Agenda

AGENDA for a meeting of the ADULT CARE & HEALTH CABINET PANEL in COMMITTEE ROOM B, at COUNTY HALL, HERTFORD on TUESDAY 24 APRIL 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 6 March 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.

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

3. **ADULT CARE SERVICES PARTICIPATION IN EUROPEAN STRUCTURAL & INVESTMENT FUNDS (ESIF) GRANT: UPSKILLING THE WORKFORCE**

    Report of the Director of Adult Care Services

4. **THREE YEAR PLAN FOR ADULT CARE SERVICES FOR 2018/19 TO 2020/21**

    Report of the Director of Adult Care Services

5. **ADULT DISABILITY SERVICES TRANSFORMATION UPDATE**

    Report of the Director of Adult Care Services

6. **DELAYED TRANSFERS OF CARE**

    Report of the Director of Adult Care Services

7. **OTHER PART I BUSINESS**

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

PART II ('CLOSED') AGENDA

EXCLUSION OF PRESS AND PUBLIC

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

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

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

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

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

Minutes

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

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

ADULT CARE & HEALTH CABINET PANEL
TUESDAY 6 MARCH 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 6 March 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

		ACTION
1.	**MINUTES**	
1.1	The Minutes of the Cabinet Panel meeting held on 30 January 2018 were confirmed as a correct record and signed by the Chairman.	
2.	**PUBLIC PETITIONS**	
2.1	There were no public petitions.	

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

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

3.1 Members received a report on the proposed long term direction and strategic ambitions for Adult Social Care.

3.2 The panel noted that the strategy had been subject to some consultation with service users, carers and support organisations, and overall the response had generally been positive and supportive, with respondents understanding of the current financial challenges being faced within the authority.

3.3 Members were pleased to learn that the outcome of the feedback from the consultation had resulted in greater emphasis being placed on the importance of family carers and workforce challenges within the strategy.

3.4 It was further noted that a key element of the strategy was to put service users in control and enhance their ability to be independent.

3.5 Members were advised that subject to Cabinet agreement on the strategy, a more detailed three year plan would be presented at the next meeting of the Adult Care and Health Panel.

3.6 In response to a Member question as to how it been assured that the consultation had reached service users and carers who were not proficient with the internet, it was explained that the department-led co-production board, whose membership included a number of support organisations had local networks had reached out to wider networks.

3.7 During discussion, in respect to the statement made on Section 3 of the strategy which stated 'People will have more money (especially home owners) which will mean more of us are responsible for paying for our own care', Members challenged the sustainability of this statement, given the recent headlines in the media that home ownership was currently on the decline.

3.8 In response to a question about why the report said people who were home-owners would pay more, it was explained that as the strategy was a fifteen year strategy, the demographic of residents that this would affect were predominantly of the demographic of current home owners. Members were advised that there would be an increase in self-funders year on year for the life of this strategy. It was acknowledged that consideration would have to made beyond the fifteen years, should the current decline in home ownership continue.

3.9 Members discussed the long term projection and methods for social care funding, and acknowledged the complexities surrounding it, and noted that government was scheduled to implement a green paper during the current parliamentary session, which it was hoped would address the current and long term concerns regarding funding sustainability.

3.10 In response to Member concern regarding the wording within the 'future shots' outlined in the strategy being aspirational and focusing on carers rather than service users, it was stressed that the examples used were only 'best case' examples based on frequent issues that were presented to the service, and careful consideration had been made to ensure that these were as sensible, relevant and inclusive as possible. Proposals to pilot Assistive Technology and using data to anticipate when people might need additional help were to be developed in consultation with the Information Governance team, and assurance was received that service users would always be at the centre of any considerations, although it was important that the increased use carers, who would be pivotal to the future were subject to awareness raising of the options available to them.

3.11 Assurance was also received that the issue of loneliness was something that was always being considered and had been highlighted as an overarching consideration in the covering report at point 4.2.3. The co-production board had set this as a priority which would be reflected in the forthcoming Three Year Plan.

3.12 The Panel also noted that there was a strong emphasis on the promotion of individual choice throughout the strategy, and were assured that any risks arising from this would be mitigated through ongoing support, monitoring and guidance.

CONCLUSION:

3.13 Panel recommended that Cabinet agree the Fifteen Year Direction for Adult Care Services (ACS), as outlined in Appendix A of the report.

**CHAIRMAN'S
INITIALS**

……………..

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

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

4.1   Panel considered a report proposing an amendment to the charging policy for community based adult social care.

4.2   Members were advised that further to a discussion at Cabinet on 19 February 2018, it had been agreed that the Adult Care Services budget for 2018/19 would be increased by £310k. The Panel noted that this increase would mitigate the need outlined in the original budget proposal for the department to include consideration of the higher rates of Attendance Allowance and Disability Living Allowance when assessing the financial contribution that people with night time care needs could afford to pay.

4.3   Members were pleased to learn of this decision by Council.

4.4   **CONCLUSION:**

Panel recommended 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.

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

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

5.1   Members received the Adult Social Care Performance Monitor for Quarter 3 detailing the key indicators used to monitor performance within the department.

5.2   Members' attention was initially drawn to the Delayed Transfers of Care (DTOC) statistics, and the panel was provided with a presentation providing more detail of what DTOC's were, and how and why they occur.

5.3   The panel were pleased to learn that the Social Care DTOC performance statistic was at the most improved level for 2-3 years. It was explained that this was fundamentally attributed to investment of monies received from the Improved Better Care Fund into improve this service.

5.4   Members expressed concern at the ongoing high number of NHS DTOC issues in relation to West Herts Hospital Trust. Assurance was received that dialogue was continuing with the Trust and Herts Valleys to find ways to improve this statistic. Members noted that in contrast, East & North Herts equated for approximately 1% of the NHS DTOC statistics.

5.5   In response to a Member question it was confirmed that the figures for the out of county trusts related to Hertfordshire residents only.

5.6   Members discussed the statistics in relation to the non-acute Hertfordshire trusts; Hertfordshire Partnership Foundation Trust (HPFT) and Hertfordshire Community NHS Trust (HCT).

5.7   The Panel received some assurance that the statistical data that had been produced for HPFT & HCT had been based on some erroneous data, which would be resolved by the final quarter of 2017/18.

5.8   It was acknowledged the reduction of community beds was also having an impact on HCT statistics. Members were advised that consideration was being made to employ the services of a consultancy to undertake an independent view of the local system to providing recommendations for a more efficient use of resources.

5.9   Members received explanation of the remaining performance indicators outlined within the report and further to discussion were pleased to note the overall positive performance statistics presented.

5.10   It was noted that the number of direct payments had decreased slightly as the department had introduced increased mediation with applicants with regards to how the payments received would be used.

5.11   In response to a Member question, assurance was received that although there was a target for residential care admissions, should this be reached and further service users then subsequently required placement, these would not be denied by the service.

5.12   Members were also assured that the higher than average Deprivation of Liberty Safeguard Applications and Number of Safeguarding Concerns Raised statistics were positive, as it evidenced the transparency and public awareness of these services.

5.13   **CONCLUSION:**

Panel noted and commented on the performance of the Adult Care Services Directorate for Quarter 3 2017/18 as outlined in the report presented to panel.

6.   OTHER PART I BUSINESS

There was no other Part I business.

KATHRYN PETTITT
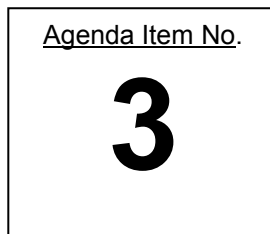**CHIEF LEGAL OFFICER**   CHAIRMAN_____

HERTFORDSHIRE COUNTY COUNCIL

ADULT CARE AND HEALTH CABINET PANEL

TUESDAY 24 APRIL 2018 AT 10:30 A.M.

ADULT CARE SERVICES PARTICIPATION IN EUROPEAN STRUCTURAL & INVESTMENT FUNDS (ESIF) GRANT: UPSKILLING THE WORKFORCE

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 advise Panel of recent activity to submit a bid for European Structural and Investment Funds (ESIF) Grant in relation to skills development for the adult social care workforce.

2. **Recommendations**

2.1   Panel is asked note the content of this report and to consider the advantages and risks associated with the administration of this funding.

2.2   Panel is asked to consider whether to propose to Cabinet that Cabinet agree that if successful in the bid process for European Structural and Investment Funds (ESIF) Grant as referred to in the Report:

   a) The Director of Adult Care Services in consultation with the Executive Member for Adult Care and Health be authorised to finalise the terms on which the ESIF is to be accepted by the Council; and
   b) Subject to (a) above the Council will take on the responsibility for the administration of the ESIF Grant and will arrange for delivery of the grant objectives

3. **Summary**

3.1   The Hertfordshire Local Enterprise Partnership (LEP) highlighted the opportunity for appropriate parties to bid for ESIF monies under the 'Care to Step Up - Up-skilling the Workforce in the Health and Social Care Sector in Hertfordshire' programme. The LEP is making £1.5m available for investment in the sector; this amount must be matched by the successful applicant to deliver a total funding package of £3m.

3.2   The Adult Care Services (ACS) Workforce Development Team worked in partnership with Hertfordshire Adult and Family Learning Service, (HAFLS) and Hertfordshire Care Providers Association (HCPA), and learned in December 2017 that the proposal was successful in passing Stage 1 of the bid process.

3.3   Stage 2 of the bid process required submission of a comprehensive business case setting out proposals for skills development for the social care workforce. The bid submission was made on 12 February 2018 and the LEP will announce the successful proposal during Spring 2018.

3.4   The grant offers the opportunity of attracting additional funding for social care workforce development into Hertfordshire. This supports work that the council is doing to promote a sustainable social care workforce, an issue about which Panel has previously expressed concern.

4   Grant Proposal

4.1   The proposal is a project to engage care providers in learning and career development, providing additional opportunities to upskill the adult social care workforce by complementing the existing training offer.

4.2   The ambition is to provide additional qualifications and specialist training for the sector, supporting the development of a social care workforce and management cadre that is equipped to meet the future demands of it, particularly in relation to working in an integrated health and social care context; delivering person centred care; and promoting best practice in relation to staff retention in the sector.

4.3   The project will:
- support managers and proprietors to understand the importance of upskilling their workforce by offering an initial Skills Audit and Impartial Feedback Service;
- contribute to the implementation of the county adult health and social care workforce development strategy/plan;
- increase health and social care sector specific skills and knowledge within the sector;
- offer basic skills (English, maths and digital skills) courses;
- provide information, advice and guidance to staff to help identify next steps in training and career development, including Apprenticeships.

4.4   The proposed start date for delivery will be September 2018. Learner recruitment would commence in June 2018 and by December 2018 the project would be fully operational. From March 2020 the project will be scaled back to ensure time to complete delivery and evaluate the results by the end of the project. These timelines are subject to alteration depending on the timings of the grant award. The EU is expected to honour all grant awards for their anticipated lifetime once made.

4.5   The council would act as the 'grant holder', administering the process of paying training providers and re-claiming grant monies from the EU. This function would be located within HAFLS given their previous experience of administering EU funding. HCPA, HAFLS and a number of smaller third party organisations would act as 'providers', delivering courses in line with the grant objectives.

5   Grant Claim and Audit Process

5.1   The history of fraudulent use of European Union funding across the continent means that a robust audit regime exists for the ESIF programme.

5.2   Grant rules will require a quarterly return to be submitted itemising expenditure claimed for reimbursement at individual transaction level. Every single item of expenditure is audited to ensure that it is appropriate within the terms and conditions of the grant; there must be a clear audit trail right through to bank statements demonstrating payment of monies out of organisations. This framework applies to both the grant funded and the match funded elements and will be administratively onerous. The anticipated level of audit scrutiny is significantly more rigorous than standard external audit approaches.

5.3   It is not uncommon for funding to be ruled 'ineligible' and so there is a significant risk that expenditure incurred might not be reimbursed. The timing of the audit process means that rejection of claims may happen months after the original expenditure was incurred.

5.4   Experience suggests that the best way of managing these financial risks is for providers to claim re-imbursement retrospectively from the grant holder, with the grant holder being very rigorous about ensuring only eligible expenditure with a full audit trail is reimbursed. Ordinarily, this approach of paying in arrears and transferring financial risk to providers ensures that risk to the grant holding body is minimised.

6   Match Funding Arrangements and Risks

6.1 The grant holder is required to provide £1.5m of its own 'match funding' alongside the ESIF investment. The table below identifies the match funding that has been proposed in thecouncil's bid:

Fund name	18/19	19/20	20/21	Total
	£	£	£	£
Workforce Development Funding to HCPA	252,000	252,000	252,000	756,000
Improved Better Care Fund	124,000	-	-	124,000
ACS courses	147,000	147,000	146,000	440,000
Better Care Fund	60,000	60,000	60,000	180,000
Total	583,000	459,000	458,000	1,500,000

6.2 The majority of these amounts are for ongoing and long-standing commitments to fund learning activity for the social care workforce. These commitments can be counted as part of the match funded element.

6.3 As the match funds are proposed in this way, issues arise because the terms and conditions of the ESIF Grant do not fully align with the county council's funding processes, specifically:

a) 'Workforce Development Funding to HCPA' is paid upfront in order to ensure the financial sustainability of this important partner organisation. Payment in arrears in relation to this element of the bid is therefore not feasible;

b) 'ACS Courses' funding comprises payments to third party training providers procured under a framework contract that pre-dates the grant bid. Current terms and conditions of payment do not include a requirement to provide the level of assurance or transactional reporting that we anticipate the EU regime will necessitate.

6.4 A further complexity relates to the timing with which match funding is allocated against the bid. Ideally this should begin when the project goes live, whereas the bid has proposed that the match funded period begins on 1 April 2018. If there is a delay commencing delivery the full

year of funding for 2018/19 will not available to support the match funded element.   If the county council is not able to identify sufficient match funding, an equal element of grant funding will be withdrawn.

