

Agenda



AGENDA for a meeting of the ADULT CARE & HEALTH CABINET PANEL in COMMITTEE ROOM B, at County Hall, Hertford on FRIDAY 8 SEPTEMBER 2017 at 10.00AM

MEMBERS OF THE PANEL (12) (Quorum 3)

E H Buckmaster; E M Gordon; S Gordon; F Guest; K M Hastrick; D J Hewitt; F R G Hill (*Vice Chairman*); T Howard; J S Kaye; 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 3 July 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.

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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. Adult Social Care Charging Consultation
Report of the Director, Adult Care Services
4. Annual Adult Care Services Complaints Report 2016/17
Report of the Director, Adult Care Services
5. Future Development of Care Homes in Hertfordshire
Report of the Director, Adult Care Services
6. **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

Part II business has been 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 3 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.”

PART II AGENDA

1. Future Development of Care Homes in Hertfordshire
Report of the Director, Adult Care Services

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**

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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 MONDAY 3 JULY 2017

ATTENDANCE

MEMBERS OF THE PANEL

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*)

OTHER MEMBERS IN ATTENDANCE

None

Upon consideration of the agenda for the Adult Care & Health Cabinet Panel meeting on 3 July 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. MINUTES

The Minutes of the Cabinet Panel meeting held on 16 June 2017 were confirmed as a correct record and signed by the Chairman

2. PUBLIC PETITIONS

There were no public petitions.

3. WEST HERTS HOSPITAL TRUST - STRATEGIC OUTLINE CASE

(Officer Contact: Edward Knowles, Assistant Director – Health Integration (Herts Valleys) (Tel: 07812 324788))
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ACTION

- 3.1 Members were invited to consider West Hertfordshire Hospitals NHS trust Strategic Outline Case for the future provision of acute hospital services within West Hertfordshire and agree the recommendation to Cabinet regarding the formal response to this proposal from the council.
- 3.2 The Panel were advised that the Trust had written to all partner agencies as part of the formal consultation process and noted that Section 5 of Appendix B, the Strategic Outline Case, outlined the key points of the proposal, which fundamentally were to re-develop the existing building or create a new building to enable continued provision of existing services.
- 3.3 During general discussion it was established that the detail of the forecast activity had been as thoroughly calculated as practicable at the present time.
- 3.4 It was noted that although the official deadline given to respond to the proposal was 23 June 2017, this had been extended to incorporate the comments from the council and other partners as appropriate.
- 3.5 Members learnt that the proposals had been discussed and approved by the Board of Herts Valleys Clinical Commissioning Group.
- 3.6 The proposals had also been considered by district councils and , and by local MP's and in general it had been acknowledged, though not widely accepted, that whilst a new build would be the preferred option, the current climate dictated that refurbishment of
- 3.7 the current site was the viable solution at the present time .

It was established that the main level of concerns centred around the fact the proposals were perceived to not be fully providing a long term accommodation solution that would effectively meet patients current and future needs, bearing in mind the increasing demography of the area, the risk of funding not being available in the future to further develop or build a site, and the fact that

3.8 Watford was felt to not an ideal location for a site.

Members were advised that although a response would be made, ultimately the council could not influence the final decision that would be made by West Hertfordshire Hospitals NHS Trust.

Conclusion:

- 3.9 The Panel made the following conclusions:

**CHAIRMAN'S
INITIALS**

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- The Panel noted the information contained in the Strategic Outline Case
- The Panel noted the comments of the Health Scrutiny Committee.
- The Panel recommended to Cabinet that a formal response is made to the letter received from West Hertfordshire Hospitals NHS Trust stating that the Council recognised 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 understood that, if early funding was not available to progress such a project, patient services and safety may be put at risk. Therefore, if it should be impossible to develop a new hospital swiftly, the Council would support West Hertfordshire Hospitals NHS Trust's application for funding to enhance the Trust's buildings and facilities as outlined in the Strategic Outline Case.

Elaine Shell

4. LEARNING DISABILITY TRANSFORMATION

Officer Contact: Helen Maneuf, Assistant Director Planning & Resources ([Tel: 01438 845502](tel:01438845502))

- 4.1 Members considered a report detailing the proposal to close the current Invest to Transform Bid relating to the Accommodation for Independence project with the view to replacing this with a new Invest to Transform Bid which adopted a whole systems approach in relation to accommodation for people with Learning Disabilities.
- 4.2 It was noted that since the original investment of £1.65 million to the current Invest to Transform Bid as agreed at Cabinet in November 2015, there had been the directive from central government to change the benefit funding framework to a Universal Credit system. This had created uncertainty amongst the residential home providers as to how they would receive funding in the future to convert residential care homes for people with learning disabilities into supported living accommodation. The new bid of £1.14m to be spent over over three years would enable strategic planning and commissioning capacity solutions to be undertaken to address this change of framework.
- 4.3 Members acknowledged that this was a large area of expenditure for the directorate, and discussed the reasons why Hertfordshire had higher costs in this area compared with other comparable local authorities This was ascertained to be due to a number of factors:
1. The increasing aging population within the county;
 2. The large number of care homes within the county;

3. Hertfordshire's strong reputation for providing care for people with learning disabilities encouraging people to move to the area;
4. The preferential level of pay provided to adult care social workers within Hertfordshire.

4.4 It was noted that where it was assessed that residents required ongoing health need rather than ongoing social care need, the directorate were liaising with health providers to make arrangements for the health service rather than the council to fund any provision of care that was required.

4.5 It was explained to Members that at present, Universal Credit is paid at a capped rate and as such this does not cover the cost of funding adaptations required for residents with learning difficulties on top of any rental costs. There are some early indications that a 'top up' fund may be provided by central government to cover this deficit, but this has yet to be confirmed.

4.6 In response to a Member question, it was noted that not all residential homes are the same, and as such there would be a mix and match policy to ensure the provision of placements for residents with learning difficulties.

4.7 Members received assurance that the quality assurance of provision would always be considered and liaison with the district councils would be an ongoing consideration.

4.8 **Conclusion:**

Members noted the report and recommended to Cabinet that it:

- a. Agreed to the closure of the Invest to Transform Bid for the 'Accommodation of Independence Project.
- b. Agreed to the 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.

Elaine Shell

5. **DRAFT SUPPORTED ACCOMMODATION STRATEGY**
Officer Contact: Kulbir Lalli, Head of Integrated Accommodation Commissioning (01438 843217)

5.1 Members were presented with the 10 year supported accommodation strategy which set the vision for accommodation across and range of care needs and age groups within Hertfordshire.

- 5.1 Members broadly commended and supported the strategy, although they noted that the implementation of it would be challenging.
- 5.2 In response to a Member question it was explained to Members that a 'step up, step down bed' was the terminology used for describe the increasing or decreasing level of hospital provision required by patients.
- 5.3 During general discussion it was noted that overall the length of stay within hospitals did not considerably differ from the East to the West of the county, however the number of adults needing support was higher in the West than the East partly due to the fact that there were a larger number of care homes in the west of the county.
- 5.4 Further to clarification subsequent to a query at the last Adult Care and Health Cabinet regarding the provision of 'step down' beds at St Albans continuing, it was noted that this was only for the short term and this may have further impact on discharge delay.
- 5.5 In response to a Member question, officers agreed to see if there was more up to date information on the potential racial impact of the strategy within the equalities statement, as it was noted that the literature quoted was from 2009 and 2011.
- 5.6 It was agreed that the utilisation of day hospitals should be more widely promoted and officers agreed to discuss this with NHS providers as appropriate.
- 5.7 Members agreed that the draft accommodation strategy should be re-presented at Cabinet Panel in a few months time in order for Members to monitor and assess the progress made.

Kulbir Lalli

Ian Macbeath

Kulbir Lalli/Elaine Manzi

Conclusion:

- 5.8 Panel noted and commented upon the content of the report and the Draft Supported Accommodation Strategy and recommended that Cabinet should agree to adopt the Draft Supported Accommodation Strategy.

Elaine Shell

6. JOINED-UP CARE: ALIGNING ADULT SOCIAL CARE WITH HEALTH

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

- 6.1 The Panel were asked to consider the proposal detailing the council's medium term priorities for joined up care for adults with the NHS, in order to guide partnerships with local health care organisations and inform the next Hertfordshire Better Care Fund covering the period 2017-19.
- 6.2 Members' attention was particularly drawn to Appendix 1 of the report which detailed the vision and priorities for the Joined Up Care.
- 6.3 The panel learned that NHS colleagues are broadly supportive of the joint working and the need to manage demand and invest in the infrastructure.
- 6.4 It was noted that a key objective for integration is to reduce the parallel processes undertaken by health providers and social care into one streamlined service.
- 6.5 Members were provided with a brief explanation of how areas of funding within the Better Care Fund were structured but it was agreed that it would be more beneficial for Members to have a separate briefing on the mechanics of the Better Care Fund outside of the meeting, before the next Adult Care and Health Cabinet Panel in September.
- 6.6 During general discussion, Members highlighted that an area of concern that had been raised by their constituents was the difficulty in receiving test results if their treatment had been undertaken by a health provider outside of the county. Members were advised that this is due to the data protection regulations, but noted that a Bill is currently going through Parliament to re-examine this restriction.
- 6.7 In response to a Member question with regard to health providers data sharing with the council the discharge rates from hospitals, Iain Macbeath, Director of Adult Care Services advised that he receives daily alerts from providers advising of the number of discharges, and consulted with health providers as appropriate to find resolutions to any delays.
- 6.8 **Conclusion:**
Panel noted and commented upon the Report and recommended that Cabinet that it approved the Council's medium term priorities for joined up care with the NHS as outlined in Appendix 1 to the report.

Iain Macbeath

7. OTHER PART I BUSINESS

There was no other Part I business.

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**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

**CHAIRMAN'S
INITIALS**

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HERTFORDSHIRE COUNTY COUNCIL

ADULT CARE AND HEALTH CABINET PANEL FRIDAY 8 SEPTEMBER 2017

Agenda Item No.

3

ADULT SOCIAL CARE CHARGING CONSULTATION

Report of the Director of Adult Care Services

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

Executive Member/s:- Colette Wyatt-Lowe – Adult Care & Health

1. Purpose of report

- 1.1 To detail the Director of Adult Care Services' (ACS) plan to undertake a formal consultation on proposals to change how the council charges for non-residential (community based) adult social care services.

2. Summary

- 2.1 The council last reviewed its policy for charging for non-residential (community based) adult social care services in 2010.
- 2.2 Since then the national charging framework has been updated by The Care Act 2014, The Care and Support (Charging and Assessment of Resources) Regulations 2014 and The Care and Support Statutory Guidance. In addition a number of anomalies have been identified in respect of how charging is applied; it is therefore timely to revisit the council's arrangements. Further, there has sustained pressure on funding for adult social care.
- 2.3 As the council wishes to continue to provide a wide range of services to as many people as possible and to collect a fair contribution towards them a review of the council's current charging policy has therefore been conducted and a number of possible amendments to the policy have been identified. This paper sets out the plans that the Director of ACS has made to hold a period of public, service user and stakeholder consultation in order to seek views on the proposed changes.
- 2.4 Following any consultation that takes place it is proposed that a paper will then be brought to Panel and then to Cabinet setting out the results of the consultation. Cabinet will then be able to decide whether to implement any or all of the proposals with a suggested implementation date of April 2018.

3. Recommendation/s

- 3.1 Panel is invited to discuss and recommend the plans of the Director of Adult Care Services to consult on proposed changes to how the council charges for non-residential (community based) adult social care services.
- 3.2 Panel is invited to recommend that a further report setting out the proposed amendments and the results of the consultation will be brought to Panel and Cabinet at the end of the consultation period, with a view to Cabinet making the final decision any new charging arrangements.

4. Background

- 4.1 Hertfordshire County Council agreed revised charging arrangements for community based adult social care services in 2010. The current charging policy for community based services is available on the internet at the following location:

[Paying for your care costs | Hertfordshire County Council | www.hertfordshire.gov.uk](http://www.hertfordshire.gov.uk)

- 4.2 Since this time the national charging regime for adult social care has been amended by the implementation of The Care Act 2014 and The Care and Support (Charging and Assessment of Resources) Regulations 2014 (“the Regulations”) and The Care and Support Statutory Guidance (“the Guidance”).

Section 14 of the Care Act 2014 provides a single legal framework for charging for care and support where a local authority arranges care and support to meet a person’s needs. Section 17 of the Care Act provides for a financial assessment of an individual’s resources to determine the level of financial contribution. The overarching principle of the Care Act supported by the Guidance and Regulations issued under it is that people should only be required to pay what they can afford. The framework is based on the following principles to:

- a) ensure that people are not charged more than it is reasonably practicable for them to pay
- b) be comprehensive, to reduce variation in the way people are assessed and charged
- c) be clear and transparent, so people know what they will be charged
- d) promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control
- e) support carers to look after their own health and wellbeing and to care effectively and safely

- f) be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs
 - g) apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings
 - h) encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so
 - i) be sustainable for local authorities in the long-term.
- 4.3 The Guidance and Regulations ensure that an individual will only be asked to pay a contribution if they can afford to do so as they provide for individual to have a level guaranteed minimum income which is set by the Department for Work and Pensions and provides sufficient funds to cover an individual's daily living costs. In addition the council allows an additional 25% of income to be kept to pay for non-essential living costs.
- 4.4 In the light of the impact of the Care Act 2014 on charging arrangements, a review has been conducted of the council's current policy for charging for non-residential (community based) services.
- 4.5 The review has identified a number of areas where amendments to charging arrangements are recommended to help the sustainability of adult social care and remove anomalous charging arrangements. These are summarised below. Financial modelling is based on clients receiving services as of April 2017. Appendices A to E give further detail on each proposal and worked examples of potential impacts:

Appendix A - Higher Rate Attendance Allowance and Higher Rate Disability Living Allowance (Care Component)

<https://www.gov.uk/attendance-allowance/overview>

<https://www.gov.uk/dla-disability-living-allowance-benefit/overview>

- 4.6 Both Attendance Allowance and Disability Living Allowance are benefits awarded to enable an individual to pay towards the cost of their care. At present when working out how much an individual can afford to pay for social care the council d how much income an individual receives; it can exclude or 'disregard' certain types of income when making this calculation:
- At present, for **Attendance Allowance (AA)**, the council does not include in someone's total income calculation (or 'disregards') the difference between the higher rate and the lower rate of Attendance Allowance

- At present, for **Disability Living Allowance (Care Component) (DLA)**, the council disregards the difference between the higher rate and the middle rate.

4.7 In future it is proposed to include the full value of these benefits when calculating how much income an individual receives from April 2018. This means that when conducting financial assessments, those receiving AA and DLA (Care Component) would have a higher income against which to calculate charges payable.

4.8 The change would align how the council treats AA and DLA (Care Component) with how the Council already treats Personal Independence Payments¹, which are taken into account in full. This change is allowable under the Regulations and Guidance.

4.9 Financial modelling indicates that including the full amount of Attendance Allowance and Disability Living Allowance (Care Component) in the financial assessment will increase income by around £2.8 million per annum.

4.10 A number of other authorities are already including or planning to include these elements of benefit when working out charges as set out in the table:

Local Authority	Response
York	Planning to introduce from April 2017
Kingston	Already implemented
Bristol	Already implemented
Peterborough	Already implemented
Windsor and Maidenhead	Already implemented
Surrey	Already implemented
Brighton and Hove	Included from April 2017, for new clients
East Sussex	Included from April 2017, for new clients
North Yorkshire	Already implemented
Leeds	Already implemented
Essex	Already implemented

- *A further 11 LA's are actively considering including the higher rate.*

¹ Personal Independence Payments (PIP) were introduced in 2013 to replace Disability Living Allowance (DLA) for new claimants ages 16 to 64.

Appendix B - 'Double Handed' Care (having more than one carer at a time)

- 4.11 In some instances more than one carer is required to deliver a service (sometimes known as 'double handed' care). Currently, the council applies a charge as if only one carer is present. In other words, the council ignores the costs of the second carer when deciding how much should be charged. This approach is of particular advantage to full cost charge payers who ask the council to arrange their care and who currently benefit from this anomaly in comparison with other self-funders who arrange their own care.
- 4.12 So that the client contribution fully reflects the cost of providing the service, it is proposed that the charge is based on the cost of both carers providing the service from April 2018, for service users receiving 'double handed care'. Financial modelling indicates that implementation of this approach will generate an increase in income of £1 million per annum.

