

Agenda



AGENDA for a meeting of the ADULT CARE & HEALTH CABINET PANEL in COMMITTEE ROOM B, at COUNTY HALL, HERTFORD on TUESDAY 30 JANUARY 2018 at 10.30AM

MEMBERS OF THE PANEL (12) (Quorum 3)

E H Buckmaster; F Guest; E M Gordon; S Gordon; 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 10 January 2018.

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 residents or workers in Hertfordshire.

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. INTEGRATED PLAN 2018/19 - 2021/22 ADULT CARE AND HEALTH

Joint Report of Director of Resources and Director of Adult Care Services

Members are asked to bring the following reports to the meeting:

'Public Engagement on the Integrated Plan 2018/19 – 2021/22'
(circulated as Item 4(i) for the Cabinet meeting of 22 January 2018); and

'Integrated Plan 2018/19 – 2021/22 (incorporating the Strategic Direction and Financial Consequences and the Treasury Management Strategy)'
(circulated as Item 4(ii) for the Cabinet meeting of 22 January 2018).

4. ADULT COMMUNITY HEALTH SERVICES – JOINED-UP CARE PROPOSALS

Report of the Director of Adult Care Services

5. INVEST TO TRANSFORM PROPOSALS TO SUPPORT DELIVERY OF ADULT SOCIAL CARE INTEGRATED PLAN PROPOSALS

Report of the Director of 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

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

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

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

Agenda documents are also available on the internet at:
<https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings.aspx>

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

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 WEDNESDAY 10 JANUARY 2018

ATTENDANCE

MEMBERS OF THE PANEL

E M Gordon; S Gordon; F Guest; K M Hastrick; T Howard; D J Hewitt; F R G Hill (*Vice Chairman*); J S Kaye; N A Quinton; R H Smith (*substituting for E H Buckmaster*); 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 10 January 2018 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

- 1.1 The Minutes of the Cabinet Panel meeting held on 14 November 2017 were confirmed as a correct record and signed by the Chairman.

2. PUBLIC PETITIONS

- 2.1 There were no public petitions.

ACTION

3. CHANGES TO CHARGING ARRANGEMENTS FOR COMMUNITY BASED ADULT SOCIAL CARE

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

- 3.1 Members received a report detailing the outcomes of the public consultation by Adult Care Services on social care charging arrangements for community based social care, which had concluded on 31 December 2017. Members were asked to consider the consequent outlined recommendations for implementation to be agreed by Cabinet.
- 3.2 The panel noted that in total, the consultation survey had been shared with 9,632 service users and carers and had been returned by 2,187 service users and carers, which equated to 22.7% of the total amount of service users and carers consulted. In addition to this, there had been three public meetings attended by the Executive Member and Director of Adult Care Services and a meeting with family carers organised by Carers in Hertfordshire to discuss the proposals, which had resulted in a formal submission.
- 3.3 Members discussed the five proposals outlined within the report. It was advised that further to 40% of respondents providing negative feedback to proposal one, relating to charges for those receiving Higher Rate Attendance Allowance and Higher Rate Disability Living Allowance, this proposal had now been significantly amended to ensure that this would only be charges incurred where the local authority was providing night time care needs. It was highlighted that this change would mean a reduction of income forecast in the original proposal from £2.8m to £310k per annum.
- 3.4 Members were advised that officers had not considered any changes to the other four proposals outlined in the report.
- 3.5 Assurance was received that service users would only have their higher rate DLA / AA taken into account to pay for the night-time care needs that they received from the council.
- 3.6 Further explanation was provided to the Panel on the eligibility requirements for receiving Attendance Allowance (AA) and Disability Living Allowance (DLA), as outlined by the Department of Work & Pensions (DWP). It was noted that the public meetings had been positive in raising awareness of applying for these benefits and ongoing work would be undertaken via the Money Advice Unit to continue this and support with service users and carers with applying.
- 3.7 It was noted that if the charges were implemented there was a risk of some service users refusing to pay for costs for services that

they needed, but assurance was received that these individuals would be closely monitored to ensure that the refusal to pay and therefore not receiving services did not present a safeguarding risk.

3.8 It was stressed to Members that the Executive Member and officers were very conscious of all the potential impacts the proposed change in policy could have, and they were also very aware that these changes were being implemented at a time when other reform changes were being undertaken in areas such as housing and welfare benefits. Members were assured that the impact of the changes would be monitored very closely, and support would be offered to any service user or carer experiencing a detrimental impact

3.9 Members also expressed concern with regard to the complexity of the forms that are required to be completed to receive benefits and requested that service users and carers should also be signposted to the services of the Citizens Advice Bureau.

3.10 Further to Member discussion it was agreed to consider a paper being presented to a future meeting of the Adult Care & Health Cabinet Panel detailing the impact of the changes implemented through the proposed social care charging and the level of success in encouraging service users to apply for AA or DLA.

3.11 It was noted that the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) had yet to provide any formal national response or guidance to local authorities needing to implement social care charges.

3.12 In response to a Member question it was established that the financial assessment undertaken by the authority was set on the baseline of the minimum level of living allowance income threshold set by the government which currently was set at £189 per week for a single adult and £288 for a couple. Members were advised that for a couple where only one partner is receiving services, only half of the level of income allowance is taken into account. It was further noted that the authority can authorise a level of flexibility regarding the financial assessment depending on the individual circumstances of the service user.

3.13 Members were advised that the nature and thresholds surrounding DLA and AA assessments and the subsequent funding received from them were outside of the authority's jurisdiction.

3.14 Members discussed the proposed charging policy for double handed care and during Member discussion, further explanation was provided on the meaning and purpose of double handed care and the point outlined in the report that Hertfordshire were the only known authority to have continued to provide funding for double

ACS
Officers

Iain
MacBeath /
Helen
Maneuf

-handed care to date was reiterated. It was noted that the increase in cost for service users for the charges that were now being proposed to be implemented for this could possibly be at least partially mitigated through DLA and AA funding, and assurance was received that the department were also considering case by case cost effective alternative options to which healthcare staff could undertake the role of the second carer.

- 3.15 In response to a Member question, it was noted that currently 147 service users receive double handed care. Member concern that this proposed charge would affect service carers and carers most in need of support was noted.
- 3.16 There was cross party acknowledgement that the report reflected both the positive and negative comments arising from the consultation. It was further acknowledged that due to the need for the consultation to be anonymous it would be difficult to fully analyse any themes from specific groups of service users.
- 3.17 Further to a Member question, the Panel heard that it would also difficult to analyse whether there would be an increase in the requirement for residential placements as a consequence of the proposed charges being implemented, although the change proposed to the AA / DLA proposal would mitigate this substantially, and it was reiterated that there would be ongoing close monitoring of any consequential impacts that occurred.
- 3.18 Further to a Member query regarding the additional impact of Universal Credit, it was noted that this would not affect anyone over the age of 65.
- 3.19 Members discussed the proposed charging policy for flexi care. In response to a Member challenge regarding the fairness of the breadth of the medium banding range illustrated at point 4.36 of the report, it was explained that most service users had 7 hours and above of flexi care which was the reasoning for the decision on the banding structures.
- 3.20 During further discussion, and further opposition challenge, it was noted that the Executive Member and officers were in regular contact with local MP's, where a wide range of service issues were raised with the view to them being discussed at parliament to formulate central government thinking. Assurance was received that the issue of social care charging had been and would continue to form part of these discussions.

3.21 The Chairman thanked the panel for their informed and considered questions and debate, and acknowledged the subject of social care charging was an extremely difficult and emotive topic for all parties to have to consider. Members were reminded that to date the authority had managed to mitigate social care costs by undertaking extensive transformation policies within the department and due to this the need to review charges for social care services within Hertfordshire had taken longer than it had in other authorities. It was stressed to Members that this was not a decision that had been undertaken lightly, and not without a thorough consultation process, which as Members had heard, the outcomes of which had shaped the final recommendations presented in the report.

3.22 Members were invited to vote on the recommendations to Council which were:

The following changes to the council's policy charges for non-residential (community based) adult social care services be made, to take effect from 15 April 2018:

- i.) To include the Higher Rate of Attendance Allowance and Disability Living Allowance ONLY where people receive care to meet night time needs, when determining how much they can afford to pay towards their cost of care;
- ii.) For people receiving 'double-handed care', to charge based on the cost of both care workers providing the service, rather than only one as at present – to their maximum assessed contribution;
- iii.) To change the charging base for people in flexi-care accommodation:
 - For people in the 'low needs' band to three hours per week
 - For people in the 'medium needs' band to 8.5 hours per week
 - For people in the 'high needs' band to fifteen hours per week
- iv.) To charge a weekly fee of £3.25 for users of telecare services provided by Serco who do not receive any other social care services;

v.) To charge £2 per journey or £4 per day for transportation to and from day care;

Conclusion:

3.23 Members voted on each of the recommendations to Cabinet as outlined in the report as follows:

The following changes to the council's policy charges for non-residential (community based) adult social care services be made, to take effect from 15 April 2018:

i.) To include the Higher Rate of Attendance Allowance and Disability Living Allowance ONLY where people receive care to meet night time needs, when determining how much they can afford to pay towards their cost of care;

EIGHT Members voted **IN FAVOUR** of this recommendation.
FOUR Members voted **AGAINST** this recommendation.

ii.) For people receiving 'double-handed care', to charge based on the cost of both care workers providing the service, rather than only one as at present – to their maximum assessed contribution;

EIGHT Members voted **IN FAVOUR** of this recommendation.
FOUR Members voted **AGAINST** this recommendation.

iii.) To change the charging base for people in flexi-care accommodation:

- For people in the 'low needs' band to three hours per week
- For people in the 'medium needs' band to 8.5 hours per week
- For people in the 'high needs' band to fifteen hours per week

Members voted **UNANIMOUSLY** in favour of this recommendation.

iv.) To charge a weekly fee of £3.25 for users of telecare services provided by Serco who do not receive any other social care services;

ELEVEN Members voted **IN FAVOUR** of this recommendation.
ONE Member chose to **ABSTAIN**.

v.) To charge £2 per journey or £4 per day for transportation to and from day care;

EIGHT Members voted **IN FAVOUR** of this recommendation.
ONE Member voted **AGAINST** this recommendation.
THREE Members chose to **ABSTAIN**.

6. OTHER PART I BUSINESS

There was no other Part I business.

KATHRYN PETTITT
CHIEF LEGAL OFFICER

CHAIRMAN _____

CHAIRMAN'S
INITIALS

.....

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH CABINET PANEL
TUESDAY 30 JANUARY 2018 AT 10.30 AM**

INTEGRATED PLAN 2018/19 - 2021/22 ADULT CARE AND HEALTH

Joint Report of Director of Resources and Director of Adult Care Services

Authors: Helen Maneuf, Assistant Director Integrated Planning and Resources (Tel: 01438 845502)
Lindsey McLeod, Head of Corporate Finance (Tel: 01992 556431)

Executive Members: Colette Wyatt-Lowe Executive Member for Adult Care and Health
David Williams Executive Member for Resources Property and the Economy

1. Purpose of the Report

- 1.1 To highlight the areas of the Integrated Plan which relate to Adult Care and Health portfolio in order for Panel to consider these and provide comment.
- 1.2 Members are asked to bring the following reports to the meeting, which have been circulated separately to all Members of the County Council:

‘Public Engagement and Consultation on the 2018/19 – 2021/22 Integrated Plan’ (circulated as Item 4i for the Cabinet meeting of 22 January 2018); and

‘DRAFT INTEGRATED PLAN 2018/19 – 2021/22 (incorporating the Strategic Direction and Financial Consequences and the Treasury Management Strategy)’ (circulated as Item 4ii for the Cabinet meeting of 22 January 2018).

2. Summary

- 2.1 The Integrated Plan brings together the financial impact of service plans and the available funding to resource these, over the next four years. Strategic Direction summaries have been produced for each Portfolio, which set out the future direction of services in the context of achieving substantial further savings. These have been informed by comparative benchmarking, both through published data and informal networks with other comparable authorities, to identify areas of potential efficiency gains.

2.2 Services have identified savings, in the context of the continuing budgetary pressures and reduction in available funding. Savings requiring a policy change have been or are being taken through Panels for Cabinet decisions throughout 2017/18, and substantial efficiency savings have been identified. Savings include reducing the allocation of general non-pay inflation to zero. Whilst this is mitigated to some extent by excluding exceptional inflation areas it will require services to manage the impact during 2018/19.

2.3 The Government announced the provisional Local Government Finance Settlement for 2018/19 on 19 December 2017. This was the third of the Government's four year settlement offer, and so a number of the reductions to funding were known in advance when preparing the proposed budget. Revenue Support Grant (RSG) will reduce by £22m between 2017/18 and 2018/19, and by a further £20m in 2019/20. Other grant announcements have confirmed expected reductions in Public Health grant (2.5%) and the cessation of Education Services Grant (ESG) from September 2017.

Funding from 2020/21 is uncertain, especially with proposed changes to the business rates retention system and a Fair Funding review which the Government proposes to introduce from that year. The IP assumes a further reduction of £5m pa in 2020/21 and 2021/22, but this will be kept under review.

2.4 The provisional Settlement also increased the referendum threshold for basic council tax, allowing authorities to increase this by up to 3% in 2018/19, without requiring a referendum. The 2017/18 IP had included a proposed 1.99% council tax increase each year, and the raising of the 3% remaining permitted Adult Social Care (ASC) Precept in 2018/19. The IP considered by Cabinet in January assumes a basic council tax increase of 2.99% in 2018/19 and 2019/20, and the 3% ASC Precept in 2018/19.

