Agenda

AGENDA for a meeting of the ADULT CARE & HEALTH CABINET PANEL in COMMITTEE ROOM B, at COUNTY HALL, HERTFORD on TUESDAY 12 JUNE 2018 at 10.00AM

MEMBERS OF THE PANEL (13) (Quorum 3)

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

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 24 April 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. MEMBERSHIP AND REMIT OF THE PANEL

To note the membership of the Panel as stated above, and the remit which is as follows:

Lead Member for Adult Social Care (other than that provided by the 0-25 service), adult safeguarding, the Hertfordshire Adult and Family Learning Service and gypsy and traveller sites. Health and wellbeing (excluding public health), relationships with NHS trusts and commissioning groups, leading for the Council on the Health & Wellbeing Board and health reform including the Hertfordshire and West Essex Sustainability and Transformation Partnership.

4. HERTFORDSHIRE ADULT SOCIAL CARE WORKFORCE STRATEGY 2018 - 2021

Report of the Director of Adult Care Services

5. A CARERS STRATEGY FOR HERTFORDSHIRE 2018-2021

Report of the Director of Adult Care Services

6. ADULT SOCIAL CARE PERFORMANCE MONITOR & CARE QUALITY STANDARD - QUARTER 4 – 2017/18

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 24 APRIL 2018

ATTENDANCE

MEMBERS OF THE PANEL

E H Buckmaster; E M Gordon; S Gordon; F Guest; K M Hastrick; F R G Hill *(Vice-Chairman for the Cabinet Panel and Chairman for the meeting);* D J Hewitt; T Howard; J S Kaye; N A Quinton; R H Smith *(substituting for C B Wyatt-Lowe);* R G Tindall;

OTHER MEMBERS IN ATTENDANCE
None

Upon consideration of the agenda for the Adult Care & Health Cabinet Panel meeting on 24 April 2018 as circulated, copy annexed, conclusions were reached and are recorded below:

Note: No conflicts of interest were declared by any member of the Cabinet Panel in relation to the matters on which conclusions were reached at this meeting.

PART I ('OPEN') BUSINESS

1.	**MINUTES**	**ACTION**
1.1	The Minutes of the Cabinet Panel meeting held on 6 March 2018 were confirmed as a correct record and signed by the Chairman. Upon signing the minutes, the Vice Chairman noted that her name had been omitted from the names of those attending the meeting on 6 March 2018. This was amended and signed accordingly.	
2.	**PUBLIC PETITIONS**	
2.1	There were no public petitions.	

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

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

3.1 Members received a report outlining the recent activity by the council in submitting a bid for European Structural & Investment Funds (ESIF).

3.2 The Panel were advised that that it was expected that it would be known if the council's bid had been successful by the end of Spring 2018.

3.3 Member attention was also drawn to the risks associated with the grant, and these were discussed.

3.4 It was noted that assurance had been received that any allocated grant payments would not be affected by the outcomes of any forthcoming Brexit decisions.

3.5 It was acknowledged that there was a possibility that any staff who received the training through the grant fund could subsequently decide to work in the private sector, although this risk was mitigated by the fact that part of the training for managers would focus on strategies regarding the retention of staff.

3.6 In response to a Member question, it was noted that limited work had been undertaken in respect to ESIF Preparation Plan outlined at Appendix A of the report, as it was not practical to do so until full confirmation had been received that the bid had been successful. Assurance was received that if the bid was successful work would begin on the Preparation Plan, once discussions with the ESIF funding body had been held.

3.6 A Member observation that the dates of the strategies used to inform the direction and drivers for the adult social care workforce should be added to the Equalities Impact Assessment (EqIA) was agreed by officers. — Iain Macbeath/ Helen Maneuf

3.7 Members were pleased to note the consideration for carers being outlined within the EqIA. It was agreed that further exploration of how to particularly support young carers would be made through discussions with officers within Children's Services. — Iain Macbeath/ Helen Maneuf

CONCLUSION:

3.8 Panel noted the content of the report and considered the advantages and risks associated with the administration of this funding.

3.9 Panel agreed 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

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

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

4.1 Members were introduced to the three year plan for Adult Care Services for 2018/19-20/21, which had been developed as the delivery plan for the first three years of the 15 Year Plan for Adult Care Services, as discussed at Adult Care & Health Panel on 6 March 2018.

4.2 In response to a Member question regarding the provision of Information and Advice, the Panel were advised that the council had a duty under the Care Act 2014 to ensure that statutory information and advice was available to the public, and they would also ensure that, through working with 'Herts Help' and other advocacy services, that appropriate leaflets, apps and online formats were developed provide as much information as possible regarding the full portfolio of services available.

4.3 The Panel discussed the Information and Advice targets outlined in the three year plan, and in response to concern expressed about the relatively low performance percentage targets, it was noted that the targets were a baseline based on people who had only received information and advice from the council and had not received an ongoing referral to a service. It was noted that there

may be a higher proportion of satisfied people who were receiving help and support from the voluntary sector.

4.4 During discussion, Members stated that they felt that customer satisfaction was important, and it was agreed that officers would re-examine the targets to consider if they best reflected broader area of the customer information and advice service provision. — Helen Maneuf/iain Macbeath

4.5 A Member comment that closer examination of which areas customers were dissatisfied with should also be undertaken was noted.

4.6 In response to a Member comment regarding community support for older adults and adults with learning needs or disabilities, it was noted that Hertfordshire had a number of organisations and centres within the county who had employment or networking opportunities.

4.7 Members unanimously expressed their support for the community services available and the volunteers involved with them, and during discussion highlighted the requirement to continue to promote the need for volunteers, not just providing frontline support but also in board member roles. — Helen Maneuf/ iain Macbeath

4.8 In discussion regarding the Connected Communities targets, the Panel were provided with a brief summary of the breakdown of areas assessed under the Adult Social Care Outcomes Framework (ASCOF).

4.9 Panel's attention was drawn to the fact that in relation to the Valuing Independence Targets, the reablement target for 2017/18 may change as the taget was based on 2016/17 discharges

4.10 **CONCLUSION:**

Panel noted, considered and commented upon the Three Year Plan for Adult Care Services for the period 2018/19 to 2020/21.

5 ADULT DISABILITY SERVICES TRANSFORMATION UPDATE

Officer Contact: Shazia Butt – Adult Disability Services Efficiencies Programme Manager (Tel: 07580 744600)

5.1 The Panel were provided with an update on the Adult Disability Services developments, including changes within the operational Adult Disability Service and strategic commissioning arrangements.

5.2 In response to a Member concern regarding what would happen to any new service users requiring support once the current allocated budget of £156m for expenditure in relation to adults with physical and learning disabilities was fully allocated, assurance was received that legally, the council were required to support any new service users preseting to the services and assessed as requiring support.

5.3 It was explained that the council would endeavour to work within budget by looking to improve sourcing and working collaboratively with community partners to find community solutions to support individual need and promote empowerment, predominantly by putting the service user's needs at the centre of the decision.

5.4 Members discussed the 'Right Home, Right Time' workstream outlined at point 9.3 of the report, and it was acknowledged that although this would present some challenges, assurance was received that every effort would be made to ensure that this was achieved.

5.5 In response to a Member question, it was noted that improvements have been made through the development of the 0-25 Service to improve employment opportunities for young people with learning needs or disabilities who were leaving education. It was noted that a recent national survey by Leonard Cheshire had established that 66% of the young people with learning needs or disabilities surveyed wanted to work, but only 6% did work. It was agreed that officers would endeavour source the statistics of whether this feedback was equally reflected on a local level by residents with learning needs and disabilities. Sue Darker

5.6 **CONCLUSION:**

Panel noted and commented on the report on the Adults Disability Transformation Services.

6. DELAYED TRANSFERS OF CARE

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

6.1 Members received a report providing further detail on the background of and the work being undertaken to improve delayed transfers of care (DTOC) performance. It was noted that Members had previously raised concerns regarding DTOC when the quarterly performance dashboards had been presented to panel.

6.2 The Panel were advised that in addition to the work being undertaken and outlined in the report, there was a Health Scrutiny Topic Group taking place on 18 May 2018 to examine this issue further, and Members were encouraged to participate in this if possible. All Members

6.3 It was also highlighted to Members that a Peer Review had been organised with the Local Government Association for July 2018 which would replicate a CQC inspection, and also aimed to identify any further areas for improvement for DTOC.

6.4 In response to a Member question, it was established that the total amount of DTOC could be calculated by combining the figures in figure 1 (social care delays) and figure 5 (hospital delays).

6.5 Members discussed the figures for Princess Alexandra Hospital Trust and it was established that significant work had been undertaken with the Trust and Essex County Council to work to a common discharge process, which would improve outcomes for patients and improve the statistics for forthcoming monitoring periods.

6.5 Members were also advised that tendering of spot contracts for homecare was also being undertaken in order to address the issues in relation to DTOC being caused by appropriate homecare provision not being available.

6.6 **CONCLUSION:**

Panel noted the content of the report and considered progress around reducing DTOC and plans for further reductions.

7. OTHER PART I BUSINESS

Domiciliary Care Provision

7.1 Members were advised that Domiciliary Care Provider Allied Healthcare had entered into a Company Voluntary Agreement. It was noted that Allied Healthcare's business operated under the name 'Goldsborough' in Hertfordshire.

7.2 It was further noted that the council had a £4.8m per annum contract for domiciliary care in Hertsmere, North Herts, St Albans, Three Rivers, Broxbourne and Welwyn Hatfield. 611 people receive their care from Goldsborough and they employ approximately 325 staff.

7.3 Members were advised that the council had been speaking on a daily basis to the national Allied Healthcare Chief Executive and the local branch and had been assured that there would be no impact on service users as they continued to operate 'business as usual' at this time. The council had also written to Allied Healthcare staff stating its support for the company and continuity of its business. The council had also written to other domiciliary care providers in Hertfordshire asking for their support of Goldsborough.

7.4 Members received assurance that the council had extensive contingency plans in place to deal with provider failure and to manage the continuity of care for service users. It was stressed the safety of the vulnerable adults and older people who are supported by the services was paramount.

7.5 It was advised that under the terms of the council's contracts with Allied Healthcare the care staff were entitled to protection under the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) and, should it become necessary, the council would ensure that staff were offered the opportunity to transfer to alternative providers of these services, if Allied Healthcare were unable to meet the commitments of their contract with the Council.

CONCLUSION:
Members noted the update.

There was no other Part I business.

KATHRYN PETTITT
CHIEF LEGAL OFFICER **CHAIRMAN**_____

HERTFORDSHIRE COUNTY COUNCIL

ADULT CARE AND HEALTH CABINET PANEL
TUESDAY 12 JUNE 2018 AT 10:00AM

Agenda Item No.

4

HERTFORDSHIRE ADULT SOCIAL CARE WORKFORCE STRATEGY 2018-2021

Report of the Director of Adult Care Services

Author: - Frances Heathcote, Assistant Director, Adult Care (Tel No: 01992 556343)

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

1. Purpose of Report

1.1 To inform Members of the proposed Adult Social Care Workforce Strategy 2018-2021, which supports the council's statutory duty to provide a sustainable workforce within care staff roles.

2. Summary

2.1 The County Council is striving to achieve, in partnership with providers, the ability to support people to live as independently and safely as possible within an appropriate setting., This ambition relies on having enough staff with the right attitudes and values, which are committed to providing the highest quality care for vulnerable people in Hertfordshire.

2.2 Under the Care Act 2014, the County Council has a duty to manage the care markets and to ensure a "sustainable and vibrant" care market. An adequate supply of workforce is therefore critical to ensuring the County Council can fulfil its Care Act duties and has plans in place to address workforce challenges. This new strategy replaces the previous Adult Social Care Workforce Strategy that was published in 2015. *ACH Cabinet Panel- 20 May 2015- Workforce Strategy*.

3. Recommendations

3.1 Panel is asked to note and comment upon the content of this report, and,

3.2 recommend to Cabinet that Cabinet approve the Hertfordshire Adult Social Care Workforce Strategy 2018-21.

4. Background

4.1 In Hertfordshire the Adult Social Care Workforce is made up of positions in residential and support living environments, homecare agencies, personal assistants and day activities.

4.2 There are approximately 30,000 people employed within adult social care in Hertfordshire, and approximately 22,000 within the National Health Service (NHS). Despite the size of the adult social care sector, adult social care is perceived as a more limiting and less valued career than health, and this is acerbated further by the disparity in both pay and conditions between the two sectors. The Strategy includes actions to help address this disparity, including working more closely with the NHS to plan joint recruitment campaigns and aligning career pathways for similar roles, such as Health Care Assistants and Care Practitioners. The scope of this Strategy includes workforce across the following social care settings:

1. Homecare
2. Residential Care
3. Nursing homes within the independent sector
4. Supported Living
5. Personal Assistants employed through Direct Payments

4.3 Demand for all care services is forecast to grow. The population of people aged 85 and over in Hertfordshire is forecast to more than double by 2030 – rising from 28,500 to 67,700 by 2030. In addition to the ageing population, the following factors are also having an impact on the care sector's ability to recruit the necessary numbers of high quality care staff to meet growing demand in Hertfordshire:

- **Ageing Workforce:** Nataionally, by 2020, one fifth of the care workforce will be over 50. In Hertfordshire currently 37% of the care workforce is over 50.

- **Changing Society:** People who need care are no longer living close to families, and are increasingly being cared for by elderly unpaid carers.

- **High Employment Levels:** With average employment levels of 96% within Hertfordshire, there is an extremely constricted labour market in which the care sector is having to compete aggressively against other sectors, such as retail and catering.

- **Geography of Hertfordshire:** This is an additional challenge for care providers, with pockets of rural areas that are difficult to attract people to work and the proximity to London, with higher paid jobs.

- Hertfordshire's relative affluence and high cost of housing is a challenge for care providers trying to attract workforce from outside of the county to work in Hertfordshire.

- **Role of the Media:** In recent years there has been an increase in negative media coverage of care and care staff. There are few positive images of care being seen in the media.

- **The Impact of Brexit:** It is estimated that approximately 16% of the care workforce in Hertfordshire is from the EU, and the outcome of the referendum has resulted in a slowing of recruitment from EU countries.

4.4 As this Strategy was being finalised, the Minister for Health and Social Care, set out his ambitions and aspirations for the social care sector, as Central Government prepares for the Green Paper on Social Care. The Minister's speech set out seven principles that will guide the Government's thinking ahead of publication in late 2018. The fourth principle was focussed on the workforce, and acknowledged that more needs to be done to promote a career in social care, improve the pay and conditions of those who work within the care sector, and that more coherent workforce planning is required by both social care and the NHS to attract more people into the health and care sector and crucially to address issues of low pay and zero hour contracts.

4.5 The Strategy sets out Hertfordshire's key workforce ambitions, explores the challenges and is underpinned by a three year Implementation Plan that details the activity that will be undertaken to achieve the goals set out within this Strategy. Adult Care Services (ACS) will take this forward in partnership with care providers, and where it adds value, in collaboration with our partners in the NHS. Officers are aware that recruitment in Hertfordshire, across both social care and health is really challenging, with average employment levels of 96% within Hertfordshire. There is an extremely constricted labour market in which the care sector is competing aggressively against, such as retail and catering. There is a lack of affordable housing, which often means that living and working in Hertfordshire is not possible for large parts of the adult social care workforce. Access to housing is therefore a key priority area.

4.6 The Strategy is aligned to the Health Education England document **'**Facing the Facts, Shaping the Future' and the LEP (Local Enterprise Partnership) Hertfordshire Skills Strategy https://www.hertfordshirelep.com/media/5624/draft-skills-strategy-summary-final.pdf . It is aimed specifically at the Adult Social Care workforce in Hertfordshire working within the independent sector.

4.7

- The Strategy has two overarching ambitions: **Raising Quality:** Continuously raising the quality of care and therefore improving outcomes for people receiving services. A key target is to increase the % of care settings across Hertfordshire being rated as Good and above by the Care Quality Commission (CQC) to 80% (baseline 74%).
- **Valuing the Workforce:** Working in partnership with providers to promote value based recruitment and career progression to help make careers in care more attractive.

4.8 In addition to the two key ambitions, the Strategy has three themes that align with the LEP skills for growth strategy:

1. **Recruitment:** Building the workforce – raising the image through attraction and improving the image of the care sector, to ensure a modern, flexible and attractive workforce offer.

2. **Retention:** Developing our current workforce – improving skills, career progression and succession planning and therefore retain a skilled and confident workforce with the right values and behaviours.

3. **Growth:** Expanding the workforce of the future – ensuring we have the skills to drive growth by working with businesses, statutory, community services and training providers to improve the skills of both the existing workforce and the future labour market in order to sustain economic growth and meet demand.

4.9 The Strategy includes approximate growth targets across each key service area – homecare, nursing and supported living.

These targets have been calculated using a formula that combines existing vacancy rates, turnover rate and the estimated growth required due to demographic pressures during the lifetime of the Strategy. Homecare and nursing are the most challenging targets within the Workforce Strategy.

5. The Hertfordshire Care Standard

5.1 The Hertfordshire Care Standard was introduced in 2014 across all lead providers for homecare and sets out the County Council's expectations of providers to ensure**:**

- People who receive care are treated with compassion, kindness and dignity.

- People employed to care for people are valued, supported and trained to carry out their work with confidence and compassion.

- Recruitment is values based.

- Concerns relating to care practitioners' terms and conditions and the impact this can have on care delivery are addressed, including paid travel time and a choice of contract types to help reduce the numbers of care staff on zero hour contracts.

A key target within the Adult Social Care Workforce Strategy is to expand the Hertfordshire Care Standard to include residential care and all homecare providers by August 2019.

6. Herts Good Care Campaign

6.1 The Herts Good Care Campaign – a joint initiative between Hertfordshire County Council and Hertfordshire Care Providers Association (HCPA) - was launched in June 2015 and is a proactive campaign that aims to:

- Increase the recruitment of paid care practitioners
- Raise awareness of and celebrate the vital work people working in care carry out every day
- Raise the reputation of the Council as an organisation that is seeking to find solutions to the growing care challenge.

6.2 Herts Good Care Campaign is an ongoing campaign, each year there is a dedicated Herts Good Care Week that seeks to bring together a range of events and activities that positively promote working in the care sector.

The Strategy will continue to build on the success of the Herts Good Care Campaign and will expand to target a wider audience for social care roles, for example younger retirees. More information about the Herts Good Care Campaign can be found at *http://www.hcpa.info/hertsgoodcare*

7. Financial Implications

7.1 The strategy makes reference to the Adult Social Care Green Paper which is expected in the autumn of 2018, and which will include funding proposals for the future of adult social care which may have financial implications for the implementation of this strategy.

Further papers will be brought to panel and Cabinet as appropriate depending on the detail contained within the proposals.

7.2 The council is committed to maintaining investment in HCPA and continuing to improve quality and raise standards across all care settings in Hertfordshire, through the continued funding of a wide range of professional development and ecruitment programmes, including the Herts Good Care Campaign.

This includes a commitment to maintain core funding at existing levels throughout the lifetime of this Workforce Strategy and so ensure the ambitions of this Strategy can be achieved.

The learning and evaluation from the additional investment made since 2016 with our NHS partners, through the Better Care Fund (BCF) and Improved Better Care Fund (iBCF), in programmes such as the Care Home Vanguard and Falls Campaign will be used to continue to attract new funding for these important schemes once the BCF and iBCF come to an end in 2019.

The Integrated Plan (IP) Scrutiny process in January 2018 highlighted to Members the risks and challenges relating to the adult social care workforce and therefore the importance of sustaining existing investment levels.

8 Equalities Implications

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 An Equality Impact Assessment has been undertaken and is attached as Appendix Two.

Mitigating strategies have been highlighted for all protected characteristics with particular focus being highlighted for the protected characteristics of age and disability.

Additional Papers:

Appendix 1 Hertfordshire Adult Social Care Workforce Strategy 2018-2021
Appendix 2- Equalities Impact Assessment

Background Information:

Care Act 2014: http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Speech from Minister for Health & Social Care 20 March 2018:

https://www.gov.uk/government/speeches/we-need-to-do-better-on-social-care

HERTFORDSHIRE ADULT SOCIAL CARE WORKFORCE STRATEGY

APRIL 2018 - MARCH 2021

LEAD PARTNERS

ASSOCIATE PARTNERS

1. Introduction

Our workforce is our greatest asset; having the appropriate numbers of staff who are highly skilled, confident and compassionate and care about the people they support is what ensures the services we deliver are of high quality and person centred.

