ITEM 5 APPENDIX A

Appendix A
BUSINESS CASE EVALUATION – 2017/18

Service:	**Adult Care Services**	Project:	Implementation capacity to support Four-Year Integrated Plan proposals for Adult Care Services
Project Sponsor:	**Iain MacBeath**	**Project Manager:**	**Various**
Project Status:		**Service Priority Band:**	**High**

Statement of need and strategic context

Social care budgets have been under pressure for seven years. Although there are less people getting council-funded services, the people now supported have more complex needs. The cost of care has also increased in line with this complexity, together with changes in the law which set out new rights for carers and other groups.

Adult Care Services (ACS) has set an ambitious four-year integrated plan with a number of strategies that aim to deliver efficiencies and savings. The Integrated Plan (IP) strategies aim to secure the right range of flexible accommodation, develop the right workforce with more flexible skills and invest in the right technological solutions in line with people's expectations. New ways of offering the care and support that people require need to be developed. Over the four-year period the IP programme for ACS will deliver anticipated savings in the region of £41m.

A range of funding sources will be required for this agenda, and this will include the need to maximise funding available to service users (benefits and Continuing Health Care) with a view in turn to securing contributions for care and support.

Delivery of these strategies can be secured and supported by time-limited investment in the necessary skills and capacity to design and deliver these new ways of working. The main element of the bid costs are for the resource required to deliver this activity. There is a need to invest additional resource for a period of time to create the strategic capacity required to deliver the transformational change required; it is not possible to free up existing resource to do this given the scale of the task and the need for operational teams to focus on day to day activity.

The envisaged investment areas are:

- commissioning and care management capacity to design and implement new approaches to care and support focussing particularly on two IP strategic areas: accommodation for Older People (1), and new services for Adults with Disabilities (ADS) (2)
- additional financial administration capacity to support income maximisation (3)
- introducing new Assistive Technologies to support change (4).

This table summarises the investment proposals over the IP timeline:

Invest to Transform (ITT) Proposals	18/19 £'000	19/20 £'000	20/21 £'000	21/22 £'000	Total £'000
Older People's Accommodation	219	489	490	129	1,327
Learning Disability (LD) Transformation	763	663	0	0	1,426
Income	253	225	53	53	584
Assistive Technology	346	188	100	0	634
Programme Management	396	396	135	0	927
	1,977	**1,961**	**778**	**182**	**4,898**

Whilst this is a best estimate of the resource required it may be that further requests come forward as particular opportunities are identified.

Evidence of option appraisal

These proposals have been developed on an ACS wide basis in order to give a complete overview of the resource likely to be required for delivery of the ACS IP programme over the medium term; to convey the scale of the transformation effort within the department and to facilitate corporate scrutiny and engagement.

By articulating the resource required over the period of the IP, it will allow consideration of wider dependencies within Hertfordshire County Council as a whole, and opportunities for support to be provided from Resources Teams if feasible, including the Improvement Team, Property Team, Intelligence Team and Finance Service. All of these teams are already providing support to the department in its IP activities.

Description of Proposals

1: Commissioning Capacity: Older People's Accommodation

Cabinet agreed ACS's Ten Year Supported Accommodation Strategy in July 2017:

http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/516/Committee/8/Default.aspx

The strategy sets the ambition to offer a choice of high quality housing for people with care and support needs, working with new and existing partners to deliver this agenda, delivering:

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

Accommodation related IP savings targets for the Older People (OP) care group IP revenue savings targets are as follows:

	Efficiency Required			
	18/19	19/20	20/21	21/22
IP OP Strategy	£'000	£'000	£'000	£'000
OP Strategy 4: Fewer residential care	-1000	-2000	-3000	-4000
OP Strategy 5: New nursing care	-500	-1000	-1500	-2000
	-1500	-3000	-4500	-6000

Whilst short term delivery of these targets will be by means of strict observation of eligibility criteria, in the medium term the strategies envisage ambitious interventions to offer capital or land to secure ongoing revenue savings in care costs.

This element of the bid therefore seeks funding to secure the specialist capacity to:

- Establish the right care and delivery models for Hertfordshire
- Identify partners and sites, and develop business cases
- Deliver schemes and ensure their implementation and ongoing success.