Appendix C -'Flexicare' Accommodation Bandings

- 4.13 Some accommodation provision includes care provision, and one of these services is called 'Flexicare'. Flexicare provision is based on levels (or bands), which are reflect the level of care required by an individual. Client financial contributions are also based on these bands and the contribution is levied at the 'mid-point' of the band so a fixed amount is paid regardless of how many hours are provided within the band.
- 4.14 Feedback from social workers and providers, together with a review of commissioned packages, demonstrates that the overall needs profile of people in Flexicare has increased over recent years and continues to rise. Over time, provision has graduated to the high end of each care band. This means that the current way of setting contributions at the mid-point of the care band no longer appropriately reflects the hours of care typically being delivered to an individual.
- 4.15 It is proposed to increase the amount charged per level/bands from April 2018 as follows:

Current Band	Hours	Current Charging Base (assumed mid-point)	Proposed new Charging Base	Weekly Increase as indicated by financial modelling
Low	0-3	1.5	3	2,781.97
Medium	3-10	7	8.5	2,508.62
High	10+	14	15	421.36
Weekly Increase				5,711.95
Annual Increase				297,821.07

- 4.16 Financial modelling indicates that implementing this approach will generate additional income of £297k per annum.

Appendix D - Telecare

- 4.17 The council could chose to levy a charge for those users of telecare services provided by Serco who do not receive any other social care services. Such a course of action will bring these Serco service users in line with users currently receiving equivalent services from North Herts Careline who pay a weekly amount of £3.25.
- 4.18 Charging this fee for telecare for service users who do not receive any other social care service from April 2017 would increase income up to £309k per annum.

Appendix E - Transport

- 4.19 Door to door transportation is available for journeys to and from day centres. The current charge for transportation does not reflect the true cost of providing the service and is subsidised by the Council. The average cost of a journey in one of the council's fleet vehicles was £6.89 in 2014/15. The council currently charges £1 per journey. Day tickets for local buses cost in a range of £4 to 6.30 per day. The council proposes to increase its charge to £2 per journey / £4 per day from April 2018 to reflect a more realistic contribution towards the cost of providing the service.
- 4.20 Financial modelling indicates that £47k would be generated annually from implementation of such a measure were the proposals to be implemented as a charge for which a financial assessment is required. If, subject to legal discussion, the council treated these charges as separate from the financially assessed charges for social care, then higher sums would be generated.

5 Public Consultation and next steps

- 5.1 Before a final decision is made on these proposals a period of consultation with service users, their carers, representative bodies and the public is proposed.
- 5.2 The proposals will be framed into a consultation questionnaire, a draft of which is provided at Appendix F. Accessible formats of the consultation document will be produced including video and easy read. The Co-Production Board will work with the council to help design case study information that will convey the impact of the changes. Each individual affected by the changes will also receive a personal letter setting out the likely impact on them individually.

- 5.3 In addition, online facilities will also be available and a dedicated phone line will be set up for people to express their opinion or discuss the likely impact on their individual circumstances. Two focus group meetings open to service users, members of the public and stakeholders will be held to explain the proposals and seek views upon them. Such a consultation needs to be open for a minimum of 12 weeks.
- 5.4 A further report to panel and Cabinet will be produced at the end of that period summarising the feedback received for decision making on the proposed way forward.
- 5.5 Subject to Cabinet's decision a piece of project work will take place to implement the necessary IT changes and financial assessment changes required to implement any adopted proposals, working to a timetable of 1 April 2018 for implementation of the new charging proposals.

6 Financial Implications

- 6.1 A summary of the anticipated income from each individual proposal is set out in the table below. Note that it is not appropriate to simply total each proposal in order to assess the overall increase in income likely, as some individuals will be affected by more than one proposal and due to charging thresholds the impact may not be straightforwardly cumulative.

Area	Annual Increase in Income	Appendix
	£'000	
Attendance Allowance and Disability Living Allowance (Care Component)	2,800	A
Double-Handed Care	1,000	B
Flexi Care Accommodation	297	C
Telecare	309	D
Transport	47	E

7 Equalities Implications

- 7.1 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.
- 7.2 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.

- 7.3 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.
- 7.4 An Equality Impact Assessment has been undertaken and this is annexed at Appendix G. Whilst it is felt that the proposed changes will have an individual and cumulative effect on those upon which they impact, it should be noted that the financial assessment process which forms part of the Care Act Guidance ensures that an individual will only be asked to pay a contribution if they can afford to do so. The Policy will continue to allow the guaranteed minimum income as set by the Department for Work and Pensions which provides sufficient funds to cover an individual's daily living costs. In addition Hertfordshire County Council allows an individual to keep 25% of their income which allows for additional funds to pay for non-essential living costs.

Background Documents:

The Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

Care & Support Regulations 2014

<http://www.legislation.gov.uk/ukdsi/2014/9780111124185>

Care & Support Statutory Guidance

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Appendix A - Higher Rate Attendance Allowance and Higher Rate Disability Living Allowance (Care Component)

Appendix B - 'Double Handed' Care (having more than one carer at a time)

Appendix C - 'Flexicare' Accommodation Bandings

Appendix D - Telecare

Appendix E - Transport

Appendix F - Consultation – Charging For Non-Residential
(Community-Based) Adult Social Care Services

Appendix E - Transport

Appendix F - Consultation – Charging For Non-Residential (Community-
Based) Adult Social Care Services

Appendix G - Equality Impact Assessment (EqIA)

Are attached as separate documents.

Appendices A-E

Outline of what any changes to the proposals could mean for people using a non-residential care and the Adult Care Services budget

Appendix A Including Attendance Allowance and Disability Living Allowance (Care Component) at the Higher Rate when calculating how much someone can afford to pay

We have compared the current contribution charges to what these would be if we were to charge taking into account Attendance Allowance (AA) and/or Disability Living Allowance (DLA) Care Component at the higher rate.

The below examples show how the inclusion of AA/DLA at the higher rate could impact on the client contribution towards care services. The difference between the higher rate and lower rate of both AA and DLA is £27.45 per week.

People using a care service who currently pay the full cost have not been included in the calculations as they already pay the full cost; including AA/DLA at the higher rate would not increase the charge further.

Example A

Mary lives alone and receives Attendance Allowance at the higher rate to help her towards the cost of her care. Currently Mary receives care services which cost the Council £302.60 per week; Mary pays a contribution of £83.10 per week towards these services. The current contribution is based on Mary only receiving Attendance Allowance at the lower rate.

Should any changes be made to the way the Council charge for services following the consultation; Mary would have a new financial assessment and her Attendance Allowance at the higher rate would be taken into account. Based on Attendance Allowance at the higher rate, Mary would now be asked to contribute £110.55 per week towards her care services, an additional charge of £27.45 per week.

	Current: AA (or DLA) partly disregarded	Proposed AA (or DLA) included in full
Item	£	£
Income	265.50	265.50
<i>Less AA Disregard</i>	<i>-27.45</i>	<i>0.00</i>
Less other disregards	-3.57	-3.57
Sub Total	234.48	261.93
Less government's Minimum Income Guarantee	-151.38	-151.38
Maximum Chargeable Income	83.10	110.55

Example B

Jim and Susan are married and live together, they both receive Attendance Allowance at the higher rate; however it is only Jim who receives care services. The care services cost the council £18.32 per week and Jim contributes the full £18.32 towards his care.

If Jim's charges are reviewed following this consultation, he would continue to pay £18.32 per week because the cost of the care services he receives is lower than his and Susan's joint chargeable income.

	Current: AA (or DLA) partly disregarded	Proposed: AA (or DLA) included in full
Item	£	£
Income	480.07	480.07
Add Savings Income	9.00	9.00
<i>Less AA Disregard</i>	<i>-54.90</i>	<i>0.00</i>
Less other disregards	-56.89	-56.89
Sub Total	377.28	432.18
Less government's Minimum Income Guarantee	-331.82	-331.82
Maximum Chargeable Income	45.46	100.36

Example C

David and Julia are married and live together; Julia receives Attendance Allowance at the higher rate to help towards the cost of her care. Julia receives care services at a cost of £31.27 to the Council, she is currently exempt from making a contribution as her and David's joint income for the purpose of calculating a social care charge is £261.04 per week which is less than the government's Minimum Income Guarantee of £272.50 per week.

Should any changes be made to the way the Council charge for services following the consultation; Julia would need a new financial assessment and her Attendance Allowance at the higher rate would be taken into account. Based on Attendance Allowance at the higher rate, Julia would now be asked to contribute £15.99 per week towards her care services.

	Current: AA (or DLA) partly disregarded	Proposed: AA (or DLA) included in full
Item	£	£
Income	290.35	290.35
<i>Less AA Disregard</i>	<i>-27.45</i>	<i>0.00</i>
Less other disregards	-1.86	-1.86
Sub Total	261.04	288.49
Less government's Minimum Income Guarantee	-272.50	-272.50
Maximum Chargeable Income	0.00	15.99

If following this consultation changes are made to the way we carry out our financial assessments for these care services, below is a breakdown of how service users in receipt of Attendance Allowance and Disability Living Allowance (Care Component) at the higher rate could be affected based on information held as of April 2017:

Of the 2,062 service users who were receipt of AA or DLA at the higher rate as of April 2017;

- **1,136** would be charged £27.45 per week more
- **2** (couple assessment based on two service users) would be charged £54.90 per week more
- **924** services users would have an additional charge, however their increased charge would be between £0.00 and £27.45 per week

The additional income this proposal will generate is estimated to be £2.8 million per annum and is broken down as follows:

No. of Service Users	Annual increase (£)
1,136	£1,626,000
2	£5,700
924	£1,163,000
Total	£2,794,700

Appendix B

'Double Handed' Care – Charging for the cost of second carers

We have compared the contributions that the Council currently charge for a single carer attending when two carers attend with the contributions that would be charged if the Council were to charge for both carers attending.

The impact to service users would be as follows:

- **Those who are charged for a contribution but not the full cost of their care services:**

Most of the service users who are assessed to pay a contribution towards but not all of their care service charges would have insufficient chargeable income to pay for the additional carer and would not be affected.

Those who are in receipt of AA/DLA at the higher rate have already been included in the figure provided in Appendix A. Should any changes be made following this consultation, **20** service users would be affected and would pay an additional **£45,000** contribution in total towards their double handed care services per year. That equates to £43.27 per service user per week.

- **Those who are charged the full cost of their care services:**

Should any changes be made following this consultation, **136** service users who have been finically assessed to meet the full cost of their doubled handed care services would be affected. These service users would be charged an additional **£960,000** per year, equating to an additional charge of £135.75 per service user per week.

Total increase in charges

The above figures which total **156** service users paying additional charges of **£1.05 million** per year are based on *actual* services provided during a four-week billing period (26/02-25/03/2017). As service levels fluctuate, these figures should therefore only be relied upon as an estimate.

There is the potential for full cost payers to opt to arrange their own care services in the future should their charges increase. There would be a corresponding reduction in the costs that the Council pays for care services if this were to happen.

Appendix C

Flexi-care Banding/Levels – increasing the hours used to set charges

Currently **630** people live in the council's 'Flexi-care' accommodation. Flexi-care charges are based on levels (or bands) which are set in relation to the number of hours of care required by an individual. The currently hourly rate for Flexi-care is **£18.32**.

The needs of those being supported to living in Flexi-care accommodation have increased and so the current charging base, which assumes the mid-point of the charging band/level, no longer reflects the hours of care typically being delivered.

The proposed changes to these bands/levels is as follows:

Band/Level	(Assessed) Hours of care received per week	Hours that charges are currently based on	Hours that proposed charges would be based on	Weekly Increase £
Low	0-3	1.5	3	2,781.97
Medium	3-10	7	8.5	2,508.62
High	10	14	15	421.36
Weekly Increase				5,711.95
Annual Increase				297,821.07

Current Breakdown of service users by Flexicare bands	
Low	193
Medium	254
High	183

A full cost service user classed as 'low' band would see their charge increase from 1.5 hours at £18.32 per week to 3 hours at £18.32 per week, i.e. from £27.48 to £54.96 per week.

Appendix D

Telecare – charging for the current Serco Telecare Service where service users have no other community based social care service.

There are currently **4,066** people in receipt of a Telecare Service with **2,240** of them also receiving other social care services.

Service users who receive other community based social care services, are currently provided Telecare services as an allowable expense, therefore there is no charge for this service and no income will be generated from this group of **2,240** service users under the proposed change.

For the purpose of the consultation, generating additional income from this service has only been applied to the group of **1,826** service users who are not in receipt of any other social care services.

A proposed charge of £3.25 per week would bring all service users who have no other social care services in line with the charges paid by users of the North Herts Care Line service. Applying this charge to these **1,826** service users would generate an extra **£309,000** per annum.

Appendix E

Transport – increasing the charge per journey

Door to door transportation is available for journeys to and from day centres. The current charge for transportation does not reflect the true cost of providing this service and is currently subsidised by the Council.

The average cost of a journey in one of the council's fleet vehicles was £6.89 in 2014/15. The Council currently charges eligible service users £1 per journey. Day tickets for journeys using local bus services cost in the range of £4-£6.30 per day. The Council proposes to increase its charge to £4 per day from April 2018 to reflect a more realistic contribution towards the cost of providing the service.

The below summary provides a breakdown of generated income should changes be made following the consultation. This breakdown is based on figures over a 4 week period and includes only those service users who would have sufficient chargeable income to pay an additional charge for transport provision. If, subject to legal discussion, the Council treated these charges separately from the financially assessed charges for social care, a larger income would be generated.

There is potential that should costs rise to a level that service users consider too expensive, they may decide to find an alternative means of transport or decide not to attend the day service.

Summary below (averages over four weeks)

Full cost service users:

Increase to £4 per day	
1,195.86	<i>per week</i>
62,351.98	<i>per year</i>

Band 2 clients*:

Increase to £4 per day	
595.16	<i>per week</i>
31,031.12	<i>per year</i>

Combined

Increase to £4 per day	
1,791.02	<i>per week</i>
93,383.10	<i>per year</i>

** Band 2 clients are clients with a variable charge (i.e. they are not 'full cost' but do have a charge) and is our biggest client base*

On average there were 117 full cost service users and 406 Band 2 service users over the four week period analysed.

APPENDIX F

CONSULTATION – CHARGING FOR NON-RESIDENTIAL (COMMUNITY-BASED) ADULT SOCIAL CARE SERVICES

This consultation seeks views on the proposals to make changes to the way Hertfordshire County Council charges for community based adult social care. The current charging policy for community-based services is available on the internet at the following location:

[Paying for your care costs | Hertfordshire County Council | www.hertfordshire.gov.uk](http://www.hertfordshire.gov.uk)

The reasons Hertfordshire County Council want to do this:

- To bring charging arrangements up to date with the guidance on charging set out in the Care Act 2014
- To consider charging for services that the law says the County Council are allowed to charge for, but that are currently provided for free
- To charge an amount that reflects the true cost of providing these services
To bring Hertfordshire County Council's charges in line with other Local Authorities

The County Council continues to face pressure on resources and seeks to make the best use of funds available to support all care requirements. We continue to be committed to providing a wide range of services to as many people as possible and collect a fair contribution if and when required towards them. If we don't increase our charges we may have to consider reducing the level of services we currently provide and the number of people we are able to support with these services.

The proposals set out in this consultation would produce extra income and help to keep current service levels. Your views on any proposed changes will be provided to County Councillors who will take them into account after hearing all of the evidence from the consultation. County Councillors will then make a final decision.

Any changes to the charging policy would not see a change to the financial assessment process; this will continue to take place to make sure that individuals are left with enough money to meet their essential household expenses and needs, including any extra expenses relating to a disability.

Why am I being sent this consultation?

You are being sent this consultation document because you, or someone you look after, is receiving a non-residential care service through the Council's social services. We are proposing changes to our charging policy and seek your views and input.

How will this affect me?

That depends on your circumstances and on which services you are currently receiving. When a final decision has been made on each of the proposals set out in

this consultation, we will re-assess everyone and let them know how they will be individually affected. Charges may increase for some, but not for others.

If any changes are made to the charging policy as a result of this consultation, it is proposed that those who are currently using these social care services and any future users will be affected by the proposals. If there are going to be any changes made, they will be effective from 15 April 2018. Individuals who have a change made to their charges as a result of this consultation will not be expected to make any back dated payments for services previously received before the new charging policy is brought into effect.

