

# Agenda



**AGENDA for a meeting of the ADULT CARE & HEALTH CABINET PANEL in COMMITTEE ROOM B, at COUNTY HALL, HERTFORD on TUESDAY 6 MARCH 2018 at 10.30AM**

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## **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. If a member has a Declarable Interest they should consider whether they should participate in consideration of the matter and vote on it.**

## **PART I (PUBLIC) AGENDA**

### **1. MINUTES**

To confirm the minutes of the meeting held on 30 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 resident in 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](mailto:elaine.manzi@hertfordshire.gov.uk).

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

**3. 15 YEARS: FUTURE DIRECTION & STRATEGIC DIRECTION FOR ADULT SOCIAL CARE IN HERTFORDSHIRE**

*Report of the Director of Adult Care Services*

**4. AMENDMENT TO CHARGING POLICY FOR COMMUNITY BASED ADULT SOCIAL CARE**

*Report of the Director of Adult Care Services*

**5. ADULT SOCIAL CARE PERFORMANCE MONITOR – QUARTER 3 - 2017/18**

*Report of the Director of Adult Care Services*

**5. 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](mailto: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

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## ADULT CARE & HEALTH CABINET PANEL TUESDAY 30 JANUARY 2018

### ATTENDANCE

#### MEMBERS OF THE PANEL

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

#### OTHER MEMBERS IN ATTENDANCE

None

Upon consideration of the agenda for the Adult Care & Health Cabinet Panel meeting on 30 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 10 January 2018 were confirmed as a correct record and signed by the Chairman.

#### 2. PUBLIC PETITIONS

- 2.1 There were no public petitions.

#### ACTION

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

Authors:

Helen Maneuf, Assistant Director Integrated Planning and Resources (Tel: 01438 845502)

Lindsey McLeod, Head of Corporate Finance (Tel: 01992 556431)

- 3.1 Prior to the report being discussed, the Chairman made the following announcement:

All Members who have a disclosable pecuniary interest arising from an allowance from the County Council, another local authority in Hertfordshire, or a body to whom they have been appointed by the County Council, have received a dispensation to allow them to participate in debate and vote on the Integrated Plan.

All Members have been granted a dispensation to participate in debate and vote in any business of the County Council relating to setting the council tax or precept when they would otherwise be prevented from doing so in consequence of having a beneficial interest in land which is within the administrative area of Hertfordshire or a licence (alone or jointly) to occupy such land.

- 3.2 Members were presented with a brief overview of the full structure and detail of the council's Integrated Plan for 2018/19 -2021/2 (IP Plan) before discussing the detail of the section pertaining to Adult Care & Health.

- 3.3 The panel's attention was initially drawn to Part A of the IP Plan where a corporate summary highlighted the announcement from central government in their March 2017 budget of the allocation Additional Improved Better Care Fund monies (Point 1.12), and the risk associated with a court judgement in relation to Liabilities to Sleep Duties (Point 3.3). It was noted that both of these points were relevant and had been integral to the considerations and calculations made regarding the Adult Care & Health budget.

- 3.4 The Adults Care Services portfolio in Part B of the IP Plan was then considered by Members. It was noted that in terms of priorities, Adult Care Services had outlined four strategic area priorities for the forthcoming year.

- 3.5 It was noted that in terms of priorities, Adult Care Services had outlined four strategic area priorities for the forthcoming year, as outlined on page 21 of the report.

- 3.6 The pressures and challenges facing the department as detailed on page 22 of the report, were also outlined, with particular emphasis being placed on the market workforce pressures currently being experienced.
- 3.7 In response to a Member challenge as to why improving rates of delayed transfers of care from hospital had been identified as a risk, as detailed in the summary on page 19 of the IP report, it was explained that this was a risk partly due to the fact that the funding that had been received from the improved Better Care Fund, which had been largely directed towards hospital discharge and prevention of admission solutions, was provided in three individual, annually reducing payments over each of the three year span of the current programme, with only £5.8m due to be provided in 2019/20, compared to £13m when the funding had been first provided in 2016/17. Additionally it was noted that there was a further risk as it was currently unclear as to if and how future funding would be provided beyond 2019/20.
- 3.8 Members noted the key projects and programmes scheduled to be delivered by the department as outlined on page 24 of the report.
- 3.9 In response to a Member question it was confirmed that the savings achieved by reducing residential care placements would be offset by the expenditure on additional costs e.g. of homecare. It was confirmed that the savings from residential care placements had been calculated based on the equation that each person who received homecare rather than residential care would receive an average of 16 hours of care per week. In response to a Member question, it was noted that this average had increased annually in line with the increasing complexity of the needs of residents.
- 3.10 Confirmation was received that 'extra care' and 'flexi care' were the same service, with flexi care being the term most commonly used within Hertfordshire.
- 3.11 During Member discussion it was noted that the Net Revenue Budget detailed on page 20 of the IP report was calculated based on a range of different factors including changing funding streams and changes in legislation, but predominantly it was based on increased demand and the yearly increase in demography. Members attention was drawn to page 33 of the IP report which provided further detail on the key budget movements for the department.
- 3.12 Members received assurance that although the budget had been calculated on current demand, demography and legislation, there would be continued monitoring of any changes within these areas, and any significant impact that were to occur as a result of any change it would be responded to as appropriate.

- 3.13 By way of illustration of how legislation would affect the future budget, Members were advised that it was predicted that government policy on increasing the National Minimum Living Wage would end in 2020/21, which would mean that this would no longer be a budgetary pressure that would need to be taken into consideration.
- 3.14 It was also noted that the department recognised that government had yet to formally produce any legislation on the future funding of Adult Social Care, which would also potentially have an impact on future budget planning.
- 3.15 In relation to how the department has reviewed its effectiveness/value for money in delivering service outcomes, as outlined on page 29 of the report, Members were pleased to note that since the report had been published Hertfordshire Adult Care Services had now moved from 84<sup>th</sup> to 79<sup>th</sup> in the recently published 2016/17 Adult Social Care Outcomes Framework Measures.
- 3.16 Members noted the key risks in delivering the projects as outlined on page 31 of the report, and discussed in more detail the issues related to workforce pressures as briefly mentioned earlier in the meeting.
- 3.17 Members heard that 30,000 people work in Adult Social Care in Hertfordshire and annually approximately 1,000 per year leave the sector for alternative employment. In addition, an additional 1,000 posts must be recruited in order to meet the increasing demographic demand.
- 3.18 It was noted that the department had been very proactive in promoting recruitment and had explored a number of solutions to secure staff including a recruitment campaign, rebranding the job title, increasing and protecting the salaries of care workers, and recruiting trainee care cadets to fill vacancies, but there was still a gap in recruitment.
- 3.19 In response to a Member question as to whether there could be consideration of promoting a career in social care in schools, it was agreed that this could be explored. It was noted that local colleges currently run courses, which are sometimes under subscribed. It was agreed that as the care profession was vocational rather than academic, it would not be appropriate to pursue the promotion of care work with the University of Hertfordshire.

Iain  
Macbeath/  
Frances  
Heathcote

- 3.20 Member observations on the cost of travel for care workers, and considerations around the age and gender appropriateness of care workers were noted.
- 3.21 Members were notified that a more detailed paper on the workforce strategy and pressures being experienced by the department would be presented to a future meeting of the Adult Care and Health Cabinet Panel.
- 3.22 The Capital Programme outlined on page 37 of the report was noted by the Panel. Members received clarification that EPH Provision as detailed on the Capital Programme stood for Elderly Person's Home provision.
- 3.23 During further discussion the risk regarding the proposal to submit an Invest to Transform Bid was noted and it was established that robust strategies would be in place should the bid be unsuccessful.
- 3.24 A Member observation that further integration work with the NHS should be considered when planning for future budgets was acknowledged by the panel. Members received assurance that ongoing discussions and meetings were taking place to achieve this.

Iain  
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ances  
Heathcote

**CONCLUSION:**

- 3.25 The Panel provided comment to Cabinet on the proposal relating to the Integrated Plan in respect of the Adult Care and Health Portfolio. The Panel also identified any issues that it felt that the Cabinet should consider in finalising the Integrated Plan proposals. These are outlined in the preceding text.

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

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

- 4.1 Members received a paper outlining opportunities presented to the council by the decision by Herts Valleys Clinical Commissioning Group (HVCCG) to recommission adult community health services within West Hertfordshire.
- 4.2 The panel noted that currently the majority of adult community health services in West Hertfordshire are provided by Hertfordshire Community Trust (HCT).



- 4.3 It was explained to Members that the recommissioning provided the prospect for the council to have an input into the shaping of future services, with the view to providing a better outcome for residents, in line with the ambitions outlined in Adult Care Services 15 year plan.
- 4.4 Members were advised that at this stage there would be no confirmed financial savings to be achieved through creating joined up services, but it was hoped that this could be something that would be achieved in the future.
- 4.5 Further to a Member question, it was confirmed that the Strategic Transformation Partnership were aware of and had discussed HVCCG's decision to recommission.
- 4.6 During discussion, it was established that not all commissioned adult community health services within West Hertfordshire were in-scope to be retendered through this process. It was noted that this was due to two reasons; firstly, either a particular service had just been retendered or were still within their contractual timeframes or secondly, the decision had been made that the service did not need to be retendered.
- 4.7 Members' attention was drawn to Point 4.5 of the report which provided the current list of services in scope to be retendered through this process. Members noted that interest in the tender had been expressed both public and private organisations.
- 4.8 The Panel noted and discussed the detail of the opportunities presented by the retendering as outlined at Point 5.10 of the report.
- 4.9 Members were pleased to acknowledge that the approach to the council by HVCCG heralded a reaffirming of relationships between the two organisations, but expressed concern regarding the impact that the proposal would have on the Hertfordshire Community Trust (HCT) workforce.
- 4.10 Members also expressed concerns regarding the level of risk attached to retendering of contracts to private providers, as illustrated by the recent challenges presented by the private ambulance service that supported West Hertfordshire Hospitals Trust going into receivership.
- 4.11 The panel received assurance that the council were very conscious of the potential level of impact to HCT, and were mindful that there was a level of risk attached to the proposals, but explained that the current evolution taking place within the health service was driving locally focussed collaborative methodology, such as these proposals, as the future direction of service.

4.12 Members were assured that the council would be monitoring the risks, and it was reiterated that by being part of the discussions the council could shape the decisions and therefore minimise or mitigate the risk.

4.13 Members acknowledged the proposal; however the concern expressed by one Member as to where the council would go next in respect to the proposal was noted by the panel.

4.14 The Chairman acknowledged the concerns expressed by the panel and requested that a further paper updating the panel on developments of the proposal be returned to a future meeting of the Adult Care and Health Panel in due course.

Ed  
Knowles/Iain  
Macbeath

4.15 **Conclusion:**

i. The panel noted and comment on the opportunities within the Report for joining up health and care services in Hertfordshire;

and

ii. Recommended 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.

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

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

5.1 Members considered the proposals for the Invest to Transform (ITT) Programme to support the delivery of the Adult Care Services Integrated Plan Proposals as outlined earlier in the meeting.

5.2 In response to a Member question it was agreed that further information would be shared with the panel as to how many people the £13.9m debt detailed in item 3 of Appendix A represented.

Helen  
Maneuf/Iain  
Macbeath

5.3 During discussion it was established that there had been discussions with finance officers to ensure that the ITT bid would be robust, funding would be appropriately ring-fenced, and the proposals would be able to be sustained over the four year bid

period.

- 5.4 The panel were also advised that officers had met with colleagues in Liverpool City Council, who had already successfully implemented similar proposals within their own authority, in order to gain knowledge and insight to inform the ITT planning and decision making within Hertfordshire.
- 5.5 Members noted that no other official guidance was currently available for work in relation to Assistive Technology (AT) , as Hertfordshire would be one of the first authorities to implement a digital AT strategy, and as such, this may provide the potential for other authorities to learn from its practice.
- 5.6 In response to a Member query regarding Older People's Accommodation, it was established that local accommodation boards were currently in existence. It was agreed that further work should be undertaken with the district councils and property developers in order to influence informed and appropriate decisions being made with regards to properties being built within districts.
- 5.7 **Conclusion:**  
That Panel recommends that Cabinet agrees the proposed Invest to Transform Programme for Adult Care Services (detailed in Appendix A of the report) designed to support delivery of Adult Care Services Integrated Plan Proposals.

Helen  
Maneuf/Iain  
Macbeath

**6. OTHER PART I BUSINESS**

There was no other Part I business.

**KATHRYN PETTITT  
CHIEF LEGAL OFFICER**

**CHAIRMAN** \_\_\_\_\_

**CHAIRMAN'S  
INITIALS**

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**HERTFORDSHIRE COUNTY COUNCIL  
ADULT CARE & HEALTH CABINET PANEL**

**TUESDAY 6 MARCH 2018 10:30 AM**

**15 YEARS: FUTURE DIRECTION & STRATEGIC DIRECTION FOR ADULT  
SOCIAL CARE IN HERTFORDSHIRE**

*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 outline the long term direction statement for Adult Social Care (“the Fifteen Year Direction”), as detailed in Appendix A of this report.

**2. Summary**

2.1 Panel agreed a consultation document on the ‘Fifteen Year Direction’ for Adult Social Care at its meeting on 18 October 2017.

2.2 The Fifteen Year Direction sets an over-arching ambition for the future to meet these challenges, and guide the development and transformation of adult care services into the long term.

2.3 The Fifteen Year Direction sets a future course of travel for adult social care which will increasingly see the service:

- involved in supporting significantly more people than at present, with a role less focussed on direct service provision and more on the infrastructure that supports people to remain well and independent.
- Continue the evolution towards a role of provider of information and advice, commissioner, regulator and emergency safety net.

2.4 The Fifteen Year Direction has been consulted upon and the themes emerging from this are discussed in section 4 below, along with how these have been reflected in the final proposed plan.

2.5 The high level of uncertainty in the adult social care external environment is something Panel has commented upon previously. The Government is preparing a Green Paper on Older People’s social care which is anticipated in the summer; and is also considering future arrangements for social care for people of working age. These are particular milestones which will make a re-visit of the Fifteen Year Direction important.

**3. Recommendation**

3.1 For Panel to recommend that Cabinet agree the Fifteen Year Direction for Adult Care Services (ACS), as outlined in Appendix A of this report.

**4. Consultation exercise**

4.1 The consultation on the Fifteen Year Direction has comprised:

- Presentation and feedback exercise at Co-Production Board;
- Circulation to partners and stakeholders and invitation to comment;
- Publication on the council website and intranet;
- Presentation and workshop session with Adult Care Services managers;
- Presentation sessions with Hertfordshire Carers Organisations Network and Learning Disability Forum;
- Discussion with Clinical Commissioning Groups.

4.2 The themes arising from the consultation and commentary on these are set out in the tables below, according to the Strategic Areas of the Fifteen Year Direction. The detailed activity that is proposed in these areas is noted after each table. The final version of the Fifteen Year Direction has been reviewed to ensure these themes are appropriately reflected.

4.2.1 Strategic Area 1: Information and Advice

*Communicating well, and providing good information and advice to enable and support people to look after themselves and each other, getting help at the right time as their needs change.*

<b>Theme</b>
Consideration of whether there should be a bespoke specialist advice service for example; retirement planning, advice for families who are caring at a distance, legal, caring.
Enabling other council services and partners (e.g. libraries and voluntary and community sector providers) and care providers to provide information and advice.
Joining up our information and advice offer across local government and health.
Ensuring that information sources are up to date and relevant and available on a round the clock basis.
How the professional and carer workforce are supported to be able to offer information and advice.

<b>Theme</b>
Ensuring suitable emphasis on the role of advocates.
Observing accessible information standards.
Encouraging personal responsibility for preparation for ageing and family involvement.

#### 4.2.2 Response

As well as reflecting these comments within the 15 Year Direction, these suggestions will be reviewed within work to develop Adult Care Services new Information and Advice Strategy. They will also inform initial thinking about the future shape of the Social Care Access Service and feed into the Hertfordshire and West Essex Sustainability and Transformation Partnership ('the STP') discussions on access routes for health and social care.

