

Agenda



AGENDA for a meeting of the ADULT CARE & HEALTH CABINET PANEL in COMMITTEE ROOM B, at County Hall, Hertford on MONDAY 3 JULY 2017 at 2.00PM

MEMBERS OF THE PANEL (12) (Quorum 3)

E H Buckmaster; E M Gordon; S Gordon; K M Hastrick; D J Hewitt; F R G Hill (Vice Chairman); T Howard; J S Kaye; M D M Muir (substituting for F Guest); N A Quinton; R G Tindall; C B Wyatt-Lowe (Chairman)

Meetings of the Cabinet Panel are open to the public (this includes the press) and attendance is welcomed. However, there may be occasions when the public are excluded from the meeting for particular items of business. Any such items are taken at the end of the public part of the meeting and are listed under "Part II ('closed') agenda".

Committee Room B is fitted with an audio system to assist those with hearing impairment. Anyone who wishes to use this should contact main (front) reception.

Members are reminded that all equalities implications and equalities impact assessments undertaken in relation to any matter on this agenda must be rigorously considered prior to any decision being reached on that matter.

Members are reminded that:

- (1) if they consider that they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting they must declare that interest and must not participate in or vote on that matter unless a dispensation has been granted by the Standards Committee;**
- (2) if they consider that they have a Declarable Interest (as defined in paragraph 5.3 of the Code of Conduct for Members) in any matter to be considered at the meeting they must declare the existence and nature of that interest but they can speak and vote on the matter**

PART I (PUBLIC) AGENDA

1. MINUTES

To confirm the Minutes of the meeting held on 16 June 2017.

2. PUBLIC PETITIONS

The opportunity for any member of the public, being resident in Hertfordshire, to present a petition relating to a matter with which the Council is concerned, which is relevant to the remit of this Cabinet Panel and which contains signatories who are either resident in or who work in Hertfordshire.

Agenda Pack 1 of 133

Members of the public who are considering raising an issue of concern via a petition are advised to contact their [local member of the Council](#). The Council's criterion and arrangements for the receipt of petitions are set out in [Annex 22 - Petitions Scheme](#) of the Constitution.

If you have any queries about the petitions procedure for this meeting please contact Elaine Manzi, by telephone on (01992) 588062 or by e-mail to elaine.manzi@hertfordshire.gov.uk.

At the time of the publication of this agenda no notices of petitions have been received.

3. **WEST HERTS HOSPITAL TRUST - STRATEGIC OUTLINE CASE**
Report of the Director, Adult Care Services
4. **LEARNING DISABILITY TRANSFORMATION**
Report of the Director, Adult Care Services
5. **DRAFT SUPPORTED ACCOMMODATION STRATEGY**
Report of the Director, Adult Care Services
6. **JOINED-UP CARE: ALIGNING ADULT SOCIAL CARE WITH HEALTH**
Report of the Director, Adult Care Services
7. **OTHER PART I BUSINESS**

Such Part I (public) business which, if the Chairman agrees, is of sufficient urgency to warrant consideration.

PART II ('CLOSED') AGENDA

EXCLUSION OF PRESS AND PUBLIC

There are no items of Part II business on this agenda. If Part II business is notified the Chairman will move:-

“That under Section 100(A) (4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item/s of business on the grounds that it/they involve/s the likely disclosure of exempt information as defined in paragraph.... of Part 1 of Schedule 12A to the said Act and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

If you require further information about this agenda please contact Elaine Manzi, Democratic Services, on telephone no. (01992) 588062 or email elaine.manzi@hertfordshire.gov.uk.

Agenda documents are also available on the internet at:

<https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings.aspx>

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

Agenda Pack 2 of 133

Minutes



To: All Members of the Adult Care & Health Cabinet Panel, Chief Executive, Chief Officers, All officers named for 'actions'

From: Legal, Democratic & Statutory Services
Ask for: Elaine Manzi
Ext: 28062

ADULT CARE & HEALTH CABINET PANEL 16 JUNE 2017

ATTENDANCE

MEMBERS OF THE PANEL

E H Buckmaster; E M Gordon; S Gordon: B A Gibson (*substituting for N A Quinton*) F Guest; K Hastrick; D J Hewitt; F R G Hill (*Vice Chairman*); T Howard: J S Kaye; R G Tindall; C B Wyatt-Lowe (*Chairman*)

OTHER MEMBERS IN ATTENDANCE

W J Wyatt-Lowe

Upon consideration of the agenda for the Adult Care & Health Cabinet Panel meeting on 16 June 2017 as circulated, copy annexed, conclusions were reached and are recorded below:

Note: No conflicts of interest were declared by any member of the Cabinet Panel in relation to the matters on which conclusions were reached at this meeting.

PART I ('OPEN') BUSINESS

1. MEMBERSHIP AND REMIT OF THE PANEL

ACTION

1.1 Members were asked to note the remit of the Panel. The Chair commented on the wide scope of areas that the Adult Care Services directorate were responsible for, and took the opportunity to thank officers for their continued work and dedication with providing services for residents.

1.2 **Conclusion:** The membership and remit of the panel were noted by Members.

2. MINUTES

2.1 The Minutes of the Cabinet Panel meeting held on 8 March 2017 were confirmed as a correct record and signed by the Chairman.

Agenda Pack 3 of 133

3. PUBLIC PETITIONS

3.1 There were no public petitions.

4. ASSISTIVE TECHNOLOGY STRATEGY

[Officer Contact: Helen Maneuf - Assistant Director, Planning & Resources (Tel: 01438 845502)
David Coolbear - Head of integrated Community Support 01438 843872)]

4.1 Members were asked to consider and comment on the report on the Assistive Technology Strategy.

4.2 Members noted that technology was rapidly and continually advancing, and as such a strategy had been developed to establish how the developments within technology can be best used to assist residents with physical or learning difficulties to live more independently.

4.3 The panel heard that the strategy had been based on five strategic aims which were:

- Prevention and Independence
- Information & Choice
- Future Proof
- Partnership
- Value

4.4 In addition, the strategy had four approaches. These were:

- Universal
- Enabling
- Enabling Plus
- Service User Access

4.5 Members broadly welcomed the strategy and noted that it was a useful source of information.

4.6 During discussion it was noted that all service users who are provided with the technology are fully trained and receive ongoing support in the use of any technology or equipment that is provided to them.

4.7 In response to a Member questions, it was established that at the present time, the council were not looking to develop an income stream from the sale of technology aids.

4.8 Members expressed concern the point made in the report that telecare solutions are having a detrimental effect on carers and that not enough consideration has been given to carers views in

providing technological solutions for service users. It was established that this was a global issue and it was important to continue to ensure that a broadbrush approach was not adopted when recommending telecare solutions for residents.

- 4.9 Members learnt that work is ongoing with regard to encouraging the District Councils to sign up to the strategy. At present Watford Borough Council and North Herts District Council were working with the County Council and it was hoped that once the strategy gained momentum and achieved some successes, then the other district and borough councils would follow suit. Members were reminded that historically there had been 45 different housing providers, but now 85% of these work through the North Herts Careline, so partnership working was achievable.
- 4.10 It was established that the strategy had been developed with the longterm future in mind, whilst also addressing the current needs and use of technology by service users within the county. Members learnt that there were currently 4000 users of telecare within the county, and by increasing the amount of users through the development and implementation of the strategy; this would by its nature increase the safety and security of service users which would provide assurance for them and their carers.
- 4.11 Members also learnt that the most recent developments in technology included heat and motion sensors, which allowed for the tracking of the behaviour pattern of service users, thus enabling more targeted and tailored care provision.
- 4.12 In response to a Member question regarding the timeline for the implementation of the strategy, Members learnt that the contracts with Serco and North Herts Careline were due to expire in Spring 2019, so planning was already in place to consider whether the contracts would be extended and developed to include the recommendations outlined within the strategy.
- 4.13 Members received assurance that with regards to the Domestic Abuse Management element of the strategy, Iain Macbeath, Director of Adult Care Services, was the commissioner for Domestic Abuse Support Services, and therefore would ensure that any requirements in this area were considered and implemented as appropriate.
- 4.14 Members were further assured that in the light of the Grenfell Tower block fire tragedy, officers had worked very closely with officers from Community Protection to assist with developing the strategy.
- 4.15 Members agreed that although advances in technology were welcomed, the importance of human contact should continue to

retain prevalence and importance.

4.16 **Conclusion:**

The Panel noted and commented upon the proposed Assistive Technology Strategy for Adult Care Services for recommendation to Cabinet.

Deborah
Jeffrey

5. REVISED 2017/18 ADULT CARE SERVICES BUDGET FOLLOWING ADDITIONAL SOCIAL CARE FUNDING

[Officer Contact: Helen Maneuf - Assistant Director, Planning & Resources (Tel: 01438 845502)]

5.1 Members were asked to note and comment upon the changes to the Adult Care Services Budget further to significant changes to funding streams that had been announced since the 2017/18 budget had been agreed in February 2017.

5.2 Members were briefed that since the 2017/18 Adult Care Services Budget had been agreed the following developments had taken place:

- In March 2017, Herts Valley Clinical Commissioning Group (HVCCG) reduced the amount of funding to Hertfordshire County Council from £8.5m to £4.5m. The £4.5m payment was inclusive of the £1m payment for the Protection of Social Care, so the total loss equates to £5m.
- In the Spring Budget the Chancellor of the Exchequer announced additional funding for Social Care. Hertfordshire's allocation would be £13.071m for 2017/18, £11.656m for 2018/19 and £5.819m for 2019/20.
- Following on from the Spring Budget announcement, East and North Herts Clinical Commissioning Group (ENH CCG) announced that they would be reducing the amount of funding for £2017/18 by £4.25m.

5.3 Members attention was drawn to the detailed proposals to address the changes in funding, outlined in section 4 of the report. Members were invited to comment on the proposals.

5.4 During Member discussion it was established that the reason why the spending areas differed in length from one to three years was because the funding budget from central government reduced year on year, and at this stage it was unclear how some areas would receive sustained funding beyond year one. It was noted that alternative methods of funding were being explored.

- 5.6 In response to Member questions, it was noted that at present the planning processes for discharge from Watford General Hospital were still perceived as not being as efficient as those from the Lister Hospital, and work was ongoing to continue to try and improve with 'closing the gap'.
- 5.7 It was further noted that it had not been established as to whether there had been any impact of closure of wards at St Albans City Hospital on discharge rates at Watford General Hospital. Iain Macbeath, Head of Adult Care Services agreed to undertake an investigation into this and report back to the panel. Iain Macbeath
- 5.8 Members learnt that it was unclear as to how the amount allocated by the Chancellor had been calculated. It was explained that normally this is calculated by a general needs formula, with coastal authorities, who traditionally have a larger older population, receiving higher amounts of funding.
- 5.9 Members welcome the suggestion by Mr Macbeath to the arrangement of a 'bite size' session for new and existing Members to discuss the whole Adult Care Services budget in more detail. Iain Macbeath
- Conclusion:**
- 5.10 Members noted the report and agreed to recommend to Cabinet the revised Adult Care Services budget proposals for 2017/18. Deborah Jeffrey
- 6. QUARTER 4 PERFORMANCE REPORT**
- [Officer Contact: Helen Maneuf - Assistant Director, Planning & Resources (Tel: 01438 845502)
Matt Chatfield – Adult Social Care Performance Manager (Tel: 01438 845387)]
- 6.1 Members were asked to review and comment on the Adult Care Services Quarter 4 Performance Monitor for 2016/17.
- 6.2 The panel was provided with a presentation at the meeting which provided additional detail behind the information provided in the report. The presentation is attached to the minutes as Appendix A.
- 6.3 Members learnt that as much early intervention work as practicable was being undertaken to ensure that residents who needed support were not slipping through the net, which led to them only seeking support when they were at crisis level.
- 6.4 In response to a Member question, Mr. Chatfield agreed to provide the panel with a detailed analysis of the discharge delay rates from hospitals by health trust for information. Assurance was received Matt Chatfield

that as well as the two Hertfordshire Trusts, East & North Herts (ENHT) and West Hertfordshire (WHHT) this would also cover cross border trusts, wherever a Hertfordshire resident is admitted, including Barnet and Chase Farm Hospital Trust (Barnet Hospital), Cambridge University Hospitals (Addenbrookes Hospital), Royal Free London NHS Foundation Trust, and The Princess Alexandra Hospital NHS Trust.

6.5 The Deprivation of Liberty (DOLS) applications process was explained to Members and it was noted that due to the stringent criteria attached to the assessment process for applications, it was becoming increasingly challenging to assess all applications received in a timely manner. Members were advised that this was a national issue but an interim solution to this was being undertaken where appropriate, where an assessment to a residential setting was conducted as a whole rather than by individual need which enabled a number of applications to be processed in one visit.

6.6 The Hertfordshire Care Quality Standard for Quarter 4 was also noted and discussed by Members. It was noted that due the nature of the data this was the best performing quarter as improvements had been made and targets met throughout the year.

6.7 Members were reassured that the increase in the number of safeguarding concerns between 2015/16 and 2016/17 was positive as this meant that awareness and confidence to report had been raised. It was agreed that Members would be provided with the national statistics for the reporting of safeguarding concerns in order to enable to understand the broader picture and context of this more clearly.

Helen Maneuf

6.8 In response to Member concern regarding the lack of statistics for the number of complaints upheld for residents in Learning Disabilities Accommodation, assurance was received that this was a matter that was being looked into, and every effort would be made to ensure that this was a statistic that could be provided in future reports.

Helen Maneuf

6.9 **Conclusion:**
Panel noted and commented on the Quarter 4 Performance of the Adult Care Services Directorate.

7. OTHER PART I BUSINESS

There was no other Part I business.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

**CHAIRMAN'S
INITIALS**

.....

Introduction to Adult Social Care Performance Indicators

Adult Social Care Outcome Framework Indicators

- Introduced 6 years ago
- Designed to measure the impact and difference adult social care makes
- All adult social care providing councils are measured using the ASCOF
- Calculated from 3 main sources
 - Statutory data submissions (SALT)
 - Adult User Survey (every year)
 - Adult Carer Survey (every 2 years)

Indicators reported to Care Panel

- Key indicators that we can collate information on a quarterly basis
- However, how Hertfordshire performance in all ASCOF indicators will be presented to Care Panel when available

Percentage of people/carers self-directed support

- Looks at all clients receiving a long term service on the last day of the year
- How many of those had the following:
 - Been informed about a clear upfront allocation of funding
 - An agreed care and support plan about what needs to be met and outcomes achieved
 - They can use the funding in ways and at times of their choosing
- Indicator for carers is the same except counts all carers throughout the year
- Higher % = better performance

Percentage of people/carers receiving direct payments

- Same cohort of clients as for self-directed support (all clients receiving a long term service on the last day of the year)
- Client received their allocation of funding directly through a direct payment
- Same for carers except counts carers receiving a service throughout the year
- Higher % = better performance

Permanent Admissions to Care Homes

- How many people have we placed in either a residential or nursing care home within the year? Indicator split over 2 age groups
- Converted to a rate per 100,000 population to allow us to compare against other authorities
- Lower rate = better performance

Older People at home 91 days after leaving hospital into reablement

- Cohort is clients aged 65+ who have been discharged from hospital into a social care funded reablement service
- 91 days after that discharge, is the client back at home?
- Higher % = better performance

Delayed Transfers of Care attributable to social care

- At midnight on the last Thursday of every month, how many patients are in a bed but...
 - Have been medically assessed as ready to be discharged
 - Have not been discharged as they are waiting for social care activity (assessment, putting a service in place etc)
- Converted to a rate per 100,000 for comparison purposes
- Lower the better

Number of DOLS applications

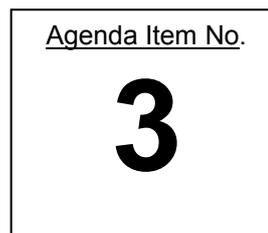
- Deprivation of Liberty Standards introduced as a result of European Court of Human Rights case
- If a client loses mental capacity then it may be in best interests for other people to decide what's best for them. However, a lack of mental capacity must be established before a decision can be made on your behalf. DOLS designed to protect your rights if you need to be detained in hospital or care home.
- No target set, for information purposes allowing members to have an overview of DOLS activity

Number of safeguarding concerns

- A sign of suspected abuse or neglect that is reported to the council or identified by the council. Safeguarding concerns can include cases of domestic abuse, sexual exploitation, modern slavery, and self-neglect
- No target set, for information purposes allowing members to have an overview of safeguarding activity

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH CABINET PANEL
MONDAY 3 JULY 2017 at 2.00pm**



**WEST HERTFORDSHIRE HOSPITALS TRUST – STRATEGIC OUTLINE
CASE**

Report of the Director of Adult Care Services

Author:- Edward Knowles, Assistant Director – Health
Integration (Herts Valleys) (Tel: 07812 324788)

Executive Member/s:- Colette Wyatt-Lowe, Adult Care and Health

1. Purpose of report

1.1 This report presents a summary of West Hertfordshire Hospitals NHS Trust's (WHHT) Strategic Outline Case (SOC) for the provision of acute hospital services in West Hertfordshire. Panel is recommended to note the information contained in the SOC and the comments made previously by Health Scrutiny Committee and to recommend to Cabinet the Council formally responds to WHHT.

2. Summary

2.1 WHHT has formally written to all local partners in the Hertfordshire and West Essex Sustainability and Transformation Plan footprint, including the Council, to seek support for the preferred way forward as described in the SOC summary – specifically for acute hospital services in West Hertfordshire to continue to be provided from the existing hospital sites at Watford and St Albans. The letter is attached as Appendix A. The summary of the SOC is attached as Appendix B and the full SOC is available on-line and referenced within the background documents section of this report. With the support of partner agencies, WHHT will seek approval from NHS England to allow it to continue to work up an Outline Business Case.

2.2 Section 4 of this report highlights the key elements of the SOC and the process by which it reached its preferred way forward.

2.3 The Director of Adult Care Services recognises the need for change to the operating and working environment at Watford General Hospital since the quality of the estate contributes to some of the key challenges and performance issues faced by the hospital and by Council staff operating in the hospital.

- 2.4 It should be noted that a Greenfield site, though ruled out on the basis of affordability, would offer significant opportunities. However, WHHT have identified their preferred way forward as the most realistic means in terms of capital request, of meeting the urgent need to develop a safe and effective solution before the estate and performance deteriorates further.
- 2.5 The SOC was considered by the Health Scrutiny Committee at its meeting on 8 November 2016.

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/599/Committee/12/Default.aspx>

In its discussion, members considered that a new build in a Greenfield site would be the best solution if there were no funding constraints; however, given the financial challenges, the rebuild and hub option was more realistic and the only plan that was financially achievable. Members also suggested it was possible to remain committed to the long term aspiration of a new hospital whilst fully supporting the more financially realistic and deliverable re-build and hub option. The Committee agreed that the Chairman write a letter to NHS England and local MPs requesting that in an ideal scenario funding could be allocated for a centrally located new build however, understanding the current financial climate, it should be noted that the Committee supported the preferred rebuild and hub option; and that funds be identified and committed as early as possible to allow planning to take place.

- 2.6 The Council is also working closely with Princess Alexandra Hospital in Harlow, which serves Hertfordshire residents in the east of the county, in their work to develop a SOC for capital investment. This work is at an early stage, although it is important that all Hertfordshire residents have access to acute care delivered in fit-for-purpose facilities.
- 2.7 The form of the letter is to be agreed by the Director of Adult Care Services in consultation with the Executive Member.

3. Recommendation/s

- 3.1 Panel is recommended to:

- Note the information contained in the SOC
- Note the comments of the Health Scrutiny Committee
- Recommend to Cabinet that a formal response is made to the letter received from WHHT stating that the Council recognises the attraction of an entirely new hospital on a site that would be convenient to the residents of the whole area served by the Trust but understands that, if

early funding is not available to progress such a project, patient services and safety may be put at risk. Therefore, should it be impossible to develop a new hospital swiftly, the Council would support WHHT's application for funding to enhance the Trust's buildings and facilities as outlined in the SOC.

4. Background

- 4.1 In November 2014, *Your Care, Your Future* set out a strategic vision for the future of health and social care services in west Hertfordshire – to ensure that patient care is joined-up, better co-ordinated and can be accessed closer to home. This vision for west Hertfordshire has been reiterated in *A Healthier Future*, the Hertfordshire and West Essex Sustainability and Transformation Plan (STP).
- 4.2 The Strategic Outline Case (SOC) is a key document required by NHS England as part of any major NHS estates development. A SOC appraises the main options for transformation and outlines a preferred way forward.
- 4.3 The WHHT SOC, as summarised in Appendix B, sets out the acute hospital transformation required in order for it to support the reconfiguration of services in the *Your Care, Your Future* programme.
- 4.4 WHHT notes that the current estate does not provide the required capacity and that it suffers from major functional suitability issues that adversely impact on patient care and experience and presents a significant risk to business continuity, which will put patient safety at risk if nothing is done. WHHT also notes that improvements in their estates are necessary to support WHHT's financial sustainability.
- 4.5 The SOC has been developed by WHHT taking into account future demand, operational considerations and patient flow. In addition, WHHT and Herts Valleys Clinical Commissioning Group undertook a series of public consultation and engagement activities around the development of the SOC.
- 4.6 An initial long list of options was assessed against non-financial criteria including access, patient experience, deliverability and strategic alignment. The resulting short list of options was then taken forward for more detailed economic and financial analysis.
- 4.7 Following this analysis, the SOC rules out Greenfield sites and concludes that the preferred way forward is for the Watford General Hospital to continue to be the location of emergency and specialised care and for the St Albans City Hospital site to continue to be the location for planned care.

4.8 If the SOC is approved by NHS England, further analysis will be undertaken on options including a new build on the Watford General Hospital site, a redevelopment of the Watford General Hospital site and a redevelopment of the St Albans City Hospital site. It is likely that the preferred approach would balance new build with redevelopment and refurbishment of existing buildings to provide the best value for money.

5. Equalities implications

5.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.

5.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

5.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

5.4 As WHHT has developed the SOC it will need to consider the impact of its proposals on any individual or group with protected characteristics as part of the development of their business case and the Council will input into as required.

Background documents

- *Your Care, Your Future* –

<http://hertsvalleysccg.nhs.uk/your-care-your-future/the-your-care-your-future-vision>

- *West Hertfordshire Hospitals Trust Acute Transformation – Strategic Outline Case (February 2017)*

http://www.westhertshospitals.nhs.uk/about/board_meetings/2017/february/documents/ITEM_2a_WHHT_AcuteTransformation_SOC_v1-0_170203.pdf

Appendix A- Correspondence from WHHT

Appendix B- SOC Summary

Are attached as separate documents.

Appendix A – Correspondence from West Hertfordshire Hospitals Trust

Subject: STP SOC Presentation - email from Helen Brown

Importance: High

Dear Colleague,

**Re: West Herts Hospitals NHS Trust
Strategic Outline Case (SOC)**

As you will be aware the Trust has been working over the past year to review the options for the redevelopment of its hospitals to meet future service needs and address the very poor condition and suitability of its existing estate infrastructure. This work has been undertaken jointly with HVCCG and is fully reflective of Your Care, Your Future and STP transformation and sustainability strategies.