What do I do if I cannot afford to pay an increased charge?

When a final decision has been made on changes to our charging policy for non-residential care services, we will write to everyone to let them know how they will be affected. A new financial assessment will need to be carried out for all of those using a care service that may be affected. If you are affected, we will complete a financial assessment and write to you with the outcome. When we write to you, we will tell you what you can do if you feel you cannot afford your charge, such as submitting an appeal.

What are you proposing to change?

The proposed changes are set out below and we ask for your opinion on each proposed item in the enclosed questionnaire. Please note that the Council could decide to make no changes, make some of the proposed changes, or the Council could decide to implement all of the proposed changes. Your views will help the Council to form an opinion on each proposal.

1. Higher Rate Attendance Allowance and Higher Rate Disability Living Allowance (Care Component)

The Care Act 2014 allows councils to include any money people get from these benefits to be taken into account when we work out how much people should contribute towards the cost of their care. Currently, depending on which benefit is being paid the Council does not take into account the following elements:

- **Attendance Allowance:** the Council doesn't take into account the difference between the higher rate and the lower rate
- **Disability Living Allowance (Care Component):** the Council doesn't take into account the difference between the higher rate and the middle rate.

Both of these benefits are awarded to enable an individual to pay towards the cost of their care. The Council proposes to include the full value of these benefits when calculating the contribution payable towards care.

This change would align how the Council treats those who receive Attendance Allowance and Disability Living Allowance (Care Component) to how the Council treats those who receive Personal Independence Payments, which are already taken into account in full.

2. Double-Handed Care (having more than one carer attend at once)

In some instances more than one carer is required to deliver a service (sometimes known as ‘double-handed’ care). Currently, the Council only charge for one carer to attend and provide this service. The Council does not charge for the cost of the second carer even though they incur a cost for this service.

So that the client contribution correctly reflects the cost of providing the service, it is proposed that the charge is based on the cost of both carers attending and providing the service.

3. Flexi-care Charges

The Council’s Flexi-care service is provided to some people who live in ‘sheltered or assisted accommodation’ and receive a care service to support them to live there safely. Flexi-care is based on levels (or bands), these levels are worked out based on the level of care support an individual requires; for example, if a person receives two hours of care per week they would be classed in the ‘low’ band level and pay a charge which is calculated on 1.5 hours of care. The Council is proposing to increase the amount charged per level/band as follows:

Band	Hours of care received per week	Hours that charges are currently based on	Hours that proposed charges would be based on
Low	0-3	1.5	3
Medium	3-10	7	8.5
High	10+	14	15

4. Telecare

Telecare is the term for the use of technology, including monitors and sensors, to sustain and enable independent living at home. This could include remote monitoring or self-monitoring. A ‘responder service’ is usually included providing support to the service user when needed.

The Council pay a provider to supply and manage this care service which they currently provide free of charge to those with eligible social care needs. The Council proposes to make a fixed charge for this service of £3.25 per week.

5. Transport to Day Care Services

Door to door transportation is available for journeys to and from day centres. The current charge for transportation does not reflect the true cost of providing the service and is subsidised by the Council. The cost to the Council per journey is £6.89; however the Council currently charges £1 per journey.

The Council proposes to increase this charge to £2 per journey to reflect a more realistic contribution towards the cost of providing the service.

The next steps

The consultation is open between 03 October 2017 and 31 December 2017.

All feedback provided will be considered by County Councillors before a final decision is made on each of the proposals. Councillors may choose to adopt none, some or all of the proposals. Councillors may also choose to vary any of the proposals to make them fairer or lessen any negative impact on those using one of these care services.

Councillors will be making their decision at the Cabinet meeting dated 19 February 2018.

When the final decision on the proposals are known, we will write to all the people who are currently receiving a non-residential; care service to let them know the outcome of the consultation and to confirm the implementation date of changes, if any.

It is proposed that any changes to policy that are agreed by councillors take effect from 15 April 2018.

How can I take part?

We will be sending a paper copy of the Charging Consultation to all of the people who currently receive a non-residential care service. If you need another copy, please contact us at:

Web Address/Email/Phone/Postal Address - TBC

Additionally, you can find the charging consultation on our website. If you would prefer to complete this consultation online, please go to:

WEB Address - TBC

We will be holding two focus groups for people to attend and meet with a group of representatives from the County Council in person to discuss the proposed changes and give us their feedback. If you would like to attend one of the focus groups please call us on Telephone Number, or email us at the address given above.

The focus groups will be held in the following venues at the dates and times indicated:

Date	Times	Venue
TBC	TBC	TBC

Completed consultation questionnaires should be returned to us by **31 December 2017**. Consultation responses received after this date will not be included.

Email: Dedicated Email Address – to be confirmed
Address: Adult Care Services

Non-Residential (Community Based) Care Charging Consultation
 SFAR225
 Farnham House
 Six Hills Way
 Stevenage
 Herts SG1 2FQ

Charging Consultation Questionnaire

Please give us your views on the proposals set out in the consultation document.

Please can you tell us in what capacity you are responding to this questionnaire:

Please Tick

A service user or carer	<input type="checkbox"/>
A representative of a service user	<input type="checkbox"/>
Someone else (for example, if you work for a voluntary organisation)	<input type="checkbox"/>
If someone else please provide further details below;	

Question 1 (Attendance Allowance and Disability Living Allowance)

The Council will take into account Attendance Allowance or Disability Living Allowance (Care Component only) at the higher rate when completing financial assessments for care services.

Option	Your preference (please tick)
I strongly agree	<input type="checkbox"/>
I agree	<input type="checkbox"/>
I neither agree nor disagree	<input type="checkbox"/>
I disagree	<input type="checkbox"/>
I strongly disagree	<input type="checkbox"/>

Please tell us the reason for your answer:

Question 2 (Charging for double-handed care)

Where more than one paid carer is provided to attend and carry out a care service, the Council will charge for both carers, instead of only charging for one carer as it currently does.

Option	Your preference (please tick)
I strongly agree	
I agree	
I neither agree nor disagree	
I disagree	
I strongly disagree	

Please tell us the reason for your answer:

Question 3 (Changes to the way Flexi-care is charged)

The Council will increase the current hours used to set the charges in each level/band for Flexi-care services.

Option	Your preference (please tick)
I strongly agree	
I agree	
I neither agree nor disagree	
I disagree	
I strongly disagree	

Please tell us the reason for your answer:

Question 4 (Introduce charges for Telecare)

The Council will charge users who receive no other care service for Telecare services, the use of technology, including monitors, sensors and a responder service, to sustain and enable independent living at home. The weekly charge will be £3.25 per week.

Option	Your preference (please tick)
I strongly agree	
I agree	
I neither agree nor disagree	
I disagree	
I strongly disagree	

Please tell us the reason for your answer:

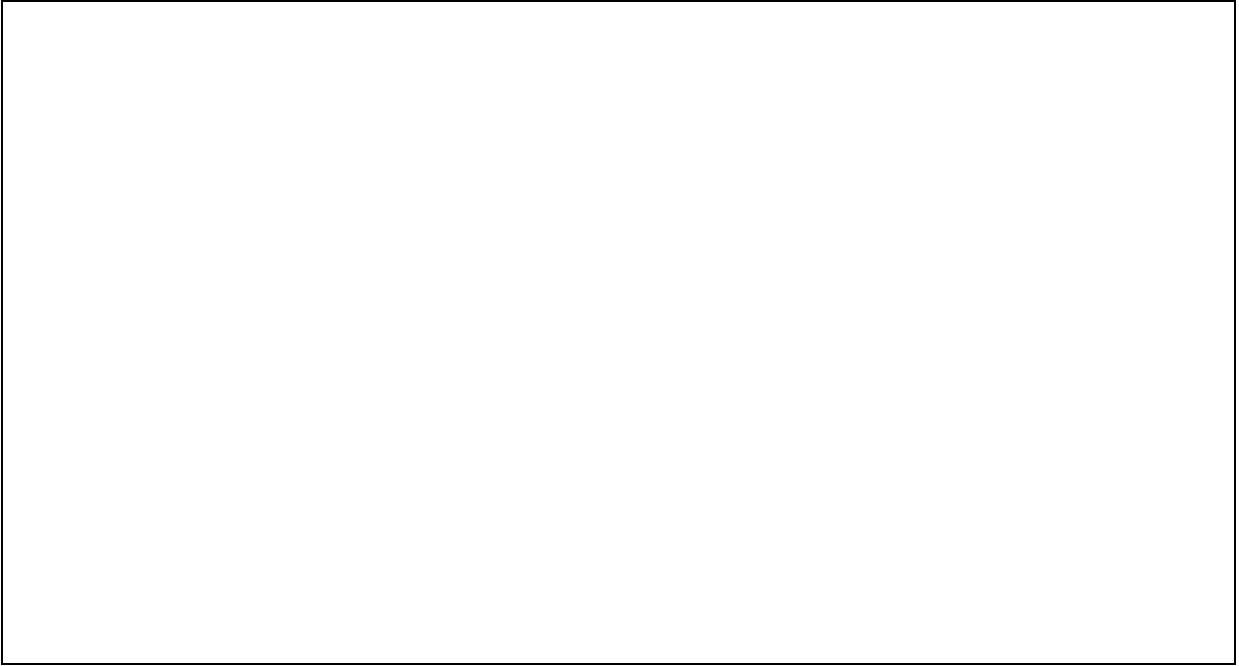
Question 5 (Changes to Transport charges)

The Council will reduce how much it subsidises transport to better reflect the cost of providing this service by increasing the amount charged per journey from £1 to £2 per journey

Option	Your preference (please tick)
I strongly agree	
I agree	
I neither agree nor disagree	
I disagree	
I strongly disagree	

Please tell us the reason for your answer:

If you have any additional comments about this charging consultation, please provide these in the box below:



STEP 1: Responsibility and involvement

Title of proposal/ project/strategy/ procurement/policy	Updating Hertfordshire County Council's Adult Social Care Charging Policy	Head of Service or Business Manager	Lynn Quick Deputy Head of Income & Payments
Names of those involved in completing the EqIA:	Lynn Quick – Deputy Head of Income and Payments	Lead officer contact details:	Simon Rowley Income Manager/Lynn Quick Deputy Head of Income and Payments
Date completed:	20/03/17	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>Hertfordshire County Council (the council) provides care support to citizens of Hertfordshire who reside in their own homes. The council, in line with The Care and Support (Charging and Assessment of Resources) Regulations 2014 and The Care and Support Statutory Guidance Statutory Guidance (“the Care Act Guidance”) issued under the Care Act 2014, financially assesses service recipients to assess their eligibility for financial support and charges a contribution towards the services arranged.</p> <p>The council’s Charging Policy sets out how we charge for adult care services. It requires amendments to bring it up to date with the Care Act guidance, so that we can charge for services not currently charged for and apply similar treatments adopted by other local authorities.</p> <p>These amendments will ensure that income from contribution is maximised and assists to reduce the pressure on The council’s budgets and enables continuation of care support for the citizens of Hertfordshire. The expected additional income from the changes being proposed will be in excess of £3M.</p> <p>Services: Data available in October 2016 shows that around 15,500 people across all care groups are provided with services which support them to remain living in their own homes.</p> <p>The financial context for adult social care means that all ways of ensuring a sustainable budget need to be considered. Maximising income from client contribution will enable the council to continue to provide high levels of support to people so they can stay independent for longer and meet the Care Act duties to prevent, reduce and delay the onset of care needs.</p> <p>The proposed changes to the the council’s Charging Policy will result in an increase in costs for some people. Any increases are only applied if an individual’s income is above the minimum income guarantee, as directed by the Department of Works and Pension, plus an additional 25%. The value left is the chargeable income, against which charges can be applied. The charge will be less than or equal to the maximum chargeable income. This will make sure that an individual is never asked to pay more than they can afford.</p> <p>There are several elements included in the policy changes and all have been examined to see what impact they will have on service users.</p> <p>High Rates of Attendance Allowance and Disability Living</p>
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Allowance

Including both the higher rates of Attendance Allowance and Disability Living Allowance as income is directed by the Care Act. These benefits are paid specifically to provide funds to enable an individual to pay towards their care. The difference between the higher rate and standard rate is £27.20 per week. There are around 2250 service users who are in receipt of the higher rates and around 1800 will be required to use the full amount to pay towards their care. The benefit received will cover in full the additional cost and there will be no financial burden on the remainder of an individual's income. This will result in the higher rate element of the benefit no longer being available to the service user to spend on other items.

Double Handed Care

The policy change to align the client contribution to the actual cost of the service creates more equity to how other services are charged for. 136 pay the full cost of care and their charges will double. If the 136 independently purchased their care, as most self-funders do, they would be paying the full charge anyway. The policy as it stands allows self-funders to benefit by paying less for their care than it actually costs. This is at odds with the aim of the policy to apply charges fairly and equally to all service users. Additionally 20 service users will pay an additional contribution but it will not be double the amount and only up to the maximum value of their chargeable income.

Flexi-Care

630 service users fall into this group. The policy change would see service users paying an increased contribution up to the maximum available from their chargeable income.

Transport to Day Care Centres

The policy change will enable the transportation service to continue, which is not sustainable with the current funding model. The change would see a reasonable charge levied. Service users who have sufficient excess values in their chargeable income will pay an increased contribution and continue to receive a door to door service. In this group there are only 117 people who would be required to pay the full cost of the service, the remaining 406 would pay an additional amount. The charge applied would only be up to the maximum available from the chargeable income.

Telecare

4066 people are provided with telecare services. 2240 receive care services and will not be charged an additional amount for the telecare service. It is being proposed that the remaining 1826 will pay a nominal charge. This creates a fair approach to a contribution being paid towards support services. The fee will be set at a level that will not prove to be a burden on individuals.

Impact

The Policy changes will have a financial impact on service users although in the majority of cases this will be met by benefits being paid to them specifically to pay for care. The guaranteed minimum income as set by the Department for Work and Pensions provides sufficient funds to cover an individual's daily living costs. The additional 25% allowed by the council provides an individual with additional funds to pay for non-essential living costs.