In relation to the Assistive Technology strategy and the promotion of digital solutions for meeting care and support needs, services will be designed in consultation with carers and piloted in order to assess impacts

#### 4.2.3 Strategic Area 2: Community Connections

<i>Recognising that we depend on each other and we need to build supportive relationships and strong and resilient communities. <b>Theme</b></i>
Working with partners and provider organisations so that they also support and contribute to this vision and approaches are joined up.
Using data and information to identify individuals that can be supported in a preventative way.
Supporting carers and families to continue in times of crisis.
Setting our strategy for carers within all of this and supporting innovation.
Clarifying how we want to work with communities; how might the hub approach be taken forward and make our day offer more attractive, what would such a strategy look like in different communities.
Supporting care workforce in delivering this approach, at both professional and practitioner level.
Our responsibility to engage people with alternative types of support.
Developing preventative approaches; e.g. strategies for connecting people that overcome loneliness and isolation and help people feel safe and secure, timely interventions that prevent deterioration.
Putting service users in charge; offering peer group support, devolving funding, co-producing.
Using volunteers and working with voluntary organisations to help support this agenda

#### 4.2.4 Response

Connected Lives is Hertfordshire's whole service approach to community practice, personalised enablement and new models of commissioning and is to be implemented during the spring of 2018. Work to review the Carers Strategy is to begin, and a new Workforce Strategy is scheduled to be considered at Adult Care and Health Panel during April 2018. A review of crisis response arrangements will be undertaken with a view to ensuring the council's offer for people and carers confronted by crisis situations is robust and supportive.

Hertfordshire's Co-production Board helps the department work alongside people who use care services, and their carers to help shape services and enable and facilitate people in having control. The Co-production Board has agreed a number of co-production principles to guide work in this area.

The year 2017 saw Hertfordshire County Council lead a 'Year of Volunteering' including raising awareness of opportunities to improve the health and wellbeing of residents and to prevent isolation and mental health problems. We help support and work to facilitate a thriving voluntary sector in Hertfordshire.

#### 4.2.5 Strategic Area 3: Valuing Independence

*Services that prevent future need, help people get back on track after illness and support disabled people to be independent, living purposeful lives with all of the freedoms and opportunities offered by society.*

<b>Theme</b>
The plan should set out intentions to influence the development of community based intermediate care to access appropriate therapy and enabling approaches.
Employment should be promoted across all ages and care groups; working to create job opportunities.
The importance of attracting and retaining people to work in the care industry.
Working with providers so that they offer enabling care which helps people progress towards independence.

#### 4.2.6 Response

Adult Care Services is working with the Clinical Commissioning Groups and as part of the Strategic Transformation Partnership to call for increased investment for intermediate and community based care. Within the service we are developing enabling approaches building on the successful Enablement Occupational Therapy pilot and the Specialist Care at Home Service.

A new workforce strategy will take forward work to promote caring as an attractive employment opportunity. 'Commissioning for Outcomes' approaches will embed a model of care which focuses on enablement and on progression towards independence.

#### 4.2.7 Strategic Area 4: Caring Well

*Developing services that are personalised, of good quality, address people's wellbeing and keep them safe and resilient. Services will be joined-up around an individual's needs and those of their carers. Personal budgets are central to this approach.*

<b>Theme</b>
A stronger commitment should be given to working to develop personal budgets and joined up care planning working with health on this where appropriate.
Opportunities to develop solutions that work within particular geographical areas / localities, rather than a one size fits all approach e.g. the offer in rural areas.
What is the offer outside of the main care groups and how are these to be supported.
Acknowledging and accepting people's right to take risks in making their own decisions.
There should be a stronger / more explicit emphasis on value for money and on recognising the need to decommission services.
Developing the Personal Assistant market .

#### 4.2.8 Response

The Fifteen Year Direction is intended to be a strategy which is relevant to all the people who use care and support services.

The council is participating in a project to develop Integrated Personal Commissioning which aims to give individuals with complex health and social care needs a single way of planning their care and support needs and a budget to pay for this. Work to review and refresh the council's Direct Payments Strategy will encompass consideration of how the council can support a vibrant Personal Assistant market.

#### 4.2.9 General comments

<b>Theme</b>
Understanding that the document was set within the current challenging funding context and that the uncertain climate might mean a need to change course
Ensuring the document reflects the aspirations for both older people and adults of working age
Emphasising the importance of co-production approaches
Ensuring the right terminology to describe people with care and support needs; using the definitions used by disabled people
Review to ensure plain English and avoid management speak



Clarify that 'Future Shots' are aspirations rather than things that are available in the here and now.

#### 4.2.10 Response

The document has been reviewed to take these points on board.

### **5. Next Steps**

- 5.1 A Three Year Plan for Adult Care Services has been developed and is due to be considered by Panel in April. The Three Year Plan is the delivery plan for the first period of the Fifteen Year Direction.
- 5.2 Monitoring and assurance arrangements are being established to track and report on progress.

### **6 Financial Implications**

- 6.1 There are no immediate financial implications in the Fifteen Year Direction but the general ethos of the plan is about the importance of developing an infrastructure that supports people to remain well and to re-balance provision away from intensive, dependence-inducing costlier forms of support. Any changes that are made in due course will be developed within the Integrated Plan framework.

### **7 Equality Implications**

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

6.4 An Equality Impact Assessment has been developed and is available at Appendix B.

**Background reports:**

Adult Care & Health Cabinet Panel 18 October 2017:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/763/Committee/16/Default.aspx>

15

**YEARS:**

**FUTURE DIRECTION AND  
STRATEGIC AMBITIONS  
FOR ADULT SOCIAL CARE  
IN HERTFORDSHIRE**

**2018 - 2033**

**Adult Care Services  
Hertfordshire County Council**



# Adult Care Services Fifteen Year Direction

## Foreword

Social care budgets have been under pressure for seven years and future funding remains uncertain. Although there are fewer people getting council-funded services, the people we do support have more complex needs and need more care. The cost of care has also increased, together with changes in the law which set out new rights for carers and other groups.

Longer term planning is now required to ensure people's satisfaction with services is maintained whilst resources reduce. Strategies are needed to make sure the right range of housing and other accommodation is available, to ensure the development of the right workforce with more flexible skills and investment in the right technological solutions in line with people's expectations. Getting good value for money will be important and we will need to be prepared to decommission services where they no longer achieve the outcomes people want.

It is not possible for us to fully know how national events will influence the sector in the coming years; we do know that delivering services successfully through this period will demand our very best focus and attention, and we will need to regularly reflect upon and review plans.

This Fifteen Year Direction document sets out our ambition for the future, to guide the development and transformation of our services for all the people we support. We have discussed and developed the document with those who have an interest in this area, so we can work together to develop and deliver vital services united in a common understanding and vision of the role of adult social care.

As a leader in the local health and wellbeing system it is our responsibility to set out a vision for the future of adult social care in our county and then to work tirelessly and collaboratively with those who use services, communities and other stakeholders to make it a reality.

# Adult Care Services Fifteen Year Direction

## 1. Introducing our Future Direction

This statement is our opportunity to set out how we will develop and support social care services in the future. It will help us plan services, provide a direction for staff and give a shared understanding of the vision for adult social care in Hertfordshire.

[Hertfordshire County Council's Corporate Plan](#) sets out a vision for people in Hertfordshire to live healthy and fulfilling lives. The Corporate Plan recognises the role of the council in supporting all people in Hertfordshire people to live happy, purposeful and independent lives as a part of a strong community network.

We are also active partners in the [NHS Sustainability and Transformation Partnership](#) (STP) process which includes working together around preventing need, joining up health and social care to manage frailty as a growing demographic trend - and playing a key role in urgent and emergency care for people. The council will also work closely with the NHS in other areas including estates, IT and data sharing between organisations and workforce strategies.

Within this framework the adult social care system also needs to meet rising expectations in society for personalised services, plan for an expanding and ageing population; and plan for medical advances which mean that children born with disabilities now increasingly survive into adulthood.

The statement sets out a **vision** and **four ambitions** to guide our ways of working. Three-year delivery plans will take forward our detailed improvement activity.

The future direction for Adult Social Care is within the overall context of a county council which is committed to fostering healthy and vibrant communities. Our fundamental starting point as a council is that we want to delay, minimise or prevent the need for adult social care altogether.

## 2. The vision for Adult Social Care

The whole council and our partners in the county work to create a place where people lead healthy, purposeful, self-supporting lives, and so help to prevent and reduce care and support needs.

People who need care and support will have the same opportunities for a good quality of life as people who do not.

We will offer services to maximise people's independence and support the freedom to choose, helping people at risk be safe.

All care and support will be personalised to the individual and directed by them over their life. It will be based on their own strengths and their connections with family, communities and professionals.

## 3. The context - Changes in society

### ***Our society is changing and evolving. In Hertfordshire this means:***

- The population is growing and more of us can expect long and healthy lives; we are increasingly able to plan ahead for our future;
- Younger people with disabilities and health conditions are living into adulthood and enjoying much longer life expectancies thanks to medical and care advances;
- Deaths from cancer and heart disease are falling, but more of us experience chronic illnesses and long-term conditions;
- The incidence of dementia and frailty in later life is soaring;
- More of us are taking on caring roles for family and friends.

### ***The way we think about our health and wellbeing is developing in new ways:***

- We know how to live healthy, positive and purposeful lives;
- We know that some care and health needs can be reduced, avoided or prevented;
- We know that people make their own decisions about their health and well being;
- We know that supportive social networks and resilient communities are good for people's health and wellbeing;
- We know that 'communities' can be local neighbourhoods, people with common interests and can be online communities around the world;
- Our expectations are increasing about the quality of care we want;
- People want to be involved and have a say in how their needs are met; they want straightforward solutions from care and health services to support them to lead their lives.

### ***Social, political, financial, economic and technical influences are shaping the adult social care world:***

- It will be a challenge to meet rising demand with public funding;
- People will have more money (especially home owners) which will mean more of us are responsible for paying for our own care;
- It is likely that fewer people will receive publicly funded care in the future, but the future of adult social care funding is uncertain;
- Changes to welfare benefits and pension provision mean that more people are likely to work into older age;
- Social care has become a major part of the local economy in its own right;
- People with disabilities want the opportunity to take part in further education, work full or part time for the appropriate wage and volunteer in their communities;
- Hertfordshire is likely to remain a high cost place to live and work;

# Adult Care Services Fifteen Year Direction

- Advances in digital technology and social media will create new possibilities for providing care and support, with people and families able to co-ordinate their care;
- Social care is part of a broader, interconnected system with health, housing, planning, leisure and libraries, transportation and the private and voluntary sector.

## 4. Strategic Ambitions and actions

### SA1: Information and advice

**When people come to need adult social care, they and their families want good information and advice to get help at the right time.**

The role of the council as a source of advice, information and signposting will become more important. Our information and advice service will fit seamlessly with our partners including the community and voluntary sector, Children's Services, District Councils, Public Health and the NHS. Staff will be well informed and able to assist people to get the information they need. People tell us that they want more specialist advice to help them plan ahead.

We will use data to help prevent needs getting worse and understand the benefit of specific services so we can target these to enable people's independence.

*The focus of our information and advice will be:*

- Preparing and planning for a longer life, including financial, retirement and legal planning and support for carers;
- Facilitating good health and well being;
- How to recover from illness and remain independent;
- What to do when needing care and support and how to access services;
- What to do when caring for others;
- Choosing and paying for care and support;
- Accessible and easy to understand.

*In 15 years' time our information and advice service will:*

- Be delivered virtually and be accessible to everyone;
- Be up to date, comprehensive and available on a 24/7 basis;
- Support people in making connections, reducing loneliness and isolation;
- Be fully tailored to individuals and responsive as needs change;
- Be fully joined up with partners, allowing individuals to access their health and care records;
- Give good information about preventative approaches, encouraging self-help and based on what works;

## Adult Care Services Fifteen Year Direction

### Future Shot - imagining the way it could be

Claire is 45 with an ageing mum who lives 200 miles away. Claire is aware that in the future her mum may need to be supported. Claire's husband has a chronic condition but is in good health now. Claire has been investing in an Enhanced Care ISA<sup>1</sup> for 15 years choosing to top up beyond the standard required contribution levels.

Claire arranges a forward planning chat with her local care advice team. While she knows that she could have an on-line catch up whenever she wants, she has made an appointment for a video call with her care advisor. This will be a good opportunity for Claire to review her wellbeing projection and check out whether the Care ISA is on track.

Claire's mum joins the call for the first half an hour as she and her mum have been discussing how they can put a care plan together to store it until needed. It's been really easy to pull the plan together but they want the care advisor to cast her eye over it to see if there are any opportunities they've missed.

### **Actions for the three year delivery plan:**

- Review our information and advice strategy;
- Implement a new Assistive Technology Strategy;
- Link with the council's digital agenda and the new council website;
- Develop our 'HertsHelp' offer in Hertfordshire;
- Target information at specific groups such as carers;
- Build a library of useful apps that we will promote;
- Increasingly connect our social care information systems with the NHS;
- Enable people to access their social care records on line;
- Equip all our staff to guide and sign post and review our use of advocates;
- Build on the work to connect staff into communities.

### **SA2: Connected Communities**

#### **Recognising that we depend on each other and we need to build supportive relationships and strong and resilient communities.**

Family, friends and community will in most cases provide enough support for people to live fulfilling lives. The role of the council will increasingly be about helping people connect to sources of support in their own personal networks and local communities.

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These don't exist in 2018 but one of the things we are trying to influence nationally is innovation in how people financially plan for old age which could be by incentivising saving<sup>1</sup>



# Adult Care Services Fifteen Year Direction

*The focus of our services will be:*

- Developing support services for all people in caring roles ensuring a focus on carer well-being, support for carers who are faced with changing circumstances, and ensuring carers are supported when crises emerge;
- Influencing the design of housing, neighbourhoods and environments so that they work better for those with care and support needs;
- Understanding our communities and what they can offer; supporting communities to build capacity and resilience, fostering new approaches and building networks
- Connecting people with local opportunities and resources;
- Working with our providers and partners so that they adopt this way of working.

*In 15 years' time our family, personal network and community support offer will:*

- Place carers at the heart of our approach, recognising and rewarding their contribution, giving them the skills they need to perform their role and at the same time maintain their own health and wellbeing;
- Connect the individual to resources and opportunities tailored to prevent need arising or increasing, enabling recovery and independence, and combatting loneliness and isolation;
- Be co-produced with service users, facilitating and empowering people to have control the design and delivery of services;
- Be accessible in locations throughout Hertfordshire, both rural and urban, as well as online, potentially as part of a wider offer with partners and providing focal points for inter-generational connections and community projects to flourish.

## **Future Shots – Imagining the way it could be**

Sophie is 20 years old and is combining a university course with being a carer for her disabled father. She is really well supported by her local carer network both online and whenever she needs a face to face chat – she finds this is keeping her going because juggling these demands can be tricky.

She's been really pleased with the recent Technology Refresh that the Hertfordshire Equipment Service did for her dad; they've upgraded his tech to the latest version and she's able to check in with him whenever she feels like it; it's taken a little bit of pressure off. Recently the carers network said Sophie might want to do the advanced Carers Certificate but Sophie wants to wait until she's finished her degree; doing the basic Certificate was really useful and entitled her to the Carers Minimum Allowance which has helped with the household budget

## Adult Care Services Fifteen Year Direction

Simon is 70 and was bereaved a year ago. He knows that whenever he likes he is welcome to help out at the local 'Social Shop'. He's been dropping in a lot recently and has just started to volunteer to befriend older people after having been approached by another volunteer. It's been a difficult year but Simon is feeling that the befriending is really helpful in making new friends.

### **Actions for the three year delivery plan:**

- Embed our Connected Lives approach into practice, and ensure a common understanding through the entire care workforce;
- Develop a new Carers' Strategy;
- Establish, deliver and evaluate a pilot project on using predictive data;
- Ask people how they'd like to spend their leisure time and review our day opportunities and transport offer accordingly;
- Do more to get people into education, employment or volunteering to broaden their own connections and independence, linking with the council's overall volunteering strategy;
- Develop our strategy for community hubs, making the best use of property and assets.

### **SA3: Valuing Independence**

**Services that prevent future need, help people get back on track after illness and support disabled people to be independent, living purposeful lives with all of the freedoms and opportunities offered by society.**

We will help keep people healthy and active, recover quickly after illness with suitable therapy and short term support, and prevent future social care needs. For those with life-long care needs we will help them to be the most independent they can be and have the same choices and life experiences that those without care and support needs live through. We see having access to technology and housing and the design of the built environment as critical to independent living.

