of Housing, Dorset Council</i> <i>andrew.billany@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<b>April</b>					
<p><b>Dorset Council Plan Priorities Update: Working with the Integrated Care System</b></p> <p><b>Key Decision</b> - No <b>Public Access</b> - Open</p> <p>To receive a report of the Portfolio Holder for Social Care and Health.</p>	<p><b>Decision Maker</b> Cabinet</p>	<p><b>Decision Date</b> 25 Apr 2023</p>		<p>Deputy Leader and Portfolio Holder for Adult Social Care and Health</p>	<p><i>Executive Director, People - Adults</i></p>

Subject / Decision	Decision Maker	Date the Decision is Due	Other Committee(s) consulted and Date of meeting(s)	Portfolio Holder	Officer Contact
May					

<p><b>Dorset Council Plan Priorities Update: Value for Money (Unitary Council Benefits)</b></p> <p><b>Key Decision - No</b> <b>Public Access - Open</b></p> <p>To receive a report of the Portfolio Holder for Finance, Commercial and Capital Strategy.</p>	<p><b>Decision Maker</b> <b>Cabinet</b></p>	<p><b>Decision Date</b></p>		<p>Portfolio Holder for Finance, Commercial and Capital Strategy</p>	<p><i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
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### **Private/Exempt Items for Decision**

Each item in the plan above marked as 'private' will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the shadow council proposes:-
  - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
  - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.