ACS has been taking forward the early phases of this agenda by establishing District Supported Housing Strategic Boards within each District Council Area. The Boards provide forums to jointly discuss and develop proposals for supported housing on a district by district basis. Each board is at a different stage of development but in some areas (Stevenage, Dacorum) is advanced enough to now require dedicated support in order to progress business case development.

The intention is to recruit a strategic lead to oversee a team of up to three business development managers ("BDM's") to work with up to three districts each, in order to develop and deliver schemes and put forward supporting business cases / bids for capital expenditure. The BDMs will be supported by a Business Development Officers. All of these roles will need specific development-related skills and good commercial experience.
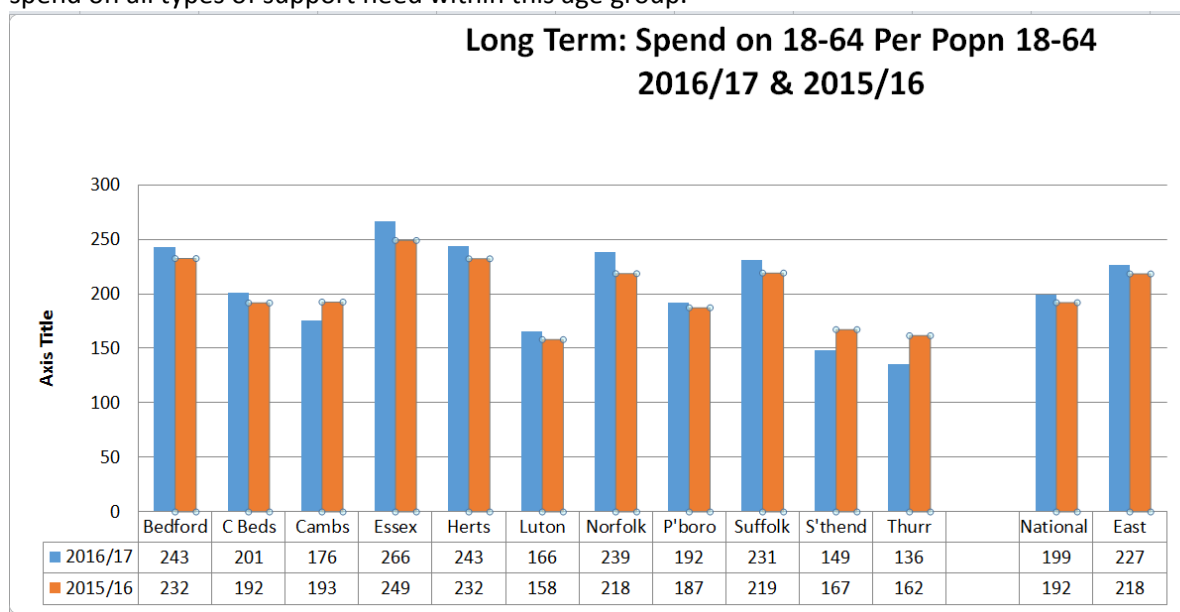
As specific projects near completion, work will be required to market schemes to secure the right mix of residents and work with individuals to secure benefits take up.

An estimate of this resource and its phasing is set out below:

Older People's Accommodation Strategies: Implementation costs: Bid to ITT fund									
Post Title	Grade	Posts	FYE Salary & oncost	Phasing				Total	Comments
				18/19 £	19/20 £	20/21 £	21/22 £	£	
Nursing Homes Capital Programme Manager	PMC	1	98,330	98,330	98,330	0	0	196,660	2 year role to kick start implementation of OP Strategy 4 and 5
Business Development Managers	M5	3	64,196	64,196	192,588	192,588	0	449,372	3 posts to lead local accommodation boards and deliver projects, pitching, financials, stakeholder engagement
Business Support Managers	M3	3	56,530	56,530	169,590	169,590	0	395,710	Supporting work of BDMs, feasibility, modelling
Marketing Manager	M3	1	56,530	0	28,265	56,530	56,530	141,325	Branding and marketing to attract the right mix of residents, encourage down sizing
Benefits advisors	H8	2	36,060	0	0	72,120	72,120	144,240	Encouraging take up of Attendance Allowance to deliver the Affordable Accommodation elements
Total				219,056	488,773	490,828	128,650	1,327,307	

2: Commissioning and Care Management Capacity: New Services for Adults With Disabilities

The council has already recognised that it is a comparatively high cost authority for the care and support of people between the ages of 18-64 or 'younger adults'. The latest available comparative information confirms this with the council's gross long term spend on 18-64 adults per head of population within this age group is above average for the region and nationally for 2016/17.   Note that this analysis includes spend on all types of support need within this age group.