7   Management and Administration arrangements

7.1   Given the risks set out above it is important that there is robust oversight and administration of grant monies. A group has been established to take forward preparations in the event of a successful award. An Action Plan has been developed to support this activity (Appendix A).

7.2   The proposed arrangements are that:

- HAFLS lead on administration of the grant, including validation of payment claims from providers, submission of summary grant claims to the EU, co-ordination of the presentation of supporting evidence and liaison with EU officers.   Other roles include:

  - Acting as lead contact with all delivery partners;
  - Quarterly reporting;
  - Implementing and monitoring the Equality & Diversity and sustainability plan;
  - Training partners on the payment evidencing arrangements;
  - Organising audits;
  - Organising marketing /promotion;
  - Checking eligibility for participants.;

- A skilled and experienced project manager will be recruited, and all project administration resource funded by the grant will be located in HAFLS. A review will be undertaken to identify whether project administration resource funded by match elements can be transferred into HAFLS.

- A grant steering group will be chaired by the Assistant Director of Commissioning to support HALFs in grant oversight. The group will meet fortnightly after notification of grant award, and bring together provider representatives, HAFLS, Finance and any other relevant stakeholders with attendance being mandatory. The group will oversee development of the financial processes and ensure compliance with them.

7.3   Despite these arrangements there is still an inherent risk of loss of funding arising from the complexities outlined in Section 6 of this report.

8   Financial Implications

8.1   Grant applicants are required to identify £1.5m of match funding as their contribution to the grant. These amounts have been identified from existing funding sources. Putting these amounts forward as match funding means that there is a commitment to making them available over the life-time of the grant.

8.2   If successful the council will make claims to the ESIF administrators to reimburse funding incurred. There is a risk that ESIF will decline payment if the required terms and conditions of payment are not met. This risk is heightened because of the way the match funding has been proposed. If the risk materialises then grant funding achieved will be less than the full £1.5m available. At the very worst case the entire grant amount could be withdrawn. The council may not be able to fully transfer financial risk to providers and would then have to meet expenditure from within its own resources.

9   Equalities Implications

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

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

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

9.4   A 'Care to Step Up' Equality, Diversity and Inclusion policy and action plan has been developed in partnership with the project partners and is attached at Appendix B.

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Appendix A: ESIF Preparation Plan

| Task	Lead	Timescale	Commentary
Establishment of Steering Group	Assistant Director of Commissioning	Immediate	
Assessment of likely financial control arrangements	Steering Group	Immediate	Research financial control arrangements and assess ability of stakeholders to meet these Identify areas of risk and explore mitigations
Establishment of financial control framework	Steering Group / HALFS	On notification of successful award	Develop guidance for providers on payment terms and conditions Develop pro forma templates to support payment claims
Recruitment of staffing team	HAFLS	On notification of successful award	Preparation will involve: • reviewing line management arrangements and developing proposals to bring staff into HAFLS • development and agreement of job outlines
Provider briefing and training	HAFLS	After notification of successful award	Preparation will involve: • relationship building with providers • developing briefing materials • working with providers to agree payment and evidencing

Task	Lead	Timescale	Commentary
			arrangements
Implementation of Equality, Diversity and Inclusion Policy and Action Plan	Steering Group	On notification of successful award	Review action plan and develop arrangements for implementation

Appendix B
Equality Impact Assessment (EqIA)

EqIAs make services better for everyone and support value for money by getting services right first time.

EqIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then create an action plan to get the best outcomes for staff and service-users[1].They analyse how all our work as a council might impact differently on different groups protected from discrimination by the Equality Act 2010[2]. They help us make good decisions and evidence how we have reached them.[3]

An EqIA needs to be completed **as a project starts** to identify and consider possible differential impacts on people and their lives, inform project planning and, where appropriate, identify mitigating actions. It must be completed **before** any decisions are made or policy agreed so that the EqIA **informs that decision or policy**. It is also a live document; you should review and update it along with your project plan throughout.
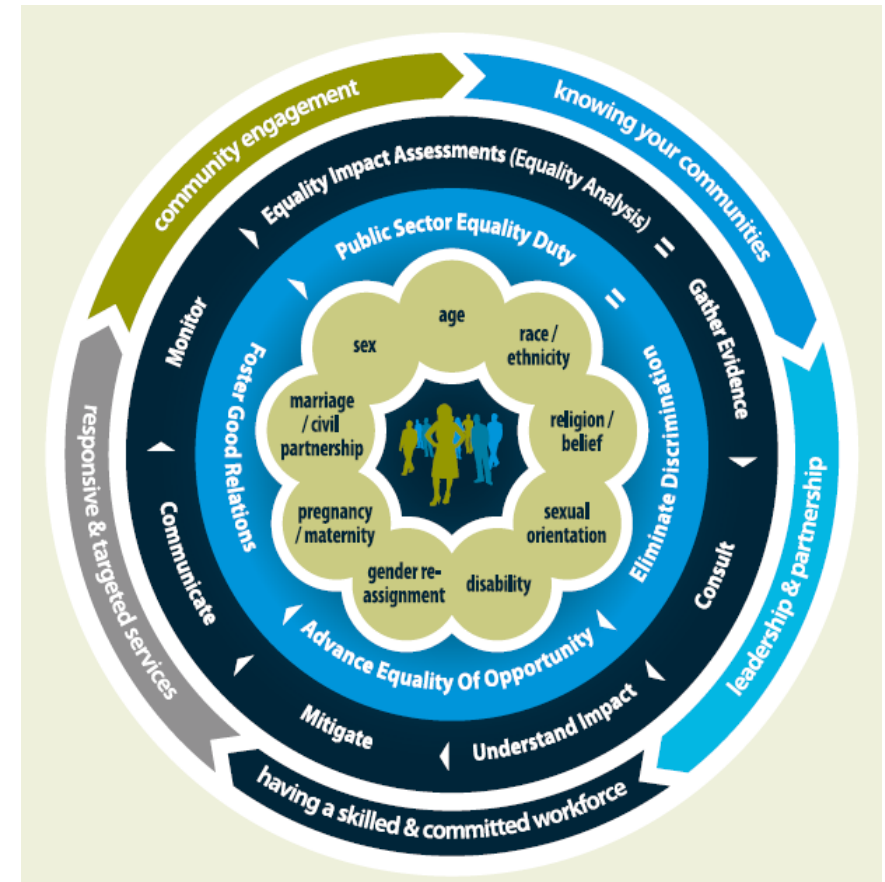
Full guidance notes to help you are embedded in this form – see the End Notes or hover the mouse over the numbered notes.
If your project/proposal relates primarily to staff **– e.g. a restructure – there is a specific EqIA template for this** here

Please share your initial EqIA with the equalities team, equalities@hertfordshire.gov.uk and the final/updated version at the end of the project. Key EqIAs should be reviewed by the relevant Head of Service. Examples of EqIAs can be seen in the **EqIA Library**.

1.   Who is completing the EqIA[4] and why is it being done?

Title of service / proposal / project / strategy / procurement you are assessing[5]	Upskilling the adult social care workforce – Care to Step Up
Names of those involved in completing the EqIA	Mark Gwynne
Head of Service or Business Manager	Kulbir Lalli
Team/Department	Workforce Development & Partnerships / Integrated Accommodation Commissioning
Lead officer contact details	Mark Gwynne
Focus of EqIA – what are you assessing?[6]	**Project Name : Care to Step Up** The project will provide a diverse range of training courses and qualifications to adult social care organisations across Hertfordshire to upskill the workforce. **Project Partners: Herts Care Partnership (HCP)** HCP will consist of 3 main partners • Herts County Council Adult Social Care Workforce Development and Partnerships Team • Hertfordshire Adult Family Learning Service • Hertfordshire Care Providers Association. Other external training providers will be used to deliver specialisms and to support capacity. **Rationale:** Hertfordshire County Council Adult Care Services and Hertfordshire Care Provider Association have been working together in partnership for over 10 years supporting Adult Social Care Providers to meet national regulated standards of care. Our aim has always been to provide adult social care providers with a clear pathway for developing their staff, an aim that we have been able to achieve by working collaboratively and developing best practice

models together with a view to raising quality of care provision across Hertfordshire. There are few counties who can evidence such a strong partnership and it is one that, through continuing commitment and partnership will continue to strengthen and thrive over the years to come. As social care is an ever changing environment, the communication that we have with our providers is essential to ensure we are representing their interests at national, regional and local government levels. Hertfordshire Care Providers Association are a key partner in this endeavour providing the council with information gathered directly from a large cross section (over 500 providers) of the Adult Social Care sector to improve the development of services for Hertfordshire citizens requiring care and support. This level of engagement is as a result of Hertfordshire Care Providers Association's credibility within the sector and produces a more accurate picture of workforce issues that support the local authority in guiding its strategies around its commissioned and non-commissioned adult social care services.

We are proud to promote a culture that encourages learning for all staff and the development of organisations that promote independence, choice and control for the people that access their services. This new project, Care to Step Up, will add value to the existing projects that have and are being delivered by the Hertfordshire County Council and Hertfordshire Care Providers Association partnership by providing qualifications and specialist training provision to upskill the adult social care workforce. As a partnership our aim is to engage in projects which will raise quality and we have worked hard to gain the trust of private and voluntary providers who now tell us that they are confident in using the products we produce. We invariably fill all our courses to capacity and continually search for new funding which will allow us to meet the increasing need of our adult social care workforce in Hertfordshire and enable us to offer more courses.

What the project is:

This project will engage care providers, from proprietors through to front line care staff, in learning and career development. Care to Step Up will provide additional opportunities for adult social care employers and staff to upskill the adult social care workforce that will complement the existing projects and training offer available. This project will add value by providing qualifications and specialist training developed for the sector to support the workforce to meet

the future needs and the issues facing care provision e.g. health and social care integration; person centred care; staff retention.

The project will:
- support managers and proprietors to understand the importance of upskilling their workforce by providing the initial Skills Audit and Impartial Feedback Service

- contribute to the implementation of the county adult health and social care workforce development strategy/plan

- increase health and social care sector specific skills and knowledge within the sector

- offer basic skills (English, maths and digital skills) courses, Entry to Level 2, to staff without level 2 qualifications

- offer modular courses at various levels (entry, basic, intermediate, leadership) to encourage take up and progression, including opportunities for part-time staff

- offer Information, Advice and Guidance (IAG) to staff attending courses identifying their next steps in training and career, including Apprenticeships. IAG will be offered by organisations with National Career Service contracts and not charged to the project.

Care to Step Up will provide: -

- Delivery of courses with clear progression routes that support the sector in retaining and developing staff, particularly with skills to meet the needs of the ageing population.

- Through training managers and proprietors in the value of continual professional development for staff, we will foster a culture of staff development making the sector a more attractive place to work. This will

give sustainability to the work of the project, and support recruitment to the sector.

- We will deliver against qualification targets using a modular approach to encourage participation from staff and buy-in from managers where a longer course may be a barrier as it could have more impact on the workload of other staff members. It will also support the lowest skilled to feel able to engage in learning and gain qualifications where longer courses may be off-putting.

- Most courses will be accredited leading to units/certificates which can lead to full qualifications. Some courses are non-accredited and these will encourage reluctant learners to get a taste for learning, they will then be encouraged through Information, Advice and Guidance to move onto more accredited learning modules. All training and units will receive credits in the new Herts Professional Standards Academy model. Learners will be encouraged to progress beyond the project into apprenticeships or other learning. The programme, via Herts Care Partnership, will promote apprenticeships via their networking and other activities outside of this project. Organisations that pay the Levy will be supported to understand the best way forward to ensure effective use of the Levy.

Training will include classroom, workplace and distance courses to ensure the widest reach possible. Distance learning is offered as a supportive tool and the cost of which is not included in this bid. We will focus on working with SMEs and microbusinesses in the sector.

Impact/Results for SME/Micro employers:
Adult Social Care providers will: -
- Have an impartial view of their service and will identify training gaps and have more robust training management systems in place.
- Have a well trained workforce. Staff teams will be more committed and provide better quality care as their knowledge, competence and confidence increases as a result of the training.
- Retention rates will increase
- Significant reduction in the use of Agency staff post training owning to better retention.

- Have reviewed succession planning
- Have staff who can mentor other employees when relevant
- Have subject Champions
- Have staff who can deliver and tailor training for the organisation
- Be more committed to workforce development as the benefits become more apparent
- Potential to improve Care Quality Commission ratings and Hertfordshire County Council Adult Care Services/Clinical Commissioning Group monitoring scores
- Improved reputation leading to business growth
- Provide higher quality care services
- Reduction in Serious Concerns/Safeguarding issues related to the business
-

Impact/Results for Learners:

Staff that engage with training will: -
- Feel more confident in their job role
- Feel more confident to communicate with other health and social care professionals
- Have potentially improved their wellbeing
- Feel part of a valued workforce
- Have increased skills and knowledge
- Be more committed to the job role and the sector
- Will be motivated to develop further
- Have had information and advice to develop their career further
- Provide high quality social care in a person-centred way
- Improved basic skills
- Have the training recorded on their Hertfordshire Care Professional Standards Passport
- Have the potential to increase their earning power
- Be able to support the vulnerable adults that they work with to make healthier life choices

Impact/Results for Hertfordshire Adult Social Care Partners and Professionals

Hertfordshire County Council Adult Care Services, Clinical Commissioning

Groups, Sustainability and Transformation Partnerships, NHS colleagues etc. will :

- Have a range of private, voluntary and independent adult social care organisations who are providing good quality health and care services.
- Have a range of statutory services with well trained staff teams
- Have a wide range of adult social care businesses available who are stable and able to grow
- Have confidence in staffing teams to provide health and social care and know who and when to contact other health/social care professionals for assistance
- Monitoring and Inspections may see a reduction in the use of Agency staff who may not have been trained to required level
- See a reduction in unnecessary hospital admissions which could provide cost-savings
- See a reduction in unnecessary ambulance call-outs which could provide cost-savings
- See a reduction in hospital re-admissions if staff are better trained to care for residents with complexities of care needs.
- See improved monitoring and inspection scores which could provide cost-savings in terms of re-inspections when standards are low.