*The focus of our services will be:*

- Smooth and seamless recovery services for people who have ill-health, particularly where they have to go into hospital, this might include access to therapy and community based health care;
- Supporting people to organise their own joined-up, local and personalised health and care plans, offering flexibility choice and control;

## Adult Care Services Fifteen Year Direction

- Being at the forefront of advances in technology including digital technology, virtual and assisted reality and voice technology. Using assistive technology creatively to maintain people independently in their home, prevent escalation of need and support family and friends who have a caring role;
- Working with those at risk of poor health by using data to spot problems early and intervening to prevent this;
- Lobbying for, supporting and commissioning housing that is tailored to individuals who want to remain independent for younger and older people;
- Significantly increase the amount of supported housing available to all people with care and support needs;
- Working with young people to support a positive transition into independent and purposeful adult life;
- Working with people of all ages to ensure they have meaningful opportunities to earn a living and play a full part in society;
- Ensuring those who provide social care services share a commitment to enablement and independence and work in ways which promote this.

*In 15 years our 'valuing independence' offer will:*

- Be fully joined up with health services to tailor support that will support people to get well and prevent readmission to hospital;
- Plan for long term housing and employment solutions and understand when people will need to access these.

### **Future Shots – imagining the way it could be**

Lucas is a young adult with autism and up to now has been supported by his family at home. He knows his social care advisor, Lisa, really well and they've been working together to plan how Lucas can live independently in the community. This has been the plan since Lucas was a young teenager so there has been plenty of time to work on the skills that Lucas will need.

Lisa has found it really easy to support Lucas to identify a place to live thanks to the helpful Housing Care and Support Officer at the local district council who links with adult social care to arrange housing. This has meant that Lucas has been able to consider several housing options, and Lucas has chosen a shared ownership option.

The house is adapted to the latest standard for Assistive Technology with voice and video links to Lucas's family so that Lucas can alert them if he wants their help. Lisa has arranged for a regular visit from Lucas's Independence Mentor and generally everyone is sure that Lucas can make a success of things.

## Adult Care Services Fifteen Year Direction

Jon lives alone and was recently discharged from hospital after an operation. The 'Welcome Home' team visited Jon in hospital to plan with him the care he would need to help him get back on his feet again and back to managing for himself. The Team discussed with Jon the sort of apps that were available so that his daughter could monitor that he was ok although she is based in Devon. The team also arranged for Jon to link into a group chat friends forum that meets online and organises a lot of social events in the neighbourhood. Jon has made a good recovery, and feels more involved with things locally. He and his daughter have decided to continue with the app monitoring for added peace of mind.

### **Actions for the three year delivery plan:**

- A new approach to agreeing with people what their care and support needs are, based on what their strengths are, what friends and family can help with and what is available in the community;
- Working with commissioned providers so they support these strategies;
- Define our approach to ensure people are discharged from hospital at the right time, and with the right support, delivering required business process improvements with NHS colleagues;
- Build on new interventions which alleviate pressures in hospitals for example 'Discharge Home to Assess' and aligning care worker teams with the NHS;
- Put in place a new Occupational Therapy strategy to promote independence;
- Develop a new employment and skills strategy for adults of all ages exploring what our communities, private sector businesses and charitable organisations can offer;
- Work with Children's Service to create an education, employment and skills strategy for older children transitioning into adult services, linking with groups such as the Local Enterprise Partnership, Hertfordshire Adult and Family Learning Services and Further Education Colleges;
- Develop an increased range of services for people with Autism and Asperger's;
- Build better relationships with District Councils and the housing sector. Develop plans for each district to deliver our ambitions to extend extra care and supported living accommodation;
- Take forward a strategy aimed at modernising assistive technology and using the benefits of digital technology;

### **SA4: Caring Well**

**Developing services that are personalised, good quality, address people's wellbeing and keep them safe and resilient. Services will be joined-up around an individual's needs and those of their family carers. Personal budgets are central to this approach.**

## Adult Care Services Fifteen Year Direction

Care services must be services that all of us would be happy to use ourselves. They must be high quality and put the individual at the centre. They should offer value, choice and control and help people to be safe and make them feel valued and respected.

*The focus of our services will be:*

- Respecting the choices and wishes of the individual. Helping people to be safe and take risks if they want to;
- Enabling self-help and self-care for people to manage long-term conditions;
- Offering flexibility and choice to arrange care at people's convenience;
- Supporting a vibrant and resilient local market for care and building the profile of the sector as one which offers attractive career options;

### **Future Shot – Imagining the way it could be**

Sam has advanced multiple sclerosis and uses care and support to help him live his life well at home with his family. He plans his care and support arrangements using an IT system that connects to his care record and allows him to choose from a range of carers that he knows and trusts. He can organise care where and when he wants it and pays with a flexible budget.

*In 15 years' time our 'Caring Well' offer will:*

- Be directed by the individual;
- Be mainly home based rather than delivered in residential settings;
- Be driven by a care plan which the individual has organised themselves or been fully consulted upon which builds in prevention and achievement of outcomes;
- Make available a range of technologies and support that the individual can purchase and organise themselves, easily and quickly dealing directly with providers rather than through the council;
- Be delivered by staff who are committed to the wellbeing and safety of the individuals they serve.

### **Actions for the three year delivery plan:**

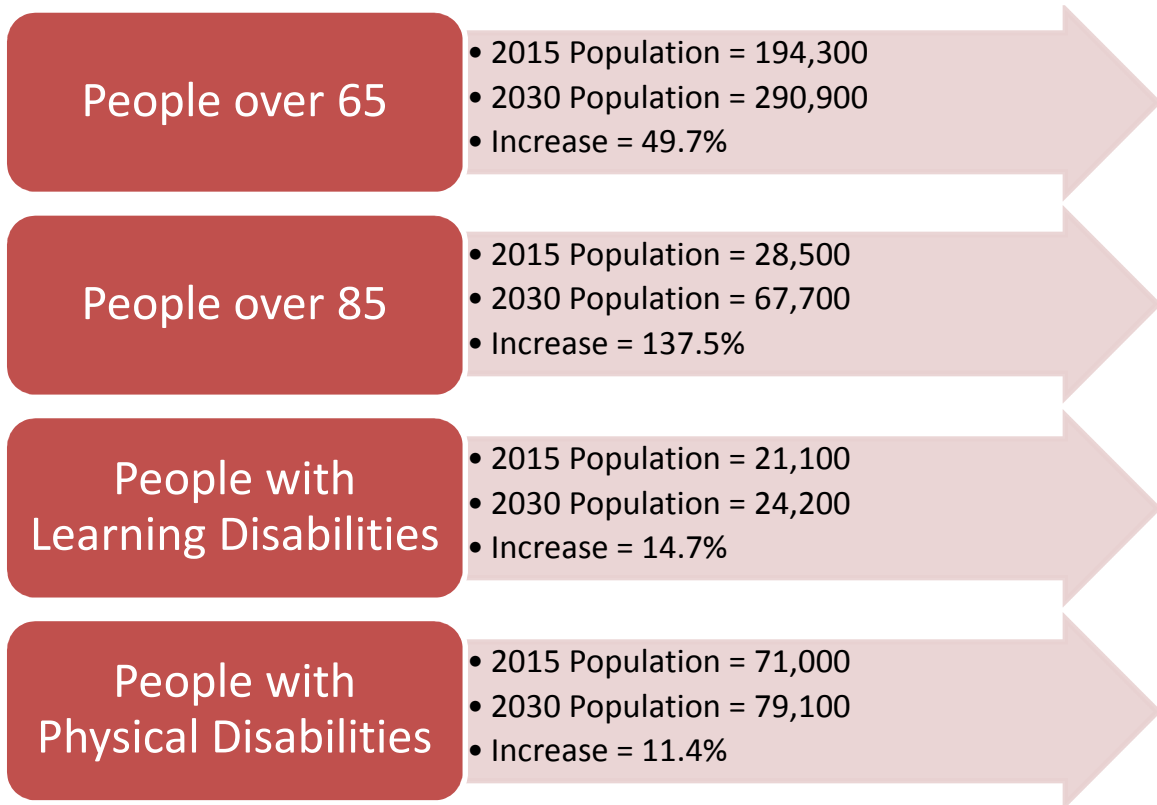
- Roll out new practice principles which support delivery of these approaches;
- Consolidate and drive forward our new younger people's disability service;
- Review our workforce strategy including our strategy for Personal Assistants; innovating to attract, develop and retain people into the profession;
- Review our strategy for how individuals use our IT systems to manage and organise their care and build the investment case;
- Review our crisis response arrangements to make sure there is a robust and supportive offer for people who use services and their carers;
- Plan for the future approach to provision of the council's in house services;

## Adult Care Services Fifteen Year Direction

- Review our strategy for day opportunities;
- Respond to the Government's proposals around supported housing by working closely with District Councils to increase supply and support to people;
- Review our services for people with complex needs and increase provision;
- Create integrated personal care services for those with chronic and complex needs alongside the NHS, planning care jointly and using joined up personal budgets.

## Adult Care Services Fifteen Year Direction

### Population projections for Hertfordshire in 2030 by major care group



**STEP 1: Responsibility and involvement**

<b>Title of proposal/ project/strategy/ procurement/policy</b>	Fifteen Year Direction for Adult Care Services	<b>Head of Service or Business Manager</b>	Helen Maneuf
<b>Names of those involved in completing the EqIA:</b>	Helen Maneuf	<b>Lead officer contact details:</b>	Helen Maneuf; Assistant Director Integrated Planning and Resources
<b>Date completed:</b>	September 2017	<b>Review date:</b>	February 2018

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

<p><b>Proposal objectives:</b>                  – what you want to achieve                  – intended outcomes                  – purpose and need</p>	<p>This report sets out the approach taken to consider the overarching equality impacts of Adult Care Services’ proposed Fifteen Year Future Direction.</p> <p>This Fifteen Year Direction document sets out the Adult Care Services Department’s ambition for the future , to guide the development and transformation of our services for all the people supported.</p> <p>The document puts forward a vision for the development of services into the long term. This is required to ensure people’s satisfaction with services is maintained whilst resources reduce. Strategies are needed to make sure right range of housing and other accommodation is available, to ensure the development of the right workforce with more flexible skills and investment in the right technological solutions in line with people’s expectations. Getting good value for money will be important and we will need to be prepared to decommission services where they no longer achieve what is needed. All these need to be informed by long term thinking.</p> <p>The document will be updated and re-visited in order that it remains relevant over time. A delivery plan will be developed on a three yearly basis to set out the specific range of programmes that will be worked on during the three year period.</p> <p>This overarching statement focuses on considering potential cumulative impacts to assess equality of opportunity, issues and gaps, and will be updated following consultation on the draft statement in order to accompany the final Fifteen Year Future Direction document.</p> <p>Data available in October 2016 shows that around 26,400 people across all care groups are provided with care and support services in Hertfordshire. During 2016/17 we received 157,000 calls to our contact centre, and completed 3,113 carer assessments. 4403 safeguarding calls were received.</p> <p>The fifteen year direction has four strategic areas of work:</p> <p>1) Information and Advice                  Communicating well and providing good information and advice to enable and support people to look after themselves and each other, getting help at the right time as their needs change</p> <p>A direction of travel which will increasingly see the role of the council as a source of advice, information and signposting will become more important. The information and advice service will fit seamlessly with our partners including the community and voluntary sector, Children’s Services, Public Health and the NHS.</p>
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	<p>Use of data to help prevent needs getting worse and understand the benefit of specific services to target these to enable people's independence</p> <p>2) Connecting Communities Recognising dependence on each other and building supportive relationships and strong and resilient communities</p> <p>A direction of travel which will increasingly see family, friends and community in most cases providing enough support for people to live fulfilling lives. The role of the council will increasingly be about helping people connect to sources of support in their own personal networks and local communities.</p> <p>3) Valuing Independence</p> <p>Services that prevent future need, help people get back on track after illness and support disabled people to be independent, living purposeful lives with all of the freedoms and opportunities offered by society.</p> <p>A direction of travel in which the council will increasingly help keep people healthy and active, recover quickly after illness and prevent future need. For those with life-long care and support needs there will be help to be independent and have the same choices and life experiences that those without care and support needs live through. Having having access to technology and housing and the design of the built environment will be critical to supporting independent living.</p> <p>4) Caring Well Developing services that are personalised, good quality, address people's wellbeing and keep them safe and resilient. Services will be joined-up around an individual's needs and those of their carers. Personal budgets are central to this approach.</p> <p>A direction of travel in which care services continue to be services that anyone would be happy to use themselves. They must be high quality and put the individual at the centre. They should offer value, choice and control and help people to be safe and make them feel valued and respected.</p>
<p><b>Stakeholders:</b> Who will be affected: the public, partners, staff, service users, local Member etc</p>	<p>Citizens of Hertfordshire who have care and support needs or who may develop such needs in the future. Families and carers. Providers of care across the statutory, voluntary, private and community sector The professional and practitioner social care workforce employed in ACS and in private, community and voluntary sector organisations Partner agencies: local NHS bodies and District Councils HCC departments and employees other than those working in Adult Care Services.</p>

**STEP 3: Available data and monitoring information**

**Relevant equality information: What the data tell us about equalities**

For example: Community profiles / service user demographics, data and monitoring information (local and national), similar or previous EqIAs, complaints, audits or inspections, local knowledge and consultations.

**Age:**

Data compiled in April 2015 showed that nearly 13.1% of Hertfordshire residents (194,300) are aged over 65 and significant increases are forecast<sup>1</sup> in this population by the year 2030 as set out in the table below. This ageing population will place increasing pressure on care and support services.

	<i>Older People 65+</i>	<i>Older People 85+</i>
<b>Current population (2015)</b>	194,300	28,500
<b>% Rise in population since 2010</b>	13.1%	15.9%
<b>Forecast population by 2020</b>	225,500	46,700
<b>Percentage increase 2015-2020</b>	16.05%	63.86%
<b>Forecast population by 2030</b>	290,900	67,700
<b>Percentage increase 2015-2030</b>	49.72%	137.5%

**Disability:**

Figures for the population of adults with physical and learning disabilities in Hertfordshire are set out in the table below, along with the projected increases<sup>2</sup> in these populations.

<sup>1</sup> The 2015 and 2010 population estimates for 65+ and 85+ are taken from the official ONS Mid-Year Population Estimates; projected figures for 2020 and 2030 are from the official ONS Sub-national population projections.

<sup>2</sup> The estimates for adults with a physical or learning disability are sourced from the PANSI (Projecting Adult Needs and Service Information) website using data for Hertfordshire for:

- Adults with Learning Disabilities (baseline) aged 18+,
- Adults with moderate or serious Physical Disabilities aged 18-64.

As PANSI looks only at the population projections the ONS mid-2010 population estimates, and the prevalence rates as used by PANSI, are used to calculate equivalent figures for 2010.