In Hertfordshire, we are proud of our social care workforce and recognise the importance of valuing our care workforce, supporting them with excellent training and development, different career options and progression routes, and so enabling them to thrive in their roles and be proud of the work they do.

2. Context

2.1 National

As this strategy was being finalised, the Minister for Health and Social Care, the Right Honourable Jeremy Hunt, set out his ambitions and aspirations for the social care sector, as central government prepares for the **Green Paper on Social Care**. The minister's speech set out 7 principles that will guide the government's thinking ahead of publication in late 2018. The fourth principle was focussed on the workforce, and the aspirations expressed in the statement are a reflection of all the views we heard as we developed this strategy:

"People who work in care homes, which do home visits, which look after people with care needs with kindness and love in every street in every town – these are our society's modern-day heroes. Often highly skilled, they are typically also the lowest paid.

But to attract more people into this sector, financial support must be matched with recognition of the value of this vital work and action on the wider set of challenges facing the workforce.

So it is time to do more to promote social care as a career of choice and to ensure there are better opportunities for progression into areas like nursing which span both the health and social care sectors. And we need coherent workforce planning that is better aligned with that now being undertaken by the NHS. Alongside social workers, occupational therapists and nurses in social care we have many care workers who could benefit or be inspired by new progression ladders similar to those that are being developed in the NHS including roles such as associate nurses and nurse degree apprenticeships. These must be as available to those working in social care as in the NHS."

The Right Honourable Jeremy Hunt, March 2018

Feedback from care providers, and from information taken from exit interviews, shows a disparity in pay between those who work in care and other sectors, such as retail and catering. It is a key reason why people leave the sector. There is also disparity not only in pay, but in employment terms and conditions, with a much higher proportion of employees across other sectors being employed on salaried contracts – rather than hourly rates.

The NHS and Social Care pay – how wide is the gap?

NHS agenda for change – a progression based pay scale – underpins career progression within the NHS and impacts positively on retention. Similar career progression is not routine across the care sector. In March 2018 the Department of Health announced changes to the Agenda for Change pay structure that represents an average 6.5% pay increase for the three year period from April 2018. Some of the lower band roles – including Health Care Assistants – could receive up to a 29% increase over the same period– and so further widening the gap between NHS and social care staff in very similar roles. . In addition to this, staff working around the London borders – which includes some of Herts workforce – will receive an additional maximum 5% "fringe" supplement". .

Table 1 shows the Average pay rate of selected job roles by area and proposed transitional pay scales for the 3 year pay deal. Health Care Assistants are Bands 3-4 and are the roles that represent the closest match to a care practitioner working in social care.

2.2 National snapshot

The adult social care workforce has grown by 19% since 2009.

As at 2016/17 the adult social care sector was estimated to contribute £41.6billion per annum to the English economy.

2.3 Local

In Hertfordshire the Adult Social Care Workforce is made up of jobs in residential and support living environments, homecare agencies, personal assistants and day activities. The hidden workforce is carers, community services and volunteers.

Jobs are changing due to the integration agenda and a blurring of boundaries between health and social care. Traditionally it is seen as more prestigious to work in Health owing to the favourable terms and conditions and the perception of greater career prospects which drive down the desire to work in adult social care.

In Hertfordshire there are an estimated 30,000 jobs in social care and there is a 13.3% vacancy rate which equates to approximately 4000 vacancies at any one time.

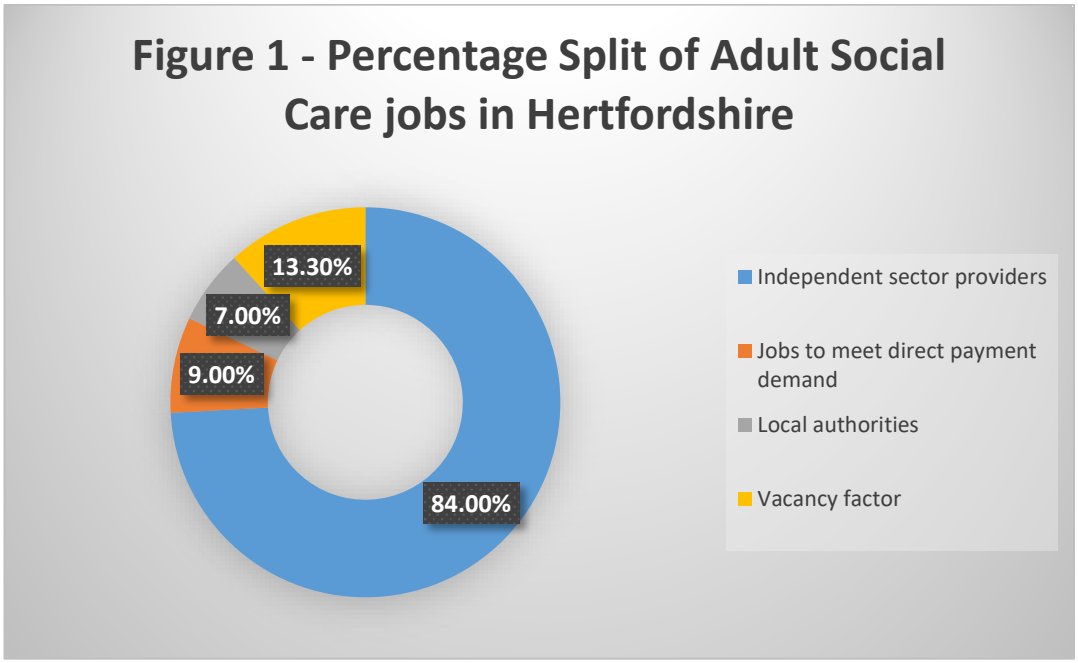
Table One – Comparative pay in health and social care

Social Care			NHS			
Job Type	Basic Type Pay	Band	Basic Pay 17/18	Basic pay 18/19	Basic pay 19/20	Basic pay 20/21
		Band 1	£15,404	£17,460	£17,652	£18,005
			£15,671	£17,460	£17,652	£18,005
		Band 2	£15,404	£17,460	£17,652	£19,337
			£18,157	£18,702	£19,020	£19,337
Care Worker	£15,103	Band 3	£16,968	£17,787	£18,813	£21,142
			£19,852	£20,448	£20,795	£21,142
Senior care worker	£16,661	Band 4	£19,409	£20,150	£21,089	£24,157
Support & outreach	£17,527		£22,683	£23,363	£23,761	£24,157
Registered Nurse	£27,900	Band 5	£22,128	£23,023	£24,214	£26,970
Social Worker	£33,300		£28,746	£29,608	£30,112	£30,615

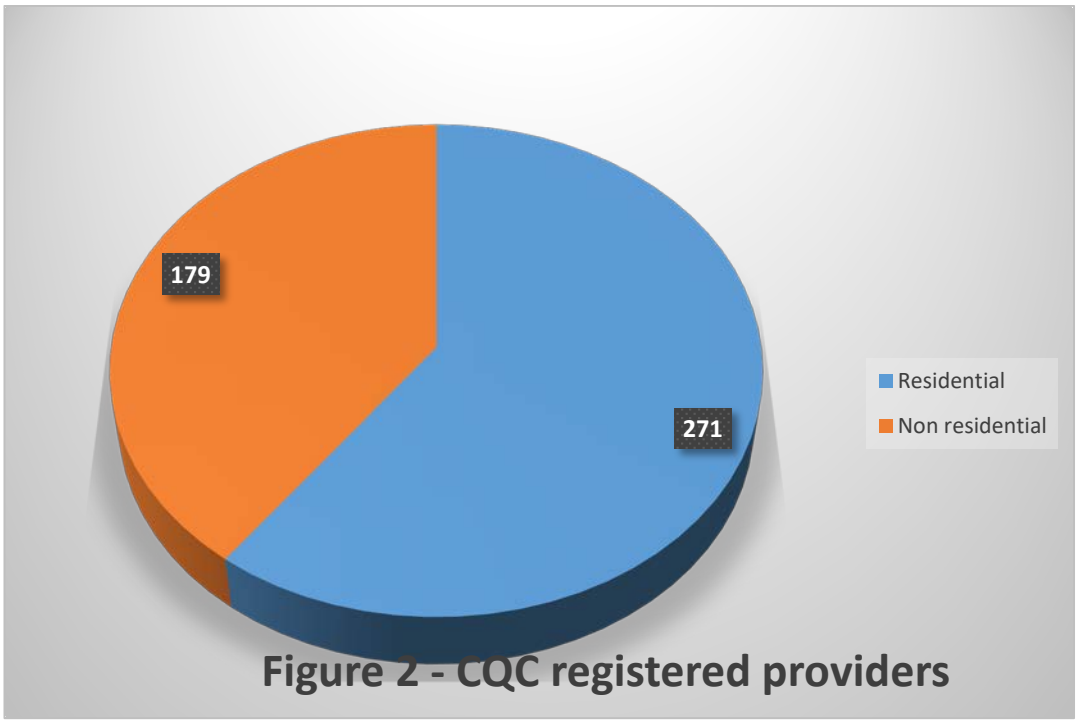
The average care practitioner in Herts will earn approximately £15,103 per annum – however this is not the full story – we know that approximately 32% of the homecare workforce in Hertfordshire is on zero hours contracts – and the remainder of the workforce will largely be made up of staff on part time contracts. This means they are further disadvantaged than NHS staff – not just in terms of pay – but also status. With no guaranteed annual income, or an income of variable pay, this makes obtaining a mortgage, or loan to contribute to a deposit or car loan, more challenging for this part of the workforce. This makes it much harder for homecare staff to access affordable housing in Hertfordshire. Although the pay of the homecare workforce has increased by approximately 8% between 2011 and 2017, taking in to account inflation pay across the homecare workforce has reduced by 2% in real terms over the same period.

In Hertfordshire there are:

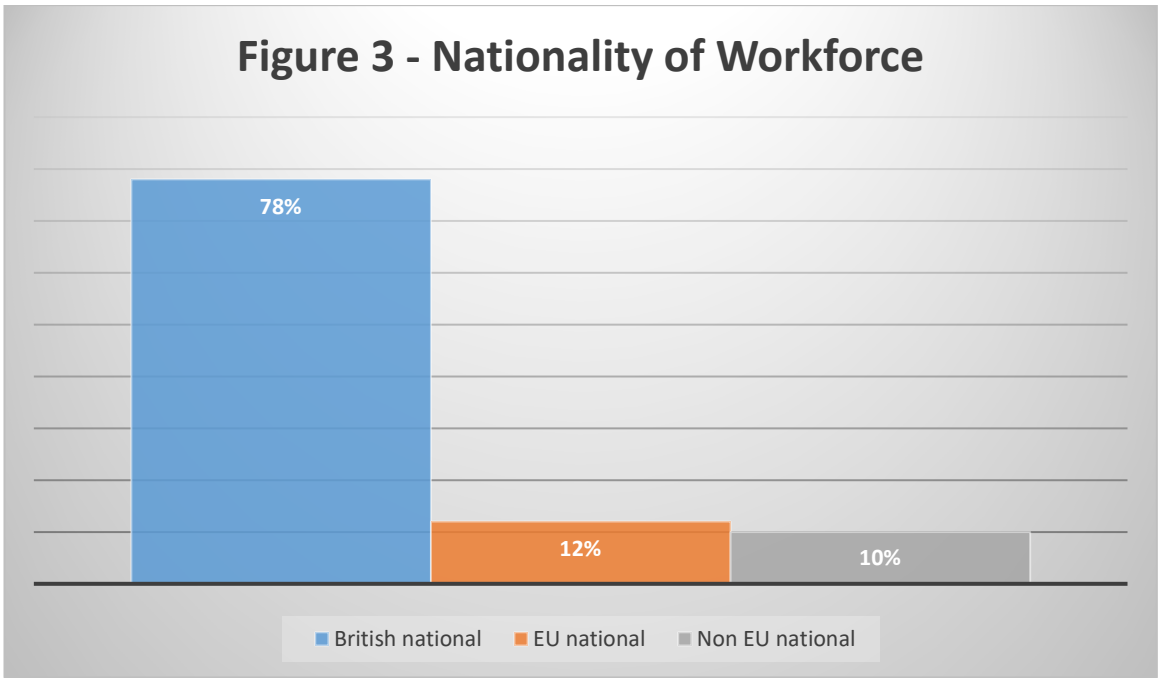
i) An estimated 30,000 jobs in Adult Social Care



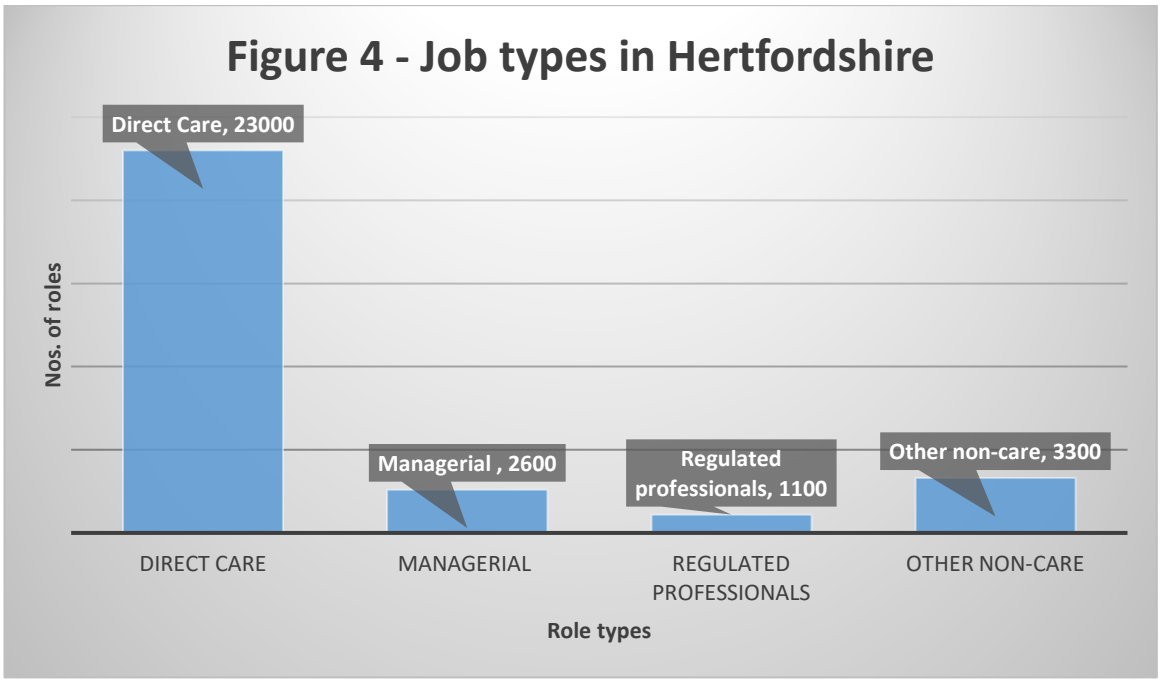
ii) An estimated 450 CQC regulated services



iii) A similar reliance on EU and non EU workers



iv) A reliance of direct care givers



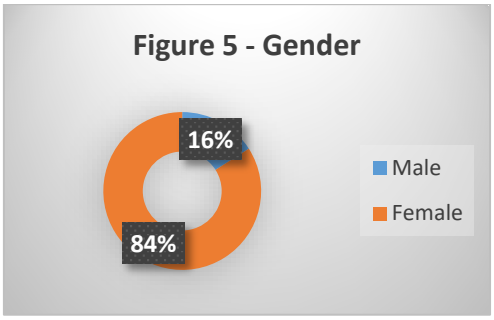
2.4 Local snapshot

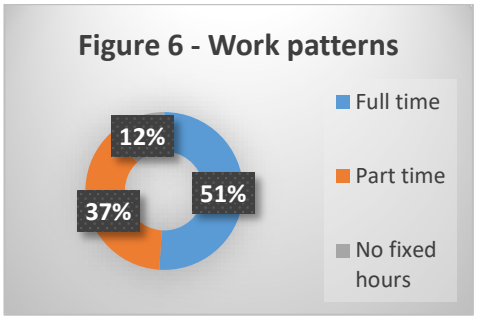
The adult social care workforce has grown by 7% since 2012 across the East of England region.

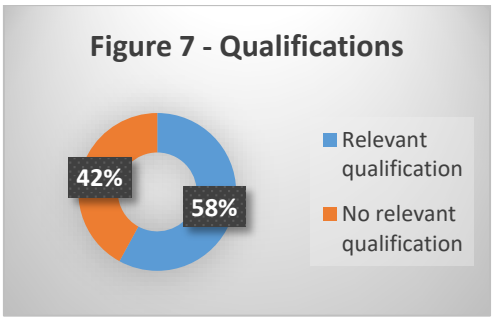
Growing the workforce proportionally to the projected increase of the 65 years plus population, the number of adult social care jobs in the East of England region will need to increase by 36% (from 170,000 to 230,000 jobs) by 2030.

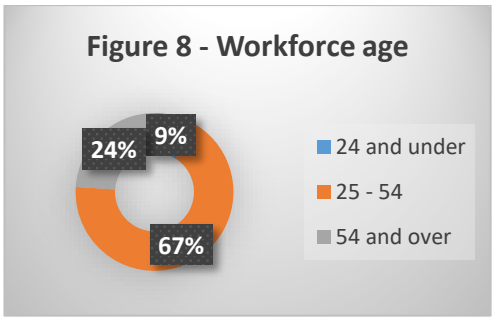
As at 2016/17 the adult social care sector was estimated to contribute £4.4billion in the in the East of England region.

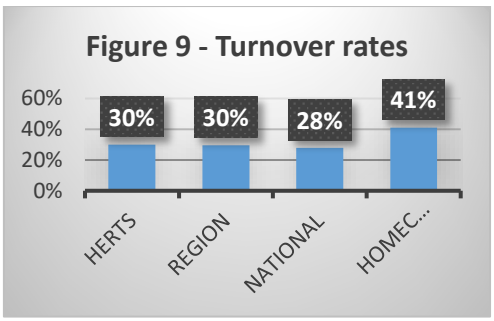
Figures 5 to 10 below further provide a snapshot of the care workforce.

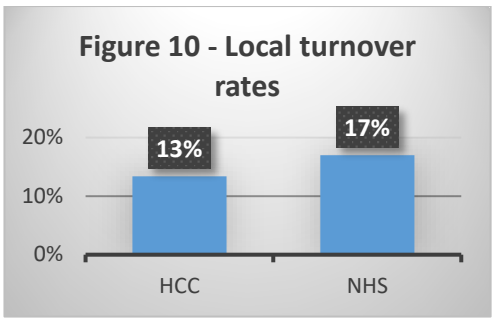












Not all turnover results in workers leaving the sector. Of new starters around 66% were recruited from within the adult social care sector; therefore although employers need to recruit to these posts, the sector retains their skills and experience.

Adult social care has an experienced 'core' of workers. Workers in Hertfordshire had on average 6.5 years of experience in the sector and 68% of the workforce had been working in the sector for at least three years.

Access to affordable housing

There is a well-known and significant gap (renting and purchasing) between the affordability of housing and local incomes of the care workforce and care providers cite the lack of affordable housing as a key factor in an ability to attract new care workers in to Hertfordshire.

There are some areas in which accommodation and housing could form part of the offer to assist in the recruitment, retention and growth required to meet the challenges in future years. Without a significant change in the relationship between social care worker salaries and market rents, the cost of housing will be an enduring challenge for those in the care industry. The table below highlights the scale of the challenge – in the context of an average salary of a care worker in Hertfordshire being approximately £15.000 per annum and the most affordable place in Hertfordshire to rent requiring an average annual salary of approximately £31,000.

Hertfordshire County Council is working with partners across District Councils to develop a Housing Strategy for Hertfordshire that will seek to address the housing challenges and ensure a supply of affordable housing at affordable rents for those working within social care – with a specific focus on enabling those who provide care being able to live near those they provide care for.