Impact/Results for Individuals who use Adult Social Care Services in Hertfordshire
Service Users will: -

- Receive quality services tailored to their personal requirements and needs
- Experience fewer falls
- Have competent adult care services with trained staffing teams that can care well for the frail
- Have the care and support they require to remain independent for as long as possible
- Have improved specialist care and support from staff who are knowledgeable, confident and competent. E.g. Dementia, Nutrition, Falls, End of Life, Wound Care
- Have a range of thriving adult care services to allow choice
- Have a range of adult care services that can provide care in a timely manner

Stakeholders	• Use care services that can support individuals to make healthier choices **Impact/Results for Hertfordshire Citizens:** Hertfordshire residents will: • Have good quality adult health and social care providers in their locality should they require care for themselves or relatives • Stay independent for longer • Benefit from the increased economic activity that a growing adult social care market could contribute to the Hertfordshire economy.
	Adult Social Care providers and their employees will become learners on the project- HCC, private, voluntary and independent. Hertfordshire citizens who have care and support needs will benefit from a higher skilled social care workforce. Public sector in Hertfordshire – in terms of improved standards of care and communications from a higher skilled workforce Hertfordshire citizens that do not require care and support – in terms of a range of adult care services available locally with a trained competent workforce Age; disability; race; religion or belief; carers

2. List of data sources used for this EqIA *(include relevant national/local data, research, monitoring information, service user feedback, complaints, audits, consultations, EqIAs from other projects or other local authorities, etc.)*

A range of useful local data on our communities can be found on Herts Insight and on the Equalities Hub

Title and brief description (of data, research or engagement – include hyperlinks if available)	Date	**Gaps in data** Consider any gaps you need to address and add any relevant actions to the action plan in Section 4.
Skills for Care National Minimum Data Set for Social Care – dataset that provides national, regional and county information on the adult social care sector. Various reports available providing data on the size and structure of the workforce, retention rates and issues relating to the sector **https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/The-size-and-structure-of-the-adult-social-care-sector-and-workforce-in-England.aspx** **https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx** **https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Regional-reports/Eastern/Eastern.aspx** **https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/Local-authority-area-summary-reports/Eastern/Hertfordshire-Summary.pdf v**	**August 2017 - February 2018**	There is very limited data relating to gender reassignment in terms of workforce or individuals requiring care and support.
HCPA – Learning Needs Assessment – an annual survey of HCPA members to establish essential and desirable training needs	**September 2017**	
2011 Census data – utilised to inform the need for basic skills	**2011**	
A range of strategies to inform the direction and drivers for the adult social care workforce :- **Hertfordshire Adult Social Care Workforce Strategy** **Hertfordshire Skills Strategy** **Hertfordshire Health & Wellbeing Strategy** **Hertfordshire Corporate Plan** **The Strategic Economic Plan (Hertfordshire)** **Regional – ADASS Improvement Programme (East of England)** **The UK Industrial Strategy**		

Hertfordshire Market Position Statements – produced by Hertfordshire County Council, East & North Herts CCG and Herts Valley CCG – give an overview of the market for specific areas within the care sector	**2016**	
Herts Insight Diversity Profile – identifies the population of Hertfordshire http://atlas.hertslis.org/profiles/profile?profileId=319&geoTypeId=16&geoIds=E10000015#	**Census 2011 - 2001**	
JSNA – Ageing Well – give information and data about the population in Hertfordshire in relation to ageing https://www.hertfordshire.gov.uk/microsites/jsna/jsna-documents.aspx?searchInput=&page=1&resultsPerPage=10&view=card&categoryfilters=0/1/22/285/286/852/856	**2014**	

3. Analysis and assessment: review of information, impact analysis and mitigating actions

Protected characteristic group	What do you know[7]? What do people tell you[8]? Summary of data and feedback about service users and the wider community/ public • **Who uses the service?** • **Who doesn't and why?** • **Feedback/complaints?** • **Any differences in outcomes? Why?**	What does this mean – what are the potential impacts of the proposal(s)[9]? - Consider positive and negative impacts - On service users / the public - AND, where relevant, **staff*** *** if your proposals relate mainly to a staff restructure or reorganisation, you should use the template here**	What can you do[10]? What reasonable mitigations to reduce or avoid the impact can you propose? How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events *If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.*
Age[11]	The UK has an ageing population. Statistics show that Hertfordshire is following a similar trend. Skills for Care predict an increase of 31% nationally in the number of jobs in the adult social care sector to meet the growing demand; this percentage rises to 36% in the East of England. To meet this demand and align the adult social care workforce to national and local strategies there is a requirement to increase the number of individuals working in the adult social care sector and upskilling these individuals to improve staff retention and the quality of care provided to Hertfordshire residents. Although HCC monitoring	*The project will have a positive impact on service users and the public. The project aims to increase the skills, competence and knowledge of the adult social care workforce, including leaders and proprietors. This will translate into providing a care service that will retain staff to provide quality care services.* *The project will seek to engage learners from 18 years upwards and targets have been set specifically to engage participants aged 50+. This is to drive employment for individuals within this age group. The positive impact of this will be that care staff will represent a wide range of ages and this will ensure that people receiving their service will do so from a diverse age range of staff.*	Individuals applying to join training via this project will need to meet the eligibility requirements of the funders which relates to the eligibility to work in the UK and the relevance of training to the job role. Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise. Ensure that training materials are inclusive for all learners The project has specific targets to engage individuals in the 50+ group. However the project will also seek to promote care careers and engage younger people to enrich the care sector workforce. Project staff will receive induction training to raise awareness of equality, diversity and

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	reports indicate a rise in the standard of care there are still further improvements to be made. Feedback to providers from service users, staff, families and carers often indicates deficiencies in staffing levels and training in specific areas. As people live longer often their care needs become more complex and the sector need to be trained in a wider range of subjects and skills to meet this need. Individuals aged 50+ are a priority group for the Department of Work and Pensions as there are a growing number of individuals who are unemployed in this group.		inclusion to include all protected characteristic groups.
Disability[12]	85% of the population of Hertfordshire that have a long term illness or disability	Individuals with a disability who require care and support will gain from this project in terms of increase in quality of	Individuals applying to join training via this project will need to meet the eligibility requirements of the funders which relates to

Protected characteristic group	What do you know[7]? What do people tell you[8]? Summary of data and feedback about service users and the wider community/ public • **Who uses the service?** • **Who doesn't and why?** • **Feedback/complaints?** • **Any differences in outcomes? Why?**	What does this mean – what are the potential impacts of the proposal(s)[9]? - Consider positive and negative impacts - On service users / the public - AND, where relevant, **staff*** ***if your proposals relate mainly to a staff restructure or reorganisation, you should use the template here***	What can you do[10]? What reasonable mitigations to reduce or avoid the impact can you propose? How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events **If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.**
	indicate that this does not impact on their activity. A further 8% have a long term illness that impacts on activity a little and 6% where their health impacts on activity a lot. Adult social care will offer support in varying degrees to these individuals depending on need. In terms of employment within the care sector some roles could be unsuitable for individuals with a disability due to the nature of the role. This depends on the nature of the persons disability. There is some negativity within the care sector regarding employing individuals with a disability due to perceptions and pressures that currently exist within the sector regarding high turnover rates and	care services via better trained, competent and knowledgeable care staff. The project aims to increase the number of individuals wishing to work in the sector which will also improve the range and choice of care available. In terms of employment into the sector there is some negativity around employing individuals with disabilities. Agenda Pack 31 of 86	the eligibility to work in the UK and the relevance of training to the job role. Skills for Care are providing materials and information to encourage adult social care providers to consider employing individuals with a disability. HCPA will build on this work in Hertfordshire via their recruitment portal Herts Good Care. Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise. Ensure that training materials are inclusive for all minority group learners The project has specific targets to engage learners with a disability Project staff will receive induction training to raise awareness of equality, diversity and inclusion to include all protected characteristic

Protected characteristic group	What do you know[7]? What do people tell you[8]? Summary of data and feedback about service users and the wider community/ public • **Who uses the service?** • **Who doesn't and why?** • **Feedback/complaints?** • **Any differences in outcomes? Why?**	What does this mean – what are the potential impacts of the proposal(s)[9]? - Consider positive and negative impacts - On service users / the public - *AND, where relevant,* **staff*** **** if your proposals relate mainly to a staff restructure or reorganisation, you should use the template here***	What can you do[10]? What reasonable mitigations to reduce or avoid the impact can you propose? How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events ***If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.***
	retaining staff whilst continuing to provide a service.		groups.
Gender reassignment[13]	There is very limited data available for this group of individuals in Herts. Individuals with this protected characteristic may receive care and support if required. Individuals with this protected characteristic may wish to seek work in the care sector or be working in the sector	Improved care and support available as a result of training offered via the project.	Individuals applying to join training via this project will need to meet the eligibility requirements of the funders which relates to the eligibility to work in the UK and the relevance of training to the job role. Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise. Ensure that training materials are inclusive for all minority group learners Project staff will receive induction training to raise awareness of equality, diversity and inclusion to include all protected characteristic groups.

Protected characteristic group	What do you know[7]? What do people tell you[8]? Summary of data and feedback about service users and the wider community/ public **Who uses the service?** **Who doesn't and why?** **Feedback/complaints?** **Any differences in outcomes? Why?**	What does this mean – what are the potential impacts of the proposal(s)[9]? - Consider positive and negative impacts - On service users / the public - *AND, where relevant, **staff*** ** if your proposals relate mainly to a staff restructure or reorganisation, you should use the template here*	What can you do[10]? What reasonable mitigations to reduce or avoid the impact can you propose? How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events *If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.*
Pregnancy and maternity[14]	The majority of the adult social care workforce in Hertfordshire is female – 82% with an average age of 43. 68% are aged between 24 and 55.	The project will offer short training interventions that will allow completion usually within 5 days. The project will support learners to complete learning wherever possible. Care staff who are pregnant may need to change their duties in line with a relevant risk assessment. This could result in service users having different care staff supporting them during pregnancy and maternity leave.	All adult social care providers will have relevant procedures and policies for pregnant staff and will have maternity leave processes to provide cover. Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise. Ensure that training materials are inclusive for all minority group learners Project staff will receive induction training to raise awareness of equality, diversity and inclusion to include all protected characteristic groups.
Race[15]	77% of the adult social care workforce in Herts are British, 9% are from within the EU and 13% from outside the EU. 77% of the workforces in Herts are of White ethnicity	The workforce aligns broadly to the demographic of Hertfordshire residents in terms of race and ethnicity. This should allow service users to be supported by individuals that understand or have similar cultural	Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise.

Protected characteristic group	What do you know[7]? What do people tell you[8]? Summary of data and feedback about service users and the wider community/ public • **Who uses the service?** • **Who doesn't and why?** • **Feedback/complaints?** • **Any differences in outcomes? Why?**	What does this mean – what are the potential impacts of the proposal(s)[9]? - Consider positive and negative impacts - On service users / the public - *AND, where relevant, **staff*** *** if your proposals relate mainly to a staff restructure or reorganisation, you should use the template here*	What can you do[10]? What reasonable mitigations to reduce or avoid the impact can you propose? How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events *If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.*
	and 23% are Black, Asian or Minority Ethnic Groups. This aligns to the Herts population where around 86% are of white ethnicity (80% British). It is important within the care sector that care and support is given in a way that respects an individual's race, ethnicity and culture. This ensures a person-centred approach and can achieve higher levels of engagement between care providers and services users, friends and family. Language and culture can be a barrier in terms of care giving.	backgrounds. The project will require an understanding of spoken and written English. The project provides access to basic skills in the form of English, Maths and Digital Skills. A positive impact will be a skilled, competent adult social care workforce that will have increased basic skills. The care sector induction is part of this project and will train more individuals to be aware of different religions, belief and culture.	Ensure that training materials are inclusive for all minority group learners Signpost any applicants or learners to English for Speakers of Other Languages (ESOL) training if relevant. The project has targets to ensure inclusion of ethnic minority groups. Project staff will receive induction training to raise awareness of equality, diversity and inclusion to include all protected characteristic groups.
Religion or belief[16]	The majority of Herts residents are Christian (58%) with 27% stating that they have no religious beliefs. Observing an individual's	The care sector induction is part of this project and will train more individuals to be aware of different religions, belief and culture. This will have a positive impact when providing care and	The project will allow sharing of best practice across partnerships involved. Project staff will receive induction training to

Protected characteristic group	What do you know[7]? What do people tell you[8]? Summary of data and feedback about service users and the wider community/ public • **Who uses the service?** • **Who doesn't and why?** • **Feedback/complaints?** • **Any differences in outcomes? Why?**	What does this mean – what are the potential impacts of the proposal(s)[9]? - Consider positive and negative impacts - On service users / the public - *AND, where relevant, **staff*** *** if your proposals relate mainly to a staff restructure or reorganisation, you should use the template [here]*	What can you do[10]? What reasonable mitigations to reduce or avoid the impact can you propose? How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events *If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.*
	religious beliefs when providing an individual with care and support is hugely important. An awareness of religions and beliefs is part of the induction for adult social care staff.	support, but will also benefit the community in which these individuals live. Project participants may more readily engage with further training opportunities where they know they are treated with fairness and respect	raise awareness of equality, diversity and inclusion to include all protected characteristic groups.
Sex/Gender[17]	The majority of the adult social care workforce in Hertfordshire is female – 82% with an average age of 43. 68% are aged between 24 and 55. 51% of the adult social care workforce in Hertfordshire work full time hours with 41% working part-time, 8% have no fixed hours. 31% of the workforce work on zero-hours contracts. The adult social care sector offers a flexible working pattern. Care and	The project will provide training to all to improve the quality of care. The project aims to upskill adult social care workers to increase retention of the workforce. A stable workforce will allow service users choice between male or female workers if relevant. Flexible working hours and shift patterns may be a barrier to learners with caring responsibilities accessing training during the normal working day. The adult social care workforce demographic is likely to result in a	Courses will be run across various times/days/locations and also in the evenings or the weekends if demand exists. The training offer includes 'train the trainer' options to allow organisations to train in-house and offer a range of training sessions to suit their workforce. Project staff will receive induction training to raise awareness of equality, diversity and inclusion to include all protected characteristic groups. Monitor profiles of participants and equality strands to ensure awareness of minority

Protected characteristic group	What do you know[7]? What do people tell you[8]? Summary of data and feedback about service users and the wider community/ public • **Who uses the service?** • **Who doesn't and why?** • **Feedback/complaints?** • **Any differences in outcomes? Why?**	What does this mean – what are the potential impacts of the proposal(s)[9]? - Consider positive and negative impacts - On service users / the public - *AND, where relevant,* **staff*** ** if your proposals relate mainly to a staff restructure or reorganisation, you should use the template here*	What can you do[10]? What reasonable mitigations to reduce or avoid the impact can you propose? How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events *If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.*
	support are required 24 hours a day, seven days a week, 52 weeks of the year. This allows workers to establish a range of shift patterns and this can fit with other caring responsibilities that an individual may have. Female service users are likely to express a preference for a female care worker particularly if personal care is involved. This can cause issues for care providers who provide support at an individual's home particularly with the present high staff turnover that care providers are experiencing. Male service users are less likely to express a preference; however similar issues are experienced when a male worker is required.	higher number of female workers accessing the project than male workers. Agenda Pack 36 of 86	group learners engaging with the project. This will allow the project to be adapted should any inequalities arise.