2.5 The final position will not be confirmed until the Final Settlement (expected early February) and other late grant announcements, and until figures are received from Districts for council tax base and collection fund balances, due to be provided by end January. Should any late changes result in an unbalanced budget, specific reserves will be used to provide one off funding in 2018/19. Any additional funding will be available to support the 2018/19 budget, for example by increasing contingency to mitigate risk, or to help meet the funding gap for future years.

2.6 The future position remains challenging: even with the identified savings and revised increases in council tax and the social care precept, current projections of pressures and funding require a further £8.1 million saving to be identified in 2019/20, rising to £30 million by 2021/22.

- 2.7 To help meet these challenging targets, work is in hand to progress further savings during 2018, for implementation for 2019/20 or sooner where achievable. It is recognised that savings require significant lead in times, especially where there is service redesign or consultation.

3. Recommendations

- 3.1 The Panel is invited to comment to Cabinet on the proposals relating to the Integrated Plan in respect of Adult Care and Health Portfolio.
- 3.2 The Panel is also asked to identify any issues that it feels that the Cabinet should consider in finalising the Integrated Plan proposals.

4. Background

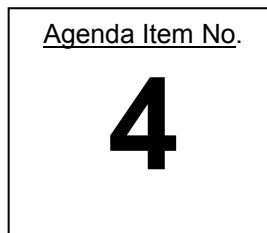
- 4.1 The integrated plan comprises:
- an overview of the proposed revenue budget and capital programme, including a review of the budget estimates and adequacy of reserves (Part A);
 - Strategic Direction and Financial Consequences - by portfolio (Part B);
 - the Treasury Management Strategy (Part C)
 - the Capital and Asset Management Strategy and Invest to Transform (part D);
 - the Insurance and Risk Strategy (part E)
 - an Equalities Impact Assessment (Part F); and
 - other technical information and finance summaries (Part G)
- 4.2 Part B of the Integrated Plan has separate sections for each Portfolio. These contain the strategic direction summary (for Adult Care and Health portfolio, on page 19 of Integrated Plan Pack Part B); revenue budget information including a schedule of Key Budget Movements that sets out details of financial pressures and savings (p32); and a summary of the proposed Capital Programme (p37).

5. Equality Implications

- 5.1 Part F of the Integrated Plan provides an equality impact assessment of the savings included within the plan and how these are intended to be mitigated by the service.

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH CABINET PANEL
TUESDAY 30 JANUARY 2018 AT 10.30 AM**



**ADULT COMMUNITY HEALTH SERVICES – JOINED-UP CARE
PROPOSALS**

Report of the Director of Adult Care Services

Author:- Ed Knowles, Assistant Director – Health Integration
(07812324768)

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

1. Purpose of report

1.1 The report outlines a process to identify and explore the opportunities Herts Valleys Clinical Commissioning Group (HVCCG)'s decision to recommission adult community health services presents to the County Council to develop and deliver more joined-up health and care services for residents.

2. Summary

2.1 HVCCG commissions a range of adult community health services to serve the population of West Hertfordshire.

2.2 At its Board meeting on 14 September 2017, HVCCG formally agreed to recommission elements of the existing adult community health services in West Hertfordshire.

2.3 This decision represents a significant development in the health landscape in Hertfordshire.

2.4 As a result of HVCCG's decision, initial activity has taken place within Adult Care Services (ACS) to identify what opportunities exist to input to a future specification so that it delivers joined up health and social care and supports the delivery of the County Council's strategic priorities.

3. Recommendations

3.1 Panel is asked to:

- Note and comment on the opportunities within this Report for joining up health and care services in Hertfordshire; and
- Recommend Cabinet agree that the Director of Adult Care Services undertake work with Herts Valleys Clinical Commissioning Group to develop a joint specification for adult community health services to align delivery with the County Council's priorities.

4. Background

4.1 HVCCG commissions a range of adult community health services from Hertfordshire Community NHS Trust (HCT) with a total value of approximately £41m.

4.2 [Your Care, Your Future](#) outlines the strategic vision for health and social care services in the West of the county. At its core is an ambition to see services delivered in a more integrated and joined-up manner and for health and care to be more easily available and accessible in the community. Delivering this ambition will require a significant shift of activity, currently provided in hospital settings, to the community.

4.3 Over the Spring/Summer of 2017, HVCCG explored the potential for redesign of adult community health services. This included a baseline expenditure and activity analysis and the development of an outline service specification with a focus on transformation, 'place based care' and integration with primary care services, mental health services and social care services.

4.4 At its Board meeting on 14 September 2017, HVCCG formally agreed to adopt a competitive dialogue procurement approach for the provision of community health services. As part of the rationale for this decision, the Board considered that, based on national average reference costs, HVCCG spends more on community based provision than expected via its contract with HCT and that in 17/18 the level of activity related to the HCT adult community services contract is less than expected given the contract value.

4.5 The services currently in scope for this contract include:

- Integrated Community Nursing and Therapy Services
- Community Intermediate Care Beds
- Specialist Palliative Care
- Bladder and Bowel
- Adult Speech and Language

- Lymphoedema (a long-term (chronic) condition that causes swelling in the body's tissues. It can affect any part of the body, but usually develops in the arms or legs. It develops when the lymphatic system doesn't work properly)
 - Leg Ulcer and Tissue Viability Services
 - Community Neuro Rehabilitation Service
 - Podiatry (excluding Diabetes) – potential to link with new musculoskeletal (MSK) provider
- 4.6 The proposed timeframe for procurement and mobilisation will be 18 months, with a provider selected and a new contract mobilised to commence on 1 April 2019.

5. Implications and opportunities for integration

- 5.1 A competitive dialogue process for adult community health services represents a significant shift in Hertfordshire's health and social care economy. It raises the possibility of new provider organisations coming into Hertfordshire and thereby carries with it the risk of uncertainty.
- 5.2 It also presents a significant opportunity for the County Council to influence the design and direction of adult community health services. The health and social care integration agenda has long sought to better align social care with adult community health services, recognising the overlap in patients/service users and the extent to which coordination of resource and intervention can improve an individual's wellbeing and reduce the risk of their situation or condition deteriorating. There are also opportunities to support the delivery of the [Hertfordshire ACS Draft 15 Year Plan](#) and the 2020 vision for integration - [Joined-up care - aligning Adult Care Services with Health](#) – that was signed-off by Cabinet in July 2017.
- 5.3 Recommissioning adult community health services provides the opportunity to specify integration as a key element of the contract and therefore something which any future provider needs to consider as part of their business model and their tender submission. It also means that any future provider could have contractual obligations in respect of working with social care and will be able to be monitored and managed on that basis. This by no means guarantees integration and improved outcomes, but it does provide additional leverage to the commissioner to make changes happen and, managed properly, would support and complement the operational integration and joined-up care that already takes place.
- 5.4 Initial conversations have taken place between Council officers and HVCCG about the potential opportunities that HVCCG's decision regarding the recommissioning of adult community health service represents.

- 5.5 Adult Care Services officers have scoped some of the opportunities and risks associated with HVCCG’s decision to recommission community services. Different services have been assessed against a number of criteria, including:
- Risk to care market sustainability
 - Risk to care market financial sustainability
 - The council retaining accountability and control
 - Impact on service users’ experience
 - Impact on service users’ outcomes
- 5.6 This process has identified a number of areas where more joined-up activity could be of most benefit to service users and support the development of social care services.
- 5.7 These areas have been broadly categorised into short and long term services. Further detail is in the table below which demonstrates the opportunities for integration and alignment with the Adult Care Services 15 Year plan.
- 5.8 The short term services cover hospital discharge, prevention of admission and community beds. Each of these represents specific pieces of short term or immediate activity with individuals, where the better coordination of health and care services would significantly improve service user experience and service user outcomes.
- 5.9 The longer term services consider how joined-up care might better align health and care service around service users with ongoing and long-term care needs.

5.10

Short-term services	Opportunities for more joined-up activity between health and care	Links to the ACS 15 year plan
Integrated hospital discharge pathways	Development of an integrated specification for community-based intermediate care and enablement services that support hospital discharges. This would include: <ul style="list-style-type: none"> • Alignment of existing specialist care at home services and Enablement OTs into joint teams with health therapists, health care assistants and nurses. • Teams working within hospitals to ‘pull’ people out of beds. • Service specification to be based on ‘discharge to assess’ principles and protocols (as set out in the 10 High Impact Change model). 	Define our approach to ensure people are discharged from hospital at the right time, delivering required business process improvements with NHS colleagues (SA3) Build on new interventions which alleviate pressures in hospitals for example ‘Discharge to Assess’ and aligning care worker teams with the NHS (SA3)

		Put in place a new Occupational Therapy strategy to promote independence (SA3)
Prevention of hospital admission services	An integrated pathway and process (rather than a specific team) for joint prevention of hospital admission responses: <ul style="list-style-type: none"> • Alignment of triage and 'rapid' assessment functions so initial responses can be co-ordinated. • Quick, trusted access to specialist care at home and short term care home beds, and for therapy and nursing interventions and step up intermediate care beds. 	
Flexi – bed model	Develop an integrated service specification for 'discharge to assess' care home beds, including: <ul style="list-style-type: none"> • Access to a range of services, including therapy and nursing, which is flexible depending on the needs of the person in the bed. • A flexible pricing model depending on services accessed. • Creating a future alternative to intermediate care beds as commissioned in E&N Herts. • Developing joint-commissioning intentions around bed models 	
Long term services:		
Holistic case management	Establish integrated pathways / processes for the co-ordination of care for those with frailty and other long term conditions. This includes <ul style="list-style-type: none"> • Joint case finding and risk stratification processes between primary care, social care and community health services. • Creating virtual 'neighbourhood teams' to formalise requirements for community health and social care services in their alignment with GP 'neighbourhoods' (local clusters of GP surgeries). 	Review our services for people with complex needs and increase provision (SA4) Establish, deliver and evaluate a pilot project on using predictive data (SA2) Create integrated personal care services for those with chronic and complex needs alongside the NHS (SA4)

	<ul style="list-style-type: none"> Building on the Multi-Speciality Team (MST) approach to formalise joint assessment, care planning and case management for those with complex needs and multiple long-term conditions, which includes ensuring that services are adequately resourced by community health teams. 	<p>Roll out new practice principles which support delivery of these approaches (SA4)</p> <p>Develop our strategy for community hubs, making the best use of property and assets (SA2)</p>
Nurses aligned to social work teams	Replicate arrangements in Learning Disability teams where Community Nurses co-locate with social workers to support holistic case management.	Identify named workers to support individuals (SA1)
Clinical input into care homes	Establishing a service specification for nursing and therapeutic input to care home residents.	
Preventative and personalised approaches	<p>Joint development of service models and questions for providers around their experience of implementing preventative and personalised initiatives. e.g.:</p> <ul style="list-style-type: none"> Improved links with voluntary sector services Increasing utilisation of personal budgets Assistive Technology Carers services 	<p>Embed 'Community First' thinking into practice; and ensure a common understanding and approach (SA2)</p> <p>Develop our 'HertsHelp' offer (SA1)</p> <p>Target information at specific groups such as carers (SA1)</p>

- 5.11 The proposed recommissioning of this contract does not include all elements of adult community health services. A number of other clinical pathways, including Diabetes and Musculo-Skeletal Services have either been recommissioned or are in the process of being recommissioned. These processes have their own timeframes and separate procurement processes.
- 5.12 HCT also provides Children's Community Health Services, some of which are commissioned by HVCCG and other elements, most notably Health Visiting and School Nursing services, commissioned by Public Health.
- 5.13 The Children's Community Health Services commissioned by HVCCG are not within scope of this procurement, however HVCCG are currently undertaking a review of their Children's Community Health service activity and spend.

5.14 Health Visiting and School Nursing are already in the process of being competitively tendered by Public Health. The award of this contract is scheduled for February 2018. Conversations are taking place between HVCCG, Children's Services and Public Health to ensure alignment between this activity and any future commissioning intentions.

6. Next steps

- 6.1 The Director of Adult Care Services proposes to undertake work with HVCCG and set out the council's future model of care for community services in Hertfordshire. This would establish the council's own strategic intent (as defined in the 15 year plan). Officers would constructively challenge HVCCG to consider how its vision for adult community health services could support the council's model of care and what changes could be made to the traditional way of delivering community health services.
- 6.2 Within this model of care, there will be a number of specific activities and pathways which could benefit from being jointly specified in any community health contract as identified in the table in point 5.10. The next steps would involve convening a series of workshops with HVCCG to develop joint specifications and processes in the priority areas listed above.
- 6.3 At this stage there is a preference for alignment of services into jointly specified, integrated care models; rather than necessarily moving resources into joint contracts.
- 6.4 Further internal work may need to be undertaken on businesses cases, particularly where the County Council is proposing alternative uses of health resources, such as clinical input into care homes and nurses aligned to social work teams to support longer term case management.
- 6.5 Joint work with HVCCG could also be required to devise a series of questions and requirements into the tender documentation to ensure bidding providers demonstrate the requisite levels of experience and ambition around the personalisation of services, and understand the level of partnership working with social care providers to deliver the integrated care specifications.
- 6.6 The outcome of this work will be brought back to Panel for consideration and any changes to Council policy will be brought back to Panel and Cabinet for approval.

7 Financial Implications

- 7.1 The financial implications will depend on the scope and scale of the County Council's involvement in the contract and the procurement. Each area for proposed inclusion or alignment will need to be assessed to ensure that would be a financial or value for money benefit for the County Council, service users and residents.