The WHHT Trust Board approved a strategic outline case for the redevelopment of its estate in February 2017.

The SOC recommends the redevelopment of the Watford and St Albans Hospital sites, with emergency and specialist elective care provided at Watford and St Albans Hospital further developed as a planned care centre. As set out in Your Care, Your Future, Hemel Hempstead General Hospital will be redeveloped as a local health facility with a range of urgent care, diagnostics, outpatient and primary care facilities.

A wide range of stakeholders were engaged in the development of the SOC and HCC scrutiny committee has confirmed its support for the preferred way forward although they have also stated a clear preference for new build solutions.

Please find attached a copy of the SOC together with a summary briefing pack for partners and some FAQs that relate particularly to the decision not to recommend the greenfield site option.

As part of the review / approvals process we have been asked to demonstrate support from STP partners for the SOC. Could I therefore please ask you to formally confirm your support for the SOC by **Friday 23rd June**.

I would be grateful if in the meantime you could confirm receipt of this letter and confirm the process you expect to follow internally in order to provide this formal confirmation of support, with any key meeting dates. Please do let me know if you anticipate any difficulties with securing organisational support so that we can discuss how best to address any concerns.

If you require any further information or would like a face to face briefing or presentation to a relevant decision making body please do let me know so that this can be scheduled in during May or early June.

Thank you

Yours sincerely

Helen Brown

Deputy Chief Executive
West Hertfordshire Hospitals NHS Trust

01923 217388
07931 178224



Appendix B



Acute Transformation Strategic Outline Case

Briefing for STP Partners, May 2017



Overview

1. Your Care, Your Future and the STP for Hertfordshire and west Essex have set out a fundamental change in the way services should be delivered, and this is reflected in our future vision for our hospitals.
2. WHHT's current estate has poor functional suitability and represents a serious risk to business continuity; doing nothing is not an option.
3. Estate improvements will support new ways of working, leading to both efficiency and quality improvements, improving WHHT's income and expenditure position in the long term.
4. The Strategic Outline Case (SOC) rules out greenfield options and seeks approval to do more detailed analysis to confirm required works at WHHT's existing sites.
5. There is a spectrum of possible works to meet local requirements, but the SOC sets out two main options.

1. Your Care, Your Future and the STP for Hertfordshire and west Essex have set out a fundamental change in the way services should be delivered, and this is reflected in our future vision for our hospitals

Your Care, Your Future has set out a future model of care to address an urgent case for change

Your Care, Your Future has established a compelling case for change for the local health economy:

- **Changing population needs** – A rapidly ageing population and more people with long term conditions
- **Quality** – Increasing A&E attendance and emergency admissions are placing pressure on services
- **Sustainability** – Providers are generating increasing deficits and the workforce is under pressure

The future model of care addresses these factors based on the following principles:

- Greater focus on prevention
- Care closer to home
- More joined-up patient centred services
- Sustainable for the future

As part of the STP, HVCCG has forecast the following impacts over the next six years:

- 35% reduction in A&E attendances
- 13% reduction in elective admissions
- 28% reduction in non-elective admissions
- 25% reduction in outpatient appointments

WHHT needs to reconfigure its estate to deliver sustainable, high quality acute care for the next 20 years, in support of the Your Care Your Future model of care

In developing our plans for acute hospital services of the future, we have assumed:

- The Your Care Your Future impacts (outlined above) will be achieved by 2025/26
- The same percentage reductions will be further achieved between 2026/27 and 2035/36

Agenda Pack 28 of 133

The Your Care, Your Future model of care will transform the services being delivered from acute hospital sites

A greater focus on prevention and delivering more care closer to home will change the care provided from acute hospital sites:

- There will be a reduced number of admissions (relative to population size) due to pathway redesign and a move from unplanned to planned care
- **But**, those who are admitted are likely to be higher complexity

	2015/16	2025/26		2035/36	
Population	590,000	665,000	+13%	749,000	+27%
Forecast activity <u>without</u> Your Care, Your Future interventions					
Elective admissions	7,582	9,427	+24%	11,733	+55%
Non-elective admissions	54,395	68,507	+26%	86,111	+58%
Day cases	37,337	47,700	+28%	62,679	+68%
Outpatient appointments	454,557	677,663	+49%	1,010,274	+122%
Forecast activity <u>with</u> Your Care, Your Future interventions					
Elective admissions	7,582	8,184	+8%	8,867	+17%
Non-elective admissions	54,395	54,307	+0%	56,965	+5%
Day cases	37,337	47,700	+28%	62,679	+68%
Outpatient appointments	454,557	513,436	+13%	600,023	+32%

Agenda Pack 29 of 133

2. WHHT's current estate has poor functional suitability and represents a serious risk to business continuity; doing nothing is not an option

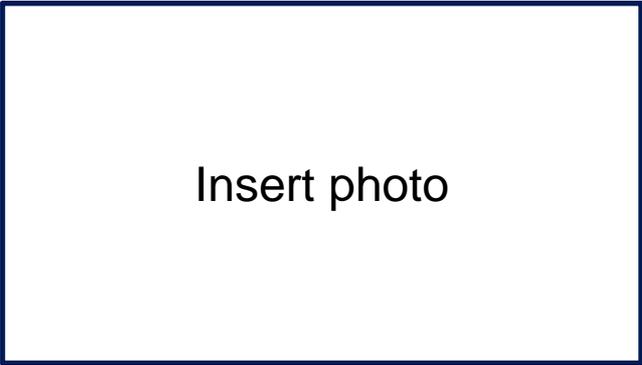
WHHT's current estate does not meet current standards and cannot support modern healthcare needs

The WHHT estate does not meet current NHS building standards expected for acute hospitals:

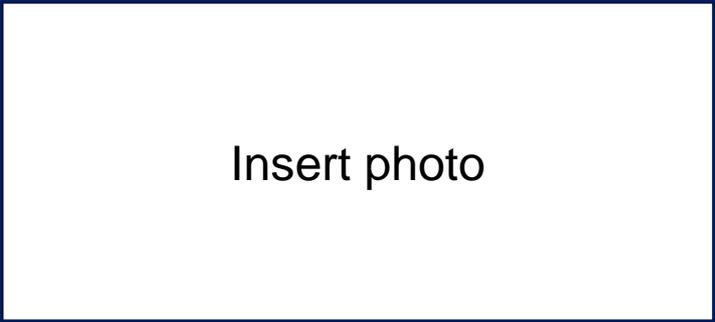
- Only 10% of the WHHT inpatient bed base is in single rooms
- Inpatient ward areas are based on six bedded bays (rather than four) and are half the required size
- The neonatal unit is only 30% of the required size
- The delivery suite rooms are only 44% of the required standard

Further specific examples demonstrating the poor functional suitability of the WHHT estate include:

- Patients being transported between the main clinical buildings in WGH **must travel via an underground service corridor** used for domestic and clinical waste, stores deliveries and catering services.
- Many buildings have reached end of life and are no longer fit for purpose. Even with major refurbishment they **could not be considered suitable for clinical services.**



Insert photo



Insert photo

- A **severe shortage of facilities** such as waste disposal, linen storage and staff rest facilities adversely impacts on operational efficiency and staff and patient experience.

Agenda Pack 31 of 133

WHHT's current estate is a significant risk to business continuity and the cost of maintaining it are escalating

Over 68% of WHHT's total estate, and 80% of the WGH site, is assessed to be in 'poor' condition or worse and backlog maintenance is estimated at over £100m.

A number of serious business continuity incidents have occurred over the last year:

- Closures or restrictions of use for operating theatres at WGH and SACH due to **failures of ventilation systems**
- Loss of beds or clinical activity due to **water ingress** following heavy rainfall or failures in water distribution pipework (frequent at all sites)
- Frequent **sewage ingress** into clinical areas (Emergency Department, WACS and Radiology at WGH) due to failures of wastewater system



- **Road collapse** outside main entrance at WGH due to failure of underground duct
- Failures in steam distribution pipework leading to **frequent loss of heating and hot water** in clinical areas, particularly across WGH site

Agenda Pack 32 of 133

3. Estate improvements will support new ways of working, leading to both efficiency and quality improvements, improving WHHT's income and expenditure position in the long term

A redevelopment of the estate will provide WHHT with the opportunity to properly exploit advances in hospital care

The nature of acute hospital care is changing and so WHHT's estate must be redeveloped to allow exploitation of these advances, and provide flexibility for the future. For example:

Telemedicine

Cumbria and Lancashire Telestroke Network, Aberdeen Royal Infirmary

Description

- Consultants provide clinical advice using an HD camera and monitor.
- Can be used to provide advice to other healthcare professionals in remote locations or out of hours.

Benefits

- Consultants spend less time travelling between sites.
- Available 24/7, leading to faster diagnosis.
- Quicker initiation of the correct treatment.
- Improved recovery rates for patients.



Virtual outpatient clinics

Lancaster Royal Infirmary

Description

- Health professionals use HD video screens to have consultations with patients without being in the same room.

Benefits

- A proportion of consultation rooms can be ~50% smaller, allowing space to be used for other purposes.
- Faster access for patients.
- Reduced travel time and parking for patients.

A redevelopment of the estate will provide WHHT with the opportunity to properly exploit advances in hospital care

Barn theatres

Wrightington Hospital, Lancashire and Broadgreen Hospital, Liverpool

Description

- Open-plan surgical area with an ultra-clean air canopy to prevent spread of infection.
- Particularly appropriate for orthopaedic surgery, involving broadly repetitive processes.

Benefits

- Enables savings on overall floor space, and therefore cost.
- Allows surgeons to improve their knowledge and, in the long run, improve patient outcomes.



Agenda Pack 35 of 138
 5 of 138
 the front.

Endoscopy pods

Chase Farm Hospital

Description

- Each patient has their own trolley space, and ensuite toilet.
- The pod may have a fixed door or

Benefits

- Space efficient method of eliminating mixed sex accommodation, in line with guidance from the Joint Advisory Group of GI Endoscopy (JAG)
- More privacy and dignity for patients.



Estate improvements are necessary to secure WHHT's financial sustainability

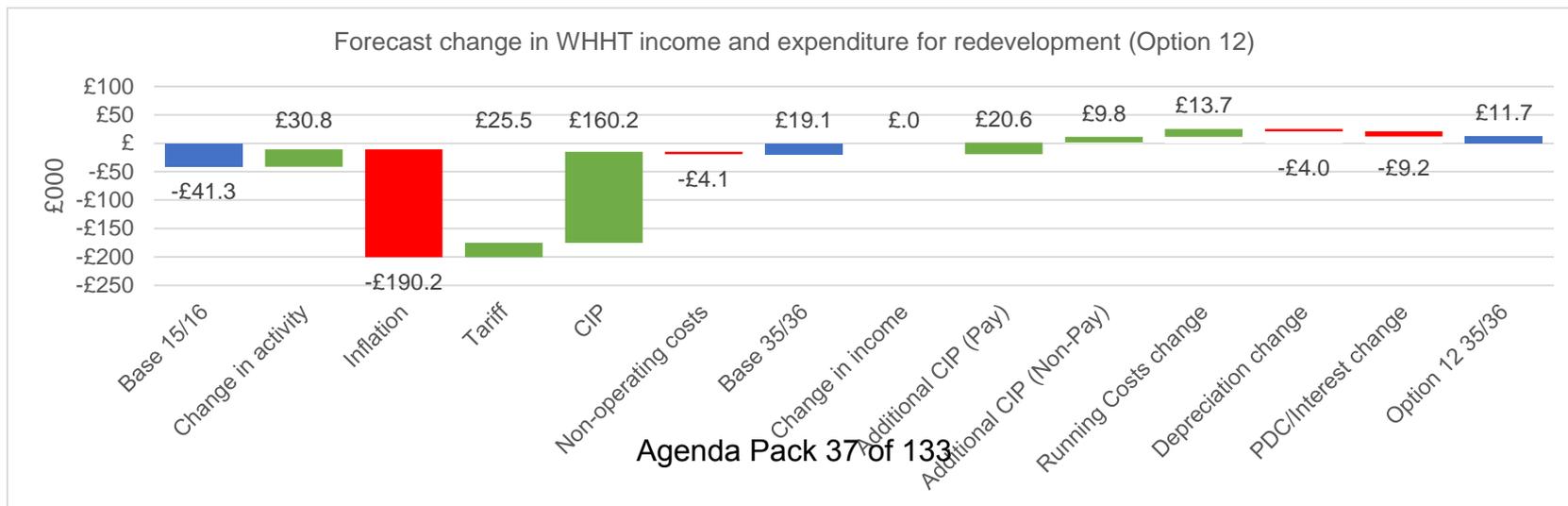
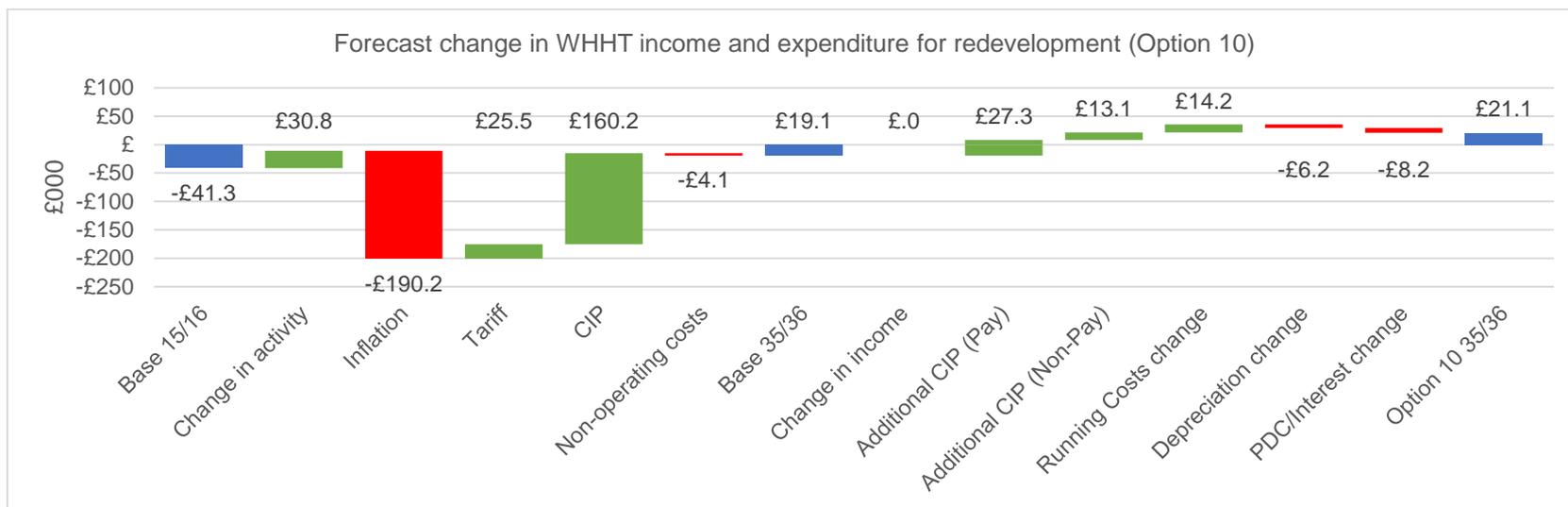
Investing in our estate will increase our annual expenditure:

- In the SOC we have assumed that the required capital investment can be funded by PDC:
 - PDC incurs a charge of 3.5% of the net asset value per year
 - The change in annual costs to service a capital investment of around £600m will be around £15m
- The change in annual costs would be different if the capital investment was funded through private finance (e.g. PF2):
 - The annual cost of capital would be higher, perhaps around 5% of the debt
 - However, this approach would enable risk transfer to the private sector partner, which should ultimately reduce the overall cost to WHHT

But, investment in our estate will lead to financial savings for WHHT:

- Reduced operating costs, as a result of increased efficiencies enabled by the new estate
- Avoidance of future high estates running costs due to the current estate deteriorating

Forecast change in WHHT's income and expenditure



Agenda Pack 37 of 133

4. The SOC rules out greenfield options and seeks approval to do more detailed analysis to confirm required works at WHHT's existing sites

The SOC provides evidence to rule out greenfield options but more work is required to confirm required works

The SOC considered:

- The future location of the emergency & specialised care site
- The future location of the planned care site
- Construction works required at both sites

A greenfield site has been ruled out for both the emergency & specialised care site and planned care site:

- **Affordability** – It would cost significantly more to develop a greenfield site than WHHT’s existing sites, and it is unlikely that investment would be financially sustainable in the long term.
- **Value for money** – It would take much longer to develop a greenfield site and the potential extra benefits are not sufficient to justify the extra cost and additional risk involved.

The proposed preferred way forward is therefore for acute hospital services to continue to be provided from WHHT’s existing estate at Watford and St Albans

- The SOC seeks approval to undertake more detailed design work to establish the implementation approach which is best able to balance value for money and affordability.
- This is likely to balance new build with redevelopment and refurbishment of existing buildings, aiming to achieve as close to new build as possible to ensure the best possible patient experience, with early benefits realisation.
- The Outline Business Case (OBC) will consider the works necessary at each site to meet the requirements, considering the full range from ‘Do Minimum’ to full new build.

5. There is a spectrum of possible works to meet local requirements, but the SOC sets out two main options

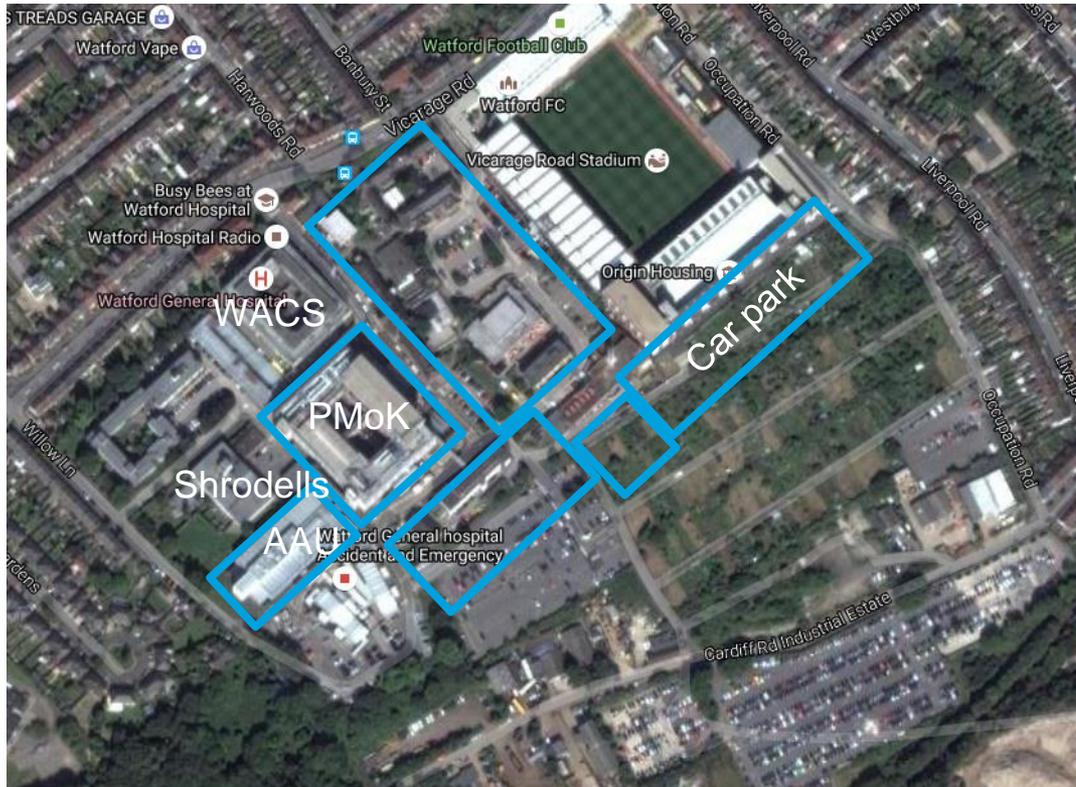
New build on Watford General Hospital site (Option 10)



Note: illustrative only, preliminary design work underway

- A 100% new build option can be achieved on land adjacent to the existing WGH site.
- This is due to the flexibility offered by the Watford Health Campus redevelopment.
- The works could be phased, with existing facilities vacated as new facilities open.
- The main Princess Michael of Kent (PMoK) and Women's and Children's Services (WACS) buildings would be demolished and the land made available for disposal once vacated.
- The Acute Assessment Unit (AAU) and Shrodells unit would support transition and then could be disposed of if no longer needed.

Redevelop Watford General Hospital site (Option 12)



- A redevelopment of the estate would have to be phased, with existing facilities vacated as new / redeveloped facilities open.
- In this option PMoK and the AAU would be retained:
 - PMoK would undergo a major refurbishment and would contain inpatient wards and theatres.
 - AAU would be undergoing a medium refurbishment and provide inpatient ward space.
- The WACS building would be disposed of or converted to offices.
- Shrodells would support the transition and then could be disposed of if no longer needed.
- A significant amount of new build (57% of the final estate) has been factored in to this option for major clinical services.

Redevelop St Albans City Hospital site (Options 10 & 12)



- Both options involve a redevelopment of the SACH site.
- The Gloucester and Runcie Wings would be retained:
 - The Gloucester Wing would undergo refurbishment and would contain the urgent care centre, outpatients and radiology.
 - The Runcie Wing would undergo refurbishment and would contain day surgery and inpatient wards.
- The Moynihan block would be demolished to make room for a new build theatre block.

All options require significant capital investment

- We have developed an estimate of the capital investment required to pursue each option, based on advice from professional project and cost management consultancy Turner & Townsend.
- The work to develop these estimates follows HM Treasury and NHSI guidance, including an adjustment for optimism bias appropriate for SOC stage.
- The required investment ranges from £290m to £641m in 2016/17 prices, depending on the scale of works undertaken.

£m	New Build (Option 10)	Redevelopment (Option 12)	Do Minimum (Option 13/14)
NETT works costs	256	229	115
Typical abnormalities and risk	52	41	23
Non-work costs, equipment and fees	108	95	51
Optimism bias adjustment	104	92	45
Transition costs	15	13	7
VAT	107	94	48
Total	641	566	290

Agenda Pack 44 of 133

We want to gain support for our SOC so that we can move forward to OBC stage

- We have developed a SOC for our proposed acute transformation that:
 - Establishes a compelling case for change for the acute hospital estate in west Hertfordshire.
 - Provides a sense of scale for the size of acute hospital estate required over the next 20 to 30 years.
 - Rules out greenfield options as the future location of acute hospital services.
 - Confirms that there are a number of feasible options for redevelopment of WHHT's current estate to meet future requirements, and that these will improve our financial sustainability.
 - Sets out clear parameters to be addressed at OBC stage.
- We are now looking for support from our STP partners for this SOC, so that we can move forward to OBC stage:
 - We will refine the demand and capacity modelling, based on the work being done by the STP, to confirm the requirements of the future acute hospital estate.
 - We will then undertaken more detailed design work to consider what works are necessary at both Watford General Hospital and St Albans City Hospital sites to meet these requirements, considering the full range from a 'Do Minimum' refurbishment to full new build.
 - This will allow us to establish the implementation approach which is best able to balance value for money and affordability, and confirm the most appropriate commercial approach to deliver it.