Protected characteristic group	What do you know[7]? What do people tell you[8]? Summary of data and feedback about service users and the wider community/ public • **Who uses the service?** • **Who doesn't and why?** • **Feedback/complaints?** • **Any differences in outcomes? Why?**	What does this mean – what are the potential impacts of the proposal(s)[9]? - Consider positive and negative impacts - On service users / the public - *AND, where relevant,* **staff*** ***if your proposals relate mainly to a staff restructure or reorganisation, you should use the template here*	What can you do[10]? What reasonable mitigations to reduce or avoid the impact can you propose? How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events *If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.*
Sexual orientation[18]	Any individual may require care and support regardless of their sexual orientation. Any individual may work in the adult social care sector regardless of their sexual orientation.	The care sector induction is part of this project and will train more individuals to be aware of equality and diversity. This will have a positive impact when providing care and support, but will also benefit the community in which these individuals live. Project participants may more readily engage with further training opportunities where they know they are treated with fairness and respect	Project staff will receive induction training to raise awareness of equality, diversity and inclusion to include all protected characteristic groups. Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted should any inequalities arise.
Marriage and civil partnership[19]	60% of Herts residents are married, co-habitating or in a civil partnership. Adult social care is provided to any individual who requires care and support regardless of their living arrangements.	The project aims to upskill the adult social care workforce which will benefit any service users, carers families and friends as quality improves. Agenda Pack 37 of 86	Project staff will receive induction training to raise awareness of equality, diversity and inclusion to include all protected characteristic groups. Monitor profiles of participants and equality strands to ensure awareness of minority group learners engaging with the project. This will allow the project to be adapted

Protected characteristic group	What do you know[7]? What do people tell you[8]? Summary of data and feedback about service users and the wider community/ public • **Who uses the service?** • **Who doesn't and why?** • **Feedback/complaints?** • **Any differences in outcomes? Why?**	What does this mean – what are the potential impacts of the proposal(s)[9]? - Consider positive and negative impacts - On service users / the public - AND, where relevant, **staff*** ***if your proposals relate mainly to a staff restructure or reorganisation, you should use the template here**	What can you do[10]? What reasonable mitigations to reduce or avoid the impact can you propose? How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events *If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.*
			should any inequalities arise.
Carers[20]	9% of Herts residents are providing unpaid care to a family member or friend. The adult social care sector can provide vital respite opportunities for unpaid carers.	This project aims to upskill the adult social care workforce. Higher quality care will improve health and wellbeing for the service user and this will have a positive impact for carers as well. A more stable workforce will have a positive impact for carers as care providers will be able to ensure that there is continuity in the care staff provided. If carers are confident in the care that is being provided they will be more likely to take opportunities of respite and with a more stable care sector these opportunities may increase.	Carers are utilised in training if possible to raise awareness within the care sector of issues for unpaid carers
Other relevant groups[21] Consider if there is a potential impact (positive or negative) on areas	Health & wellbeing	This project aims to have a positive effect on health and wellbeing:- • Learners accessing training will have improved confidence levels	

Protected characteristic group	What do you know[7]? What do people tell you[8]? Summary of data and feedback about service users and the wider community/ public • **Who uses the service?** • **Who doesn't and why?** • **Feedback/complaints?** • **Any differences in outcomes? Why?**	What does this mean – what are the potential impacts of the proposal(s)[9]? - Consider positive and negative impacts - On service users / the public - *AND, where relevant, **staff*** ** if your proposals relate mainly to a staff restructure or reorganisation, you should use the template <u>here</u>*	What can you do[10]? What reasonable mitigations to reduce or avoid the impact can you propose? How will you communicate/engage or provide services differently to create a 'level playing field' – e.g. consultation materials in easy read or hold targeted engagement events *If there is no current way of mitigating any negative impacts, clearly state that here and consider other actions you could take in the action plan in section 4.*
such as health and wellbeing, crime and disorder, Armed Forces community.		• Learners will feel more valued in the workplace • Learners will have improved awareness of a range of issues that will improve their knowledge of equality and diversity of their community • Learners will have improved basic skills • Service users will have improved quality care and support • Learners will be able to support service users more specifically and improve health and wellbeing	

Opportunity to advance equality of opportunity and/or foster good relations[22]

Care staff that as part of the project undertake the Care Certificate induction training will have specific awareness training on equality, diversity and inclusion. Other training topics also include building awareness around these areas for both care staff and project staff. Leaners will be more aware and this knowledge will be transposed into their lives and communities.

Partners within the project will sign up to the project equality, diversity and inclusion policy and action plan. This will support all partners to improve and share examples of good practice in this area.

Conclusion of your analysis and assessment - select one of the outcomes below[23] and summarise why you have selected i, ii, iii or iv; what you think the **most important** impacts are; and the key actions you will take.

OUTCOME AND NEXT STEPS	SUMMARY
i. **No equality impacts identified**	
ii. **Minimal equality impacts identified** - Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate) - Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality - No major change required to proposal	
iii. **Potential equality impacts identified** - Take 'mitigating action' to change the original policy/proposal, remove barriers or better advance equality - Set out clear actions in the action plan in section 4.	*There are no equality impacts identified. The project aims to upskill the adult social care workforce which will have a positive impact not only on the care sector but also the wider community. Service users will benefit from improved quality of care leading to improved health and wellbeing. Care staff will be more knowledgeable, competent and confident within their job roles which will support the care sector to improve staff turnover and progress staff, which in turn will ensure care staff stay in employment and continue to progress their careers. As equality, diversity and inclusion is a vital component of providing good quality person-centred care, the project will raise awareness of equality, diversity and inclusion to all learners which they will utilise within their job roles and this will transpose into their lives and communities.*

iv. Major equality impacts identified - The adverse effects are not justified, cannot be mitigated or show unlawful discrimination - You must stop and remove the policy **[you should consult with Legal Services]** - Ensure decision makers understand the equality impact	
YOU SHOULD INCLUDE THE SUMMARY ANALYSIS ABOVE IN THE 'Equalities Implications' SECTION OF ANY REPORT(S) THAT GO TO DEPT. MANAGEMENT BOARDS / MEMBER PANELS / CABINET, AS WELL AS APPENDING A COPY OF THE EqIA	

4. Prioritised Action Plan[24]

Impact identified and group(s) affected	Action planned Include actions relating to: • mitigation measures • getting further research • getting further data/consultation	Expected outcome	Measure of success	Lead officer and timeframe
NB: These actions must now be transferred to service or business plans and monitored/reviewed to ensure they achieve the outcomes identified.				
All – project meeting the needs of all groups	This project has its own equalities policy & action plan that will be monitored through the life time of the project	See project equalities action plan	See project equalities action plan	Mark Gwynne Sep 2018 - Dec 2020
All – meeting needs and allowing access	Monitor profiles of participants and equality strands to ensure awareness of minority group learners and adapt project delivery if relevant.	Delivery of all training is inclusive and equal	Positive feedback Completion rates of minority group learners aligned with all other learners	Mark Gwynne Sep 2018 - Dec 2020
All – supporting learning	Training materials inclusive for all learner groups	Delivery of all training is inclusive and equal	Positive feedback Completion rates of minority group learners aligned with all other learners	Mark Gwynne Sep 2018 - Dec 2020
All – meeting neds and allowing access	Project staff will receive full induction training to raise awareness of equality, diversity and inclusion	All aspects of the project are inclusive and promote equality and diversity	Positive feedback Completion rates of minority group learners aligned with all other learners	Mark Gwynne Sep 2018 - Dec 2020
RACE – language barrier	Signpost to English for Speakers of Other Languages courses	Improved language skills	Learners with language barriers accessing all training including basic skills	Mark Gwynne Sep 2018 - Dec 2020
Sex/Gender/Carers – access to learning for carers	Training to be run at various locations across the County and during evenings and/or weekends	Improved engagement with carers	Completion rates of carers aligned with all other learners.	Mark Gwynne Sep 2018 - Dec 2020

	if required		Attendance from this group on training programmes high

This EqIA has been signed off by:			
Lead Equality Impact Assessment officer:		**Date:**	
Head of Service or Business Manager:		**Date:**	
Review date:			

Please now send the completed EqIA to equalities@hertfordshire.gov.uk

Please also ensure that the EqIA is referenced in and included as an appendix to reports to Management Boards Cabinet Panels and Cabinet so that decision makers can consider equality impacts before making decisions.

Guidance end-notes

[1] The following principles explain what we must do to fulfil our duties under the Equality Act when considering the effect of existing and new policies/ practices/services on equality. They must all be met or the EqIA (and any decision based on it) may be open to challenge:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately
- **Timeliness:** the duty applies at the time of considering proposals and **before** a final decision is taken
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that anyone who provides services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty – it continues after proposals are implemented/reviewed.
- **Proper Record Keeping:** we must keep records of the process and the impacts identified.

[2] **Our duties in the Equality Act 2010**
HCC has a legal duty under this Act to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (see end notes 11-20 for details of the nine-protected characteristics). This applies to policies, services (including commissioned services), and our employees. **If you are creating an 'arms-length' company,** seek advice from the Equality Team or Legal.

We use this template to do this and evidence our consideration. **You must give 'due regard' (pay conscious attention) to the need to:**

- **Avoid, reduce or minimise negative impact**: if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately.
- **Promote equality of opportunity**: by
  - Removing or minimising disadvantages suffered by equality groups
  - Taking steps to meet the needs of equality groups
  - Encouraging equality groups to participate in public life or any other activity where participation is disproportionately low
  - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **Foster good relations between people who share a protected characteristic and those who don't**: e.g. by promoting understanding.

[3] EqIAs **should always be proportionate** to:
- The size of the service or scope of the policy/strategy
- The resources involved
- The size of the likely impact – e.g. the numbers of people affected and their vulnerability

The greater the potential adverse impact of the proposal(s) on a protected group (e.g. disabled people) and the more vulnerable the group is, the more thorough and demanding the process required by the Act will be. Unless they contain sensitive personal/employee data – EqIAs are public documents. They are published with Cabinet and Panel papers and public consultations and are available on request.

[4] **Who completes the EqIA:** The person who is making the decision or advising the decision-maker about a policy. It is better to do this as a team, with people involved who understand the implementation of the policy.

[5] **Title of EqIA:** This should clearly explain what service / policy / strategy / change you are assessing.

[6] **Focus of EqIA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please use plain English and write any acronyms in full first time. Also explain if there is a particular focus to your equality analysis:
- What are the main aims or purpose of the policy, practice, service or function? How does it fit with other services?
- What outcomes do you want to achieve, why and for whom? e.g. what do you want to provide, what will change/improve?
- Which aspects are most important to equality and should be the focus of your attention?
- You should state all teams/organisations involved in implementing, carrying out or delivering the policy, practice or service
- What are the **reason(s) for** the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

[7] **Data & Information:** Your EqIA needs to be informed by data. You should consider the following:
- What data relevant to the impact on protected groups is available?
  (is there an existing EqIA?, local service data, national data, community data, similar proposal in another local authority).
- What further evidence is needed and how can you get it? (e.g. further research or engagement with the affected groups).
- What do you know from service/local data about needs, access and outcomes? Focus on each characteristic in turn.
- What might any local demographic changes or trends mean for the service or function? Also consider national data if appropriate
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any group(s)?
- Is the service having a positive or negative effect on particular people or groups in the community?

[8] **What have people told you about the service, function, area?**
- Use service user feedback, complaints, audits, and/or the results of specific consultation/engagement
- Are there patterns or differences in what people from different groups tell you?
- Remember, you must engage/consult appropriately and in an inclusive way with those likely to be affected to fulfil the equality duty.
- You can read HCC's Consultation and Engagement toolkits for full advice on this
- For practical tips and advice on consulting with people from protected groups, see this 'How-to' guide

[9] **Impact:** Your EqIA must consider fully and properly **actual and potential impacts** against each protected characteristic:
- The equality duty does not stop changes, but means we must fully consider and address the anticipated impacts on people.
- Be accurate and transparent, but also realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific where you can so decision-makers have a concrete sense of potential effects.
- Questions to ask when assessing whether and how the proposals impact on service users, staff and the wider community:
  - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
  - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
  - Does the project relate to an area with known inequalities (where national evidence or previous research is available)?
  - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
  - If there is negative differential impact, how can you minimise that while taking into account your overall aims?
  - Do the effects amount to unlawful discrimination? If so the plan **must** be modified.
  - Does it relate to an area where equality objectives have been set by HCC in our Equality Strategy?