8. Risk implications

- 8.1 There are system risks attendant on HVCCG's decision. For the County Council there is a risk that any disruption to the provision of adult community health services might increase demand on social care resources or jeopardise existing process and areas of good practice. HVCCG are developing a risk register for the procurement process which will identify how major system risks could be mitigated. The Integrated Care Programme Team will also develop a parallel risk log for the County Council.
- 8.2 Any proposal for alignment or inclusion will only be made following full consideration of the required governance and risks by the County Council. Any agreements that are made by HVCCG will be considered through the appropriate County Council governance arrangements and clearly documented.

9. Equalities implications

- 9.1 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.
- 9.2 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.
- 9.3 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.

- 9.4 The equality impact of recommissioning adult community health services will be assessed by HVCCG, which will also be responsible for outlining how any potentially negative impact might be avoided or mitigated against. Where there are specific proposals for the inclusion or alignment of County Council services in any future contract an equality impact assessment will be undertaken by ACS on each specific proposal and its potential impact upon individuals or groups with protected characteristics.

10. Consultation

- 10.1 HVCCG will be leading on the consultation and engagement process accompanying its decision to recommission adult community health services. Any proposals for alignment or inclusion of Council services will be assessed as to what consultation might be required with service users and stakeholders.

11. Property or accommodation implications

- 11.1 The property implications of the recommissioning process will be addressed by HVCCG. There is potential to explore whether a new contract could support the development of community hubs, helping to align services council and health services around certain premises.

12. Background information

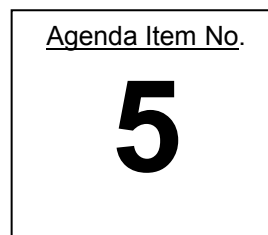
[Your Care, Your Future](#) (2015), Herts Valleys CCG
[Joined-up care - aligning Adult Care Services with Health](#) (July 2017)
[Hertfordshire ACS Draft 15 Year Plan](#) (Oct 2017)

Herts Valleys Board Meeting 14 September 2017
<http://hertsvalleysccg.nhs.uk/publications/board-documents/board-papers/14-september-2017>

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH CABINET PANEL
TUESDAY 30 JANUARY 2018 AT 10.30AM**

**RESOURCES PROPERTY AND THE ECONOMY
CABINET PANEL
WEDNESDAY 14 FEBRUARY 2018 AT 10.00AM**



**INVEST TO TRANSFORM PROPOSALS TO SUPPORT DELIVERY OF
ADULT SOCIAL CARE INTEGRATED PLAN PROPOSALS**

Report of the Director of Adult Care Services

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

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

1. Purpose of report

1.1 To request that Panel recommends that Cabinet agrees an Invest to Transform Programme for Adult Care Services designed to support the delivery of Integrated Plan Proposals.

2. Summary

2.1 Adult Care Services (ACS) has put forward proposals in the 2018/19 to 2021/22 Integrated Plan to deliver significant efficiencies and savings.

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/733/Committee/16/Default.aspx>

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

- 2.2 The ACS Integrated Plan (IP) strategies aim to deliver a department wide transformation. A new assessment methodology is rolling out across the service, which emphasises an enabling approach and support for independent living and ensures that financial resources are carefully deployed. New models of care and support for service users need to be developed and commissioned in response. Further strands of activity aim to secure a range of flexible accommodation for service users, maximise alternative sources of funding and develop technological solutions in line with people's expectations.
- 2.3 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 investment comprises the resources required to deliver this activity. This will 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.
- 2.4 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, and new services for Adults with Disabilities;
 - additional financial administration capacity to support income maximisation;
 - introducing new Assistive Technologies to support change and the effective deployment of care capacity;
 - project management and corporate resource such as finance and IT capacity to deliver and monitor the impact of change.

3. Recommendation

- 3.1 That Panel recommends that Cabinet agrees the proposed Invest to Transform Programme for Adult Care Services (detailed in Appendix A) designed to support delivery of Integrated Plan Proposals.

4. Background

- 4.1 In order to support the delivery of the four-year Integrated Plan Proposals for Adult Social Care a number of delivery programmes are in development and funding requirements for these have been identified. Appendix A describes these further. The areas are:

Commissioning Capacity: Older People's Accommodation

- 4.2 To secure the specialist capacity to:
- Establish the right care and delivery models for cost-effective older people's accommodation in Hertfordshire; including extra-care facilities (purpose built accommodation with on-site care presence) and additional nursing care
 - Identify partners and sites, and develop business cases
 - Deliver schemes and ensure their implementation and ongoing success.
- 4.3 This is in line with the Ten Year Supported Accommodation Strategy agreed by Cabinet in July 2017:

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

Commissioning and Care Management Capacity: New Services for Adults with Disabilities

- 4.4 To secure the savings relating to designing and developing a new day opportunities offer for younger adults; to provide a strategic approach to provider management and securing value for money 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.

Income Maximisation Opportunities

- 4.5 To support delivery of the IP savings relating to income generation 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.

Assistive Technology

- 4.6 To deliver pilot projects for Assistive Technology in two areas:

Improved reablement services – 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

Improved care delivery and need escalation identification – using modern technology to work with care agencies to use technology to appropriately supplement care and support, helping to use care capacity flexibly and with greater efficiency. Using technology to identify patterns which indicate escalating need, and intervening to prevent crisis.

4.7 In addition there are proposals for project management resource and for support from corporate functions such as finance and IT.

5 Financial Implications

5.1 The investment bids are summarised as follows:

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

5.2 Anticipated efficiencies and savings directly supported by these investment proposals are:

Integrated Plan Proposals supported by ITT bids	18/19 £'000	19/20 £'000	20/21 £'000	21/22 £'000
Older People's Accommodation	-1500	-3000	-4500	-6000
LD Transformation	-4500	-8800	-12100	-15100
Income	-2750	-3025	-3300	-3575
Assistive Technology	-750	-1500	-2250	-3000
	-9,500	-16,325	-22,150	-27,675

5.3 Over the four-year period the entire IP programme for ACS will deliver anticipated savings of the order of £42.9m.

6 Equalities Implications

- 6.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equality implications of the decision that they are making.
- 6.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment produced by officers.
- 6.3 The Equality Act 2010 requires the County Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 6.4 Page 12 of Appendix A summarises the equalities considerations relating to these investment proposals which, as Integrated Plan themes, are encompassed within the full EQIA prepared for the IP which 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>

**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).

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This table summarises the investment proposals over the IP timeline:

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

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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:

IP OP Strategy	Efficiency Required			
	18/19 £'000	19/20 £'000	20/21 £'000	21/22 £'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.

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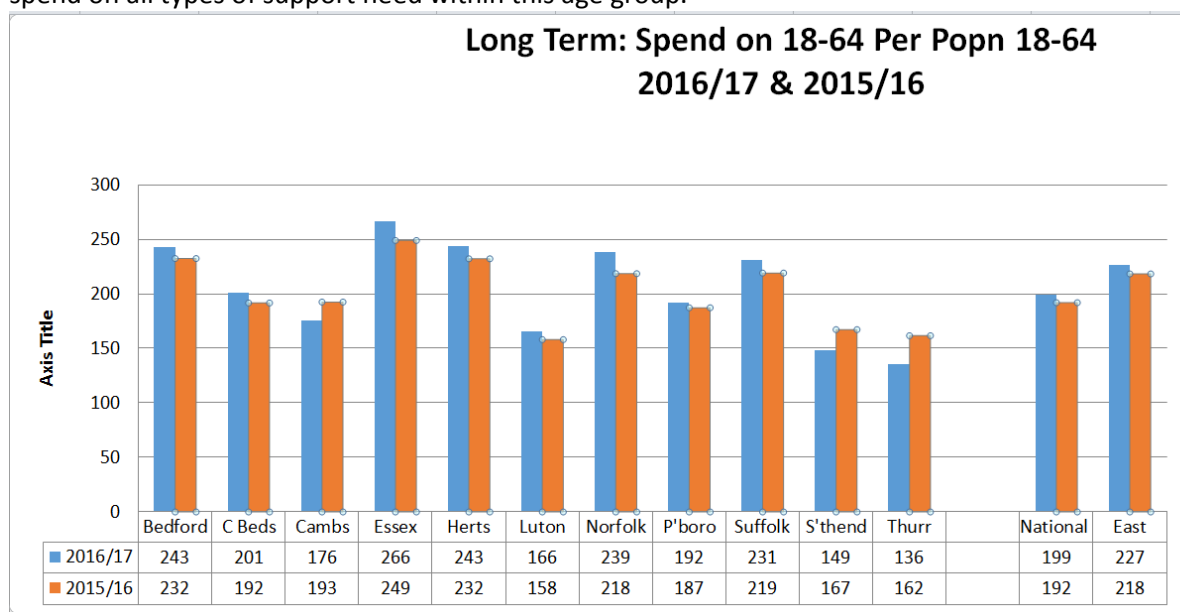
As specific projects near completion, work will be required to market schemes to secure the right mix of residents and work with individuals to secure benefits take up.

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.



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>

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The service has IP targets as follows:

	Efficiency Required			
	18/19	19/20	20/21	21/22
	£'000	£'000	£'000	£'000
IP LD Strategy				
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-commissioning' 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 financial 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	
Existing 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).

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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	

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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	19/20	20/21	21/22
£'000	£'000	£'000	£'000	£'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.

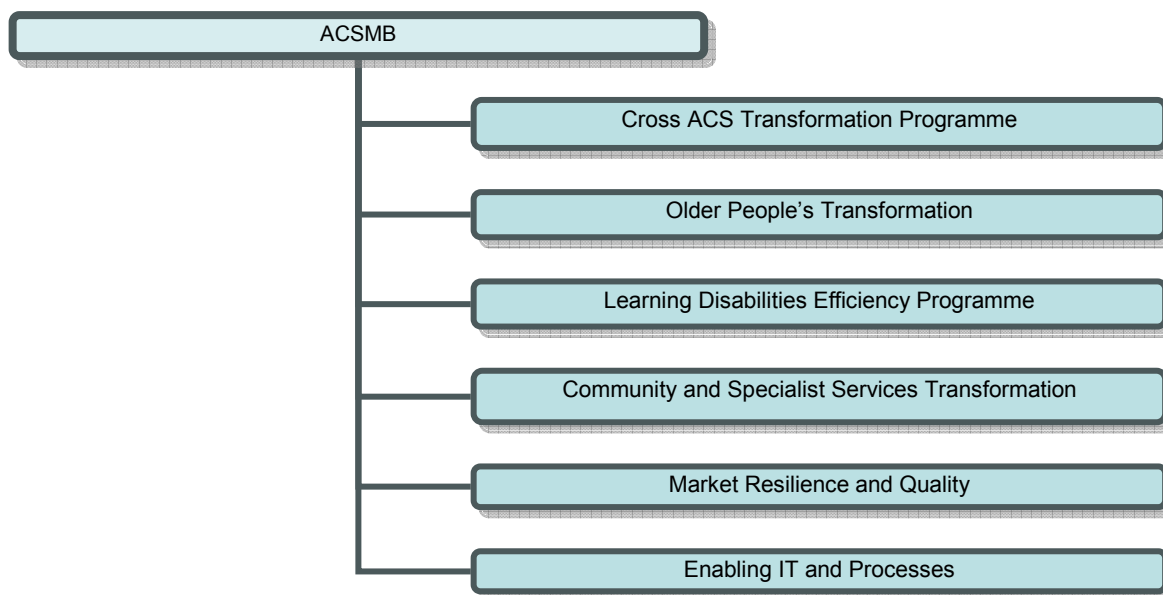
The costs of the resource to deliver the wider AT agenda and the two pilot exercises are estimated as:

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

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5 Programme Management and PMO

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



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:

Project Management Office: IP Strategy Implementation: Bid to ITT Fund									
Post Title	Grade	Posts	FYE Salary & oncost	Phasing				Total	Comments
				18/19	19/20	20/21	21/22		
				£	£	£	£	£	
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	

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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	19/20	20/21	21/22	Total
	£'000	£'000	£'000	£'000	£'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:

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- 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

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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.