Place / Postcode	Housing associated defined affordable rent level – suggested household income requirement
Stevenage / SG2	£31,042
Three Rivers / WD3	£66,926
St Albans / AL1	£48,792
East Herts / SG13	£47,543

3. Hertfordshire's Adult Workforce Strategy 2018-2021

The strategy sets out our key workforce ambitions, explains the challenges, and is underpinned by a 3 year Implementation Plan that details the activity that will undertake to achieve the goals set out within this strategy. We will do this in partnership with care providers – and where it adds value in collaboration with our partners in the NHS - outlining the scale of the challenge in terms of recruitment , retention and sustained (and measurable) growth underpinned by raising quality and focussing on aspirational working. We know that recruitment in Hertfordshire – across both social care and health – is really challenging – with average employment levels of 96% within Hertfordshire, there is an extremely constricted labour market, in which the care sector is having to compete aggressively against other sectors such as retail and catering. We also know that a lack of affordable housing often means that living and working in Hertfordshire is not possible for large parts of the adult social care workforce. Access to housing is therefore a key priority area.

The strategy is aligned to the Health Education England document **'Facing the Facts, Shaping the Future' and the LEP (Local Enterprise Partnership) Hertfordshire Skills Strategy.** It is **aimed specifically at the Adult Social Care workforce in Hertfordshire:**

Role	In scope
Care practitioners & Leaders employed within the homecare sector (this covers the whole market not just those covered by local authority contracts)	Y
Nurses working in social care – for example nurses employed within nursing homes run by the independent sector	Y
Care practitioners & Leaders working in care homes (this covers the whole market not just those covered by local authority contracts)	Y
Supported living practitioners - supporting adults with disabilities to lives as independently as possible within their own homes or group settings	Y
Voluntary and Community Sector	Y
Personal Assistants funded by Direct Payments	Y
Professionally Qualified Workers such as Social Workers.	N
Children's Services	N

Hertfordshire Care Providers Association – *sharing best practice in care through partnership*

Hertfordshire Care Providers Association (HCPA) was formally created in 2009, with the ambition to create a county where all adults who receive care are provided with services of high quality that is, personalised to their needs. With over 600 members from across the care sector, HCPA acts as a collective voice for the care sector and works in partnership with HCC, the Clinical Commissioning Groups, and Skills for Care and the Care Quality Commission to raise standards across all care settings. HCPA provide an annual programme of training, tailored support, network events and study days.

Hertfordshire County Council is committed to maintaining investment in HCPA and continuing to improve quality and raise standards across all care settings in Hertfordshire through the continued funding of a wide range of professional development and recruitment programmes, including the Herts Good Care Campaign. This includes a commitment to maintain core funding at existing levels throughout the lifetime of this workforce strategy (up to 2021) to ensure the ambitions of this strategy can be achieved. We will also ensure that the learning and evaluation from the additional investment made since 2016 with our NHS partners, through the Better Care fund (BCF) and Improved better Care Fund iBCF), in programmes such as the Care Home Vanguard and Falls Campaign, are used to enable us to continue to attract new funding for these important schemes once the BCF and iBCF come to an end in 2019.

HCC is proud to be working in partnership with HCPA to be developing Hertfordshire's first Care Academy - an innovative modernisation plan for the future to grow and support **care staff, managers and leaders** who provide care and support for the people of Hertfordshire. The Academy introduces **Professional Standards into Care in Hertfordshire** and **is collaboration between the lead partners HCPA and HCC**. The creation of the Academy is integral to the Hertfordshire Workforce Strategy 2018 and beyond.

This strategy has been developed in partnership with key stakeholders through a multi-agency project group, and has been consulted on with a wide range of care providers. The aim has been to identify common themes, challenges and opportunities that face the sector. Whilst the Herts and West Essex Sustainable Transformation Plan (STP) Workforce Strategy is in its infancy in terms of development, this strategy will align to common themes which are relevant to social

care nationally and locally. The lead partners of this group will continue to contribute to **STP workforce strategy as it develops, and adjustments will be made as we progress with the Implementation Plan.**

The strategy has **TWO** overarching Ambitions:

- Raising quality
- Valuing the workforce

3.1 Raising Quality

We will attract people with the right attributes such as compassion and empathy and who care about what they do. We will support these people by encouraging providers to offer exciting opportunities which are flexible and attractive to potential job seekers and individuals who previously had not considered a career in care. These ambitions will be underpinned by Values Based Recruitment, Great Leadership and Organisational Ethos.

The aspiration will be to ensure we have enabling and personalised services through the promotion of workforce development initiatives which will focus on the delivery of quality care and improving standards.

We will create an education based **'passport' approach** that is universally accepted by providers as a mark of quality and by individuals as a professional standard through the proposed Care **Professional Standards Academy**.

Academy
Care Professional
Standards Academy

The Care Professional Standards Academy is a new innovative concept for Hertfordshire, at its core will be a **passport system** for proving **quality monitored training, development and qualifications**. Benefits will include:

i) Enabling staff moving across the sector to be trained to a consistent level of quality by kite-marked learning professionals

ii) Building Professional Standards into the Academy, individuals will be more attracted into caring roles because they will see clear career pathways **supporting the recruitment crisis**.

iii) Working with partners such schools, colleges and the universities to guide individuals through their learning journey. This will include apprenticeships of all types up to and including Social Care Level 5 and Nurse Associate Higher Apprenticeships, it will also focus on work placements and pathways

iv) Cost savings will be made supporting providers to recruit quality staff and make significant savings on retraining
v) Professionalising the workforce – making people proud to work in care
vi) Providing staff with greater confidence to manage more complex clients
vii) Accessing and aligning available funding streams

The Academy will take individuals who have the right values and attitudes and develop them into the skilled workforce Hertfordshire residents deserve.

In addition to recruiting the right people, it is important that providers are given the skills to meet best practice recruitment standards. We will do this by:

i) Ensuring all **potential recruits have access to information on social care** and are made aware of the **varied care learning pathways** and **career development** opportunities that exist in Hertfordshire
ii) Promoting **The Hertfordshire Good Care Campaign** that reflects the needs of the sector
iii) Promoting opportunities for **work related experiences**.
iv) Building into the **workforce development offer**, programmes focused on Values Based Recruitment, Great Leadership and Organisational Ethos
v) Building on the Piloted Hertfordshire **Good Care Recruitment Service** and to link to any National Social Care Recruitment Services as they emerge, such as Skills for Care
vi) Educating providers on how to recruit via facilitated peer learning initiatives

.

We aim to embed **Connected Lives** in all training and development programmes for providers – Hertfordshire's strengths based framework that aims to enable people to live independently and be supported to connect with their communities. We want to make people's lives better – by connecting them to people, services, technology, communities, networks, and other people.

3.2 Valuing the Workforce – The Hertfordshire Care Standard

We believe that caring and valuing the people who we entrust to provide care and support for people in Hertfordshire will result in better outcomes for those being cared for and will help us to attract and retain a caring and compassionate workforce.

The Hertfordshire Care Standard was introduced in 2014 across all lead providers for homecare and sets out HCC's expectations of providers to ensure:

- People who receive care are treated with compassion, kindness and dignity
- People employed to care for people are valued, supported and trained to carry out their work with confidence and compassion
- Recruitment is values based.
- Concerns relating to care practitioners' terms and conditions and the impact this can have on care delivery are addressed – including paid travel time and a choice of contract types to help reduce the numbers of care staff on zero hours contracts.

Through this strategy we will:

i) Work with HCC Corporate services to include options within the retender of the HCC **Care well service** (care and support for HCC employees) to extend Care well to care staff employed by external providers who achieve Gold Membership of HCPA

ii) Extend the Hertfordshire Care Standard across all homecare providers and residential care providers by March 2020.

iii) Work in partnership with HCPA we will increase the percentage of care providers who sign up to become members of **Herts Care Partners** in 2018/19 by adding to contracts as a Mandatory requirement, this will be branded alongside Herts Good Care Campaign in marketing roll out and will support provider resilience

iv) Specifically aim to work closely with our NHS partners, as the **integration agenda** progresses in Hertfordshire, across different settings to align and join up our workforce plans where that will bring wider benefits to the health and social care workforce and improve outcomes for residents of Hertfordshire.

v) Promote opportunities for joint **career progression** to promote people with aspirations who can learn on the job expanding the care certificate training which is currently available through our partnership with HCPA. The pipeline of unsuccessful NHS candidates will be directed into social care.

3.3 Delivering the ambitions

	Raising Quality	Valuing the Workforce
Recruitment	– Increase the recruitment of paid care practitioners – Herts Good Care Campaign (Section 4.1) – Herts Good Care Recruitment Service Section 4.2) – Encourage practitioners' to sign up to the Care Professional Standards Academy – Kite mark quality in available training provision through the use of approval systems – Build on examples of, and learning from, integrated approaches to workforce development, across Hertfordshire County Council and both the Clinical Commissioning Groups – Increase the % of CQC Good and above rated care providers in Hertfordshire to 80% (baseline 74%)	– With Carers in Herts, develop a range of recruitment materials as part of the Herts Good Care Campaign and the Carers Return to Work programme – Develop providers to understand values based interviewing and good recruitment and retention techniques – Encourage Providers to sign up to Herts Care Partners – Work with providers to reduce the % of zero hours contracts – Work with NHS commissioners and providers to identify opportunities for joint career pathways across health and social care – Develop an action plan for inclusion within the STP Workforce work stream focusing on sharing recruitment pipelines – Survey care providers to establish current pay structures and conditions of front line care staff and identify challenges and areas of opportunity – Develop organisations to be well run in areas such as Governance, Leadership and Management, Business/operational skills,

Recruitment

making them more attractive to job seekers

- Support organisations to operate safely and legally in areas of Safeguarding, Health and Safety and First Aid
- Enable organisations to become sustainable with reference to Income generation, marketing, Communications, and Social Media
- Support organisations to thrive in the changing landscape. In particular VCS development of skills that will help the delivery of HCC's Community First model

	Raising Quality	Valuing the workforce
Retention	– Reduce turnover in Homecare – Create a culture of valuing and keeping 'good people' who have the skills to offer a quality experience – Recognise and build on practitioners' qualities and contributions - making people proud to work in our sector – Build a mixed offer around both training and qualifications at all levels – Enhance the personal skillset, and engage an empowered workforce including ambassador and mentoring approaches – Develop the workforce supporting claimants of Direct Payments for Care Support though the use of Personal Assistants	– Raise the reputation of the council as an organisation that is seeking to find solutions to the growing care challenge – Assist staff to fulfil potential by growing skills and developing competencies – Work will focus on breaking down barriers to sharing resources and skills, encouraging practitioners to be mobile and flexible – Use value based recruitment to steer retention strategies – Encourage providers to recognise good working practices focusing on best practice in HR including working patterns, flexible working, pay and conditions – Encourage Reward and Recognition systems – Increase staff accessing Herts Rewards, to double current (baseline of 864 by offering through the Academy portal) – Link Outcome Based commissioning practice to 'care on the ground' helping to retain the workforce and make working practices more attractive

	Raising Quality	Valuing the workforce
Growth	– Recruit additional home care staff across Hertfordshire to meet growth targets – Increase the % of the workforce with relevant training or adult social care qualification to national and regional levels – Influence the age profile of the workforce to ensure future sustainability (24% of the adult social care workforce is over 55, and 7,300 people will reach retirement age in 10 years)	– Raise awareness of and celebrate the vital work people working in care carry out every day – Encourage greater skills in health subjects to create career pathways in both health and care settings to help people to professionally contribute to the integrated agenda – Seek funding to support providers' investment in skills development – Encourage continued and greater skills, confidence and competency including workplace tools that support ongoing educational programmes suitable for all service types – Succession plan to ensure that as retirees increase there is a pipeline of skilled and trained staff – Work with partner organisations to promote personalization principles in all workforce development training including linking to volunteering opportunities

4. Short Medium & Long Term Goals (targets included within the Implementation Plan)

Recruitment Short	Use the **Good Care Campaign** to highlight how the local authority and partners are lobbying for **better terms and conditions** for the adult social care workforce
	Identify opportunities to discuss **Key Worker Housing** to be used as a recruitment tool
	Launch Phase One of **Care Professional Standards Care Academy**
	Pilot **Recruitment Service** incorporating streamlined and interactive web portal, collaborate with schools and Colleges, Job Centres and partners
	Work with **Health partners** to create an **attraction strategy** which highlights routes into both sector areas.
	Secure **sustainable funding** stream to sustain for 2 more years of Good Care Recruitment Service
	Identify a learning offer to support individuals into the **PA workforce**
Recruitment Medium	Ensure all potential recruits have access to information on social care and are made aware of the varied care **learning pathways and career development opportunities** that exist in Hertfordshire.
	Deliver health and social care **leadership** training programmes with values embedded promoting opportunities for work related experiences attracting people in from other sectors to work in social care
	Develop programmes to support attraction of Personal Assistants funded through **Direct Payments**
	Build an **overseas recruitment** route taking account of Brexit. Dedicated Brexit contingency plan including overseas recruitment outside of EU
Recruitment Long	**Care Professional Standards Academy** coordination of **work placements** for all levels of individuals who are interested in care
	Offer Career pathways into all types of **Apprenticeships**. Concentrated recruitment focus on **Nurses, Nurse Associates and Homecare Social Care roles**

Retention Short	**Improve Pay and Conditions** through contracts
	Identify a **suitable locality** linked to areas of low unemployment and high vacancy rates for **Key Worker Housing**
	Encourage practitioners to sign up to **Professional Standards Herts Care Partners through an Academy approach**
	Bespoke **targeted skills development** offered to PVI providers
	Celebrate care and learner successes and achievement
Retention Medium	**Implement incentivised Pay and Conditions** across the private care providers offering Adult Social Care including Carewell
	Evaluate housing opportunities based on **geography cost and time**
	Link private care providers to Accommodation strategy and Homecare Framework through **Herts Care Standards** ensuring pay and conditions and value given to staff
	Focus on Care **Leadership post level 5 gaining higher skills for the sector**
	Support providers to build clear **progression routes** to encourage staff to grow new skills and take on new responsibilities
	Build greater staff **skills, confidence and competency**, including workplace tools that support ongoing educational programmes
	Kite-mark quality in available training provision
Retention Long	Agreement to **share NHS training offer** in a reciprocal arrangement
	Support sustained **competency through Professional Standards.**
	Encourage **Staff Reward and Recognition** systems in line with competitors (NHS) and other sectors

Growth Short	To work with partner organisations to **promote personalization and prevention principles**
	Create a **Herts Care Partners framework which encompasses all contracted HCC providers**
	To develop phase one of the proposed **Academy including expectations of CPD**
	To support organisations to **operate safely and legally** in areas of safeguarding, health & safety supporting complex clients
Growth Medium	Linking **volunteering** opportunities to the social care workforce
	Develop phase two - **staff Agencies** - of proposed Academy
	Develop organisations to be **well run** to increase capacity to deliver extended and innovative services.
Long	Bring together the adult social care providers with the volunteering community to promote joint working linked to the **social prescribing** and **community first** agendas
	Foster **Integration** with a focus on co-location and wrap around services
	Support organisations to be able to **thrive** in a changing landscape, in particular VCS development of skills delivering on Community First Model and for wider workforce the **Connected Lives** model

6. Herts Good Care

a. Herts Good Care Campaign

A joint initiative between Hertfordshire County Council and Hertfordshire Care Providers Association (HCPA), the Herts Good Care Campaign was launched in June 2015.

Herts Good Care Campaign is an ongoing campaign, each year with major events that seek to bring together a range of local events and activities that positively promote working in the care sector. In the last two years of this campaign there has been an increased use of social media to reach out to the younger generation and so help raise the profile of working in care with younger people, this will be further increased. More information about the Herts Good Care Campaign can be found at https://www.hcpa.info/herts-good-care

All four colleges in Hertfordshire support the Herts Good Care campaign and excellent links are being established between HCPA, colleges, and individual providers who are seeking specifically to attract younger people in to the homecare workforce.

b. Herts Good Care Recruitment Service

The Herts Good Care Recruitment Service went live as a pilot on 1 September 2017. This service is free of charge for care providers to use to help that source and place suitable candidates for their available job roles, helping providers to significantly reduce the costs involved with hiring and replacing their staff.

The Herts Good Care Recruitment team have been working with care providers and offering support and guidance on their recruitment process, with the majority now following the recommended job description template, which the team have developed to help care providers attract more prospective applicants to their available roles. The service also provides care providers with interview tips to help them get the most out of their interviews, as well as supporting candidates with care careers advice, CV writing, and interview advice.

We will build on the Herts Good Care Campaign to target our recruitment priority groups to attract new people in to the care sector and to improve the image of the adult social care sector and raise the status of the adult social care workforce.

We will adapt recruitment materials to reflect our target audiences and will increase the use of social media campaigns across all target groups. We will be proactive in developing new partnerships to enable us to reach a wider audience – we will promote careers in care to different groups of society – for example younger retirees and returners to the labour market – and will adapt our marketing models accordingly. We will evaluate the effectiveness of these strategies in partnership with care providers

7. What does success look like?

Positive change from a 2018 baseline across

i) Quality – 85% Good and Outstanding Services (The East of England average is 74.19% and Herts is 74.62%

ii) Retention – care staff reporting that they feel valued and have career opportunities

iii) Recruitment – vacancy rates decreasing

iv) Image – positive media coverage

v) Improved care experience – staff/service users surveys reporting satisfaction through the Impartial Feedback Service

Appendix One - Homecare

There are a total number of 10,500 people working in the homecare sector in Hertfordshire. This is made up of:

Under 25	10%
25-54	67%
55 and above	23%

Vacancy rates:

PRACTITIONER 14%	1470
CARE MANAGER 3.3%	346
REGISTERED MANAGER 8%	840
Total Vacancy rate for Homecare	**2656**
Hertfordshire Overall Homecare Turnover Rate 41%	**4305 per annum**

Demand for homecare is forecast to grow. The population of people aged 85 and over in Hertfordshire is forecast to more than double by 2030 – rising from 28,500 to 67,700 by 2030. In addition to the ageing population, the following factors are also having an impact on the homecare market's ability to recruit the necessary numbers of high quality care staff to meet growing demand in Hertfordshire:

i) Changing society – older people are no longer living close to families, and are increasingly being cared for by elderly unpaid family carers
ii) The geography of Hertfordshire is an additional challenge for homecare providers – with pockets of rural areas that are difficult to attract people to work and a dependency on car owners to provide care
iii) Proximity to London, with higher paid jobs due to the London Minimum and Living Wage
iv) Hertfordshire's relative affluence and high cost of housing is a challenge for homecare providers trying to attract workforce from outside of the county to work in Hertfordshire
v) Role of the media – in recent years there has been an increase in negative media coverage of care and care staff. There are few positive images of care being seen in the media.
vi) The impact of Brexit – it is estimated that approximately 16% of the homecare workforce in Hertfordshire is from the EU, and the outcome of the referendum has resulted in a slowing of recruitment from EU countries.

Delays in sourcing homecare for people remains the single largest reason for delayed transfers of care (DTOCS). In March 2018, 54% of people delayed in hospital are waiting for a homecare package. There are also approximately 240 people in their own home awaiting a mainstream homecare package in Hertfordshire, which equates to 2,460 hours of outstanding care – the equivalent of approximately 130 new care practitioners required to reduce waiting lists

It should be noted that the majority of people awaiting a homecare package are either delayed in hospital or are receiving a short term, enablement service following their discharge from hospital; this means that while they are still being supported and receive care, they are not receiving care in the right place or at the right time.

Appendix Two - Nurse recruitment for independent nursing homes

There are a total number of 11,700 people working in Nursing Homes & Residential Homes in Hertfordshire. This is made up of:

Nursing	5400 staff
Residential	6300 staff

Vacancy/Turnover Rates:

Nursing Home vacancy rate: 9.2%	**497**
Hertfordshire Overall Nursing Turnover Rate 21.6%	1166 per annum
Residential Home vacancy rate: 5.5%	**346**
Hertfordshire Overall Residential Turnover Rate 24.7%	1556 per annum

After homecare, the recruitment of nurses to nursing home is the second most challenging area for recruitment. In March 2018, 19% of people waiting to be discharged from hospital are waiting for a bed within a nursing home. In line with the Hertfordshire Supported Accommodation Strategy we need to increase the number of nursing beds and will need to recruit additional nurses to ensure we have enough nursing staff in the nursing homes we will be building. To support this growth, in 2018/19 we need to recruit 690 nurses (based on 44% predicted demographic growth, taking into account current vacancy rates and new jobs) to work in nursing homes across Hertfordshire which includes filling current vacancy rates and new roles to meet demographic demand.