The charge rates for non-residential care are left for individual authorities to decide. We have approached the national organisation NAFAO (National Association of Financial Assessment Officers) in

	<p>relation to treatment of the higher rate Attendance Allowance and Disability Living Allowance and about telecare charges.</p> <p>Authorities taking the higher rate Attendance Allowance and Disability Living Allowance benefit in full when calculating the financial contribution:</p> <p>70.6% Take the benefit in full. 5.8% Take the benefit in full for some services 11.8% Are planning to take the benefit in full 11.8% Are considering taking the benefit in full</p> <p>Authorities who are charging for telecare services:</p> <p>75% Charge 25% Do not charge</p> <p>Of the 25% who currently do not charge 8% are considering whether to do so</p> <p>Charges range from £1.55 to £5.61 with the most frequently used weekly fees being £3.00 or £4.60.</p> <p>Authorities who treat the cost of telecare as a Disability Related Expense:</p> <p>22.2% Do not treat as a disability related expense. 33.3% Do allow as a disability related expense. 11.1% Do allow if the individual is in receipt of a care service. 11.1% Allow if an external provider is used. 22.2% Did not respond</p>
<p>Stakeholders: Who will be affected: the public, partners, staff, service users, local Member etc</p>	<p>Citizens of Hertfordshire (and their families/carers) who require support with their care needs whilst living in the community and who are assessed to pay a contribution towards that care.</p> <p>Housing Association, Supported Living Units, the Care Home Provider Associate and voluntary organisations may experience an increase in enquiries for assistance and advice during the consultation period.</p>

STEP 3: Available data and monitoring information

<p>Relevant equality information: What the data tell us about equalities 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>Age: Data compiled in April 2015 showed that nearly 15% of Hertfordshire residents (168,000) are aged over 65. National predictions are that there will be a 19 million increase in people aged over 65 by 2050. This ageing population will place increasing pressure on care and support services. In 2012/13 it was estimated that around 7% of the over 65 age group were receiving support; applying this percentage to the 2015 population gives a potential figure of 11,760 receiving care support.</p> <p>Disability: Over 68,000 people in Hertfordshire have a disability and around 23,000 have a severe physical disability with approximately 26,000 having a learning disability.</p>

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](#)
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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
<p>Age</p>	<p>The majority of people who currently require care services are people aged over 65. Some receive help with funding these services from the council, so any negative changes will have a differential impact on older people. There will be a financial impact on some individuals. Some additional charges will be funded entirely by benefits specifically awarded to pay for care. There will be an impact on some people who have to pay increased contribution but this will not be more than the chargeable income available and will not result in a financial burden or people being asked to pay more than they can afford.</p>	<p>Amending the Charging Policy will bring it in line with the Care Act guidance and will reduce the cost pressure to the council. In order to support service users and maintain that support the most reasonable mitigation is to levy charges that are fair and proportionate to the cost of the service.</p> <p>Charges have been proposed that we consider meet this criteria and they will be reviewed following the public consultation.</p> <p>Full details of the policy will be communicated to current service users and available to potential service users, along with details of support services available.</p> <p>The Policy will continue to ensure people do not pay more than they can afford. The Policy will continue to allow the guaranteed minimum income as set by the Department for Work and Pensions which provides sufficient funds to cover an individual's daily living costs. The additional 25% allowed by the council provides an individual with additional funds to pay for non-essential living costs.</p>
<p>Disability Including Physical and Learning Disability</p>	<p>There are also a significant number of people with a physical or learning disability who currently require care services. Some receive help with funding these services from the council so any negative changes will have a differential impact on people with a disability. There will be a financial impact on some individuals. Some additional charges will be funded entirely by benefits specifically awarded to pay for care. There will be an impact on some people who have to pay increased contribution but this will not be more than the chargeable income available and will not result in a financial burden or people being asked to pay more than they can afford.</p>	<p>Amending the Charging Policy will bring it in line with the Care Act 2014 guidance and will reduce the cost pressure to the council. In order to support service users and maintain that support the most reasonable mitigation is to levy charges that are fair and proportionate to the cost of the service.</p> <p>Charges have been proposed that we consider meet this criteria and they will be reviewed following the public consultation.</p> <p>Full details of the policy will be communicated to current service users and available to potential service users, along with details of support services available.</p> <p>The Policy will continue to ensure people do not pay more than they can afford. The Policy will continue to allow the guaranteed minimum income as set by the Department for Work and Pensions which provides sufficient</p>

		<p>funds to cover an individual’s daily living costs. The additional 25% allowed by the council provides an individual with additional funds to pay for non-essential living costs.</p> <p>The council will take the necessary steps to ensure that information will be available in alternative formats such as Easy Read, Large print and translated where necessary to ensure equality of access. The council will also work with the Learning Disability Partnership Board and other relevant partners to help communicate and explain the reasons for the proposed changes and what they are likely to mean for service users.</p> <p>We will also make sure that we communicate in a clear, personalised way what the difference in charges will be if the changes are approved. This will take into account individual needs, including people with learning disabilities who may need additional support to understand the impact.</p>
Race	<p>It is not anticipated that the proposal will affect people disproportionately because of issues of Race. We do not have robust local data on the ethnicity of users accessing care services. It is however acknowledged that information and guidance will need to be available in different languages.</p>	<p>The council will continue to monitor the position and if any issues in respect of the protected characteristic are identified by the council then the Action Plan will be amended accordingly.</p> <p>Access to interpreting services will be made available.</p>
Gender reassignment	<p>It is not anticipated at this stage that the proposal will affect people disproportionately because of the issues of gender reassignment but the position will be monitored if the proposal proceeds.</p>	<p>The council will continue to monitor the position and if any issues in respect of this protected characteristic are identified by the council then the Action Plan will be amended accordingly.</p>
Pregnancy and maternity	<p>It is not anticipated that the proposal will affect people disproportionately because of issues around Pregnancy and Maternity but the position will be monitored if the proposal proceeds.</p>	<p>The council will continue to monitor the position and if any issues in respect of this protected characteristic are identified by the council then the Action Plan will be amended accordingly.</p>
Religion or belief	<p>It is not anticipated that the proposal will affect people disproportionately because of their religion/belief. We do not have robust local data on the religion or belief of users accessing care services.</p>	<p>The council will continue to monitor the position and if any issues in respect of this protected characteristic are identified by the council then the Action Plan will be amended accordingly.</p>
Sex	<p>The percentage split between females and males currently paying towards their service is 60/40. Any changes will affect more females.</p>	<p>the council will continue to monitor the position and if any issues in respect of the protected characteristic are identified by the council then the Action Plan will be amended accordingly.</p>
Sexual orientation	<p>It is not anticipated that the proposal will affect people disproportionately</p>	<p>the council will continue to monitor the position and if any issues in respect of</p>

	because of issues around sexual orientation but the position will be monitored if the proposal proceeds. We do not have robust local data on the sexual orientation of users accessing care services.	the protected characteristic are identified by the council then the Action Plan will be amended accordingly.
Marriage & civil partnership	It is not anticipated that the proposal will affect people disproportionately because of issues around Marriage and Civil Partnership but the position will be monitored if the proposal proceeds. We do not have robust local data on the marital status of users accessing care services.	The council will continue to monitor the position and if any issues in respect of the protected characteristic are identified by the council then the Action Plan will be amended accordingly.
Carers (by association with any of the above)	It is not anticipated that the proposal will affect people disproportionately because of caring issues but the position will be monitored if the proposal proceeds. We do not have robust local data on the caring responsibilities of users accessing care services or the number of people who are accessing care services who are also receiving support from informal carers. There may be an impact on carers if service users refuses care and is more reliant on the carer.	The council will continue to monitor the position and if any issues in respect of the protected characteristic are identified by the council then the Action Plan will be amended accordingly.
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>Maximising income from client contribution will enable the council to continue to provide high levels of support to the people who most need it. There is also the opportunity to link this work with our Community First approach in order to increase awareness about the costs of care services and the need to work together with others to find the best solutions for caring for adults in Hertfordshire.</p> <p>Amending the Charging Policy will bring it in line with the Care Act 2014 guidance and will reduce the cost pressure to the council and will also facilitate the provision of services to more individuals within Hertfordshire.</p>		

Impact Assessment – Staff

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Age	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
Disability Including Learning Disability	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
Race	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
Gender reassignment	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
Pregnancy and maternity	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
Religion or belief	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
Sex	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.

Sexual orientation	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
Marriage & civil partnership	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
Carers (by association with any of the above)	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
Opportunity to advance equality of opportunity and/or foster good relations (Please refer to the guidance for more information on the public sector duties)		

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>A number of people currently decline services as they do not wish to make a contribution towards them although they are in the minority. We will monitor the number of additional service users who decline the service based on an increase in their contribution.</p> <p>The number of service users not paying their client contribution will continue to be monitored and action to recover outstanding debt will continue to be actioned to ensure all income from charging is achieved. The debt position will continue to be monitored to see if the additional charges have a negative impact.</p>
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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 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.	<p>It is felt that the proposed changes will have an individual and cumulative effect on those upon which they impact</p> <p>However the financial assessment process which forms part of the Care Act Guidance ensures that an individual will only be asked to pay a contribution if they can afford to do so. The Policy will continue to allow the guaranteed minimum income as set by the Department for Work and Pensions which provides sufficient funds to cover an individual's daily living costs. The additional 25% allowed by the council</p>

Select one conclusion of your analysis	Give details
	<p>provides an individual with additional funds to pay for non-essential living costs. We will only ask people to use the excess income to pay a contribution towards their care.</p> <p>The proposals are also subject to Public Consultation, the outcome of which will be considered and used to further inform the proposals.</p>
<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: <ul style="list-style-type: none"> - Mitigation measures - Further research - Consultation proposal - Monitor and review 	Action proposed	Officer Responsible and target date
Consultation	A 12 week consultation will be conducted which will include letters to all service users explaining how the proposed changes will affect them. Information will be available on the the council website and contact made with partner and other interest organisations.	Simon Rowley/Lynn Quick date to be confirmed
Monitor and Review	<p>We will continue to monitor:</p> <ul style="list-style-type: none"> - the debt position - the number of appeals about charging - the number of people who decline services as they do not want to make a contribution <p>We will carry out an evaluation to assess whether there is an increase attributable to the changes in policy.</p>	Simon Rowley/Lynn Quick date to be confirmed

Issue or opportunity identified relating to: – Mitigation measures – Further research – Consultation proposal – Monitor and review	Action proposed	Officer Responsible and target date
Mitigation Measures	People will continue to pay only what they can afford. Benchmarking with other authorities relating to the higher rate of Attendance Allowance and the higher rate of Disability Living Allowance. Send individual communication direct to everyone who is in receipt of a non-residential service with guidance on how the changes once agreed will impact on them. Send information to stakeholders about when the changes will be introduced and who any queries should be directed to.	Completed

This EqIA has been reviewed and signed off by:

Head of Service or Business Manager: Helen Maneuf

Date: August 2017

Equality Action Group Chair:

Date:

The council’s Diversity Board requires the Equality team to compile a central list of EqIAs so a random sample can be quality assured. Each Equality Action Group is encouraged to keep a forward plan of key service decisions that may require an EqIA, but please can you ensure the Equality team is made aware of any EqIAs completed so we can add them to our list. (Email: equalities@hertfordshire.gov.uk). Thank you.

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH CABINET PANEL
FRIDAY 8 SEPTEMBER 2017**

Agenda Item No.

4

ANNUAL ADULT CARE SERVICES COMPLAINTS REPORT 2016/2017

Report of the Director of Adult Care Services

Author:- Kam Bhangal, Complaints Manager (Tel: 01992 556169)

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

1. Purpose of report

1.1 For panel to note the Annual Adult Services Complaints Report 2016/17 (1 April – 31 March 2017).

2. Summary

2.1 As of 1 April 2017 Complaints are now being managed by Kam Bhangal, Complaints Manager, and her team.

2.2 A review of the management of complaints across Adult Care Services is currently being undertaken to further improve our process.

2.3 Regular meetings will continue with Managers to discuss complex complaints and also general management of complaints within their areas.

2.4 Quarterly reports will continue to be presented to Adult Care Services Senior Management Board to discuss data, trends and learning outcomes.

2.5 Complaints training is currently being organised and all staff from Adult Care Services will be encouraged to attend.

2.6 Summary of the Report (figures in brackets refer to the previous year):

- Number of Compliments recorded increased by **18%** to **268** (228).
- Overall complaints increased by **1%** to 442 (437).
- **95%** (92%) of complaints were acknowledged in time.
- **84%** (87%) of all complaint responses were completed within agreed timeframes **75%** (74%) were responded within 25 working days.

- **44** complaints were dealt with as joint complaints with Health Partners. This represents a decrease of **32%** in relation to the previous year when the number of joint complaints were 65.
- Complaint Findings: **23%** (23%) were Fully Upheld, **17%** (16%) Partially Upheld, **49%** (49%) Not Upheld, **4%** (0) Refused and **4%** (0) Withdrawn. The remaining **3%** (12%) of the complaints were still awaiting response when this report was completed.
- **9** (10) Area Manager Reviews (AMR's) were undertaken.
- **29** (19) LGO enquiries or decisions were received

2.7 The main themes identified through the complaints process were:

- Communication issues/delays and/ or behaviour staff.
- Dissatisfaction with care plans, assessments or reviews.
- Disputed charging/Cost of service.

3. Recommendation/s

3.1 Panel are asked to note the content of this report.

4. Background

4.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 lays out the requirement for Councils with Statutory Social Services responsibilities to produce a public annual complaints report.

4.2 The report should contain different elements, including:

- The number and types of complaints received in the year
- Learning from complaints, to improve services
- Numbers of compliments received during the year

4.3 Statutory social services complaints are defined as expressions of dissatisfaction about social care staff or social services policies and procedures. The current complaints Regulations were introduced in April 2009. These place a duty on both the Council and NHS partners to co-ordinate one response if a person's complaint crosses more than one organisation.

4.4 The Regulations also promote the use of complaint plans for more complex cases, which may require more time to investigate and resolve. Actions and timescales are agreed with the complainant at the start of the process and are completed by designated officers.

4.5 From October 2010 the jurisdiction of the Local Government Ombudsman (LGO) was extended such that LGO can now consider complaints from self-funding service users about independent care

providers. LGO now work closely with the regulator, the Care Quality Commission (CQC).

5. Financial Implications

5.1 There are no financial implications associated with this paper.

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 (EQiA) 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 There are no direct equalities implications to the report itself, and any equalities issue or theme in an individual complaint is managed accordingly. We work with Herts Help to ensure views of adults/older people are raised and responded to at an early stage.

Background Documents:

Appendix 1: Annual Adult Care Services Complaints Report 2016 – 2017 is attached as a separate document

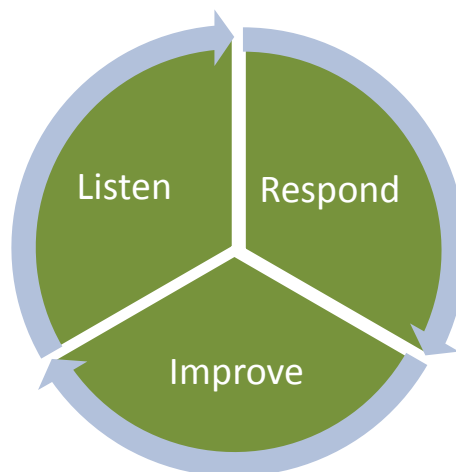


Hertfordshire County Council

Annual Compliments & Complaints Report

Adult Care Services

1st April 2016 – 31st March 2017



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1. Purpose and Summary of Report

- 1.1 To report on the numbers, themes and learning points arising from complaints received in respect of Adult Care Services (ACS), between 1st April 2016 and 31st March 2017.
- 1.2 To meet the requirements of *the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (“The Complaints Regulations”)* for Councils with Statutory Social Services responsibilities to produce a Public Annual Complaints Report.
- 1.3 This report provides analysis and commentary for ACS on all complaints managed under the *Statutory Complaints Procedure* or the *Corporate Complaints Procedure*
- 1.4 The main objective of the Complaints Team is to ensure that service users’ complaints are handled appropriately and to ensure that ACS resolves them wherever possible. In addition to this, the Complaints Manager and Complaints Officer highlight key trends that emerge each year and any recommendations that would improve how the department operates. The Adult Care Services Department retains overall responsibility for implementing any such improvements, with assistance from the Complaints Team.

2. Key Statistical Summary (Figures in brackets refer to the previous year)

- Number of Compliments recorded increased by **18%** to **268** (228).
- Overall complaints increased by **1%** to 442 (437).
- **95%** (92%) of complaints were acknowledged in time.
- **84%** (87%) of all complaint responses were completed within agreed timeframes **75%** (74%) were responded within 25 working days.
- **44** complaints were dealt with as joint complaints with Health Partners. This represents a decrease of **32%** in relation to the previous year when the number of joint complaints were 65.
- Complaint Findings: **23%** (23%) were Fully Upheld, **17%** (16%) Partially Upheld, **49%** (49%) Not Upheld, **4%** (0) Refused and **4%** (0) Withdrawn. The remaining **3%** (12%) of the complaints were still awaiting response when this report was completed.
- **9** (10) Area Manager Reviews (AMR’s) were undertaken.
- **29** (19) LGO enquiries or decisions were received.

- 2.1 The main themes identified through the complaints process were:

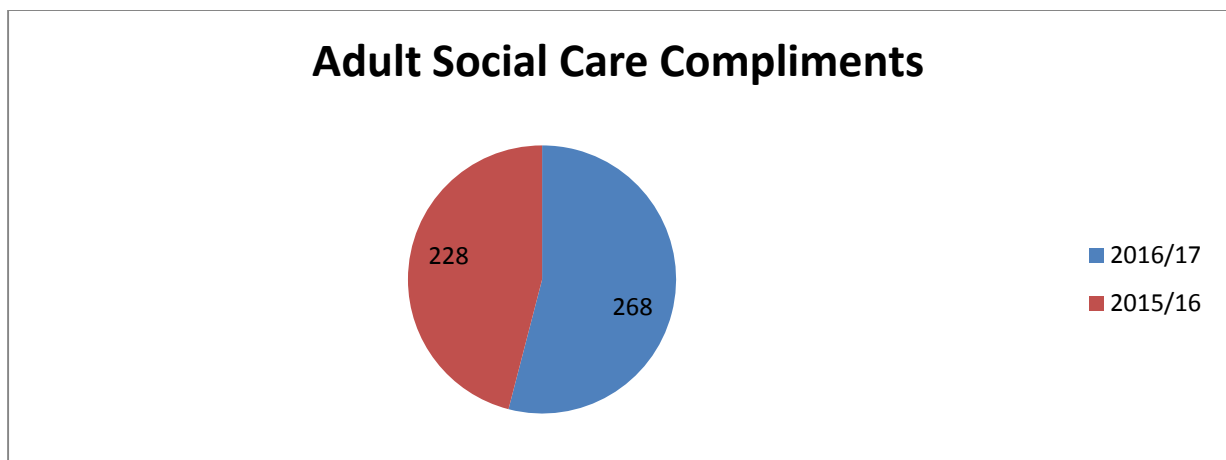
- Communication issues/delays and/ or behaviour staff.
- Dissatisfaction with care plans, assessments or reviews.
- Disputed charging/Cost of service.