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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:

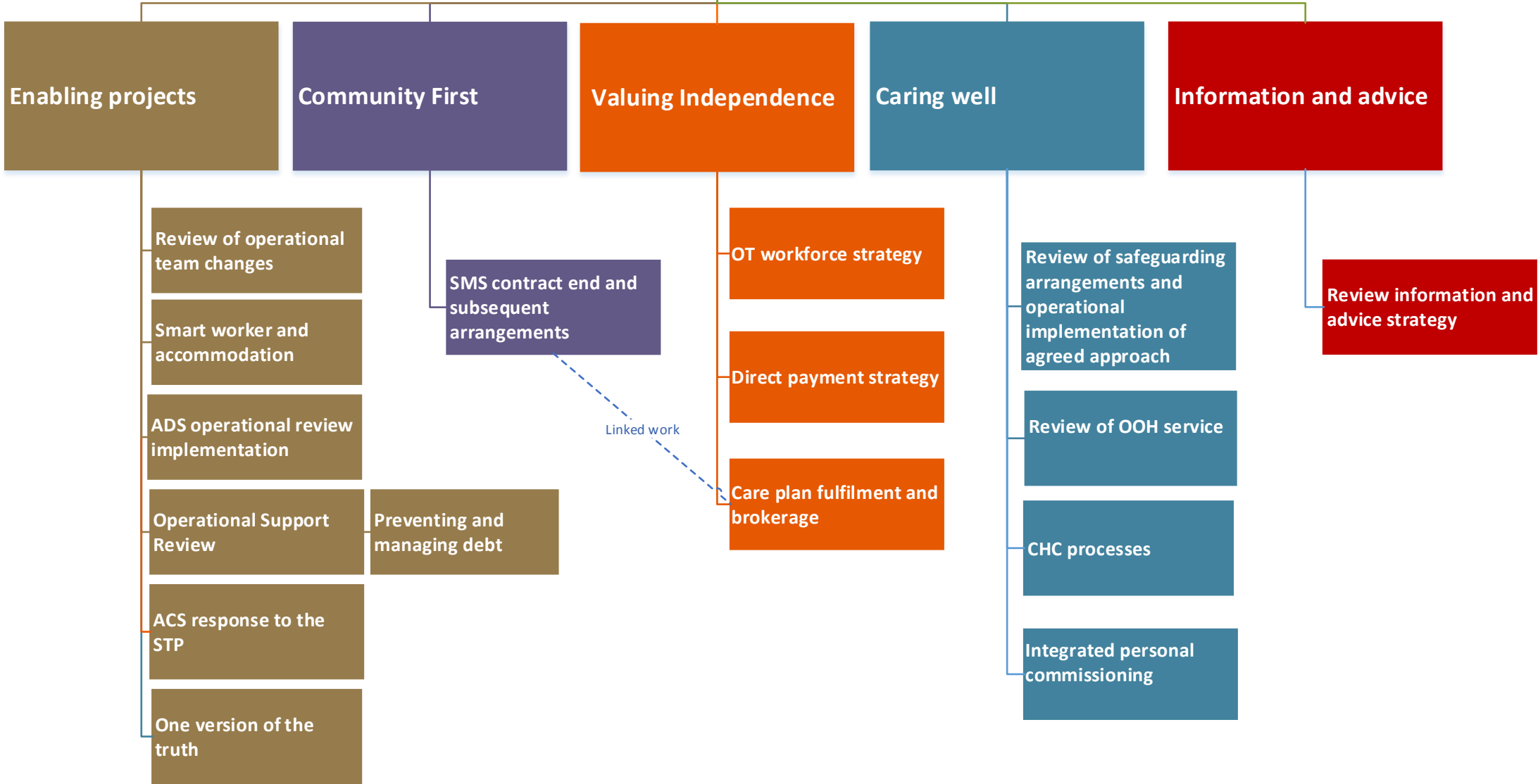
<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/801/Committee/16/Default.aspx>

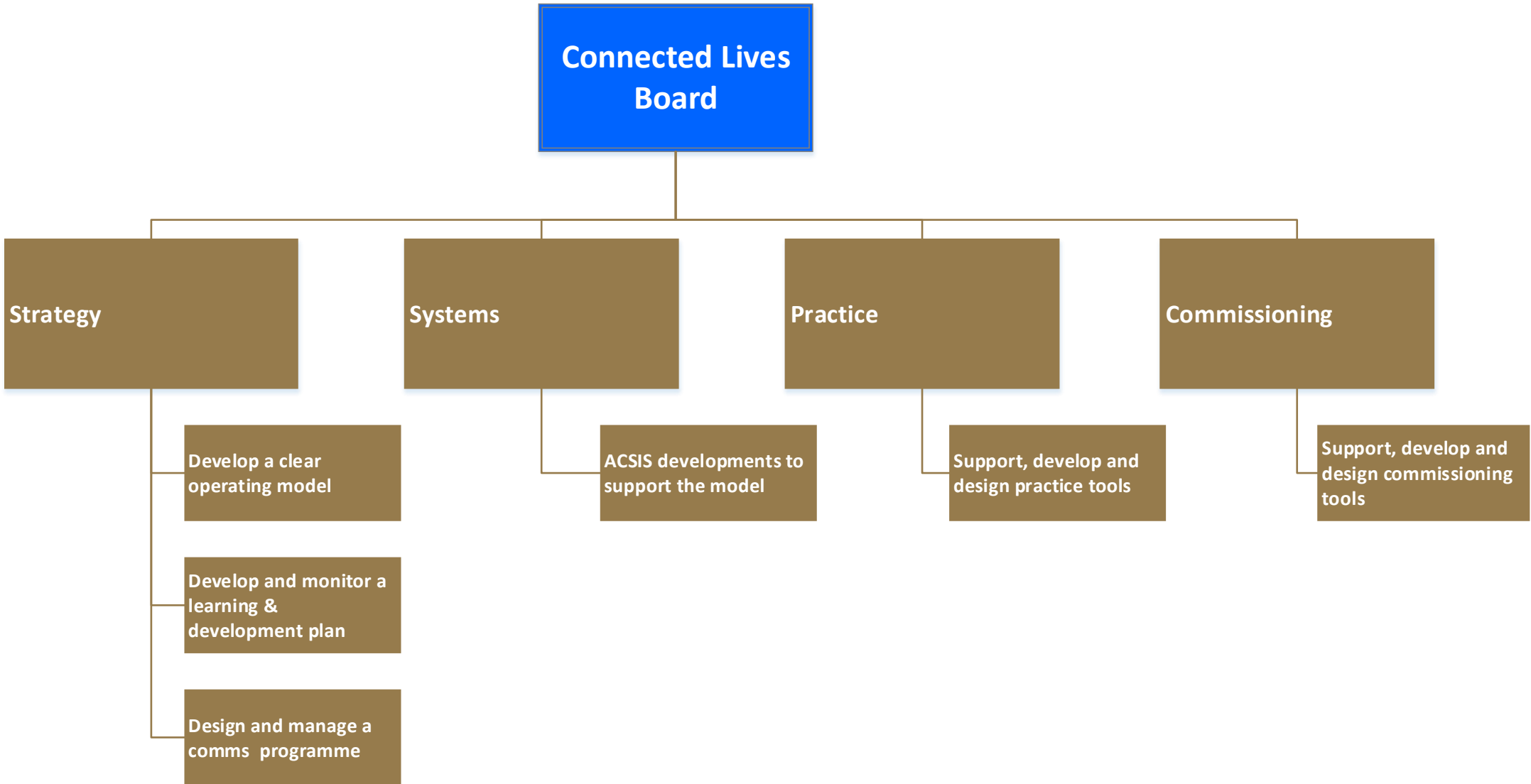
Assistive Technology: an EQIA for the ACS Assistive Technology strategy was agreed by Adult Care and Health Panel on 16 June 2017:

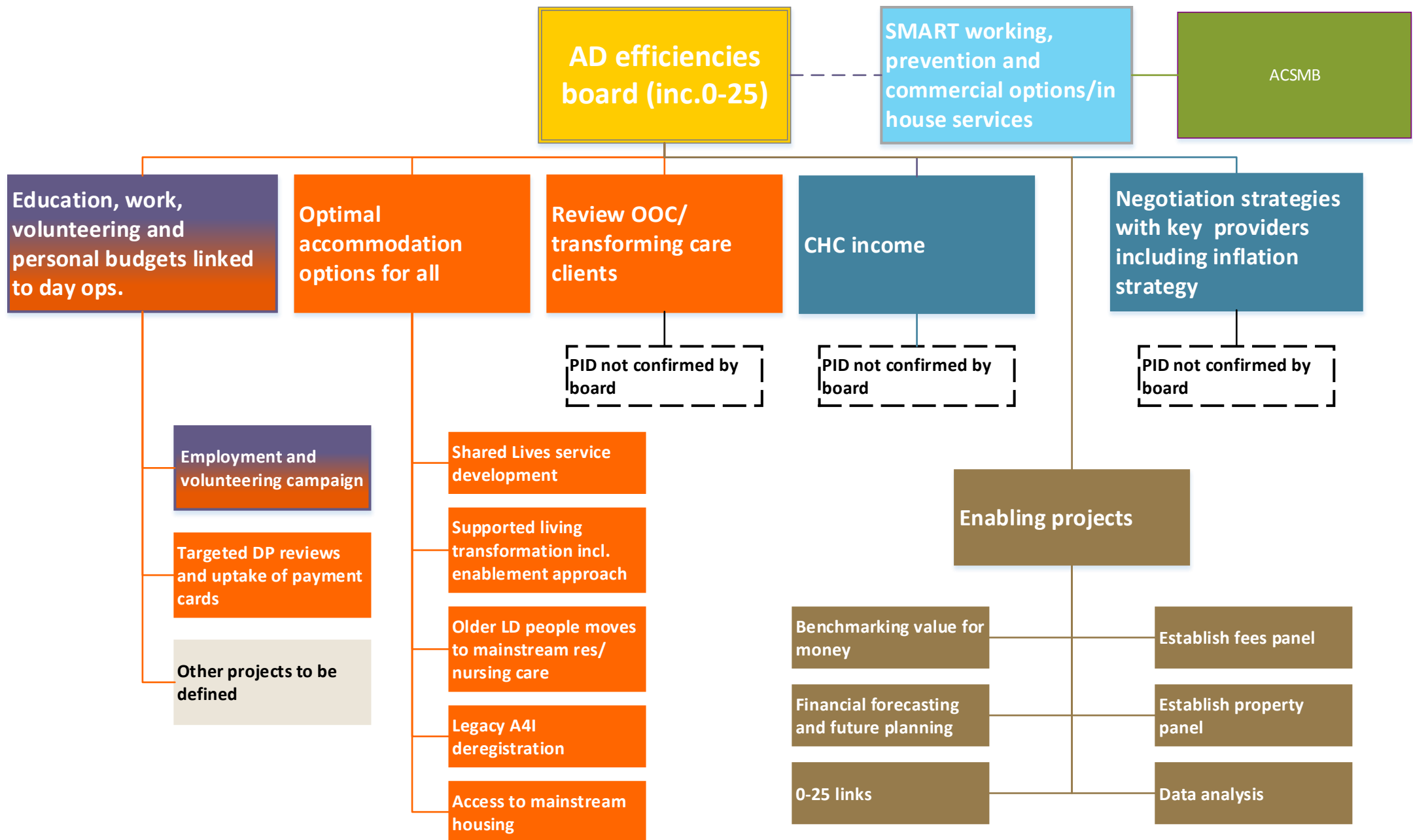
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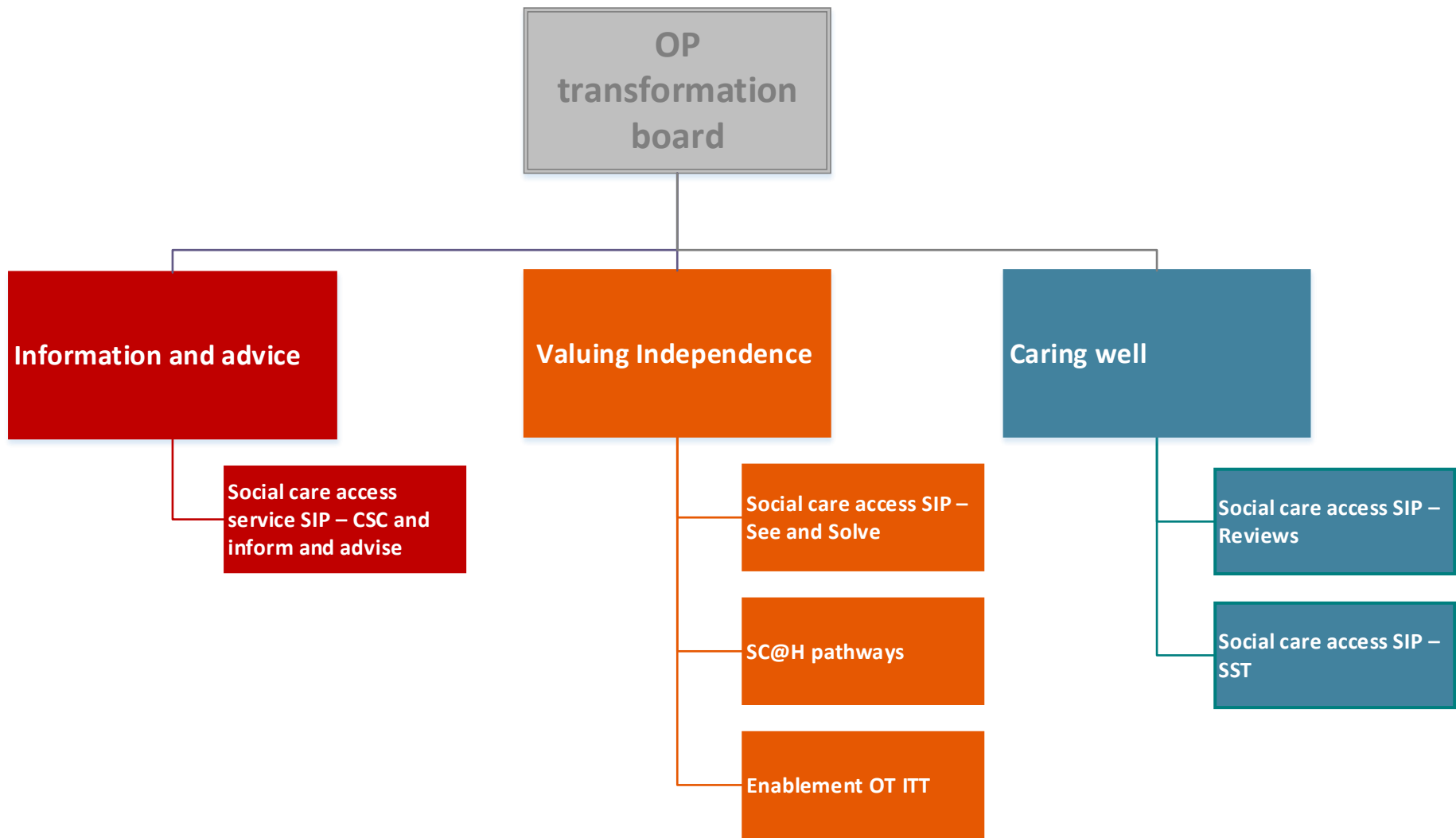
Appendix A