Appendix Three – Recruitment numbers across each part of the sector

This table has been calculated against current vacancy rates plus new jobs created in response to demographic growth set at 44% for all with exception of Supported Living which is set at 25%. The figure represented is per year NOT accumulative. The total figure comprises of current vacancy rates plus new jobs required to meet demographic demand.

Care sector	2018	2019	2020	2021
Homecare	1657.6	1700.2	1742.8	1785.4
Nursing Homes	696.3	713.1	729.9	746.7
Care Homes	512.8	522.6	532.4	542.2
Supported Living*	65	87.25	105	142.75

*These supported living figs calculated differently – based on 25% turnover against rise in extra SL unit totaling 230 over next 4 years

We will do this through further collaboration with schools and colleges – and building new partnerships with organisations such as the navy and armed forces (to attract those leaving the armed forces that will still need to work) and University of the Third age to target early retirees.

Appendix Four - Pay and Conditions

In Hertfordshire all partners agree that there should be value given to our workforce for the very difficult jobs they do. This is reflected in changing the name from ‘workers’ to ‘practitioners’. It is vital that providers are funded appropriately so that they can pay a sustainable wage which will not only attract the workforce but will retain them – this will need to be linked to career progression but also excellent terms and conditions. We know that the social care sector is in competition with terms and conditions offered by the NHS and this, we hope, will be addressed in the Social Care Green Paper.

National Minimum Wage: Hertfordshire County Council are committed to paying care workers a fair salary for their vital work. We have championed the Hertfordshire Care Standard to ensure people are paid properly, including for travel time, training and work-related expenses. Since the inception of the National Minimum Wage and the Government’s policy to significantly increase the National Minimum Wage, HCC has supported its care providers with increases to fees to enable them to meet these commitments as employers. We will continue to do this to ensure the care sector can meet its obligations as employers.

Appendix Five – The impact of Brexit

With the continuing Brexit negotiations we are mindful that this strategy may need to flex to take account of new immigration rules. The current situation is that 16% of care staff are from the EU. We will need to work with providers to shape their recruitment strategies which have previously been reliant on an EU workforce. This will be researched on the new pay and conditions survey which is part of the year one implementation plan. We will also ensure that our plans to respond to the impact of Brexit on the social care workforce are aligned with those of the NHS through the STP Workforce Work stream.

Implementation plan – Short, Medium, and Long term goals

SHORT TERM GOALS - Recruitment				
No	**Activity**	**Priority Scale**	**Priority for**	**Completion Date**
1	**Lobby to Improve Pay and Conditions across the Adult Social Care Workforce** Use the Good Care Campaign to highlight how the local authority and partners are lobbying for better terms and conditions for the adult social care workforce Work with partners to search for solutions to identify and remedy the pay gaps Work with providers to decrease zero hour contract offers to new recruits **Targets:** • Good Care Campaign gains coverage Nationally and locally • Reduce the use of Zero Hour Contracts by 25% to entice more individuals to work in care	High	HCC/HCPA	April 2019
2	**Work with partners to create a Key Worker Housing Policy for Adult Social Care Practitioners** Identify opportunities to discuss Key Worker Housing to be used as a recruitment tool **Targets:** • Consideration will be given to the opportunities of using the County Council's assets, within a full market context, to identify the most appropriate outcomes to support this Strategy	Medium	HCC	April 2019
3	**To ensure all potential recruits have access to information on social care and are made aware of the varied care learning pathways**	High	HCPA	Jan 2019

	and career development opportunities that exist in Hertfordshire. On-going Recruitment Service incorporating more streamlined and interactive web portal Presence at all sector recruitment events including Health. Good Care Campaign extended to include all organizational types. Study days for providers around new Universal Credit arrangements, highlighting how these can be used to extend recruitment activities eg. The removal of 16 hour rule Information and Advice Training linked to Money Advice Unit agreed and rolled out Deliver Career pathways into Traineeships/Apprenticeships within HCC which may lead to either health or social care by working with partner health services around a shared media approach – use of case studies to share with Private Voluntary and Independent Providers **Targets:** • Comprehensive on-going Good Care Campaign – Engagement Strategy and events and press activity • 84 New Care Staff Recruited • 294 Interviews arranged • 146 Care Profiles – value-based summary reports • Up to 181 Care Certificates completed			

	• 18 Managers trained in Recruitment & Retention (HCC L&D Funding) • 8 converted managers from other sectors to care as business managers (LEP Funding) • 16 volunteers entering care paid or unpaid • 3x Universal Credit Study Days • 50 Apprentices working within HCC services sharing 10 case studies			
4	**To promote 'The Good Care Campaign' that reflects the needs of the sector** Work with Health partners to create an attraction strategy which highlights routes into both sector areas. Providers engaged in the Good Care Campaign through Herts Care Partners **Targets:** • 50+ care providers engaged in good care campaign activity • 20 x schools/Colleges/Uni Talks • 2 x Good Care Month Celebrations (Comms/PR activity) • 100 providers signed up to the good care campaign through Herts Care Partners	Medium	HCPA /HCC	April 2019
5	**To build on the piloted Good Care Recruitment Service and link to any national social care**	High	HCPA	Dec 2018

	recruitment services such as Skills for Care Secure sustainable funding stream to sustain for 2 more years **Targets:** • Funding for recruitment service secured through iBCF			
6	**To identify Personal Assistants funded through Direct Payments** Segregate care packages allocated under Direct Payments into those who may use funds to employ Personal Assistants and those who are not. Interrogation of available data. Identify a learning offer as support individuals into the PA workforce **Targets:** • 4 x surveys to identify possible Direct Payment recipients who require Personal Assistants	Medium	HCC	October 2018

MEDIUM TERM GOALS - Recruitment				
No	**Activity**	**Priority Scale**	**Priority for**	**Completion Date**
1	**To ensure all potential recruits have access to information on social care and are made aware of the varied care learning pathways and career development opportunities that exist in Hertfordshire.** Link to careers Futures Service – over 50's Information Advice & Guidance Build a partnership with Herts Uni to create a Nurse Associate Higher Apprenticeship programme within the	Medium	HCPA/HCC	April 2020

	Care Academy with a route into Nursing Degrees. Grow and invest in local Ambassador schemes highlighting the benefits for both staff and providers for use in recruitment initiatives Explore appetite for Career pathways into Traineeships/Apprenticeships using HCC lessons learned which may lead to either health or social care with Private Voluntary and Independent Providers **Targets:** • 4x locality based over 50's events • 1 x SLA agreed with University • 1 x creation of Ambassador business plan • 25x Ambassadors • 1 x SLA with JCP/DWP • 1 x survey and 4 x event on Apprenticeships			
2	**Work with partners to create a Key Worker Housing Policy for Adult Social Care Practitioners** Identify opportunities to discuss Key Worker Housing to be used as a recruitment tool **Targets:** • Evaluation of modern purpose built accommodation (ensuring consistent quality and favourable locations e.g. town centres) against time taken to deliver such schemes and the impact of housing legislation on shared ownership/occupancy	Medium	HCC	March 2020

3	**To promote 'The Good Care Campaign' that reflects the needs of the sector** Providers engaged on two or more event months each year **Targets:** • 50 providers reporting on events to promote good care campaign • Launch event focused on homecare			
4	**To promote opportunities for work related experiences. To build into the workforce development offer programmes based on values based recruitment, great leadership and organizational ethos.** Deliver health and social care leadership training programmes with values embedded promoting opportunities for work related experiences– 'leading a compassionate care service', 'Leading and Recognising Excellence in Care' Deliver information days highlighting work placements to leaders Embed in the manager conversion course (aimed at people moving from other sectors into care) – work related experience opportunities Pilot the Development of Business Manager positions to complement care manager positions Embed into Skills Audits reports the value of work related experience **Targets:** • 70 leadership learner places • 4 x provider recruitment information days • 20 providers signed up to offering work related experiences for out of sector managers	High	HCPA	April 2019

	• 1x pilot completed based on the Business Manager/Care Manager model • 50 Skills Audit Reports highlighting work related experiences			
5	**To develop programmes to support learning of Personal Assistants funded through Direct Payments** Develop content for programmes based on co-production requirements working with Carers in Herts based on Care Certificate standards **Targets:** • 30 Personal Assistants trained to Care Certificate level	Medium	HCPA	April 2020
6	**To build an overseas recruitment route taking account of Brexit** Dedicated Brexit contingency plan including overseas recruitment outside of EU **Targets:** • 1 x multi-agency contingency plan written	High	HCC/HCPA/STP	April 2019

LONG TERM GOALS - Recruitment

No	Activity	Priority Scale	Priority for	Completion Date
1	**To ensure all potential recruits have access to information on social care and are made aware of the varied care learning pathways and career development opportunities that exist in Hertfordshire.** Offer Career pathways into Apprenticeships which may lead to either health or social care by working with partner health services around a shared media approach	High	HCPA/HCC/STP	April 2021

	Build a partnership with Health Education England to co-produce health care assistant training which highlights pathways into both health and social care Deliver joint Health and Social Care advertising media campaigns targeted at attracting individuals with the right value based into the whole spectrum of Health and Social Care roles Concentrated recruitment focus on Nurses, Nurse Associates and Homecare Social Care roles Inclusion of nursing homes in the rotational work placement arrangements within the University of Herts **Targets:** • 20 providers engaged in Apprenticeship shared pathways • Service Level Agreement signed with Health Education England around Health Care Assistant recruitment • Joint comms plan written for advertising Health and Social Care placements • Social care comms plan written to target priority areas • 20 Nursing Homes engaged in Nursing Degree rotations			
2	**Work with partners to create a Key Worker Housing Policy for Adult Social Care Practitioners** Identify opportunities to discuss Key Worker Housing to be used as a recruitment tool **Targets:**	Medium	HCC	March 2021

	• Work with relevant investors to increase chances of success in allocation of 'social impact' investments into housing to be let at affordable rents • Progress opportunities for the County Council to build suitable accommodation on its land and operate a discounted rent model directly, or work to with a third-party investor (with full consideration of associated risks and benefits) • Give consideration to the County Council taking a "responsible landlord" position, which may result in a lower turnover of occupiers and greater efficiencies in managing a large property portfolio • Develop criteria that staff would need to meet to qualify for such housing and create a menu models under which housing could be made available (such as no requirement for a deposit, for example)			
3	**To promote 'The Good Care Campaign' that reflects the needs of the sector** Providers engaged on two or more event months each year as business as usual **Targets:** • 50 providers signed up to inclusion in the Good Care Campaign as business as usual	Medium	HCPA	April 2021

4	**To build on the piloted Good Care Recruitment Service and link to any national social care recruitment services such as Skills for Care** Secure sustainable funding stream to make business and usual Open up the service to HCC in-house services and associated partners **Targets:** • Funding for recruitment service secured and service extended	High	HCPA/HCC	April 2020
5	**To promote opportunities for work related experiences. To build into the workforce development offer programmes based on values based recruitment, great leadership and organizational ethos.** Care Professional Standards Academy coordination of work placements for all levels of individuals who are interested in care **Targets:** • 50 providers signed up to offer work placements through the Academy • Operational Plan in existence for Academy Home to showcase best practice through work placements for leaders	High	HCPA	April 2021
6	**To develop programmes to support recruitment of Personal Assistants funded through Direct Payments** Develop an ongoing programme for Introduction to Care for Personal	Medium	HCPA	April 2021

	Assistants based on Care Certificate standards Create a web portal for Personal Assistants **Targets:** • Ongoing programme for Personal Assistants trained to Care Certificate level • On-line portal for recruiting Personal Assistants			
7	**To build an overseas recruitment route taking account of Brexit** Roll out of Brexit contingency plan including overseas recruitment outside of EU **Targets:** • 1 x multi-agency contingency plan implemented	High	HCC/HCPA/ STP	April 2021

SHORT TERM GOALS - Retention				
No	**Activity**	**Priority scale**	**Priority for**	**Completion date**
1	**Improve Pay and Conditions across the Adult Social Care Workforce** Use true cost of care calculations to support new negotiations around current fee settings Ensure contracts highlight a requirement to pass on fee uplifts directly to staff Award Herts Rewards directly to staff through the Academy **Targets:** • Lobby Government to support Social Care Practitioner pay • All contracts stipulate pay and conditions as mandatory above National Living Wage	High	HCC	April 2019

	• Promote Herts Rewards to staff as a benefit of signing up to the Care Academy • Lobby for cheaper transport for Care staff • Work to reduce reliance on zero hour contracts			
2	**Pilot the first Key Worker Housing Project for Adult Social Care Practitioners** Identify a suitable locality linked to areas of low unemployment and high vacancy rates **Targets:** • 50 housing stock made available to local workers	High	HCC	April 2019
3	**To encourage practitioners to sign up to Professional Standards and organisations to sign up to Herts Care Partners through an Academy approach** **Targets:** • Academy approach launched. Signing individuals up to Professional Standards within the Academy. X 1500 • Introduction of Herts Rewards for individuals x 1500 HCC to Integrate Herts Care Partners and Herts Care Standards into contracts June 2018	High	HCPA / HCC	September 2018- April 2019
4	**Bespoke targeted skills development offered to PVI providers.** **Targets:** • Self-referral x 50 and targeted support instigated by statutory services x25 • Development of a positive Behaviours Support Strategy linked to all partners in Hertfordshire • Growth of hybrid models of care staff through associated training – 25 therapy support facilitators	High	HCPA / HCC	April 2018
5	**To seek funding to support providers investment in skills development**	Medium	HCPA / HCC	Sept 2019

	Develop the 'requirements' and 'incentive model' for Silver and Gold HCPA status. **Targets:** • To promote Skills Audits and quality assurance – further develop and promote HCPA Gold membership. X150			
6	**To celebrate care and learner successes and achievement** **Targets:** • Annual Care Awards x1 • Develop more celebrations based on graduation ceremonies x 15 • Explore other service type awards. X 2	Medium	HCPA / HCC	Nov2018 Nov 2019 Nov 2019

MEDIUM TERM GOALS - Retention				
No	**Activity**	**Priority scale**	**Priority for**	**Completion date**
1	**Implement incentivised Pay and Conditions across the private care providers offering Adult Social Care** Run events relating to pay and conditions supporting retention of staff **Targets:** • Run x12 locality events to ensure better pay and conditions are embedded with the private sector providers • Reduce turnover in homecare from the current rate of 41%	High	HCC	April 2020
2	**Evaluate the first Key Worker Housing Project for Adult Social Care Practitioners** Identify benefits, challenges and lessons learned	High	HCC	April 2020

	Targets: • 25 case studies			
3	**To encourage practitioners to sign up to Professional Standards and organisations to sign up to Herts Care Partners through an Academy approach** Embed value based recruitment and retention techniques / competencies through Network Events and Leadership Development. Link private care providers to Accommodation strategy and Homecare Framework through Herts Care Standards ensuring pay and conditions and value given to staff **Targets:** • 100+ providers engaged in development events over two years. • All contracted services signed up to Herts Care Standards through contracts.	High	HCC/HCPA	April 2021
4	**To build the mixed offer around both training and qualifications to match the needs of clients in social care** Funding secured for specific interventions prompted by CCG contracted needs (eg. CHC) – alleviating pressures on Hospitals with front and back door issues ie. Delayed Transfers of Care (DToC) Funding to build on bespoke Care Leadership education, including succession planning and higher qualifications post level 5 and activities to support Continuing Professional Development (CPD) Further funding secured to bespoke some HCF courses to (non- care) Community First activities **Targets:**	High	HCC/HCPA/Hertfordshire Community Foundation (HCF)	April 2020

	• £250,000 funding secured from CCG's to enable DTOC related projects • £250,000 funding agreed for Leadership Training via HCC, ESIF and other sources • Commissioners (Integrated Community Support) integrating funding for education within tender opportunities for the Community and voluntary sector			
5	**To support Care Providers to invest in new business models related to staff development** Promote and support Care Providers to understand the importance of skills development from a business and care quality perspective – project test the care/business model Support providers to build clear progression routes to encourage staff to grow new skills and take on new responsibilities **Targets:** • X 10 Care Providers trialing the Business Manager/Care Manager business structure to support resilience and maintain consistent quality by improving the reputation of the market. • X16 locality based Manager/Proprietor Forums focused on action planning around new models of progression pathways	Low	HCPA	April 2020
6	**To build greater staff skills, confidence and competency, including workplace tools that support ongoing educational programmes linked to enhanced pay and conditions addressing NHS/Social Care disparity** Ensure pay and conditions match skills growth	Medium	HCPA	April 2020

	Diversify Complex Care Framework into other sectors Grow Complex Care Frameworks to act as a stepping stone to Nurse Associates supporting staff to progress Develop / train care ambassadors who have proven skills – such as Champions – widening their role to contribute to the wider workforce strategy by raising the profile of care. **Targets:** • Create innovative contracting that focuses on pay and conditions relating to performance (skill levels) • Build a Nursing team to monitor competencies in residential and community services to help staff to feel more confident. • Embed Complex Care Champions into Homecare Spot Provider and Disability Services contracts • Trail the model of Nurse Associates within the county for Social Care services • X50 Champions further trained to ambassadors			
7	**To kite-mark quality in available training provision** Use the kite-mark system to promote use of training passports to providers **Targets:** • X2 standardization framework events and promotional activities across HCPA and HCC. • induct all associated partners into the kite-mark procedure	Medium	HCPA	April 2020

LONG TERM GOALS - Retention				
No	**Activity**	**Priority Scale**	**Priority for**	**Completion Date**
1	**Embed further improved Pay and Conditions across the private care providers offering Adult Social Care** Build positive case studies relating to pay and conditions supporting retention of staff **Targets:** • Use communication channels to prove the case of improving pay and conditions to proprietors leading to reduced turnover	High	HCC	April 2021
2	**Roll out Key Worker Housing Project for Adult Social Care Practitioners to 5 districts** Promote key worker housing schemes to staff in newly identified areas **Targets:** • 5 districts offering key work housing	High	HCC	April 2021
3	**To build a mixed offer around both training and qualifications** Agreement for NHS training offer for Social Care Nurses. Nurse training and development outreach – dementia nurses and RGN'S included in training that exist in NHS Trusts to grow competencies. Agreement of rotational work placements as a reciprocal arrangement with NHS and Social Service institutions Secure more funding (possibly Skills for Care, Local Enterprise Partnership, National Lottery etc.) to extend the learning offer. **Targets:** • 100 Nurses accessing NHS training courses • X25 Providers engaged in rotational work-placements • £250,000 additional funding secured	Medium	HCC/HCPA	April 2021

	• Open the learning offer to more tailored (care) courses for Community First initiative • Open learning offer to HCC In-House services through Academy partnership			
4	**To encourage continued and greater skills, confidence and competency, including workplace tools that support ongoing educational programmes** Acquire training contracts eg. LEP to at least double the capacity of training places. Development of 'after-learning' products / tools that aid in embedding learning into practice. More emphasis on competency training to prove evidence of impact. Supporting sustained competency through Professional Standards. More tailored training for different service types. Focus on LD/Disability using 'Connected Lives' ethos **Targets:** • £500,000 training funding acquired doubling the capacity of training places • 6 x tools developed to support competency assessments		HCPA	2021
5	**To encourage Staff Reward and Recognition systems in line with competitors (NHS) and other sectors** Open discussions about the disparity between NHS and Social Care rewards for staff Reduce the gap between public and private pay in Health and Social Care **Targets:**	High	HCC	2021

	• 2 x Partner meetings			

SHORT TERM GOALS – Growth				
No	**Activity**	**Priority Scale**	**Priority for**	**Completion Date**
1	**To work with partner organisations to promote personalization and prevention principles in all education (including linking to volunteering opportunities to enhance the personal skillset, and to engage an empowered workforce including ambassador and mentoring approaches)** **Targets:** • Campaigns on prevention linked to Public Health eg extension of Stop falls campaign. • 150 Providers completing Falls Self-Assessment • 500 Providers completed Falls Prevention and Intervention training • Reduction in Ambulance Call outs and Attendances for Falls • Roll out of Connected Lives to Care Providers x 4 events +1 web portal • Embed principals of personalisation into all associated training company offers procured through HCC and HCPA x 30 providers	High	HCPA / HCC / Public Health	Sept 2019 April 2018
2	**Create a Herts Care Partners framework which encompasses all contracted HCC providers** Share practice and information across all sector types in events and through on-line portals to stimulate relationship building **Targets:** • Resilience Self Assessments x 50 • Safeguarding x 50 • Contract requirement x 3 resi homecare disability supported living	Medium	HCPA /HCC	Sept 2019