[10] **Consider actions relating to the following:**
- That specifically address the impacts you've identified and show how they will remove, reduce or avoid any negative impacts
- Explain clearly what any mitigating measures are, and the extent to which you think they will reduce / remove the adverse effect
- Will you need to communicate or provide services in different ways for different groups in order to create a "level playing field"?
- State how you can maximise any positive impacts or advance equality of opportunity.
- If you do not have sufficient equality information, state how you can fill the gaps.

[11] **Age**: People of all ages, but consider in particular children and young people, older people and carers, looked after children and young people leaving care. Also consider working age people.

[12] **Disability**: When looking at disability, consideration should be given to people with different types of impairments: physical (including mobility), learning, aural or sensory (including hearing and vision impairment), visible and non-visible impairment. Consideration should also be given to: people with HIV, people with mental health needs and people with drug and alcohol problems. People with conditions such as diabetes and cancer and some other health conditions also have protection under the Equality Act 2010.

[13] **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does **not** need to be under medical supervision to be protected. Consider transgender people, transsexual people and transvestites.

[14] **Pregnancy and Maternity:** When looking at pregnancy and maternity, give consideration to pregnant women, breastfeeding mothers, part-time workers, women with caring responsibilities, women who are lone parents and parents on low incomes, women on maternity leave and Keeping in Touch days.

[15] **Race/Ethnicity:** Apart from the common ethnic groups, consideration should also be given to Gypsy, Roma and Irish Travellers communities, people of other nationalities outside Britain who reside here, refugees and asylum seekers and speakers of other languages.

[16] **Religion and Belief:** Religion includes any religion with a clear structure and belief system. As a minimum you should consider the most common religious groups (Christian, Muslim, Hindu, Jews, Sikh, Buddhist) and people with no religion or philosophical belief(s).

[17] **Sex/Gender:** Consider girls and women, boys and men, married people, civil partners, part-time workers, carers (both of children with disabilities and older cares), parents (mothers and fathers), in particular lone parents and parents on low incomes.

[18] **Sexual Orientation:** The Act protects bisexual, heterosexual, gay and lesbian people.

[19] **Marriage and Civil Partnership:** consider married people and civil partners – e.g. do same sex couple in a civil partnership have the same rights and benefits as married people?

[20] **Carers:** From April 2015, carers (people who provide unpaid care to a friend or relative) have been entitled to an assessment of their own needs in the same way as those they care for. Although not a 'protected characteristic' HCC Diversity Board has agreed that the impact of proposals on carers should also be considered.

[21] **Other relevant groups:** You should consider the impact on our service users in other related areas, such as health and wellbeing, crime and disorder (e.g. people experiencing domestic abuse), community relations and socio-economic status (e.g. homelessness or low incomes). If the proposal is likely to have an impact on service users in these areas, HCC Public Health and the County Community Safety Unit may be able to help. Also consider whether your policy

or decision will impact current or former Armed Forces personnel living and working in Hertfordshire. The Council is committed to the Hertfordshire Community Covenant, a commitment from public and private organisations in the county to support the active and retired Armed Forces community.

[22] **Equality of opportunity and good relations:** summarise anything that will have a potential positive impact over and above the work of your project – e.g. engaging with the community may help raise awareness and community understanding of the needs of certain groups.

[23] **Conclusion**
- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Also explain what positive impacts will result from the actions and how you can make the most of these.
- Make it clear if a change is needed to the proposal itself. Is further engagement, research or monitoring needed?
- Make it clear if, as a result of the analysis, the policy/proposal should be stopped.

[24] **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.

HERTFORDSHIRE COUNTY COUNCIL

ADULT CARE & HEALTH CABINET PANEL

TUESDAY 24 APRIL 2018 10:30 AM
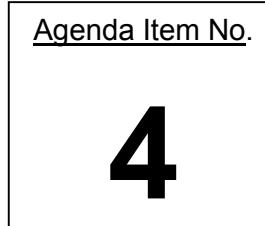
THREE YEAR PLAN FOR ADULT CARE SERVICES FOR 2018/19 TO 2020/21

Report of the Director of Adult Care Services

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

Executive Member:-   Colette Wyatt-Lowe (Adult Care and Health)

1.   Purpose of report

1.1   To outline the Three Year Plan for Adult Care Services for the period 2018/19 to 2020/21.

2.   Summary

2.1   Panel agreed the 'Fifteen Year Direction' for Adult Social Care at its meeting on 6 March 2018:

http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/734/Committee/16/Default.aspx

2.2   A Three Year Plan for Adult Care Services has been developed as the delivery plan for the first period of the Fifteen Year Direction. A number of performance targets have been set.

3.   Recommendation

3.1   Panel is asked to note, consider and comment upon the Three Year Plan for Adult Care Services for the period 2018/19 to 2020/21.

4   Background and Context

4.1   The Fifteen Year Direction set out an over-arching ambition for the future to meet the challenges facing adult social care, and guide the development and transformation of Adult Care Services into the long term.

4.2   Each three year period of the Fifteen Year Direction will be accompanied by a Three Year Plan, and the first of these is presented in Appendix A.

4.3 The Three Year Plan sets out in high level terms the main areas of change and development that Adult Care Services will work on during the period of 2018/19 to 2020/21; these are the areas of greatest impact for people who use care and support services. Three Year Plan aims to summarise and easily convey the main priorities for the Department to all interested stakeholders.

4.4 The Plan activity is being named the 'ACS Connect' programme, building on the Department's new 'Connected Lives' care management and assessment model and incorporating the four strategic themes set out in the 15 Year Direction:

4.5 A Detailed Delivery Plan has been developed with the aim of assisting management in guiding implementation and tracking progress. The Detailed Delivery Plan allocates responsibilities and sets timescales for delivery. Annual team service plans and the objectives set for individuals will, in turn, flow from this:

4.6   The Three Year Plan being presented today proposes a number of performance measures for each of the main ACS Connect themes.   These will be monitored regularly and Panel will receive updates via the quarterly performance report process. It is proposed that an annual report on the ACS Connect programme is presented so that Panel can review and consider progress against the programme.

5   Financial Implications

5.1   There are no immediate financial implications in the Three Year Plan 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.   The financial implications of changes that may be made in due course will be assessed appropriately. Changes may assist in securing future savings or efficiencies.

6.   Equality Implications

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

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

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

6.4   An initial Equality Impact Assessment was developed to accompany the final version of the Fifteen Year Direction and is considered to be relevant for the Three Year Plan.

http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/734/Committee/16/Default.aspx

6.5   Individual areas of activity will be covered by Equalities Impact Assessments when appropriate.

ACS THREE YEAR PLAN

2018/19 – 2020/21

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Introduction

This document sets out Hertfordshire County Council's plans for Adult Care Services for the period of 2018-2021. It does not cover 'business as usual' delivery, but instead focusses on key ambitions for each strand of our work and activities that will deliver the greatest impact for Hertfordshire residents. We have brought this together in our 'ACS Connect' programme.

This plan fits in with our '15 Year Direction for Adult Social Care' which gives long-term strategic focus to adult care services. The detail of how we will deliver this plan will be in team plans which we'll update each year.

Our 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 chose, helping people at risk to 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

Information and Advice

What does it mean?

All people in Hertfordshire need good information and advice to help them stay well and independent for longer. When people need care and support, they and their families want good information and advice to get help at the right time.

Within three years we will:
* Develop a new comprehensive set of self-help information for people and families with the NHS
* Work with the NHS to have 'one plan' for people who need both health and social care
* Give people access to their social care record online
* Work with Public Health to improve the physical and mental health of older and disabled people
* Promote apps and new technology to give people information and support in different ways
* Respond to the changes likely to arise from new government legislation for social care

And improving what we already do, we will:
* Protect funding for and enhance our 'Hertshelp' and advocacy services to ensure people get independent advice
* Review our public information offer and act on feedback from people to improve this
* Train our Social Care Access Service staff to give a broader information offer to improve people's satisfaction
* Provide more people with a named social worker who they can contact direct

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Information and Advice targets

How we will measure success	2017/18 estimated performance	2018/19 target	2019/20 target	2020/21 target
We will increase the proportion of people whose enquiries are successfully resolved by the provision of information and advice	9%	12%	15%	18%
We will increase people's satisfaction with information and advice	45%	50%	55%	60%
We will increase the number of people accessing assistive technology	7,000	8,050	9,000	12,000
We will reduce the proportion of people contacting us again after receiving information and advice from the social care access service	31%	25%	20%	20%

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Connected Communities

What does it mean?

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

Within three years we will:

- Change the way we assess and work alongside people using our new 'Connected Lives' tools
- Develop a new and attractive day opportunities model for disabled people and older people, and their carers
- Promote disability friendly communities to foster more understanding and help people live at home for longer
- Tackle loneliness head-on with people and communities in charge of initiatives in their local area

And improving what we already do, we'll:

- Renew our Carer's Strategy with increased outreach work to give carers the best support
- Promote and fund voluntary and community sector schemes that maintain people's independence and prevent the need for social care
- Roll out successful pilot schemes that keep people safe from abuse countywide
- Tap into the wider work of the council to support volunteering and involvement

Connected Communities targets

How we will measure success	2017/18 estimated performance	2018/19 target	2019/20 target	2020/21 target
We will increase the proportion of people whose needs are met by families and communities	No Baseline	To be introduced in 2019/20. Requires new data to be collected		
We will increase the 'carer reported quality of life' score as reported via the Adult Social Care Outcomes Framework ('ASCOF')	7.3	7.7	8.0	8.3
We will increase the proportion of adults with a learning disability living in their own home or with their family (ASCOF)	75.9%	76.0%	77.0%	77.5%
We will reduce the proportion of people whose needs are met by admission to residential or nursing care (ASCOF)	Age 18-64 12.9 per 100k Age 65+ 535.6 per 100k (16/17 performance, 17/18 not yet available)	Age 18-64 12 per 100k Age 65+ 520 per 100k	Age 18-64 11.5 per 100k Age 65+ 505 per 100k	Age 18-64 11 per 100k Age 65+ 490 per 100k

Valuing Independence

What does it mean?

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

Within three years we will:

- Create a new community health and social care offer for people with complex support needs, helping them stay at home
- Work with District and Borough Councils and housing providers to plan 3000+ more units of supported accommodation, and to support more people to live in mainstream housing
- Use new digital and smart phone technology to develop new opportunities to support people

And improving what we already do we will:

- Work with health partners to grow the range of services that help people regain strength and confidence after a stay in hospital – getting them home quickly and helping them remain independent
- Expand our range of home improvement, aid and adaptation services that help people adapt where they live so they can stay at home for longer
- Help more disabled people find employment and education opportunities

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Valuing Independence targets

How we will measure success	2017/18 estimated performance	2018/19 target	2019/20 target	2020/21 target
We will increase the proportion of adults with a learning disability in paid employment (ASCOF)	6.50%	7.0%	8.0%	9.5%
We will increase the proportion of older people offered re-ablement services on discharge from hospital	2.8 % (subject to change as based on 2016-17 Discharges)	3%	3.2%	3.4%
We will increase the proportion of older people still at home 91 days after leaving hospital with re-ablement/rehabilitation services (ASCOF)	83.0%	85%	85%	85%
We will reduce the number of people whose discharge from hospital is delayed for social care related reasons (ASCOF)	4.8 per 100k	2.6 per 100k	2.6 per 100k	2.6 per 100k

Caring Well

What does it mean?

Delivering good quality services that are personalised, address people's wellbeing and keep them safe and resilient.

Within three years we will:

- Develop a new 'crisis' offer to back up families and unpaid carers

- Develop new ways to provide supported accommodation for people with disabilities to have a modern offer that helps people to build skills for independent living

And improving what we already do, we will

- Promote paid caring as an attractive career option for people who haven't previously considered this

- Continually improve our safeguarding work to ensure people are supported to live safely

- Work closely with GP and other NHS services at a local level to be better joined up

- Work with key partners, including Herts Care Providers Association and the Care Quality Commission, to improve the overall quality of regulated care

- Increase the amount of home care key contracted providers are able to supply

Caring Well targets

How we will measure success	2017/18 estimated performance	2018/19 target	2019/20 target	2020/21 target
We will increase people's social care related quality of life as reported using the adult social care outcomes framework (ASCOF)	19.1 (16/17 performance, 17/18 not yet available)	19.3	19.5	19.7
We will increase the proportion of people who use services who have as much social contact as they would like as reported (ASCOF)	45.1% (16/17 performance, 17/18 not yet available)	47%	50%	52%
We will meet our target for the proportion of clients whose desired outcomes are either fully or partially achieved as part of a safeguarding enquiry	95.0%	95.0%	95.0%	97%
We will increase the proportion of regulated social care organisations in Hertfordshire rated good or above (using CQC ratings)	74%	80%	80%	80%

Connected Lives is a new approach to adult care in Hertfordshire that underpins everything we do – it applies to social workers, commissioners and providers. It's about all of us working together to help people achieve what they want to get out of life, and

- Connecting people to people, services, technology, networks, communities, aspiration and real lives

- Helping people manage their own lives

- Reigniting the strength in people so they can be more independent

- Enabling citizenship.

Co Production is about developing equal working partnerships between people who have experience of using care services, carers and paid officers; bringing together different ways of seeing things, knowledge and experience to design and help make services better.

Next Steps

This Three Year Delivery plan runs from April 2018 to March 2021. The plan will inform service plans and individual objective setting, as part of the existing performance management process. This will ensure that our entire workforce is working to the same ambitious goals, with drive and clarity.

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HERTFORDSHIRE COUNTY COUNCIL

ADULT CARE AND HEALTH CABINET PANEL

TUESDAY 24 APRIL 2018 AT 10:30 AM

ADULT DISABILITY SERVICES TRANSFORMATION UPDATE

Report of the Director of Adult Care Services

Author:-   Shazia Butt – Adult Disability Services Efficiencies
                         Programme Manager (Tel: 07580 744600)

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

1.   **Purpose of the Report**

1.1   To inform Panel members of Adult Disability Services (ADS) developments including changes within the operational ADS service and strategic commissioning arrangements.