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH CABINET PANEL
MONDAY 3 JULY 2017 AT 2.00PM**

Agenda Item No.

4

LEARNING DISABILITY TRANSFORMATION

Report of the Director of Adult Care Services

Author:- Helen Maneuf, Assistant Director Planning & Resources (Tel:01438 845502)

Executive Member:- Colette Wyatt-Lowe – Adult Care and Health

1. Purpose of report

- 1.1 To request that Panel recommends to Cabinet that it agrees the closure of the current Invest to Transform Bid related to the 'Accommodation for Independence Project' and agrees a new Invest to Transform Bid (ITT), designed to deliver better choice and control in relation to accommodation for people with learning disabilities, and improve value for money for spend in this area using a 'whole systems' approach.

2. Summary

- 2.1 Cabinet agreed an investment of £1.65million of Invest to Transform monies in November 2015. The monies were allocated over four years to fund a team to facilitate changes and achieve savings through an 'Accommodation for Independence Programme'. The premise of the programme was to facilitate the large-scale conversion of residential care homes for people with learning disabilities into supported living accommodation.
- 2.2 In November 2016 the government launched a consultation proposing changes to the funding framework for supported housing as part of its implementation of Universal Credit. The proposed changes introduce a level of uncertainty for housing providers which means that there is less willingness from residential home providers to pursue conversion to supported living. The basis therefore of the original proposal is no longer achievable.
- 2.3 Nonetheless, accommodation and the associated care / support delivered into specific settings for people with learning disabilities is a major area of council expenditure and a strategic approach is necessary to deliver effective solutions which offer good outcomes for individuals and provide value for the public purse. The national policy direction is towards more choice and control, and options that promote independent living. Central to this is ensuring there are more 'settled

accommodation' options that give people control over where they live and how they are supported.

- 2.4 The paper therefore proposes a new Invest to Transform bid for £1.14m over three years as part of the ACS Adult Disability Service Efficiency Programme. The new bid is to create strategic planning and commissioning capacity for the service, and deliver solutions that will reduce the cost of future demand to the council, particularly in relation to accommodation costs.

3. Recommendation/s

- 3.1 Panel is asked to note the report and recommend to Cabinet that it:

- a) agrees the closure of Invest to Transform Bid for the 'Accommodation for Independence Project'
- b) agrees a new Adult Disability Service Efficiency Programme Invest to Transform Bid designed to deliver better choice and control in relation to accommodation for people with learning disabilities, and improve value for money in this area by taking a 'whole systems' approach.

- 3.2 Panel's recommendation/s to Cabinet will be reported orally at the Cabinet meeting and circulated to Members in the Order of Business sheet.

4. Background

Original Invest to Transform Bid: Accommodation for Independence

- 4.1 In November 2015 Cabinet agreed an investment of £1.65 million of Invest to Transform monies allocated over four years to fund a team to facilitate changes and achieve savings through an Accommodation for Independence Programme. The key objectives of the programme were to:

- significantly reduce the use of institutional type residential care provision in favour of promoting the development of more sustainable future proofed Supported Living services.
- convert up to 50% of existing residential care to supported living over 3 years.

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/338/Committee/8/Default.aspx>

- 4.2 Savings of £7m were identified, predicated on the different funding arrangements in place in relation to supported housing where certain

costs were eligible to be charged to Housing Benefit, in comparison with traditional residential care where costs fall to the county council.

- 4.3 The Government launched a national Supported Housing consultation in November 2016 proposing changes to the funding regime to take effect in April 2019.

<https://www.gov.uk/government/consultations/funding-for-supported-housing>

- 4.4 The proposed changes will see a limitation on the level to which Supported Housing costs will be covered by Universal Credit. Alternative mechanisms are being considered by which to distribute the difference between amounts currently funded by Housing Benefit and amounts which will not be fundable under Universal Credit. This has created high levels of uncertainty for housing providers and a reluctance to change provision at this time, making the original premise of the bid invalid.
- 4.5 Whilst closure is recommended, the existing Accommodation for Independence project has delivered a detailed review of individual housing schemes and the development of options for future provision. A number of projects have been identified that will be pursued by the Integrated Accommodation Commissioning Team as part of 'business as usual activity'. Delivery of these schemes will generate ongoing annual revenue savings of £275k by March 2019. Costs incurred from the original £1.65m bid amount to £513k and therefore £1.14m is no longer required for this original bid.
- 4.6 The existing project has also identified learning points in relation to the intensive care management support required to work with people and families when considering a change in accommodation to ensure a successful outcomes. All of this must take place within a framework which is guided by what is in the best interests of the individuals concerned.

Proposed New Invest to Transform Bid: Adult Disability Service Efficiency Programme

- 4.7 The County Council's net budgeted spend on people with learning disabilities in 2017/18 is £153.2m. Benchmarking information¹ (2015/16 actual data) demonstrates that Hertfordshire is a high cost authority for learning disability expenditure, indicating that Hertfordshire's social care services for adults aged 18 to 64 (of which learning disability services form by far the greatest element) are some

¹ LG Futures Financial Intelligence Toolkit 2016/17

9.4% more expensive on average than comparator authorities, after adjusting for expected regional cost differences.

4.8 The Adult Care Services Department has created an Adult Disability Service Efficiency Programme² which brings a 'whole systems approach' to delivering an efficient and effective service within budget. The programme recognises that the achievement of learning disability efficiency is a department-wide objective and drive. The approach aims to stabilise annual increases in care purchasing spend and maximise the amount of people supported within available resource. The programme has identified a lack of strategic planning and commissioning capacity and a need for the development of long-term and sustainable solutions. This is best done within a 'whole systems' approach based on best practice, and which requires:

- Detailed knowledge of service users and costs paid to meet needs
- Ensuring all opportunities to maximise independence are taken
- Ensuring all social workers, commissioners, and providers work to achieve outcomes
- Good partnership working with carers to achieve outcomes
- Alignment in support levels between children and adult services
- Good partnership working with NHS for those with very challenging behaviours
- A workforce with the right skill sets to support this agenda
- Housing strategies to support those who are suited to supported living
- Housing and associated strategies for those with more complex needs
- Culture change and time to achieve and embed new ways of working and service design.

4.8 A new Invest to Transform bid has been prepared which is attached at Appendix A. The intention of the bid is to create the capacity to support the drive towards efficiency and effectiveness that will see the County Council's spend profile move closer to other local authority comparators, reducing the cost of future demand to the council, particularly in relation to accommodation costs.

4.9 The Invest to Transform activity will focus on:

- a) Putting in place the overall framework for efficiency set out in paragraph 4.7
- b) Improving data, intelligence and strategic planning and commissioning capacity to analyse predicted demand, and working particularly with the Children's Services and Resources Departments to do this;
- c) Delivering strategies for effective demand management which will include a major procurement exercise in relation to supported living,

² The Adult Disability Service comprises Learning Disability and Physical Disability services for adults 18-64

and other options to secure supply of appropriate accommodation, working particularly with the Property Service.

- d) Providing the care management, specialist housing and project support to:
 - Improve access to mainstream housing for people with mild to moderate learning disabilities
 - Improve access to mainstream residential and nursing care for older people with learning disabilities.
- e) Ensuring sustainable arrangements at the end of the period of the Invest to Transform bid.

4.10 A series of milestones have been identified that will guide activity and there will be regular progress tracking. Performance indicators to measure achievement of benefits will include financial measures, such as per capita cost reduction, and wider measures such as service user experience.

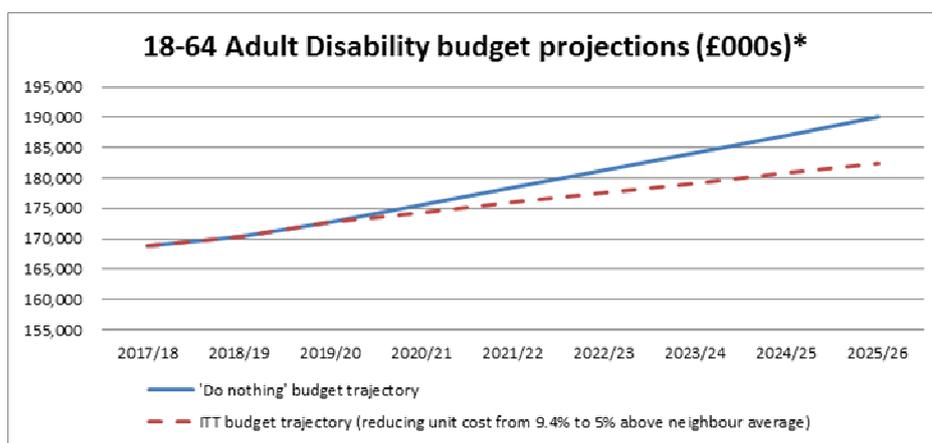
5 Financial Implications

5.1 The table below summarises the efficiency requirements in the current Integrated Plan relating to adults with learning disabilities

	17/18 £'000	18/19 £'000	19/20 £'000
Adults with Learning Disabilities	2400	3,100	5,600

- 5.2 The Adults Disability Service Efficiency Programme is targeted to deliver these amounts. Projects 2 and 3 in this bid will also support specifically the achievement of these efficiencies, for example the bid identifies £482k per annum of cashable savings in the work proposed to create access to mainstream residential accommodation for older people with learning disabilities.
- 5.3 Looking further ahead, the population of adults with learning disabilities in Hertfordshire is due to increase by 14.7% by 2030 and therefore, all things being equal, the council will need to expand future funding in overall terms.
- 5.4 The premise of the new Invest to Transform bid is to reduce the cost of future demand in this area of spend. The graph at paragraph 5.6 below models a reduction in per capita costs from 9.4% above nearest neighbour average (per the benchmarking report referred to in paragraph 4.6) to 5% above average by 2025/26. This percentage is felt to represent a realistic target given current performance, but work to improve data and cost information will help to understand the opportunities to achieve greater levels of efficiency beyond this.

- 5.5 The model uses IP figures to 2019/20 and beyond that assumes 0.6% annual population growth and underlying inflation of 1%. The thick line or 'do nothing' projection therefore assumes per capita costs increase 1% per year from 2020/21 onwards. The dashed line assumes this per capita cost increase can be made lower as a result of the Adult Disability Services Efficiency Programme and that these benefits start to arise from 2019/20.
- 5.6 By 2025/26, per capita costs are brought down by £1.5k per person from a 'do nothing' projection of £37.5k to £36k which results in a £7.7m annual financial benefit.



[* assumes existing budget projections as per the 2017/18 Integrated Plan to 2019/20 and thereafter 1% underlying inflation and population growth]

[* assumes relative reduction in unit costs from 2020/21 onwards from 9.4% to 5% above average]

- 5.7 The key risks in the model are around the timing and deliverability of the reduction in per capita costs, along with the assumptions on population growth and the underlying inflation rate. In particular a higher rate of inflation or population growth would see a much steeper increase in the 'do nothing' line.
- 5.8 The model will be able to be refined and its accuracy improved as a result of the proposals set out in the ITT bid, and the progress towards the reduction in costs will need to be carefully monitored.
- 5.9 The bid costs are £1.14m for creation of a staff team to deliver this activity to be incurred over the period August 2017 until July 2020. The costs cover:
- Programme management for the Adult Disability Service Efficiency Programme
 - Commissioning leads for Supported Living procurement and the management of specific commissioning work strands

- c) Care Management staff and management to oversee operational care management related tasks
- d) Senior Estates officer – to provide linkages between corporate property and support on suitability of property and associated opportunities.

6 Equalities Implications

- 6.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equality implications of the decision that they are making.
- 6.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment produced by officers.
- 6.3 The Equality Act 2010 requires the County Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 6.4 An Equality Impact Assessment has been undertaken and this is annexed at Appendix B.

Background Information:

Appendix A – Invest to Transform Bid

Appendix B- Equalities Impact Assessment (EqIA)

Appendix C- Young People's Efficiency Programme Benefits Map

Are attached as separate documents.

Appendix A- Template for Business Case for ITT Bids

Service and Portfolio: Adult Care Services			
Project Sponsor: Sue Darker / Helen Maneuf		Budget Holder & Budget Manager:	Sue Gale Sue Darker
Project Name: Adult Disability Service Efficiency Programme			
Brief Project Outline: To improve the management of growth in demand for services for people with learning disabilities and thereby improve value for money for spend, and control the cost of future demand. Benchmarking information indicates that Hertfordshire’s Learning Disability (LD) services are some 9.4% more expensive on average than comparator authorities, after adjusting for expected regional cost differences. Modelling indicates that bringing costs down to five per cent above average by 2025/26 could offer an annual financial benefit of £7.7m in comparison with costs that might be expected if no other action is taken ¹ . The intention of the bid is to create the capacity to support the Adult Disability Service Efficiency Programme that will see the council’s spend profile move closer to other local authority comparators, reducing the cost of future demand to the council, particularly in relation to accommodation costs. The Invest to Transform (ITT) activity will focus on both: <ul style="list-style-type: none"> • Driving forward the Adult Disability Service Efficiency Programme, putting in place the overall arrangements for efficiency in this area as identified in this bid document. • Improving data, intelligence, strategic planning and strategic commissioning capacity to analyse predicted demand, and plan and deliver solutions for how it is managed, and within the overall programme, specific pieces of activity associated with the Right Home / Right Time workstream: <ul style="list-style-type: none"> • Improving access to mainstream housing for people with mild to moderate learning disabilities • Improving access to mainstream residential and nursing care for older people with learning disabilities. 			

¹ Further detail on caveats and assumptions later in document

Context

National Picture of Learning Disability Spend

Nationally LD spend is recognised as one of the more difficult areas of social care spend against which to achieve savings. Spend on LD service users has not reduced at the same rate as for other user groups over the five years to 2014/15². Councils are experiencing growth in demand of around 3% from new service users who have a learning disability.

Those councils which have developed more sustainable solutions for improving outcomes and efficiency in this service area have³:

- **Detailed knowledge of service users and costs paid to meet needs**
- **Ensured all opportunities to maximise independence are taken**
- A strong focus on ensuring all social workers, commissioners, carers and providers work to achieve outcomes
- Good partnership working with carers to achieve outcomes
- Reduced discrepancies in support levels between children and adult services
- Good partnership working with NHS for those with very challenging behaviours
- Developed a workforce with the right skill sets to support this agenda
- **Housing strategies to support those who are suited to supported living**
- **Housing and associated strategies for those with more complex needs**
- **Appreciated the necessity for culture change and time to achieve and embed new ways of working and service design.**

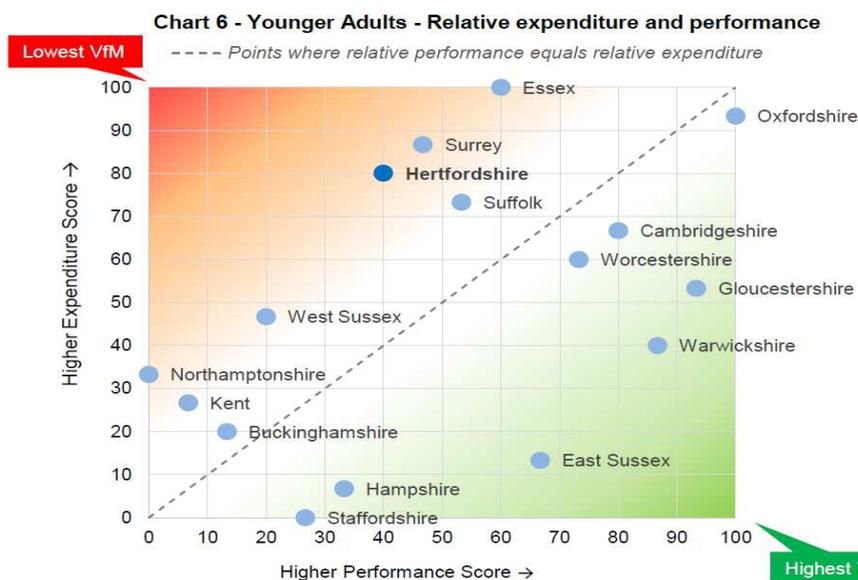
² LGA Adult Social Care Efficiency Project

³ LGA LD Services Efficiency Report

Hertfordshire Picture of LD Spend

HCC budgeted spend on people with learning disabilities in 2016/17 is £152.4m.

Benchmarking information⁴ (2015/16 actual data) demonstrates that Hertfordshire is a high cost authority for Learning Disability expenditure, even after controlling for area cost differences:



Hertfordshire's pattern of comparatively high spend is likely to have continued in 2016/17, particularly since the LD service financial outturn for 2016/17 was £7.6m overspend. This outturn result continued a trend of increasing overspend pressure in the service in recent years:

Financial Year	2013/14	2014/15	2015/16	2016/17
	£'000	£'000	£'000	£'000
Final outturn LD	-2,129	478	4,324	7,619

⁴ LG Futures Financial Intelligence Toolkit 2016/17 – NB chart shows spend for younger adults for all client

The Accommodation Challenge for People with Learning Disabilities

A major cost driver for LD is that of accommodation and care / support delivered into specific settings. The national policy direction is towards more choice and control, and options that promote independent living. Central to this is ensuring there are more 'settled accommodation' options that give people control over where they live and how they are supported. In this context, 'settled accommodation' means individuals having security of tenure in the medium to long term, in models where the individual's status as owner/ occupier or tenant allows them to access certain benefits and, if they wish, change their provider without having to move home.

Currently in Hertfordshire there are three main options for meeting personalised housing related needs:

1. A place in a residential care home – this is not 'settled accommodation' in terms of the above definition, although residential settings are still viewed as having an important role to play for certain care groups; the council funds care and 'hotel' costs
2. A place in supported accommodation – this is 'settled accommodation' in terms of the definition, with users typically having tenant status; 'hotel' costs are often funded through benefits
3. Living at home with family carers.

The table below shows 17/18 budgeted LD accommodation / care purchasing spend:

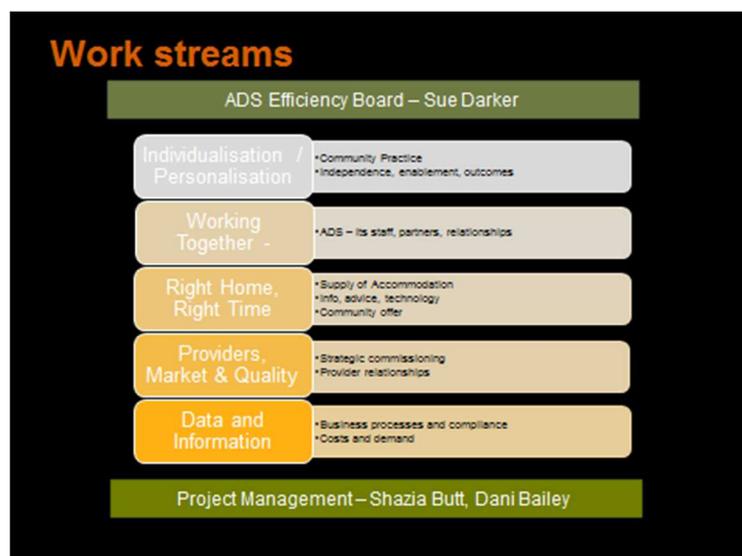
Category	Budgeted spend 2017/18 £'000
Adult Placements	863
Funded Nursing Care	(254)
Residential – long stay – gross	70,908
Nursing	790
Short Stay - gross	1,537
Supported Living	39,868
Total Residential Spend	113,713

Ensuring that all people with a learning disability are living in the right home environment in relation to their needs and aspirations is core to achieving individual outcomes and wellbeing, and also a key area in achieving value for money. In Hertfordshire work on this area has been ad hoc and opportunistic for a number of historical reasons; an effective approach requires new ways of working and a re-thinking of approach.

ACS is developing an Accommodation Strategy to work with new and existing partners to develop its accommodation ambitions locally. The strategy will seek to provide both large scale supported accommodation schemes (moving away from residential care) and locally responsive initiatives that help the council meet accommodation needs in an efficient and effective way.

Adult Disability Service Efficiency Programme

Building on the analysis in the LGA LD Efficiency report cited above, ACS has created an Adult Disability Service Efficiency Programme⁵ which brings a ‘whole systems approach’ to delivering an efficient and effective LD service delivered within budget. The programme recognises that this is a department wide issue and drive. The approach aims to stabilise annual increases in spend and maximise the amount of people supported within available resource, summarised in the diagram below:



The ITT bid seeks support for the overall Adult Disability Service efficiency programme approach and capacity to take forward the ‘Right Home, Right Time’ workstream; all proposed activity is also linked closely to the other workstreams in the diagram above.

⁵ The Adult Disability Service comprises Learning Disability and Physical Disability services for adults 18-64

Cost Reduction Scenario Modelling

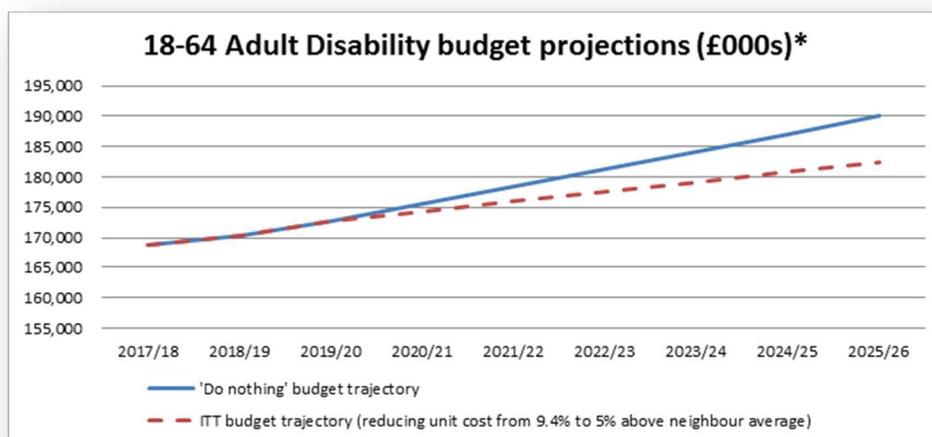
The population of adults with Learning Disabilities in Hertfordshire is due to increase by 14.7% by 2030 and therefore the council is likely to continue to need to expand LD funding in overall terms. This bid aims to support the drive to better cost management in the service with a view to improving value for money over the longer term and reducing the cost to the council of future demand.

The graph below models what would happen if per capita costs were to reduce from 9.4% above nearest neighbour average per the benchmarking report to 5% above average by 2025/26.

The model uses IP figures to 2019/20 and beyond that assumes 0.6% annual population growth and underlying inflation of 1%. The blue line therefore assumes per capita costs increase 1% per year from 2020/21 onwards. The red dashed line assumes this per capita cost increase can be made lower as a result of ADS efficiency programme. By 2025/26, per capita costs would need to be brought down by £1.5k from a 'do nothing' projection of £37.5k to £36k which results in a £7.7m annual saving.