3. Background

- 3.1 Statutory social services complaints are defined as expressions of dissatisfaction about social care staff or social services policies and procedures. The current Complaints Regulations were introduced in April 2009. These place a duty on both the Council and NHS partners to co-ordinate one response if a person's complaint crosses more than one organisation.
- 3.2 The Complaints Regulations also promotes the use of complaint plans for more complex cases, which may require more time to investigate and resolve. Actions and timescales are agreed with the complainant at the start of the process and are completed by designated officers.
- 3.3 All complaints are taken seriously by the Complaints Team on behalf of Adult Care Services, which has robust processes for considering and implementing learning from them.
- 3.4 The Complaints Team promotes complainants' rights to be heard whilst bearing in mind the Local Authority's duty to ensure the effective and proportionate expenditure of public funds.
- 3.5 There is a statutory 12 month time limit on making a complaint to the Local Authority. The Complaints Manager may exercise the discretion to consider a complaint made outside of this time frame on a case by case basis, but this is not guaranteed.
- 3.6 From October 2010 the jurisdiction of the Local Government Ombudsman (LGO) was extended such that the LGO can now consider complaints from self-funding service users about independent care providers. The LGO works closely with the independent regulator of all health and social care services in England, the Care Quality Commission (CQC).
- 3.7 Recurring issues – Complaints will not be accepted if they are the same as or substantively the same as complaints that have already been investigated and responded to.
- 3.8 The Complaints Team liaises carefully with:
 - Complainants
 - Advocates
 - Operational Service Managers
 - Health Partners for Joint Complaints
 - The Council's Legal Department
 - Learning and Organisational Development (L&OD) Section

4. Compliments

- 4.1 Service users and external professionals are actively encouraged to register any positive feedback that they have about Children’s Services. This forms part of the reporting process to highlight the good work undertaken by officers and teams. Compliments are shared with teams and across the wider department to highlight good practice and appreciation from service users.

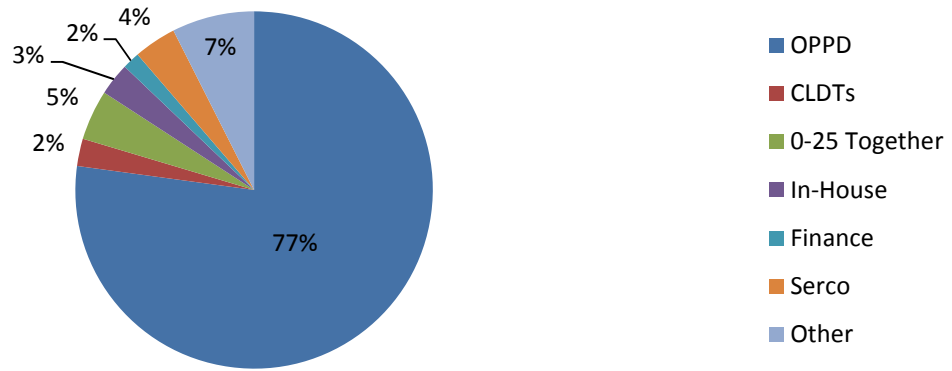


- 4.2 A total of **268** compliments were received in respect of Adult Care Services during 2016-17. This was an increase of 18% on the previous year (2015-16) when a total of 228 compliments were received.
- 4.3 The vast majority of compliments were praise for individual workers and services and how their actions had improved outcomes and prospects for service users.
- 4.4 The main reason for the rise in compliments is increased awareness amongst teams across Adult Care Services of the importance of registering them so that they may be reported and celebrated.

5. Stage 1 Complaints

Services Area	2016-17	2015-16
Older People & Physical Disability (OPPD)	341	324
Community Learning Disabilities (CLDTs)	11	19
0-25 Together (Adults)	20	-
In-House Services	13	16
Finance	7	25
Social Care Access Service (Serco)	17	21
Other (Customer Service, Equipment Service & Commissioning)	33	32
Total	442	437

Stage 1 Adult Social Care Complaints 2016/17



- 5.1 There were a total of **442** complaints received in respect of Adult Care Services. This represents an increase of **1%** from the previous year when **437** complaints were recorded.
- 5.2 The increase in referrals and people receiving services will have an impact, as well as increased media and political focus on standards of care. Focus on access to complaints may also have led to the increase along with improved recording
- 5.3 The number of complaints dealt with as joint with **NHS Partners** totalled **50**, representing a decrease of **23%** from the previous year, when **65** joint complaints were dealt with under the Hertfordshire Joint Protocol. The reduction in the number of complaints is due to the creation of the new integrated discharge team who are better managing low level complaints informally.

Joint Complaints with Health Partners 2016/17



Key:

HPFT: Hertfordshire Partnership University NHS Foundation Trust

HCT: Hertfordshire Community NHS Trust

CCG: Clinical Commissioning Groups

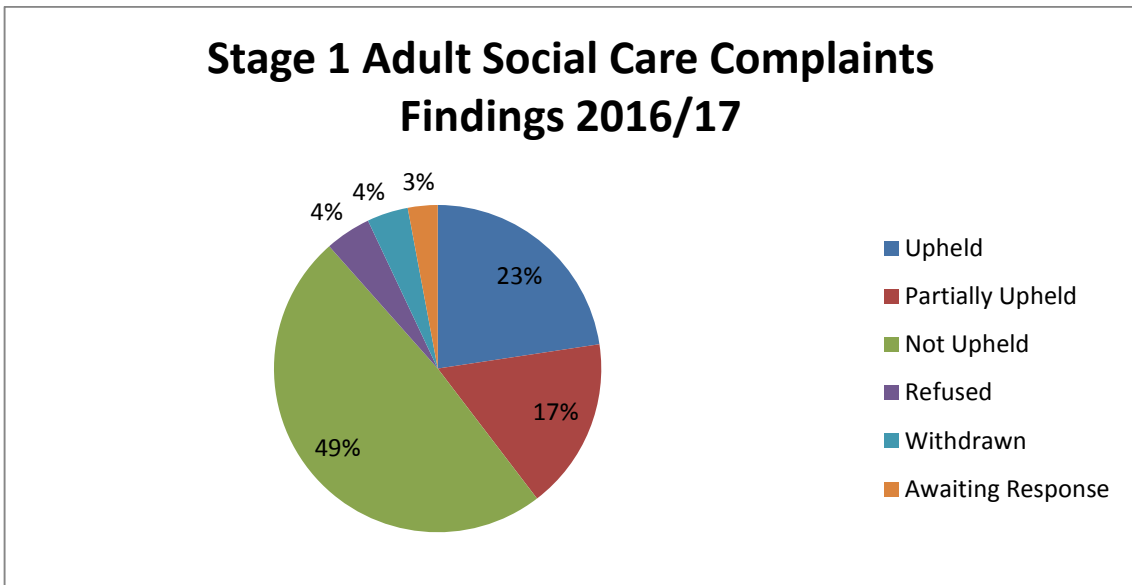
- 5.4 Joint complaints cover a broad range of issues including:

- Care availability/suitability on discharge from hospital
- Procurement of commissioned services, including home care and respite for service users
- Poor or delayed communications
- Issues relating to charging for services post health interventions

6. Area Manager Reviews (AMR's)

6.1 **9** (10) Complaints were escalated on to the Area Manager for review. AMR's is a further stage within the Stage 1 Complaints Process that applies in circumstances where the initial Stage 1 response may not have addressed all of the issues raised. This help resolve complaints as swiftly as possible and to avoid delays at the first point of contact.

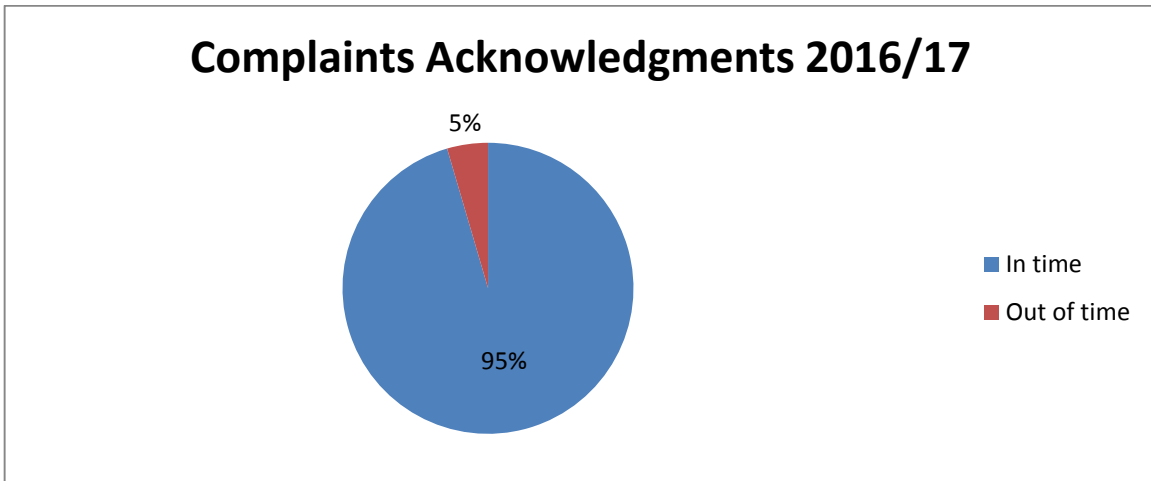
7. Stage 1 Complaints Findings



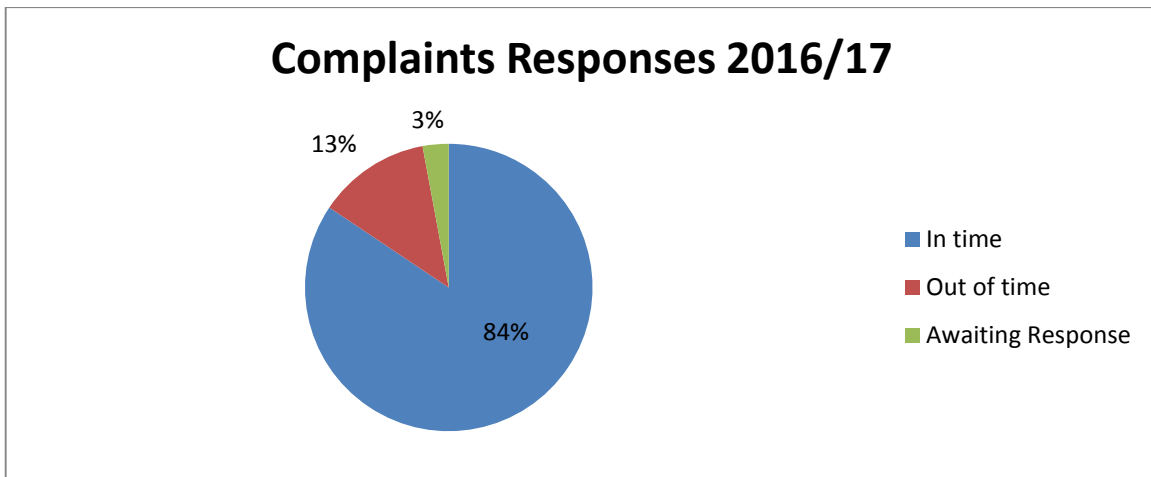
Finding	Number
Upheld	100
Partially Upheld	75
Not Upheld	216
Refused	20
Withdrawn	18
Awaiting response	13

7.1 The reasons for the significant number of complaints being refused was due to a lack of consent from the service user to complain on their behalf and matters that were out of jurisdiction.

7.2 Acknowledgment and Response timescales



7.3 **95%** (92%) of acknowledgements were completed within the 3 working days statutory requirements.



7.4 The timescale for resolution of a Complaint as set out in the Best Practice Guidance is 5 weeks (25 working days). However, some complaints, due to their complexity, will have had a complaints plan agreed which often includes a revised timescale for response.

7.5 The percentage of complaints responded to within 5 weeks (25 working days/agreed timescales) decreased by 3%, compared to the previous year. This can be explained by an increased number of complex complaints being received.

8. Local Government Ombudsman Complaints and Financial Remedies

LGO's	2016-17	2015-16
Total of enquiries/decisions received	29	19
Financial remedies paid	£9,163.12	£5,750.00

- 8.1 A total of **29** enquiries or decisions were received from the Local Government Ombudsman. This represents an increase of **53%** compared to the previous year, when **19** enquiries or decisions were received from the LGO.
- 8.2 The main reason for this significant increase is because a greater number of complainants approaching the LGO without having exhausted the Council's complaints procedure first and in a number of these cases the LGO decided to investigate immediately.
- 8.3 Out of the 29 complaints, 6 necessitated a financial remedy in recognition of fault, injustice, distress or time and trouble. These cases saw a total of **£9,163.12** being paid out. This is £3,413.12 more than the previous year when the total amount paid out was £5,750.00
- 8.4 All financial remedies paid out during 2016-17 featured LGO involvement
- 8.5 Overall, Local Government Ombudsman findings against the Council have remained low. Accordingly, the complaints processes in Adult Care Services are broadly robust and fair

9. Independent Care Providers - Compliments, Concerns and Complaints

Summary of Records for Independent Care Providers		
Records	2016-17	2015-16
Homecare concerns	77	172
Homecare complaints	889	1363
Homecare compliments	96	39
Residential complaints	12	21

- 9.1 Homecare complaints have decreased by 35%, compared to the previous year. This is because care providers are encouraged to resolve concerns at the first point of contact before they are escalated to the local authority.

The close monitoring and auditing of the providers by the commissioning teams is also preventing escalations.

9.2 The number of compliments recorded in 2016-17 is more double than in relation to the previous year.

9.3 Independent Care Providers are required to consider and respond to complaints using their own complaints procedure, under the Care Standards Act 2000. The Council must be satisfied that the provider responds to complaints promptly and appropriately. If the service users are dissatisfied with the care provider's response, then they may approach the Council for further advice and review.

10. Learning points arising from Adult Care Services Complaints & actions to improve services

10.1 The learning points identified below have already been discussed with individual officers, within Team meetings. This is also part of the staff complaints training delivered by the Complaints Manager (CM) across ACS, covering the complaints process and letter writing guidance.

10.2 The CM meets quarterly with the Learning and Development Manager to discuss trends in complaints so that training can be identified to meet the needs highlighted through complaints.

10.3 Quarterly reports are produced in addition to the annual report to look at trends and identify learning to avoid repeat complaints. These reports are discussed and presented to Senior Board.

10.4 Learning Action plans have been developed by the Complaints Manager and implemented on all LGO cases where fault has been found. This will ensure learning is followed through with evidence

Communication issues/delays and/or behaviour of staff: Lack of clarity and contact not being made either when promised or in a timely way.



- Officers reminded to follow through agreed actions in a timely manner and to only agree actions that are reasonable.
- Process implemented to inform Service Users when key staff are away.
- Staff to adhere to customer service standards in respect of response timescales.
- Issues addressed in 1:1 meetings as well as team meetings to ensure that learning is undertaken.

Assessments/Reports Issues: Records not being made or updated correctly.



- Individual training and/or performance measures have been put into place where errors have occurred.
- Issues addressed in 1:1 meetings as well as team meetings.

Disputed charging/Cost of Service: Incorrect advice given; charging errors.



- Check list produced to ensure invoices processed correctly.
- Review property disregard eligibility cases.
- Review charging process.
- The funding position in respect of care provision must be made clear.
- A checklist for care staff to refer for financial issues is being piloted.

11. Complaints Developments in 2016/17

11.1 Review of the Adult Care Services Statutory Complaints Process.

- 11.2 Staff training provided to staff.
- 11.3 Health & Communities department name changed to Adult Care Services.
- 11.4 Call over meetings with Senior Officers to discuss complex complaints management.
- 11.5 Quarterly reports produced and presented to Senior Board to look at trends and learning.