3	**To tailor skills interventions to meet the needs of the varied organization types** Learning Needs Analysis (LNA's) built into all service types. Formative and summative – linked to meeting learning needs of social care providers **Targets:** • x 25% of learners included in learning needs analysis • Impartial Feedback Service (IFS) skills audit embedded into contract arrangements for both Health and Social Care x 3 (residential, homecare, supported living)	High	HCPA / HCC	April 2020
4	**To develop phase one of the proposed Academy including expectations of CPD** **Targets:** • Web portal used by 1000 learners • Development of webportal and tracking systems for individual learners	High	HCPA / HCC	November 2018
5	**To develop organisations to be well run in areas such as governance, leadership & management, business / organizational skills** Seek more funding to develop these areas further / create best practice guidance documents **Targets:** • Document x 1 • 4 x day courses developed	Medium	HCPA	December 2018

6	**To support organisations to operate safely and legally in areas of safeguarding, health & safety and first aid** Work with organisations to ensure that they are able to expand in a safe environment **Targets:** • Deliver care certificates to care providers – 1000+ learners • Development of collectively agreed understanding of the expectations around different service areas in mandatory training topics and benchmarked against care certificate for VCS • Developing alignment to HSAB in all safeguarding training – advertise appropriate HSAB courses	High	HCPA /HCC	November 2018

MEDIUM TERM GOALS – Growth

No	Activity	Priority Scale	Priority for	Completion date
1	**To work with partner organisations to promote personalization and prevention principles in all education programmes.** Linking to volunteering opportunities to enhance the personal skillset, and engage an empowered workforce, including ambassador and mentoring approaches **Targets:** • 2 xFacilitated activities / events to link different service types eg. Community assets to homecare • 50% additional training delivered focused on prevention techniques to encourage staff to develop in lateral pathways eg. Occupational Therapy Support Facilitator Role.	High	HCPA	2020

	• Attendance at all STP Frailty workstreams and locality workgroups under Place Based Care programmes • 50% additional teacher training and continued support focus on Homecare and Nursing around personalization.			
2	**To develop phase two (staff Agencies) of proposed Academy, including expectations of CPD** Ensuring care providers can more confidently use Agency staff that has accessed quality approved training through the Academy system. **Targets:** • Development of a countywide bank of staff to be used with the right training given. • Relationships built with all staffing agencies to encourage buy-in to Hertfordshire agreed training practices	High	HCPA/HCC	2020
3	**To develop organisations to be well run in areas such as governance, leadership & management, business / organizational skills to increase capacity to deliver extended and innovative services.** More emphasis to be put on joint meetings to allow strategic leaders in both Health & Social Care to build an understanding of systems. This will allow more pilots such as Vanguard Care Homes project. **Targets:** • Seek more funding to develop these areas further • X 3 Create best practice guidance documents around governance, leadership & Management and organizational skills	Low	HCPA/HCC	2020

4	**To develop organisations to operate safely and legally in areas relating to clinical activity** Supporting complex clients with appropriate services **Targets:** • Agreement signed with CCG's for Nurse Trainers to be utilized across all partners to ensure quality around clinical input relating to safety	High	HCPA/HCC /CCGs	2020
5	**To enable organisations to become sustainable with reference to income generation, marketing, communications and social media** Building the private market to offset the payments for social service clients and supporting VCS to grow sustainably **Targets:** • Introduction of new topic areas supporting VCS to be more sustainable and consider charging for services • Business planning course funding to be acquired for all types of small businesses	Medium	HCPA/HCF	2020

LONG TERM GOALS - Growth				
No	**Activity**	**Priority scale**	**Priority for**	**Completion date**
1	**To work with volunteer organisations to promote personalization and prevention principles in all education programmes,** To bring together the adult social care providers with the volunteering community	Low	HCPA/HCF	2021

	Targets: • Linking to volunteers to care providers • Grow volunteer ambassadors • Set up mentoring approaches for care staff and volunteers			
2	**To develop the workforce supporting claimants of Direct Payments for care support through employing Personal Assistants** People with Direct Payments need to be supported to grow their own individual workforce within quality standards. **Targets:** • Roll out PA training programme, inclusive of links to Health and Integrated budgets (IPC) • Bespoke courses for PAs developed when the critical mass / tipping point is reach	Low	HCPA/HCC	2021
3	**To ensure effective monitoring of Continuing Professional Development (CPD) and training** CPD monitored through Academy model and shared with all partners (where appropriate) **Targets:** • Electronic staff records created through the Academy meeting GDPR requirements	Medium	HCPA	2021
4	**To develop phase 3 (Volunteers) of the proposed Academy, including expectations of CPD** Encouraging the growth of volunteers to support social care providers **Targets:**	High	HCPA	2021

	• Development of training programme bespoke to VCS needs • Encouraging the use of VCS staff and volunteers to enrich the lives of service users purchasing social care to assist with the prevention agenda			
5	**To develop organisations to be well run in areas such as governance, leadership & management, business/ organizational skills across boundaries of Health Teams and Social Care Teams** Integration to be based around co-location and wrap around services – if both sectors are given the opportunity to work together they will be able to recognize the worth and contribution of the whole system **Targets:** • Pilot schemes set up to share the available workforces and skills • Run 4 x joint networking events • Deliver 25+ annual therapy roles linked to university placements	High	HCC/CCG's /HCPA	2021
6	**Support organisations to be able to thrive in a changing landscape, in particular VCS development of skills that will help the delivery of HCC's Community First Model and for wider workforce the Connected Lives model?** To ensure the wider workforce has a understanding of new models and VCS are able to recognize areas for positive contribution **Targets:** • Joint Networking events with VCS raising awareness of opportunities around the new models and working practices	Medium	HCC/HCF	2021

ITEM 4 - APPENDIX 2

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

Title of service / proposal / project / strategy / procurement you are assessing[2]	Adult Social Care Workforce Strategy
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?[3]	**Project Name : Adult Social Care Workforce Development Strategy 2018 – 21** The strategy sets out our key workforce ambitions, explains the challenges, and is underpinned by a 3 year Implementation Plan that details the activity that will undertake to achieve the goals set out within this strategy. We will do this in partnership with care providers – and where it adds value in collaboration with our partners in the NHS - outlining the scale of the challenge in terms of recruitment , retention and sustained (and measurable) growth underpinned by raising quality and focussing on aspirational working. Through the strategy we will provide a diverse range of training courses and qualifications to adult social care organisations across Hertfordshire to upskill the workforce, and support them to meet national standards of care and best practice. **Project Partners:** • Herts County Council Adult Social Care Workforce Development and Partnerships Team • Hertfordshire Care Providers Association (HCPA) • Hertfordshire Community Foundation Training & Development Team

	(HCF Training & Development) • East & North Herts Clinical Commissioning Group – Quality team • Herts Valleys Clinical Commissioning Group – Quality team **Rationale:** Hertfordshire County Council Adult Care Services, Hertfordshire Care Provider Association and HCF Training & Development have been working together in partnership for over 10 years supporting Adult Social Care Providers / Voluntary sector providers to meet national regulated standards of care or best practice. Collectively, 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 and HCF Training & Development are key partners 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 and HCF Training & Development team'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 know that recruitment in Hertfordshire – across both social care and health – is really challenging – with average employment levels of 96% within Hertfordshire, there is an extremely constricted labour market, in which the care sector is having to compete aggressively against other sectors such as retail and catering. We also know that a lack of affordable housing often means that living and working in Hertfordshire is not possible for large parts of the adult social care workforce. Access to housing is therefore a key priority area.

	The strategy is aligned to the Health Education England document **'Facing the Facts, Shaping the Future' and the LEP (Local Enterprise Partnership) Hertfordshire Skills Strategy.** It is **aimed specifically at the Adult Social Care workforce in Hertfordshire:** **What the project is:** The strategy has **TWO** overarching Ambitions: • Raising quality • Valuing the workforce **Raising Quality** We will attract people with the right attributes such as compassion and empathy and who care about what they do. We will support these people by encouraging providers to offer exciting opportunities which are flexible and attractive to potential job seekers and individuals who previously had not considered a career in care. These ambitions will be underpinned by Values Based Recruitment, Great Leadership and Organisational Ethos. The aspiration will be to ensure we have enabling and personalised services through the promotion of workforce development initiatives which will focus on the delivery of quality care and improving standards. We will create an education based **'passport' approach** that is universally accepted by providers as a mark of quality and by individuals as a professional standard through the proposed Care **Professional Standards Academy**. The Care Professional Standards Academy is a new innovative concept for Hertfordshire, at its core will be a **passport system** for proving **quality monitored training, development and qualifications**. Benefits will include: i) Enabling staff moving across the sector to be trained to a consistent level of quality by kite-marked learning professionals ii) Building Professional Standards into the Academy, individuals will be more attracted into caring roles because they will see clear career pathways **supporting the recruitment crisis**. iii) Working with partners such schools, colleges and the university to guide individuals through their learning journey. This will include apprenticeships of all types up to and including Nurse Associate Higher Apprenticeships, it will also

	focus on work placements and pathways iv) Cost savings will be made supporting providers to recruit quality staff and make significant savings on retraining v) Professionalising the workforce – making people proud to work in care vi) Providing staff with greater confidence to manage more complex clients vii) Accessing and aligning available funding streams The Academy will take individuals who have the right values and attitudes and develop them into the skilled workforce Hertfordshire residents deserve. In addition to recruiting the right people, it is important that providers are given the skills to meet best practice recruitment standards. We will do this by: i) Ensuring all **potential recruits have access to information on social care** and are made aware of the **varied care learning pathways** and **career development** opportunities that exist in Hertfordshire ii) Promoting **The Hertfordshire Good Care Campaign** that reflects the needs of the sector iii) Promoting opportunities for **work related experiences**. iv) Building into the **workforce development offer**, programmes focused on Values Based Recruitment, Great Leadership and Organisational Ethos v) Building on the Piloted Hertfordshire **Good Care Recruitment Service** and to link to any National Social Care Recruitment Services as they emerge, such as Skills for Care vi) Educating providers on how to recruit via facilitated peer learning initiatives We aim to embed **Connected Lives** in all training and development programmes for providers – Hertfordshire's strengths based framework that aims to enable people to live independently and be supported to connect with their communities. We want to make people's lives better – by connecting them to people, services, technology, communities, networks, and other people. **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.
Stakeholders	

	• 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 • 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 / volunteers 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[4]? What do people tell you[5]?** 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)[6]?** - 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[7]?** 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[8]	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 strategy will have a positive impact on service users and the public. It 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 Strategy 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 Strategy has specific targets to engage individuals in the 50+ group. However it also seeks to promote care careers and engage younger people to enrich the care sector workforce. All training Providers used will already have had training in equality, diversity and inclusion

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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.		that include all protected characteristic groups.
Disability[9]	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 strategy in terms of increase in quality	Skills for Care are providing materials and information to encourage adult social care providers to consider employing individuals

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	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	of care services via better trained, competent and knowledgeable care staff. The Strategy 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.	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 All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.

Protected characteristic group	What do you know[4]? What do people tell you[5]? 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)[6]? - 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[7]? 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.		
Gender reassignment[10]	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.	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 All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.
Pregnancy and maternity[11]	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 Strategy 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	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.

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		pregnancy and maternity leave.	This will allow the project to be adapted should any inequalities arise. Ensure that training materials are inclusive for all minority group learners All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.
Race[12]	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 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	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 backgrounds. Through the Strategy's implementation plan provides access to basic skills in the form of English, Maths and Digital Skills via Apprenticeship opportunities A positive impact will be a skilled,	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 Signpost any applicants or learners to English for Speakers of Other Languages (ESOL) training if relevant. All training Providers used will already have

Protected characteristic group	What do you know[4]? What do people tell you[5]? 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)[6]? - 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[7]? 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.***
	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.	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.	had training in equality, diversity and inclusion that include all protected characteristic groups.
Religion or belief[13]	The majority of Herts residents are Christian (58%) with 27% stating that they have no religious beliefs. Observing an individual's 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	The care sector induction is part of this Strategy's implementation plan and will train more individuals to be aware of different religions, belief and culture. This will have a positive impact when providing care and support, but will also benefit the community in which these individuals live. Participants may more readily engage with further training opportunities where they know they are treated with fairness and respect	The Strategy will allow sharing of best practice across partnerships involved. All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.

Protected characteristic group	What do you know[4]? What do people tell you[5]? 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)[6]? - 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[7]? 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.***
	staff.		
Sex/Gender[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. 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 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	The Strategy will deliver training to all to improve the quality of care. The Strategy 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 higher number of female workers accessing the project than male workers	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. All training Providers used will already have had training in equality, diversity and inclusion that 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.

Protected characteristic group	What do you know[4]? What do people tell you[5]? 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)[6]? - 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[7]? 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.***
	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.		
Sexual orientation[15]	Any individual may require care and support regardless of their sexual orientation. Any individual may work in	The care sector induction is part of this Strategy's implementation plan and will train more individuals to be aware of equality and diversity. This will have a positive impact when providing care	All training Providers used will already have had training in equality, diversity and inclusion that include all protected characteristic groups.

Protected characteristic group	**What do you know[4]? What do people tell you[5]?** 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)[6]?** - 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[7]?** 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.***
	the adult social care sector regardless of their sexual orientation.	and support, but will also benefit the community in which these individuals live. Participants may more readily engage with further training opportunities where they know they are treated with fairness and respect	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[16]	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 Strategy aims to upskill the adult social care workforce which will benefit any service users, carers families and friends as quality improves.	All training Providers used will already have had training in equality, diversity and inclusion that 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.

Protected characteristic group	**What do you know[4]? What do people tell you[5]?** 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)[6]?** - 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[7]?** 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.***
Carers[17]	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 Strategy 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[18] Consider if there is a potential impact (positive or negative) on areas such as health and wellbeing, crime and disorder, Armed Forces	Health & wellbeing	This Straegy aims to have a positive effect on health and wellbeing:- • Learners accessing training will have improved confidence levels • Learners will feel more valued in the workplace • Learners will have improved awareness of a range of issues	

Protected characteristic group	**What do you know[4]? What do people tell you[5]?** 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)[6]?** - 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[7]?** 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.***
community.		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[19]
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[20] 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	*There are no equality impacts identified. The Strategy aims to upskill and maintain 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.*
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.	
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[21]

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				
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 Apr 2018 - Dec 2021
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 Apr 2018 - Dec 2021
All – meeting neds and allowing access	All Training Providers used will have had full 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 Apr 2018 - Dec 2021
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 Apr 2018 - Dec 2021
Sex/Gender/Carers – access to learning for carers	Training to be run at various locations across the County and during evenings and/or weekends if required	Improved engagement with carers	Completion rates of carers aligned with all other learners. Attendance from this	Mark Gwynne Apr 2018 - Dec 2021

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

[3] **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.

[4] **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?

[5] **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

[6] **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?

[7] **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.

[8] **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.

[9] **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.

[10] **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.

[11] **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.

[12] **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.

[13] **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).

[14] **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.

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

[16] **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?

[17] **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.

[18] **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.

[19] **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.

[20] **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.

[21] **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.

Agenda Item No.

5

HERTFORDSHIRE COUNTY COUNCIL

ADULT CARE AND HEALTH CABINET PANEL
TUESDAY 12 JUNE 2018 AT 10:00AM

A CARERS STRATEGY FOR HERTFORDSHIRE 2018-2021

Report of the Director of Adult Care Services
Author: Ted Maddex, Commissioning Manager (tel: 01438 845374)
Executive Member: Colette Wyatt-Lowe – Adult Care and Health

1. Purpose of report

1.1 To inform Members of the draft Carers Strategy for Hertfordshire 2018-2021, which sets out the council's commitment to carers and describes the actions that the it will take to support them in their caring role.

2. Summary

2.1 The previous Hertfordshire Carers Strategy that covered the period 2015-2018 has been reviewed and refreshed. This report presents the new Carers Strategy that will be effective from 2018-21.

2.2 The Carers Strategy sets out the council's commitment to carers and describes the actions that it will take to support them in their caring role.

2.3 In the 2011 census 108,615 people in Hertfordshire identified themselves as carers, and the work done by carers across Hertfordshire is estimated to have a value of around £2 billion. Carers should be seen as a significant element of the care workforce in Hertfordshire, playing an important role in supporting people to stay at home, reducing hospital and care home admissions and supporting hospital discharges

2.4 Supporting carers is understood to reduce health and social care costs. As an example high levels of care in spousal carers are linked with a 23% higher risk of stroke and older carers reporting strain have a 63% higher risk of death in a year than non-carers/carers not reporting strain.

3. Recommendations

3.1 Panel is asked to note and comment upon the content of this report, and,

3.2 recommend to Cabinet that Cabinet approve the proposed Carers Strategy for Hertfordshire 2018-21.

4. Background

4.1 Section 10 of the Care Act 2014 provides a detailed framework for the assessment of and provision of services to Carers. The new duty arises were it appears that a Carer of someone who is resident in that local authority's area requires support to carry out their caring role.

4.2 Progress against the 2015-18 Carers Strategy has been monitored by the multi-agency Carers Planning & Partnership Group (PPG) which includes carer organisations and carer representatives. Key achievements of the 2015-18 Carers Strategy and ambitions for the refreshed strategy are set out in sections 4.6- 4.9 below. The PPG will monitor the actions included in the refreshed strategy and develop new actions and targets through the duration of the strategy.

4.3 The 2015-18 Carers Strategy was successful in reducing the time spent caring before seeking support from the County Council, from seven years in 2014 to 6 years in 2017. Some Carers told us that it was some time before they recognised themselves as Carers and the Strategy takes this forward through actions to reach Carers of all backgrounds more effectively.

4.4 The 2015-18 Carers Strategy implemented the elements of the Care Act relating to carers, for example through the introduction of Carer Practitioners and carer assessments. However some carers report that the purpose and outcomes of carer assessments are not always clear. The new strategy responds to this through actions to evaluate the impact and effectiveness of carer assessments.

4.5 A new process to register contingency plans with Adult Care Services was introduced in 2016; however carers still feel they need more individual support with future planning, not just for emergencies but also for a time when they are no longer able to continue in their caring role. There are actions in the new strategy to develop a more personalised planning process.

4.6 The 2015 -18 Carers Strategy recognised the impact of caring on health and wellbeing, and courses for carers were introduced to build skills in self-care, relaxation and safe lifting. The refreshed Strategy reflects growing awareness of the impact of stress on carers through plans to evaluate which interventions are most effective in improving carer wellbeing, and then promote those interventions.

4.7 Each Clinical Commissioning Group (CCG) and NHS Trust within the county is developing or already has a Carers Strategy. The strategies

are all linked by a five step Carers Pathway which has been agreed across the organisations. Both CCGs have endorsed Hertfordshire's refreshed Carers Strategy.

4.8 The revised Carers Strategy continues to be for adult carers but is aligned to the Young Carers Strategy that has been developed by Children's Services in partnership with young carers.

4.9 The revised strategy supports the Adult Care Services 15 Year Plan which includes a specific ambition to "Place Carers at the heart of our approach, recognising and rewarding their contribution, giving them the skills they need to perform their role and at the same time maintain their own health and wellbeing"

4.10 The revised strategy also supports the Adult Care Services 3 Year Plan target to increase the Carers quality of life score as reported via the Adult Social Care Outcomes Framework ('ASCOF') from 7.3 in 2017/18 to 8.3 in 2020/21.

4.11 The refreshed strategy has been co-produced with a wide range of stakeholders. Crucially the objectives have been set by carers themselves through two carer forums and feedback from the Annual Carer Survey.

4.12 Carer feedback on the challenges they face in achieving each objective is now directly linked to actions that respond to that feedback. Baseline measures and targets will continue to be established in partnership with carers

5. Financial Implications

5.1 There are no new financial costs specified by the strategy. The Carers Strategy for 2018-21 will be entirely funded from current resources that have been set aside from the existing budget.

6. Equalities Implications

6.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking. Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

6.2 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.

6.3 An Equality Impact Assessment (EqIA) has been undertaken and is attached at Appendix 2.

6.4 There are no negative impacts to any protected characteristics.

Additional reports

Appendix 1: Carers Strategy 2018-21.
Appendix 2: Equalities Impact Assessment.