The model assumes that the impact of the whole systems approach starts to be seen in 2019/20 which marks the point at which the thick and dashed lines start to diverge. This is a key milestone as the Council anticipate that by this date there is a new contractual framework for supported living along with property activity that will be improving the supply of suitable care and accommodation for people transitioning into accommodation.

The key risks in the model are around the timing and deliverability of the reduction in per capita costs, along with the assumptions on population growth and the underlying inflation rate. N.B. The model is applied across with Adult Disability Service as a whole including staffing costs.



* assumes budget per IP to 2019/20 and thereafter 1% underlying inflation and population growth

* assumes relative reduction in unit costs from 2020/21 onwards from 9.4% to 5% above average

ITT Bid: LD Efficiency

1. Project 1:

- a) Driving forward the Adult Disability Service Efficiency Programme, putting in place the overall arrangements for efficiency in this area, working with corporate departments, comparison with other council approaches, and ensuring the sustainability of new arrangements at the end of the ITT bid period**
- b) Strategic capacity, management of future demands, improvement of management information, planning and service development activity**

- 1.1. Page 2 of this document identifies the areas required in order to ensure value and effectiveness in relation to expenditure in this area. Whilst the current service has elements of many of these areas there is a need to ensure all these areas are sustained and embedded into standard practice. Project 1a) proposes a programme approach to deliver this and ensure the necessary focus and momentum. This project will also be responsible for embedding the new arrangements so that they are sustained beyond the lifetime of the bid period.
- 1.2. A further element of Project 1a) will be the formation of strong linkages with corporate services for example links with the Intelligence Team to support the development of better management information, and to links to property related activity including the work of the emerging PropCo. Activity will also take place to explore approaches with other councils particularly those showing better performance in the LG Futures benchmarking work.
- 1.3. Project 1b) builds on this to take forward the fundamental transformation of the strategic planning and commissioning capacity in this area. Key to this is developing management information that presents a 'single version of the truth' i.e. a consistent view between service data, finance data and commissioning information. At present management information is held in a variety of places across the organisation, and gives an incomplete and unreliable overview of demand. This makes it difficult to identify and plan ahead to fully understand the level of services required to meet needs and the level of accommodation support required. This in turn hampers the development of appropriate service models and leads to crisis management and reactive placements, which tend to be costlier in nature.
- 1.4. Currently there are fragmented commissioning pathways from the 0-25 operational team and education services into adult services. Additionally, there has been an absence of a strategic commissioning approach for adults with LD aged 18 and over. The absence of a strategic framework has created a difficult market environment, and supply side difficulties. Providers are reluctant to develop new models for support and services in the county. There is an

opportunity for improved market engagement and for procurement activities to drive new and innovative provision including from providers who currently are not trading in Hertfordshire.

- 1.5. Quality, timely and detailed information about service user needs as they move through transition is business critical in order to have effective control of spend. In addition to this, better data and information will support the identification of problematic trends in expenditure, and enhance the ability of commissioners to respond to these by developing appropriate, preventative and cost effective strategies for meeting need, with an ultimate aim of reducing the cost of future demand.
- 1.6. For example the 'LG Futures, Financial Intelligence Toolkit 2016/17- Adult Social Care Report', indicates that Hertfordshire spends proportionately more than comparator authorities on residential spend within the younger adults group, at 40.7% of total accommodation spend, compared to 37.5% for the nearest neighbouring authority and 31.5 % across England. A better understanding of what is driving this distribution of spend will facilitate alternative approaches.
- 1.7. Project 1b) will therefore develop and embed a data management system in order to undertake service user needs analysis and drive commissioning activity.
- 1.8. The project will also review commissioning arrangements to align processes across the department and in relation to the 0-25 service.
- 1.9. This activity will put in place the strategic capacity to deliver the broader LD Efficiency agenda. It will also give the capacity to take forward specific targeted activities, of which projects 2 and 3 below are examples of the sorts of approaches to be developed.

2. Project 2 - Right Home; Right Time - Access to Mainstream Accommodation

- 2.1. This project involves targeted work to support people with a mild to moderate learning disability to live as independently as possible, working in partnership with district/borough council housing services and the county council's Property Services Department. The objective is to identify and alleviate pressures created by either gaps in services or placements which have overtime become inappropriate.
- 2.2. For the existing group already in mainstream housing this project will:
 - (a) Provide appropriate support where this is lacking to sustain tenancies and avoid the need for costlier interventions at times of crisis
 - (b) Move people from supported living into mainstream accommodation with enablement. The Council estimate that there are around 60 people annually who would benefit from a move to mainstream housing with

support

- 2.3 For others still at home with parents this will support work to accommodate people, when they wish for this and where appropriate, in mainstream housing thus reducing the need for more specialist forms of provision.
- 2.4 In principle this will:
- (a) Reduce the cost of care for some service users who are 'over-provided' for;
 - (b) maximise the existing budget to allow for more people to access support within the spend
 - (c) enable people to achieve greater independence at the right time
 - (d) further develop community support where there are currently service gaps i.e. for low level housing related support for people in the community with a Learning Disability.
- 2.5 Spend analysis indicates 292 people are currently in supported living where spend is less than 10k per annum individually – this is a total annual cost of £1,639,415 and average of £5,614 per person per annum. This equates to an hour of support a day and may be an indicator that mainstream accommodation could be beneficial for these individuals, and freeing resource for higher need individuals coming through transition. Care management support will be needed to conduct the care assessments and conversations to carefully support people in moving into settings as appropriate.
- 2.6 In addition and based on information from the Asperger's Team there are approximately 20 people currently who could benefit from living in mainstream housing with minimal support.
- 2.7 Through building on already established links with the county wide district Heads of housing group there is an opportunity for a 'mutually beneficial' arrangement in moving this forward. This will involve engagement from LD team managers taking active role in building local relationships and pathways to support with District Borough council housing services; this could also be an opportunity for the county council's own property strategy.
- 2.8 The Council will also alongside commissioners review the support offered by existing floating housing related support to this LD cohort to establish if further development of service models or investment could support preventative service and a move from social care provision.

3 Project 3 – Right Home / Right Time: Supporting older people with a Learning Disability by accessing mainstream services.

- 3.1 Currently the vast majority of people with a learning disability aged over 60 years live in either, small and specialist LD residential care homes or supported living. As these individuals age, some of the existing care settings are unable to meet their needs due to either the physical environment and/or personal care arrangements which are geared around supporting people with an LD. Whilst the aim is to keep all older people living in their own homes for

as long as possible, inevitably sometimes needs cannot be best met within these limitations. At this point there is an opportunity to create a clear pathway to access services for older people in the same way as the general population. This third project accordingly is around creating the pathway and developing services for older people with LD, so the approach is embedded in to business as usual.

- 3.2 Creating these pathways and developing mainstream residential services will ensure that older people with a learning disability have their needs met, create services to meet new need, and thereby maximise the efficient use of care budgets and service placements.
- 3.3 The total annual spend on people over 65 years of age with LD is £24,382,378. The current average cost per placement in LD is £1193 per week, and for older people in mainstream residential and nursing provision the current cost per placement is £575 per week. The difference on average is £618 per week per placement.
- 3.4 It is clearly unrealistic and inappropriate to move 392 older people out of their homes specifically to achieve savings. A significant saving however is possible with the movement of smaller numbers of people who are struggling to have needs met appropriately in their current care setting.
- 3.5 If at the appropriate time The Council were to place 20 people in Care home for older people with dementia and or mental health conditions at £575.32 the annual cost would be £599,943. The equivalent cost in LD residential placements at an average of £1193 would be £1,244,060. An approximate annual saving of £644,117 would be made for every 20 people placed.
- 3.6 The Council already have examples of older people with a learning disability in mainstream residential care as below case studies highlight;

Example A

Client Y (aged 66) was resettled from Cell Barnes hospital to Granta homes in Baldock in 1991. She has severe epilepsy, severe physical disability and is nonverbal. In 1999 she moved to Poppis Gardens in Ware as her care needs had increased. In the financial year 2014/15 the cost of placement at Poppis Gardens was £64,010. In that year her physical health deteriorated further and she was placed in Premier Court in Bishops Stortford. The Cost of that placement in 2017/18 is £49,809 to HCS and £8,150 to the health service for her nursing care contribution.

Example B

Client X (aged 62) in 2008/09 has a learning disability and was living in Stamford Avenue at an annual cost of £115,366. In 2013/14 she suffered a severe stroke and Stamford Avenue were no longer able to provide the care she needed. Client X moved to a BUPA Nursing home in Luton at an annual cost in 2017/18 of £34,560 to HCS and £8,150 to the health service for her nursing care contribution.

- 3.7 As part of the process the Council would need to ensure that any legal

obligations are fulfilled i.e. court of protection applications and mental capacity processes completed in order to facilitate the moves.

- 3.8 In order to facilitate these moves LD operations would need to prioritise service users over 60 years old for review and care management support to identify and then enable appropriate individuals to move now or in the foreseeable future

4. Project Costs and Savings

Cost of the scheme (revenue and capital) and, where relevant, projected savings :

The main element of the bid costs are for creation of a staff team to deliver this activity. There is a need to invest additional resource for a period of time to create the strategic capacity required to deliver the transformational change required; it is not possible to free up existing resource to do this given the scale of the task and the need for operational teams to focus on day to day activity.

The assumption is that the team is established from August 2017 for two years until July 2019. A further residual amount is required from August 2019 until July 2020 for project completion and transfer to business as usual. In total £ 1,142k is required across the three year period from August 2017.

Staffing aspects cover the following areas of programme activity:

- a) Programme management for the Younger People's Efficiency Programme (1 M5 role) and admin support (1 H6 role) – Project 1a)
- b) Commissioning leads for Supported Living procurement and the management of specific commissioning work strands including: establishing strategic commissioning arrangements, reviewing the linkages between commissioning teams and operational teams, stakeholder management, communications, systems development of management information for forecasting future need (2 * M3 roles) – Project 1b)
- c) Care Management staff and management to oversee operational care management related tasks including assessments of needs and reviews , and leadership around all aspects of service user and carer engagement (1 M4 role; 1 M3 role; 1 M2 role; 2 H9 roles) – Projects 2 and 3
- d) Senior Estates officer – to provide linkages between corporate property and support on suitability of property, opportunities (1 M2 role) - Projects 2 and 3

Costs are summarised below

1	Revenue Costs		WTE	17/18	18/19	19/20	20/21
2				£	£	£	£
3	Programme						
4	Programme Manager	M5	1	42,799	64,196	21,397	0
5	Admin officer	H6	1	19,552	29,326	9,774	0
6	Commissioning						
7	Commissioning Manager	M3	1	37,688	56,529	56,529	18,841
8		M3	1	37,688	56,529	18,841	
9	Care Management						
10	Manager	M4	1	40,194	60,288	20,094	0
11	Deputy	M3	1	37,688	56,529	18,841	
12	Advanced Practitioners	M2	1	35,142	52,710	17,568	0
13	Social Wokers	H9	2	55,881	83,817	27,936	0
14	Estates						
15	Senior Estates Officer	M2	1	35,142	52,710	17,568	0
16							
17	Total			341,773	512,634	208,549	18,841
18							
19	Workforce Development			10,000	15,000	0	0
20	Comms			8,000	7,000	0	0
21	Service User Engagement			10,000	10,000	0	0
22							
23				369,773	544,634	208,549	18,841
24	Overall total						1,141,797
25							

Project Savings and Benefits

Cashable revenue savings are estimated below:

	2017/18	2018/19	2019/20
Revenue Savings			
<i>Older LD project – based on:</i>			
<i>7 people in year 1</i>	(224,952)	(482,040)	
<i>15 people in year 2 onward</i>			(482,040)

Non-cashable revenue benefits: The bid document models a £7.7m reduction in future demand as set out above, subject to various assumptions which are detailed.

Wider benefits are mapped in the embedded document and shown in more detail at section 5 below:



Benefits Map.docx

Performance Monitoring

Progress will be monitored monthly at the Adult Disability Service Transformation Board with regular updates to Adult Care Service Management Board.

A series of milestones are proposed in section 5 below and accountability for these will be assigned to individual Transformation workstreams. This will allow the tracking of project progress.

The management information and data workstream will monitor and report on financial progress.

Section 5: Project Benefits, Outputs and Measures for Success				
<u>5. Benefits for each Project area</u>	Timeline, August 2017 – August 2019	Outputs	Outcomes	Measures for Success
<u>Transition for 0-25</u>	Year 1	<ul style="list-style-type: none"> • Tool developed for recording the need for accommodation and other relevant data gathered - all year groups aged 14 -25 • Needs of 14-25 year olds will be identified and recorded in line with tool • Management Information shared with provider market and District/ Borough Councils 	<ul style="list-style-type: none"> • Analysis will highlight the type of accommodation and level of need • Commissioning analysis to align to procurement model requirements for SL (with cashable/ non cashable savings options) 	<ul style="list-style-type: none"> • Commissioning strategies by district reflect 100 % full details of need for 14-25 by April 18. • Embedding of tool into business as usual for work of 0-25 and commissioning teams in HCS i.e. regular management information is provided to commissioners to inform planning • Use of assistive technology within accommodation settings is increased , 20 % increase year on year
	Year 2	<ul style="list-style-type: none"> • Second year group analysis completed for Year 10 to Year 14 • Needs of 14-25 year olds identified and recorded in line with tool. • Management Information shared with Provider market and District/ Borough Councils. • Procurement for Supported Living Go Live 	<ul style="list-style-type: none"> • Analysis will highlight the type of accommodation and level of need • Potential high need service users identified and 0-25 teams identify early case work on outcomes needed. • Service developments begun to meet needs analysis by District Borough Council areas. • Business process embedded into 'business as usual' in 0-25 teams and HCS Commissioning 	
<u>Access to Mainstream Accommodation</u>	Year 1	<ul style="list-style-type: none"> • Existing care pathways to mainstream housing mapped 		<ul style="list-style-type: none"> • 20 people per district are offered more appropriate levels

		<ul style="list-style-type: none"> Partnership working approach agreed with ten District /Borough Councils ,and operational teams New care pathway pilot set up and trailed in two District Borough areas Care managers communications and/or trained on pathway development in pilot teams 10 service users moved in line with pathway in two pilots 10 people supported in existing tenancies in pilot areas 		of service independence
	Year 2	<ul style="list-style-type: none"> Agreement of District Borough councils to roll out programme across county and LD teams (explore option for PD SU's) Support Living providers facilitating an enabling pathway for people locally to move in a and out of specialist and mainstream provision with support 	<ul style="list-style-type: none"> 50 people move across Hertfordshire to mainstream housing from home or existing supported housing 50 people supported across county in mainstream housing Embedding of pathway completed across all ten District/ Borough councils and LD teams (and for PD groups). 	<ul style="list-style-type: none"> 50 places are freed up countywide from people in traditional LD settings

<p><u>Older people with a Learning Disability by accessing mainstream residential services</u></p>	<p>Year 1</p>	<ul style="list-style-type: none"> • Identification by each District Borough area of two residential and Nursing homes which are able to admit older people with learning disability. • Care managers and Nurses to identify individuals whose needs are not met by existing LD residential or supported living due to increasing frailty • Consider contractual or fee changes with providers, commissioners • Establish requirements for staff to be trained on adjustments needed for supporting people with a learning disability. • Involve Nurses in LD teams as named link for the individual homes and arrange for them to deliver awareness training. • Establish a process for CST to maintain the list of homes by District area 	<ul style="list-style-type: none"> • Contracts in mainstream residential are expanded for LD access/outcomes • Established pathways are agreed between homes /LD teams/nurses 	<ul style="list-style-type: none"> • 7 people move in year 1. A part year saving of £224.5k
	<p>Year 2</p>	<ul style="list-style-type: none"> • Care homes by District and Borough councils begin admitting across the county. • Each home has a named Nurse liaison • Pathway established as business as usual • Service embed approach into resi contract renewal process April18 	<ul style="list-style-type: none"> • Approach is embedded into business as usual across stakeholder groups as need identified all service users move 	<ul style="list-style-type: none"> • Approach is business as usual i.e. peoples primary needs are core to housing options • 15 people move in year 2. A full year approximate saving of £482,000

Significant Assumptions and Risks

Below outlines some of the key risks that have been identified across project areas. In order to mitigate against individual risks the Council will develop an overarching risk register to articulate and monitor on a monthly basis the relevant areas. In addition to this, there will also be reference to the work of the ADS Efficiencies Board and the implementation of a new Adult Accommodation strategy in Herts as areas of significant interdependency.

Project Area	Significant Risks/Assumptions to Project Success	Mitigations
<p>Project 1 : Programme Management / Strategic Commissioning</p>	<p>Risks</p> <ul style="list-style-type: none"> • A lack of engagement from transition team/operational/commissioning teams and education services due to existing priorities • A lack of clarity around roles and responsibilities between programme resources and commissioning /operational services • Culture – resistance to move away from the current approach • Unless substantial changes are made to operating models unmet need will be hard to predict due to poor planning and lead in time needed to develop service solutions , leading to rises in costs , increases in crisis placement and out of county solutions • Providers do not see the benefits changing service models to meet new demands – and that prices continue to be inequitable comparably for LD against other care groups <p>Assumptions</p> <ul style="list-style-type: none"> • That key stakeholders (HCC) accept significant and bold changes need to be made in order to maximise use of budgets going forward- and that Senior Managers collaborate in relation to key messages around 'rationale' for change • Support Living providers (post procurement) will engage with new ways of working i.e. drive community first 	<ul style="list-style-type: none"> • HCSMB sign off around roles and responsibilities/expectations -and relevant sign off from Children's service as appropriate • Workforce development – identification and implementation around organisational development requirements • Key messages are developed for internal/external stakeholders • Clarity about the roles of different stakeholders across the commissioning cycle is revisited and agreed for e.g. CST,BVT, Strategic Commissioning • Savings for key HCS stakeholder teams will need to be linked to team plans/PMDS targets

<p>Project 2 - Access to mainstream housing</p>	<p>Risks</p> <ul style="list-style-type: none"> • There could be mixed views on the importance of the project from districts which will result in fragmented business processes across the county resulting in delays to placing and/or supporting people appropriately • A lack of clarity around roles and responsibilities between programme resources and operational/commissioning services • LD operational Services are unable to engage due to existing pressures (they will be required to link with district leads as well as undertake case work) • Service users may not want to leave where they currently are as want to sustain existing relationships and feel more secure in a familiar setting <p>Assumptions</p> <ul style="list-style-type: none"> • That there are services users in LD specialist housing who may be overprovided for (based on costs analysis) – and there are people in mainstream housing with an LD who have care and support needs but currently don't receive support. Some of the people in specialist services may be reluctant to move as do not want change for a range of reasons • Future supported Living providers will engage with new ways of working i.e. community first 	<ul style="list-style-type: none"> • Mutual benefits will need to be clearly communicated i.e. ensuring people in both mainstream housing and specialist services get the right care and support and can sustain a tenancy as appropriate. Key messages developed for internal/external stakeholders • There will be some requirements around court of protection processes and capacity assessments for service users prior to moves • LD will be required to ensure the work is linked to the future planning process • Savings for LD teams will need to be linked to team plans/PMDS targets
--	--	--

<p>Project 3 - Older People with Learning Disability (LD) moving into mainstream residential care</p>	<p>Risks</p> <ul style="list-style-type: none"> • Mainstream residential care providers are unable to provide flexible care either due to existing capacity pressures and/or perceive they are unable to meet the needs of older people with an LD • This could push up price as a new demand i.e. the cost of mainstream residential care increases hence lower efficiency margin • People with learning disability experience discrimination in mainstream services as their needs are not understood and/or met • LD teams are unable to support case work due to existing pressures and /or reluctant too due to perceptions that mainstream services cannot meet needs • Service users are reluctant to move despite needs being better met and therefore savings are not realised and capacity not released – this is likely to result in increased care costs (total budget terms) in LD to meet future demands <p>Assumptions</p> <ul style="list-style-type: none"> • There will be mixed interest from mainstream residential providers but with some workforce development the needs of LD people will be able to be met 	<ul style="list-style-type: none"> • Contracts for mainstream residential services will need to be varied in order to ensure the needs of people with a LD are met • There will be variable interest from residential providers around supporting LD service users – workforce development opportunities will need to be identified and provided to facilitate change • Case examples shared with mainstream providers to show where LD people are already being supported • There will be some requirements around court of protection processes and capacity assessments for service users prior to moves • Savings for LD teams will be required to be linked to team plans/PMDS targets
--	---	--

Appendix B Equality Impact Assessment (EqIA)

STEP 1: Responsibility and involvement

Invest To Transform Bid	Right Home Right Time	Head of Service or Business Manager	Kulbir Lalli, Head of Integrated Accommodation Commissioning
Names of those involved in completing the EqIA:	Shazia Butt Mark Janes	Lead officer contact details:	Mark Janes 01438 843504 mark.janes@hertfordshire.gov.uk
Date completed:	03.02.2017 Updated 06.06.2017	Review date:	

STEP 2: Objectives of proposal and scope of assessment – what do you want to achieve?