Long Term: Spend on 18-64 Per Popn 18-64 2016/17 & 2015/16

Axis Title

	Bedford	C Beds	Cambs	Essex	Herts	Luton	Norfolk	P'boro	Suffolk	S'thend	Thurr		National	East
2016/17	243	201	176	266	243	166	239	192	231	149	136		199	227
2015/16	232	192	193	249	232	158	218	187	219	167	162		192	218

A major efficiency programme has already been established in response, and is overseeing the delivery of the IP strategies relation to Learning Disability.

A successful bid of £1.14m over three years was been made to the ITT fund for accommodation for adults with disabilities; the focus of the programme is to establish the programmes which will lead to long term reductions in the accommodation costs for people with learning disabilities, as detailed here:

http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/750/Committee/16/Default.aspx

The service has IP targets as follows:

	Efficiency Required			
	18/19	19/20	20/21	21/22
IP LD Strategy	£'000	£'000	£'000	£'000
LD1:Day Opportunities	-1,000	-1,500	-2,000	-2,500
LD2: Accommodation	-1,000	-3,500	-5,000	-6,500
LD3: Transforming Care and Out of County	-200	-600	-1,000	-1,400
LD4: Provider VFM & BVT	-1,800	-2,600	-3,400	-3,900
Transport	-500	-600	-700	-800
	-4,500	-8,800	-12,100	-15,100

In the light of the continued overspend pressures in the LD service (as reported in the current monitor); the most recent projections for demand in the service (shared as part of the IP papers); and the need to make the further savings on care management budgets now required; the Director of ACS has undertaken a review of the ADS service.

The review has made a number of recommendations about re-focussing resources to meet the expectations on the services and a number of these will be covered from re-cycling existing resource.   However, an investment from the ITT fund will be needed to secure the savings relating to designing and developing a new day opportunities offer for younger adults; to deliver the savings agenda for transport; to provide a strategic approach to provider management and securing vfm on package costs; and, crucially, to provide the care management and review capacity necessary to operationalise the new models of service that are established by commissioning. These resources are set out below:

LD IP Strategies: Implementation costs: Bid to ITT fund										
Post Title	Grade	Posts	FYE Salary & oncost	Agency fees 1 post FYE	Phasing				Total	Comments
					18/19 £	19/20 £	20/21 £	21/22 £	£	
Community Solutions Officers	H8	2	36,060		72,120	72,120	0	0	144,240	Delivering better value in service finding for LD and PD
Micro Commissioning Manager	M5	0.5	64,196		32,098	0	0	0	32,098	Short term role to restructure 'micro-commisioning' team & re-focus strategy
Commissioning Officer	M1	1	46,510		46,510	46,510	0	0	93,020	Supporting Strategic Commissioning Projects and the development of the day services officer
Best Value Advisor - Contracts	M2	1	52,710		52,710	52,710	0	0	105,420	To provide contracting, best value and finanical support to strategic commissioning activity
Transport Manager	M2	1	52,710		52,710	52,710	0	0	105,420	Continuing existing role of gatekeeping access to transport and development of new transport strategies
Care Management and Review officers		10		57,750	288,750	0	0	0	288,750	Care management and review capacity to operationalise commissioning strategies; 10 roles for 6 months at agency rate
	H9-M1	10	43,813		219,065	438,130	0	0	657,195	10 roles for 18 months
Total					763,963	662,180	0	0	1,426,143	
Exisiting ITT funding					914,367	208,549	18,841	0	1,141,757	

In order to give a full picture of resource commitments in this area note that there is existing ITT funding already in place which is in support of the accommodation related efficiencies that are targetted in this area (LD 2 Accommodation in the savings table above).

3 Income Maximisation Opportunities

ACS has significant IP targets in relation to income:

IP Strategy	Efficiency Required			
	18/19 £'000	19/20 £'000	20/21 £'000	21/22 £'000
OP 6: CHC	-250	-250	-250	-250
LD5: CHC	-250	-500	-750	-1,000
Adult Social Care Community Services - charging	-2,250	-2,275	-2,300	-2,325
	-2,750	-3,025	-3,300	-3,575

The consultation currently underway on new charges for community based adult social care services shows a level of concern about how the proposals will impact on families that are supporting people at home; and that as a result individuals may be faced with considering residential care, which is a higher cost alternative for the council. The council can award Disability Related Expenditure which is allowable against individual financial contributions; the consultation has indicated that the process for claiming DRE is perceived to lack transparency and is inconsistent.