Background information

Care Act 2014: http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Hertfordshire Carers Strategy 2015-18:

https://www.carersinherts.org.uk/downloads/have-your-say/consultations/586-hertfordshire-carers-strategy-2015/file

Item 5 Appendix 1

A Carers Strategy for Hertfordshire: 2018-21

Executive Summary

Hertfordshire County Council's Adult Care Services have refreshed this Carers Strategy for Hertfordshire in order to reaffirm our commitment to working in partnership with carers, health and social care providers and other agencies to support carers' wellbeing and help carers to carry on caring. The value of the 'work' family carers do in Hertfordshire is equivalent to £2bn, if it were to be provided as paid care.[1] We are fortunate to have a strong voluntary and community sector in Hertfordshire which works effectively in partnership with statutory organisations. By identifying carers earlier and ensuring they are referred to voluntary sector sources of support, we can ensure that statutory sector resources are focused on supporting those carers most in need or in crisis. We see this strategy as part of an ongoing conversation with carers, providers of services for carers and others. We welcome everyone's views on how to develop this vital area of work. This strategy focuses upon the needs of adult carers (over the age of 18) but sits alongside and complements the Young Carers Strategy that has been published by Hertfordshire County Council.

The updated objectives embedded in this Strategy build on those of the previous Strategy. They result from feedback from members of the Herts Carers Organisations Network, the multiagency Carers Partnership and Planning Group and feedback from carers at strategy development forums held in November 2017 and February 2018. An action plan has been developed and included in this strategy which outlines the refreshed objectives and how we will look to deliver these across the partnership.

Vision for the strategy

Our overall direction, in line with government policy, is to work in ways which give people real control and choice over how they are supported.

We want to focus on the things that mean the most to carers that make the biggest difference, and are confident that if we do this we will move towards achieving better outcomes and better lives for the carers. The Carers strategy sets out a programme of realistic actions to ensure that the vital role of carers is recognised and supported during the next few years. We now need to respond to the immense commitment shown by carers, by committing ourselves to taking forward the priorities and actions in this document and making a real impact on the lives of local carers.

Our vision is that together we deliver the objectives that carers have identified, that they should be able to:

- **Carry on caring if they want to.**
- **Get good quality information and advice when they need it.**
- **Be recognised, feel respected and heard as carers and partners in care and experts in the needs of the person they care for.**
- **Have a life outside of and after caring, including working or volunteering if they want to & being able to fully access their local community and local services.**
- **Stay mentally & physically fit and healthy**
- **Be safe**
- **Access full benefit entitlements and financial advice.**
- **Receive consistent joined up services**

Progress so Far

Hertfordshire has a history of successful multi-agency working, such as through the Hertfordshire Commitment to Carers market position statement, the Carers Performance and Planning Group and the previous Carers Strategy. The previous Strategy was put in place in 2015 and since then we have continued to work jointly to enhance support for carers. Particular highlights include:

- Continued investment in carers services – total spend on joint contracts with the voluntary sector of £2.15 million in 2017/18.

Carers are being supported earlier in their caring journey –
The average length of time carers have been caring before they come into contact with Carers in Hertfordshire has reduced from approximately 9 years in 2012/13 to 7 in 2014, then 6 in 2017/18.

- Embedding the Care Act into social work practice, including implementing a new carer assessment and introducing Carer practitioners to lead best practice and provide additional capacity.
- Hertfordshire County Council's elected Members have made a decision to continue not to charge carers for services provided to support them.
- Delivery of Carer Lead Nurse posts in Lister and Watford hospitals.
- Both CCGs have also set their own specific Carers Strategies and have supported Carers Champions at GP surgeries across the county.

Crossroads Care North Herts-
Support to 800 carers at any one time, and providing 32,500 Making a Difference Carers Breaks a year. Length of time caring before accessing support reduced to 4.6 years
Building Better Opportunities project is supporting Carers into Employment
Breakaway Carer Respite Volunteer Service transferred in from Hertfordshire County Council and expanding to countywide service

- Development of the Hertfordshire County Council Adult Care Services 15 year plan and 3 year plan including support to carers through information, training, support with health and wellbeing and technology.
- New 'Recognising Carers' online form that enables a carer to share their details with Hertfordshire County Council, Carers in Hertfordshire and their GP in one go.
- Funded a pilot with Carers in Hertfordshire to provide 85 tablet computers to volunteers, to both support the role of these volunteers and to encourage carers to access new technologies that might help them.
- New Connected Lives assessment framework & Adult Care Services Practice Principles for social care work.
- Pilots of new technologies are offering new ways for carers to be assured about the safety and activities of people they care for, either from another room or even another location.

Carers in Hertfordshire have issued the 10,000th Carers Passport Discount Card in 2017, offering carers discounts at local businesses and helping to identify more carers earlier. Carers tell us the passport is very important to them as an acknowledgement of their role

What do we mean by Carer?

A carer is someone who provides help and support, unpaid, to a family member, friend or neighbour. Carers can include adults, parents or a young person.

It is important to distinguish carers from paid care workers. A carer can be anyone who provides unpaid help or support to another person, without which they would not be able to cope. The Care Act broadened the definition of an unpaid carer, removing the need for carers to be providing regular and substantial care to someone before they qualify for a carers' assessment. Carers may care for someone with a variety of conditions, including physical disabilities, dementia, a learning disability, mental health issues, or drugs and alcohol issues. The person cared for may live in a range of setting including a care home. We want to achieve the outcomes in this strategy for all carers. It is also important to note that caring relationships can be complex. Services need to recognise and support the complexity of these caring relationships. Examples of caring situations can include:

- Someone providing care to another person whilst also receiving support from another carer themselves. For example, a husband and wife could both provide unpaid care to one another.
- A person caring for more than one person at the same time, for example a child with a disability as well as a parent with dementia.
- Multiple people caring one person, for example two parents and also a sibling caring for a child with care needs.
- Carers may be caring for people across local authority and/or hospital boundaries, for example living in a neighbouring county but travelling into Hertfordshire to care for their loved one.
- Young people under the age of 18 may also be involved in or impacted upon by caring.
- A parent Carer is a parent or guardian who provides more care than other parents because their child has additional needs. Parent Carers will often view themselves as parents rather than Carers.

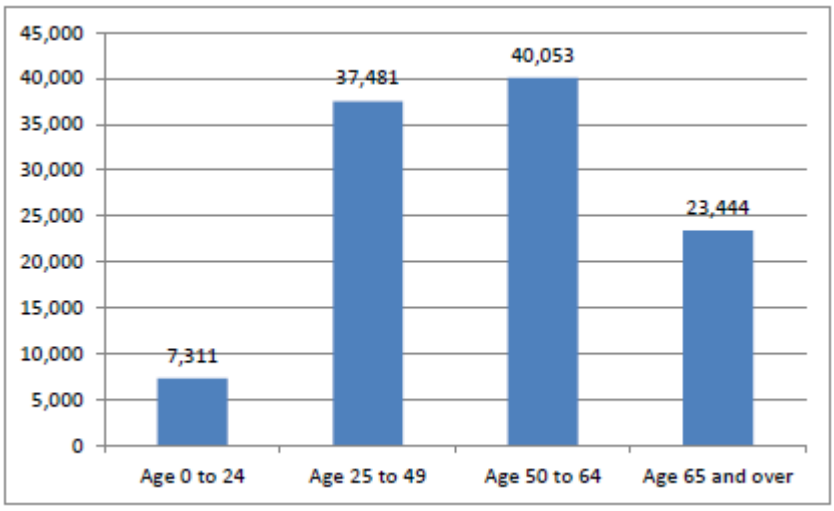
The Care Act requires local authorities to:

- Support any carer caring for someone who is resident in that local authority's area.
- Assess a carer's own need for support, regardless of how much care they provide.
- Consider the impact of the caring on the carer.
- Decide whether the carer's needs are 'eligible' for local authority support.
- Provide carers with a personal budget - a statement showing the cost of meeting their needs.

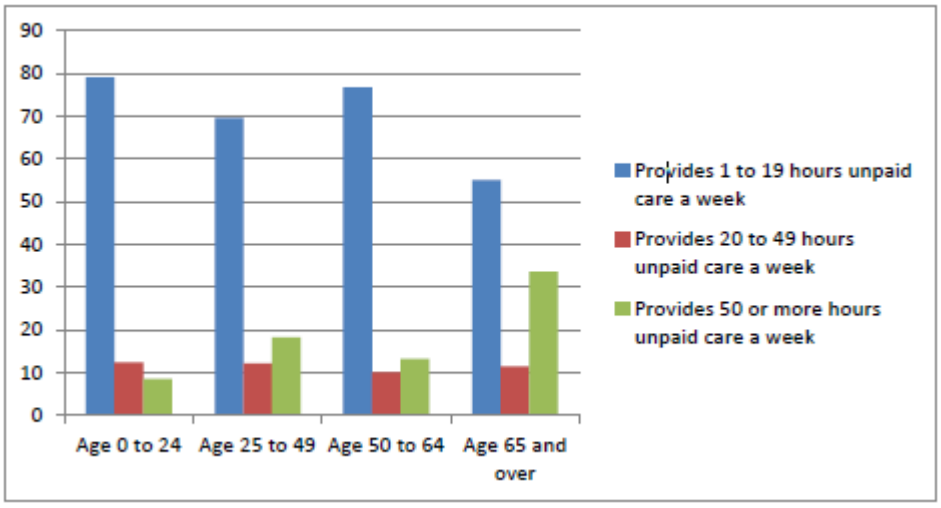
Profile of Carers Living in Hertfordshire

The Census 2011 reported that there were 108,615 carers living in Hertfordshire, equivalent to 9.7% of the total population of 1,116,062.

Age groups of Carers



Hours of unpaid care provided by each Age Group



More women than men are unpaid carers: 58% of carers are women and 42% are men. Our monitoring data for preventative services suggests that services are largely reaching women, suggesting there may be a gap in reaching male carers. 91% of carers identify as white. Monitoring data for preventative services suggests services are reaching approximately 3% or less of carers who do not identify as White British. Carers are more likely to have health problems than those who do not have a caring responsibility. 22% of carers have a disability or long-term illness that limits their day-to-day activities a lot or a little.

Parent Carers can be particularly excluded from the labour market. It is estimated that 85% of parents of disabled children want to work either full-time or part-time. Despite this level of aspiration only 16% of mothers of disabled children are in work compared with 61% of all mothers.

Integrating Carer Support across Health and Social Care

Carers come into contact with many different services and no single service can offer all of the help carers may need. It is therefore vital that different services and agencies come together to join up and better identify and support carers. Hertfordshire's multiagency Health and Wellbeing Board brings together health and social care with county and district councils. They have published a new strategy for 2016-2020[2] which states a key principle to centre our strategies on people, their families and carers. It includes aims to-

- Seek to deliver better support for unpaid family carers to have a life outside of caring.
- Seek to deliver better support for young carers.
- Seek to improve the support, care and quality of life of people with dementia and their family carers.

Hertfordshire's two Clinical Commissioning Groups (CCGs) along with West Essex CCG are working together as the Herts & West Essex Strategic Transformation Programme. Hertfordshire County Council are closely involved in supporting their plans, and 4 priorities for carers have been agreed that will run through all the STP work streams. These align well with the objectives in this strategy and they are;

1. **Identification** – ensuring mechanisms for early identification are in place
2. **Promoting carer wellbeing** - using contact with carers to help them stay well
3. **Carer friendly support** – making sure services either provide high quality support to carers themselves or ensure, wherever possible, support to the people they care for doesn't make carers' lives any more complicated and, wherever possible, refer carers on to support
4. **Promoting carers ability to work** (both to stay in or return to work)

NHS organisations and Hertfordshire County Council each have their own separate strategic action plans to improve support to carers, but all have agreed a shared 5 point pathway;

1. **Identifying** carers (clarifying each agency's role – from libraries to hospitals, housing officers to pharmacies, safe and well visitors to faith groups - in carer identification and onward referral)
2. **Welcoming** carers (ensuring carers feel valued and respected)
3. **Supporting** carers – providing carer-friendly information and advice, and practical carer support or support to the person in a way which best supports the carer and/or has no negative impact on the carer, as appropriate to each agency
4. **Involving** carers – ensuring carers are listened to in relation to their caring role (as appropriate in relation to the views of the person they care for) and have opportunities to influence services
5. Helping carers through **Changes** (making sure that carers are supported through complex changes eg bereavement, moving in and out of caring, transitions between services etc)

The Clinical Commissioning Groups and Hertfordshire County Council commission nearly all the health and social care in Hertfordshire, giving the opportunity to embed this pathway in all health and social care contracts.

The NHS has shown its commitment to carers through the **NHS Commitment to Carers, the NHS**

Five Year Forward View (which includes recognition of the vital contribution that carers make) and **NHS England Commissioning Principles for Carers.**[3]
On Carers Rights Day in November 2017 the Minister for Care and Mental Health announced that the Government will bring forward a cross-Government action plan in 2018, once this is published we will incorporate it into our own action planning.

The **Joint Strategic Needs Assessment (JSNA)** includes a section on carers' needs[4]
and there are a number of other joint strategies that also support carers, in particular the Hertfordshire Dementia Strategy[5] and the Ageing Well Strategy[6]

The Case for Supporting Carers

Carers are the largest source of care and support in the UK. It is in everyone's interests that they are supported to help manage their individual and changing needs. We have found however that low level one off interventions (to the value of £300-400) accessed via Carers in Hertfordshire can reduce risk of depression among carers by 20%.[7] There is a significant opportunity to offer support early on someone's caring role to help them stay healthy and avoid crisis. The majority of carers in the county are caring for between 0-19 hours[8], presenting an opportunity to provide this early support.

Supporting carers reduces the economic impact on services

- The value of the 'work' family carers do in the UK is equivalent to £119bn, if it were to be provided as paid care.[1] This equates to about £2bn in Hertfordshire, which makes it in everyone's interest to support carers. Failure to identify and support carers can undermine the value of their caring role:
- Carers finding it difficult to cope was the sole reason for readmission of older people in 14% of cases (and a contributory factor in 62%).[9] However the Carer Friendly Hospital project at East & North Herts Hospital Trust in 2011-12 showed a reduction in readmission of older people due to 'carer breakdown' from ten per month (prior to the project) to zero per month afterwards.
- In Hertfordshire 17% of residential care admissions are due to carer crisis/breakdown and it is likely that a substantial proportion of these could be prevented or delayed with the right support.[10]

Supporting carers reduces the economic impact on carers
Caring often limits the hours carers can work or prevents them working at all. Carers often make decisions about giving up work without key information about the impact it will have on their financial futures.

- Caring has serious implications for short and long-term financial health: 54% of carers are struggling to make ends meet. [11]
- Carers are vulnerable to energy costs – for example, the costs of keeping the vulnerable and ill warm.
- Costs of travel to medical appointments and the need for some carers to rely heavily on taxis.
- The price of buying in care to allow work or respite, compounding the isolation caring can bring.

Supporting carers reduces the health and wellbeing impacts of caring
Carers are vulnerable to all the health challenges other people face but in addition:

- Levels of poor health steadily increase as levels of care provided increase and high levels of care are associated with 23% higher risk of stroke.
- 58% of carers have reduced the amount of exercise they do, 69% report that they cannot get a good night's sleep, 73% feel more anxious, 82% feel more stressed,

- 45% say they eat less healthily as a result of caring, while 50% describe themselves
- as depressed.[12]
- Carers frequently report that they miss their own health appointments and postpone treatments because they can't leave the person for whom they care.

What Carers tell us about the support they receive

Hertfordshire County Council carry out a bi-annual Carers Survey set by the Department of Health; the Permanent Social Services Survey of Adult Carers in England. This enables us to obtain feedback from carers in order to improve our services. The latest survey in 2017 achieved a response from a greater number of carers than previous surveys, up from 42% in 14-15 to 53% in 16-17.

Within this wider group of carers a lower percentage reported positive answers in the following areas:

- Carers who had as much social contact as they want, down from 46.8% in 2015 to 22.9% in 2017.
- carers who felt consulted in decision making by the local authority, this was 69.6 in 2013, 75.2% in 2015 and 69.5% in 2017,
- carers who found it easy to find information about support, down from 68.5% in 2015 to 65% in 2017.
- carers who reported that they had a better quality of life, down from 8.4% in 2015 to 7.3% in 2017.
- carers satisfied with social services, very slight decline from 39.2% in 2015 to 38.2% in 2017.

While the lower percentages might reflect the fact that this year's survey reached carers who may be less involved with services, it is obviously clear that we need to improve the experience for carers. The action plan has been designed to respond to this and other feedback from carers.

Supporting Parent Carers

Parent carers are defined under the Children and Families Act 2014 as a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility. The local authority is required to support parent carers' wellbeing, in the same way as other carers covered by the Care Act. The Act places a duty on local authorities to assess a parent carer or a young carer if it appears they may have needs for support, or if they request an assessment, where the local authority are satisfied that they may provide or arrange for the provision of services under section 17 of the Children Act 1989. The parent carers' needs assessment must have regard to the wellbeing of the parent carer (as included in the Care Act) and the need to safeguard and promote the welfare of the disabled child cared for, and any other child for whom the parent carer has parental responsibility. This may lead to the provision of services, such as some form of break or a Direct Payment or support from the voluntary and community sector.

We support parent carers and their families to thrive and achieve the outcomes outlined in this strategy. In 2017 Children's Services introduced a new outcomes framework; the outcome bees. This framework was co-produced with families, and gives a clear vision of what we want to achieve for families in Hertfordshire. The outcome bees allow us to monitor whether Children's Services is having a positive impact on parent carers. The six outcome bees are:

- Be Happy
- Be Ambitious
- Be Resilient
- Be Independent
- Be Safe

- Be Healthy

We are committed to achieving these outcomes with parent carers. In 2017 we refreshed our 0-25 Integrated Commissioning Strategy for Children and Young People with Special Educational Needs and Disabilities for the period 2017-2020. This strategy includes priority areas which have been co-produced with children, young people, and families; one of these priorities is to improve the quality of 'Information, Advice, and Guidance' provided to young people and families. We recognise that parent carers need easy access to information about the support available to them in their local communities and across the county, so that they can take positive decisions for their families. We are committed to transforming our Local Offer website into a web resource where parent carers can access information, advice, and guidance to enable them to thrive.
During 2017 we focused on creating online resources to help parent carers as their young people go through the transition to adulthood process. These materials are all publicly available on the local offer website.
Hertfordshire County Council's 0-25 Together Service provides social care support to children and young people with Special Educational Needs and Disabilities. This service works holistically and considers the needs of parent carers during assessments. This team works across Children's Services and Adult Care Services to support families all the way through to adulthood. This includes the transition from Family assessments during childhood to separate carer assessments as an adult.

Next Steps

We have written a new action plan for 2018-21 setting out how the issues to be addressed in this Strategy will be delivered. The action plan will be a living document that will be regularly reviewed and updated, focusing on the progress against the key actions. This Strategy covers the needs of the adult carers population as a whole, whilst actions related to carers of specific care groups (such as carers of people with dementia) will be covered by the relevant strategy (such as the Dementia Strategy, workforce development strategy etc.). The Carers Planning and Partnerships Group will have oversight of the Strategy action plan and will monitor its delivery. We will also consult regularly with carers to check whether what we are doing is making a difference to them. We will seek the view of individual carers and will also work with carer representatives to get as broad a range of views as possible. An annual report will be produced in a year's time setting out progress made and any recommendations for updates to the Action Plan.