<p>Proposal objectives: – what you want to achieve – intended outcomes – purpose and need</p>	<p>The intention of the ‘Right Home , Right Time’ Invest to Transform (ITT) programme is to create the capacity to support the Adult Disability Service Efficiency Programme that will see the council’s spend profile move closer to other local authority comparators, reducing the cost of future demand to the council, particularly in relation to accommodation costs. The ITT activity will focus on both:</p> <ul style="list-style-type: none"> • Driving forward the Adult Disability Service Efficiency Programme, putting in place the overall arrangements for efficiency in a range of service areas • Improving data, intelligence, strategic planning and strategic commissioning capacity to analyse predicted demand, and plan and deliver solutions for how it is managed. And within the overall programme, specific pieces of activity associated with the Right Home / Right Time work stream <p>Alongside the above a review of the supported living and residential care in Hertfordshire and the lessons from the Accommodation for Independence programme (previous ITT bid) has led to the identification of three key areas of development in terms of specific projects, and that will help drive programme activity forward ;</p> <p>(A) Firstly a review of and the development of the pathway for younger people with disabilities in</p>
---	---

Appendix B Equality Impact Assessment (EqIA)

	<p>transition from childhood to adulthood. The identification of the needs of this group for accommodation in adulthood and the development of the new services to meet this growing need. Failure to plan and develop services for this group would lead to poor outcomes for the young adults, and services which do not provide value for money for the local authority.</p> <p>(B) A review of the links between operations and commissioning (micro and macro) to strengthen the procurement cycle and ensure needs are identified and met over time.</p> <p>Secondly a need to enable the creation of a pathway for those service users with a learning disability who could manage in mainstream housing with support. Currently service users find accessing mainstream housing problematic for a range of reason. The creation of a pathway with District and Borough housing and housing providers could facilitate the independence of this group and create opportunities for the County Council to achieve value for money by freeing existing provision for new service users.</p> <p>Thirdly Hertfordshire has an aging group of service users with a learning disability due to the long term effect of resettlement in Hertfordshire. With this group age there is a need to ensure that robust care pathways exist to ensure needs can be met in there existing care settings of supported living or residential care, and when need changes in specialist older peoples services.</p>
<p>Stakeholders: Who will be affected: the public, partners, staff, service users, local Member etc</p>	<p>A communications plan will be prepared to ensure stakeholders are briefed on the aims of the programme and engage and involve them in its development. Those affected include:</p> <ul style="list-style-type: none"> • all significant stakeholders in the transition process from children’s to adult services. • Identification of service users who could benefit from targeted support in their existing tenancies, and those who would benefit. • Identification of service users who are older and have needs unmet by existing services as a result of ageing. • Families and carers of service users / adults with Learning Disability in the target groups • Current providers of accommodation and care services and their staff

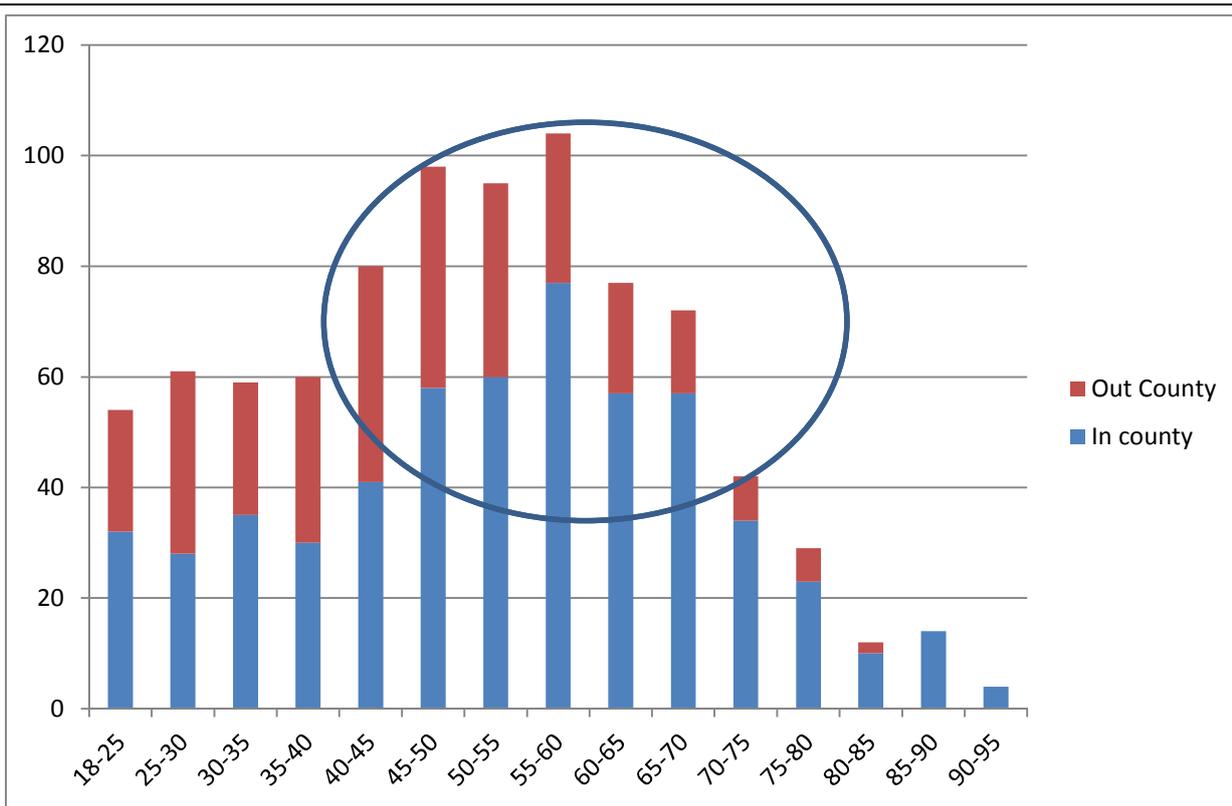
Appendix B Equality Impact Assessment (EqIA)

	<ul style="list-style-type: none"> • New providers of accommodation and care services • Hertfordshire County Council services and staff • District Council Housing and Planning Services • NHS partners and CCG's
--	---

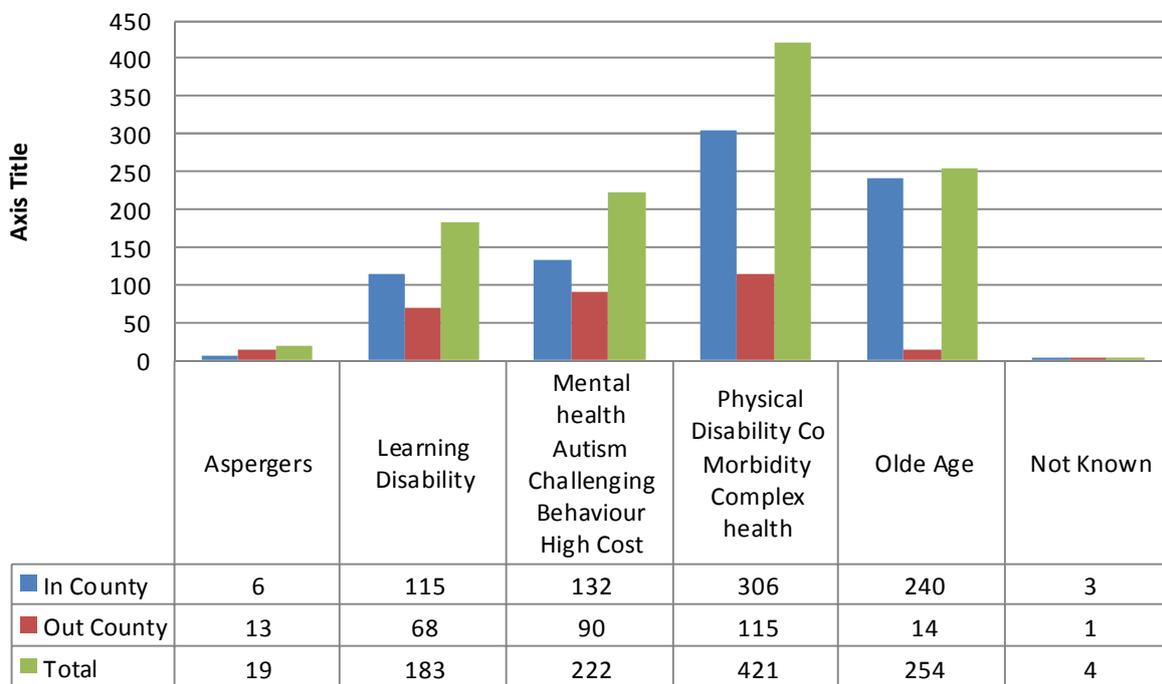
STEP 3: Available data and monitoring information

Relevant equality information For example: Community profiles / service user demographics, data and monitoring information (local and national), similar or previous EqIAs, complaints, audits or inspections, local knowledge and consultations.	What the data tells us about equalities
<p>Analysis (Poppi, Pansi) indicates that there are predicted to be 4447 people with a Severe to Moderate Learning disability in Hertfordshire in 2015. Of these 1438 are predicted to live with parents. Additionally 6958 people are predicted to be on the Autistic Spectrum. Of these some will be eligible for support from Heath and Community Services Asperger's team.</p> <p>Transition Around a 100 people transition from children's services to adult services each year. They have a wide range of need disabilities and family circumstances and require services to be targeted to meet that diverse need. Currently in the 18 -25 age group there are 114 people waiting for accommodation based services.</p> <p>Residential In Hertfordshire Adult Care Service currently commission 560 beds and a further 301 out of county, in a range of small residential care homes. The average age of the service users in County is 53 and the average age out of county is 45. The graph below shows the age distribution. A proportion of the service users in the ring are resettlement clients.</p>	

Appendix B Equality Impact Assessment (EqIA)



Primary need as analysed from Care Clusters

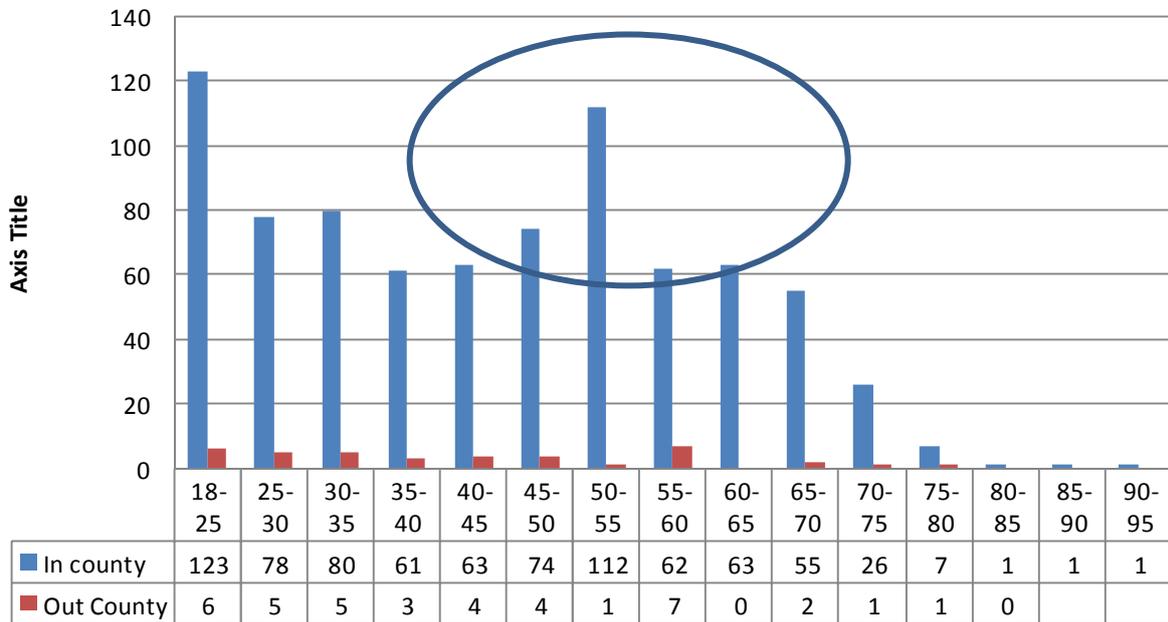


This table shows the primary need of those in residential care.

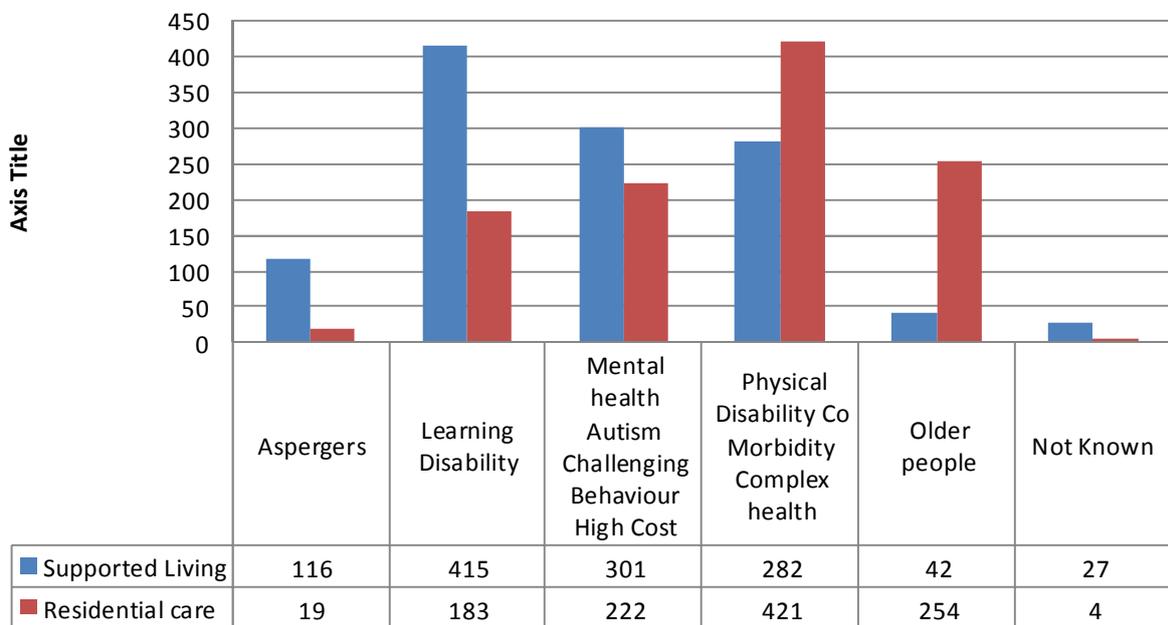
Supported Living

Currently there are 807 people with a Learning Disability living in Supported living in Hertfordshire and 39 out of county the age distribution of these service users is shown in the table below the spike of users aged 50-55 is thought to be due to the effect of resettlement from the long stay hospitals. The average is 43 for those in County.

Age profile of Learning Disability population in Supported Living



Comparison of primary need analysed form Care Clusters



This shows the primary need of those in supported living.

Mainstream Housing

It is unknown how many people with a learning disability are living in mainstream housing requiring support. There are 292 people in supported living with low level support who might benefit from a move to mainstream housing. In addition 20 people with Asperger's are currently struggling to access mainstream housing.

Appendix B Equality Impact Assessment (EqIA)

Ethnicity

Over 95% of clients in residential homes are White. 90.3% are classified as White British compared to 81% of people in Herts, 2.5% are White Irish, 2% White: Any Other White Background, 0.3% White: Gypsy / Roma. 1.5% of clients are Black or Black British and 1% Asian or Asian British compared to 2.7% and 5.5% of Hertfordshire residents respectively. The ethnic profile of clients in supported living is similar to the profile in residential homes.

STEP 4: Impact Assessment – Service Users, communities and partners (where relevant)

Guidance on groups of service users to consider within each protected group can be found [here](#)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Age	<p>Currently older people with a learning disability are impacted as they age and needs may not be met.</p> <p>The better identification of the needs of younger people with disability and the development of care pathways for this group will mean that the needs of this group are identified and services developed.</p>	<p>By creating new pathways and procuring new services we will provide some mitigation to this impact for older people.</p> <p>By improving the information and analysis of the needs and diversity of 0-25 year olds in transition, new procurement will be targeted to meet need. Individual assessment and care management process will target interventions on need and diversity.</p>
Disability Including Learning Disability	The majority of clients have moderate to severe learning disabilities as their primary support reason with some also requiring mental health and physical: personal care support.	As new services and pathways emerge all decisions will be made in line with best practice on capacity and best interest assessments.
Race	Around 4% of clients in Learning Disability residential homes and supported living are from minority ethnic backgrounds	The diverse needs of this group will be identified as part of the review and care management process. Best interest decision will ensure that race is taken into account as part of the design of individual care packages.
Gender reassignment	No data is available. This is something which is likely to have more visibility in the transition pathway	Individual needs in relation to gender reassignment will be taken into account across all best interest decision processes.
Pregnancy and	No data is available This is	The identification of service users

Appendix B Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
maternity	something which is likely to have more visibility in the transition pathway	with a learning disability who require support in this area will be done on a case by case basis. This may be particularly relevant to the transition strand of the pathway.
Religion or belief	Around 2% of clients follow faiths other than Christianity. The beliefs of 51% are unknown or not recorded.	Procurement activity and individual case work will need to take account of the impact of religion and belief.
Sex	There are nearly 17% more men in LD residential homes than women.	Procurement and individual service user assessments will need to consider the impact of gender on appropriate care.
Sexual orientation	No data is available. This is something which is likely to have more visibility in the transition pathway	Procurement and individual service user assessments will need to consider the impact of sexual orientation on appropriate care.
Marriage & civil partnership	No data is available. This is something which is likely to have more visibility in the transition pathway	Procurement and individual service user assessments will need to consider support marriage and civil partnerships.
Carers (by association with any of the above)	Around 10% of the Hertfordshire population have informal unpaid caring responsibilities.	Carers will be consulted about and involved in the development of pathways for 0-25 year olds and older people. Families and carers will be involved in all capacity and best interest assessments when appropriate.
Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)		
<p>The programme is designed to enable people with learning disabilities to have the opportunity to maximise their potential and lead full lives as confident citizens in their own tenancies within their local communities. Receiving the right care at the right time.</p> <p>Strengthening the development of range of housing options and improving the accessibility of mainstream housing, will support better access to community living for this service user group.</p> <p>As people age the pathway will ensure that services adapt to their changing needs and as with other older people where this is not possible more suitable accommodation will be found.</p>		

Appendix B Equality Impact Assessment (EqIA)

Impact Assessment – Staff (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Age	It is not envisaged there will be any impact on staff as part of this process. This will of course be kept under review as the EQIA is reviewed	Review of EQIA on a regular basis.
Disability Including Learning Disability	As above	As above
Race	As above	As above
Gender reassignment	As above	As above
Pregnancy and maternity	As above	As above
Religion or belief	As above	As above
Sex	As above	As above
Sexual orientation	As above	As above
Marriage & civil partnership	As above	As above
Carers (by association with any of the above)	As above	As above
Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)		
The development of new pathways in transition, mainstream housing and for older people. Will further enhance the opportunities for people with a learning disability to engage with the community, by receiving the right care at the right time.		

STEP 5: Gaps identified

Appendix B Equality Impact Assessment (EqIA)

<p>Gaps identified Do you need to collect more data/information or carry out consultation? (A 'How to engage' consultation guide is on Compass). How will you make sure your consultation is accessible to those affected?</p>	<p>The ongoing impact of the proposed changes will need to be kept under review and the impact monitored.</p>
---	---

STEP 6: Other impacts

By ensuring that service user pathways increase access to the community, and better support old age for people with a learning disability. It will be necessary for them to continue to access mainstream health services. The involvement of the nurses employed in HCS care management teams will support this.

STEP 7: Conclusion of your analysis

Select one conclusion of your analysis	Give details
<input type="checkbox"/> No equality impacts identified – No change required to proposal.	
<input type="checkbox"/> Minimal equality impacts identified – Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate). – Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality.	
<input checked="" type="checkbox"/> Potential equality impacts identified – Take 'mitigating action' to remove barriers or better advance equality. – Complete the action plan in the next section.	The potential for negative impacts have been identified.
<input type="checkbox"/> Major equality impacts identified – Stop and remove the policy – The adverse effects are not justified, cannot be mitigated or show unlawful discrimination. – Ensure decision makers understand the equality impact.	

STEP 8: Action plan

Appendix B Equality Impact Assessment (EqIA)

Issue or opportunity identified relating to: <ul style="list-style-type: none"> - Mitigation measures - Further research - Consultation proposal - Monitor and review 	Action proposed	Officer Responsible and target date
Transition of 0-25 year olds creation and development of pathways	The development of a system to gather information on need will need to take account of the diversity across the areas of the EQIA	Mark Janes April 2018
Transition of 0-25 year olds creation and development of pathways	Individual case work decisions and procurement of packages of care will need to take account of diversity. This will be highlighted in the assessments within the care management process	Care managers Ongoing
Review of procurement practice	The review of procurement practice will take into account the robustness and the effectiveness of business processes in relation to equalities	Shazia Butt April 2018
Accessing mainstream housing	The development of pathways will need to ensure that they support diversity.	Shazia Butt April 2018
Older people care pathway	This pathway will need to take into account the diverse needs of this group. Individual case work assessments will need to ensure equality needs are met	Shazia Butt Mark Janes Care managers Ongoing
Alignment is needed across LD and Commissioning areas of strategic priority	Develop an overarching EqIA for Adult Disability Services and commissioning requirements to help understand how we prioritise needs for people who are disadvantaged and identify opportunities	Shazia Butt

This EqIA has been reviewed and signed off by:

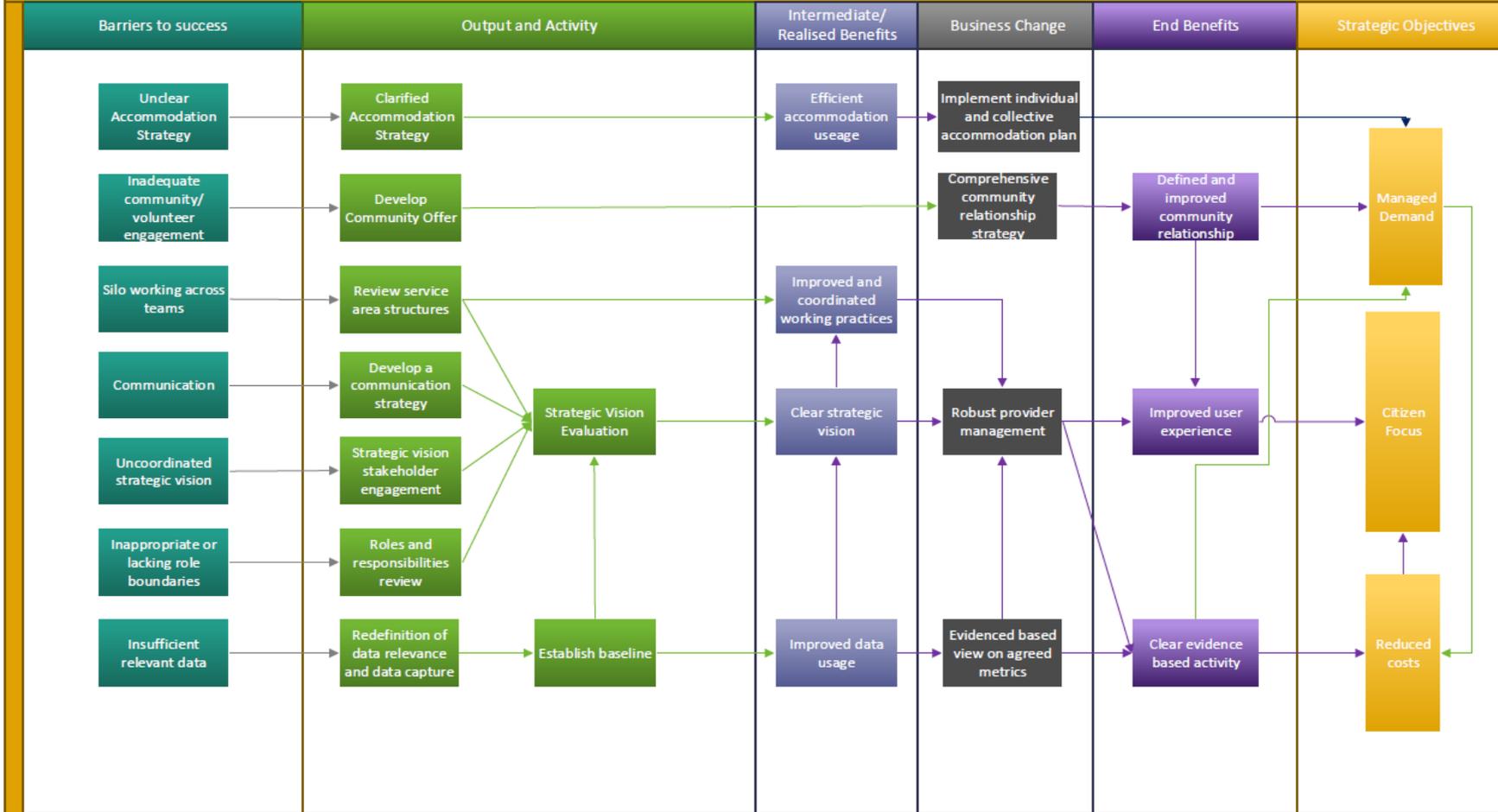
Head of Service or Business Manager: Helen Maneuf

Date: 10/05/17

Equality Action Group Chair: N/A

Date:

Young People's Efficiency Programme – Benefit Map



HERTFORDSHIRE COUNTY COUNCIL

Agenda Item No.