12. Future Complaints Developments for 2017-18

- 12.1 Staff training to be provided to all ACS Staff at all levels. Training to include learning from complaints and good letter writing techniques. To include reminder to staff to record compliments.
- 12.2 Review of the Adult Care Services Statutory Complaints Process.
- 12.3 Review of call over meetings to include discussion of all data to identify trends and learning from complaints.
- 12.4 Quarterly reports to be reviewed and presented to Senior Board.
- 12.5 Review of ACS complaints database to improve recording.
- 12.6 Develop an overview process to ensure better management of complaints within individual services.
- 12.7 Continue to promote alternative dispute resolution, notably to complainants seeking escalation.

Link to overview of ACS Complaints Procedure: [Factsheet Have your say](#)

HERTFORDSHIRE COUNTY COUNCIL**ADULT CARE AND HEALTH CABINET PANEL****FRIDAY 8 SEPTEMBER 2017****FUTURE DEVELOPMENT OF CARE HOMES IN HERTFORDSHIRE**Report of the Director of Adult Care Services

Author: Frances Heathcote, Assistant Director, Community Commissioning (Tel 01992 556343)

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

1. Purpose of report

- 1.1 There is significant pressure on the County Council to support discharges from hospitals for people with increasingly complex needs who require nursing care as opposed to requiring only residential care. Commissioners have identified that this change in need from residential care to nursing care needs to be addressed as there is a lack of both availability and affordability of nursing bed provision across Hertfordshire.
- 1.2 To date, Cabinet has agreed a capital funding programme of renovation and rebuilding of residential care home stock that it owns. To address the change in needs when discharging people from hospital, Commissioners have reviewed the existing capital programme. In addition Commissioners have developed options to widen the nursing care provision across Hertfordshire to ensure best value and secure adequate capacity of nursing care beds.
- 1.3 This paper proposes changes to the existing capital funding programme for residential care homes. This paper also proposes alternative solutions to maximise options and to increase nursing care capacity.

2. Summary

- 2.1 Previous Cabinet reports set the parameters for use of capital funding. These reports are Review of Hertfordshire County Council's Residential Care Homes in 2005 ("2005 Report") and Quantum Care Limited – Care Contract and Property Option Agreement to Secure Re-Provision of Care Home Places in 2008 ("2008 Report").

<https://www.hertfordshire.gov.uk/statweb/meetingsnov04toapr13/Cabinet/20050221/documents.html>

<https://www.hertfordshire.gov.uk/statweb/meetingsnov04toapr13/Cabinet/20080414/documents.html>

- 2.2 There has been considerable change in the residential and nursing care market in Hertfordshire. Since the above Cabinet Reports, the nature of the demand for services has changed so that more nursing care provision is required than residential care. This has been driven by competition for suitably qualified nurses, speculative developments based on a business model of attracting private fee payers from Hertfordshire and beyond, and an increase in complexity of needs. Nationally the Care Quality Commission has identified a reduction in registered nursing beds available. This change in demand is likely to continue; in Hertfordshire the demand for nursing care is expected to outstrip capacity by 2021 unless a predicted net increase of 400 – 500 registered nursing beds is delivered. This lack of nursing care provision is adversely impacting on the County Council's ability to discharge people from hospital.
- 2.3 The cost of the capital funding programme has been increasing, from approximately £6m to £11m per project, placing considerable financial pressure on the County Council. Current and future schemes, if the programme were to continue as is, would need to attract a significantly increased level of rental income for the County Council to ensure continued viability.

3. Recommendations

- 3.1 Panel is asked to recommend to Cabinet that it:
- a. Notes and agree the review of the existing capital funding programme for renovating and rebuilding residential care homes
 - b. Agrees to delegate to the Director of Adult Care Services in consultation with the Executive Member the authority to consider and implement decisions on the future options for delivery of this programme which offer greater flexibility, require less capital outlay and will result in increased nursing care provision.
 - c. Agrees to delegate to the Director of Adult Care Services in consultation with the Executive Member the authority to develop and improve the nursing care capacity across Hertfordshire to meet service pressures in a manner which provides value for money for the County Council in terms of cost and quality, in accordance with the Council's Constitution.

4. Background

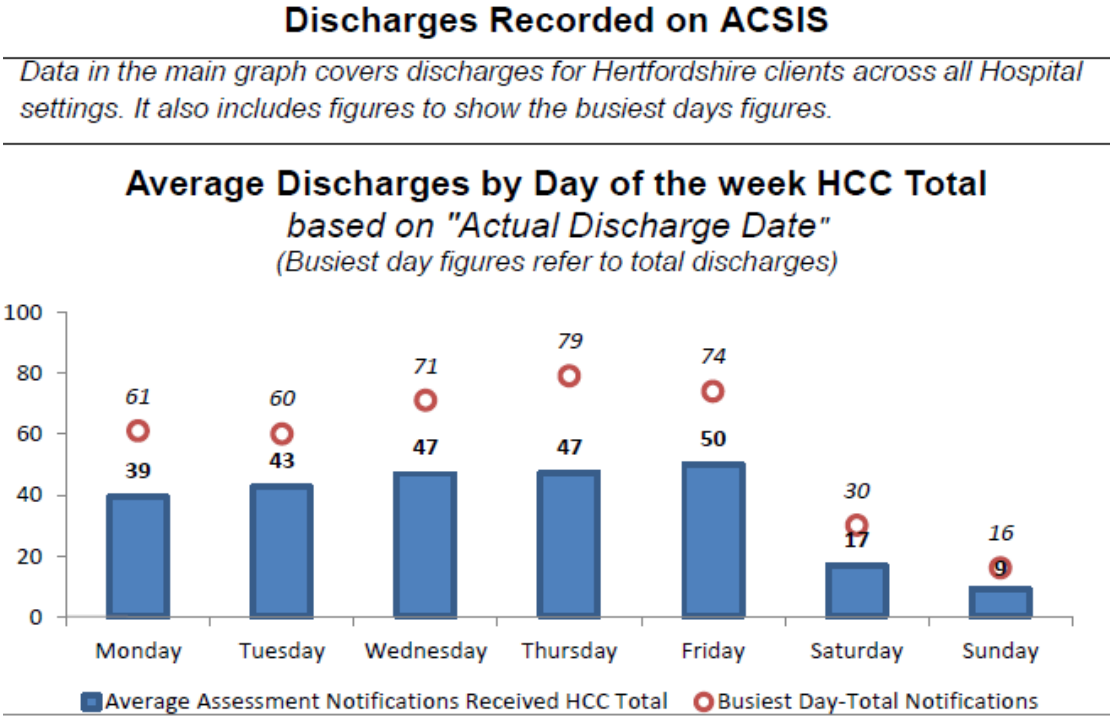
- 4.1 Cabinet was asked in the 2008 Report to consider (and subsequently approved) the following:
- i) A revised fifteen year contract for the purchase of care and accommodation services for older people and that the Director of Adult Care Services be authorised in consultation with the Executive Member for Adult Care Services to agree the care contract.
 - ii) An option agreement for the grant of leases that enable the construction of extensions to existing homes, redevelopment of existing homes or the development of new homes on new sites provided by the County Council, and that the Corporate Director, People and

Property, in consultation with the Executive Member for Performance and Resources, be authorised to agree the property contract.

- 4.2 The conclusion of the 2008 Report was that in order to meet the anticipated demand for residential care for people eligible for placement by the County Council a strategic use of County Council land to enable re-provision of block contract places in homes that will become obsolete and to secure additional places to meet rising demand was required. Further, if the County Council or its partners cannot offer land at nil or subsidised cost for the provision of care homes, there will be a loss of care home places and an inability even to replace them, never mind increase the numbers, without a very significant increase in prices.
- 4.3 Since the Cabinet's decision following the 2008 Report, the main method for meeting demand for replacement and additional residential care places for the County Council has therefore been through a land value subsidy model.
- 4.4 The County Council has a care contract with Quantum Care Limited (QCL) under which QCL provides residential care beds and day care places to the County Council. As a result of the 2008 Report, the County Council leases the care home buildings to QCL and has an Option agreement with QCL under which it can require the alteration, extension, redevelopment or decommissioning and re-provision of the care homes.
- 4.5 Under the existing model, a programme of replacement building works for the oldest homes has been progressing for several years. Under the model the County Council provides the capital for works which is repaid by QCL over the life of the building; typically over 25-30 years. There are five homes remaining on the rebuilding programme: Nevetts, Fourfields, Fairway, Pinewood and Margaret House. Based on current trends, the cost of capital outlay for each future scheme has been identified as at least £9–10m, which is more than the level of rental income.
- 4.6 Since the implementation of this model, there have been significant changes in the care home market in Hertfordshire. This market can be split out into a residential care category and nursing care category. Growth is required across both markets. The nursing care market capacity is a significant pressure across both social care and health. Adult Care Services, both Clinical Commissioning Groups (CCGs) and Hertfordshire Partnership Foundation University Trust all have a responsibility to commission nursing care beds.
- 4.7 All partners have been working with the nursing care market, as a sector and individually, to secure the necessary capacity. There has been limited interest from providers of nursing care so far. There is increasingly a focus on the private fee paying market and Hertfordshire has seen a number of new build care homes catering for this private market.
- 4.8 There is a current shortage of capacity (particularly nursing dementia/older people with complex mental health issues) that is available for health and social care funded placements. The capacity issue partly relates to registered and available bed numbers but also relates to the affordability of beds that can be accessed.¹
- 4.9 The lack of capacity has significant impact, not only on the County Council's ability to discharge people from hospitals over the course of a week (see below) but also to effectively

¹ Older People MPS www.hertsdirect.org/hertsmp

case manage discharges. There are approximately 20-25 people each week across all Hertfordshire hospitals that are awaiting some sort of placement in a nursing home.

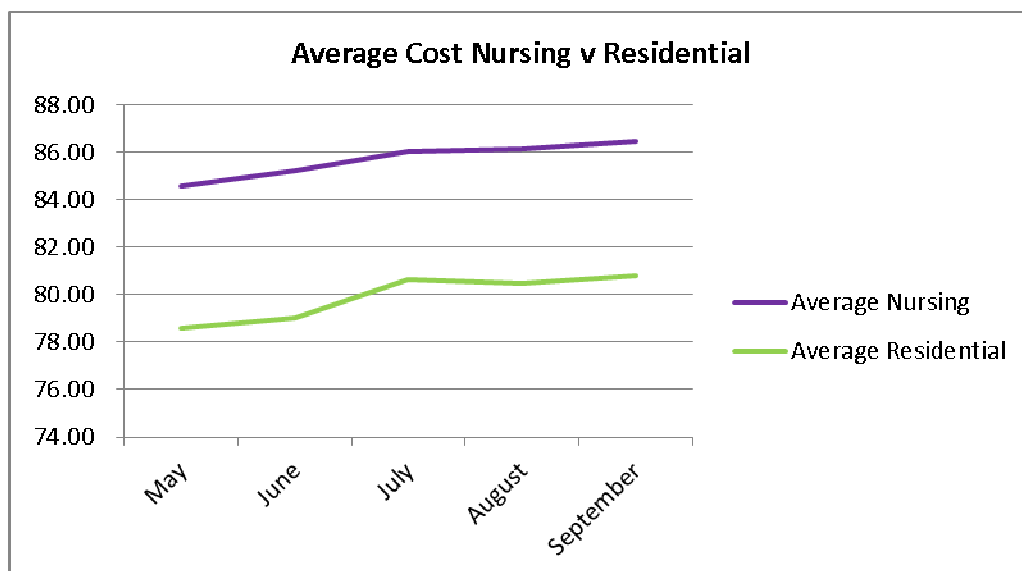


- 4.10 There are 55 nursing care homes for older people in Hertfordshire, providing 3299 beds. Of these, 769 (23%) are purchased by the County Council. The CCGs approximately purchase a further 160 (5%). The remaining beds are sold to the private fee paying market. Due to a range of community based initiatives, such as enablement, Home-first type services, Community Navigator resource and the Complex Care Programme, people with increasing care and support needs are being cared for longer and more effectively outside of residential homes. When people do require a long term placement in a care home, it is for complex nursing needs.
- 4.11 There are 92 residential care homes for older people in Hertfordshire, providing 4183 beds. Of these, 2073 (50%) are purchased by the County Council. The residential market has potential for growth and innovation, to deliver more community focussed services, such as intermediate care services, and working more closely with Lead Providers in the Support at Home market to keep people at home for longer.
- 4.12 The nature of the demand for services has therefore changed since the Cabinet Reports so that more nursing care provision is required and such requirement is likely to increase going forwards. Furthermore, the lack of nursing care capacity is adversely impacting on the County Council’s ability to discharge people from hospital.

- 4.13 To alleviate some of the pressures, the Commissioners have adopted a strategy to reduce the commissioning of residential care in order to be able to meet the increasing demand for nursing care. This change will be supported through increasing the use of community based alternatives, especially flexicare (Extracare) and rehabilitation services. Commissioners will continue to guide private developers and planning departments in the most effective models for care home and extra care delivery, including models attractive to home owners such as part-buy and leasehold. Adult Care Services (ACS) are continuing to develop an understanding of providers' required ratio of County Council and self-funded beds to maximise the number of beds accessible at County Council rates.
- 4.14 To date, the Commissioners have introduced a number of residential care projects to support self-funders to select appropriate and cost efficient care provision. These include the Herts Care Search system, an on-line bed management system which will be promoted to the public from August 2017 and the HertsHelp line which advises on care and support services that are available.

5. Financial implications in the market

- 5.1 Despite an annual uplift of 5.9% in the fees paid by the County Council for nursing care beds in 2016, evidence is being gathered of an impact on our ability to make placements within our current fee structure. The graph below shows that the daily cost of placements is increasing.



- 5.2 Further financial implications arise from the County Council's relationships with the CCGs, based on social care performance over 7 days and contribution to reducing delayed transfers of care. This has, in the short term, resulted in the purchase of nursing beds by the CCG at a significantly higher cost than the County Council's fee structure, with an expectation that social care funds these beds beyond the initial 4 – 6 weeks. This not only reduces overall capacity, it also reduces the County Council's ability to effectively negotiate with and shape the market, and leads nursing homes to hold out for higher rates.

- 5.3 Current funding and commissioning arrangements have not influenced the market significantly, despite an increase in the basic fee rate for nursing and the Department of Health's 40% increase in Funded Nursing Care in April 2016. Use of existing capital resource will increase our ability to influence the market, by providing better value for money, and managing the pressure on current care budgets. This will also enable us to respond flexibly to local workforce issues including the availability of qualified nurses.
- 5.4 If the County Council cannot offer capital at nil or subsidised cost for the provision of residential and nursing care in care homes, there will be a continuation of the current trend of fewer places available for ACS to commission, and this loss of capacity will be difficult to replace. This would have an adverse impact on ACS ability to increase capacity, without substantial increases in care fees.

6. Options Going Forward

- 6.1 In order to secure the required increase in nursing care provision across Hertfordshire, two new future options, Model A & Model B, are recommended by the Commissioners. Details of each Model will need to be developed further based on Cabinet decision and advice from Finance and Legal.
- 6.2 Model A involves a provider with a care home (existing care home owned by the provider) extending that home with the County Council providing the capital. The value of the capital would be recovered through a block contract which gives the Council access to a specified number of beds at agreed County Council rates.
- 6.3 Model B involves a provider with land that can be developed or a provider purchasing land so that a new care home can be built with the County Council providing a percentage of the capital for the new build. The value of the capital would be recovered through a block contract which gives the Council access to a specified number of beds at agreed County Council rates.

Feature	Model A	Model B
Land	Third party land and building ownership	Third party land and building ownership
Building	Provider procures extension to existing buildings. Hertfordshire County Council supply capital.	Provider procures site and building. Hertfordshire County Council supply a % of capital.
Services	Provider supply services in accordance with schedule and price, tailored to meet current and forecasted service demands	Provider supply services in accordance with schedule and price, tailored to meet current and forecasted service demands
Rent	No rent. Third party land ownership	No rent. Third party land ownership
Hertfordshire County Council Interest	Funding Agreement and Care Contract	Funding Agreement and Care Contract
Comment	Capital contribution to extensions of existing (third party) care homes. Funding Agreement and Care Contract sets out Services to be supplied and the spend of Hertfordshire County Council Capital.	Capital contribution to private investment. Funding Agreement and Care Contract sets out Services to be supplied and the spend of Hertfordshire County Council Capital.