More information is available from the PANSI website: <http://www.pansi.org.uk/>

	<i>Adults with Learning Disabilities</i>	<i>Adults with Physical Disabilities</i>
Current population (2015)	21,100	71,000
% Rise in population since 2010	4.5%	3.3%
Forecast population by 2020	22,100	75,200
Percentage increase 2015-2020	4.7%	5.9%
Forecast population by 2030	24,200	79,100
Percentage increase 2015-2030	14.69%	11.40%

**STEP 4: Impact Assessment – Service Users, communities and partners (where relevant)**  
 Guidance on groups of service users to consider within each protected group can be found [here](#)

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
Age	<p><b>Information and Advice</b></p> <p>Negative Impacts                      Older people may find it difficult to engage with information and advice delivered in particular formats, e.g. on line</p> <p>Positive Impacts</p> <ul style="list-style-type: none"> <li>- Provides the opportunity to improve the information and advice offer so that it is easily accessible</li> <li>- Reviewing the information and advice offer as part of the Plan will ensure that the needs of older people are met by observing the Think Local Act Personal (TLAP) principles</li> </ul>	<p>Our Information and Advice strategy will follow TLAP principles which set out the ways in which information and advice can be given in an inclusive way, as set out below:</p> <ul style="list-style-type: none"> <li>• Involve and engage from service users at the outset.</li> <li>• Get the message out far and wide with a range of formats and channels.</li> <li>• Be inclusive and accessible.</li> <li>• Keep it simple, informal and in plain English.</li> <li>• Check it is understood and offer independent advocacy when needed.</li> <li>• Don't reinvent the wheel – signpost to other credible independent or national sources of information.</li> <li>• Join up with partners to develop consistent and proportionate information and advice where people look for it.</li> <li>• Promote wellbeing and signpost people to preventative and universal services.</li> </ul>

	<p><b>Connecting Communities:</b>                  Negative Impacts: None are anticipated but the position will be kept under review. If any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly.                  Positive Impacts: Our strategies aim to ensure people sustain their connections with family, informal carers and local networks.</p> <p><b>Valuing Independence:</b>                  Negative Impacts: none are foreseen but the position will be kept under review. If any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly.                  Positive Impacts: short-term care and reablement in people's homes or using 'step-down beds should reduce delayed discharges and improve patient flow</p> <p><b>Caring Well</b>                  Negative impacts: None are foreseen but the position will be kept under review. If any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly.                  Positive impacts: The development of services to ensure a level of service that all people would be happy to use will be beneficial in terms of age</p>	<ul style="list-style-type: none"> <li>Ensuring the information and advice strategy is multi-channel and therefore supports people to access information and advice for example in written formats or by telephone</li> </ul> <p>The Equalities Action Group for ACS are taking forward a programme of activities to ensure information and advice remain fully accessible</p>
<p><b>Disability Including Physical and Learning Disability</b></p>	<p><b>Information and Advice</b>                  Negative Impacts                  People with Disabilities may find it difficult to engage with information and advice delivered in particular</p>	<p>Our Information and Advice strategy will follow TLAP principles which set out the ways in which information and advice can be given in an inclusive way, as set out below:</p>

	<p>formats, e.g. on line</p> <p>Positive Impacts</p> <ul style="list-style-type: none"> <li>- Provided the opportunity to improve the information and advice offer so that it is easily accessible</li> <li>- Reviewing the information and advice offer as part of the Plan to ensure that the needs of people with a disability are met by being consistent with the TLAP principles</li> </ul> <p><b>Connecting Communities:</b>                  Negative Impacts: None are anticipated but the position will be kept review. If any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly.                  Positive Impacts: Our strategies aim to ensure people sustain their connections with family, informal carers and local networks.</p> <p><b>Valuing Independence:</b>                  Negative Impacts: None are foreseen but the position will be kept under review                  Positive Impacts: A model of care that supports service users to play a full and active role in society is beneficial for people with disability who use care and support services</p> <p><b>Caring Well</b>                  Negative impacts: None are foreseen but the position will be kept under review. If any issues in respect of the protected characteristic are identified by the</p>	<ul style="list-style-type: none"> <li>• Involve and engage from service users at the outset.</li> <li>• Get the message out far and wide with a range of formats and channels.</li> <li>• Be inclusive and accessible.</li> <li>• Keep it simple, informal and in plain English.</li> <li>• Check it is understood and offer independent advocacy when needed.</li> <li>• Don't reinvent the wheel – signpost to other credible independent or national sources of information.</li> <li>• Join up with partners to develop consistent and proportionate information and advice where people look for it.</li> <li>• Promote wellbeing and signpost people to preventative and universal services.</li> <li>• Ensuring the information and advice strategy is multi-channel and therefore supports people to access information and advice for example in written formats or by telephone</li> </ul> <p>The Equalities Action Group for ACS are taking forward a programme of activities to ensure information and advice remain fully accessible</p>
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	<p>Council then the Action Plan will be amended accordingly.                  Positive impacts: The development of services to ensure a level of service that all people would be happy to use will be beneficial for people with disability who use care and support services</p>	
<p><b>Race</b></p>	<p>It is not anticipated that the Fifteen Year Direction will affect people disproportionately because of issues of Race.</p> <p>It is however acknowledged that information and guidance will need to be available in different languages.</p>	<p>Against a background of changing demography we need to be even more aware of the diverse needs of communities and how we can support them. Through robust needs analysis and contract management, services will ensure that any barriers are broken down enabling the needs of service users to be met and hard to reach groups to access the service.</p> <p>Staff/volunteers will be trained in awareness of different cultural needs and the service will have access to interpretation support as required</p> <ul style="list-style-type: none"> <li>- Appropriate engagement and consultation will ensure the views of service users and groups that represent them are considered.</li> <li>- Coordination with other partners and agencies to ensure vulnerable people are supported and to ensure there reablement resource is resilient and flexible</li> </ul> <p>We will promote the re-procured translating and interpreting service to ensure that staff are aware of the service, who the providers are and our commitment to making services and information accessible to all.</p>
<p><b>Gender reassignment</b></p>	<p>It is not anticipated at this stage that the proposal will affect people disproportionately because of the issues of Gender reassignment but the position will be monitored if the proposal proceeds. If any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly.</p>	<p>The Council will continue to monitor the position and if any issues in respect of this protected characteristic are identified by the Council then the Action Plan will be amended accordingly.</p>
<p><b>Pregnancy and maternity</b></p>	<p>It is not anticipated that the proposal will affect people disproportionately because of issues around Pregnancy and Maternity but the position will be monitored if the</p>	<p>The Council will continue to monitor the position and if any issues in respect of this protected characteristic are identified by the Council then the Action Plan will be amended accordingly.</p>

	proposal proceeds. If any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly..	
<b>Religion or belief</b>	It is not anticipated that the proposal will affect people disproportionately because of their religion/belief. We do not have robust local data on the religion or belief of users accessing care services.	The Council will continue to monitor the position and if any issues in respect of this protected characteristic are identified by the Council then the Action Plan will be amended accordingly.
<b>Sex</b>	It is not anticipated at this stage that the proposal will affect people disproportionately because of the issues of gender but the position will be monitored if the proposal proceeds. If any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly..	The Council will continue to monitor the position and if any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly.
<b>Sexual orientation</b>	It is not anticipated that the proposal will affect people disproportionately because of issues around Sexual orientation but the position will be monitored. If any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly.  New guidance around sexual orientation monitoring has recently been shared.	The Council will continue to monitor the position and if any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly.  We are considering creation of an e-learning package around LGBT and cultural awareness
<b>Marriage &amp; civil partnership</b>	It is not anticipated that the proposal will affect people disproportionately because of issues around Marriage and Civil Partnership but the position will be monitored if the proposal proceeds. We do not have robust local data on the marital status of users accessing care services.	The Council will continue to monitor the position and if any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly.  Opportunities for improving data collection in this area will be explored with the ACS Equalities Action Group
<b>Carers (by association with any of the above)</b>	<b>Information and Advice</b> Negative Impacts Carers may find it difficult to engage with information and advice delivered in particular formats, e.g. on line  Positive Impacts - Provides the opportunity to improve the information and advice offer so that it is easily accessible - Reviewing the information and advice offer as part of the Plan to ensure that the needs of older people are met	Our Information and Advice strategy will follow Think Local Act Personal principles: Involve and engage from service users at the outset. Get the message out far and wide with a range of formats and channels. Be inclusive and accessible. Keep it simple, informal and in plain English. Check it is understood and offer independent advocacy when needed. Don't reinvent the wheel – signpost to other credible independent or national sources of information. Join up with partners to develop consistent and proportionate information and advice where people

	<p><b>Connecting Communities:</b>                  Negative Impacts: Carers may be increasingly called upon to provide informal care and support. If there is extra responsibility on carers which they are unable to cope with, this may have a differential negative impact on older people and disabled people as their needs may not be met in a timely way and in an environment (at home) where emergency support may not be available. Carers may not feel able to sustain their support.</p> <p>Positive Impacts: Our strategies aim to ensure people sustain their connections with family, informal carers and local networks.</p> <p><b>Valuing Independence:</b>                  Negative Impacts: There is the potential for a negative impact on carers if discharges to assess are not supported by sufficient reablement capacity to ensure there is not an increased responsibility on carers</p> <p><b>Caring Well</b>                  Negative impacts: none are foreseen. If any issues in respect of the protected characteristic are identified by the Council then the Action Plan will be amended accordingly.                  Positive impacts: development of services to ensure a level of service that all people would be happy to use will be beneficial in terms of age</p>	<p>look for it.                  Promote wellbeing and signpost people to preventative and universal services.                  Ensuring the information and advice strategy is multi-channel and therefore supports people to access information and advice for example in written formats or by telephone</p> <p>A review of services to support people in crisis so that Carers can feel assured that they are able to call upon assistance in such situations.</p> <p>Review and revise Carers Strategy which will include:</p> <ul style="list-style-type: none"> <li>• Information and advice needs for carers</li> <li>• Development of skills for carers, recognition and rewarding</li> <li>• Support for carers in maintaining their own health and wellbeing</li> <li>• How we can use technology to support carers</li> </ul> <p>Carers will continue to be offered an assessment of their own needs and a contingency plan</p> <p>Against a background of changing demography we need to be even more aware of the diverse needs of communities and how we can support them. Through robust needs analysis and contract management, services will ensure that any barriers are broken down enabling the needs of service users to be met and hard to reach groups to access the service.</p> <p>Staff/volunteers will be trained in awareness of different cultural needs and the service will have access to interpretation support as required</p> <ul style="list-style-type: none"> <li>- Appropriate engagement and</li> </ul>
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		<p>consultation will ensure the views of carers and groups that represent them are considered.</p> <ul style="list-style-type: none"> <li>- Coordination with other partners and agencies to ensure carers are supported</li> </ul> <p>Continual monitoring to ensure positive benefits are being realised, including monitoring to ensure culturally appropriate engagement with carers and that individuals who do not have high levels of proficiency in English will be supported</p>
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**Opportunity to advance equality of opportunity and/or foster good relations:**

(Please refer to the [guidance](#) for more information on the public sector duties)

*Greater integration of council, health and community services.*

Offers enhanced and new opportunities to service users and carers, particularly around preventing, delaying and reducing the need for formal and ongoing care services, by developing a personalised approach across service delivery boundaries.

*Supporting service providers and the community and voluntary sector to build capacity, including to support the delivery of preventative services and carers support*

Opportunities continue to be presented for service providers to enhance choice and control for service users and carers, including through encouraging organisations and networks to strengthen links within local communities, across partnerships and broaden participation by volunteers.

*Support to staff*

Learning and development opportunities embed equalities issues and approaches. Staff are aware of all specific ‘staff support groups’ including for people with protected characteristics.

**Impact Assessment – Staff**

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
<b>Age</b>	Potential for positive impact in relation to attracting older people into the care workforce	The position will be monitored and any identified action progressed.
<b>Disability Including Learning Disability</b>	Potential for positive impact in relation to attracting people with disabilities into the care workforce	The position will be monitored and any identified action progressed.
<b>Race</b>	Potential for positive impact in relation to building a diverse workforce that reflects the cultural make up of Hertfordshire	The position will be monitored and any identified action progressed.
<b>Gender reassignment</b>	Potential for positive impact in relation to building a diverse workforce that reflects the cultural make up of Hertfordshire	The position will be monitored and any identified action progressed.
<b>Pregnancy and maternity</b>	Potential for positive impact in relation to retaining people within	The position will be monitored and any identified action progressed.

	the care workforce following maternity leave	
<b>Religion or belief</b>	Potential for positive impact in relation to building a diverse workforce that reflects the cultural make up of Hertfordshire	The position will be monitored and any identified action progressed.
<b>Sex</b>	Potential for positive impact in relation to building a diverse workforce that reflects the cultural make up of Hertfordshire	The position will be monitored and any identified action progressed.
<b>Sexual orientation</b>	Potential for positive impact in relation to building a diverse workforce that reflects the cultural make up of Hertfordshire	The position will be monitored and any identified action progressed.
<b>Marriage &amp; civil partnership</b>	Potential for positive impact in relation to building a diverse workforce that reflects the cultural make up of Hertfordshire	The position will be monitored and any identified action progressed.
<b>Carers (by association with any of the above)</b>	Potential for positive impact in relation to enabling carers to continue working should they wish to do so	The position will be monitored and any identified action progressed.

**STEP 5: Gaps identified**

<p><b>Gaps identified</b> Do you need to collect more data/information or carry out consultation? (A 'How to engage' consultation guide is on <a href="#">Compass</a>). How will you make sure your consultation is accessible to those affected?</p>	<p>Gaps identified relate to the collection of data for monitoring purposes e.g. in relation to marital status. This EQIA will be shared with the Equalities Action Group for ACS to discuss ways of improving data collection in this area.</p>
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**STEP 6: Other impacts**

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

**STEP 7: Conclusion of your analysis**

Select one conclusion of your analysis	Give details
<input type="checkbox"/> <b>No equality impacts identified</b> – No change required to proposal.	
<input type="checkbox"/> <b>Minimal equality impacts identified</b> – Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate). – Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality.	

Select one conclusion of your analysis	Give details
<p><input checked="" type="checkbox"/> <b>Potential equality impacts identified</b></p> <ul style="list-style-type: none"> <li>- Take 'mitigating action' to remove barriers or better advance equality.</li> <li>- Complete the action plan in the next section.</li> </ul>	<p>Where negative impacts have been identified, reasonable mitigations have been proposed to address them. Arrangements are also in place to monitor delivery of these proposals and ensure that the potential positive impacts are translated into real benefits and improved outcomes for service users and carers.</p> <p>We do not consider that these proposals will have a differential impact on people due to the following protected characteristics:</p> <ul style="list-style-type: none"> <li>• Gender reassignment</li> <li>• Pregnancy and maternity</li> <li>• Sexual orientation</li> <li>• Marriage &amp; Civil Partnership</li> </ul> <p>The position will be monitored and reviewed if further data or information becomes available</p>
<p><input type="checkbox"/> <b>Major equality impacts identified</b></p> <ul style="list-style-type: none"> <li>- Stop and remove the policy</li> <li>- The adverse effects are not justified, cannot be mitigated or show unlawful discrimination.</li> <li>- Ensure decision makers understand the equality impact.</li> </ul>	

**STEP 8: Action plan**

<b>Issue or opportunity identified relating to:</b> <ul style="list-style-type: none"> <li>- Mitigation measures</li> <li>- Further research</li> <li>- Consultation proposal</li> <li>- Monitor and review</li> </ul>	<b>Action proposed</b>	<b>Officer Responsible and target date</b>
Mitigation measures	<p>Continued use of Think Local Act Personal Principles in Information and Advice activity</p> <p>Maintaining awareness of the diverse needs of communities and how we can support them. Through robust needs analysis and contract management, services will ensure that any barriers are broken down enabling the needs of service users to be met and hard to reach groups to access services.</p> <p>Staff/volunteers will be trained in</p>	<p>Helen Maneuf Assistant Director Integrated Planning and Resources Annually in June</p>

<b>Issue or opportunity identified relating to:</b> – Mitigation measures – Further research – Consultation proposal – Monitor and review	<b>Action proposed</b>	<b>Officer Responsible and target date</b>
	awareness of different cultural needs and the service will have access to interpretation support as required – Appropriate engagement and consultation will ensure the views of service users and groups that represent them are considered. – Coordination with other partners and agencies to ensure vulnerable people are supported and to ensure there reablement resource is resilient and flexible	
Monitor and Review	Continual monitoring to ensure positive benefits are being realised  Annual reporting on progress against the Fifteen Year Direction to include update on equalities impacts both positive and negative	Helen Maneuf Assistant Director Integrated Planning and Resources Annually in June
Further detailed EQIAs to support individual programmes of activity	All detailed change programmes that are to be progressed by the department will be supported by individual EQIAs	Adult Care Services Management Board Ongoing

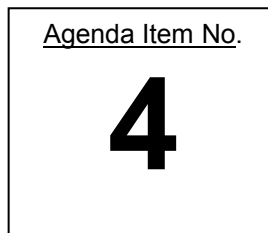
**This EqIA has been reviewed and signed off by:**

**Head of Service or Business Manager:** Helen Maneuf **Date:** February 2018

**Equality Action Group Chair:** **Date:**



HERTFORDSHIRE COUNTY COUNCIL  
ADULT CARE AND HEALTH CABINET PANEL  
TUESDAY 6 MARCH 2018 AT 10:30 A.M.  
AMENDMENT TO CHARGING POLICY FOR  
COMMUNITY-BASED ADULT SOCIAL CARE



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 propose an amendment to the council's charging policy for community-based (non-residential) adult social care services.