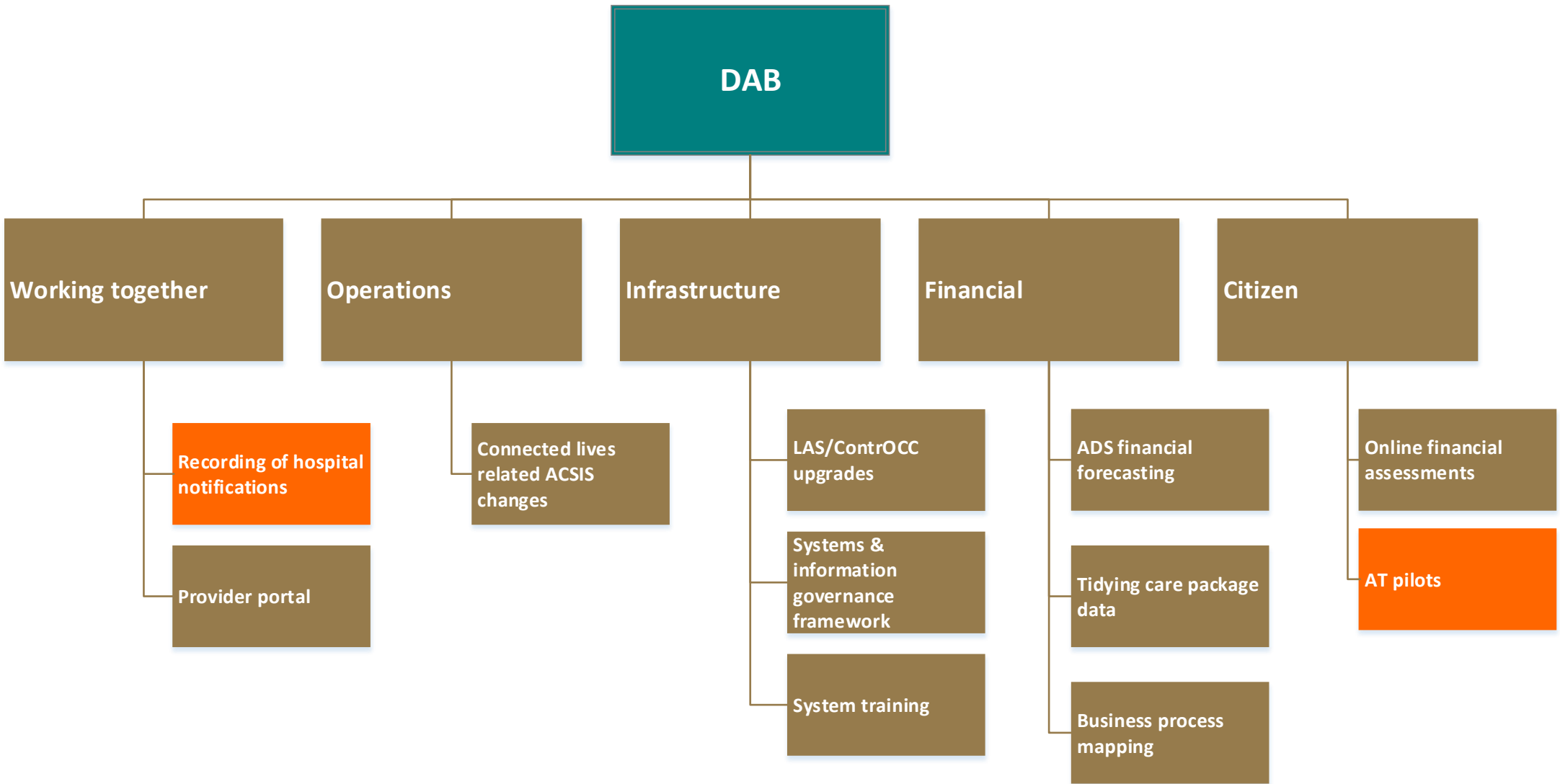
Transformation Board

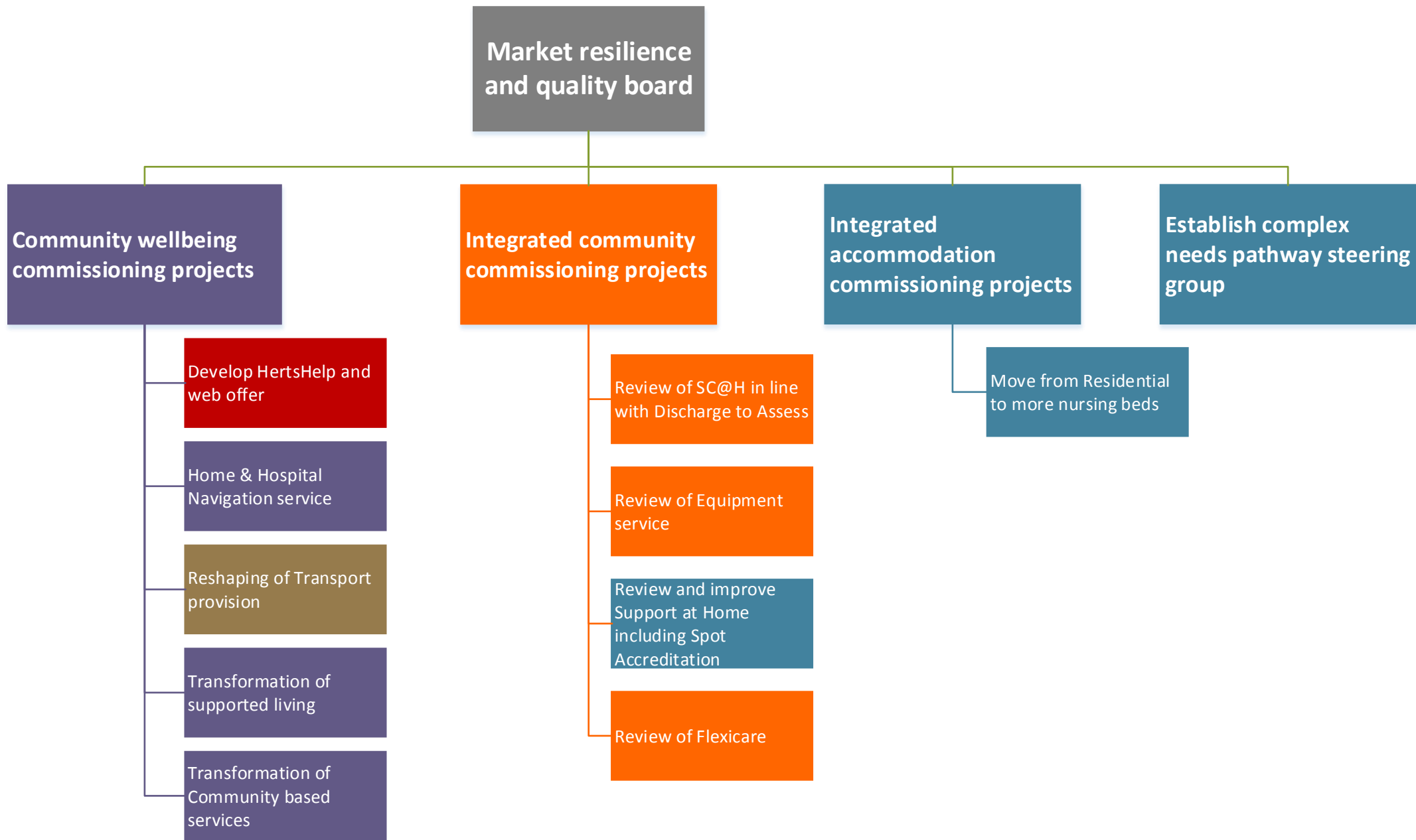


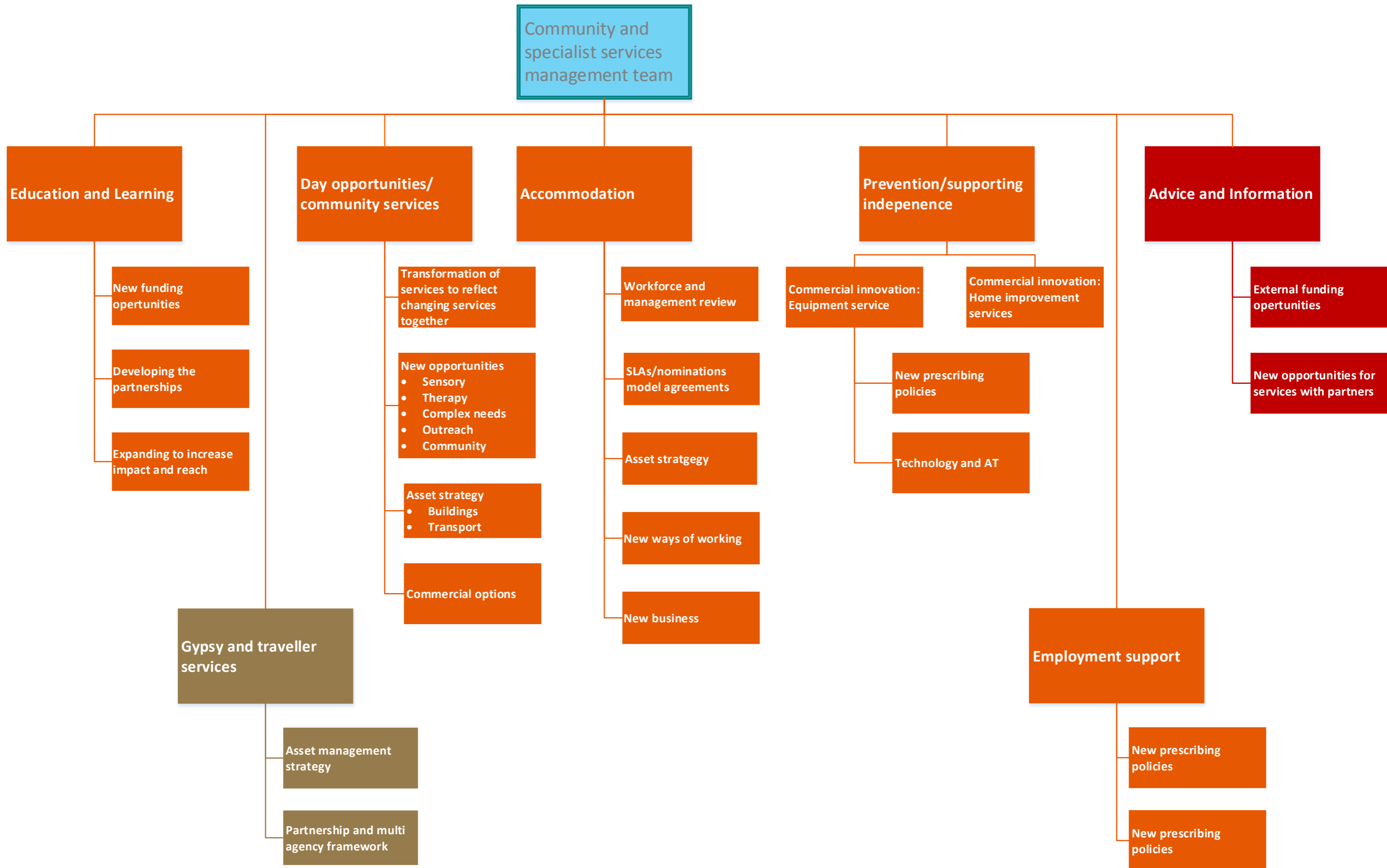


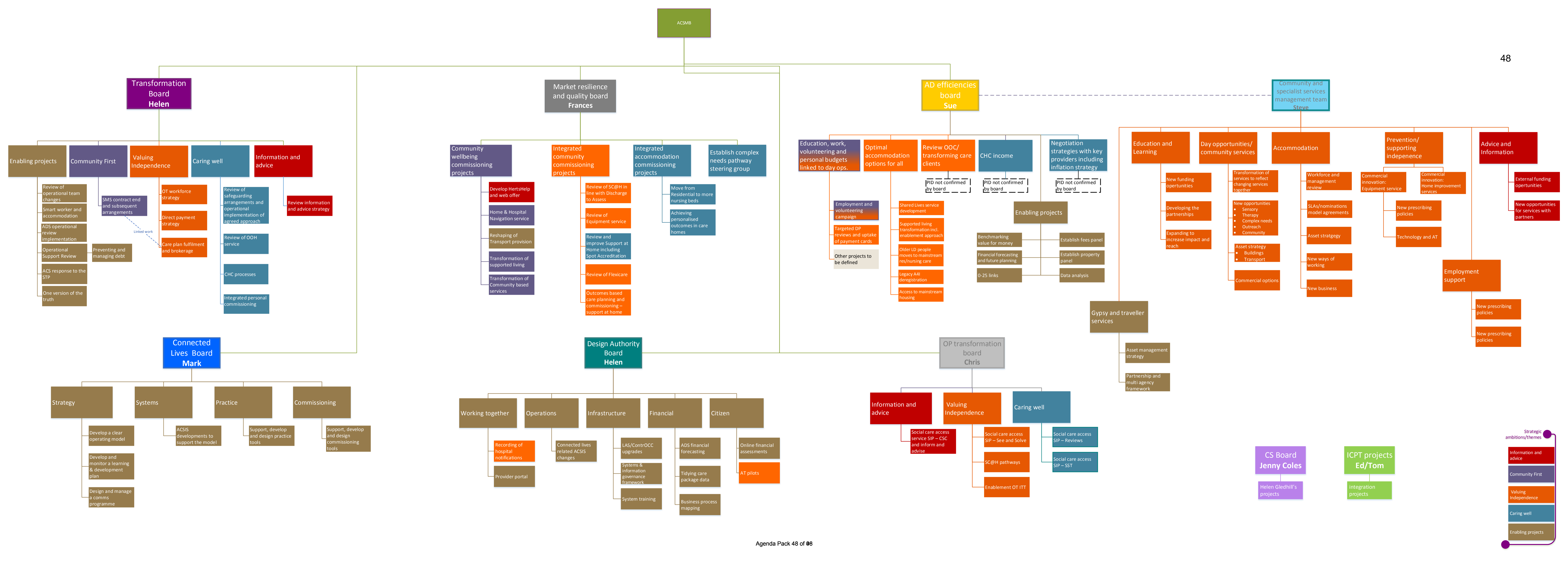












Agenda



AGENDA for a meeting of the ADULT CARE & HEALTH CABINET PANEL in COMMITTEE ROOM B, at COUNTY HALL, HERTFORD on TUESDAY 30 JANUARY 2018 at 10.30AM

MEMBERS OF THE PANEL (12) (Quorum 3)

E H Buckmaster; F Guest; E M Gordon; S Gordon; 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 10 January 2018.