5

**ADULT CARE AND HEALTH CABINET PANEL
MONDAY 3 JULY 2017 at 2.00pm**

DRAFT SUPPORTED ACCOMMODATION STRATEGY

Report of the Director of Adult Care Services

Author: - Kulbir Lalli, Head of Integrated Accommodation
Commissioning (01438 843217)

Executive Member/s: - Colette Wyatt Lowe, Adult Care Services

1. Purpose of report

1.1 This report presents a draft 10 year Supported Accommodation Strategy (“the Strategy”), which sets out the vision for accommodation across a range of care needs and age groups in Hertfordshire. The Strategy sets out an ambitious approach that will aim to deliver on both strategic and local accommodation and housing priorities, ensuring that Hertfordshire residents with care and support needs have access to the right supported accommodation at the right time. Panel is invited to consider and comment on the Strategy.

2. Summary

2.1 The Strategy brings together social care, health and district and borough councils, as well as key providers that have a collective interest in how supported accommodation must develop in Hertfordshire to meet the future housing needs across a range of care groups.

2.2 There have been a number of initiatives to review service delivery across Flexicare, Supported Living services and residential care for older people and people with learning disabilities in recent years, that have focussed on the care and support offer for these groups of people, Parallel to these reviews there have been individual accommodation based projects, for example for the Transforming Care cohort of people. This Strategy aims to develop more integrated accommodation solutions across the whole spectrum of supported accommodation.

- 2.3 The provider market in Hertfordshire is made up of a broad mix of commercial, statutory and voluntary sector organisations, with a number of different arrangements in place for both care and accommodation. Providers often invest capital at a local level independently of the County Council, through investment in the private housing market. In addition to private investment, a number of housing associations, for example Aldwyck, lease properties from the County Council. In addition there is a rolling capital programme to upgrade existing buildings that the County Council utilises. This approach has not transformed the market in the desired way. The Strategy presents a more proactive approach and sets out the route to market for providers to attract additional investment into Hertfordshire and to give an impetus to accommodation and care providers to change in line with the needs of local people.
- 2.4 The Strategy will be used by care and housing providers to identify opportunities to enter into or develop existing or new services in Hertfordshire, with a clear understanding of what is required in a local area. It will be used by local district and borough councils to support their local housing plans and to work with the County Council on accommodation projects that serve mutual benefits. The health system will use the Strategy to ensure there is a pipeline of accommodation that supports people who need more specialist accommodation and support, for example Transforming Care and to support the County Council to develop a wider market for dementia care in care home settings. One of the key ambitions of the Strategy is to prevent Hertfordshire residents being placed in specialist accommodation outside of Hertfordshire due to the lack of appropriate accommodation within the county.
- 2.5 The following partners have contributed to the development of this strategy:
- i) Hertfordshire Adults Supported Accommodation Strategic Board
 - ii) Adult Care Services Co-Production Board
 - iii) Joint Commissioning Partnership Boards with Hertfordshire's CCGs
 - iv) Local District Accommodation Boards
 - v) Hertfordshire County Council Property Services
 - vi) Hertfordshire Care Providers Association
 - vii) Public Health Hertfordshire
 - viii) Care providers (with and without accommodation)

3. Recommendation/s

- 3.1 Panel are invited to note and comment upon the content of this Report and the Draft Supported Accommodation Strategy and recommend that Cabinet adopts the Hertfordshire Supported Accommodation Strategy attached at Appendix B.

4. Background

- 4.1. 'Supported accommodation' means any scheme where accommodation is combined with a support and/or social care service, provided with the purpose of enabling a person to live as independently as possible. This could range from nursing and residential care homes through to supported living schemes, Flexicare Housing or short-term accommodation to help people back to independence.
- 4.2. During the development of this Strategy, consultees identified the following Think Local, Act Personal outcomes as being important in relation to supported accommodation:
- I) Information and advice: "having the information I need when I need it"
 - ii) Active and supportive communities: "keeping my friends, family and place"
 - iii) Flexible integrated care and support: "my support, my own way"
 - iv) Workforce: "People who support me"
 - v) Risk enablement: "Feeling in control and safe"
 - vi) Personal budgets and self-funding: "My money for my care".
- 4.3. It is well evidenced that access to the right accommodation has a direct impact on health and wellbeing¹.
- 4.4. It is well evidenced that a lack of access to the right accommodation causes avoidable costs to public bodies such as the National Health Service (NHS)² and County/District or Borough Councils. These costs often relate to:
- i) Delayed hospital discharge and avoidable hospital admission
 - ii) Avoidable and permanent admission to care homes
 - iii) Loss of tenancies and build-up of housing related debt
 - iv) Homelessness and rough sleeping
 - v) Lack of employment or social opportunities
 - vi) Accommodating people in expensive out of county provision

¹ https://www.thinklocalactpersonal.org.uk/_assets/MakingItReal/MIRHousing.pdf

² <https://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>

- 4.5. There are two main types of supported accommodation within Hertfordshire:
- i) Accommodation based services; where people live in a specifically designated property in order to receive support
 - ii) Non-accommodation based services; where the support available is not dependent on where the person lives.
- 4.6 This Strategy proposes a fundamental change to our current service models. People say they want to see more accommodation that supports them to live independently, but connected to their local communities.
- 4.7. A Hertfordshire wide Adults Supported Accommodation Strategic Board has been established under the oversight of the Hertfordshire Health and Wellbeing Board. This Board is jointly chaired by the Director of Adult Care Services and the Chair of the District Council Heads of Housing group and leads work between Adult Care Services and district/borough Council housing leads around adults supported accommodation. Local Adults Supported Accommodation Boards are being established in each district/Borough Council area to support local implementation.
- 4.8. **Older People**
- It is the intended to change the proportion of the current long-term models of care being delivered to help more people stay in their own home - and to develop new short-term models of care to manage Hertfordshire's future demand for supported accommodation.
- 4.9. **Younger adults with Disabilities or Mental Health Issues**
- It is intended to change the proportion of the current long-term models of care being delivered, to help more people stay in their own home or tenancy - and to develop new models of care to manage Hertfordshire's future demand for supported accommodation.
- 4.10 Implementation plans for the Strategy are being developed and will be overseen by the Local District Accommodation Boards, who will make recommendations to the Hertfordshire Adults Supported Accommodation Strategic Board. Key commissioning decisions will be made through the appropriate governance structures across the participating authorities, and will be overseen by the Health and Wellbeing Board. The implementation plan template is appended to the Strategy and can be found on page 16.

5. Equality Implications

- 5.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.
- 5.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.
- 5.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 5.4 An EqIA for the Supported Accommodation Strategy was completed on the 16 June 2017 and is attached at Appendix A.

Background documents

Appendix A- Equality Impact Assessment

Appendix B- Draft Supported Accommodation Strategy

Are attached as separate documents

Appendix A Equality Impact Assessment (EqIA)

STEP 1: Responsibility and involvement

	Ten Year Supported Accommodation Strategy 2017 – 2027	Head of Service or Business Manager	Kulbir Lalli, Head of Integrated Accommodation Commissioning
Names of those involved in completing the EqIA:	Kristian Tizzard	Lead officer contact details:	Kristian Tizzard, Deputy Head of Service 01438 845023 Kristian.tizzard@hertfordshire.gov.uk
Date completed:	14 June 2017	Review date:	14 June 2018

STEP 2: Objectives of proposal and scope of assessment – what do you want to achieve?

<p>Proposal objectives: –what you want to achieve –intended outcomes –purpose and need</p>	<p>The Supported Accommodation Strategy (“the Strategy”) is intended to support the commissioning of supported accommodation for adults with care and support needs in pursuance of Hertfordshire’s duties under the Care Act 2014 including the duties to:</p> <ul style="list-style-type: none"> • Promote wellbeing including around people’s accommodation. • Consider supported accommodation access as part of an assessment process to prevent, reduce or delay in adult social care need. <p>The Strategy is needed to ensure:</p> <ul style="list-style-type: none"> • Effective long term planning and investment in the right models of supported accommodation; • Effective joint planning with District and Borough Councils and the NHS. <p>The strategy will be supported by a delivery plan for each Hertfordshire District/Borough council, to be agreed locally by the relevant district/Borough supported accommodation strategy Board.</p>

Appendix A Equality Impact Assessment (EqIA)

STEP 3: Available data and monitoring information

Relevant equality information	What the data tells us about equalities
<p>For example: Community profiles / service user demographics, data and monitoring information (local and national), similar or previous EqIAs, complaints, audits or inspections, local knowledge and consultations.</p>	
<p>The Strategy is concerned with the commissioning of supported accommodation for older people and disabled younger adults including those with learning disabilities, mental health issues, physical disabilities, autism and Asperger's.</p> <p>The Hertfordshire's Joint Strategic Needs and Herts LIS Assessment Summary 2014 showed detailed demography on relevant to the strategy:</p> <p>http://jsna.hertslis.org/ http://www.hertslis.org/</p> <p>In summary:</p> <p><u>Learning disability</u></p> <p>In 2015 were 21,109 people over 18 with a learning disability within Hertfordshire and 4447 people with a Severe to Moderate Learning disability. This is 1.8% of the total population of Hertfordshire. The number of people over 18 with a learning disability is predicted to increase 9% by 2025. The largest projected growth areas over the next 10 years are the ages 75-84 and 85+ with projected increases of 32% and 47% respectively.</p> <p>6958 people are predicted to be on the Autistic Spectrum.</p> <p><u>Physical disability</u></p> <p>It is estimated that the current number of adults within Hertfordshire aged 18-64 with a moderate or serious physical disability is 71,010. This equates to 6% of the population of the County and also</p>	<p>It is expected that Hertfordshire will experience sustained increases in the needs of its population linked to increasing prevalence of disability/long term care conditions and age related conditions including physical frailty and dementia.</p> <p>As the current population of disabled younger adults' ages, there will be an increased prevalence of dementia and other conditions that will drive need for support. This will impact particularly on adults with learning disabilities who are currently supported services that have not developed to address need linked aging.</p> <p>Within the general population (including within BAME population). Increasing age and frailty will require increased accessibility of enabling services that prevent or delay escalation of need.</p>

Appendix A Equality Impact Assessment (EqIA)

includes adults that are predicted to have a moderate or serious sensory need.

Mental Health

Within Hertfordshire there are an estimated 172,558 adults aged 18-64 experiencing some form of mental ill health in Hertfordshire. In 2016 428 people accessed mental health accommodation placements through Hertfordshire Partnership NHS Foundation Trust (HPFT).

Older people

It is estimated that there are currently 195,000 (15% of population) people over the age of 65 in Hertfordshire. It is projected that the elderly population in Hertfordshire will increase by 23% over the next 10 years to 240,000.

The rate of increase in people over 85 is particularly pronounced as projections estimate an increase of 45% by 2025 (29,000 to 42,000).

Appendix A Equality Impact Assessment (EqIA)

STEP 4: Impact Assessment – Service Users, communities and partners (where relevant)

Guidance on groups of service users to consider within each protected group can be found [here](#)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Age	<p>It is expected that Hertfordshire will experience large, sustained increases in the number of older people with long term care conditions and disability linked to age, including physical frailty and dementia.</p> <p>It will not be possible to for supported accommodation services to meet expected service user need with the current model and market configuration. A failure to prevent or delay escalation of need or to provide sufficient levels of service will directly and disproportionately impact on the human rights of frail older people.</p> <p>We need to ensure that there is appropriate accommodation for young people as they move through transition to adult care. Currently there is limited information about need which impacts on future planning and commissioning.</p>	<p>The Strategy will respond to this by:</p> <p>Prioritising the development of models of care that prevent or delay escalation of needs, including those who are at risk of long term care or hospital admission;</p> <p>Increasing the availability of nursing home care and specialist residential/dementia care for frail older people;</p> <p>Increasing the availability of community supported housing for older adults with disabilities.</p> <p>Management information on individual needs will need to be available to support better commissioning,</p> <p>Targeted engagement with people and their carers who require accommodation will be needed to ensure effective commissioning.</p>
Disability Including Learning Disability	<p>In 2015 were 21,109 people over 18 with a learning disability within Hertfordshire and 4447 people with a Severe to Moderate Learning disability. This is 1.8% of the total population of Hertfordshire. The number of people over 18 with a learning disability is predicted to</p>	<p>The strategy will respond to this by:</p> <p>Prioritising the development of models of care that prevent or delay escalation of needs, including those who are at risk of long term care or hospital admission;</p>

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>increase 9% by 2025. The largest projected growth areas over the next 10 years are the ages 75-84 and 85+ with projected increases of 32% and 47% respectively.</p> <p>6958 people are predicted to be on the Autistic Spectrum.</p> <p><u>Physical disability</u></p> <p>It is estimated that the current number of adults within Hertfordshire aged 18-64 with a moderate or serious physical disability is 71,010. This equates to 6% of the population of the County and also includes adults that are predicted to have a moderate or serious sensory need.</p> <p>It is expected that Hertfordshire will experience sustained increases in the needs of its population linked to increasing prevalence of disability/long term care conditions and age related conditions including physical frailty and dementia.</p> <p>As the current population of disabled younger adults' ages, there will be an increased prevalence of dementia and other conditions that will drive need for support. This will impact particularly on adults with learning disabilities who are currently supported services that have not developed to address need linked aging.</p> <p>Within the general population (including within BAME population). Increasing age</p>	<p>Increasing the availability of nursing home care and specialist residential/dementia care for adults with disabilities, including learning disabilities.</p> <p>Increasing the availability of community supported housing for adults with disabilities.</p> <p>Addressing integration of health, housing and care services in future models.</p>

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>and frailty will require increased accessibility of enabling services that prevent or delay escalation of need.</p> <p>Evidence suggests that prevalence of long term care conditions is higher in the population of people with physical disabilities than in the non-disabled population, an association that increases with age.</p> <p>In light of expected future demand, a failure to address access to models of supported accommodation that prevent or delay escalation of need will impact negatively and disproportionately on people with physical and learning disabilities.</p>	
Race	<p>Almost 20% of people in Hertfordshire belong to an ethnic group other than White British. 12% of Hertfordshire residents were born outside the UK or Ireland, and 6% do not have English as a first language (Hertfordshire's Equality and Diversity JSNA. 2014).</p> <p>Nearly 10,000 people in Hertfordshire (1%) say that they are not proficient in English (Hertfordshire's Equality and Diversity JSNA. 2014).</p> <p>In Hertfordshire, 6% of people have a main language that is not English, the highest proportion being in Watford (13%) and the lowest in East</p>	<p>The diverse needs of this group will be identified as part of the review and care management process. Care management practice will ensure that race is taken into account as part of the design of individual care packages.</p> <p>Ensuring the availability of nursing home care and specialist residential/dementia care accessible for adults from BAME populations.</p> <p>Ensuring the availability of community supported housing for adults from BAME populations.</p>

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>Herts (3%) (Hertfordshire's Equality and Diversity JSNA. 2014).</p> <p>A significant number of people report that their main language is from a country in Asia; the highest percentage can be found in Watford (7%), and the lowest in East Herts (>0.8%) (Hertfordshire's Equality and Diversity JSNA. 2014).</p> <p>Around 4% of clients in LD residential homes and supported living are from minority ethnic backgrounds.</p> <p>Research conducted by the Joseph Rowntree Foundation has found that Black and Minority Ethnic (BAME) communities tend to experience higher levels of inequality (Joseph Rowntree Foundation, 2011).</p> <p>ONS data for Hertfordshire has revealed that the proportion of individuals reporting that they are in 'Not Good Health' is significantly higher amongst service users who report that they are 'not proficient in English' compared with those who claim to be 'proficient in English' – the differential is most pronounced in North Herts where the former exceeds the latter by 400% (Hertfordshire's Equality and Diversity JSNA. 2014).</p> <p>In most south Asian languages, such as Tamil, there is no word for dementia (House of Commons All-Party</p>	

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>Parliamentary Group on Dementia. 2013).</p> <p>Individuals from BAME groups are more likely to present later to services, often when dementia is more severe (Mukadam et al. 2011).</p> <p>The knowledge about dementia amongst BAME communities appears to be less than in non-BAME communities (Seabrooke & Milne. 2009).</p> <p>Stigma around dementia may be greater in some communities (LaFontaine. 2007)</p>	
Gender reassignment	No data is available.	<p>Individual needs in relation to gender reassignment will be taken into account across all care management practice.</p> <p>Models of supported accommodation will be commissioned to be accessible to around gender reassignment.</p>
Pregnancy and maternity	No data is available.	<p>Individual needs in relation to gender reassignment will be taken into account across all care management practice.</p> <p>Models of supported accommodation will be commissioned to be accessible to around pregnancy and maternity.</p>
Religion or belief	Around 2% of clients follow faiths other than Christianity. The beliefs of 51% are unknown or not recorded.	<p>The diverse needs of this group will be identified as part of the review and care management process. Care management practice will ensure that religion or belief is taken into account as part of the design of individual care packages.</p> <p>Ensuring the availability of</p>

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
		<p>nursing home care and specialist residential/dementia care accessible around religion or belief.</p> <p>Ensuring the availability of community supported housing for around religion and belief.</p>
Sex	<p>A lack of access to specialist residential/nursing care services for frail older people/people with dementia is likely to impact disproportionately on women.</p> <p>.</p>	<p>Needs related to sex will be identified as part of the review and care management process. Care management practice will ensure that sex is taken into account as part of the design of individual care packages.</p> <p>Ensuring sufficient availability of nursing home care and specialist residential/dementia care.</p> <p>Ensuring the availability of community supported housing.</p>
Sexual orientation	<p>No data is available.</p>	<p>The diverse needs of this group will be identified as part of the review and care management process. Care management practice will ensure that sexual orientation is taken into account as part of the design of individual care packages.</p> <p>Ensuring the availability of nursing home care and specialist residential/dementia care accessible around r sexual orientation.</p> <p>Ensuring the availability of community supported housing for around sexual orientation.</p>
Marriage & civil partnership	<p>No data is available.</p>	<p>Needs around marriage & civil partnership will be identified as part of the review and care management process. Care management practice will</p>

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
		<p>ensure that marriage & civil partnership is taken into account as part of the design of individual care packages.</p> <p>Ensuring the availability of nursing home care and specialist residential/dementia care accessible around marriage & civil partnership.</p> <p>Ensuring the availability of community supported housing for around marriage & civil partnership.</p>
<p>Carers (by association with any of the above)</p>	<p>Around 10% of the Hertfordshire population have informal unpaid caring responsibilities.</p>	<p>The needs of carers will be identified as part of the review and care management process. Care management decisions will ensure that the role of carers is taken into account as part of the design of individual care packages.</p> <p>Ensuring the availability of nursing home care and specialist residential/dementia care accessible for adults from BAME populations and ensuring that services respond effectively around carers' issues.</p> <p>Ensuring the availability of community supported housing that responds to the role of carers.</p>
<p>Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)</p>		
<p>The effective implementation of this strategy and further assessment of equality impact at service commissioning level will ensure equal access to services.</p>		

Impact Assessment – Staff (where relevant)

Appendix A Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Age	*It is not envisaged there will be any impact on staff as part of this strategy. This will be kept under review as this EQIA is reviewed	Review of EQIA on a regular basis.
Disability Including Learning Disability	As above	As above
Race	As above	As above
Gender reassignment	As above	As above
Pregnancy and maternity	As above	As above
Religion or belief	As above	As above
Sex	As above	As above
Sexual orientation	As above	As above
Marriage & civil partnership	As above	As above
Carers (by association with any of the above)	As above	As above
Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)		
The effective implementation of this strategy and further assessment of equality impact at service commissioning level will ensure equal access to services.		

STEP 5: Gaps identified

<p>Gaps identified</p> <p>Do you need to collect more data/information or carry out consultation? (A 'How to engage' consultation guide is on Compass). How will you make sure your consultation is accessible to those affected?</p>	<p>The ongoing impact of the proposed changes will need to be kept under review and the impact monitored. As above, more detailed equality impact assessment will be undertaken at service implementation level.</p> <p>Strategy implementation will include coproduction and citizen engagement on an ongoing basis.</p>
--	---

STEP 6: Other impacts

Appendix A Equality Impact Assessment (EqIA)

STEP 7: Conclusion of your analysis

Select one conclusion of your analysis	Give details
<input type="checkbox"/> No equality impacts identified – No change required to proposal.	
<input type="checkbox"/> Minimal equality impacts identified – Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate). – Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality.	
<input checked="" type="checkbox"/> Potential equality impacts identified – Take ‘mitigating action’ to remove barriers or better advance equality. – Complete the action plan in the next section.	The potential for negative impacts have been identified.
<input type="checkbox"/> Major equality impacts identified – Stop and remove the policy – The adverse effects are not justified, cannot be mitigated or show unlawful discrimination. – Ensure decision makers understand the equality impact.	