**2. Summary**

2.1 Panel considered a report on this matter at its meeting on 10 January 2018. Panel recommended to Cabinet that five amendments be made to the Council's policy on charges for community based (non-residential) adult social care services, to take effect from 15 April 2018:

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

2.2 Cabinet agreed the amendments to the policy for charging for community-based (non-residential) adult social care services at its meeting on 22 January 2018:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/657/Committee/8/Default.aspx>

2.3 One of these amendments concerned the treatment of the Higher Rate of Attendance Allowance (AA) and Disability Living Allowance (DLA) when carrying out a financial assessment to determine how much someone can afford to pay towards their cost of care.

- 2.4 On 19 February 2018 Cabinet considered the Integrated Plan for 2018/19 which includes the budgetary implications of the charging policy amendments:

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

- 2.5 Cabinet made a recommendation that the adult care services budget be increased by £310k, equivalent to the amount estimated to be generated by the proposal to include higher rates of AA and DLA in financial assessments for people with night time care and support needs that are being met by the council.
- 2.6 In the light of its recommendation Cabinet requested that Adult Care Services bring forward a report in March 2018 to formally consider a proposal to further amend the charging policy for community based adult social care services, removing the requirement to include higher rates of AA and DLA when assessing the financial contribution that people with night time care and support needs can afford to pay.

### **3. Recommendations**

- 3.1 Panel is invited to recommend to Cabinet that Cabinet:
- i) Agree to revise the charging policy agreed on 22 January 2018 and remove the requirement to include the Higher Rate of Attendance Allowance and Disability Living Allowance where people receive care to meet night time needs, when determining how much a person can afford to pay towards their cost of care .
  - ii) Agree the Director of Adult Care Services be authorised to make the amendments necessary to give effect to Cabinet's decision outlined in i) above.

### **4. Background**

- 4.1 The charging policy for community based adult social care services is available on the internet at the following location, and remains applicable until 14 April 2018:

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

- 4.2 During 2017 officers reviewed the council's charging arrangements for community-based adult social care services, as a result of which Cabinet agreed changes in five areas at its meeting on 22 January 2018:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/657/Committee/8/Default.aspx>

- 4.3 Cabinet's decision followed a three-month public consultation exercise which closed on 31 December 2017.
- 4.4 One of the five agreed amendments was the requirement to include the higher rate of AA or DLA<sup>1</sup> when calculating how much someone can afford to pay towards the cost of their care and support, where an individual has night time care and support needs which are being met by the council.
- 4.5 In discussing this proposal the report noted that suggested amendments to AA and DLA<sup>2</sup> had seen the most disagreement in public consultation.
- 4.6 Since the closure of the public consultation the council has continued to receive representations on the impact of the agreed changes to its charging arrangements, and a petition on the council's website opened on 5 January 2018:

<https://cmis.hertfordshire.gov.uk/hertfordshire/Petitions/tabid/140/ID/197/Increase-to-charges-for-Social-Care.aspx>

- 4.7 When Cabinet considered the council's Integrated Plan on 19 February 2018, it made a recommendation that the Adult Care Services budget be increased by £310k. This is a sum equivalent to the amount estimated to be generated by the proposal to include higher rates of AA and DLA in financial assessments for people with night time care and support needs that are being met by the council.
- 4.8 Cabinet also asked for a report to come to it in March to revisit the proposal that had been previously agreed to further amend the charging policy for community based adult social care services, removing the requirement to include higher rates of AA and DLA when assessing the financial contribution that people with night time care and support needs can afford to pay.

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<sup>1</sup> Information AA and DLA is set out here: <https://www.gov.uk/attendance-allowance/overview> and here: <https://www.gov.uk/dla-disability-living-allowance-benefit/overview>

<sup>2</sup> The proposal that was consulted upon was to include higher rate of AA and DLA when calculating financial contributions, regardless of when services are received.



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- 4.9 The petition referred to at paragraph 4.6 was presented to Council at their meeting of 20 February 2018, where Council agreed the Integrated Plan including the recommendation to increase the Adult Care Services budget by £310k.
- 4.10 Having reflected further on the responses made on this particular aspect of its policy for charging for community-based (non-residential) adult social care services and the decision made when the Council considered the Integrated Plan and its current financial position, officers are of the view that this particular element of its revised policy should not be implemented.

## **5 Financial Implications**

- 5.1 The anticipated income from the proposal to introduce the requirement to include higher rates of AA and DLA when assessing the financial contribution that people with night time care and support needs can afford to pay was £310k per annum.
- 5.2 A decision not to implement this proposal will produce an equivalent short fall in the Adult Care Services budget plan.
- 5.3 Council however agreed at its meeting on 20 February 2018 that the Adult Care Services budget be increased by £310k which will meet the anticipated shortfall. This change will be funded as follows:
- In 2018/19, by a reduction in the Transition reserve.
  - For 2019/20 onwards, through the growth in council tax and business rates. As this had been factored into the Integrated Plan, the savings gap will increase in those subsequent years.

## **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

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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 A full Equalities Impact Assessment accompanied the Cabinet report of 22 January 2018 and it is considered that this still stands; the document is attached as Appendix A.
- 6.5 The removal of the requirement to include higher rate AA and DLA when calculating how much someone with night time care and support needs being met by the council can afford to pay will not adversely discriminate, and may well take forward the council's duty to advance equality of opportunity for those who would have been affected by this element of the policy.

Guidance is available on [Compass](#). Completion of an EqIA should be proportional and relevant to the anticipated impact of the project on equalities. The form can be tailored to your project and should be completed before decisions are made. Key EqIAs should be reviewed by the Business Manager or Service Head, signed off by your department's Equality Action Group (EAG) and sent to the Equality and Diversity team to publish on HertsDirect. For support and advice please contact [equalities@hertfordshire.gov.uk](mailto:equalities@hertfordshire.gov.uk).

## STEP 1: Responsibility and involvement

<b>Title of proposal/ project/strategy/ procurement/policy</b>	Updating HCC's Charging Policy	<b>Head of Service or Business Manager</b>	Lynn Quick Deputy Head of Income & Payments
<b>Names of those involved in completing the EqIA:</b>	Lynn Quick – Deputy Head of Income and Payments	<b>Lead officer contact details:</b>	Simon Rowley Income Manager/Lynn Quick Deputy Head of Income and Payments
<b>Date completed:</b>	20/03/17 & updated 13/12/17	<b>Review date:</b>	

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

<p><b>Proposal objectives:</b></p> <ul style="list-style-type: none"> <li>– what you want to achieve</li> <li>– intended outcomes</li> <li>– purpose and need</li> </ul>	<p>Hertfordshire County Council (HCC) provides care support to citizens of Hertfordshire who reside in their own homes. HCC, in line with Statutory Guidance (“the Care Act Guidance”) issued under the Care Act 2014, financially assesses service recipients to assess their eligibility for financial support and charges a contribution towards the services arranged.</p> <p>HCC's Charging Policy sets out how we charge for adult care services. It requires amendments to bring it up to date with the Care Act guidance, so that we can charge for services not currently charged for and apply similar treatments adopted by other local authorities.</p> <p>These amendments will ensure that income from contribution is maximised and assists to reduce the pressure on HCC's budgets and enables continuation of care support for the citizens of Hertfordshire. There will be additional income from the changes being proposed.</p> <p><b>Services:</b></p> <p>Data available in October 2016 shows that around 15,500 people across all care groups are provided with services which support them to remain living in their own homes.</p> <p>The budget for care services has been and continues to be cut year on year and is subject to additional pressures from an ageing population. Maximising income from client contribution will enable HCC to continue to provide high levels of support to people so they can stay independent for longer and meet the Care Act duties to prevent, reduce and delay the onset of care needs.</p> <p>The changes to the HCC Charging Policy will result in an increase in costs for some people. Any increases are only applied if an individual's income is above the income buffer allowed by HCC which is the guaranteed income value, as directed by the Department of Works and Pension. The value left is the chargeable income, against which charges can be applied. The charge will be less than or equal to the maximum chargeable income.</p> <p>There are several elements included in the policy changes and all have been examined to see what impact they will have on service users.</p>
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**High Rates of Attendance Allowance and Disability Living Allowance**

Including both the higher rates of Attendance Allowance and Disability Living Allowance is permissible in the Care Act, its Guidance and Regulations. These benefits are paid specifically to provide funds to enable an individual to pay towards their care. The difference between the higher rate and standard rate is £27.20 per week. There are around 2250 service users who are in receipt of the higher rates and some may be required to use the full amount to pay towards their care when they receive a night service. The benefit received will cover in the additional cost. This will result in the higher rate element of the benefit no longer being available to the service user to spend on other items. The financial assessment process will make sure people are not asked to pay more than they can afford.

**Double Handed Care**

The policy change to align the client contribution to the actual cost of the service creates more equity to how other services are charged for. 147 service users are in receipt of this type of service, 130 pay the full cost of care and their charges will double. If the 130 independently purchased their care, as most self-funders do, they would be paying the full charge anyway. The policy as it stands allows self-funders to benefit by paying less for their care than it actually costs. This is at odds with the aim of the policy to apply charges fairly and equally to all service users. The remaining 17 will pay additional contribution but it will not be double the amount and only up to the maximum value of their chargeable income. The financial assessment process will make sure people are not asked to pay more than they can afford.

**Flexi-Care**

630 service users fall into this group. The policy change would see 31 service users paying an increased contribution and this would only be up to the maximum available from their chargeable income. The financial assessment process will make sure people are not asked to pay more than they can afford.

**Transport to Day Care Centres**

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

**Telecare**

4066 people are provided with telecare services. 1451 receive care services and will not be charged an additional amount for the telecare service. It is being proposed that the remaining 2615 will pay a nominal charge. This creates a fair approach to a contribution being paid towards support services. The fee will be set at a level that will not prove to be a burden on individuals. The financial assessment process will make sure people are not asked to pay more than they can afford.

The Policy changes will have a financial impact on service users although in the majority of cases this will be met by benefits being paid to them specifically to pay for care. The guaranteed minimum income

	<p>as set by the Department for Work and Pensions provides sufficient funds to cover an individual's daily living costs. The financial assessment process looks at the total cost of all services. The contribution is equal to or less than the chargeable income.</p> <p>The charge rates for non-residential care are left for individual authorities to decide. We have approached the national organisation NAFAO (National Association of Financial Assessment Officers) in relation to treatment of the higher rate Attendance Allowance and Disability Living Allowance and about telecare charges.</p> <p>Authorities taking the higher rate Attendance Allowance and Disability Living Allowance benefit in full when calculating the financial contribution:</p> <p>70.6% Take the benefit in full.          5.8% Take the benefit in full for some services          11.8% Are planning to take the benefit in full          11.8% Are considering taking the benefit in full</p> <p>Authorities who are charging for telecare services:</p> <p>75% Charge          25% Do not charge</p> <p>Of the 25% who currently do not charge 8% are considering whether to do so</p> <p>Charges range from £1.55 to £5.61 with the most frequently used weekly fees being £3.00 or £4.60.</p> <p>Authorities who treat the cost of telecare as a Disability Related Expense:</p> <p>22.2% Do not treat as a disability related expense.          33.3% Do allow as a disability related expense.          11.1% Do allow if the individual is in receipt of a care service.          11.1% Allow if an external provider is used.          22.2% Did not respond</p>
<p><b>Stakeholders:</b>          Who will be affected:          the public, partners, staff, service users, local Member etc</p>	<p>Citizens of Hertfordshire (and their families/carers) who require support with their care needs whilst living in the community and who are assessed to pay a contribution towards that care.</p> <p>Housing Association, Supported Living Units, the Care Home Provider Association and voluntary organisations may experience an increase in enquiries for assistance and advice during the consultation period.</p>

**STEP 3: Available data and monitoring information**

<p><b>Relevant equality information: What the data tell us about equalities</b>          For example: Community profiles / service user demographics, data and monitoring information (local and national), similar or previous EqIAs, complaints, audits or inspections, local knowledge and consultations.</p>
<p><b>Age:</b>          Data compiled in April 2015 showed that nearly 15% of Hertfordshire residents (168,000) are aged over 65. National predictions are that there will be a 19 million increase in people aged over 65 by 2050. This ageing population will place increasing pressure on care and support services. In 2012/13 it was estimated that around 7% of the over 65 age group were receiving support; applying this percentage to the 2015 population gives a potential figure of 11,760 receiving care support.</p>

**Disability:**

Over 68,000 people in Hertfordshire have a disability and around 23,000 have a severe physical disability with approximately 26,000 having a learning disability.

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

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

Protected characteristic	Potential for differential impact (positive or negative)	What reasonable mitigations can you propose?
<p><b>Age</b></p>	<p>The majority of people who currently require care services are people aged over 65. Some receive help with funding these services from HCC, so any negative changes will have a differential impact on older people. There will be a financial impact on some individuals. Some additional charges will be funded entirely by benefits specifically awarded to pay for care. There will be an impact on some people who have to pay increased contribution but this will not be more than the chargeable income available and will not result in a financial burden or people being asked to pay more than they can afford.</p> <p>During the consultation period concerns were raised in relation to the financial impact directly on individuals and indirectly on the family/carers:</p> <p>Taking the higher rate of Attendance Allowance and Disability Allowance penalising disabled people.</p> <p>Charging for double handed care was penalising people.</p>	<p>Amending the Charging Policy will bring it in line with the Care Act guidance and will reduce the cost pressure to HCC. In order to support service users and maintain that support the most reasonable mitigation is to levy charges that are fair and proportionate to the cost of the service.</p> <p>Charges have been proposed that we consider meet this criteria and they will be reviewed following the public consultation.</p> <p>Full details of the policy will be communicated to current service users and available to potential service users, along with details of support services available.</p> <p>The Policy will continue to ensure people do not pay more than they can afford. The Policy will continue to allow the guaranteed minimum income as set by the Department for Work and Pensions which provides sufficient funds to cover an individual's daily living costs. The Policy will continue to take into account disability related expenditure when calculating how much and individual can afford to pay towards their care.</p> <p>These concerns have been noted and the proposal has been amended to only take into account the higher rates of Attendance Allowance and Disability Allowance when an individual is in receipt of a night service. It is still considered that the Policy will continue to ensure people do not pay more than they can afford. The guaranteed income as set by the Department for Works and Pensions seeks to provide sufficient funds to cover an individual's daily living costs.</p>

	<p>Family may have to contribute towards expenses incurred by an individual.</p>	
<p><b>Disability Including Physical and Learning Disability</b></p>	<p>There are also a significant number of people with a physical or learning disability who currently require care services. Some receive help with funding these services from HCC so any negative changes will have a differential impact on people with a disability. There will be a financial impact on some individuals. Some additional charges will be funded entirely by benefits specifically awarded to pay for care. There will be an impact on some people who have to pay increased contribution but this will not be more than the chargeable income available and will not result in a financial burden or people being asked to pay more than they can afford.</p>	<p>Amending the Charging Policy will bring it in line with the Care Act 2014 guidance and will reduce the cost pressure to HCC. In order to support service users and maintain that support the most reasonable mitigation is to levy charges that are fair and proportionate to the cost of the service.</p> <p>Charges have been proposed that we consider meet this criteria and they will be reviewed following the public consultation.</p> <p>Full details of the policy will be communicated to current service users and available to potential service users, along with details of support services available.</p> <p>The Policy will continue to ensure people do not pay more than they can afford. The Policy will continue to allow the guaranteed minimum income as set by the Department for Work and Pensions which provides sufficient funds to cover an individual's daily living costs. The Policy will continue to take into account disability related expenditure when calculating how much and individual can afford to pay towards their care.</p> <p>HCC will take the necessary steps to ensure that information will be available in alternative formats such as Easy Read, Large print and translated where necessary to ensure equality of access. HCC will also work with the Learning Disability Partnership Board and other relevant partners to help communicate and explain the reasons for the proposed changes and what they are likely to mean for service users.</p> <p>We will also make sure that we communicate in a clear, personalised</p>