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 residents or who work in Hertfordshire.

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. INTEGRATED PLAN 2018/19 - 2021/22 ADULT CARE AND HEALTH

Joint Report of Director of Resources and Director of Adult Care Services

Members are asked to bring the following reports to the meeting:

'Public Engagement on the Integrated Plan 2018/19 – 2021/22'
(circulated as Item 4(i) for the Cabinet meeting of 22 January 2018); and

'Integrated Plan 2018/19 – 2021/22 (incorporating the Strategic Direction and Financial Consequences and the Treasury Management Strategy)'
(circulated as Item 4(ii) for the Cabinet meeting of 22 January 2018).

4. ADULT COMMUNITY HEALTH SERVICES – JOINED-UP CARE PROPOSALS

Report of the Director of Adult Care Services

5. INVEST TO TRANSFORM PROPOSALS TO SUPPORT DELIVERY OF ADULT SOCIAL CARE INTEGRATED PLAN PROPOSALS

Report of the Director of 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

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

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

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

Agenda documents are also available on the internet at:
<https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings.aspx>

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

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 WEDNESDAY 10 JANUARY 2018

ATTENDANCE

MEMBERS OF THE PANEL

E M Gordon; S Gordon; F Guest; K M Hastrick; T Howard; D J Hewitt; F R G Hill (*Vice Chairman*); J S Kaye; N A Quinton; R H Smith (*substituting for E H Buckmaster*); 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 10 January 2018 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

- 1.1 The Minutes of the Cabinet Panel meeting held on 14 November 2017 were confirmed as a correct record and signed by the Chairman.

2. PUBLIC PETITIONS

- 2.1 There were no public petitions.

ACTION

3. CHANGES TO CHARGING ARRANGEMENTS FOR COMMUNITY BASED ADULT SOCIAL CARE

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

- 3.1 Members received a report detailing the outcomes of the public consultation by Adult Care Services on social care charging arrangements for community based social care, which had concluded on 31 December 2017. Members were asked to consider the consequent outlined recommendations for implementation to be agreed by Cabinet.
- 3.2 The panel noted that in total, the consultation survey had been shared with 9,632 service users and carers and had been returned by 2,187 service users and carers, which equated to 22.7% of the total amount of service users and carers consulted. In addition to this, there had been three public meetings attended by the Executive Member and Director of Adult Care Services and a meeting with family carers organised by Carers in Hertfordshire to discuss the proposals, which had resulted in a formal submission.
- 3.3 Members discussed the five proposals outlined within the report. It was advised that further to 40% of respondents providing negative feedback to proposal one, relating to charges for those receiving Higher Rate Attendance Allowance and Higher Rate Disability Living Allowance, this proposal had now been significantly amended to ensure that this would only be charges incurred where the local authority was providing night time care needs. It was highlighted that this change would mean a reduction of income forecast in the original proposal from £2.8m to £310k per annum.
- 3.4 Members were advised that officers had not considered any changes to the other four proposals outlined in the report.
- 3.5 Assurance was received that service users would only have their higher rate DLA / AA taken into account to pay for the night-time care needs that they received from the council.
- 3.6 Further explanation was provided to the Panel on the eligibility requirements for receiving Attendance Allowance (AA) and Disability Living Allowance (DLA), as outlined by the Department of Work & Pensions (DWP). It was noted that the public meetings had been positive in raising awareness of applying for these benefits and ongoing work would be undertaken via the Money Advice Unit to continue this and support with service users and carers with applying.
- 3.7 It was noted that if the charges were implemented there was a risk of some service users refusing to pay for costs for services that

they needed, but assurance was received that these individuals would be closely monitored to ensure that the refusal to pay and therefore not receiving services did not present a safeguarding risk.

3.8 It was stressed to Members that the Executive Member and officers were very conscious of all the potential impacts the proposed change in policy could have, and they were also very aware that these changes were being implemented at a time when other reform changes were being undertaken in areas such as housing and welfare benefits. Members were assured that the impact of the changes would be monitored very closely, and support would offered to any service user or carer experiencing a detrimental impact

3.9 Members also expressed concern with regard to the complexity of the forms that are required to be completed to receive benefits and requested that service users and carers should also be signposted to the services of the Citizens Advice Bureau.

ACS
Officers

3.10 Further to Member discussion it was agreed to consider a paper being presented to a future meeting of the Adult Care & Health Cabinet Panel detailing the impact of the changes implemented through the proposed social care charging and the level of success in encouraging service users to apply for AA or DLA.

Iain
MacBeath /
Helen
Maneuf

3.11 It was noted that the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) had yet to provide any formal national response or guidance to local authorities needing to implement social care charges.

3.12 In response to a Member question it was established that the financial assessment undertaken by the authority was set on the baseline of the minimum level of living allowance income threshold set by the government which currently was set at £189 per week for a single adult and £288 for a couple. Members were advised that for a couple where only one partner is receiving services, only half of the level of income allowance is taken into account. It was further noted that the authority can authorise a level of flexibility regarding the financial assessment depending on the individual circumstances of the service user.

3.13 Members were advised that the nature and thresholds surrounding DLA and AA assessments and the subsequent funding received from them were outside of the authority's jurisdiction.

3.14 Members discussed the proposed charging policy for double handed care and during Member discussion, further explanation was provided on the meaning and purpose of double handed care and the point outlined in the report that Hertfordshire were the only known authority to have continued to provide funding for double

-handed care to date was reiterated. It was noted that the increase in cost for service users for the charges that were now being proposed to be implemented for this could possibly be at least partially mitigated through DLA and AA funding, and assurance was received that the department were also considering case by case cost effective alternative options to which healthcare staff could undertake the role of the second carer.

- 3.15 In response to a Member question, it was noted that currently 147 service users receive double handed care. Member concern that this proposed charge would affect service carers and carers most in need of support was noted.
- 3.16 There was cross party acknowledgement that the report reflected both the positive and negative comments arising from the consultation. It was further acknowledged that due to the need for the consultation to be anonymous it would be difficult to fully analyse any themes from specific groups of service users.
- 3.17 Further to a Member question, the Panel heard that it would also difficult to analyse whether there would be an increase in the requirement for residential placements as a consequence of the proposed charges being implemented, although the change proposed to the AA / DLA proposal would mitigate this substantially, and it was reiterated that there would be ongoing close monitoring of any consequential impacts that occurred.
- 3.18 Further to a Member query regarding the additional impact of Universal Credit, it was noted that this would not affect anyone over the age of 65.
- 3.19 Members discussed the proposed charging policy for flexi care. In response to a Member challenge regarding the fairness of the breadth of the medium banding range illustrated at point 4.36 of the report, it was explained that most service users had 7 hours and above of flexi care which was the reasoning for the decision on the banding structures.
- 3.20 During further discussion, and further opposition challenge, it was noted that the Executive Member and officers were in regular contact with local MP's, where a wide range of service issues were raised with the view to them being discussed at parliament to formulate central government thinking. Assurance was received that the issue of social care charging had been and would continue to form part of these discussions.

3.21 The Chairman thanked the panel for their informed and considered questions and debate, and acknowledged the subject of social care charging was an extremely difficult and emotive topic for all parties to have to consider. Members were reminded that to date the authority had managed to mitigate social care costs by undertaking extensive transformation policies within the department and due to this the need to review charges for social care services within Hertfordshire had taken longer than it had in other authorities. It was stressed to Members that this was not a decision that had been undertaken lightly, and not without a thorough consultation process, which as Members had heard, the outcomes of which had shaped the final recommendations presented in the report.

3.22 Members were invited to vote on the recommendations to Council which were:

The following changes to the council's policy charges for non-residential (community based) adult social care services be made, to take effect from 15 April 2018:

- i.) To include the Higher Rate of Attendance Allowance and Disability Living Allowance ONLY where people receive care to meet night time needs, when determining how much they can afford to pay towards their cost of care;
- ii.) For people receiving 'double-handed care', to charge based on the cost of both care workers providing the service, rather than only one as at present – to their maximum assessed contribution;
- iii.) To change the charging base for people in flexi-care accommodation:
 - For people in the 'low needs' band to three hours per week
 - For people in the 'medium needs' band to 8.5 hours per week
 - For people in the 'high needs' band to fifteen hours per week
- iv.) To charge a weekly fee of £3.25 for users of telecare services provided by Serco who do not receive any other social care services;

**CHAIRMAN'S
INITIALS**

.....

v.) To charge £2 per journey or £4 per day for transportation to and from day care;

Conclusion:

3.23 Members voted on each of the recommendations to Cabinet as outlined in the report as follows:

The following changes to the council's policy charges for non-residential (community based) adult social care services be made, to take effect from 15 April 2018:

i.) To include the Higher Rate of Attendance Allowance and Disability Living Allowance ONLY where people receive care to meet night time needs, when determining how much they can afford to pay towards their cost of care;

EIGHT Members voted **IN FAVOUR** of this recommendation.
FOUR Members voted **AGAINST** this recommendation.

ii.) For people receiving 'double-handed care', to charge based on the cost of both care workers providing the service, rather than only one as at present – to their maximum assessed contribution;

EIGHT Members voted **IN FAVOUR** of this recommendation.
FOUR Members voted **AGAINST** this recommendation.

iii.) To change the charging base for people in flexi-care accommodation:

- For people in the 'low needs' band to three hours per week
- For people in the 'medium needs' band to 8.5 hours per week
- For people in the 'high needs' band to fifteen hours per week

Members voted **UNANIMOUSLY** in favour of this recommendation.

iv.) To charge a weekly fee of £3.25 for users of telecare services provided by Serco who do not receive any other social care services;

ELEVEN Members voted **IN FAVOUR** of this recommendation.
ONE Member chose to **ABSTAIN**.

v.) To charge £2 per journey or £4 per day for transportation to and from day care;

EIGHT Members voted **IN FAVOUR** of this recommendation.
ONE Member voted **AGAINST** this recommendation.
THREE Members chose to **ABSTAIN**.

4. OTHER PART I BUSINESS

There was no other Part I business.

KATHRYN PETTITT
CHIEF LEGAL OFFICER

CHAIRMAN _____

CHAIRMAN'S
INITIALS

.....

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH CABINET PANEL
TUESDAY 30 JANUARY 2018 AT 10.30 AM**

INTEGRATED PLAN 2018/19 - 2021/22 ADULT CARE AND HEALTH

Joint Report of Director of Resources and Director of Adult Care Services

Authors: Helen Maneuf, Assistant Director Integrated Planning and Resources (Tel: 01438 845502)
Lindsey McLeod, Head of Corporate Finance (Tel: 01992 556431)

Executive Members: Colette Wyatt-Lowe Executive Member for Adult Care and Health
David Williams Executive Member for Resources Property and the Economy

1. Purpose of the Report

- 1.1 To highlight the areas of the Integrated Plan which relate to Adult Care and Health portfolio in order for Panel to consider these and provide comment.
- 1.2 Members are asked to bring the following reports to the meeting, which have been circulated separately to all Members of the County Council:

‘Public Engagement and Consultation on the 2018/19 – 2021/22 Integrated Plan’ (circulated as Item 4i for the Cabinet meeting of 22 January 2018); and

‘DRAFT INTEGRATED PLAN 2018/19 – 2021/22 (incorporating the Strategic Direction and Financial Consequences and the Treasury Management Strategy)’ (circulated as Item 4ii for the Cabinet meeting of 22 January 2018).

2. Summary

- 2.1 The Integrated Plan brings together the financial impact of service plans and the available funding to resource these, over the next four years. Strategic Direction summaries have been produced for each Portfolio, which set out the future direction of services in the context of achieving substantial further savings. These have been informed by comparative benchmarking, both through published data and informal networks with other comparable authorities, to identify areas of potential efficiency gains.

2.2 Services have identified savings, in the context of the continuing budgetary pressures and reduction in available funding. Savings requiring a policy change have been or are being taken through Panels for Cabinet decisions throughout 2017/18, and substantial efficiency savings have been identified. Savings include reducing the allocation of general non-pay inflation to zero. Whilst this is mitigated to some extent by excluding exceptional inflation areas it will require services to manage the impact during 2018/19.