A theme of the Director of ACS review of the ADS Service was the opportunity to greatly improve the effectiveness of the working between ACS and the Income and Payments team. A number of administrative functions have grown over recent years unchecked, or other business process changes within ACS have left care management teams with additional administrative burdens. These include: direct payments administration including involvement in clawback and payment cards, activity required to support appointeeships and deputyships, and complaints management.

Debt management is a further area where there is scope to improve approaches; the service has a large outstanding debt balance of £13.9m at October 2017. The proportion of the debt which is over 300 days old is £6.9m suggesting that there are opportunities to target more timely interventions so that recovery success is improved.

An investment of resource is required to support delivery of the IP savings and to address the need to improve ways of working so that opportunities to generate income and recover debt are maximised whilst enhancing customer service to people who use services, carers and providers. The resource needs to include a project manager who will drive a comprehensive review of business processes and agree options for service re-configuration. Working with the ACS Systems Lead, the project manager will also drive forward work to further modernise the systems in use by the service (continuing work already underway) with a view to improving transparency and securing further efficiency.

In relation to structures, the current thinking is that the service may best be provided on an area basis so that links to service users and care management teams are strengthened. If this is the chosen strategy then there will be a need for an oversight role to ensure consistency of approach across the service. Regardless of structure, it is considered that there is a requirement for additional officer support to support financial reassessments and reviews of DRE entitlement and to help address the outstanding debt level in the service.

Income Related Strategies: Implementation costs: Bid to ITT fund								
Post Title	Grade	Posts	FYE Salary	Phasing				Total	Comments
				18/19 £	19/20 £	20/21 £	21/22 £	£	
Income and Debt officers	H8	4	36,060	144,240	144,240	0	0	288,480	Income collection, debt recovery, new charging policy
Project Manager	M3	1	56,530	56,530	28,265	0	0	84,795	Review and restructure of Income and Payments; modernisation; new technology
Business Compliance officer	M2	1	52,710	52,710	52,710	52,710	52,710	210,840	Consistency of business processes and financial policy, including Direct Payments
Total				253,480	225,215	52,710	52,710	584,115	

4 Assistive Technology

ACSMB and Members endorsed Hertfordshire's Assistive Technology (AT) Strategy in June 2017 and authorised officers to commence implementation of modernised methods of delivering Assistive Technology solutions across the County, as detailed here:

http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/730/Committee/16/Default.aspx

The Integrated Plan for 2018/19 to 2021/22 has the following expectations for AT related efficiencies in the older people's care purchasing budget:

Efficiency Required			
18/19 £'000	19/20 £'000	20/21 £'000	21/22 £'000
-750	-1,500	-2,250	-3,000

As of September 2017 a 'Strategic Lead' for AT has been appointed. The focus of work for the last two months has been on:
- Establishing ways of working with North Herts Care Line
- Researching activity elsewhere to learn from other approaches
- Meetings with providers of AT
- Defining the areas where AT could help in Hertfordshire
- Understanding the criteria to ensure successful implementation of new tech
- Developing pilot proposals.

The following large-scale pilots (up to 150 service users per pilot) are proposed:

Improved reablement services to support reductions in Delayed Transfers of Care (DTOC) from Hospital – enabling care and support networks to collaborate more effectively in real time support of person-centred, outcomes based reablement care supporting hospital discharge into community care by:
- providing care workers with real time digital information to enable better and quicker decisions about well-being and performance against goals;
- using digital technology to tailor care to meet the needs of individuals;
- better storage and sharing of individual's information/data so the right people have access to information in the best format at the right time;
- real time reporting and monitoring of reablement goals to support better and more efficient commissioning and prescribing of care services.

Improved management of care capacity - using digital technology to provide greater intelligence to support more efficient deployment of care resource:
- providing insight to carers supporting people with cognitive decline, early onset dementia or learning disabilities by providing insight to eating and hygiene patterns
- easy notifying where care not required & flexibility to organise visits accordingly
- early identification of declining mental health by highlighting abnormal behaviours such poor sleep/wandering in the night-time hours
- medication reminders especially for time critical drugs
- identifying isolation and potential loneliness and alerting carers if there are no visitors to or excursions from the home
- eating and drinking reminders
- alerting carers to potential gastric and urinary tract infection
- reducing risk of repeat falls for people in wheelchairs
- provide insights to support clinical assessment and changes to care pathways.