Objective 1:

Carry on caring if they want to

Carers Said: Contingency planning should be more available, professional know what is likely to happen on a lifelong basis and they should help carers plan for it and ensure they keep updating the plan. Carers need to be confident that in the event of a crisis, worsening condition in the cared for or their inability to continue caring there is an effective, long-term contingency plan in place to ensure that their relative is appropriately supported.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Providers of services for carers will ensure contingency and long- term planning is supported and promote Action 3 below.	Contract quality monitoring reports show increased cases of future planning & increased user satisfaction with future planning	Sept 2019	Adult care services (ACS) commissioning
2	We will offer carers personalised services and more control over the support they receive, such as a choice between services arranged by ACS or Direct Payments.	Proportion of direct payments for carers versus services arranged by ACS Feedback from carers survey regarding choice and control improves	April 2019	ACS social care teams
3	Promote the option to record contingency plans with ACS. Consider a check within ACS systems that contingency planning and long term planning has been considered, prior to a case being closed.	Increase in number of contingency plans registered with ACS Changes to webpage to include more explanation & process diagram Audit quality of contingency planning and effectiveness of use when an emergency arises.	September 2018	ACS social care teams
4	Audit the accessibility, timeliness and impacts of carer assessments integrating the principles of Connected Lives. Improve on-line self-assessment form process	Establish a Carers practice governance group to oversee; monthly survey, quarterly sampling for quality and annual audit and ACS “your views” carers survey.	August 2018	ACS commissioning
5	Pilot new technologies such as Telecare to allow carers to be assured of the safety of the person they care for, reminded of appointments and enable on-line assessments if preferred.	Evaluation of pilots demonstrates carers report reduced stress.	April 2019	ACS Planning & Resources

Objective 2:

Carers get good quality advice and information when they need it

Carers Said: Training for carers is important – this could include: information about a diagnosis, subsequent treatment/medication and prognosis, guidance/modelling on how to manage behaviours, divert anxiety etc., support around use of equipment, moving and handling etc., support around managing incontinence, understanding what Safeguarding is all about and how to report concerns. Getting good quality advice has been a struggle & it needs to be proactive as Carers don't know what they don't know. We should promote the benefits of registering with your GP. In the DoH survey carers who found it easy to find information about support reduced from 68.5% in 2015 to 65% in 2017.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Promotion of Herts Help & Community Navigators including improvements to Herts directory	Number of calls by people identifying themselves as carers increases	Sept 2018	ACS commissioning
2	Promote referrals to Carers in Hertfordshire from hospitals staff	Number of referrals to Carer in Herts from hospitals increases Number of carer passports issued at hospitals increases	April 2019	ACS -working with all NHS organisations
3	Promote registrations via Hertfordshire County Council web page which automatically registers people with Carers in Hertfordshire and Hertfordshire County Council and their GP. Ensure the site shares information accurately.	Number of registrations via webpage increases. Increased referrals from GPs to Carers in Herts	April 2019	ACS social care teams ACS commissioning
4	Fund opportunities for carers to learn relevant skills and information. Identify training and knowledge available through health services	Number of training course attendees. Satisfaction survey results improve with regard to carers feeling supported to care. Carer Skills needs are recognised in ACS workforce development strategy.	April 2019	ACS commissioning
5	Review specialist carer support service contract specifications	Report produced with recommendations for changes	Sept 2018	ACS Commissioning
6	Develop Herts Care Search to include whether beds are available at Hertfordshire County	Website shows beds available at Hertfordshire County Council rates Website shows personal	April 2019 April 2020	ACS Commissioning

	Council rates, and to include personal assistants	assistants		

Objective 3:

Carers are recognised, feel respected and heard as carers and as partners in care, recognised as experts in the care of the person they care for

Carers said: Those doing carer assessment need empathy, legal knowledge and the ability to influence, there need to be clear outcomes. Carers should be valued and listened to and recognised as "experts by experience" in their knowledge of the person cared for. Carers sometimes felt excluded, for example by not receiving notes of meetings. Skype assessments could be more personal than on-line assessments.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Organisations supporting carers will ensure that people who use their services reflect the demographic mix of the community	Monitoring of contracts shows a mix of service users nearer to the demographic mix of the community	April 2019	Services supporting carers
2	Support lead nurse for carers roles in hospitals and promote carer involvement during inpatient stays in line with Johns Campaign (http://johnscampaign.org.uk/#/)	Number of carers staying overnight increases Carers in Herts Survey show carers feel more involved in care & discharge planning	April 2019	ACS commissioning and hospital social work teams
3	Review the Carers in Hertfordshire carer's involvement plan, identifying opportunities for carer involvement in the development of health and social care organisation's policies, strategies and services.	Carers organisations agree that there is appropriate level of Carer involvement in Hertfordshire County Council's service developments and that Carers are meaningfully referenced in key documents and policies	April 19 and ongoing	All ACS departments and teams

Objective 4:

Carers are able to fully access their local community and local services

Carers said: Getting help like carer bus passes is overcomplicated. Care homes don't have respite beds available to book ahead, and are not always good at managing respite. It can be complicated to book respite in Hertfordshire County Council's in-house services. Volunteering can be a way to feel part of the community. In the DoH survey Carers who had as much social contact as they want reduced from 46.8% in 2015 to 22.9% in 2017.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	All services commissioned by ACS will require that carers are Identified, offered information, appropriately involved in decision making and supported in accessing the services.	Quality monitoring of contracts will show improved carer support & carer involvement in service development	April 2019	ACS Commissioning
2	Increase availability, quality & accessibility of respite in commissioned services Improve booking process for Hertfordshire County Council in- house services & list them on Herts care search.	National carers survey results demonstrate that Herts carers report greater choice and ability to plan ahead Number of in-house voids reduces	April 2019	ACS commissioning ACS In-House service
3	Increase understanding of Job Centre Plus support to Carers seeking employment. Offer training to Job Centre Plus	New leaflets/media /processes so Carers understand what support can be offered by Job Centre Plus	June 2018	ACS commissioning
4	Identify opportunities to meet the needs of working carers through the Changing Services Together review of day activities.	Day activities are available more flexibly and across a wider range of times compared to 2017 baseline.	April 2019	ACS Commissioning
5	Work to facilitate flexible volunteering opportunities for of carers & people who have been carers and Number of volunteers supporting carers	Increase in number of volunteers recorded as carers Increase in number of volunteers in carer support organisations	April 2019	ACS commissioning

Objective 5:

Carers stay mentally and physically fit and healthy

Carers said: The previous title didn't give enough recognition to stress. Respite is important and needs to be at a time of the carer's choosing and of a quality that allows them not to worry about the person they care for. It is a vital part of preparing adult children for life without parents. Ensure carers know what respite options are available.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Evaluate the periodic call back service to carers identified as being at highest risk of isolation and/or carer breakdown, and the mentor service	Evaluation reports positive user feedback Increased numbers benefitting through increased registrations	Ongoing (review in March 2019)	Carers in Hertfordshire
2	Gather evidence of the improvements in wellbeing and reductions in costs that result from carer services	Shared measures of the impact of carers work are agreed Reports from NHS Carers programme of which Herts is one of 5 lead Strategic Transformation Programmes Improved Carer survey results	Ongoing (review in March 2019)	ACS Commissioning working with NHS organisations
3	Review services that are commissioned across the county that support physical activity, to ensure that carers' needs are taken into account in providing these services.	Carers needs are referenced in service specifications Carers are counted in performance returns so insight can be gained on effectiveness of services in relation to carers	March 2019	ACS commissioning working with Public Health

Objective 6:

Carers are safe

Carers said: Feeling safe should be an objective in its own right as it applies to a wide range of carers – those who may experience physically and/or emotionally challenging behaviour from their relative roles and an action plan for this should be developed. Carers might hurt themselves when carrying out physical caring roles.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Raise public & carers awareness of safeguarding issues affecting carers.	Actions arising from Carers in Herts survey Publicity eg articles in Carewaves, communications to all services commissioned by ACS Further action plan developed through workshops with carers and social work practitioners	Sept 2018	ACS commissioning & Carers in Hertfordshire
2	Review how accessible and effective current safeguarding processes are when carers are affected	Report setting out findings and recommendations for improvement	April 2019	ACS commissioning working with safeguarding team & Herts Adult Safeguarding Board
3	Explore availability and roles and responsibilities in moving & handling training.	Satisfaction survey results improve with regard to carers feeling confident in caring skills.	December 2018	ACS commissioning
4	Ensure carers know how to get help if the person they care for is violent, or if they feel vulnerable because of their caring role.	Satisfaction survey results improve with regard to carers feeling safe in their caring roles.	December 2018	ACS social care teams & carer support organisations

Objective 7:

Carers access full benefits entitlements and financial advice

Carers said: The financial impact of caring can be devastating if people have to give up work early and work can also provide respite and resilience. Preventing this depends upon the right services being provided to meet the needs of the person cared for. Membership of Employers for Carers and the use of their resources needs to be promoted. Getting statutory services and financial assessments can seem like a battle.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Monitor effect of additional funding to citizens advice service & Money Advice Unit to reflect demands of universal credit roll out	Number of carers using service increases. Benefits amounts gained by money advice unit and Citizens Advice for carers	June2018	ACS commissioning
2	Promote umbrella membership of Employers for Carers to all organisations in Herts, especially private sector	Increased registrations Increased number of staff completing training	September 2018	ACS commissioning
3	Promote the financial benefits of; carer direct payments, making a difference project, council tax discounts, carers' passport discounts, carers allowance and other benefits for the carer or cared for.	Carers report increased awareness of these options	April 2019 and ongoing	All PPG member organisations
4	Ensure carers have access to support in completing ACS finance forms. Consider roles of Hertfordshire County Council care payments team, community navigators, money advice unit.	Carers report that support is available when they need it.	December 2018	ACS commissioning

Objective 8:

Carers receive consistent joined up services

Carers said: we can't keep up with services if they constantly restructure, reorganise, change the names of the teams or move elements to new projects with new names. This also introduces delays while you wait for new services to decide who your worker will be. Key worker or named worker is vital, and if you are in touch with several organisations eg health & social care the key worker should be able to help to navigate you. A change of worker should be seen as a significant risk to the carer that their support will change/worsen along with attitudes to the cared for person.

No.	What will happen	How will we know it is working?	When will it happen by	Who will do it?
1	Review carers experience of contact with ACS services & staff	Report produced with recommendations	Dec 2018	ACS social care teams
2	Apply learning from Dacorum project- mapping carer support pathways	Changes to pathways are made as a result of Dacorum project report to simplify pathways, including processes to ensure signposting is consistently offered at diagnosis, or at the point of recognition of a carer	March 2019	All PPG members
3	Work with London School of Economics to measure the consistency, accessibility and impact of carer services	Useful findings are shared and implemented	Dec 2018	ACS commissioning
4	Within the limits of the new data protection regulations share information between different parts of the health & care system and services such as HertsHelp & Community Navigators.	A review of the impact of data protection regulations is produced with recommendations	April 2019	ACS Commissioning

References

[1] Valuing Carers, Carers UK and Dr Lisa Buckner, University of Leeds
[2] http://www.hertsdirect.org/your-council/Hertfordshire County Council/partnerwork/hwb/HWBS/
[3] http://www.england.nhs.uk/ourwork/pe/commitment-to-carers/
[4] http://jsna.hertslis.org/top/lifstaggroup/carers/
[5] http://www.hertsdirect.org/your-council/consult/careforelderlyconsult/dementiastrat
[6] http://www.hertsdirect.org/docs/pdf/a/aws.pdf
[7] Carers in Hertfordshire - Making a Difference for Carers Project, using Quality Metric SF12
[8] Census 2011.
[10] Oxford Brookes University and Hertfordshire County Council 2010
[11] Caring & Family Finances Inquiry: UK report, by Steve McIntosh 04 February 2014
[12] Carers UK, State of Caring Survey 2014 (n= 4,924 current carers)

If you would like to receive this information in a larger font size or would like any help in understanding the information in this document, please contact: **ACSCommissioning.Support@hertfordshire.gov.uk**

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

Title of service / proposal / project / strategy / procurement you are assessing[2]	Hertfordshire Carers Strategy 2018-21
Names of those involved in completing the EqIA	Ted Maddex
Head of Service or Business Manager	Tim Parlow
Team/Department	Integrated Community Support Team
Lead officer contact details	ted.maddex@hertfordshire.gov.uk 01438 853574
Focus of EqIA – what are you assessing?[3] What are the aims of the service, proposal, project? What outcomes do you want to achieve? What are the reasons for the proposal or change? Do you need to reference/consider any related projects?	Adult Care Services is refreshing its Carers Strategy, renewing its commitment for services for carers and building on the previous version of the strategy put in place for 2015-2018. It aims to provide, in line with the Care Act 2014, key commitments for support services that will better meet the needs of carers living in Hertfordshire. The council recognises the huge value of the work that unpaid or family carers do. The Care Act requires local authorities to support carers to care and to provide early intervention and support to promote carers' own health and wellbeing. The County Council alongside its strategic partners in this area has long accepted the case for supporting carers, including the need to address the health and economic impacts of caring and responding to demographic changes, which are leading to increasing pressures on carers. The strategy is for adult carers, but complements the young carers Strategy developed by Children's Services. The key outcomes for this strategy have been identified through carer forums and are that carers can; • Carry on caring if they want to. • Get good quality information and advice when they need it. • Be recognised, feel respected and heard as carers and partners in care and experts in the needs of the person they care for. • Have a life outside of and after caring, including working or volunteering if they want to & being able to fully access their local community and local services. • Stay mentally & physically fit and healthy • Be safe. • Access full benefits entitlements and financial advice • Receive consistent joined up services

Stakeholders	• Current service providers; • New providers; • Carers and Service Users (current and future); • Partner organisations (e.g. both Clinical Commissioning Groups, NHS Trusts, district councils; • Members of local communities; • Local elected Members; • HCC staff.

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	**Date**	**Gaps in data**
Census	**2011**	
Contract Monitoring data	**2016-2018**	
Consultation Feedback- carers strategy forums and Carers partnership & planning group	**2017 & 2018**	
JSNA report- Supporting Carers to Care	**2015/16**	

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

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
Age[8]	In mid-2013, the estimated total population of Hertfordshire had increased by approximately 24,600 (2.2%) since 2011. The number of people aged 50+ increased by 17,341. The population of Hertfordshire is growing faster than the England average, with the greatest rate of projected population growth in the Welwyn Hatfield area. Increasing growth in the numbers of older people will place greater demands on health and care services in all areas of Hertfordshire. The 2011 Census shows in England and Wales that: • Unpaid care is highest for both men and women in the 50-64 age range, with 37% of carers in this age bracket. • Although only 7% of carers are from the 0-24 age range (details are not available for 18-24 only), they can often face a number of challenging issues and benefit from a wide range of support • The possibility of becoming an unpaid carer increases up to age 64. People in the 50-64 age range are the most likely to have an elderly parent to care for. • Becoming an unpaid carer in your 50s increases your chances of leaving the labour market for good, is associated with health problems and restricts your social and leisure activities. In Hertfordshire the age breakdown of those that provide unpaid care mirrors the England and Wales breakdown exactly to the whole percentage figure; Age 0-15 - 2% Age 16-24 - 5%	It is anticipated that the strategy will have a positive impact on the range of ages that are supported, as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community.	No negative impacts identified

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
	Age 25-34 - 8% Age 35-49 - 27% Age 50-64 - 37% Age 65+ - 22% Notable variances in Districts and Boroughs are detailed below; Broxbourne – 29% aged 35-49 East Herts – 41% aged 50 – 64 Watford – 12% aged 25-34 Welwyn – 25% aged 35-49 and 35% aged 50 – 64 with increases just above 1% for 16-24, 25-34 & 65+ Stevenage – An additional 5% of carers are present between the 0-49 age groups Dacorum, Hertsmere, North Herts, St Albans and Three Rivers are within 1% of the Herts average for all age groups.		
Disability[9]	Census data indicates 22% of carers have a disability or long term illness that impacts them to some degree. This is broadly even across with County with Stevenage presenting slightly higher than other districts at 25%. (detailed below) Carers living in Hertfordshire were most likely to be looking after someone with a physical disability (27%), problems connected with ageing (22%) or sight or hearing loss (14%). Notable variances in Districts and Boroughs are detailed below St Albans – 26%	It is anticipated that the strategy will have a positive impact on people with disabilities, as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
	Stevenage – 25% Welwyn Hatfield – 24% Broxbourne, Dacorum, East Herts, Hertsmere, North Herts, St Albans, Three Rivers and Watford were within 1% difference of County average. National sources have highlighted the fact that an increasing number of people with complex needs are surviving to adulthood so parents are carers for longer or service users can become carers themselves for older parents		
Gender reassignment[10]	No data specific to carers with this characteristic has been identified. Support groups for carers with this characteristic report that there are challenges in identifying as carers and being recognised as carers	It is anticipated that the strategy will have a positive impact on people with this characteristic, as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified
Pregnancy and maternity[11]	No data specific to carers with this characteristic has been identified	It is anticipated that the strategy will have a positive impact on people with this characteristic as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified
Race[12]	81% of Hertfordshire's population is White British which is similar to the England figure, but the proportions of other ethnic groups vary considerably between districts and the percentage of Ethnic Minority individuals decreases with age. Watford, Welwyn Hatfield and Hertsmere have some of the	It is anticipated that the strategy will have a positive impact on people of all races as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
	highest proportions of people from other ethnic groups and there are also relatively high proportions of "White Other" in Three Rivers, Stevenage and Broxbourne (i.e. non UK European Union). In Broxbourne, Stevenage, Welwyn Hatfield, Hertsmere and Watford, over 2% of the population is African; St. Albans district has the highest proportion of Bangladeshi people in Hertfordshire (1.9%). Census data shows that of those providing any amount of unpaid care in Hertfordshire; • 85.9% are white British • 3.2% are white other • 2.5% are Indian (all categories) • 0.9% are African (all categories) In relation to Hertfordshire Districts, the most notable variations by Ethnicity for those providing any amount of unpaid care; Broxbourne – 6.1% are White Other Dacorum – 3.7% Asian (all categories) – Dacorum is broadly in line with County Average East Herts – 93% are White British Hertsmere – 4.6% are Indian North Herts – 4.6% are Asian (all categories) St Albans – 1.9% are Bangladeshi Three Rivers – 7.2% are Indian Welwyn Hatfield – 2.4% are Black (all categories) Watford – 17.9% are Asian (all categories) Monitoring data for preventative services suggests services are reaching approximately 3% or less of carers who do not identify as White British.		

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
	Over 160 languages are being spoken as first languages in Hertfordshire. Polish, Urdu (including dialects – Pahari, Mirpuri, Azad Kashmiri and Punjabi), Bengali (Sylheti), Gujarati, Chinese, Italian, Punjabi Gurmukhi, Portuguese and Tagalog are the most frequently spoken languages in Hertfordshire after English .		
Religion or belief[13]	After Christians, Hindu, Muslim and Jewish are the largest religious groups in Hertfordshire. Contract monitoring of commissioned Carers services shows that the mix of cares does not reflect the mix of the community.	It is anticipated that the strategy will have a positive impact on people across all religions and beliefs, as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified
Sex/Gender[14]	49% of the Hertfordshire population is male, compared to 51% female. This differs from the national position. This variance continues into older age. 58% of carers are women and 42% are men. Monitoring data for preventative services suggests that services are largely reaching women, suggesting there may be a gap in reaching male carers. There is no variance in gender greater than 1% across Districts and Boroughs	It is anticipated that the strategy will have a positive impact to reflect the gender mix of carers, as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified
Sexual orientation[15]	No data specific to carers relevant to this characteristic has been identified . No data specific to carers with this characteristic has been identified. Support groups are available as carers with this characteristic report challenges in identifying as carers and being recognised as carers	It is anticipated that the strategy will have a positive impact on people of all sexual orientations as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
Marriage and civil partnership[16]	No data specific to carers relevant to this characteristic has been identified	It is anticipated that the strategy will have a positive impact on people of any marital status as the Carer Strategy action plan addresses the need to ensure services reflect the mix of the community	No negative impacts identified
Carers[17]	There is a very significant number of carers not currently receiving support or known to services. For example, the Census 2011[1] reported that there were 108,615 carers living in Hertfordshire, equivalent to 9.8% of the population; the number of carers registered by *Carers in Hertfordshire* was 12,914 in 2011 and 25,000 in 2017. Whilst some carers may not want to receive support or be 'known', this data and information on the health and economic impacts of caring highlights the opportunity – and need – to identify and provide support and help to more carers in the county. 70% of carers in Hertfordshire are in the group caring for less than 20 hours per week (Census 2011) – this means that they are still likely to be amenable to benefit from early preventive interventions (information, advice, emotional support) and research indicates 60% of the value of informal carers' support can be attributed to the first year.	The key purpose of the Carer Strategy is to improve the experience of carers	No negative impacts identified

[1] http://www.nomisweb.co.uk/census/2011/data_finder?keyword=Unpaid care (provision of)

Protected characteristic group	What do you know[4]? What do people tell you[5]	What does this mean – what are the potential impacts of the proposal(s)[6]?	What can you do[7]?
	Research[1] has shown that carers are more likely to have health problems than those who do not have a caring responsibility. Carers themselves identified the key objectives for the strategy, and carers have reviewed drafts of the strategy to ensure it continued to reflect their needs.		