1.2   To provide a consolidated update of the ADS Efficiencies Programme and related activity to deliver system wide efficiencies and transformation, linked to Integrated Planning (IP) requirements.

2.   **Summary**

2.1   There are a number of pressures within Adult Disability Services (ADS) due to a range of factors which include legislative and statutory responsibilities, both budgetary and demography based, which are creating challenges at both a national and local level. There is a requirement to address these within the context of our Integrated Planning process.

2.2   As a response to the above pressures this report highlights the transformative opportunities identified to address strategic challenges and programme management approach being led by Adult Care Services to take these forward. This includes the creation of a new ADS Efficiencies Board to oversee the planning, implementation and governance arrangements to our response. In addition to this a number of areas have been reviewed covering an assessment of our strategic capacity and structures to oversee transformation activity covering operational and commissioning arrangements, alongside developments around a new assessment model for service delivery 'Connected Lives'.

3.   Recommendation

3.1   Panel is asked to note and comment on the report.

4.   Legislative and Policy Context for Adult Disability Services

4.1   In delivering services to people with learning and physical disabilities, Adult Care Services (ACS) is required to remain fully compliant with the Care Act 2014 and other legislative responsibilities, and keep these at the centre of our planning, decision making and practice.

4.2   To further advance the local implementation for these duties an Adult Disability Service (ADS) was formed in April 2017 offering a multi-disciplinary care management, health liaison, and nursing service to people with a Learning Disability (LD) and /or Physical Disability (PD), in addition to meeting the needs of people with needs such as Asperger's or people who form part of the Transforming Care programme. The ADS service vision is;

'A service focused on enabling and empowering adults with additional needs in their communities. We will promote the development of personal skills to facilitate greater independence and to obtain access to true citizenship'

4.3   This followed the move of the LD 'Transitions' teams into Children's Services to form a new 0-25 service in October 2016 which strengthened continuity of care and support and future planning for young people moving into adulthood.

5   Financial context and challenge for Adult Disability Services

5.1   Nationally, Learning Disability spend is recognised as one of the more challenging areas of social care spend against which to achieve efficiencies. Expenditure for Learning Disability service areas has not reduced at the same rate as for other user groups over the five years to 2014/15[1]. Councils are experiencing growth in demand of around 3% per annum from new service users who have a Learning Disability. In Hertfordshire, as outlined in the ACS 15 year plan, by 2030 we expect to see a 14.7% increase in population for people with a Learning Disability and 11.4 % increase for people with a Physical Disability (Appendix 1) from our 2015 position.

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

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[1] LGA Adult Social Care Efficiency Project

5.3   The County Council has set a net budget of £156m for expenditure in relation to adults with physical and learning disabilities in 2018/19. As part of our work programme to deliver transformation and efficiencies, Panel will recall that there are a number of IP requirements for ADS focusing as tabled below on the following service and strategy areas as per the IP Cabinet report:

Description	IP Reference	Efficiency Required			
ADS Transformation		18/19	19/20	20/21	21/22
		£'000	£'000	£'000	£'000
ADS Strategy 1: Day Opportunities	NE33	-1,100	-1,600	-2,100	-2,600
ADS Strategy 2: Accommodation	NE34	-1,100	-3,600	-5,100	-6,600
ADS Strategy 3: Transforming Care and Out of County & CHC Income	NE35	-450	-1,100	-1,750	-2,400
ADS Strategy 4: Provider VFM & BVT	NE25 & NE36	-1,800	-2,600	-3,400	-3,900
		-4,450	-8,900	-12,350	-15,500

6.   Responses

6.1   A new Transformation Board for ADS ("the Board" is made up of key senior managers from ADS and other key service areas) was established in spring 2017 to further strengthen our strategic capacity, which is needed to ensure we deliver on our core business objectives in parallel to achieving IP target requirements. The Board created an ADS Efficiency Programme[2] which brings a 'whole systems approach' to delivering effective and efficient services within budgets. This work also supports the implementation of the ACS 3 year plan and 15 year plans.

6.2   On the 10 July 2017 Cabinet supported an initial Invest to Transform (ITT bid) for £1.14m for fixed term resources over three years. This bid allocated funding to focus on the strategic commissioning of accommodation for adults with disabilities and broader programme management resource.

6.3   In the light of continued overspend pressures in the LD service and to fully assure ourselves that we have the needed internal working arrangements and resources in place to maximise efficiencies, the Director of Adult Care Services also undertook an internal review of the ADS service (in Autumn 2017). This followed a number of lines of enquiry:

- last year (2016/17) ADS were overspent by £5m and so the review sought to identify progress around budget management and reductions and also identify opportunities around mitigating these pressures and the ability for the service to transform within its current capacity

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

- an assessment of referral rates and case work levels in the light of the creation of both the ADS Service and the 0-25 Service. The assessment identified that there had been a significant increase in safeguarding referrals and additional administrative functions on teams in relation to appointeeship, Court of Protection and financial management

- strategic commissioning functions were reviewed, both in terms of supporting the operational teams and delivering IP savings over the next four years. This was to make sure we position ourselves to develop a market fit for the future i.e. to meet the needs of a rising demographic of adults that will need our services.

6.4 The review made a series of proposals related to the structure of the operational teams and the need to establish a strong strategic commissioning focus across all care and support services for adults with disabilities. A second ITT bid was brought to Cabinet on the 19February 2018 which proposed funding to support the new structure, to complement funding which was able to be identified internally within the department.

7. Key Areas of ADS structure changes

7.1 The new structure will fully come into effect from 1 April 2018 and will comprise:

7.2 **Adult Disability Commissioning Team** – a new commissioning team to focus on the needs of adults of working age, including through bringing together 'micro' and 'macro' commissioning elements under strategic commissioning. This provides a positive opportunity to shape the future service provision to make it best value for money but also modernize services and ultimately meet service user needs through high quality services. Key themes include work on accommodation, designing and developing a new day opportunities offer for younger adults, delivering the efficiencies agenda for transport, and developing a strategic approach to provider management, and securing value for money on package costs.

7.3 **Adult Disability Locality Teams** - The locality teams will continue in their current seven team structure with Asperger staff and Review Team Community Care Officers being integrated into the teams. In addition we have introduced a second Deputy Head of Service Post, and increased the number of social workers, occupational therapists and community care officers within the teams (including some additional resources into the 0-25 team). This will provide capacity to deliver the 'Connected Lives' model as discussed below.

7.4   The structure also includes the introduction of Service Link Officers (SLOs) across ADS Locality Teams. SLOs have successfully supported operational staff in Older People services for a number of years with a focus on the business administrative side of activity. Over recent years in ADS this administrative work has increasingly fallen on social workers, community care officers and management. The SLO roles will relieve the increased pressure on the teams and allow for an improved approach to financial case work, reporting and specialist support functions such as safeguarding.

8.   A new approach - Connected Lives

8.1   A new assessment framework, Connected Lives was launched across ACS in January 2018, (model outlined in Appendix 2) and forms a significant part of the underpinning approach and principles for the transformation of ACS as a whole. Connected Lives is Hertfordshire's whole service approach to community practice, personalised enablement and new models of commissioning. Key to this model is the concept of connecting and the approach follows the principles below:

- exploring personal strengths and community connections;

- focussing on enablement;

- recovering from crisis before long term plans are made;

- preventing escalation of need.

8.2   As well as being a model which expresses the enabling and personalised ethos of the Care Act, the approach will ultimately mean a more considered use of financial resources, particularly for service users with a mild to moderate need. The above principles will also be applied when reviewing service user care packages which will be a priority in the next 2 years.

9.   ADS Efficiencies Transformation Update (IP strategies)

9.1   In parallel to the internal changes outlined above, the following sections provide details on our strategic planning and project activity underway targeted on delivering on IP requirements via ADS transformation.

9.2   **Negotiating Strategies**
        To ensure value for money to maximise the number of people we can support within budgets and deliver savings, work is progressing to develop and implement a new negotiating strategy for ADS providers. The strategy will cover a number of areas including;

- targeted and tactical negotiations for a range of service areas covering both ADS voluntary and commercial services – this will establish how we prioritise our resources based on where we can have the biggest impact in terms of benefits realisation;

- opportunities for existing and new providers to grow their business in Hertfordshire;
- decommissioning strategies where services no longer achieve the outcomes that people want;
- delivery of Care Act 2014 responsibilities around market shaping, market oversight and contingency planning;
- clear and effective communications for external stakeholders to demonstrate the benefits and rationale for negotiation approaches.

9.3 **Optimal Accommodation for All: 'Right Home Right Time'**

This work stream oversees a number of key projects based around accommodation settings to ensure that people are offered appropriate levels of support to maximise independence and choice whilst fully meeting assessed needs.

9.3.1 Currently the vast majority of **older people with a Learning Disability** aged over 60 years, live in either, small and specialist Learning Disability residential care homes or supported living. As these individuals age, some of the existing care settings are unable to meet their needs due to either the physical environment and/or personal care arrangements which are geared around supporting people with an Learning Disability. Mainstream service providers across Hertfordshire have already expressed an interest in developing their service model in order to meet needs and review work is progressing to identify individuals who will benefit, and twenty individuals have already moved to mainstream residential settings.

9.3.2 **Pathways to access mainstream housing** are also being developed including through the exploration of 'property swap' options. Through building on established links with the county wide District Heads of Housing group there is an opportunity to pilot the approach in both North Herts and Watford. This will involve the provision of appropriate support where this is lacking to sustain tenancies and avoid the need for costlier interventions at times of crisis, as well moving people from supported living into mainstream accommodation with enablement.

9.3.3 **Shared Lives services** at a national level have seen growth at 27% in the last 2 years. The shared lives service offering consists of community based accommodation with carer support, preparing service users for more independent living and provision of support for 'moving on'. From a low baseline in terms of take up we are looking to expand this service as part of our core offering. The Shared Lives service was provided by Guidepost Trust until November 2017 when it was transferred to the County Council in house service and the ambition to increase the number of service users living in shared lives households is dependent on two areas that we will target our efforts on;

- the recruitment and retention of new families and households able to offer Shared Lives placements;
- the identification of service users suitable and matching of the service users with the Shared Lives households identified.

9.3.4 **Supported Living** key principles are that people own or rent their home and have control over the support they get, who they live with (if anyone) and have real choice over how they live their lives. As part of a transformation programme for Supported Living, new service and contractual arrangements will be in place from April 2019 with a number of provider engagement events already undertaken with positive feedback. Currently the biggest age group in need of a placement is younger people, aged between17-25 years. With this in mind there will be an initial focus on implementing the approach for new packages of care in order to:

- create capacity for people who do not currently have access to the right accommodation and support, including preventing unnecessary and costly moves outside of Hertfordshire;
- better manage and control the cost of future provision;
- give clarity to the market to inform future development;
- the second phase will focus on the transferring of existing services onto the framework terms and conditions.

9.3.5 **Residential Care** has been an important part of our offer for service users who have the greatest level of need. However, as part of our strategies to offer service users greater independence we have for a number of years looked to develop Supported Living model options as described above, thus minimising the requirements for residential care. As the cohort of service users in residential care ages there is a need to consider the medium to long term sustainability of residential services in offering long term care for this group. Accordingly, we are taking forward a new work programme consider how we will support residential providers in responding to these changes in the market place.

9.4 **Citizenship (Direct Payments, employment and volunteering)**

9.4.1 **Direct Payments**[3] have expanded greatly as a service solution over the last ten years and in November 2017 accounted for 9% of the total spend on people with a Learning Disability and Physical Disability. For 18-25 year olds the percentage of spend delivered through Direct Payments was 23%. Younger service users are increasingly requiring different approaches to the more traditional service offers and there is an opportunity as we design these to link in to our new negotiating strategy and contracting processes, which will minimise the use of ad hoc arrangements and also open up opportunities for new providers to join the Hertfordshire marketplace.

A strategic review of Direct Payments is underway, and operationally the focus is on a reviewing process for existing services users to identify opportunities to maximise independence through implementing Connected Lives principles. The expansion of the use of payment cards is enabling us to avoid situations where high balances of unused funds accrue in service user bank accounts, improving the effective use of resource.

9.4.2 **Employment and Volunteering –** as part of our ambitions to support adults with disabilities to achieve full citizenship, including through achieving individual aspirations and goals with regards to employment, volunteering and education, we are currently reviewing the local service offer, and will develop and implement a targeted approach for people as they move through transition into adult care. As part of our approach, work is underway to review and enhance our ability to help people with a disability to navigate to the appropriate 'on line' support information for employment and volunteering. A series of locality based 'campaign' events: 'Connected 2 work', in partnership with library services, will take place over the coming year

9.4.3 **Changing Services Together –** this project is focused around day opportunities and entails a review of the support provided to individuals, to maintain independence and wellbeing. Through a targeted approach and, by focusing on and changing provision for young people entering adult care, efficiencies and a more enabling range of services can be delivered by 2020. These services are of specific importance to carers as they often provide daily respite for them. The model for future services will be co-produced with service users and carers.

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[3]Care Act 2014 requires local authorities to offer eligible people **Direct Payments** as a method of meeting assessed needs. This involves giving people a personal budget in order to secure service provision

9.5. Continuing Healthcare, Transforming Care and Out of County provision

9.5.1 **Continuing Healthcare (CHC)** – our work here involves a targeted approach around ensuring entitlement to NHS funding as appropriate. An initial scoping exercise to identify potential cases has been completed with a programme of work underway to progress these.

9.5.2 **Out of County provision –** reviewing residential care packages (in and out of county) for people where unit costs are high compared to the dependency of the client group.