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The two major pilots will be supported by other activity to progress the AT agenda, such as a pilot of Dementia Location devices, developing the role of AT in combatting social isolation, and extensive work in relation to learning disability settings. Funding for these other activities will need to be assessed on a case by case basis.
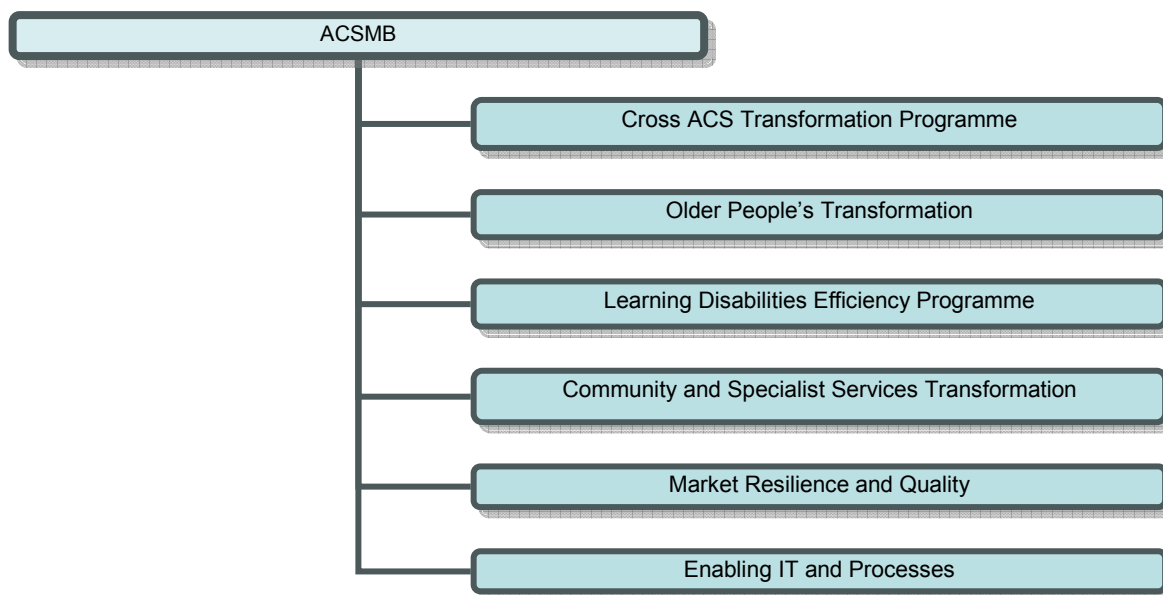
The costs of the resource to deliver the wider AT agenda and the two pilot exercises are estimated as:

Assistive Technology Pilots : Implementation costs: Bid to ITT fund									
Post Title	Grade	Posts	FYE Salary	Phasing				Total	Comments
				18/19 £	19/20 £	20/21 £	21/22 £	£	
Project Manager Assistive Technology	M3	1	56,530	56,530	56,530	56,530	0	169,590	To project manage the implementation of Assistive Technology pilot proposals including proposals on hospital discharge and work with care providers; to project manage the wider roll out of the new service following procurement exercise
Commissioning Officer Assistive Technology	H9/M1	1	43,813	21,907	43,813	43,813	0	109,533	To lead on commissioning the procurement of the Assistive Technology strategy. To engage with stakeholders, operations and providers ensuring new technologies are used appropriately and effeciently.
Information analyst	H9/M1	1	43,813	43,813	43,813	0	0	87,626	To build information dashboards and reporting approaches
Response co-ordinator	H9/M1	1	43,813	43,813	43,813	0	0	87,626	To scan and evaluate monitoring information, and organise necessary responses
Total Staffing				166,063	187,969	100,343	0	454,375	

Pilot costs estimate cost of £50 per user per month	FYE				
	£				
DTOC Pilot for 150 users	90,000	0	0	0	90,000
Care Capacity Pilot for 150 users	90,000	0	0	0	90,000
Grand total	346,063	187,969	100,343	0	634,375