	<p>During the consultation period concerns were raised in relation to the financial impact directly on individuals and indirectly on parents/carers:</p> <p>Taking the higher rate of Attendance Allowance and Disability Allowance penalising disabled people.</p> <p>Charging for double handed care was penalising people.</p> <p>Boarding and lodging, food and clothing expenses were not considered.</p> <p>An individual would have less money for activities, wouldn't be able to go out as much, this would impact on their wellbeing and could suffer mental health issues and isolation.</p> <p>An individual may have to move from current home and move into residential.</p> <p>For an individual living within parents an increase in client contribution would mean that parents would be expected to contribute more towards their son/daughters expenditure.</p> <p>An individual may choose to cease their care rather than pay a higher contribution.</p>	<p>way what the difference in charges will be if the changes are approved. This will take into account individual needs, including people with learning disabilities who may need additional support to understand the impact.</p> <p>These concerns have been noted and the proposal has been amended to only take into account the higher rates of Attendance Allowance and Disability Allowance when an individual is in receipt of a night service. It is still considered that the Policy will continue to ensure people do not pay more than they can afford. The guaranteed income as set by the Department for Works and Pensions seeks to provide sufficient funds to cover an individual's daily living costs.</p>
<p><b>Race</b></p>	<p>We do not have robust local data on the ethnicity of users accessing care services. It is not anticipated that the proposal will affect people disproportionately because of issues of Race. It is however acknowledged that information and guidance will need to be available in different languages.</p>	<p>HCC will continue to monitor the position and if any issues in respect of the protected characteristic are identified by HCC then the Action Plan will be amended accordingly.</p> <p>Access to interpreting services will be made available.</p>



<b>Gender reassignment</b>	It is not anticipated at this stage that the proposal will affect people disproportionately because of the issues of Gender reassignment but the position will be monitored if the proposal proceeds.	HCC will continue to monitor the position and if any issues in respect of this protected characteristic are identified by HCC then the Action Plan will be amended accordingly.
<b>Pregnancy and maternity</b>	It is not anticipated that the proposal will affect people disproportionately because of issues around Pregnancy and Maternity but the position will be monitored if the proposal proceeds.	HCC will continue to monitor the position and if any issues in respect of this protected characteristic are identified by HCC then the Action Plan will be amended accordingly.
<b>Religion or belief</b>	It is not anticipated that the proposal will affect people disproportionately because of their religion/belief. We do not have robust local data on the religion or belief of users accessing care services.	HCC will continue to monitor the position and if any issues in respect of this protected characteristic are identified by HCC then the Action Plan will be amended accordingly.
<b>Sex</b>	The percentage split between females and males currently paying towards their service is 60/40. Any changes will affect more females.	HCC will continue to monitor the position and if any issues in respect of the protected characteristic are identified by HCC then the Action Plan will be amended accordingly.
<b>Sexual orientation</b>	It is not anticipated that the proposal will affect people disproportionately because of issues around Sexual orientation but the position will be monitored if the proposal proceeds. We do not have robust local data on the sexual orientation of users accessing care services.	HCC will continue to monitor the position and if any issues in respect of the protected characteristic are identified by HCC then the Action Plan will be amended accordingly.
<b>Marriage &amp; civil partnership</b>	It is not anticipated that the proposal will affect people disproportionately because of issues around Marriage and Civil Partnership but the position will be monitored if the proposal proceeds. We do not have robust local data on the marital status of users accessing care services.	HCC will continue to monitor the position and if any issues in respect of the protected characteristic are identified by HCC then the Action Plan will be amended accordingly.
<b>Carers (by association with any of the above)</b>	<p>It was not anticipated that the proposal would affect people disproportionately because of caring issues but the position will be monitored if the proposal proceeds. We do not have robust local data on the caring responsibilities of users accessing care services or the number of people who are accessing care services who are also receiving support from informal carers. There may be an impact on carers if service users refuses care and is more reliant on the carer.</p> <p>During the consultation period concerns were raised in relation to the impact on carers.</p> <p>If an individual is charged more carers felt they may have to provide</p>	<p>HCC will continue to monitor the position and if any issues in respect of the protected characteristic are identified by HCC then the Action Plan will be amended accordingly. HCC will engage with Carers in Hertfordshire as part of the consultation process and their feedback will be reviewed and considered before final proposals are made.</p> <p>These concerns have been noted and it is still considered that the Policy will continue to ensure people do not pay more than they can afford. If the continued monitoring identifies any changes then the Action Plan will be</p>

	more care support as the individual will not want to pay the increased contribution.	amended.
<p><b>Opportunity to advance equality of opportunity and/or foster good relations</b>                  (Please refer to the <a href="#">guidance</a> for more information on the public sector duties)</p>		
<p>Amending the Charging Policy in line with the guidance provided under the Care Act 2014 will reduce the cost pressure to HCC and will enable HCC to continue to provide high levels of support to a greater number of Hertfordshire Citizens, all of whom will have Protected Characteristics, who most need it. There is also the opportunity to link this work with our Community First approach in order to increase awareness about the costs of care services and the availability of alternatives to support provided by the County Council and the need to work together with others to find the best solutions for caring for adults in Hertfordshire.</p>		

**Impact Assessment – Staff**

<b>Protected characteristic</b>	<b>Potential for differential impact (positive or negative)</b>	<b>What reasonable mitigations can you propose?</b>
<b>Age</b>	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
<b>Disability Including Learning Disability</b>	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
<b>Race</b>	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
<b>Gender reassignment</b>	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
<b>Pregnancy and maternity</b>	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
<b>Religion or belief</b>	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
<b>Sex</b>	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
<b>Sexual orientation</b>	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
<b>Marriage &amp; civil partnership</b>	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
<b>Carers (by association with any of the above)</b>	It is not anticipated that there will be a negative impact on staff.	The position will be monitored and any identified action progressed.
<p><b>Opportunity to advance equality of opportunity and/or foster good relations</b>                  (Please refer to the <a href="#">guidance</a> for more information on the public sector duties)</p>		
<p>The position will continue to be monitored.</p>		

**STEP 5: Gaps identified**

<p><b>Gaps identified</b>                  Do you need to collect more data/information or carry out consultation? (A 'How to engage' consultation guide is on <a href="#">Compass</a>). How will you make sure your consultation is accessible to those affected?</p>	<p>A number of people currently decline services or refuse to pay for them as they do not wish to make a contribution towards them although they are in the minority. We will monitor the number of additional service users who decline or refuse to pay for a service based on an increase in their contribution to see if the additional charges have a negative impact.</p>
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**STEP 6: Other impacts**

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

**STEP 7: Conclusion of your analysis**

Select one conclusion of your analysis	Give details
<input type="checkbox"/> <b>No equality impacts identified</b> – No change required to proposal.	
<input type="checkbox"/> <b>Minimal equality impacts identified</b> – Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate). – Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality.	
<input checked="" type="checkbox"/> <b>Potential equality impacts identified</b> – Take ‘mitigating action’ to remove barriers or better advance equality. – Complete the action plan in the next section.	<p>It is anticipated that the proposed changes in the charging policy will have both an individual (each proposal) and cumulative effect on those with protected characteristics</p> <p>The financial assessment ensures that an individual will only be asked to pay a contribution if they can afford to do so. The Policy will continue to allow the guaranteed minimum income as set by the Department for Work and Pensions which seeks to provide sufficient funds to cover an individual’s daily living costs. We will only ask people to use the excess income to pay a contribution towards their care.</p> <p>The proposals are also subject to Public Consultation, the outcome of which will be considered and used to further inform the proposals.</p>
<input type="checkbox"/> <b>Major equality impacts identified</b> – Stop and remove the policy – The adverse effects are not justified, cannot be mitigated or show unlawful discrimination. – Ensure decision makers understand the equality impact.	

**STEP 8: Action plan**

Issue or opportunity identified relating to:	Action proposed	Officer Responsible and target date
– Mitigation measures – Further research – Consultation proposal – Monitor and review		

<b>Issue or opportunity identified relating to:</b> – Mitigation measures – Further research – Consultation proposal – Monitor and review	<b>Action proposed</b>	<b>Officer Responsible and target date</b>
Consultation	A 12 week consultation will be conducted which will include letters to all service users explaining how the proposed changes will affect them. Information will be available on the HCC website and contact made with partner and other interest organisations.	Simon Rowley/Lynn Quick date to be confirmed
Monitor and Review	We will continue to monitor: - the debt position - the number of appeals about charging - the number of people who decline services as they do not want to make a contribution  We will carry out an evaluation to assess whether there is an increase attributable to the changes in policy.	Simon Rowley/Lynn Quick date to be confirmed
<b>Mitigation Measures</b>	People will continue to pay only what they can afford.  Benchmarking with other authorities relating to the higher rate of Attendance Allowance and the higher rate of Disability Living Allowance.  Send individual communication direct to everyone who is in receipt of a non-residential service with guidance on how the changes once agreed will impact on them.  Send information to stakeholders about when the changes will be introduced and who any queries should be directed to.	Completed

**This EqIA has been reviewed and signed off by:**

**Head of Service or Business Manager:**                      **Helen Maneuf**                      **Date:**                      **December 2017**

HCC's Diversity Board requires the Equality team to compile a central list of EqIAs so a random sample can be quality assured. Each Equality Action Group is encouraged to keep a forward plan of key service

decisions that may require an EqIA, but please can you ensure the Equality team is made aware of any EqIAs completed so we can add them to our list. (Email: [equalities@hertfordshire.gov.uk](mailto:equalities@hertfordshire.gov.uk)).  
Thank you.

**HERTFORDSHIRE COUNTY COUNCIL**  
**ADULT CARE & HEALTH CABINET PANEL**  
**THURSDAY 6 MARCH 2018 AT 10:00AM**

**ADULT SOCIAL CARE PERFORMANCE MONITOR – QUARTER 3 - 2017/18**

Report of the Director of Adult Care Services

Author: Alex Ogle – Adult Social Care Performance Manager  
(Tel: 01438 844291)

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

**1. Purpose of the report**

1.1. To enable the Panel to review the performance of adult social care for the third quarter of the 2017/18 financial year (October 2017 – December 2017).

**2. Background**

2.1 Each year the Council are required to submit data on adult social care activity to NHS Digital. This data is used to calculate a number of Adult Social Care Outcome Framework indicators which allows the benchmarking of local authorities' performance. This report provides the latest performance on a selection of these key indicators.

2.2 At a recent Adult Care and Health Panel meeting, members asked for a further breakdown of Delayed Transfers Of Care (DTC) performance. This report now includes an additional delayed transfer of care indicator. It now includes Hertfordshire's overall performance covering delays attributable to the NHS, Social Care and jointly to both bodies. This breakdown better replicates the 2018-19 Adult Social Care outcomes framework and along with the existing social care only indicator, provides a full overview of Hertfordshire's DTC performance. A detailed additional breakdown of performance has also been attached to support analysis of these indicators.

2.3 Following the public release of the national datasets by NHS digital. This report now includes (where applicable) 2016-17 benchmarking data versus England and Hertfordshire's Chartered Institute of Public Finance and Accountancy (CIPFA) comparative authorities. See Appendix 1 for a list of these authorities.

### **3. Recommendations**

- 3.1. Panel is invited to note the report and comment on the performance of the Adult Care Services Directorate for Quarter 3 2017/18 as outlined below.

### **4. Financial Implications**

- 4.1 This report is for noting and commenting purposes only and does not require a recommendation that will have any financial implications.

### **5. Equalities Impact Assessment**

- 5.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.
- 5.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.
- 5.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 5.4 No Equalities Impact Assessment was undertaken in relation to this matter. This report is for noting and commenting purposes only and does not require a recommendation which would have any equality implications.

Indicator	2016/17 End of year performance	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	2016/17 National average	2016/17 CIPFA comparator group average
Percentage of people receiving direct payments	28.4%	27.0%	27.5%	27.3%	27.9%		28.3%	31.8%

Commentary

Of the 7,997 clients receiving a long term service, 2,228 are in receipt of a direct payment. Adult social care teams implemented an initiative to review long term clients during Quarter 3 to ensure they were receiving the most suitable form of support. This, together with continued promotion of direct payments, has seen an improvement in performance. Currently achieving target.

Percentage of carers receiving direct payments	78.2%	70.0%	70.5%	70.9%	70.4%		74.3%	79.3%
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Commentary

Of the 1,851 carers receiving a service this year, 1,304 have received a direct payment. Quarter 3 saw a slight drop in performance compared to Quarter 3. Clear guidance continues to be promoted amongst front line teams to ensure that direct payments continue to be used where appropriate Carers continue to be assessed and reviewed to ensure they are receiving the most suitable form of support available and it is anticipated that this, along with the promotion of direct payment pre-paid cards, will continue to improve performance.

Permanent Admissions to Care Homes (18-64) (rate per 100,000 population)	13.0	15.0	11.8	11.5	Quarter in Arrears		12.8	11.4
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Commentary

Please note- This indicator is reported a quarter in arrears in order to allow for the time lag in reporting. Performance is then extrapolated to year end in order to represent expected performance. There have been 41 new admissions in 2017-18 (up to Quarter 2) giving the rate of 5.79 per 100,000 population. Based on current performance Hertfordshire is on target to achieve an annual rate of 11.5 admissions per 100,000 by year end. Continued management oversight of all



Indicator	2016/17 End of year performance	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	2016/17 National average	2016/17 CIPFA comparator group average
residential placements and the promotion of alternative forms of care have resulted in the level of residential admissions continuing to reduce in line with this aim.								
<b>Permanent Admissions to Care Homes (65+) (rate per 100,000 population)</b>	543	575	543.6	517.2	Quarter in Arrears		610.7	560.4
<p><u>Commentary</u></p> <p>*Please note- This indicator is reported a quarter in arrears in order to allow for the time lag in reporting. Performance is then extrapolated to year end in order to represent expected performance.</p> <p>There have been 510 admissions up to the end of Quarter 2 giving a rate of 258 admissions per 100,000. Based on current performance Hertfordshire is on target to achieve an annual rate of 517.2 admissions per 100,000 by year end. ACS strategy is to reduce the number of people requiring residential care and promote the use of alternative services in order to promote independence. Continued management oversight of all residential placements and the promotion of alternative forms of care have resulted in the level of residential admissions continuing to reduce in line with this aim.</p>								
<b>Older people at home 91 days after leaving hospital into reablement</b>	86.0%	85.0%	90.0%	87.0%	83.0%		82.5%	81.5%
<p><u>Commentary</u></p> <p>Performance has dropped below target for quarter 3, though is still above Hertfordshire comparative authorities (81.5%) and England averages for 2016-17 (82.5%). The number of clients entering reablement services from hospital continues to increase. 820 Clients aged 65+ were discharged into Social Care between July 2017-September 2017 (497 in the previous three months) with 677 of those clients still at home 91 Days later. The service is experiencing clients with more diverse and severe needs being offered this form of support. Of the 142 service users whom were not at home after 91 days. 34 were readmitted, 8 went into a residential or nursing setting and 100 were deceased. A result of offering reablement services to people with more significant need is an increase in the likeliness that they will not be at home after 91 days from discharge.</p>								

Indicator	2016/17 End of year performance	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	2016/17 National average	2016/17 CIPFA comparator group average
<p>The service continues to be improved by a number of initiatives. These include; working with providers to increase capacity, development of discharge to assess models in order to help people transfer from hospitals into reablement, recruitment of additional occupational therapists and an increase in the delivery of enablement in settings other than the clients own home.</p>								
<b>Overall Delayed transfers of care from hospital (NHS/Social Care/Joint (rate per 100,000 pop)</b>	17.5	6.5	18.5	16.4	15.3		14.9	17.4
<p><u>Commentary</u></p> <p>Overall delayed Transfers of Care for Hertfordshire have continued to reduce into quarter 3. 67% of Hertfordshire's delays have been attributable to the NHS, 31% Social Care and 2% jointly to NHS and Social Care.</p> <p>Overall the greatest percentage of Hertfordshire's delays has been reported by West Herts Hospital Trust with 28% of all delays occurring at their hospital. Hertfordshire Community Trust (HCT) (20.8%) and Hertfordshire Partnership Foundation Trust (HPFT) (16.8%) report the second and third highest contribution to delays. The main reason recorded for these delays is patients waiting for home care (23.3%), followed by further non acute NHS care (22.4%) and then patient family choice (15.2%).</p> <p>Actions to improve performance include ensuring working closely with each individual trust to ensure delays are recorded and reported accurately (resulting in a reduction of delays reported by HPFT) and continuing to work on a number of initiatives including:</p> <ul style="list-style-type: none"> <li>- Increasing intermediate bed capacity by using Improved Better Care Fund (IBCF) funding</li> <li>- Deployment of impartial assessors to speed up placements in care homes</li> <li>- Work with Hertfordshire Community Trust to develop a Discharge Home to Assess Model similar to service in East and North Herts Trust</li> <li>- Continuation and further roll out of Integrated Discharge Teams across Hertfordshire hospitals.</li> </ul>								