7. Equalities Implications

- 7.1 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.
- 7.2 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.
- 7.3 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.
- 7.4 The proposal is expected to positively impact on groups with protected characteristics, as beds are specific to older people, and will be replaced with provision which more closely meets their needs. An equalities impact assessment for the potential impact of this decision

resulting in the closure or replacement of any older persons care home is attached as Appendix 1.

Background Documents

Appendix 1: Future Development of Care Homes in Hertfordshire Equalities & Impact Assessment is attached as a separate document.

Appendix 1 - Equality Impact Assessment (EqIA)

STEP 1: Responsibility and involvement

Title of proposal/ project/strategy/ procurement/policy	Future Development of Care Homes in Hertfordshire	Head of Service or Business Manager	Kulbir Lalli
Names of those involved in completing the EqIA:	Rosa Manning, Ted Maddex	Lead officer contact details:	Ted.Maddex@hertfordshire.gov.uk
Date completed:	03/05/2017	Review date:	3/5/2019

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>A proposal has been made to Members regarding the future development of care homes in Hertfordshire, to allow a greater range of options to Integrated Accommodation Commissioning Team’s accommodation strategy to deliver a range of suitable modern accommodation options for all client groups taking into account need, diversity and value for money.</p> <p>This equalities impact assessment considers the impact should this proposal result in closure or replacement of a care home.</p> <p>Hertfordshire County Council (‘the council’) is committed to achieving diversity and equality of opportunity both as a large employer of people and as a provider and commissioner of services. The Council is committed to promoting equality and diversity across the delivery of services.</p>
<p>Stakeholders: Who will be affected: the public, partners, staff, service users, local Member etc</p>	<ul style="list-style-type: none"> • Hertfordshire County Council’s Adult Care & Health commissioning department, • Hertfordshire County Council’s Property department, • Local Members, • Care home providers, • Care home staff • Current and new service users and carers (including day centre clients) • Herts Valleys and East & North Herts Clinical Commissioning Groups • Hertfordshire Partnership Foundation Trust • District Councils • Local residents

Appendix 1 - Equality Impact Assessment (EqIA)

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 tell us about equalities																																																																																													
Sources of data: <ul style="list-style-type: none"> - Census 2011 - Community Profiles - Contract Monitoring data - National sources 	<p>Legislation places a public duty on Hertfordshire County Council. We strive to embed diversity and equality in everything we do. Against a background of tough economic times and a changing demography we need to be even more aware of the diverse needs of communities and how we can support them.</p> <p>All contracted providers are required to demonstrate effective equalities policies and procedures as part of IACT's contract due diligence and monitoring processes. Complaints are monitored for equalities issues and any issues are addressed and actions plans monitoring through contract monitoring visits and quarterly contract meetings.</p>																																																																																													
<p>Please see below detailed from the Hertfordshire's Joint Strategic Needs Assessment Summary 2014 http://jsna.hertslis.org/ and Herts LIS http://www.hertslis.org/</p> <p><u>Population</u></p> <table border="1" data-bbox="177 1563 751 1809"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Numbers of People</th> <th rowspan="2">2001-11 Increase</th> <th rowspan="2">2011-21 Increase</th> </tr> <tr> <th>2001</th> <th>2011</th> <th>2021</th> </tr> </thead> <tbody> <tr><td>Broxbourne</td><td>87,100</td><td>93,700</td><td>102,200</td><td>0%</td><td>4%</td></tr> <tr><td>East Hertfordshire</td><td>128,900</td><td>138,200</td><td>152,300</td><td>7%</td><td>10%</td></tr> <tr><td>North Hertfordshire</td><td>116,900</td><td>127,800</td><td>140,800</td><td>9%</td><td>10%</td></tr> <tr><td>Stevenage</td><td>79,700</td><td>84,200</td><td>88,300</td><td>6%</td><td>5%</td></tr> <tr><td>Welwyn Hatfield</td><td>97,500</td><td>110,700</td><td>133,500</td><td>14%</td><td>21%</td></tr> <tr><td>East & North Herts CCG</td><td>510,100</td><td>554,300</td><td>617,100</td><td>9%</td><td>11%</td></tr> <tr><td>Dacorum</td><td>137,800</td><td>145,300</td><td>155,300</td><td>5%</td><td>7%</td></tr> <tr><td>Hertsmere</td><td>94,500</td><td>100,400</td><td>112,500</td><td>6%</td><td>12%</td></tr> <tr><td>St. Albans</td><td>129,000</td><td>141,200</td><td>154,600</td><td>9%</td><td>9%</td></tr> <tr><td>Three Rivers</td><td>82,800</td><td>87,900</td><td>99,300</td><td>6%</td><td>13%</td></tr> <tr><td>Watford</td><td>79,700</td><td>90,700</td><td>95,300</td><td>14%</td><td>5%</td></tr> <tr><td>Herts Valleys CCG</td><td>523,800</td><td>565,500</td><td>617,000</td><td>8%</td><td>9%</td></tr> <tr><td>Hertfordshire</td><td>1,034,000</td><td>1,116,000</td><td>1,234,100</td><td>8%</td><td>11%</td></tr> <tr><td>England</td><td>49,138,800</td><td>53,107,200</td><td>57,687,800</td><td>8%</td><td>9%</td></tr> </tbody> </table> <p style="font-size: small;">Table 1: Numbers of people living in Hertfordshire 2001-21</p> <p><u>Ageing Population</u></p> <p>Nearly 15% of Hertfordshire residents are over 65. This is projected to increase by nearly 12.1% by 2020.</p>		Numbers of People			2001-11 Increase	2011-21 Increase	2001	2011	2021	Broxbourne	87,100	93,700	102,200	0%	4%	East Hertfordshire	128,900	138,200	152,300	7%	10%	North Hertfordshire	116,900	127,800	140,800	9%	10%	Stevenage	79,700	84,200	88,300	6%	5%	Welwyn Hatfield	97,500	110,700	133,500	14%	21%	East & North Herts CCG	510,100	554,300	617,100	9%	11%	Dacorum	137,800	145,300	155,300	5%	7%	Hertsmere	94,500	100,400	112,500	6%	12%	St. Albans	129,000	141,200	154,600	9%	9%	Three Rivers	82,800	87,900	99,300	6%	13%	Watford	79,700	90,700	95,300	14%	5%	Herts Valleys CCG	523,800	565,500	617,000	8%	9%	Hertfordshire	1,034,000	1,116,000	1,234,100	8%	11%	England	49,138,800	53,107,200	57,687,800	8%	9%	<p>The population of Hertfordshire is growing faster than the England average. Increasing growth in the numbers of older people will place greater demands on health and care services in all areas of Hertfordshire. This will be realised particularly in areas where older people live alone or where transport links are poor and therefore people will be at risk of being isolated from their communities.</p>
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Appendix 1 - Equality Impact Assessment (EqIA)

<p>By 2021 the district with the largest proportion of people aged over 85 is likely to be Three Rivers (4.1%) and the districts with the lowest are Stevenage and Watford (2.4%). For people aged 75-84 the largest proportion is likely to be in North Herts (6.6%) and the lowest proportions in Welwyn Hatfield (4.4%). For people aged 60-74 the districts with the largest proportions are likely to be North Herts and East Herts (15.2%) and the lowest proportion will be Watford (11.8%).</p> <p>One out of every five households in Hertfordshire contains only residents that are 65+. Of these 59% contains one person living alone.</p>	
<p>Age</p> <p>It is estimated that there are currently 174,000 people age 65 and over in Hertfordshire. The number of people over 65 years of age is set to increase by 22.4% in Hertfordshire between 2011 and 2021; this is slightly lower than the projected increase across England (23.6%).</p> <p>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).</p>	<p>Research suggests that 2017 will be a 'tipping point': the demand from older people needing care will outstrip family members able to meet that need. This 'care gap' will increase rapidly over the next two decades.</p> <p>Increasing demand versus limited resources means that we need to develop a stronger focus on using already existing community resources, using commissioned care home services as effectively as possible, put a stronger emphasis on prevention and build resilient communities.</p>
<p>Ethnicity</p> <p>Approximately 96% of Hertfordshire citizens age 65 and over are White British, compared to 87.6% of the whole Hertfordshire population. Proportions of other ethnic groups vary between districts:</p>	<p>Ethnicity of the population is changing. This means that in the future we will have more care home service users and already have many care staff from a different ethnic background.</p> <p>The proportion of people from minority ethnic groups living in Hertfordshire has increased over the past decade across all age groups. However, the number in people over 65 is less than in 18-64. This does mean however that we can expect as the population ages the over 65 population will become increasingly diverse. District tenders will need to represent the cultural diversity of the local community and have capacity to meet a range of cultural, religious and language needs in delivery of care. Hertfordshire do not currently</p>

Appendix 1 - Equality Impact Assessment (EqIA)

Local area	Age 65 and over (Percent)				
	White	Mixed/ multiple	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other
Broxbourne	97.3%	0.5%	1.1%	1.0%	0.2%
Dacorum	97.5%	0.3%	1.7%	0.3%	0.1%
East Hertfordshire	98.9%	0.2%	0.6%	0.1%	0.1%
Hertsmere	95.4%	0.4%	3.1%	0.6%	0.4%
North Hertfordshire	95.4%	0.5%	2.5%	1.3%	0.2%
St Albans	95.9%	0.4%	2.7%	0.8%	0.2%
Stevenage	96.1%	0.4%	2.2%	0.9%	0.3%
Three Rivers	94.2%	0.5%	4.6%	0.6%	0.2%
Watford	89.7%	0.6%	7.2%	2.1%	0.3%
Welwyn Hatfield	96.9%	0.3%	2.0%	0.6%	0.2%
Hertfordshire	96.1%	0.4%	2.5%	0.8%	0.2%

Over 160 languages are being spoken as first languages in Hertfordshire. Polish, Urdu (including dialects – Pahari, Mirpuri, Azad Kashmiri and Punjabi), Bengali (Sylheti), Gujarati, Chinese, Italian, Punjabi Gurmukhi, Portuguese and Tagalog are the most frequently spoken languages in Hertfordshire after English.

commission cultural specific providers, but providers in all areas will need to ensure their workforce either reflect the needs of the local community or demonstrates cultural competency to deliver effective, compassionate and culturally sensitive care.

On our future design and commissioning of care home services cultural needs need to be accommodated in how we support vulnerable people in the community and how we support care staff to work successfully in the care industry. Equally we need to acknowledge that there will be a growing community that speaks a language other than English as their first language. Within local communities this does also offer the opportunity to recruit paid care home staff who speak multiple languages and are able to support older people in another language.

Religion

After Christians, Hindu, Muslim and Jewish are the largest religious groups in Hertfordshire.

The religion that is most presented in the population of Hertfordshire is Christianity. 58% of the entire population of Hertfordshire, but 78% of Hertfordshire citizens 65+ are Christian.

Local area	Age 65 and over (Percent)									
	C	B	H	J	M	S	OR	NO	NS	
Broxbourne	83%	0%	0%	0%	1%	0%	0%	7%	8%	
Dacorum	79%	0%	1%	1%	1%	0%	0%	11%	8%	
East Hertfordshire	82%	0%	0%	0%	0%	0%	0%	10%	7%	
Hertsmere	67%	0%	1%	14%	1%	0%	0%	8%	9%	
North Hertfordshire	79%	0%	0%	0%	0%	1%	0%	10%	8%	
St Albans	78%	0%	1%	1%	1%	0%	0%	11%	8%	
Stevenage	80%	0%	0%	0%	1%	0%	0%	10%	7%	
Three Rivers	76%	0%	2%	2%	1%	0%	0%	10%	8%	
Watford	76%	0%	2%	1%	3%	0%	0%	9%	8%	
Welwyn Hatfield	78%	0%	1%	1%	1%	0%	0%	11%	8%	
Hertfordshire	78%	0%	1%	2%	1%	0%	0%	10%	8%	

C - Christian
B - Buddhist
H - Hindu

Within the support sector it is already clearly established that vulnerable people should be supported with their religious needs regardless of what religion the care staff are following.

It is evident from the data that Christianity has a stronger follow amongst people 65 and older than in younger generations. Although there appears to be no dramatic shift to other religions, the number of non-religious citizens appear to increase in Hertfordshire.

The position in relation to services reaching people from religions other than Christianity is similar to that of ethnicity. There is a clear opportunity for services to develop to improve access to people from different faith and cultural backgrounds.

Appendix 1 - Equality Impact Assessment (EqIA)

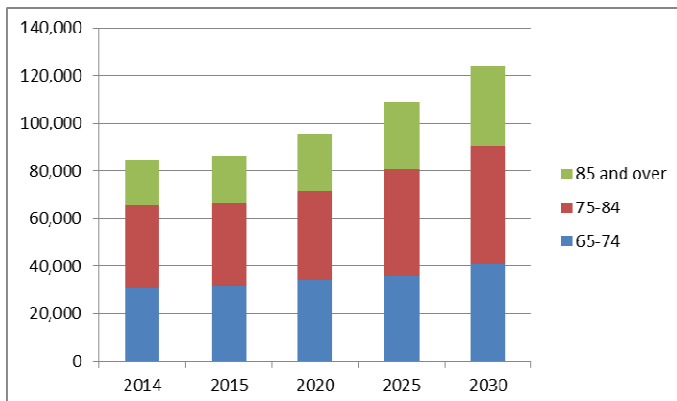
J - Jewish
M - Muslim
S - Sikh
OR - Other religion
NO - No religion
NS - Religion not stated

Disability

Research^{1 2} has highlighted that by 2030 people with a learning disability aged 50+ will increase by 30%.

People with learning disabilities over 80 who need social care are expected to increase by 164%. Older people with learning disabilities experience poorer health, poorer housing and social exclusion.

Hertfordshire, population aged 65 and over with a limiting long term illness whose day-to-day activities are limited (little to a lot):



Older people's health

In 2014 about 45% of older people aged 65 and over have a limiting long-term illness, this is set to increase from 46,396 this year to 46,396 in 2030. Nearly 27% are predicted to have a fall and 2% are predicted to be admitted to hospital as a result. Almost 26% of people aged 65 and over are considered obese and just over 12% are diagnosed with diabetes

Dementia

The population of people 65 and older who live with illness or disability is growing. Services therefore need to offer wider support for a range of needs. Therefore we need to look into developing services that are not just specialised on one service user group but can offer support for various needs.

As a commissioning council we need to move away from thinking strictly in specific service user groups but focus on outcomes individuals want to achieve and on how support can be offered with a focus on these outcomes rather than on an individual diagnosis.

In order to meet future needs within reducing resources, health and social care services will need to:

- Identify and diagnose people with dementia early, providing the best advice and information to support them and their families to live well independently for as long as possible
- Ensure that every interaction with the health and social care workforce is respectful of the person, their family and the issues they face
- Change the services that are currently offered so that each one can be personalised for every individual's changing needs
- There will need to be a much greater focus on joined up preventative services to relieve pressure on acute hospital services.