5 Programme Management and PMO

ACS has a significant programme approach to deliver its IP savings:

```
ACSMB
    ├── Cross ACS Transformation Programme
    ├── Older People's Transformation
    ├── Learning Disabilities Efficiency Programme
    ├── Community and Specialist Services Transformation
    ├── Market Resilience and Quality
    └── Enabling IT and Processes
```

The detail of the projects sitting under these programmes is available here:

📄 all boards connected v8.pdf

The overall oversight and management of the programme approach along with project manager capacity is required in order to successfully deliver this agenda, and provide the reporting and data analysis capacity required to support managers as they evaluate and monitor the effectiveness of change proposals.

Additionally, provision is requested for funding additional support from corporate functions, particularly Finance, HR, Legal and IT teams.

The resource requirement is set out here:

Post Title	Grade	Posts	FYE Salary & oncost	Phasing 18/19 £	19/20 £	20/21 £	21/22 £	Total £	Comments
Project Officer	H7-9	1	37,157	37,157	37,157	37,157	0	**111,471**	Programme Oversight
Project Managers	M1-2	2	49,013	98,026	98,026	98,026	0	**294,078**	Project delivery
Data and reporting officer	M2	1	52,710	52,710	52,710	0	0	**105,420**	Insight and business intelligence
Finance analyst	M2	2	54,000	108,000	108,000	0	0	**216,000**	Financial input for business case development; monitoring
Corporate support	n/a	n/a	100,000	100,000	100,000	0	0	**200,000**	Flexible resource to cover legal / HR / IT input from Resources teams
Total				**395,893**	**395,893**	**135,183**	**0**	**926,969**	

Table title: Project Management Office: IP Stratgy Implementation: Bid to ITT Fund

Affordability and funding sources for the preferred option

This is a request for ITT funding for posts to support the delivery of the ACS IP proposals.   The total amount of funding requested is:

ITT Proposals	18/19 £'000	19/20 £'000	20/21 £'000	21/22 £'000	Total £'000
Older People's Accommodation	219	489	490	129	1,327
LD Transformation	763	663	0	0	1,426
Income	253	225	53	53	584
Assistive Technology	346	188	100	0	634
Programme Management	396	396	135	0	927
	1,977	1,961	778	182	4,898

Further capital programme bids will be required in relation to the Older People's accommodation strategy.

Outcomes

The ACS IP strategies will fundamentally transform the ACS department in line with the themes set out in the IP Strategic Direction Section attached here:
http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/733/Committee/16/Default.aspx

The IP Strategies link into the draft 15 Year Strategic Direction for Adult Social Care as attached here:
http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/763/Committee/16/Default.aspx

The financial outcomes for the programme are set out in the savings put forward in the ACS movement statement as part of the Integrated Plan for the council.

Project management arrangements

There are multiple programmes and projects covered within this proposal, and these are at varying stages. Overall programme and project structures have been described above.

Risk analysis

There are strategic risks associated with the general pressures on Adult Social Care Budgets which arise from the demand led nature of costs in this area. Adult social care budgets have been under pressure for a number of years due to the growing and ageing population and rising expectations of people who need care and their families.   The funding deficit arising from these pressures and the plans to bridge this via efficiency and savings proposal form the basis of this ITT bid.

The Strategic Direction of the ACS Integrated Plan also discusses other risks to the financial health of the department and the ones set out below have specific links to the ITT bids:

- cost pressures emanating from the fragility of the care market and restricted supply of care creates a risk of further escalation in prices for care – this links to the proposals relating to micro-commissioning in the LD proposal.
- Workforce pressures particularly in relation to people that deliver homecare are significant; the council has tried to support wages in this sector to try and boost the attractiveness of care careers and has pursued a policy of matching through the pay scale the uplifts in National Living Wage – this links to the proposals for the Older People's Accommodation strategy which could facilitate more efficient use of care capacity via flexi-care delivery model
- In addition, there are delivery risks associated with the projects and programmes necessary to achieve efficiency targets. Programme management arrangements have been set up accordingly.