Indicator	2016/17 End of year performance	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	2016/17 National average	2016/17 CIPFA comparator group average
<b>Delayed transfers of care attributable to social care (rate per 100,000 pop)</b>								
	5.6	2.6	7.0	5.5	4.8		6.3	7.2
<u>Commentary</u>								
<p>Delayed Transfers of care attributable to social care have continued to reduce into Quarter 3. Hertfordshire's social care delays in December 2017 were the lowest reported since January 2016. Data relating to delays is published by Trust and for the year to date, the greatest percentage of Hertfordshire's delays attributable to social care have been reported by West Herts Hospital Trust with 46.9% of all delays occurring at their hospital. Hertfordshire Community Trust (24.8%) and Hertfordshire Partnership Foundation Trust (8.0%) report the second and third highest contribution to delays. The main reason recorded for social care delays is patients waiting for home care (54.1%), followed by waiting for nursing care (19.3%) and then residential care (17.1%).</p> <p>Actions to improve performance include ensuring working closely with each individual trust to ensure delays are recorded and reported accurately (resulting in a reduction of delays reported by Hertfordshire Partnership Foundation Trust (HPFT)) and continuing to work on a number of initiatives including:</p> <ul style="list-style-type: none"> <li>- Increasing intermediate bed capacity by using IBCF funding</li> <li>- Deployment of impartial assessors to speed up placements in care homes</li> <li>- Work with Hertfordshire Community Trust to develop a Discharge Home to Assess model similar to service in East and North Herts trust</li> <li>- Continuation and further roll out of Integrated Discharge Teams across Hertfordshire hospitals.</li> </ul>								

Indicator	2016/17 End of year performance	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	2016/17 National average	2016/17 CIPFA comparator group average
<b>Number of Deprivation of Liberty Safeguard (DoLS) applications received</b>	4,400	N/A	933	1,210	1,125		1416	3433
<u>Commentary</u> Information included for monitoring purposes only – no target set. Data is based on the number of DOLs application received in the quarter. Comparator data is based on year to date performance.								
<b>Number of Safeguarding concerns raised</b>	5,620	N/A	2,136	2,035	2,219		2378	5497
<u>Commentary</u> Information included for monitoring purposes only – no target set. Data is based on the number of Concerns reported in the quarter. Comparator data is based on year to date performance.								

## Appendix 1

Hertfordshire's CIPFA Comparator Group	
Local Authority Name	Region
Northamptonshire County Council <sup>7</sup>	East Midlands
Nottinghamshire County Council	East Midlands
Hertfordshire County Council	East of England
Suffolk County Council	East of England
Essex County Council	East of England
Cambridgeshire County Council	East of England
Oxfordshire County Council	South East
Buckinghamshire County Council	South East
Surrey County Council	South East
West Sussex County Council	South East
Hampshire County Council	South East
Kent County Council	South East
Warwickshire County Council	West Midlands
Staffordshire County Council	West Midlands
Worcestershire County Council	West Midlands

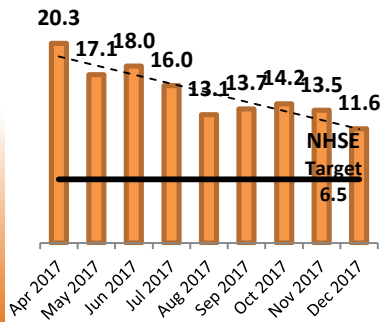
*\*To provide a means of benchmarking progress other local authorities are identified where they are deemed to have similar characteristics. These designated Local Authorities are known as statistical neighbours or comparable authorities. Comparators provide context to help interpret indicators*

*Areas can be combined into comparator areas by analysing datasets to identify groups of similar areas. Each comparator is different, but the common themes that go into their calculations are population, age structure, geographical size, socio-economic characteristics (such as education, deprivation, employment, income, health and care, and so on) and housing, among others*

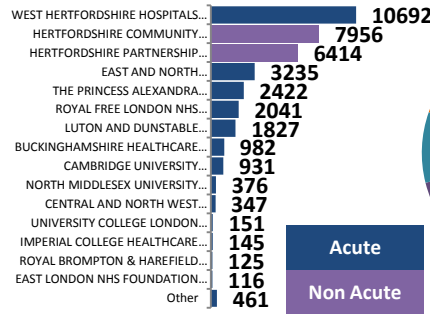
This publication is based on UNIFY published data up to the end of December 2017. This analysis has been produced to support Hertfordshire's quarterly delayed transfers of care performance for 2017-18.

Total Delays

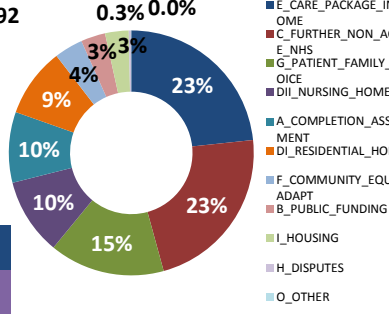
**Total Delays Per 100k Monthly Trend Vs NHSE Target**



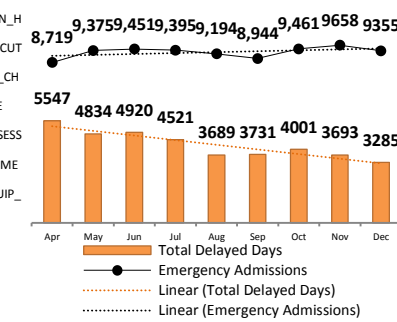
**Total Delays Split by Trust (actual delayed days) for the year to date**



**Total Delays Split By Reason (Actual Delayed Days) for the year to Date**



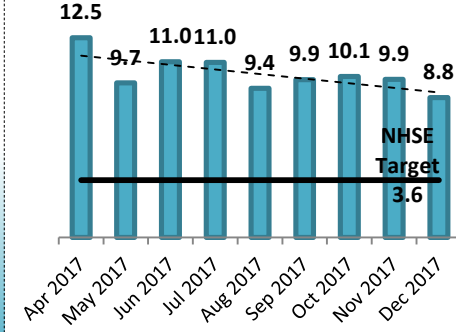
**Hertfordshire Emergency Admissions (65+) Vs Delayed Transfers of care**



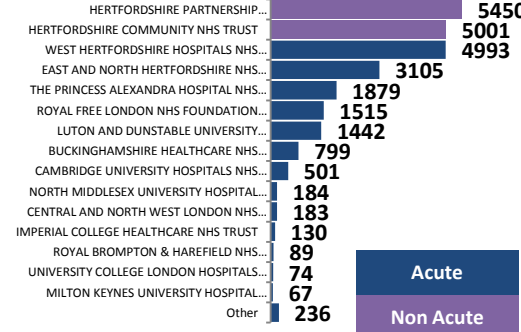
Total Delays	Hertfordshire DTOC Ranking (Change over time)		
	Hertfordshire National Ranking (Out of 151)	Hertfordshire CIPFA Ranking (Out of 15)	Hertfordshire Eastern Ranking (Out of 11)
April	137	11	11
May	129	9	11
June	128	9	11
July	121	7	10
August	95	5	8
September	102	5	8
October	110	7	8
November	109	8	8
December	104	5	8
Rank Year to Date	118	6	10

NHS Delays (67% of all Delays)

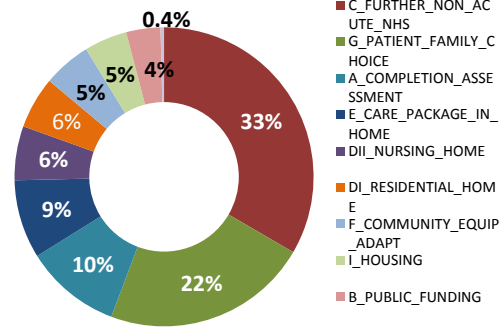
**NHS Delays Per 100k Monthly Trend Vs NHSE Target**



**NHS Delays Split by Trust (actual delayed days) for the year to date**



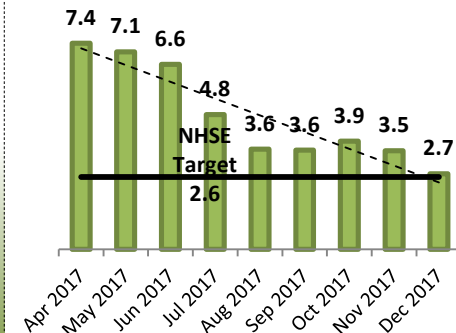
**NHS Delays Split By Reason (Actual Delayed Days) for the year to Date**



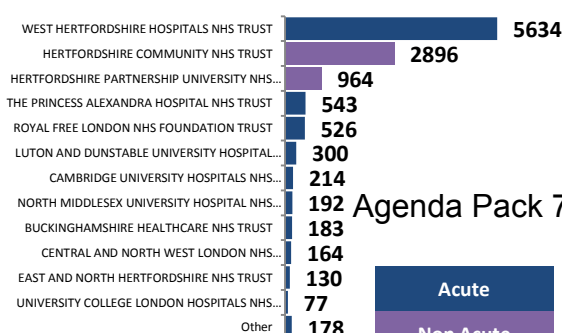
NHS Delays	Hertfordshire DTOC Ranking (Change over time)		
	Hertfordshire National Ranking (Out of 151)	Hertfordshire CIPFA Ranking (Out of 15)	Hertfordshire Eastern Ranking (Out of 11)
April	140	12	10
May	126	11	10
June	129	13	10
July	129	11	10
August	119	10	9
September	122	11	8
October	127	12	10
November	131	10	9
December	127	11	8
Rank Year to Date	126	9	9

Social Care (31% of all Delays)

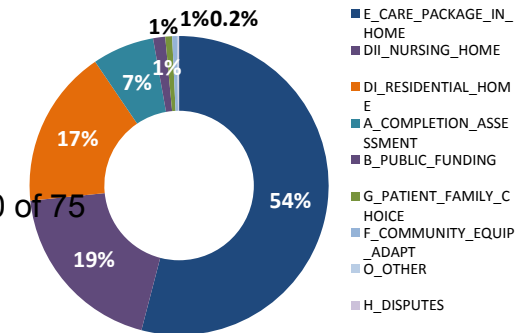
**Social Care Delays Per 100k Monthly Trend Vs NHSE Target**



**Social Care Delays Split by Trust (actual delayed days) for the year to date**



**Social Care Delays Split By Reason (Actual Delayed Days) for the year to Date**



Social Care Delays	Hertfordshire DTOC Ranking (Change over time)		
	Hertfordshire National Ranking (Out of 151)	Hertfordshire CIPFA Ranking (Out of 15)	Hertfordshire Eastern Ranking (Out of 11)
April	122	10	11
May	129	11	11
June	116	9	11
July	99	5	7
August	77	2	7
September	84	3	8
October	94	7	8
November	94	5	7
December	85	6	7
Rank Year to Date	107	7	8

## What are delayed transfers of care?

A ‘delayed transfer of care’ occurs when a patient is ready to leave a hospital or similar (Non-Acute) care provider but is still occupying a bed.

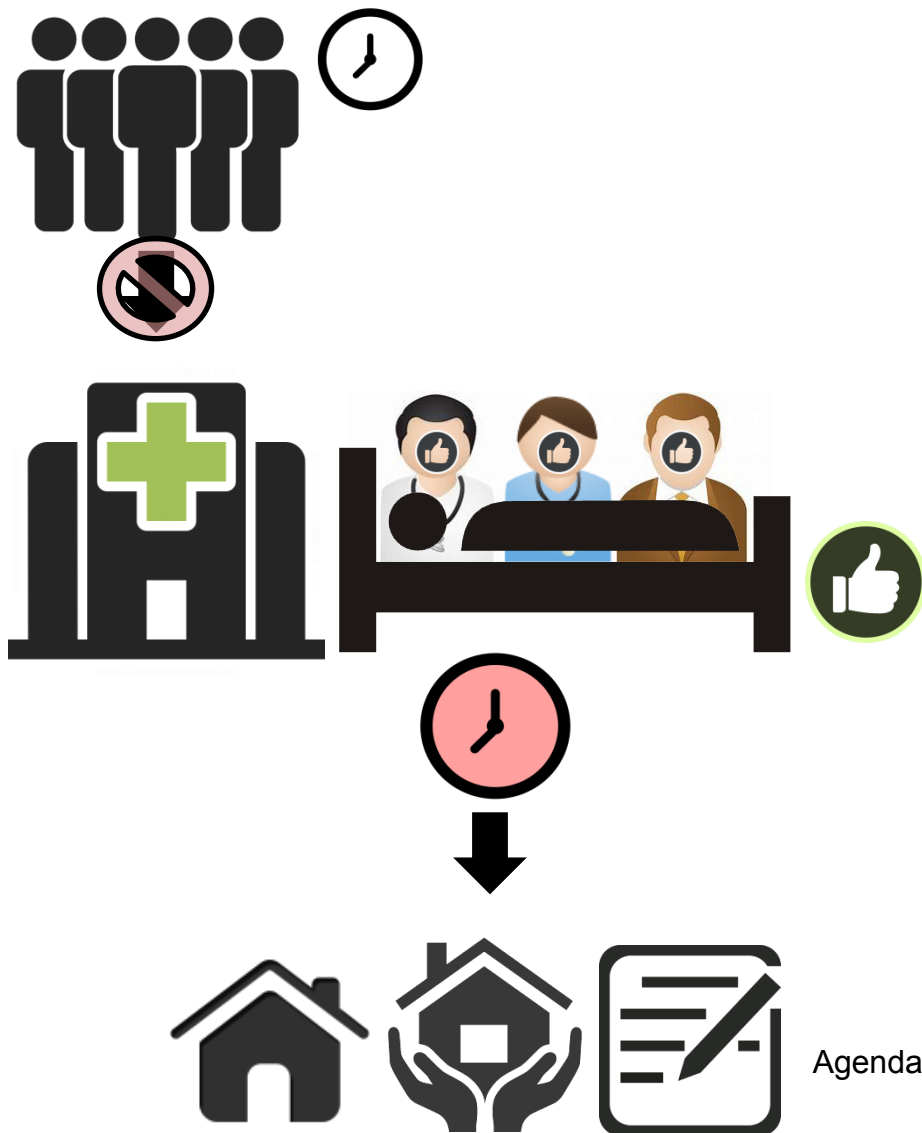
Delayed transfers are also referred to as ‘DTOCs’. Often in the media, described as ‘bed-blocking’.