2.3 The Government announced the provisional Local Government Finance Settlement for 2018/19 on 19 December 2017. This was the third of the Government's four year settlement offer, and so a number of the reductions to funding were known in advance when preparing the proposed budget. Revenue Support Grant (RSG) will reduce by £22m between 2017/18 and 2018/19, and by a further £20m in 2019/20. Other grant announcements have confirmed expected reductions in Public Health grant (2.5%) and the cessation of Education Services Grant (ESG) from September 2017.

Funding from 2020/21 is uncertain, especially with proposed changes to the business rates retention system and a Fair Funding review which the Government proposes to introduce from that year. The IP assumes a further reduction of £5m pa in 2020/21 and 2021/22, but this will be kept under review.

2.4 The provisional Settlement also increased the referendum threshold for basic council tax, allowing authorities to increase this by up to 3% in 2018/19, without requiring a referendum. The 2017/18 IP had included a proposed 1.99% council tax increase each year, and the raising of the 3% remaining permitted Adult Social Care (ASC) Precept in 2018/19. The IP considered by Cabinet in January assumes a basic council tax increase of 2.99% in 2018/19 and 2019/20, and the 3% ASC Precept in 2018/19.

2.5 The final position will not be confirmed until the Final Settlement (expected early February) and other late grant announcements, and until figures are received from Districts for council tax base and collection fund balances, due to be provided by end January. Should any late changes result in an unbalanced budget, specific reserves will be used to provide one off funding in 2018/19. Any additional funding will be available to support the 2018/19 budget, for example by increasing contingency to mitigate risk, or to help meet the funding gap for future years.

2.6 The future position remains challenging: even with the identified savings and revised increases in council tax and the social care precept, current projections of pressures and funding require a further £8.1 million saving to be identified in 2019/20, rising to £30 million by 2021/22.

- 2.7 To help meet these challenging targets, work is in hand to progress further savings during 2018, for implementation for 2019/20 or sooner where achievable. It is recognised that savings require significant lead in times, especially where there is service redesign or consultation.

3. Recommendations

- 3.1 The Panel is invited to comment to Cabinet on the proposals relating to the Integrated Plan in respect of Adult Care and Health Portfolio.
- 3.2 The Panel is also asked to identify any issues that it feels that the Cabinet should consider in finalising the Integrated Plan proposals.

4. Background

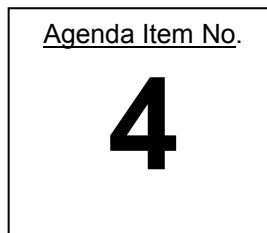
- 4.1 The integrated plan comprises:
- an overview of the proposed revenue budget and capital programme, including a review of the budget estimates and adequacy of reserves (Part A);
 - Strategic Direction and Financial Consequences - by portfolio (Part B);
 - the Treasury Management Strategy (Part C)
 - the Capital and Asset Management Strategy and Invest to Transform (part D);
 - the Insurance and Risk Strategy (part E)
 - an Equalities Impact Assessment (Part F); and
 - other technical information and finance summaries (Part G)
- 4.2 Part B of the Integrated Plan has separate sections for each Portfolio. These contain the strategic direction summary (for Adult Care and Health portfolio, on page 19 of Integrated Plan Pack Part B); revenue budget information including a schedule of Key Budget Movements that sets out details of financial pressures and savings (p32); and a summary of the proposed Capital Programme (p37).

5. Equality Implications

- 5.1 Part F of the Integrated Plan provides an equality impact assessment of the savings included within the plan and how these are intended to be mitigated by the service.

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH CABINET PANEL
TUESDAY 30 JANUARY 2018 AT 10.30 AM**



**ADULT COMMUNITY HEALTH SERVICES – JOINED-UP CARE
PROPOSALS**

Report of the Director of Adult Care Services

Author:- Ed Knowles, Assistant Director – Health Integration
(07812324768)

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

1. Purpose of report

1.1 The report outlines a process to identify and explore the opportunities Herts Valleys Clinical Commissioning Group (HVCCG)'s decision to recommission adult community health services presents to the County Council to develop and deliver more joined-up health and care services for residents.

2. Summary

2.1 HVCCG commissions a range of adult community health services to serve the population of West Hertfordshire.

2.2 At its Board meeting on 14 September 2017, HVCCG formally agreed to recommission elements of the existing adult community health services in West Hertfordshire.

2.3 This decision represents a significant development in the health landscape in Hertfordshire.

2.4 As a result of HVCCG's decision, initial activity has taken place within Adult Care Services (ACS) to identify what opportunities exist to input to a future specification so that it delivers joined up health and social care and supports the delivery of the County Council's strategic priorities.

3. Recommendations

3.1 Panel is asked to:

- Note and comment on the opportunities within this Report for joining up health and care services in Hertfordshire; and
- Recommend Cabinet agree that the Director of Adult Care Services undertake work with Herts Valleys Clinical Commissioning Group to develop a joint specification for adult community health services to align delivery with the County Council's priorities.

4. Background

4.1 HVCCG commissions a range of adult community health services from Hertfordshire Community NHS Trust (HCT) with a total value of approximately £41m.

4.2 [Your Care, Your Future](#) outlines the strategic vision for health and social care services in the West of the county. At its core is an ambition to see services delivered in a more integrated and joined-up manner and for health and care to be more easily available and accessible in the community. Delivering this ambition will require a significant shift of activity, currently provided in hospital settings, to the community.

4.3 Over the Spring/Summer of 2017, HVCCG explored the potential for redesign of adult community health services. This included a baseline expenditure and activity analysis and the development of an outline service specification with a focus on transformation, 'place based care' and integration with primary care services, mental health services and social care services.

4.4 At its Board meeting on 14 September 2017, HVCCG formally agreed to adopt a competitive dialogue procurement approach for the provision of community health services. As part of the rationale for this decision, the Board considered that, based on national average reference costs, HVCCG spends more on community based provision than expected via its contract with HCT and that in 17/18 the level of activity related to the HCT adult community services contract is less than expected given the contract value.

4.5 The services currently in scope for this contract include:

- Integrated Community Nursing and Therapy Services
- Community Intermediate Care Beds
- Specialist Palliative Care
- Bladder and Bowel
- Adult Speech and Language

- Lymphoedema (a long-term (chronic) condition that causes swelling in the body's tissues. It can affect any part of the body, but usually develops in the arms or legs. It develops when the lymphatic system doesn't work properly)
- Leg Ulcer and Tissue Viability Services
- Community Neuro Rehabilitation Service
- Podiatry (excluding Diabetes) – potential to link with new musculoskeletal (MSK) provider

4.6 The proposed timeframe for procurement and mobilisation will be 18 months, with a provider selected and a new contract mobilised to commence on 1 April 2019.

5. Implications and opportunities for integration

5.1 A competitive dialogue process for adult community health services represents a significant shift in Hertfordshire's health and social care economy. It raises the possibility of new provider organisations coming into Hertfordshire and thereby carries with it the risk of uncertainty.

5.2 It also presents a significant opportunity for the County Council to influence the design and direction of adult community health services. The health and social care integration agenda has long sought to better align social care with adult community health services, recognising the overlap in patients/service users and the extent to which coordination of resource and intervention can improve an individual's wellbeing and reduce the risk of their situation or condition deteriorating. There are also opportunities to support the delivery of the [Hertfordshire ACS Draft 15 Year Plan](#) and the 2020 vision for integration - [Joined-up care - aligning Adult Care Services with Health](#) – that was signed-off by Cabinet in July 2017.

5.3 Recommissioning adult community health services provides the opportunity to specify integration as a key element of the contract and therefore something which any future provider needs to consider as part of their business model and their tender submission. It also means that any future provider could have contractual obligations in respect of working with social care and will be able to be monitored and managed on that basis. This by no means guarantees integration and improved outcomes, but it does provide additional leverage to the commissioner to make changes happen and, managed properly, would support and complement the operational integration and joined-up care that already takes place.

5.4 Initial conversations have taken place between Council officers and HVCCG about the potential opportunities that HVCCG's decision regarding the recommissioning of adult community health service represents.

- 5.5 Adult Care Services officers have scoped some of the opportunities and risks associated with HVCCG’s decision to recommission community services. Different services have been assessed against a number of criteria, including:
- Risk to care market sustainability
 - Risk to care market financial sustainability
 - The council retaining accountability and control
 - Impact on service users’ experience
 - Impact on service users’ outcomes
- 5.6 This process has identified a number of areas where more joined-up activity could be of most benefit to service users and support the development of social care services.
- 5.7 These areas have been broadly categorised into short and long term services. Further detail is in the table below which demonstrates the opportunities for integration and alignment with the Adult Care Services 15 Year plan.
- 5.8 The short term services cover hospital discharge, prevention of admission and community beds. Each of these represents specific pieces of short term or immediate activity with individuals, where the better coordination of health and care services would significantly improve service user experience and service user outcomes.
- 5.9 The longer term services consider how joined-up care might better align health and care service around service users with ongoing and long-term care needs.

5.10

Short-term services	Opportunities for more joined-up activity between health and care	Links to the ACS 15 year plan
Integrated hospital discharge pathways	Development of an integrated specification for community-based intermediate care and enablement services that support hospital discharges. This would include: <ul style="list-style-type: none"> • Alignment of existing specialist care at home services and Enablement OTs into joint teams with health therapists, health care assistants and nurses. • Teams working within hospitals to ‘pull’ people out of beds. • Service specification to be based on ‘discharge to assess’ principles and protocols (as set out in the 10 High Impact Change model). 	Define our approach to ensure people are discharged from hospital at the right time, delivering required business process improvements with NHS colleagues (SA3) Build on new interventions which alleviate pressures in hospitals for example ‘Discharge to Assess’ and aligning care worker teams with the NHS (SA3)

		Put in place a new Occupational Therapy strategy to promote independence (SA3)
Prevention of hospital admission services	An integrated pathway and process (rather than a specific team) for joint prevention of hospital admission responses: <ul style="list-style-type: none"> • Alignment of triage and 'rapid' assessment functions so initial responses can be co-ordinated. • Quick, trusted access to specialist care at home and short term care home beds, and for therapy and nursing interventions and step up intermediate care beds. 	
Flexi – bed model	Develop an integrated service specification for 'discharge to assess' care home beds, including: <ul style="list-style-type: none"> • Access to a range of services, including therapy and nursing, which is flexible depending on the needs of the person in the bed. • A flexible pricing model depending on services accessed. • Creating a future alternative to intermediate care beds as commissioned in E&N Herts. • Developing joint-commissioning intentions around bed models 	
Long term services:		
Holistic case management	Establish integrated pathways / processes for the co-ordination of care for those with frailty and other long term conditions. This includes <ul style="list-style-type: none"> • Joint case finding and risk stratification processes between primary care, social care and community health services. • Creating virtual 'neighbourhood teams' to formalise requirements for community health and social care services in their alignment with GP 'neighbourhoods' (local clusters of GP surgeries). 	Review our services for people with complex needs and increase provision (SA4) Establish, deliver and evaluate a pilot project on using predictive data (SA2) Create integrated personal care services for those with chronic and complex needs alongside the NHS (SA4)

	<ul style="list-style-type: none"> Building on the Multi-Speciality Team (MST) approach to formalise joint assessment, care planning and case management for those with complex needs and multiple long-term conditions, which includes ensuring that services are adequately resourced by community health teams. 	<p>Roll out new practice principles which support delivery of these approaches (SA4)</p> <p>Develop our strategy for community hubs, making the best use of property and assets (SA2)</p>
Nurses aligned to social work teams	Replicate arrangements in Learning Disability teams where Community Nurses co-locate with social workers to support holistic case management.	Identify named workers to support individuals (SA1)
Clinical input into care homes	Establishing a service specification for nursing and therapeutic input to care home residents.	
Preventative and personalised approaches	<p>Joint development of service models and questions for providers around their experience of implementing preventative and personalised initiatives. e.g.:</p> <ul style="list-style-type: none"> Improved links with voluntary sector services Increasing utilisation of personal budgets Assistive Technology Carers services 	<p>Embed 'Community First' thinking into practice; and ensure a common understanding and approach (SA2)</p> <p>Develop our 'HertsHelp' offer (SA1)</p> <p>Target information at specific groups such as carers (SA1)</p>

- 5.11 The proposed recommissioning of this contract does not include all elements of adult community health services. A number of other clinical pathways, including Diabetes and Musculo-Skeletal Services have either been recommissioned or are in the process of being recommissioned. These processes have their own timeframes and separate procurement processes.
- 5.12 HCT also provides Children's Community Health Services, some of which are commissioned by HVCCG and other elements, most notably Health Visiting and School Nursing services, commissioned by Public Health.
- 5.13 The Children's Community Health Services commissioned by HVCCG are not within scope of this procurement, however HVCCG are currently undertaking a review of their Children's Community Health service activity and spend.

5.14 Health Visiting and School Nursing are already in the process of being competitively tendered by Public Health. The award of this contract is scheduled for February 2018. Conversations are taking place between HVCCG, Children's Services and Public Health to ensure alignment between this activity and any future commissioning intentions.