9.5.3 **Transforming Care —** the Transforming Care programme (a response to the exposure of abuse at Winterbourne View) is a three year national programme ending in March 2019. The programme is about improving the quality of life for people with a learning disability and/or autism who display behaviours that challenge, including behaviour which is attributable to a mental health condition. The programme priority was to enable individuals that were currently living in assessment and treatment units to be discharged and live successfully in the community. Efficiencies will be achieved through reducing the number of people who go into hospital and cutting stay times by making sure as many individuals as possible can live in their local community with the right level of support. A focus on ensuring people are supported and enabled to live as independently as possible should see a reduction in the level of direct care required. Through careful planning and risk management we are exploring how we can mainstream the service offer as the programme comes to an end.

9.6 For each of the project areas outlined above there are individual project plans and governance arrangements in place which will monitor the project delivery against financial and performance targets. This includes robust reporting requirements at both a work stream and broader programme level as part of the ADS Efficiencies governance framework.

10. Financial Implications

10.1 As outlined in section 6.2 and 6.4 of this report two ITT bids covering a 4 year period totalling individual amounts for £1.4m and £1.1m have been agreed to support ADS Transformation activity and are critical in ensuring delivery of IP requirements. Work is continuing to improve the ability to monitor the achievement of savings targets (outlined in 5.3) and to identify alternative solutions where required

10.2 In addition a review of base budget funding has identified up to £1m to transfer internally within the ADS from care purchasing to staffing budget lines. This will provide capacity to implement the Connected Lives model. The expectation is that this will lead to reductions in care purchasing spend.

11.   Risk implications

11.1   There are strategic risks associated with the general pressures on ADS and ACS budgets which arise from the demand led nature of costs in this area. Adult social care budgets have been under pressure for a number of years due to the growing and ageing population and rising expectations of people who need care and their families. The funding deficit arising from these pressures and the plans to bridge this via efficiency and saving proposals create a further cumulative pressure and risk, hence further funding requirements outlined in section 9 are critical.

11.2   There are robust programme governance arrangements in place for planning, reporting and monitoring against progress for ADS Transformation with a strategic performance framework under development (to include key performance indicators) as a further measure. This will provide critical oversight of key work streams of activity and escalation points to take forward approaches around addressing strategic and cumulative risks arising.

12.   Property or accommodation implications

12.1   Over the medium to longer term the developments around Supported Living procurement will lead into an opportunity to align our transformation approaches and strategies with the newly formed Property Company, Herts Living.

12.2   Our approach needs to take account of the existing residential market for people with a learning disability, which largely developed as a response to resettlement from the long stay hospitals. As a consequence many of these services risk being unsustainable as service users age, and we need to develop a strategic approach to this, and explore opportunities to create additional supported living arrangements including through more innovative use of capital assets.

13.   Other Implications

13.1   There are a number of critical opportunities to align ADS Transformation delivery with other key ACS and IP related programmes of work. These include;

- assistive technology – this will provide better support people with care and support needs and carers through modern assistive technology solutions and more pro-actively identifying and meet a person's ongoing care needs;
- workforce development - building the adult social care workforce in the county delivering the necessary growth in the workforce to meet the increase in people requiring care and support needs;

13.2   At a departmental level the ACS IP strategies will fundamentally transform the ACS department in line with the themes set out in the IP Strategic Direction.

14.   Evidence of where we have engaged staff, partners and service/users in this proposal

14.1   As part of the internal service review, initial management briefings took place in November 2017, detailing the review proposals. Wider vision and planning sessions were carried out across all sites with whole service attendance to explain the business case for change, introduce   updated service vision proposals and expectations, (covering links to Connected Lives and IP requirements). As part of this process staff were given opportunities to influence and develop ideas for future delivery. Operational staff are also engaged in key ADS Efficiencies projects.

14.2   From Autumn 2017 through to the current date a number of workshops and presentations have taken place with service providers. Engagement activity to date has focused on a number of service areas including developing access to mainstream services for older LD people, Supported Living transformation and also ambitions around our local employment and volunteering service offer. Service users and carers, including experts by experience and young commissioners (younger aged individual service users) are also engaging with future planned activity.

15.   Equality Implications

15.1   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.

15.2   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.

15.3   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.

15.4 A cumulative EQIA for the ADS transformation programme is under development with each key project within the programme required to undertake an EqIA to inform service design and decision making. A number of individual project EQIA's have already been undertaken. A specific EqIA has also been undertaken and relates to the internal service review undertaken in autumn 2017 and subsequent consultation.

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

15.6 The following mitigating actions taken or planned are aimed at minimising any negative impact of the proposals and promoting good relations across diverse communities:

- robust needs analysis to ensure the service proposals and specific accommodation options match the needs of the users, including by age, and use a wide range of data sources, including national data and learning from other areas that have introduced similar changes;
- appropriate engagement and consultation will ensure the views of service users, carers and groups that represent them are taken into account and help build a consensus around the case for change;
- Co-ordination with other partners and agencies to ensure vulnerable people are supported, including signposting and referral of service users and carers where appropriate;
- robust monitoring of the overall ADS budget to make best use of existing resources to ensure support is targeted at those who need it most;
- continual monitoring to ensure positive benefits are being realised;
- monitoring to ensure culturally appropriate care continues to be provided and that individuals who do not have high levels of proficiency in English will be supported;
- person-centred evaluation on a case by case basis of the potential for a new model of care and support;
- Service-level reviews as part of implementation plans to ensure that cumulative impacts are identified and addressed;
- integrated approach to developing the market and negotiating with providers; including fully risk assessing each provider and considering quality and safeguarding issues as well as financial; and working with local, regional and national partners around market resilience.

Appendix 1 – Adult Care Services 15 Year Plan Direction - Population projections for Hertfordshire in 2030 by major care group

People over 65	• 2015 Population = 194,300 • 2030 Population = 290,900 • Increase = 49.7%
People over 85	• 2015 Population = 28,500 • 2030 Population = 67,700 • Increase = 137.5%
People with Learning Disabilities	• 2015 Population = 21,100 • 2030 Population = 24,200 • Increase = 14.7%
People with Physical Disabilities	• 2015 Population = 71,000 • 2030 Population = 79,100 • Increase = 11.4%

Appendix 2 – Adult Disability Services and Connected Lives Model

Adult Disability Service
A Social Health Care Service At The Heart Of The Communities We Serve.

Working locally alongside people to support independence, aspiration and citizenship

THE WORKER

Autonomy in practice and professionally accountable decision making

Committed to being a connected and knowledgeable part of the locality and communities you serve.

THE TEAM

An integral and connected part of localities and peoples communities.

Enable good health, social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being

THE INDIVIDUAL

Responsive & compassionate support to connect with local information, advice and opportunities

Retain and develop skills for greater independence

Care and support based on outcomes and citizenship

Responsive, positive, imaginative and compassionate practice that is proportionate to need and outcome focussed

Efficient and accountable to the people we serve and our statutory responsibilities

ConnectedLives

Hertfordshire

HERTFORDSHIRE COUNTY COUNCIL

ADULT CARE AND HEALTH CABINET PANEL

TUESDAY 24 APRIL 2018 AT 10:30AM

DELAYED TRANSFERS OF CARE

Report of the Director of Adult Care Services

Author: Chris Badger, Deputy Director of Adult Care Services
                 Tel: 01992 556343

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

1.   **Purpose of Report**

1.1   To update Panel on performance in relation to Delayed Transfers of Care (DTOC), including the use of funds from the Integrated Better Care Fund (iBCF) to support performance improvement.

2.   **Summary**

2.1   In the March 2017 Budget the Chancellor made available extra funds for social care through the iBCF. The funds came with conditions about areas of activity that the monies needed to be focused on, with a particular focus on reducing DTOC. A range of measures were immediately put in place using delegated emergency powers to ensure rapid implementation. These were subsequently agreed by Adult Care Panel Services Panel and the Health and Wellbeing Board in June 2017. Since March 2017 performance has improved, and there has been a 47% reduction in social care-attributable DTOCs over the period.

2.2   DTOCs continue to be a significant problem in the west of the county, and in particular delays caused by a shortage of homecare. The challenges in the local homecare market in West Hertfordshire make it difficult to secure homecare packages to support timely discharges from West Hertfordshire Hospital Trust and Hertfordshire Community Trust bed-bases in the west of the county. A range of initiatives are in place to try and reduce further the level of DTOC in Hertfordshire.

3.   **Recommendations**

3.1   Panel are recommended to note the content of the report and consider progress around reducing DTOC and plans for further reductions.

4.   Background

4.1   Delayed Transfers of Care are defined as instances where an individual in an NHS hospital is ready for transfer from the hospital when:

a. A clinical decision has been made that patient is ready for transfer
AND
b. A multi-disciplinary team decision has been made that patient is ready for transfer
 AND
c. The patient is safe to discharge/transfer.

4.2   There are many reasons for delays in patients leaving hospital, ranging from processes within the hospital to issues surrounding the availability of further community-based health and social care support. The Care Act outlines those reasons for delays that are attributable to local authorities with social care responsibilities, and those delay types that are attributable to the NHS. These are listed at Appendix 1.

4.3   It is important that people, and especially older people, stay in hospital for the shortest possible time because extended hospital stays can lead to so-called 'de-compensation' in people's mobility and confidence, and consequently loss of independence. In addition to this, increases in emergency admissions and pressures on emergency departments mean that hospitals are increasingly running well above optimal occupancy levels of 85%. This in turn can impact on the safety of the hospital and the standards of care that are delivered. Reducing DTOCs is therefore a priority for the health and social care system in Hertfordshire.

4.4   In the March 2017 Budget the Chancellor made available extra funds for social care through the integrated Better Care Fund (iBCF). In Hertfordshire this meant extra funding over the course of three years of:

	2017/18	2018/19	2019/2020
iBCF extra allocation	£13,071k	£11,656k	£5,819k

4.5   The grant came with conditions about areas of activity that the monies needed to be focused on, and these were:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready;
- Ensuring that the local social care provider market is supported;
- Work with CCGs to implement the so-called High Impact Change Model for Delayed Transfers of Care.

There was also a challenging stretch target set for the reduction of DTOC. For social care attributable DTOC in Hertfordshire the target was a reduction from 7.4 bed days of delay per 100,000 of population in April 2017, to 2.6 by November 2017.   Agenda Pack 78 of 86

5.   Investment to Reduce DTOC

5.1   A range of measures were immediately put in place using delegated emergency powers to ensure rapid implementation. These were subsequently agreed by Adult Care Panel Services Panel and the Health and Well-being Board in June 2017. The measures were developed and agreed with both Hertfordshire Clinical Commissioning Groups (CCG), Local Delivery Boards (who are tasked with improving performance of emergency care) and the Sustainability and Transformation Plan Executive to ensure system-wide ownership of the priorities. The measures were based on analysis of the High Impact Change model for reducing delays, which is referenced in the iBCF grant-condition and is provided at Appendix 2. Those aspects of the High-Impact Change model that were not in place in Hertfordshire were prioritised for investment, and these are outlined below.

5.2   Change 4 - Discharge to Assess schemes

         The principle of Discharge to Assess is that people's ongoing care needs can be most accurately assessed in their own familiar home environment or, for people with more complex needs, a residential or nursing home, rather than in a busy acute hospital ward. Working collaboratively with both CCGs a range of new pathways have been implemented to support people at home as quickly as possible.

5.2.1   Bed-Based Discharge to Assess Schemes

         As well as existing Discharge to Assess pathways in East and North Hertfordshire, investment has been made in Commissioning seven nursing and three nursing dementia beds in central Watford to support people being discharged from West Herts Hospital Trust.

5.2.2   East and North Hertfordshire Discharge Home to Assess (DH2A)

         In November 2017 the Council and East and North Hertfordshire CCG launched DH2A Pathway at the Lister Hospital. The Lister DH2A model operates a Virtual Ward model for 25 residents in Stevenage, North Herts, Welwyn and Hatfield. DH2A provides an enablement, rehabilitative pathway for up to 21 days and consists of a multi-agency, multidisciplinary team and team manager. Since its launch up until the 3 January 2018 DH2A has;

- discharged 39 patients out of hospital and into their usual place of residence/onto the DH2A pathway;
- on average 98.5% of patients have received a comprehensive assessment within 72 hours within their own home against a baseline target of 95%;
- the average length of stay on the 21 day pathway across the three Virtual Wards is 13.3 days;
- to date 41% of patients have left with no ongoing mainstream care needs.

5.2.3 Herts Valleys Discharge Home to Assess

The service launched on 12 February 2018 with a multidisciplinary team consisting of an Integrated Discharge Team Nurse, Physiotherapist, Occupational Therapist, Therapy Co-ordinator, Community Social Worker and Admin and Community Navigator. The model being implemented is based on the model already developed in East and North Hertfordshire.

5.3 Change 5 - 7 Day Services and Staffing in Hospital Social Work teams

Extra staff have been employed in the Council's hospital social work teams to ensure Hertfordshire residents are assessed in as timely a fashion as possible to facilitate their safe discharge. This has enabled the Council to move to full seven day rotas at the major hospital sites from 1 April 2017 onwards to help improve the number of people discharged from hospital at weekends.

5.4 Change 6 - Trusted Assessment - Impartial Assessor

The Impartial Assessor service is run by Hertfordshire Care Providers Association. The Impartial Assessor works within the hospital integrated discharge team and assesses patients on behalf of care homes who are judged to be medically fit. This reduces the length of stay the resident needs to stay within a hospital and also supports care homes by removing the need for them to come into the hospital. The service started as an initial pilot at Lister Hospital in September 2016 and is currently running six days a week. In total the service has led to 447 discharges, saving an estimated 670 bed days for residents. This is a potential saving of £351,750 for the health and care system. The service has now been expanded to Princess Alexandra Hospital, jointly funded with West Essex CCG and Watford General Hospital.