In terms of the individual proposals a risk analysis is set out below:

	Risks of not pursuing the strategy:	Risks of pursuing the strategy
Older People's Accommodation	Lack of supply of suitable accommodation leading to inefficient utilisation of housing resource for older people; Higher long-term revenue costs	Securing and delivering schemes on time, on cost, and to suitable level of quality
New Services for Younger Adults with Disabilities	Failure to pursue opportunity to strategically commission a range of services for younger adults leading to out-dated provision; Inability to deliver cost-effective strategies for meeting future demand	Securing the necessary care management capacity required to support service users in transitioning to the new arrangements
Income	A failure to improve and modernise the service Reputational damage to the council through ineffective implementation of new approaches to charging	Effective management of the change process
Assistive Technology	Inability to test out the opportunity of digital technologies in helping to modernise approaches to care delivery. These approaches aim to ensure efficient deployment of scarce care resource, and to maximise 'prescribing efficiency'	Careful management of deployment of assistive technology solutions based on understanding of the reasons why such projects can fail
Programme Resource	Lack of co-ordinated approach resulting in failure to deliver transformation ambitions at required scale and pace	Sufficient capacity to deliver

Equality Impact Assessment

The areas of proposed investment are in support of Integrated Plan savings for 2017/18 to 2021/22.   A full EQIA has been prepared for the IP and will be available at the following link:

http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/658/Committee/8/Default.aspx

The key EQIA considerations from this overall document are summarised here:

Older People's Accommodation

For the plans relating to developing new facilities for extra care accommodation and increasing the numbers of nursing care placements, potentially positive impacts are identified for older people and their carers in line with the personalisation and enablement agendas, and the increased availability of living options in tailored settings.

To ensure this happens then the following steps are needed:
- Align work on residential and nursing care placements, flexicare and Supported Living through the delivery of the Integrated Accommodation Strategy to ensure that older people are offered the most cost effective and enabling housing options
- Robust needs analysis to ensure the service proposals match the needs of the users.
- Appropriate engagement and consultation will ensure the views of service users, carers and groups that represent them are taken into account.
- Coordination with other partners and agencies to ensure vulnerable people are supported.
- Continual monitoring to ensure positive benefits are being realised, including gaining evidence of increased enablement
- Developing care fee structures that align with categories of care and are linked to financial incentives based on quality and performance will help ensure they are set appropriately to meet the needs of vulnerable older people.

New Services for Adults with Disabilities

This includes the following:
- Developing education, work and volunteering opportunities allowing people to live healthy and purposeful lives to their full potential and as independently as possible.
- Securing the most independent level of accommodation for younger people with disabilities, in line with their care plans.
- Reviewing out of county and Transforming Care Placements with a view to where possible commissioning more appropriate provision in Hertfordshire.
- Develop and implement negotiating strategies for key areas of provision across residential care (including out of county) and Supported Living.

These proposals have potential to impact on disabled people and their families and these impacts have the potential to be negative, for example if disability providers seek to exit the market, or positive, for example if suitable accommodation solutions are available in Hertfordshire.

The following mitigating actions taken or planned are aimed at minimising any negative impact of the proposals:

− Robust needs analysis to ensure the service proposals and specific accommodation options match the needs of the users, including by age, and use a wide range of data sources, including national data and learning from other areas that have introduced similar changes

− Appropriate engagement and consultation will ensure the views of service users, carers and groups that represent them are taken into account and help build a consensus around the case for change

− Coordination with other partners and agencies to ensure vulnerable people are supported, including signposting and referral of service users and carers where appropriate.

− Robust monitoring of the overall Learning Disability budget to make best use of existing resources to ensure support is targeted at those who need it most.

− Continual monitoring to ensure positive benefits are being realised.

− Monitoring to ensure culturally appropriate care continues to be provided and that individuals who do not have high levels of proficiency in English will be supported.

− Person-centred evaluation on a case by case basis of the potential for a new model of care and support

− Service-level reviews as part of implementation plans to ensure that cumulative impacts are identified and addressed.

− Integrated approach to developing the market and negotiating with providers; including fully risk assessing each provider and considering quality and safeguarding issues as well as financial; and working with local, regional and national partners around market resilience.

In addition, an overall EQIA for the ADS transformation programme is under development.

Income: a specific EQIA has been developed in relation to proposals to amend charging arrangements for community based adult social care and will be considered at Adult Care and Health Panel on 10 January 2018:

http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/801/Committee/16/Default.aspx

Assistive Technology: an EQIA for the ACS Assistive Technology strategy was agreed by Adult Care and Health Panel on 16 June 2017:

http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/730/Committee/16/Default.aspx