6. Next steps

- 6.1 The Director of Adult Care Services proposes to undertake work with HVCCG and set out the council's future model of care for community services in Hertfordshire. This would establish the council's own strategic intent (as defined in the 15 year plan). Officers would constructively challenge HVCCG to consider how its vision for adult community health services could support the council's model of care and what changes could be made to the traditional way of delivering community health services.
- 6.2 Within this model of care, there will be a number of specific activities and pathways which could benefit from being jointly specified in any community health contract as identified in the table in point 5.10. The next steps would involve convening a series of workshops with HVCCG to develop joint specifications and processes in the priority areas listed above.
- 6.3 At this stage there is a preference for alignment of services into jointly specified, integrated care models; rather than necessarily moving resources into joint contracts.
- 6.4 Further internal work may need to be undertaken on businesses cases, particularly where the County Council is proposing alternative uses of health resources, such as clinical input into care homes and nurses aligned to social work teams to support longer term case management.
- 6.5 Joint work with HVCCG could also be required to devise a series of questions and requirements into the tender documentation to ensure bidding providers demonstrate the requisite levels of experience and ambition around the personalisation of services, and understand the level of partnership working with social care providers to deliver the integrated care specifications.
- 6.6 The outcome of this work will be brought back to Panel for consideration and any changes to Council policy will be brought back to Panel and Cabinet for approval.

7 Financial Implications

- 7.1 The financial implications will depend on the scope and scale of the County Council's involvement in the contract and the procurement. Each area for proposed inclusion or alignment will need to be assessed to ensure that would be a financial or value for money benefit for the County Council, service users and residents.

8. Risk implications

- 8.1 There are system risks attendant on HVCCG's decision. For the County Council there is a risk that any disruption to the provision of adult community health services might increase demand on social care resources or jeopardise existing process and areas of good practice. HVCCG are developing a risk register for the procurement process which will identify how major system risks could be mitigated. The Integrated Care Programme Team will also develop a parallel risk log for the County Council.
- 8.2 Any proposal for alignment or inclusion will only be made following full consideration of the required governance and risks by the County Council. Any agreements that are made by HVCCG will be considered through the appropriate County Council governance arrangements and clearly documented.

9. Equalities implications

- 9.1 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.
- 9.2 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.
- 9.3 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.

- 9.4 The equality impact of recommissioning adult community health services will be assessed by HVCCG, which will also be responsible for outlining how any potentially negative impact might be avoided or mitigated against. Where there are specific proposals for the inclusion or alignment of County Council services in any future contract an equality impact assessment will be undertaken by ACS on each specific proposal and its potential impact upon individuals or groups with protected characteristics.

10. Consultation

- 10.1 HVCCG will be leading on the consultation and engagement process accompanying its decision to recommission adult community health services. Any proposals for alignment or inclusion of Council services will be assessed as to what consultation might be required with service users and stakeholders.

11. Property or accommodation implications

- 11.1 The property implications of the recommissioning process will be addressed by HVCCG. There is potential to explore whether a new contract could support the development of community hubs, helping to align services council and health services around certain premises.

12. Background information

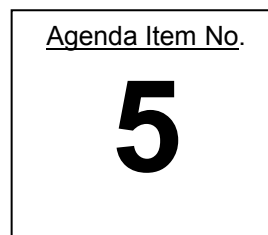
[Your Care, Your Future](#) (2015), Herts Valleys CCG
[Joined-up care - aligning Adult Care Services with Health](#) (July 2017)
[Hertfordshire ACS Draft 15 Year Plan](#) (Oct 2017)

Herts Valleys Board Meeting 14 September 2017
<http://hertsvalleysccg.nhs.uk/publications/board-documents/board-papers/14-september-2017>

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE AND HEALTH CABINET PANEL
TUESDAY 30 JANUARY 2018 AT 10.30AM**

**RESOURCES PROPERTY AND THE ECONOMY
CABINET PANEL
WEDNESDAY 14 FEBRUARY 2018 AT 10.00AM**



**INVEST TO TRANSFORM PROPOSALS TO SUPPORT DELIVERY OF
ADULT SOCIAL CARE INTEGRATED PLAN PROPOSALS**

Report of the Director of Adult Care Services

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

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

1. Purpose of report

1.1 To request that Panel recommends that Cabinet agrees an Invest to Transform Programme for Adult Care Services designed to support the delivery of Integrated Plan Proposals.

2. Summary

2.1 Adult Care Services (ACS) has put forward proposals in the 2018/19 to 2021/22 Integrated Plan to deliver significant efficiencies and savings.

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/733/Committee/16/Default.aspx>

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

- 2.2 The ACS Integrated Plan (IP) strategies aim to deliver a department wide transformation. A new assessment methodology is rolling out across the service, which emphasises an enabling approach and support for independent living and ensures that financial resources are carefully deployed. New models of care and support for service users need to be developed and commissioned in response. Further strands of activity aim to secure a range of flexible accommodation for service users, maximise alternative sources of funding and develop technological solutions in line with people's expectations.
- 2.3 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 investment comprises the resources required to deliver this activity. This will 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.
- 2.4 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, and new services for Adults with Disabilities;
 - additional financial administration capacity to support income maximisation;
 - introducing new Assistive Technologies to support change and the effective deployment of care capacity;
 - project management and corporate resource such as finance and IT capacity to deliver and monitor the impact of change.

3. Recommendation

- 3.1 That Panel recommends that Cabinet agrees the proposed Invest to Transform Programme for Adult Care Services (detailed in Appendix A) designed to support delivery of Integrated Plan Proposals.

4. Background

- 4.1 In order to support the delivery of the four-year Integrated Plan Proposals for Adult Social Care a number of delivery programmes are in development and funding requirements for these have been identified. Appendix A describes these further. The areas are:

Commissioning Capacity: Older People's Accommodation

- 4.2 To secure the specialist capacity to:
- Establish the right care and delivery models for cost-effective older people's accommodation in Hertfordshire; including extra-care facilities (purpose built accommodation with on-site care presence) and additional nursing care
 - Identify partners and sites, and develop business cases
 - Deliver schemes and ensure their implementation and ongoing success.
- 4.3 This is in line with the Ten Year Supported Accommodation Strategy agreed by Cabinet in July 2017:

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

Commissioning and Care Management Capacity: New Services for Adults with Disabilities

- 4.4 To secure the savings relating to designing and developing a new day opportunities offer for younger adults; to provide a strategic approach to provider management and securing value for money 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.

Income Maximisation Opportunities

- 4.5 To support delivery of the IP savings relating to income generation 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.

Assistive Technology

- 4.6 To deliver pilot projects for Assistive Technology in two areas:

Improved reablement services – 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

Improved care delivery and need escalation identification – using modern technology to work with care agencies to use technology to appropriately supplement care and support, helping to use care capacity flexibly and with greater efficiency. Using technology to identify patterns which indicate escalating need, and intervening to prevent crisis.

4.7 In addition there are proposals for project management resource and for support from corporate functions such as finance and IT.

5 Financial Implications

5.1 The investment bids are summarised as follows:

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

5.2 Anticipated efficiencies and savings directly supported by these investment proposals are:

Integrated Plan Proposals supported by ITT bids	18/19 £'000	19/20 £'000	20/21 £'000	21/22 £'000
Older People's Accommodation	-1500	-3000	-4500	-6000
LD Transformation	-4500	-8800	-12100	-15100
Income	-2750	-3025	-3300	-3575
Assistive Technology	-750	-1500	-2250	-3000
	-9,500	-16,325	-22,150	-27,675

5.3 Over the four-year period the entire IP programme for ACS will deliver anticipated savings of the order of £42.9m.

6 Equalities Implications

- 6.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equality implications of the decision that they are making.
- 6.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment produced by officers.
- 6.3 The Equality Act 2010 requires the County Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 6.4 Page 12 of Appendix A summarises the equalities considerations relating to these investment proposals which, as Integrated Plan themes, are encompassed within the full EQIA prepared for the IP which 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>

**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).

ITEM 5 APPENDIX A

This table summarises the investment proposals over the IP timeline:

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

ITEM 5 APPENDIX A

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:

IP OP Strategy	Efficiency Required			
	18/19 £'000	19/20 £'000	20/21 £'000	21/22 £'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.

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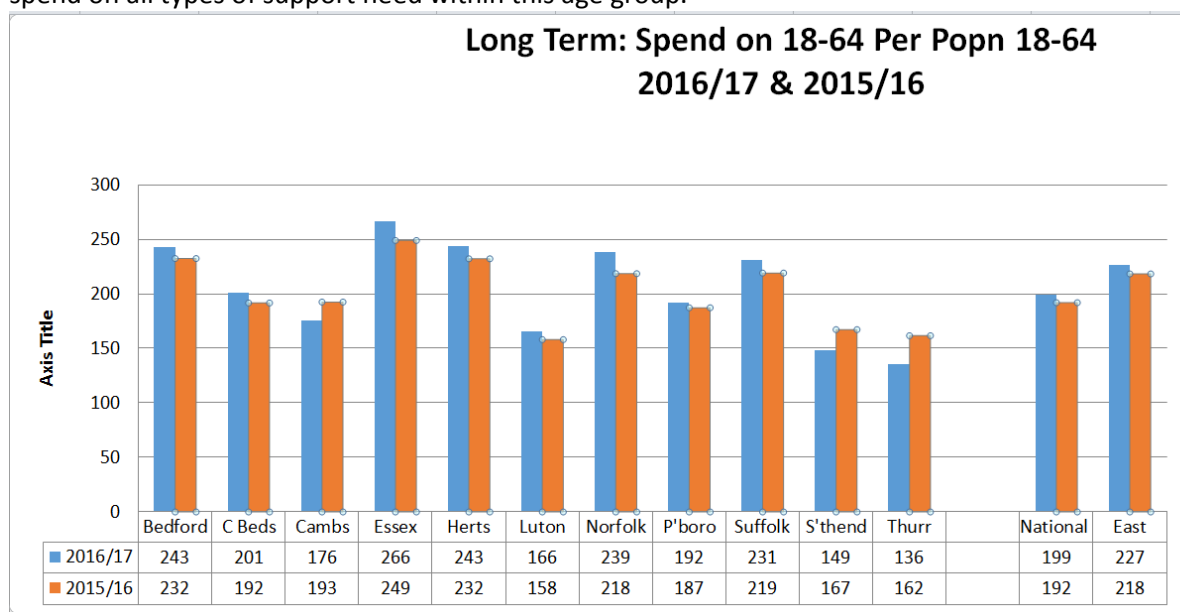
As specific projects near completion, work will be required to market schemes to secure the right mix of residents and work with individuals to secure benefits take up.

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.



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>

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The service has IP targets as follows:

	Efficiency Required			
	18/19	19/20	20/21	21/22
	£'000	£'000	£'000	£'000
IP LD Strategy				
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-commissioning' 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 financial 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	
Existing 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).

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3 Income Maximisation Opportunities

ACS has significant IP targets in relation to income:

IP Strategy	Efficiency Required			
	18/19	19/20	20/21	21/22
	£'000	£'000	£'000	£'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	

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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	19/20	20/21	21/22
	£'000	£'000	£'000	£'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 (DTC) 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.

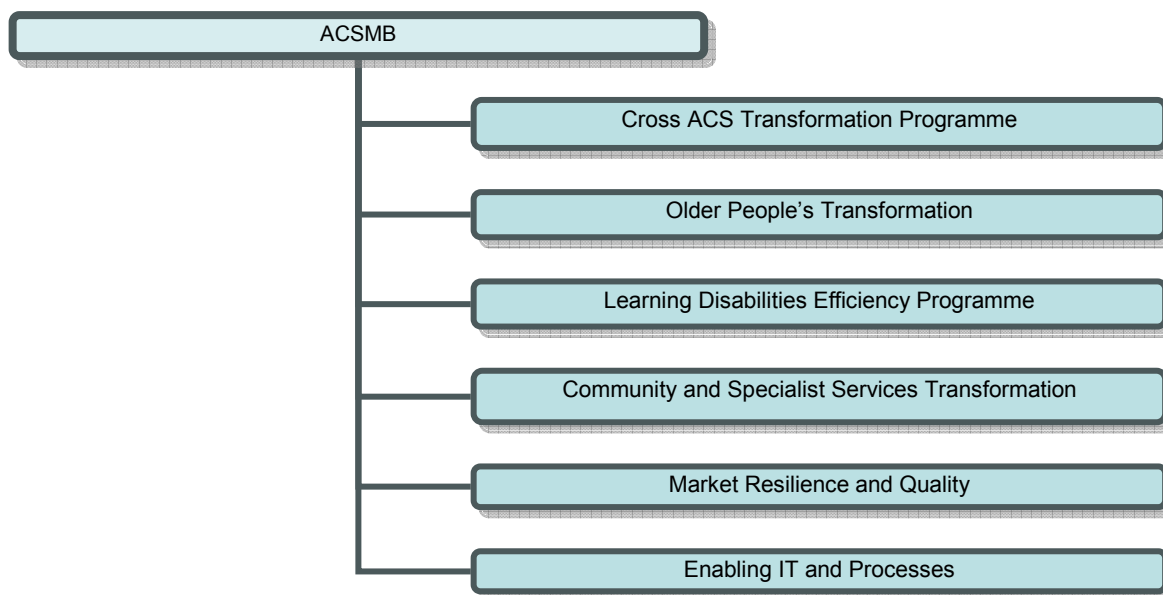
The costs of the resource to deliver the wider AT agenda and the two pilot exercises are estimated as:

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

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5 Programme Management and PMO

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



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:

Project Management Office: IP Strategy Implementation: Bid to ITT Fund									
Post Title	Grade	Posts	FYE Salary & oncost	Phasing				Total	Comments
				18/19	19/20	20/21	21/22		
				£	£	£	£	£	
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	

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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	19/20	20/21	21/22	Total
	£'000	£'000	£'000	£'000	£'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:

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- 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

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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.

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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>

Appendix A

Transformation Board