5.5 Investment in the homecare market

Homecare capacity remains the single biggest reason for delays (a picture that is replicated nationally). Significant investment has been directed to trying to stabilise the market and increase capacity. This has included:

- awarding 6.24% uplifts for Lead Provider home care providers in addition to 2.37% inflationary uplift to assist in recruitment and increase capacity;

- the financial model for homecare has been changes to move from minute by minute to 'guaranteed hours' for Specialist Care at Home (enablement) to allow providers to offer regular shift patterns again supporting recruitment and allowing them to provide additional capacity;

- investment in dedicated homecare resource that can be initiated directly from hospital's Emergency Department with the aim of supporting people back home without the need to be admitted to hospital at all;

- for 2018/19 the Council's uplifts will be focussed on ensuring that all spot providers are being paid above the UK Home Care Association recommended rate for care;

5.6 A full independent evaluation of all these schemes has been commissioned through iMPOWER who are evaluating and benchmarking similar programmes of iBCF funded proposals from across the country. However, improvements in DTOC performance indicate that the programme has already had some success in reducing DTOCs.

6. Performance

6.1 Performance monitoring of DTOC has intensified following the receipt of the enhanced iBCF grant. This has included:

- more detailed analysis in the Council's Corporate Performance Monitor;
- a dedicated section in the Adult Care Services Panel's quarterly monitor;
- daily performance reporting within the Adult Care Services department.

6.2 The graph below shows the progress made in reducing social care DTOCs in Hertfordshire since April:

Fig. 1 – Overall Hertfordshire Social Care Delays *(rate per 100k Population)*
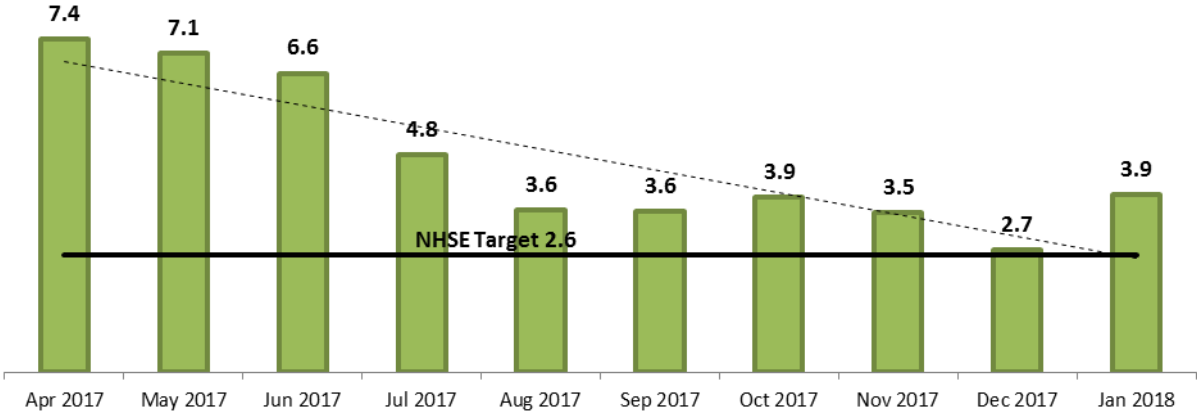
6.3 The improvement represents a (47%) reduction in social care attributable DTOCs over the period, and has improved Hertfordshire ranking against all 151 councils providing social care from 122nd to 110th. The graph below provides the full breakdown of where delays occur for Hertfordshire residents awaiting social care services. Crucially, there has been a reduction in DTOC within the two trusts that have traditionally had the highest level of social care DTOC, Hertfordshire Community Trust and West Herts Hospital Trust as fig. 3 demonstrates.
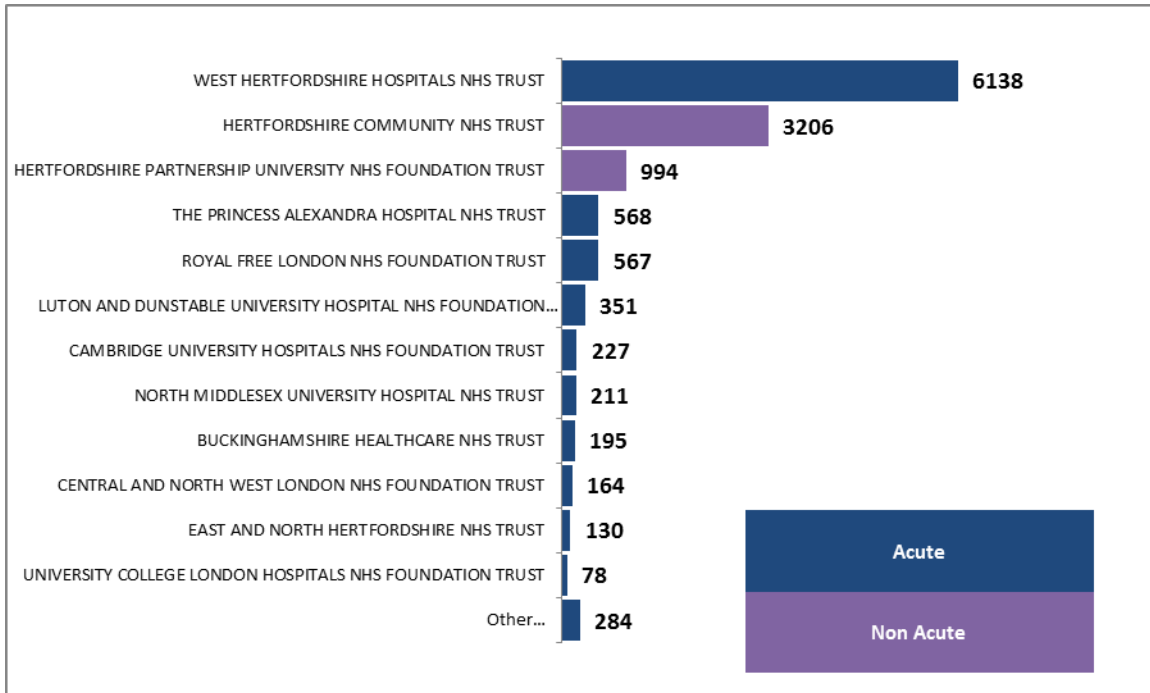
Fig. 2 – Breakdown of delays by NHS Trust *(Total days)*

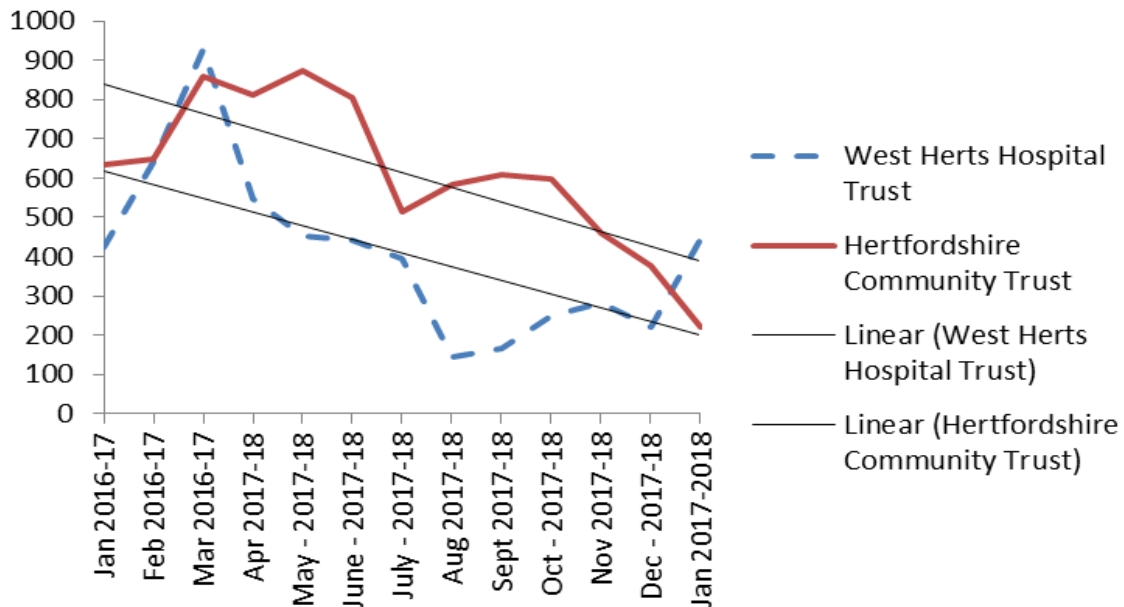| Trust	Total days
WEST HERTFORDSHIRE HOSPITALS NHS TRUST	6138
HERTFORDSHIRE COMMUNITY NHS TRUST	3206
HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	994
THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	568
ROYAL FREE LONDON NHS FOUNDATION TRUST	567
LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION…	351
CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	227
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	211
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	195
CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	164
EAST AND NORTH HERTFORDSHIRE NHS TRUST	130
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	78
Other…	284

Acute

Non Acute

Fig. 3 – Delays at West Herts Hospital Trust and Hertfordshire Community Trust

6.4   Delays in sourcing homecare for people remains the single largest reason for delays. The initiatives outlined in section 3.5 are targeted at growing our homecare market which in turn should reduce delays attributable to a lack of available homecare, and home care delays in December were half what they were in April. This remains a priority area for improvement. Over the last year there has also been a very significant reduction in delays attributable to delays in our social work teams assessing individuals in hospital which can be attributed to the extra investment in the hospital social work teams and the introduction of seven day working as recommended in the High-Impact Change Model.

Fig. 4 – Breakdown of reasons for social care delays
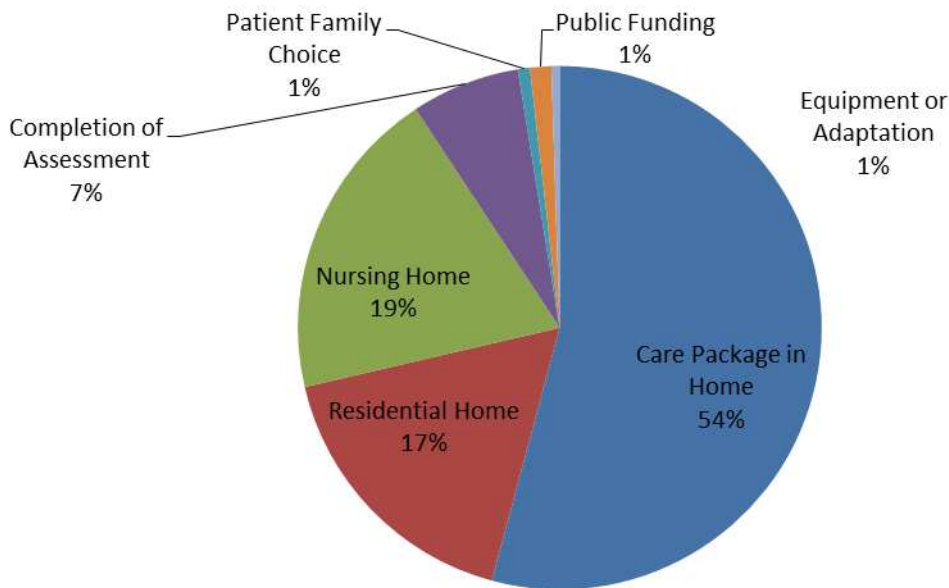
6.5   In the same period delays attributable to the NHS fell by almost a third but is significantly behind the trajectory set by NHS England (see fig.5 below). The Council's performance on DTOC has an impact on NHS delays. For example, it is important delays in Hertfordshire Community Trust (HCT) intermediate care beds are minimised, so people are not in turn delayed accessing these beds from the major acute sites (which are recorded as NHS delays). There has been a clear focus on reducing delays in HCT beds as illustrated in fig. 3 above.

Fig. 5 -   Overall Hertfordshire NHS Delays *(rate per 100k Population)*

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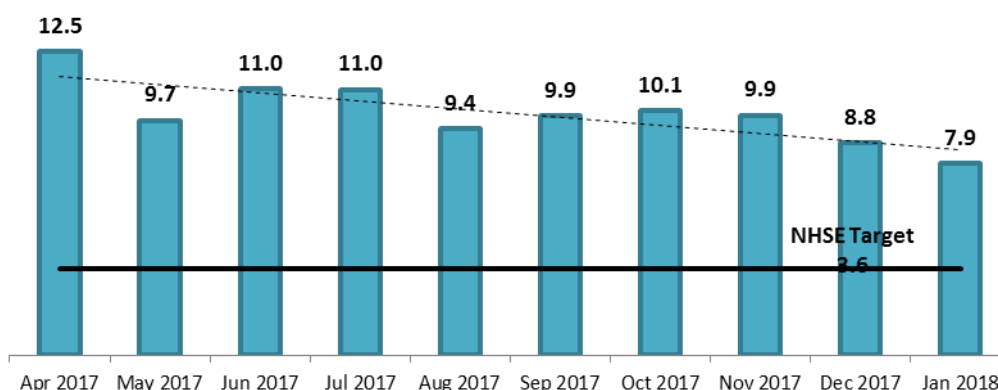
7. **Financial Implications**

7.1 This report is for noting and commenting purposes only and does not require a

recommendation that will have any financial implications**.**

8. **Equalities Impact Assessment**

8.1 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.

8.2 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.

8.3 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.

8.4 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.

Background reports

Adult Care & Health Panel – 16 June 2017

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

Appendix 1 – Delay Types and Responsible Bodies

	Attributable to NHS	Attributable to Local Authority (Care)	Attributable to both
A. Awaiting completion of assessment	✓	✓	✓
B. Awaiting public funding	✓	✓	✓
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	✓	✗	✗
D i). Awaiting residential home placement or availability	✓	✓	✗
D ii). Awaiting nursing home placement or availability	✓	✓	✓
E. Awaiting care package in own home	✓	✓	✓
F. Awaiting community equipment and adaptations	✓	✓	✓
G. Patient or Family choice	✓	✓	✗
H. Disputes	✓	✓	✗
I. Housing – patients not covered by Care Act	✓	✗	✗

Appendix 2 – High Impact Change Model

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

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

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

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

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

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

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

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