¹ http://www.ndti.org.uk/uploads/files/9354_Supporting_Older_People_ST3.pdf

² www.bild.org.uk/EasySiteWeb/GatewayLink.aspx?pid=1327

Appendix 1 - Equality Impact Assessment (EqIA)

<p>Hertfordshire already has a well-developed National Dementia Strategy (NDS) implementation Plan, whose progress is managed through the NDS Implementation Group. The number of people living with dementia is projected to double by the year 2020. Dementia has been chosen as a priority in Hertfordshire's Health and Wellbeing Strategy for 2013-16.</p> <p>In 2014 13,913 people over 65 were recorded as having dementia, this is projected to increase to 22,645 people by 2030.</p>	<ul style="list-style-type: none"> • Ensure that services are able to meet the increased demand for services able to meet the needs of service users with dementia. • Ensure that future services are able to support service users living with multiple and complex health conditions, including providing bariatric services and managing health conditions such as diabetes.
<p>Sexual orientation, pregnancy/maternity, gender reassignment, marriage and civil partnership</p> <p>No meaningful data is held on the particular care needs of these groups and the extent to which they are accessing preventative services.</p> <p>0.70% of people Living in a couple (civil partnership or co-habiting) are in a same sex relationship compared to the national average of 0.88%</p>	<p>Anecdotal evidence suggests that those who are (Lesbian, Gay, Bisexual or Transgender) LGBT tend to have worse outcomes in terms of mental health, social isolation and physical health. It is important that services are inclusive and are able to meet the needs of our LGBT community.</p> <p>The position will continue to be monitored and appropriate action taken where necessary.</p>
<p>Carers</p> <p>All available data indicates that there is a very significant number of carers not currently receiving support or known to services.</p> <p>Just fewer than 10% of the Hertfordshire population are carers or have caring responsibilities.</p> <p>Whilst some carers may not want to receive support or be 'known', this data and information on the health and economic impacts of caring highlights the opportunity – and need – to identify and provide support and help to more carers in the county.</p>	<p>Carers need to be acknowledged in their own right. This principle does not just follow legislation under the Care Act but is also supporting the approach to build strong, resilient communities.</p> <p>We must consider the impact of any potential closure of homes on services that offer respite and short breaks to carers, including day services within the homes and any commissioned respite/ short stay/ emergency beds.</p>

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<p>Research³ has shown that carers are more likely to have health problems than those who do not have a caring responsibility.</p>	
<p>End of life The principal causes of death in Hertfordshire are: heart disease and stroke, dementia and Alzheimer’s disease, cancers, and respiratory diseases. These conditions are also principal causes of disability and ill-health. Feedback from service users, carers and professionals, that given the choice, a large majority of people would choose their end of life care and support differently and where possible would choose to die at home.</p>	<p>Given the principle causes of death in Hertfordshire, there is a need for care home services that can support people with specific health conditions appropriately. Services also need provide an end of life care that is in line with peoples’ needs and wishes.</p>
<p><u>Other</u> The Care Act required local authorities to meet a number of requirements. In particular, the Care Act introduces a wide ranging definition of wellbeing. Current financial strain put a higher pressure on developing services that are good value for money. The financial situation presents a challenge for the council as well as for our providing services.</p>	<p>This strengthens the need for care home services to support people in a way that is embedded in our communities and to increase our focus on prevention. We must consider the financial impact of any re-provision of services on service users and their families and that a potential move to a new home could see a change in care home fees. This includes self-funded clients or families who are paying a top up. A change in service could result in a change in care home costs for these service users.</p>

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	The care homes impacted by the proposal cater for older	The review of the person’s care needs prior to any potential

³ See e.g. Supporting Carers: An action guide for general practitioners and their teams, Royal College of General Practitioners

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>people, over the age of 65, with a range of care and support needs (including dementia), although this may include some younger people under the age of 65 with physical disabilities/ early onset dementia.</p> <p>As these services mainly cater to the needs of older people, we must also consider any service users nearing the end of their life. Feedback from service users and carers indicates that where possible, people would choose to die at home or in a home environment. We must consider that the care homes affected are 'home' to the service users, and moving home to a new or unfamiliar environment can be particularly distressing for service users reaching the end of their life.</p> <p>A negative impact may occur if the process of developing new services or amending existing service will mean change in the support routine people receive, or where a closure of a home requires service users to move to a new home/ locality. This change may see an improvement in the living conditions/ quality of care service users receive but may also cause anxieties for some people who are accustomed and happy with the services they receive.</p>	<p>move provides an opportunity to enhance or improve equality of opportunity. The details of this will be captured and reviewed in the individual's care plan developed by the operations team with the person. This should also cover End of Life care planning. This action will be kept under constant review throughout and after the transition process.</p> <p>Any developments and changes are communicated to service user groups in an appropriate format. The council has recently started a new process to enable a focus on co-producing services. Co-production means service users and stakeholders are part of the developments and are informed all the way and ensure service users have choice and control over their future care.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Disability Including Learning Disability	The number of people in Herts with a physical disability (PD) & sensory Impairment (SI) is	Any tenders for new services/developments will ensure that any new homes/

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>set to increase by 7% to 77,992 people by 2025. There is also an increase of children born with PD and learning disability (LD) surviving into adulthood and old age. This means there is an increase in the population of people with PD, SI and LD. This will have an impact on providers needing to provide more services for an increasing population.</p> <p>The current buildings are not suitable for people with a complex physical disability, as bedrooms are small with some shared shower facilities. This is one of the reasons as to why they may need to be re-provided.</p>	<p>buildings are commissioned/ built with en-suite rooms that are “home for life” standards. Therefore this can foster more opportunity for people whose support or disability needs increase or who cannot currently be accommodated in the local area to remain in the home rather than having to move on.</p> <p>We must also ensure that any communications with service users about the proposed closure are accessible to service users with a learning disability or dementia and mental capacity issues considered (where appropriate)</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Race	<p>The increasing proportion of people from minority ethnic groups living in Hertfordshire has implications for the design and delivery of services.</p> <p>There is the potential for a positive impact as future services and current and new Providers will be required to develop plans to make the service more accessible to under-represented groups and to accommodate specific needs regarding ethnic backgrounds (e.g. language, dietary or cultural requirements).</p>	<p>A paper commissioned from the IPC supported the council’s decision to provide ‘culturally competent’ services rather than specific services for minority groups. This is addressed through all development and new commissioning.</p> <p>The council can require any new provider to ensure its workforce either reflects the needs of the local community or demonstrates cultural competency to deliver effective, compassionate and culturally sensitive service.</p> <p>This issue will be monitored prior, during and following any potential service user move on to ensure that any new staff involved in the provision of care</p>

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
		<p>continues to provide individual and enhanced level of care to cater for all people regardless of race/nationality.</p> <p>We must also ensure that any communications with service users or carers about the proposed closure are accessible to all service users in multiple languages, where appropriate.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Gender reassignment	<p>There may be a risk that those who are transgender are at higher risk of discrimination and do not use services because of this concern, which should be considered in any service user move on or reprovision of services.</p> <p>A recent Hertfordshire health needs assessment identified Trans people can experience barriers accessing health and social care services. However, engagement with providers did not identify this as having an impact.</p>	<p>All services are required to offer enabling support free from discrimination and stigmatisation and support individuals regarding their specific needs.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Pregnancy and maternity	<p>There is no one in the services currently with this protected characteristic due to the age of the group served.</p>	<p>The situations will be monitored and any identified action will be undertaken. Should the client group change this category will be considered</p>
Religion or belief	<p>Hindu, Muslim and Jewish are the three largest religious groups in Hertfordshire after religion. Hertfordshire has an increasing population that is faster than the national average so consequently there will be an increase in the number of people identifying</p>	<p>Steps will be taken to ensure that faith needs will continue to be met in the new home/ day facility and arrangements will be put in place to ensure people are continued to be taken to existing places of worship or see their faith leader at the home This will be reviewed prior , during and</p>

Appendix 1 - Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>themselves as other religions. This may be a barrier to people accessing services where a service user move is required.</p> <p>There is the potential for a positive impact as providers/services can be required to develop plans to make the service more accessible to under-represented groups.</p>	<p>following the move and the care plans and action plans updated</p> <p>Tenders, contracts and monitoring exercises will ensure that service providers will accommodate the diversity of the local community and provide culturally aware and religious sensitive support.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Sex	<p>As the majority of care home residents are female a change in home will affect more women than men. However data from the Office of National Statistics (ONS) released in 2014 reported that the gender gap in care homes has narrowed since 2001. Fewer women but more men aged 65 and over, were living as residents of care homes in 2011 compared to 2001; the population of women fell by around 9,000 (-4.2%) while the population of men increased by around 10,000 (15.2%).</p> <p>In 2011 there were around 2.8 women for each man aged 65 and over compared to a ratio of 3.3 women for each man in 2001.</p>	<p>We must consider and monitor the gender split of the care home population in any future re-provision of services and any identified action will be taken forward.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Sexual orientation	<p>There is a potential risk that those who are gay or bisexual are at higher risk of discrimination and do not use services because of this concern.</p>	<p>All commissioned services are required to offer enabling support free from discrimination and stigmatisation and support individuals regarding their specific needs and ensure staff training and recruitment values</p>

Appendix 1 - Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
		<p>reflect this. This will be monitored during contract monitoring visits.</p> <p>Steps will be taken to ensure that needs will continue to be met in the any new commissioned provision and arrangements will be put in place to review this issue prior, during and following the move. Care plans and the action plans will be updated. Training and appropriate marketing and use of images will be required.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
<p>Marriage & civil partnership</p>	<p>Some services are specific to single people due to room size.</p> <p>Current care home residents may be married or in a civil partnership with other residents or a partner not living in the home. This will need to be considered in any service user move on.</p> <p>Reducing bus services will have an impact on older people who are dependent on public transport to visit a spouse in a care home</p>	<p>Larger bedrooms in new provision may mean there is opportunity for people to share accommodation in the new home thereby fostering enhanced opportunity for married people or those in a civil partnership.</p> <p>We must ensure that personal relationships are considered in any service user move on plan and that service users are supported to maintain these relationships.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
<p>Carers (by association with any of the above)</p>	<p>There could be increased travelling distance and time for some people as a result of a potential move (but less for others) in order to visit friends and family.</p>	<p>Access by public transport and availability of car parking at any new provision must be considered.</p> <p>The review of the person's care</p>

Appendix 1 - Equality Impact Assessment (EqIA)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>Carers are impacted by the development of services that aids their care. Carers may be reliant on day services or short break provision for respite for a variety of reasons, including age, health problems, other caring responsibilities, ability to work. A reduction in the availability of respite may impact on their ability to continue to care.</p>	<p>needs prior to any potential move will include their carer and provides an opportunity to enhance or improve equality of opportunity. Consultation with carers will also include group and individual meetings. This action will be kept under constant review.</p> <p>Identify whether alternative support is needed and available before any changes to provision, and in particular for the following:</p> <ul style="list-style-type: none"> - carers over 70 years or those in poor health - carers whose ability to work is supported by the day service and or short breaks/respice provision - carers with additional caring responsibilities. <p>Ensure people have information about their rights for a carer's assessment.</p> <p>Contracts for replacement services will continue to require providers to proactively ensure equality of service for those with protected characteristics</p>
Carers and CARE ACT 2014	<p>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</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 accommodation strategy seeks to enhance equality of opportunity by ensuring sufficient quality accommodation with for people with any type of needs for care or support. While the potential closure of some homes may result in challenges for people with protected characteristics it may also give the opportunity to choose a move to more modern services, or those which can more closely meet needs.</p>		

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
	<p>A study conducted by University of Birmingham stated: 'If moves to other care homes are planned and conducted well, this guide suggests that care home closures might be able to improve outcomes for older people (if they were in a poor environment before) and might be able to support people through very difficult changes without making things very much worse for them in the meantime.' (2011) The potential reprovision of services in new homes that are more modern and fit for purpose could advance equality of opportunity and lead to improved living standards and wellbeing for current and future residents.</p> <p>The potential reprovision of services as a result of home closures also provides the council with an opportunity to redesign the service specification to better meet the needs of the current older people's population and in particular cater for service users with physical disabilities and other protected characteristics.</p> <p>There may be opportunities to develop closer links with other partner agencies and organisations in local areas.</p> <p>Further discussions will take place through the process with service users and carers to seek their views on how best to minimise the impact of a potential home closures or reprovision of services.</p>	

Impact Assessment – Staff (where relevant)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
Age	<p>This will not significantly change the support that care workers are required to deliver.</p> <p>However the potential closure or reprovision of services may put some care workers at risk of redundancy and potentially impact upon the culture, standards and expectations of workers and the way they deliver care.</p>	<p>Ensure all current care home staff are consulted and kept informed throughout the process.</p> <p>Given the current recruitment challenges in the care sector and the need to offer continuity of care to service users, every effort must be made to retain care staff where possible. This may include Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) arrangements to a new provider and support to find alternative employment to keep them in the care sector.</p> <p>There may be the opportunity for early retirement for some staff.</p>

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
		<p>The values and standards that the contract terms and conditions and service standards demand of any provider will ensure that individual staff's requirements are considered and staff' rights are protected.</p> <p>Tender processes and discussions and communications with Providers will focus on the need to train and support staff and acknowledge their individual circumstances in a way that ensures appropriate service delivery.</p> <p>Positive support of staff will be considered in tender evaluations and ongoing contract monitoring.</p>
Disability Including Learning Disability	Consider the needs of staff that may have disclosed a disability – this may include physical disability, learning disability or mental health problem	<p>Ensure all communications include people absent due to ill health and is in an accessible format.</p> <p>Managers to ensure people have the opportunity for a face to face meeting to discuss if necessary or requested.</p> <p>Further support available in second stage of consultation process e.g. for interviews.</p>
Race	There should be no differential impact	Monitor who is directly impacted to ensure there is no difference because of race
Gender reassignment	There should be no differential impact	Monitor who is directly impacted to ensure there is no difference because of gender reassignment.
Pregnancy and maternity	<p>There may be care home staff on maternity or paternity leave or with specific flexible working arrangements due to family/child care commitments.</p> <p>Staff on maternity leave may not be</p>	<p>Ensure all communications include people absent due to maternity or paternity leave or related absences.</p> <p>Ensure that flexible working arrangements are respected and</p>

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Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigation can you propose?
	present for communication briefings and discussions	taken into consideration in any reprovision of services.
Religion or belief	There should be no differential impact	Monitor who is directly impacted to ensure there is no difference because of religion or belief.
Sex	Given that more women than men work in the paid care sector, more women than men may be impacted by changes in services. However, the impact on the individual is not related to their gender.	We must consider an approach to encourage a diverse workforce, including a more balanced representation between genders.
Sexual orientation	There should be no differential impact	Monitor who is directly impacted to ensure there is no difference because of sexual orientation
Marriage & civil partnership	There should be no differential impact	Monitor who is directly impacted to ensure there is no difference because of marital status.
Carers (by association with any of the above)	Staff who are carers may have flexible working arrangements which may need to be renegotiated in the result of a reprovision. Staff who are carers may find it more difficult to work flexibly – that is, they may need an assured consistency in their working arrangements.	Ensure all flexible working arrangements are identified early and included in individual staff consultations Determine criteria early in process as to what can be accommodated by future provision, and what fair process will look like.
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>It is expected that current and future providers treat their care staff appropriately, ensuring that wages are competitive for the local area and that staff have the right support from management within their organisation.</p> <p>We will also expect all staff to have received training in safeguarding and have up to date and appropriate policies in Safeguarding, Whistleblowing and Complaints. These will be checked through monitoring visits by checking training matrix's and policies and where these are not in place providers will be expected to make the required changes, through an action plan which will be followed up on through a follow up monitoring visit.</p>		

STEP 5: Gaps identified

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<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>Consultation with service users, staff and carers regarding the implementation of any proposals to close a home will need to take place, with particular regard to the impact of the proposals on them as individuals. This will be provided within homes to and at convenient times to allow maximum involvements</p> <p>Further research would be required to identify suitable alternative services.</p>
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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.

While a change in care home can impact adversely on health and wellbeing this can be mitigated by giving full and timely information and careful planning with individuals and their carers.

Future tendering processes will seek to ensure ranges of community need are met by any new providers and that they can demonstrate strong knowledge of the diversity of communities in Hertfordshire.

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	The County Council has significant experience in managing moves between care homes. We successfully managed the emergency

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Select one conclusion of your analysis	Give details
<p>next section.</p>	<p>move on of 34 service users following a fire at a care home in April 2017. We have also recently worked with a care home provider to achieve successful merging of two care homes onto a single new site. National best practice guidance is used and practice which stems from conducting good quality care reassessments and formulating individual transfer plans should mitigate any negative impact and to remove barriers or better advance equality.</p> <p>The closure or re-provision of services is likely to result in improved outcomes, living conditions and facilities for service users, where they are moved to, or their care is re-provisioned in more modern, fit for purpose services that are able to better meet their needs, in particular those of individuals with protected characteristics.</p>
<p>Major equality impacts identified</p> <p><input type="checkbox"/> – Stop and remove the policy</p> <p>– The adverse effects are not justified, cannot be mitigated or show unlawful discrimination.</p> <p>– Ensure decision makers understand the equality impact.</p>	

STEP 8: Action plan

Issue or opportunity identified relating to:	Action proposed	Officer Responsible and target date
<p>–</p>	<p>If a closure is planned the following mitigation will be put in place</p> <ol style="list-style-type: none"> 1. consultation designed to allow input by older people and their carers 2. individual assessment of needs and options which reflects peoples protected characteristics 3. Contracting of alternative services which require them to proactively meet equalities 	<p>Commissioning Manager for older people. Target date to commence within 1 week of any decision to close a home</p>

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Issue or opportunity identified relating to:	Action proposed	Officer Responsible and target date
-	requirements	

This EqIA has been reviewed and signed off by:

Head of Service or Business Manager: Kulbir Lalli

Date:29.08.17