STEP 8: Action plan

Issue or opportunity identified relating to:	Action proposed	Officer Responsible and target date
– Mitigation measures – Further research – Consultation proposal – Monitor and review		
There is an opportunity to ensure we fully assess and mitigate in detail against aspects of inequality identified across individual service areas for accommodation (from a service access and delivery perspective).	Individual EqiA's will be undertaken against the diverse range of accommodation service models as future accommodation is procured and/or transformation work is undertaken – this will ensure appropriate equalities scrutiny and mitigation is put into place against the full range of accommodation	Kulbir Lalli Ongoing

Appendix A Equality Impact Assessment (EqIA)

Issue or opportunity identified relating to: <ul style="list-style-type: none"> – Mitigation measures – Further research – Consultation proposal – Monitor and review 	Action proposed	Officer Responsible and target date
	provision.	
Procurement opportunities are used to evidence how prospective service providers will evidence the needs of people with diverse and/or complex needs.	To ensure that equalities duties form part of all individual procurement exercises and evidence around how diverse needs will be met form part of the formal evaluation process. Information about protected characteristics is routinely collated and assessed from contract monitoring reports- mitigation controls are put into place where there is evidence of gaps in how needs are met.	Kulbir Lalli Ongoing
Management Information about service user requirements (covering 0-25 services and Adult Care) is used to assist commissioner's future plan for accommodation needs.	Commissioners engage with developments around the 'Future Planning Tool' to help ensure information provided articulates the needs of people in a timely way in order to actively inform future planning.	Kulbir Lalli Ongoing
Service User and stakeholder engagement informs service delivery and design.	Service user and stakeholder engagement is undertaken (as part or pre procurement activity and/or transformation work is undertaken to ensure their feedback influences how we design and deliver services.	Kulbir Lalli Ongoing
Locality approaches are developed to ensure housing options are maximised through partnership working at a district level including alongside district council partnerships	Service provision developments at a local level explore all opportunities to maximise options all potential options for housing in order to ensure people have access to accommodation types. that will best promote wellbeing and independence	Kulbir Lalli Ongoing

This EqIA has been reviewed and signed off by: Kulbir Lalli

Head of Service or Business Manager:

Date: 16.06.17

Appendix A Equality Impact Assessment (EqIA)

Equality Action Group Chair: N/A

Date:

Integrated Accommodation Commissioning

Ten Year Supported Accommodation Strategy 2017 – 2027

Ten Year Supported Accommodation Strategy

Contents	Page
Executive Summary	
1. Introduction.	
2. The scope of this strategy.	
3. The national and local context.	
4. Best practice.	
5. What we buy today and what we spend.	
6. Future planning.	
7. Older People-Changing models of supported accommodation.	
8. Younger adults with disabilities or mental health issues-changing models of supported accommodation.	
9. The road to market	
10. Supporting communities.	
Appendix A: Implementation Plan for xx District/Borough Council	

Introduction

- 1.1. This ambitious strategy outlines our intention to develop more supported accommodation for the people of Hertfordshire.
- 1.2. 'Supported accommodation' means any scheme where accommodation is combined with a support and/or social care service, provided with the purpose of enabling a person to live as independently as possible. This could range from nursing and residential care homes through to supported living schemes, Flexicare Housing or short-term accommodation to help people back to independence.
- 1.3. Hertfordshire already has some excellent examples of supported accommodation, but there is currently not enough to allow everyone across the county to have a full range of choice.
- 1.4. The County Council is responsible for commissioning adult social care on behalf of Hertfordshire's residents. The ten Districts and Borough Councils of Hertfordshire are the local Housing Authorities. The authorities must work together to ensure the choice and capacity are available for local residents.
- 1.5. The ten Districts have many diverse characteristics. Different patterns of housing and care will be needed in different areas. We are open to ideas about how best to develop the right services in the different areas of the county, and will talk to a wide range of organisations about this.
- 1.6. Our first priority is to offer people excellent support at home, adapting their houses to enable that to happen if required. If people need a higher level of support, then we want to offer alternatives in each area so that people get the choice to continue to live as independently as possible.
- 1.7. By 2027 we want all people that need supported accommodation to have a choice of high quality housing. Hertfordshire County Council is looking for partners who want to help to deliver this. This strategy sets out the way that the County Council will work with new and existing partners to develop both large scale supported accommodation schemes and local initiatives that will benefit smaller communities.
- 1.8. This strategy compliments and develops upon the strategic intentions set out in Hertfordshire's Market Position Statements which can be found on the HCC website.
- 1.9. The strategy will be developed in consultation with key stakeholders including:
 - i) Hertfordshire County Council Elected Members
 - ii) Hertfordshire Adults Supported Accommodation Strategic Board¹
 - iii) Adult Care Services Co-Production Board
 - iv) Joint Commissioning Partnership Boards with Hertfordshire's CCGs
 - v) Hertfordshire County Council Property Services

¹ ADD LINK TO TERMS OF REFERENCE ETC

Ten Year Supported Accommodation Strategy

- vi) Hertfordshire Care Provider's Association
- vii) Public Health Hertfordshire

2. The scope of this strategy

- 2.1. The table below sets out the scope of this strategy – which is to communicate our intention to commission different types and proportions of supported accommodation, including housing related support in the future. The strategy does not cover care services provided to people which are not linked to their housing agreements.

Nursing care homes	Yes
Residential care homes	Yes
Supported living schemes	Yes
Flexicare Housing schemes	Yes
'Shared Lives' schemes	Yes
Group Living schemes	Yes
Retirement living schemes without care and support	No
Short-term accommodation for specific needs	Yes
Housing Related Support schemes	Yes
Disabled Facilities Grants	Yes
Assistive Technology in people's homes	No
Older people's sheltered housing	No
Care delivered in people's own homes	No

3. The national and local context

- 3.1. The national adult social care strategy 'Making It Real' was launched in May 2012 to set out what personalisation of care services should look like from the perspective of the people who use them..
- 3.2. During the development of that strategy, people said that the following was important in relation to supported accommodation:
- i) Information and advice: "having the information I need when I need it"
 - ii) Active and supportive communities: "keeping my friends, family and place"
 - iii) Flexible integrated care and support: "my support, my own way"
 - iv) Workforce: "People who support me"
 - v) Risk enablement: "Feeling in control and safe"
 - vi) Personal budgets and self-funding: "My money for my care".

Ten Year Supported Accommodation Strategy

3.3. Hertfordshire County Council has done its own work to find out what Hertfordshire citizens wanted in order to have what they consider a “good life”. Nearly 300 people from diverse backgrounds gave these as their priorities:



3.4. People said that access to the right accommodation has a direct impact on health and wellbeing.

3.5. It is well evidenced that a lack of access to the right accommodation causes avoidable costs to public bodies such as the National Health Service (NHS) and County/District or Borough Councils. These costs often relate to:

- i) Delayed hospital discharge and avoidable hospital admission
- ii) Avoidable and permanent admission to care homes
- iii) Loss of tenancies, build-up of housing related debt
- iv) Homelessness and rough sleeping
- v) Lack of employment or social opportunities

3.6. We aim to focus on keeping people’s wellbeing and choice and control at the centre of everything we do. The Care Act emphasises that housing is key to meeting people’s needs and means that local authorities must:

- i) Promote **wellbeing** including around people’s accommodation.
- ii) Treat housing not just as 'bricks and mortar' but include the **support** that is needed to access housing (such as housing related support)
- iii) Consider housing access as part of an assessment process to **prevent, reduce or delay** in adult social care need
- iv) Include **information and advice** around housing options as part of a universal service offer (including self-funders)

Ten Year Supported Accommodation Strategy

- v) Ensure that care and support is delivered in an **integrated** way with cooperation with partner bodies, including health and housing.

4. Best practice

- 4.1. There is no single agreed definition of “supported housing”, as it is a general term that covers a variety of provision. This strategy will take “supported accommodation” to mean “any scheme where housing, support and sometimes care services are provided with the purpose of enabling the person receiving the support to live as independently as possible in the community”².
- 4.2. There are two main types of supported accommodation within Hertfordshire:
- i) Accommodation based services; where people live in a specifically designated property in order to receive support
 - ii) Non-accommodation based services; where the support available is not dependent on where the person lives.
- 4.3. We have worked with the national Housing Learning and Improvement Network (Housing LIN) who produced a case study report highlighting good practice across the country.³

5. What we buy today and what we spend

- 5.1. Some supported accommodation is commissioned by Hertfordshire County Council for people, some people fund their own social care and some care is purchased by the NHS and other public sector bodies. The table below is intended to give a picture of the services currently available in Hertfordshire.

Supported Accommodation Type	In this strategy?	Commissioned by HCC	Paid for by the person (People)	HCC Spend (£million)	Pressure on capacity
Nursing care homes	Yes	Yes	Yes	32.5	High
Residential care homes	Yes	Yes	Yes	126.8	High
Supported living schemes	Yes	Yes	No	31	High
Flexicare Housing schemes	Yes	Yes	No	7.3	High
'Shared Lives' schemes	Yes	Yes	No	0.8	Low
Group Living schemes	Yes	Yes	No	17.2	Moderate
Housing Related Support schemes	Yes	Yes	No	6.1	High

² http://www.thinklocalactpersonal.org.uk/_assets/MakingItReal/MIRHousing.pdf



CaseStudyReport_Pr
3_ocurementDeliveryCa

6. Future planning⁴

- 6.1. We know the population is ageing, that disabled people’s life expectancy is increasing and that people’s expectations of independent living are higher. These demographic pressures in Hertfordshire, like the rest of the country, are set to create challenges for local authorities both financially and with regard to increasing numbers in the care workforce to meet people’s needs in the future. Projected demographics will create a surge in demand for support services for older people (specifically within the 85+ age range, which will more than double in the next 10 years).
- 6.2. For people with learning disabilities, mental health issues, physical disabilities and autism, there is a projected increase in numbers of people requiring suitable accommodation across all age groups, with a growing cohort of over 65s for whom accommodation options are limited at present.
- 6.3. By 2025, if we continue to commission services for people as we have in the past in line with demography, we would expect to see the following growth in social care funded services across Hertfordshire:

Care group	Predicted growth to meet demand by 2025
Older people	1,200 additional nursing beds
	1,500 additional residential beds
	1,200 additional Flexicare Housing places
Learning disability	700 additional supported living places
Physical disability	175 additional supported living places

- 6.4. This strategy proposes a fundamental change to our current service models. People say they want to see more accommodation that supports them to live independently but connected to their local communities. The following table shows the alternative commissioning intention from Hertfordshire County Council to achieve that ambition:

Care group	Predicted net growth to meet demand by 2025
Older people	1,000 additional nursing beds
	600 additional residential beds
	1,500 additional flexi care units
	50 short-stay ‘step up/down’ beds
Learning disability	700 more older people supported in their own homes
	500 additional supported living places
	20 transitional places for people learning life skills
Physical disability	200 more people supported in their own homes
	75 additional supported living places
	100 more people supported in their own homes
Mental health	17 additional transitional places for people in recovery
	100 more people supported in their own homes

⁴ <http://www.hertfordshire.gov.uk/your-council/hcc/healthcomservices/hscic/suporcarehe1/>

Ten Year Supported Accommodation Strategy

- 6.5. To inform future demand planning and care models we have developed ‘future planning tools’ to inform the development of options for accommodation based services. These tools enable us to understand the requirements and expectations of people that we support and commission the most appropriate accommodation offer.
- 6.6. District and Borough Councils are developing their Local Plans and strategic housing plans. Future accommodation needs for those people who require care and support will feed into these plans. This may result in growth in some areas and reductions in other areas and will be based on the requirements for mixed markets, catering for social and private needs, as well as affordable housing.
- 6.7. People must be supported around their health and care needs to prevent unsustainable pressure on accommodation services and prevent the avoidable escalation of health or care needs that may lead to permanent admissions into care homes or hospital admission.

7. Older People - Changing models of supported accommodation

- 7.1. It is our intention to change the proportion of the current long-term models of care being delivered to help more people stay in their own home - and to develop new short-term models of care to manage Hertfordshire’s future demand for supported accommodation. To meet demand by 2025, we would like to stimulate the market to deliver:

PEOPLE AGED 65+	HCC’s Future intentions
Residential care homes	<p>Slowing growth in residential care home beds and actively reducing long stay placements in residential care. Place a greater focus on supporting older people with dementia in the remaining places.</p> <p>Greater investment in short stay, rehabilitation, ‘step down’ and assessment bedded services to enable people to return home from hospital</p> <p>Reduction in overall commissions from HCC.</p>
Nursing care homes	<p>Growth and increased investment across all services within nursing sector.</p> <p>Accelerated growth in nursing dementia care</p> <p>Integrated nursing services across the NHS, social care, continuing health care and high needs dementia.</p>
Flexicare Housing	<p>Growth in local communities with greater flexibility of care to support a wide range of</p>

Ten Year Supported Accommodation Strategy

PEOPLE AGED 65+	HCC's Future intentions
	care needs
	More Flexicare accommodation for people and couples living with dementia

- 7.2. Hertfordshire County Council currently commissions 49% of the residential care market and 23% of the nursing market. 16% of the nursing market is commissioned by the NHS for continuing health care. A small number of beds are purchased by other councils; we plan to survey care homes during 2017/18 to quantify this. The remainder of beds are bought by people who self-fund, including people moving out of London and surrounding counties into care homes in Hertfordshire.
- 7.3. It is our intention to reduce Hertfordshire County Council spend on long term residential care placements by approximately £5m over the next five years (9% of current council spend); approximately £1.5m - £2m will be re-invested to deliver short-stay type residential services to allow people to leave hospital and regain their confidence before returning home. Flexible contracts will be put in place with care home providers to secure capacity, provide market stability, take into account individual service pressures such as private and social funding ratios and incentivise service quality and performance
- 7.4. In 2029 two substantial block contracts that deliver nearly 700 residential care beds for HCC are due to end. Residential care home block contracts will be reviewed at that time and options to explore new models will be developed and shared with the market.
- 7.5. Significant pressure in the nursing care home market will be resolved, in the first instance, by investing at least £3m over the course of 2017/18 and 2018/19 to provide additional nursing beds over and above existing capacity, to support hospital discharges. If the market is unable to respond the County Council will explore options for developing its own homes in those areas where additional market competition will have the greatest impact.
- 7.6. The growth and changes in the nursing care home market will be supported by the commissioning integration of NHS 'Continuing Health Care' placements and Hertfordshire Partnership University Foundation Trust's reduction in their own building-based services, which will bring additional investment into the nursing care market.
- 7.7. Flexicare Housing accommodation models for older people will be developed further and more housing will be commissioned. Additional investment into that accommodation will result from a review of services that is currently underway in spring 2017. The new model of Flexicare Housing will be aligned to changes in the residential and nursing markets outlined in sections above.
- 7.8. Flexible accommodation schemes will be developed in close partnership with district and borough councils, taking into account local strategic housing plans. Locally, developments will be supported if they meet both County and

Ten Year Supported Accommodation Strategy

local council needs around care provision and housing, providing mixed tenure models to develop local communities.

- 7.9. We will review the use of both HCC leased and owned property where care and support is delivered to ensure the best use of property and leases.
- 7.10. There will be consideration of, and recommendations for, the use of county council capital funding to support the development and growth of businesses to secure capacity at competitive rates. Capital investment will be available through an open bidding process and could support a range of investment such as extensions, match-funding of accommodation units to support mixture of tenure or to deliver new builds.⁵

8. Younger adults with Disabilities or Mental Health Issues - Changing models of supported accommodation

- 8.1. It is our intention to change the proportion of the current long-term models of care being delivered, to help more people stay in their own home or tenancy - and to develop new models of care to manage Hertfordshire’s future demand for supported accommodation. To meet demand by 2025, we would like to stimulate the market to deliver:

Care group	Future intentions
People with physical and/or learning disabilities or mental ill health, Autism or Asperger’s	Actively reducing long stay residential care home places
	Greater investment in supported living type services where people have their own tenancy, for ages 18 – 65 years
	Development of communities with mixed accommodation tenures
	Accommodation separate from flexible care models
	Review of out-of-county placements: <ul style="list-style-type: none"> – Young people – Transforming care
	Capital contributions requested for key HCC sites where good value accommodation can be provided
	Increased take up of direct payments to fund the care element

⁵ One Public Estate strategy here

Ten Year Supported Accommodation Strategy

Care group	Future intentions
	Flexible contracting models which will enable the market to respond to crisis and planned admissions
	Development of care group specific accommodation for older people with learning disabilities

- 8.2. A key priority will be to provide accommodation that supports people for as long as their care needs can be met in that setting. This will mean that accommodation should be separated out from care and support needs wherever appropriate, to allow people choice and control over how their care needs can be met.
- 8.3. Demographic projections show that Hertfordshire will need a minimum of 600 new supported living places for younger people with disabilities before 2025. Critical to this market development will be on building relationships with care providers based on a shared view of the outcomes to be achieved, a common understanding of any constraints and an equitable distribution of risk.
- 8.4. We want to move to commissioning supported accommodation based on the outcomes being achieved with people rather than contract check-lists. People being healthy, safe and having meaningful occupation in their lives is most important. We will make targeted support available to providers to help them adapt and respond while we continue to develop a local infrastructure that supports people to have choice and control.
- 8.5. Existing accommodation provision which is owned by HCC will be reviewed continually to ensure it remains fit for purpose and is capable of supporting people as they age or as their needs develop and change. Capital investment by the County Council will be considered and 'One Public Estate' principles will be applied where applicable.
- 8.6. We will work to increase the availability of Hertfordshire based supported housing options for people that currently live outside of Hertfordshire, including young people placed in other local authority areas or those under the remit of the national 'Transforming Care' programme. Providers will be expected to work with a range of commissioners including the '0-25 Together' service who support adults with disabilities in that age range, transitioning from Children's Services to Adult Care Services.
- 8.7. In order to ensure the right mixture of tenures and deliver growth in key services, we will take into consideration private sector growth and investment, social and private rental markets and incentives for people 'downsizing'. This will allow opportunities for working with a range of partners to deliver accommodation/housing, beyond the traditional providers. In order to identify

Ten Year Supported Accommodation Strategy

these opportunities, there will be a collaborative approach at a local level with district and borough councils.

- 8.8. We will work with housing providers to ensure their models of housing management support are aspirational and promotes recovery for people with mental health conditions, so that they can support people to live more independently and encourage people to move away from provision that is no longer suitable for their needs. This approach will alleviate issues such as creating dependency on care services and bottlenecks in care provision that prevents further referrals for support.
- 8.9. Development of transitional step down services to support people as they prepare to learn to live in the community, and to help prevent the escalation of crisis or out of county placements, is a priority. These types of models will remove pressure off inpatient units and lead to cost-effective delivery of services in a least restrictive environment. Voids risks for any move on placements will be managed with housing providers.
- 8.10. We will encourage supported housing providers to take a flexible approach in making housing available for people with a wide range of needs and consider new business models to enable this. This will include considering ways of working which could enable providers to invest more flexibly in the right developments and manage tenancy supply more flexibly.
- 8.11. The Strategy will explore and risk assess the issue of long term affordability for tenants and take into consideration the proposed changes to the Local Housing Allowance.
- 8.12. The use of capital budgets to support housing associations at the outset of any developments, by way of subsidy, to lower the rents that could be charged going forward. The Strategy will support the feasibility of HCA grants or Recycled Capital Grants to give the ability to have an element of sales and provide cross-subsidy from those sales or from free land

9. The road to market

- 9.1. To support, enhance and incentivise the care market across a range of care needs and age groups, we will:
 - i) Promote investment in supported accommodation in Hertfordshire in partnership with local councils, providers and the health system
 - ii) Communicate and update our predicted demand for supported accommodation in Hertfordshire, recognising and providing options where demand is greatest for social housing, shared ownership and private provision.
 - iii) Open dialogue with any and all potential partners for creative and sustainable ideas about the best ways to develop and provide the

Ten Year Supported Accommodation Strategy

supported accommodation and services that Hertfordshire needs. To support this, we will:

- Use different and flexible contract models to ensure that both (a) larger national organisations with the ability to mobilise at sufficient scale, and (b) smaller local organisations with innovative ideas and the local knowledge necessary to develop provision that meets local needs will be able to work with the County and District Councils of Hertfordshire to fulfil this strategy.
 - Encourage new and innovative approaches to capital finance and mixed tenure development in order to make supported accommodation a realistic choice.
- iv) Develop partnerships to identify and secure the funding necessary for the delivery of supported accommodation in Hertfordshire. Potential sources will include private developer contributions, HCA funding, and other assets and capital funding programmes the Council and partner district and borough councils are able to access.
- v) Share information about potential sites that the council may have that could be suitable for such developments, and work in partnership with the district and borough councils and developers to identify further appropriate sites.
- vi) Take to elected members proposals to make available a capital programme designed to support large and small scale developments
- vii) Consider the level of need in smaller settlements, alternative service models and the role of existing supported accommodation alongside any potential new developments.
- viii) Actively explore and seek out organisations operating at both local and national levels who are looking to invest in partnership with councils.
- ix) Undergo the necessary procurement exercises to secure a range of development and service partners capable of delivering supported accommodation at scale and pace, in accordance with local, national and EU procurement rules, and in compliance with State Aid rules.

9.2. The principles to underpin this strategy will be to make best use of and work in partnership to maximise opportunities for:

Ten Year Supported Accommodation Strategy

- i) Developing county council and district and borough council owned or purchased sites
- ii) Encouraging private development and mixed tenure schemes
- iii) Exploring sites owned or purchased by developers
- iv) Using existing schemes to realise full potential
- v) Re-modelling of older schemes to realise full potential
- vi) Developing supported accommodation in partnership with the NHS
- vii) Securing S106 funding

10. Supporting communities

10.1. Care models will reflect the types of supported accommodation and/or support needs people may have. This will include:

- i) Services that support existing arrangements through rapid response principles to prevent things like tenancy breakdowns or carer breakdowns, for example
- ii) Non-regulated care which may include funding streams such as Housing Related Support or other floating support type services
- iii) Regulated care regardless of setting



10.2. These models will be set up through accreditation frameworks to allow some support to be independent of accommodation to allow greater flexibility for individuals and the wider system.

10.3. In order to ensure people have independence, are empowered and enabled to make choices about their care and support needs, we will:

Ten Year Supported Accommodation Strategy

- i) Actively involve people in the commissioning of care and support services as part of the commissioning cycle and offer a suitable range of accommodation options.
- ii) Work with local district planners and property developers (both social and private) to secure an appropriate mix of accommodation allowing for mixed tenures to support the development of communities; this will include nominations rights, social rented and direct purchasing by people.
- iii) Aim to significantly alter the market mix for residential and nursing care for older people, as well as residential care for people with LD, by divesting in some areas to achieve growth in other areas. This will be done through a mixture of new contractual vehicles and use of capital investments as appropriate.
- iv) Work with local district accommodation boards to develop local opportunities within a countywide framework of responding to accommodation and housing need.

DRAFT

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH CABINET PANEL
MONDAY 3 JULY 2017 at 2.00pm**

Agenda Item No.

6

JOINED UP CARE: ALIGNING ADULT SOCIAL CARE WITH HEALTH

Report of the Director of Adult Care Services

Author(s): Edward Knowles & Jamie Sutterby (Assistant Directors, Health Integration
– West & East) (Tel: 01992 588950)

Executive Member/s:- Colette Wyatt-Lowe,

1. Purpose of report

- 1.1 To outline to Panel the Council's medium term priorities for joined up care for adults with the NHS, in order to guide partnerships with local health organisations and inform the next Hertfordshire Better Care Fund (BCF), which will cover the period 2017-19

2. Summary

- 2.1 Given both the changing local and national context, it is an appropriate time to review the priorities and benefits for joint working between the Council's and NHS services.

- 2.2 The top-level vision for integration, as outlined in the 2016-17 [Better Care Fund Plan](#), remains relevant:

"A system that delivers the right care and support at the right time and in the right place for individuals, their families and their carers"

- 2.3 Appendix 1 sets out a recommended set of priorities against a set of 'Integration Standards' developed by health and social care regulators. For each of these standards, the progress and achievements to date have been outlined, as well as the ambitions and targets for 2020. This provides a clear sense as to the practical changes expected across the system in the next three years.

- 2.4 The Council is working to build a culture of prevention. This culture underpins the work being undertaken to integrate health and social care. The intention is to improve the health of the population within available resources and work with the wider system, including partners in the NHS, to help Hertfordshire residents avoid preventable health and social problems. Prevention has also been prioritised as a key theme in the Hertfordshire and West Essex Sustainability and Transformation Plan.