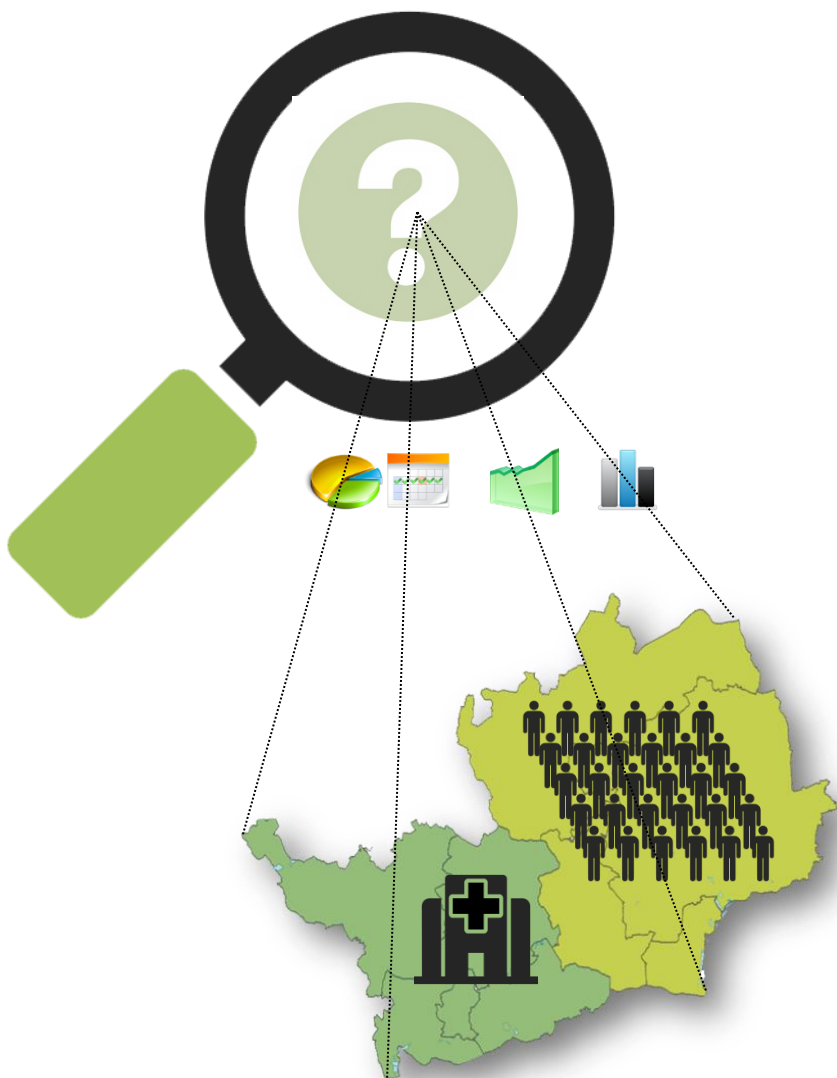
NHS England, the body responsible for monitoring delayed transfers of care nationally, defines a patient as being ready for transfer when:

1. A clinical decision has been made that the patient is ready for transfer, and
2. A multidisciplinary team has decided that the patient is ready for transfer, and
3. The patient is safe to discharge/transfer.

As soon as a patient meets these three conditions and remains in a bed, the ‘clock’ starts and they are classified as ‘a delayed transfer’

Delays can occur when patients are waiting to be discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or





## How are delayed transfers of care measured?

Each month NHS England publishes delayed transfers of care data covering;

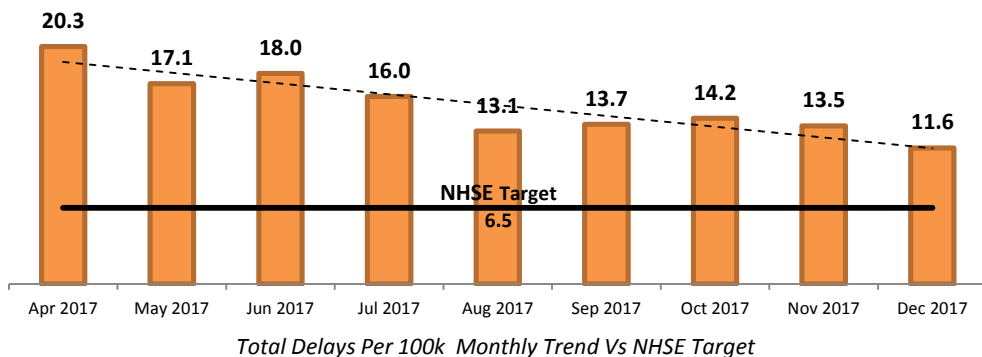
1. The **total number of bed days** taken up by all delayed patients across the whole calendar month. For example, in December 2017 there were 3285 total delayed days for Hertfordshire.
2. The **average daily number of delayed transfers** across the month. Referred to as ‘delayed transfer of care beds’, this measure is calculated by dividing the number of delayed days during the month by the number of calendar days in the month. For example, in December 2017 the 3285 total delayed days, divided by 31, gives a daily ‘delayed transfer of care beds’ figure of 106 Days

The second measure is used to monitor Hertfordshire's Delayed transfers of care performance Vs our NHS England prescribed targets. To better benchmark our performance the Average Daily bed days are converted to a rate per 100k population for adults aged 18+.

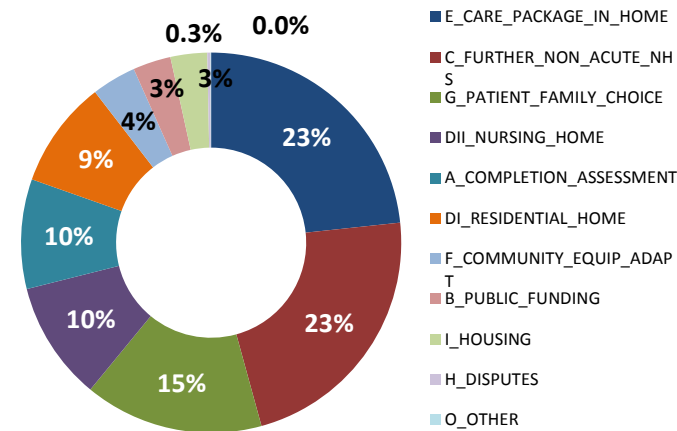


This publication is based on UNIFY published data up to the end of December 2017. This analysis has been produced to support Hertfordshire's quarterly delayed transfers of care performance for 2017-18.

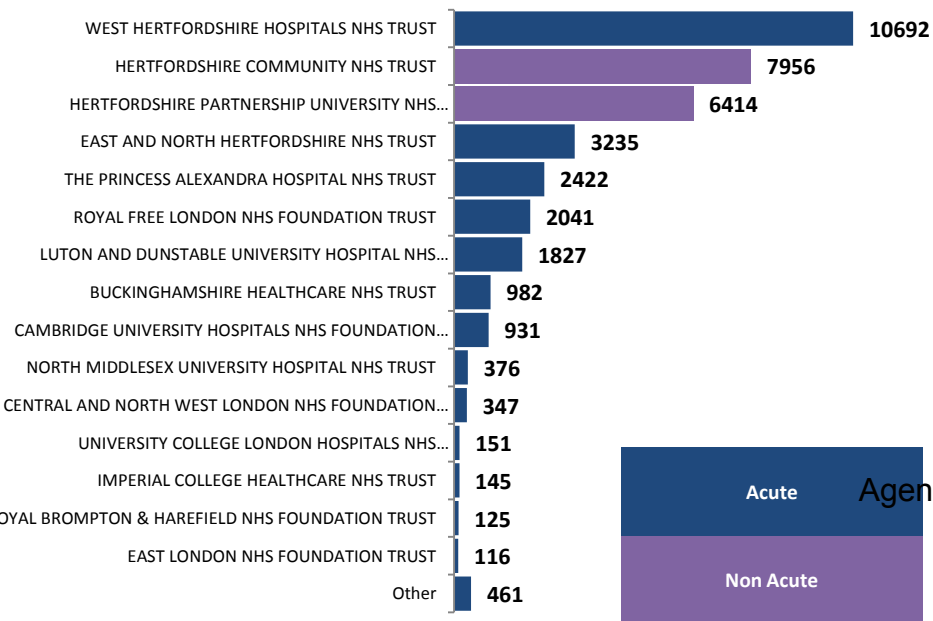
## Our overall monthly performance this year....



## Our reasons for delay...



## Which trusts are reporting delays?....

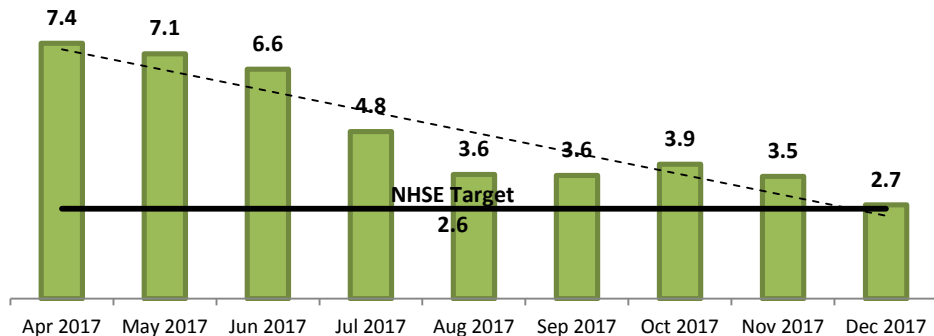


## So, where do we rank?.....

Total Delays	Hertfordshire DTOC Ranking (Change over time)		
	Hertfordshire National Ranking (Out of 151)	Hertfordshire CIPFA Ranking (Out of 15)	Hertfordshire Eastern Ranking (Out of 11)
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Rank Year to Date	118	6	10

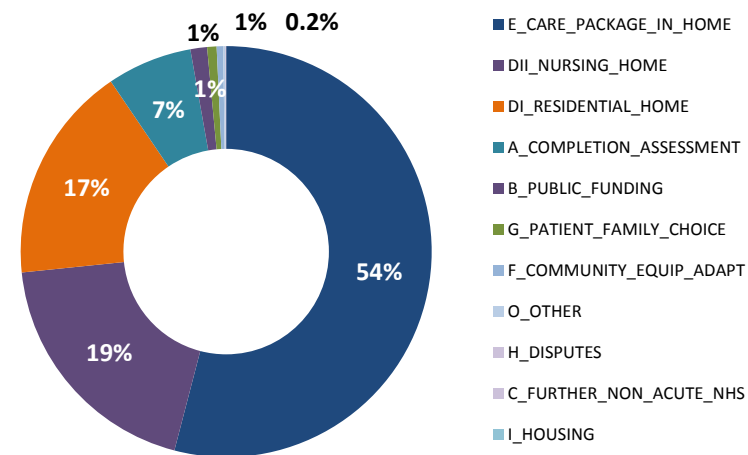
This publication is based on UNIFY published data up to the end of December 2017. This analysis has been produced to support Hertfordshire's quarterly delayed transfers of care performance for 2017-18.

## Our Social Care monthly performance this year....

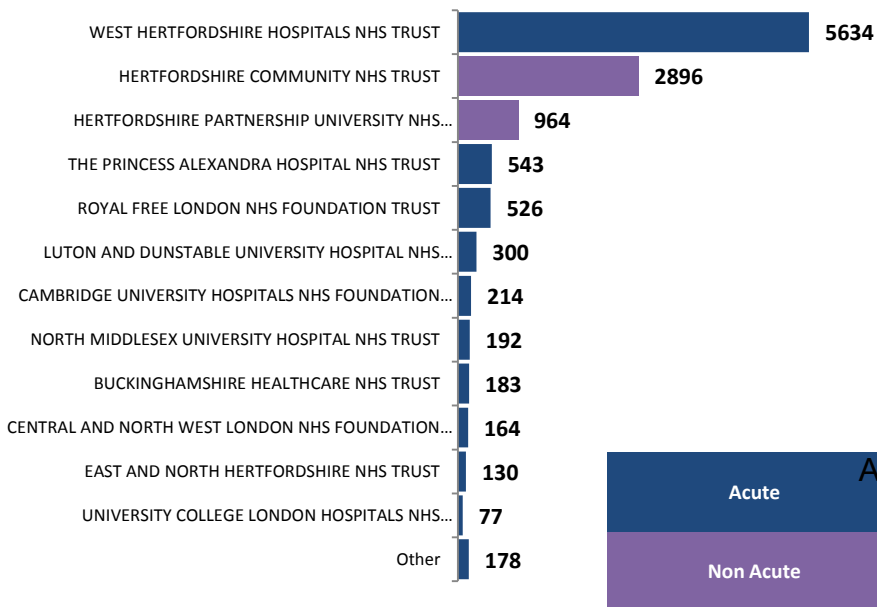


Social Care Delays Per 100k Monthly Trend Vs NHSE Target

## Our reasons for delay...



## Which trusts are reporting delays?....



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Acute

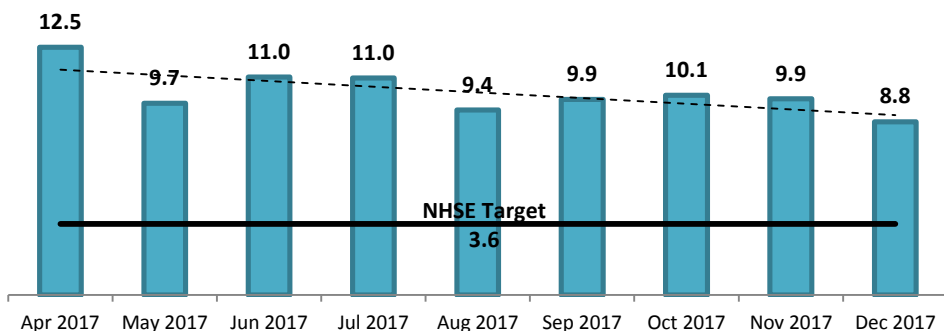
Non Acute

## So, where do we rank?.....

Social Care Delays	Hertfordshire DTOC Ranking (Change over time)		
	Hertfordshire National Ranking (Out of 151)	Hertfordshire CIPFA Ranking (Out of 15)	Hertfordshire Eastern Ranking (Out of 11)
April	122	10	11
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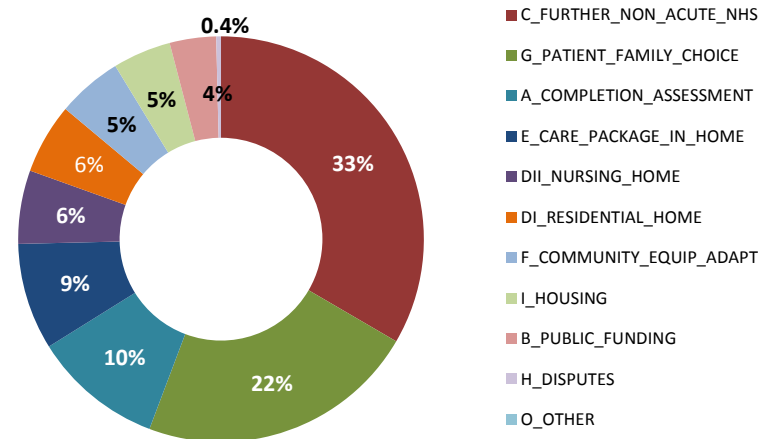
This publication is based on UNIFY published data up to the end of December 2017. This analysis has been produced to support Hertfordshire's quarterly delayed transfers of care performance for 2017-18.

## Our NHS monthly performance this year....

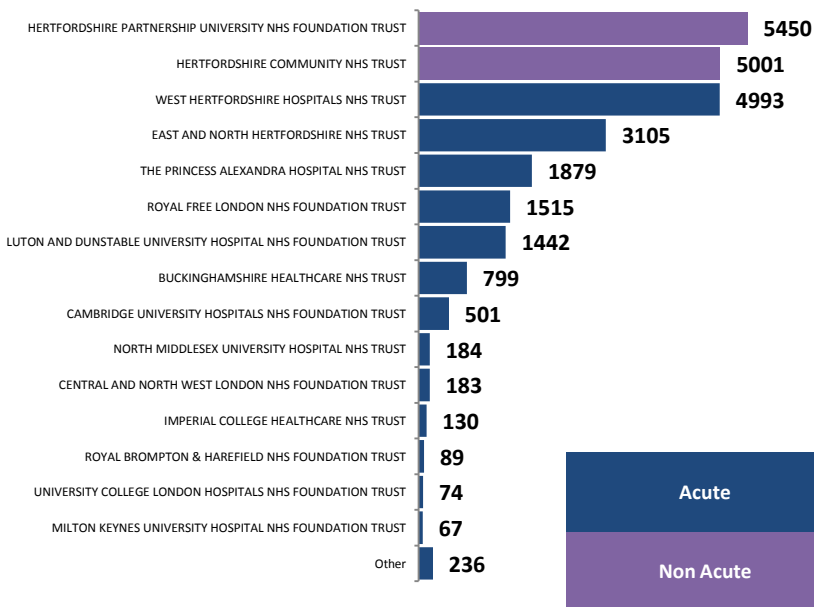


NHS Delays Per 100k Monthly Trend Vs NHSE Target

## Our reasons for delay...



## Which trusts are reporting delays?....



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## So, where do we rank?.....

NHS Delays	Hertfordshire DTOC Ranking (Change over time)		
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November	131	10	9
December	127	11	8
Rank Year to Date	126	9	9