3. Recommendation/s

- 3.1 Panel is asked to note and comment on the Report and recommend to Cabinet that it approves the Council's medium term priorities for joined up care with the NHS as outlined in Appendix 1 to the report.

4. Background

- 4.1 Closer joint working with health services has been a strategic priority for the Council for a number of years, predating recent national policy initiatives including the Better Care Fund and Sustainability and Transformation Plans. Over this time, the Council has fostered good relationships with health partners, and it has developed a national reputation as a leader on health and social care integration. This includes winning a Local Government Chronicle award for HomeFirst services, being recognised as a 'vanguard' area for work to support care homes, and winning the 2017 Health Service Journal award, which recognises excellence in care, for Workforce Efficiency for the Vanguard's Complex Care Premium scheme. It also includes the utilisation of 'pooled budgets' to jointly plan and commission services such as arrangements for the joint commissioning of mental health services.
- 4.2 The Health and Social Care environment has evolved since better integration was made a key theme of the Health & Social Care Act 2012 and the Better Care Fund (BCF) was first launched in 2013. The BCF, a single pooled budget of largely existing funding, has driven closer joint working between the Council and the NHS. In 2016-17, as in the previous year, the Council and the NHS pooled a wider range of service budgets than nationally required to maximise opportunities for joint working, commissioning and financial planning. This resulted in a BCF of £304m, one of the largest in the country, jointly pooled between the Council, Herts Valleys CCG (HVCCG), East & North Herts CCG (ENHCCG) and Cambridgeshire & Peterborough CCG (CPCCG).
- 4.3 The Hertfordshire and West Essex Sustainability and Transformation Plan outlines the high-level ambitions for the local area. Integration and specifically closer and more collaborative working across health and social care is recognised within the plan as a key means of achieving improved outcomes and doing so within a more constrained financial environment.
- 4.4 The vision for joined up care supports the Council's ambition to support and maximise independence for older people and adults in Hertfordshire, as well as empowering individuals and working together with partners. Improved joint working between health and social care is also consistently fed back as a priority from service users and carers at engagement events and feedback on services. For service users and staff, integration should offer:
- A greater ability to target collective resources and understand the needs of service users so that appropriate support is provided to the right people

and to the best effect. This is enabled through better sharing information to improve operational and strategic decision making.

- Alignment of similar or complementary services. This reduces gaps in provision for the service user, minimises duplication and should allow an improved experience for staff and service users. This is enabled by bringing local teams and services together to enable better joint working.
- A clearer and more efficient allocation of financial resources, enhancing the ability to reduce expenditure and enhancing the value for money of spend. This is enabled through the further development of joint or integrated commissioning arrangements.
- The opportunity to lead on and enhance the system leadership role, ensuring that the views of service users, carers and residents and communities more widely shape the development of health and social care services in Hertfordshire.

4.5 As a mark of historically strong and mature relationships, since 2015, the Clinical Commissioning Groups and the County Council have reached an agreement to transfer funds additional to the BCF from NHS budgets to maintain investment in social care services in the face of reductions in Council budgets. This is in recognition of the level of interdependence between the adequate provision of social support to frail or vulnerable adults, and the pressures on health services. In March, the CCGs made a decision to end this financial support from April 2018 and make a reduced sum available from April 2017. It is important to note that, despite the reduced contributions to social care in 2017-18, any level of support of social care by local health commissioners beyond the Better Care Fund is very uncommon.

Table 1 - Additional CCG Contributions for the protection of social care

	2015-16 (£'000)	2016-17 (£'000)	2017-18 (£'000)
ENHCCG	5,000	8,500	4,500
HVCCG	5,000	8,500	4,500

4.6 The Council is required to submit a joint Better Care Fund Plan with the CCGs on approval of the Health & Wellbeing Board covering a two-year period from April 2017. This must include:

- Setting out Hertfordshire's vision for further integration of health and social care by 2020, which will use a similar version of the document at Appendix 1.
- Demonstrating compliance with four National Conditions (see Appendix 2).
- An outline of how the BCF will meet its performance metrics, including admissions to hospitals, care homes and delayed transfers of care from hospital.

- Clear accountability and governance arrangements between Local Authority and NHS partners.
- Involvement with partners including housing authorities representatives in developing the Plan reflecting growing recognition of the contribution of housing to integration
- Detail regarding how the County Council will improve support for carers
- Details as to how the BCF will be aligned with Sustainability and Transformation Plans (STPs), which are also encouraging greater coordination of local services to meet future financial pressures in the NHS.

4.7 The 2017-19 [Better Care Fund Policy Framework](#) was released on 31st March. Although an update on the Plan was taken to the Health and Wellbeing Board (HWB) on 14th June, final drafting is awaiting the release of additional delayed guidance although no dates have yet been confirmed.

5. Equality Impact Assessment

5.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the Equality implications of the decision that they are making.

5.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

5.3 The Equality Act 2010 requires the County Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

5.4 An EQIA is attached to the Report as Appendix 3.

6. Financial Implications

6.1 None

Background Documents

Appendix 1- Joined Up Care Priorities

Appendix 2- BCF National Conditions

Are included within this report

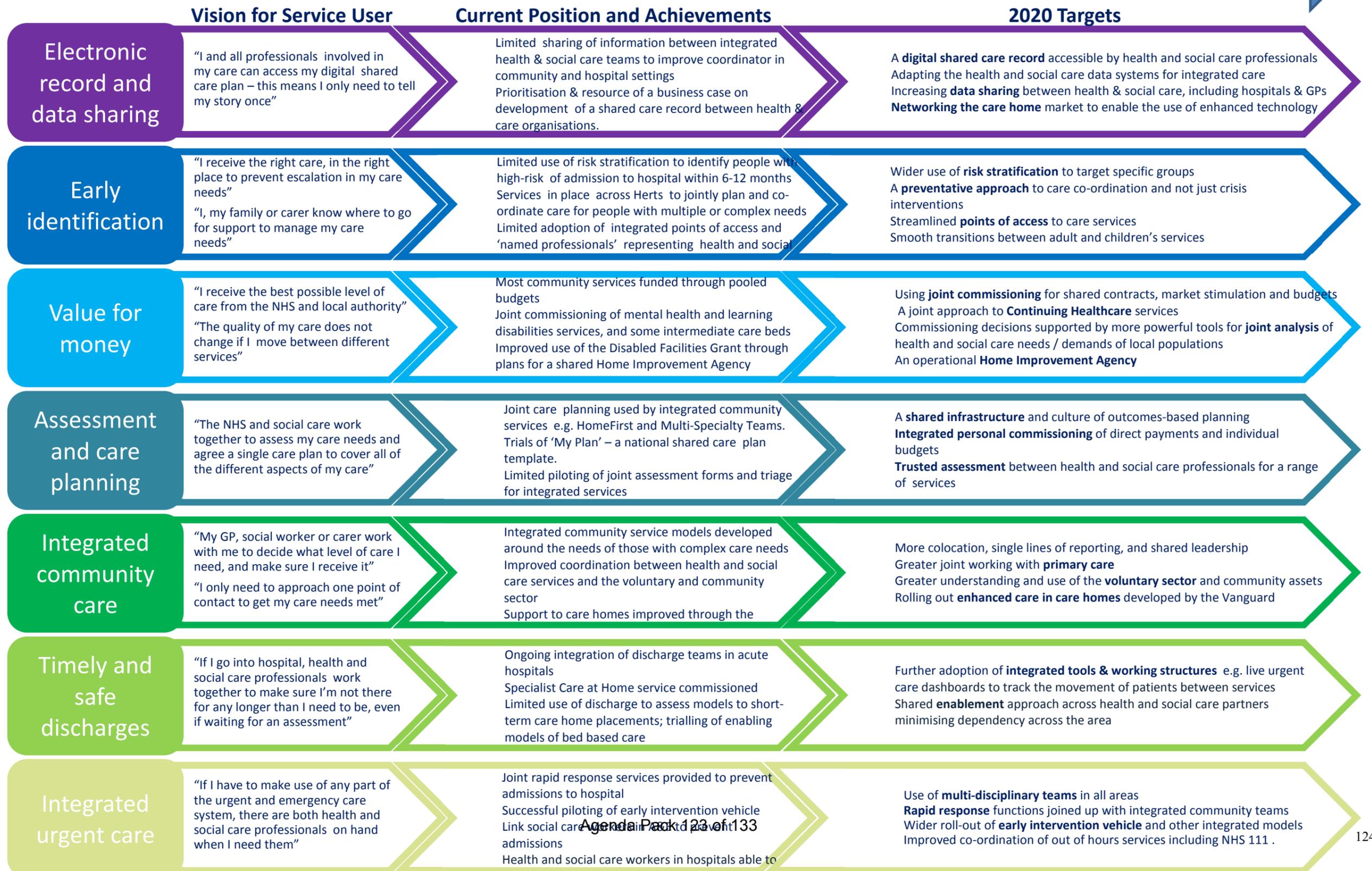
Appendix 3- Equalities Impact Assessment

Is attached as a separate document

Joined Up Care 2020 – vision and priorities

A system that delivers the right care and support at the right time and in the right place for individuals, their families and their carers

Developing a culture of prevention - to improve the health of the population and help our residents to avoid preventable health and social problems



Appendix 2 – BCF National Conditions

Condition 1: Plans to be jointly agreed, signed off by the HWB

Condition 2: NHS contribution to adult social care is maintained in line with inflation

Condition 3: Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care – this includes agreeing how Hertfordshire will use its share of the £1,018bn in 2017-18 and £1,037bn in 2018-19 previously used for the payment for performance fund in 2015-16, with appropriate risk shares

Condition 4: Managing transfers of care – this includes implementation of the below 'High Impact Change Model'

Working with local systems, we have identified a number of high impact changes that can support local health and care systems reduce delayed transfers of care...

Change 1 : Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

Change 2 : Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Change 4 : Home First/Discharge to Access. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5 : Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Change 6 : Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Change 7 : Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Change 8 : Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

BCF Metrics

1. A reduction in non-elective admissions
2. A reduction in delayed transfers of care
3. A reduction in permanent admissions to residential or nursing homes
4. An increase in the effectiveness of reablement (an increase in the number of 65+ discharged from hospital into an reablement or rehabilitation service)
5. *An increase in satisfaction rates for the ACS enablement survey – not to be monitored centrally and unlikely to continue in 2017-19*
6. *An increase in dementia diagnosis rate (locally agreed metric) – not monitored centrally in 2017-19*

Appendix 3 Equality Impact Assessment (EqIA)

STEP 1: Responsibility and involvement

Title of proposal/ project/strategy/ procurement/policy	Joined Up Care: Aligning Adult Social Care with Health	Head of Service or Business Manager	Iain MacBeath (Director of Adult Care Services)
Names of those involved in completing the EqIA:	Keir Mann, Hayley King (Programme Managers, Integrated Care)	Lead officer contact details:	Jamie Sutterby & Edward Knowles (Assistant Directors, Health Integration East & West)
Date completed:	14 June 2017	Review date:	Dec 2017

STEP 2: Objectives of proposal and scope of assessment – what do you want to achieve?

<p>Proposal objectives: – what you want to achieve – intended outcomes – purpose and need</p>	<p>Hertfordshire County Council's is agreeing their medium term priorities for joined up care for adults with the NHS, to guide partnerships with local health organisations and inform the next Hertfordshire Better Care Fund (BCF) which will cover the period 2017-19.</p> <p>The top-level vision for integration, as outlined in the current and planned 2017-19 Better Care Fund (BCF) Plan is:</p> <p><i>“A system that delivers the right care and support at the right time and in the right place for individuals, their families and their carers”</i></p> <p>The joined up care priorities will be reflected in the 2017-19 Better Care Fund Plan and once submission dates in the delayed guidance have been confirmed will be approved by the Health & Wellbeing Board..</p> <p>Statutory social care services are accessible to all dependent on existing local and national eligibility criteria. The Joined Up Care proposals incorporate joint working for these services with health, but also priorities that will improve empowerment, independence and personal choice, and prevention. For example, integrated personal commissioning, home adaptation services and involvement of the community and voluntary sector. The proposals seek to promote greater health, care and wellbeing outcomes for older people across Hertfordshire alongside creating greater service efficiency for organisations.</p>
<p>Stakeholders: Who will be affected: the public, partners, staff, service users, local Member etc</p>	<p>These priorities cover adult care services for the whole county in partnership with NHS organisations, including the Clinical Commissioning Groups (CCGs), providers and other partners. This means those likely to be affected are:</p> <p>External</p> <ul style="list-style-type: none"> • the Public

Appendix 3 Equality Impact Assessment (EqIA)

	<ul style="list-style-type: none"> • Service users • Carers • Partners agencies <p>Internal</p> <ul style="list-style-type: none"> • Hertfordshire County Council staff • County Councillors
--	---

STEP 3: Available data and monitoring information

Relevant equality information	What the data tell us about equalities
<p>For example: Community profiles / service user demographics, data and monitoring information (local and national), similar or previous EqIAs, complaints, audits or inspections, local knowledge and consultations.</p>	
<p>Joined up care priorities, including those reflected in the 2017-19 Better Care Fund Plan, have been informed by data and feedback from a wide range of local and countywide plans and strategies which include:</p> <ul style="list-style-type: none"> • NHS STP (Sustainability and Transformation Plan): A Healthier Future Improving health and care for Herts and West Essex 2016-2021 http://www.healthierfuture.org.uk/ • Health & Wellbeing Board Strategy, 2016-19 https://www.hertfordshire.gov.uk/about-the-council/how-the-council-works/partnerships/health-and-wellbeing-board.aspx • Adult Care Services Three Year Plan https://www.hertfordshire.gov.uk/about-the-council/freedom-of-information-and-council-data/open-data-statistics-about-hertfordshire/what-we-spend-and-how-we-spend-it/integrated-plan/integrated-plan.aspx (PART B ADULT CARE SERVICES) • HCC Corporate Plan 2013-17 https://www.hertfordshire.gov.uk/about-the-council/freedom-of-information-and-council-data/open-data-statistics-about-hertfordshire/what-our-priorities-are-and-how-were-doing/what-our-priorities-are-and-how-were-doing.aspx • Various service user and staff engagement events for individual projects and services <p>In addition, the Hertfordshire JSNA and census data (see Herts Insight) has also</p>	<p>Existing plans and strategies, alongside Hertfordshire's Joint Strategic Needs Assessment (JSNA) points to:</p> <ul style="list-style-type: none"> • Demographic growth, particularly around older people (e.g. an 82% increase in over 85s between 2014-39) with this putting increasing pressure on the provision of existing health and community services to this group • Over 1m individuals (1,116,062, Census 2011) live with a long-term health problem or disability • A projected 'tipping point' this year where the number of older people needing care will outstrip the number of unpaid carers • A difference in health outcomes dependent on a wide range of factors and which can vary across protected groups, e.g. different life expectancies across localities and between men and women, higher smoking rates among certain ethnic groups and higher levels of obesity among those with a disability. • A higher than national average of excess winter deaths (640 in 85+ in 2014-15), higher in some localities than others although the exact reasons for this remain unknown. <p>Priorities propose incorporating existing and planned integrated working across health and social care. These programmes, projects and joint working arrangements are expected to consider, monitor and mitigate equality issues within their own planning.</p>

Appendix 3 Equality Impact Assessment (EqIA)

been used to inform the latest BCF Plan on county issues and considerations, including health inequalities (see Section 2 of the Plan when published).

STEP 4: Impact Assessment – Service Users, communities and partners (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Age	Plans are expected to have a positive impact on this group. This is because joined up care proposals seek an improvement in system-wide coordination of services from health and social care integration. This means better quality and more efficient care for long-term conditions, and older people more likely to experience 'multi-morbidities'. More joined-up, person-centred care in the community also aims at maximising independence for individuals in their own homes and preventing ill-health, also of particular benefit to older people – this is particularly important in the face of a rising aging population.	<ul style="list-style-type: none"> • Consultation and engagement with service users / patients in the design of specific service changes. • Ongoing analysis of the local health inequalities experienced by older people to inform the improvement of services • Evaluation of impact of specific service changes on different age groups
Disability Including Learning Disability	Plans are expected to have a positive impact on this group for the reasons states above ('age'). The aspiration for this area of work is to help create better quality services centred around the individual that maintain independence.	<ul style="list-style-type: none"> • Working with Adult Disability Service (ADS) teams to ensure the opportunities and benefits of joint working are extended beyond older people's services where appropriate. • Ensuring the scope of new integrated services includes people with disabilities where evidence suggests that outcomes could be improved. • Further ongoing analysis of the issues caused by fragmentation of services, which are currently affecting those with disabilities including learning disabilities.
Race	The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services. The aspiration for this area of work is to help create better	<ul style="list-style-type: none"> • Continued promotion of a community first approach, use of community and voluntary assets, as part of joined up care • Improved identification and targeting of 'at risk' segments of the population to include

Appendix 3 Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>quality services centred around the individual that maintain independence.</p> <p>National and some local data shows some differences in health and wellbeing outcomes between different ethnicities, although the evidence base is still being developed. The local census predicts growing diversity as the population increases so it will be important to continue monitoring and considering this area.</p>	<p>consideration of differential outcomes for ethnic groups.</p> <ul style="list-style-type: none"> Continued development of local data sources – for example, the JSNA and Hertfordshire Fingertips - to monitor potential impact of race on health and wellbeing important when developing and reviewing services.
Gender reassignment	<p>The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence</p>	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Pregnancy and maternity	<p>The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence.</p>	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Religion or belief	<p>The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence</p>	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Sex	<p>The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence.</p> <p>An improved equity of service could also help to reduce existing health inequalities. For example, there is a difference in life expectancy of 7.1 years for men between the most deprived areas of Hertfordshire than the least deprived, while for women</p>	<ul style="list-style-type: none"> Ongoing analysis of the local health inequalities experienced between the sexes to inform the improvement of services

Appendix 3 Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	this is 5.9 years	
Sexual orientation	The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Marriage & civil partnership	The plans are not currently considered to have a negative impact, and are likely to have a positive impact as a result of general improvement in efficiency and quality of services that are centred around the individual to maintain independence	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Carers (by association with any of the above)	<p>The plans are not currently considered to have a negative impact, and are likely to have a positive impact given the recognised role carers have in joint working and services under the BCF and joined up care priorities.</p> <p>Carers are recognised in the health and care system as providing vital support, particularly as the number of those with long-term conditions are rising. Currently, 1.9% of unpaid carers provide 50 or more hours per week in unpaid care.</p>	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services The Joined Up Care priorities are expected to comply with existing strategies and considerations, including the Carers' Strategy
Carers and CARE ACT 2014	From April 2015, carers will be entitled to an assessment of their own needs in the same way as those they care for. If the focus of your EqIA relates to care and support, consider carers' new rights and see the Care Act pages on Compass for more guidance	
Opportunity to advance equality of opportunity and/or foster good relations		
<p>Joined Up Care provides opportunities to advance equality of opportunity and foster good relations due to its positive implications for the wider health and social care system, and its close working with existing strategies to improve care, advice and support including NHS plans, the Sustainability and Transformation Plan and the Health & Wellbeing Board Strategy.</p> <p>A number of programmes or projects will be considering the equity of service provision by area / locality. Future activity will need to be mindful of any potential inequality or inequity (of service access or funding) is addressed and any person in need of with health and social care support are not adversely affected by an inequality of provision.</p>		

Appendix 3 Equality Impact Assessment (EqIA)

STEP 4a: Impact Assessment – Staff (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Age	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working. Specific projects or service changes may require a change of location or more often co-location either to an existing site or to another however these changes will be completed in engagement with the staff involved.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Disability Including Learning Disability	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Race	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Gender reassignment	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Pregnancy and maternity	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working. Specific projects or service changes may require a change of location or more often co-location either to an existing site or to another however these changes will be completed in engagement with the staff involved.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Religion or belief	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Sex	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Sexual orientation	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Marriage & civil partnership	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services

Appendix 3 Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
	which people work through joint working.	
Carers (by association with any of the above)	This plan has no identified negative impacts for staff in terms of delivery, and offers potential positives through the aspiration to create better places within which people work through joint working. Specific projects or service changes may require a change of location or more often co-location either to an existing site or to another however these changes will be completed in engagement with the staff involved.	<ul style="list-style-type: none"> Monitoring of impact of specific service changes on different groups by projects and services
Opportunity to advance equality of opportunity and/or foster good relations		
<p>Joined Up Care provides opportunities to advance equality of opportunity and foster good relations due to its positive implications for the wider health and social care system, and its close working with existing strategies to improve care, advice and support including NHS plans, the Sustainability and Transformation Plan and the Health & Wellbeing Board Strategy.</p>		

STEP 5: Gaps identified

<p>Gaps identified Do you need to collect more data/information or carry out consultation? (A 'How to engage' consultation guide is on Compass). How will you make sure your consultation is accessible to those affected?</p>	<p>The above will be monitored on an ongoing basis, and necessary action taken where identified.</p> <p>It is expected that existing and planned programmes, projects and joint working arrangements across the county consider equality issues and put in place steps for mitigation if necessary.</p>
---	---

STEP 6: Other impacts

Consider if your proposal has the potential (positive and negative) to impact on areas such as health and wellbeing, crime and disorder and community relations. There is more information in the guidance.

STEP 7: Conclusion of your analysis

Select one conclusion of your analysis	Give details
<input checked="" type="checkbox"/> No equality impacts identified – No change required to proposal.	No negative impacts have been identified, although this will continue to be monitored to ensure this remains the case, and that opportunities to improve equality are developed and implemented
<input type="checkbox"/> Minimal equality impacts identified – Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate)	

Appendix 3 Equality Impact Assessment (EqIA)

Select one conclusion of your analysis	Give details
<ul style="list-style-type: none"> – Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality. 	
<input type="checkbox"/> Potential equality impacts identified <ul style="list-style-type: none"> – Take 'mitigating action' to remove barriers or better advance equality. – Complete the action plan in the next section. 	
<input type="checkbox"/> Major equality impacts identified <ul style="list-style-type: none"> – Stop and remove the policy – The adverse effects are not justified, cannot be mitigated or show unlawful discrimination. – Ensure decision makers understand the equality impact. 	

STEP 8: Action plan

Issue or opportunity identified relating to:	Action proposed	Officer Responsible and target date
<ul style="list-style-type: none"> – Mitigation measures – Further research – Consultation proposal – Monitor and review 		
Monitor and review	There is opportunity for services included within the joined up care priorities to monitor impact on a continued basis and report back as necessary.	Jamie Sutterby and Edward Knowles At least a Quarterly Review and as defined by specific each programme or project
Further research	There are some national and local knowledge gaps on health outcomes in relation to protected characteristics (e.g. race) – developments by local HCC and NHS teams (for example, the Community Intelligence Unit) can be monitored and built into future iterations of the priorities.	Integrated Care Programme Team - Bi-annual review of the Joined Up Care Plan

This EqIA has been reviewed and signed off by:

Head of Service or Business Manager: Edward Knowles and Jamie Sutterby

Appendix 3
Equality Impact Assessment (EqIA)

(Assistant Directors, Health Integration – East & West) **Date:** 14th June 2017