Opportunity to advance equality of opportunity and/or foster good relations[18]
Adult Care Services (ACS) contracts require providers to give staff appropriate and regular training in order to ensure staff are more aware of carers' individual and changing needs and more aware of the opportunities for working with partners and developing services so that they are more accessible to under-represented groups; similar training is also undertaken by ACS staff. This should help improve understanding of the needs of carers with different characteristics in Hertfordshire. Carers will continue to be engaged through the period of the strategy– e.g. through ACS's Planning and Performance Group for carers, Carers forums and surveys, specific involvement in the evaluation of tenders and the review of strategies/policies, and in the work of organisations commissioned to support carers. This will inform the ongoing development of services.

Conclusion of your analysis and assessment - select one of the outcomes below[19] 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 - No major change required to proposal	No potential adverse impacts have been identified and the Carer Strategy action plan is designed to improve equality of access to support, and strengthen monitoring of the use of services by people with protected characteristics. The strategy is designed to recognise the diverse characteristics of carers.

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

This EqIA has been signed off by:

Head of Service: **Print Name:** **Tim Parlow** **Date: 10.04.2018** **Review date: 1.4.2020**

Agenda Item No.

6

HERTFORDSHIRE COUNTY COUNCIL

ADULT CARE & HEALTH CABINET PANEL

TUESDAY 12 JUNE 2018 AT 10:00AM

ADULT SOCIAL CARE PERFORMANCE MONITOR & CARE QUALITY STANDARD – QUARTER 4 - 2017/18

Report of the Director of Adult Care Services

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

1. Purpose of the report

1.1. To enable the Panel to review the performance of adult social care for the fourth quarter of the 2017/18 financial year (January 2018 – March 2018).

2. Background

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

2.2. At a recent Adult Care and Health Cabinet Panel meeting, members asked for a further breakdown of delayed transfers of care (DTOC) performance. This report now includes an additional delayed transfer of care indicator. It now includes Hertfordshire's overall performance covering delays attributable to the NHS, Social Care and jointly to both bodies. This breakdown better replicates the 2018-19 Adult Social Care outcomes framework and along with the existing social care only indicator, provides a full overview of Hertfordshire's DTOC performance. A detailed additional breakdown of performance has also been attached as Appendix 2 to support analysis of these indicators.

2.3. Following the public release of the national datasets by NHS digital. This report now includes (where applicable) 2016-17 benchmarking data versus England and Hertfordshire's CIPFA comparative authorities. These are detailed in Appendix 1 to this report

2.4. **Please Note –** Data supplied for Quarter 4 represents end of year performance for Hertfordshire. This data is currently being validated and submitted to NHS digital and is subject to change before final release and publication.

2.5. The Herts Care Quality Standard detailing the performance and quality of Hertfordshire's providers is attached as Appendix 3 to this report.

3. **Recommendations**

3.1. Panel is invited to note the report and comment on the Quarter 4 performance and Herts Care Quality Standard of the Adult Care Services Directorate.

4. Financial Implications

4.1 This report is for noting and commenting purposes only and does not require a decision which would have any financial implications.

5. Equalities Implications

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

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

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

5.4. No Equalities Impact Assessment was undertaken in relation to this matter. This report is for noting and commenting purposes only and does not require a decision which would have any equality implications.

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

Commentary

Of the **7,877** clients receiving a long term service, **2,197** are in receipt of a direct payment. Adult social care teams continue to implement reviews of long term clients during to ensure they were receiving the most suitable form of support. This, together with continued promotion of direct payments and alternative methods of receiving direct payments (payment cards), has seen an improvement in performance. Currently achieving target. A Direct Payments review is currently underway which will re-visit the over-arching strategy for Direct Payments, and consider how to manage growth in Direct Payments as part of the overall market management approach.

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

Commentary

Of the **2,001** carers receiving a service this year, **1,418** have received a direct payment. Quarter 4 represented an- improvement in performance compared to Q3 (1851 carers and 1304 receiving a Direct Payment). Clear guidance continues to be promoted amongst front line teams to ensure that direct payments continue to be used where appropriate. Carers continue to be assessed and reviewed to ensure they are receiving the most suitable form of support available and it is anticipated that this, along with the promotion of direct payment pre-paid cards, will continue to improve performance.

Indicator	*2016/17 End of year performance*	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	*2016/17 National average*	*2016/17 CIPFA comparator group average*
Permanent Admissions to Care Homes (18-64) (rate per 100,000 population)	**13.0**	**15.0**	**11.8**	**11.5**	**11.6**	**10.2**	**12.8**	**11.4**

Commentary

There have been **73** new admissions in 2017-18 an improved performance of 10.2 per 100,000 population compared to 13 per 100,000 population in 2016-17. Continued management oversight of all residential placements and the promotion of alternative forms of care have resulted in the level of residential admissions continuing to reduce in line the intended strategy in this area.

Permanent Admissions to Care Homes (65+) (rate per 100,000 population)	**543**	**575**	**543.6**	**517.2**	**508**	**487**	**610.7**	**560.4**

Commentary

There have been **959** 65+ admissions during the 2017-18 financial year giving a rate of 487 admissions per 100,000. Hertfordshire has achieved its 2017-18 target and improved on performance compared to 2016-17. ACS strategy is to reduce the number of people requiring residential care and promote the use of alternative services in order to promote independence. Continued management oversight of all residential placements and the promotion of alternative forms of care have resulted in the level of residential admissions continuing to reduce in line with this aim.

Indicator	*2016/17 End of year performance*	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	*2016/17 National average*	*2016/17 CIPFA comparator group average*
Older people at home 91 days after leaving hospital into reablement	**86.0%**	**85.0%**	**90.0%**	**87.0%**	**83.0%**	**85.8%**	**82.5%**	**81.5%**

Commentary

Please Note – this indicator is reported a quarter in arrears therefore Quarter 4 data relates to Oct 17-Dec 17 this allows the 91 day period to elapse.

Performance has improved for this indicator and is above target for quarter 4. It also sits above Hertfordshire comparative authorities (81.5%) and England averages for 2016-17 (82.5%).The number of clients entering reablement services from hospital continues to increase. 710 Clients aged 65+ were discharged into Social Care between October and December 2017 with 609 of those clients still at home 91 Days later. The service is experiencing clients with more diverse and severe needs being offered this form of support. A result of offering reablement services to people with more significant need there is an increase in the likeliness that they will not be at home after 91 days from discharge.

The service continues to be improved by a number of initiatives. These include; working with providers to increase capacity, development of discharge to assess models in order to help people transfer from hospitals into reablement, recruitment of additional occupational therapists and an increase in the delivery of enablement in settings other than the clients' own homes.

Indicator	*2016/17 End of year performance*	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	*2016/17 National average*	*2016/17 CIPFA comparator group average*
Overall Delayed transfers of care from hospital (NHS/Social Care/Joint (rate per 100,000 pop)	**17.5**	**6.5**	**18.5**	**16.4**	**15.7**	**14.7**	**14.9**	**17.4**

Commentary

Overall Delayed Transfers of Care for Hertfordshire have continued to reduce into quarter 4. 68% of Hertfordshire's delays have been attributable to the NHS, 31% Social Care and 1% jointly to NHS and Social Care.

Overall the greatest percentage of Hertfordshire's delays has been reported by West Herts Hospital Trust with 28% of all delays occurring at their hospital. Hertfordshire Community Trust (HCT) (22.4%) and Hertfordshire Partnership Foundation Trust (HPFT) (15.5%) report the second and third highest contribution to delays. The main reason recorded for these delays is patients waiting for home care (23.5%), followed by further non-acute NHS care (22.2%) and then patient family choice (15.0%).

Actions to improve performance include ensuring working closely with each individual trust to ensure delays are recorded and reported accurately (resulting in a reduction of delays reported by HPFT) and continuing to work on a number of initiatives including:

- Increasing intermediate bed capacity by using Improved Better Care Fund (IBCF) funding
- Deployment of Impartial Assessors to speed up placements in care homes
- Work with Hertfordshire Community Trust to develop a Discharge Home to Assess Model similar to service in East and North Herts Trust
- Continuation and further roll out of Integrated Discharge Teams across Hertfordshire hospitals.

Indicator	*2016/17 End of year performance*	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	*2016/17 National average*	*2016/17 CIPFA comparator group average*
Delayed transfers of care attributable to social care (rate per 100,000 pop)	**5.6**	**2.6**	**7.0**	**5.5**	**5.1**	**4.5**	**6.3**	**7.2**

Commentary

Delayed Transfers of Care attributable to social care have continued to reduce into quarter 4. Data relating to delays is published by Trust and for the year to date, the greatest percentage of Hertfordshire's delays attributable to social care have been reported by West Herts Hospital Trust with 49.4% of all delays occurring at their hospital. Hertfordshire Community Trust (24.2%) and Hertfordshire Partnership Foundation Trust (6.9%) report the second and third highest contribution to delays. Princess Alexandra Trust accounted for 4% with East and North Herts Trust accounted for less than 1% of delays. The main reason recorded for social care delays is patients waiting for home care (55.4%), followed by waiting for residential care (18.4%) and then nursing care (17.8%). Waiting for assessment delays accounted for less than 6% of social care delays in Hertfordshire.

Hertfordshire have not achieved the NHS England prescribed target of no more than 2.6 delays per 100k population. However significant improvement has been made throughout the year with Hertfordshire the 19th (out if 152) most improved authority for social care delays when comparing April 2017 to March 2018. (*see additional DTOC analysis*)

Actions to improve performance include ensuring working closely with each individual trust to ensure delays are recorded and reported accurately (resulting in a reduction of delays reported by Hertfordshire Partnership Foundation Trust (HPFT)) and continuing to work on a number of initiatives including:

- Increasing intermediate bed capacity by using IBCF funding
- Deployment of impartial assessors to speed up placements in care homes
- Work with Hertfordshire Community Trust to develop a Discharge Home to Assess model similar to service in East and North Herts Trust
- Continuation and further roll out of Integrated Discharge Teams across Hertfordshire hospitals.

Indicator	*2016/17 End of year performance*	2017/18 Target	Quarter 1 Performance	Quarter 2 Performance	Quarter 3 Performance	Quarter 4 Performance	*2016/17 National average*	*2016/17 CIPFA comparator group average*
Number of Deprivation of Liberty Safeguard (DoLS) applications received	**4,400**	**N/A**	**933**	**1,210**	**1,125**	**1,050**	**1416**	**3433**
Commentary Information included for monitoring purposes only – no target set. Data is based on the number of DOLs application received in the quarter. Comparator data is based on year to date performance. For 2017-18 Hertfordshire received 4318 Applications. 2298 applications were completed in year with 505 (22%) granted and the remaining 1793 (78%) not granted.								
Number of Safeguarding concerns raised	**5,620**	**N/A**	**2,136**	**2,035**	**2,219**	**2,260**	**2378**	**5497**
Commentary Information included for monitoring purposes only – no target set. Data is based on the number of Concerns reported in the quarter. Comparator data is based on year to date performance. Hertfordshire provisionally reported 8650 new Safeguarding Concerns for 6447 vulnerable adults in 2017-18.								

Appendix 1

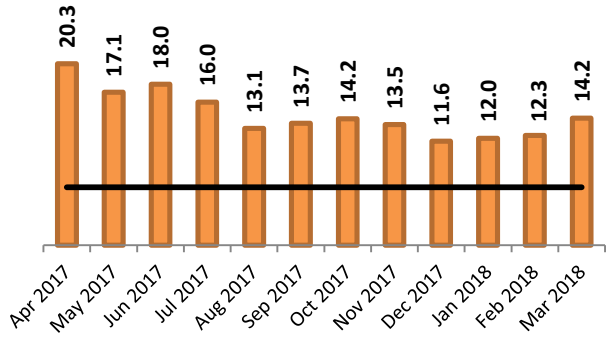
Hertfordshire's CIPFA Comparator Group		
Local Authority Name	**Region**	
Northamptonshire County Council	East Midlands	**To provide a means of benchmarking progress other local authorities are identified where they are deemed to have similar characteristics. These designated Local Authorities are known as statistical neighbours or comparable authorities. Comparators provide context to help interpret indicators* *Areas can be combined into comparator areas by analysing datasets to identify groups of similar areas. Each comparator is different, but the common themes that go into their calculations are population, age structure, geographical size, socio-economic characteristics (such as education, deprivation, employment, income, health and care, and so on) and housing, among others*
Nottinghamshire County Council	East Midlands	
Hertfordshire County Council	East of England	
Suffolk County Council	East of England	
Essex County Council	East of England	
Cambridgeshire County Council	East of England	
Oxfordshire County Council	South East	
Buckinghamshire County Council	South East	
Surrey County Council	South East	
West Sussex County Council	South East	
Hampshire County Council	South East	
Kent County Council	South East	
Warwickshire County Council	West Midlands	
Staffordshire County Council	West Midlands	
Worcestershire County Council	West Midlands	

Hertfordshire Delayed Transfers of Care Analysis (Quarter 4 2017-18)

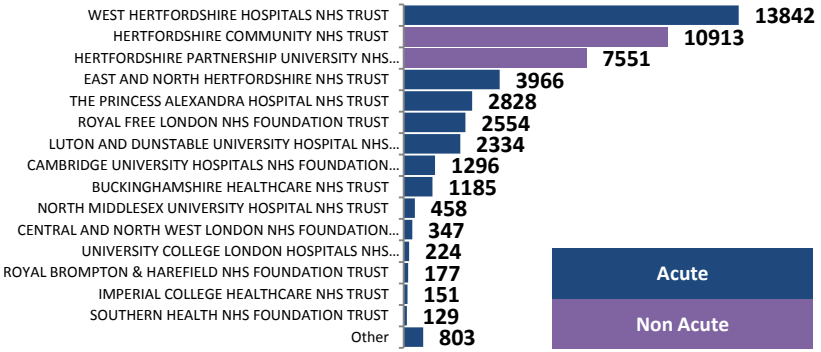
This publication is based on UNIFY published data up to the end of March 2018. This analysis has been produced to support Hertfordshire's quarterly delayed transfers of care performance for 2017-18.

Total Delays

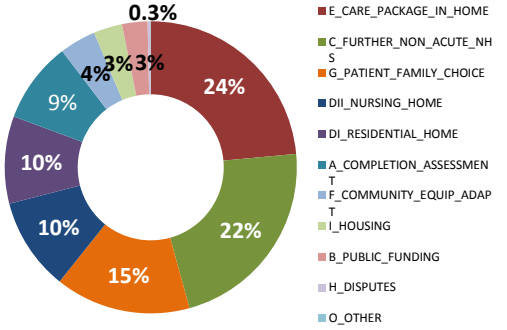
Total Delays Per 100k Monthly Trend Vs NHSE Target



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

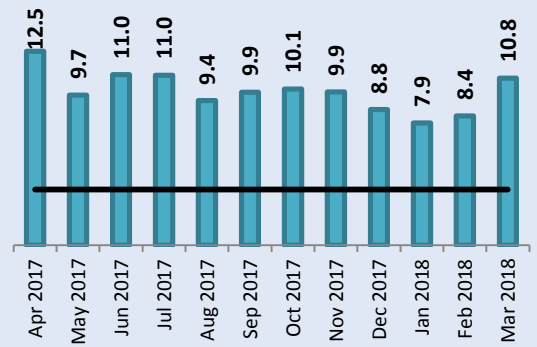


Total Delays Split By Reason (Actual Delayed Days) for the year to Date

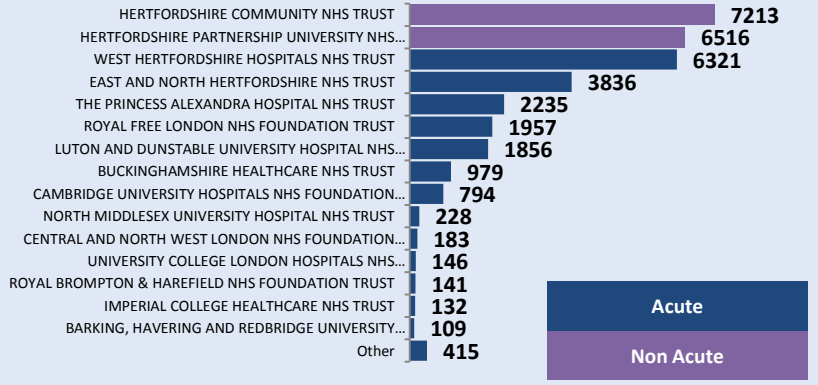


NHS Delays *(68% of all Delays)*

NHS Delays Per 100k Monthly Trend Vs NHSE Target



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



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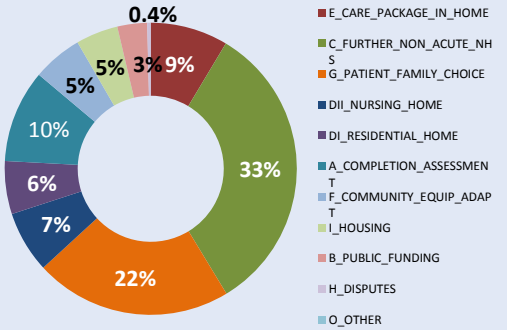
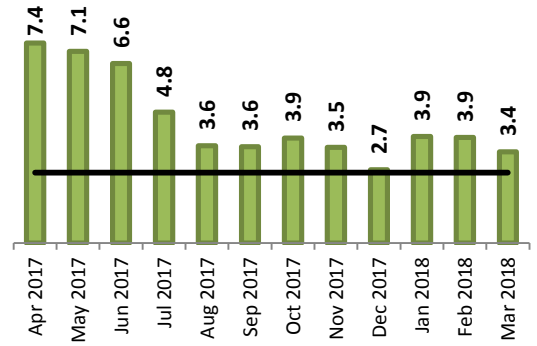
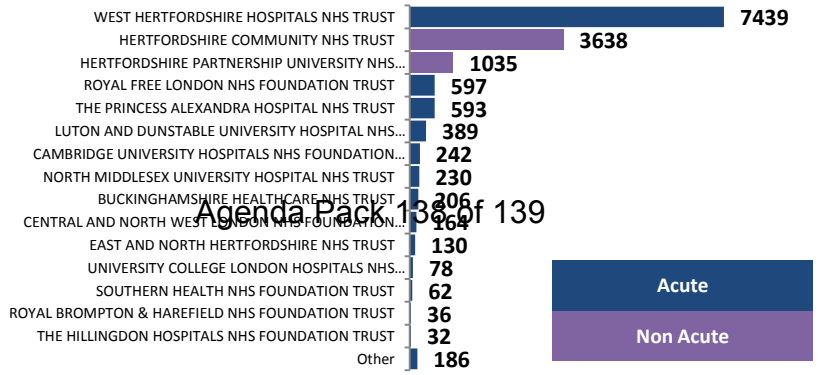


Social Care *(31% of all Delays)*

Social Care Delays Per 100k Monthly Trend Vs NHSE Target



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



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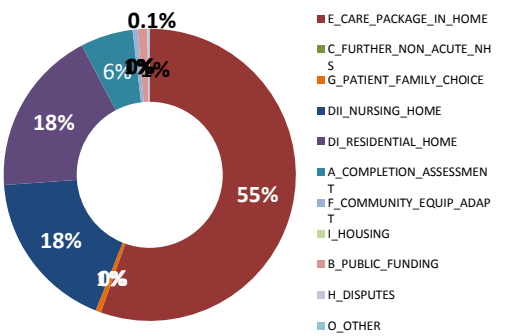

Appendix 3

The Hertfordshire Care Quality Standard

How we assess the Standard

Commissioners gather information from a number of sources to judge quality:

- Information from the industry regulator – the Care Quality Commission (CQC) following their routine inspections of registered services;
- Quarterly meetings with the CQC to share concerns about quality or practice;
- Whistle-blowing, representations and complaints from people who use services, their family carers, care staff and citizens;
- Feedback from people who use services, and carers through our surveys - 'Have Your Say' and 'ASCOT' satisfaction;
- Information from independent watchdog of health and social care: Healthwatch;
- Feedback from our partners including GPs, Ambulance service and District Nurses
- Intelligence from Environmental Health Officers and Fire Inspections;
- Regular D & B credit checks of care providers to make sure they are financially stable and sustainable;
- Operational team intelligence.

We have set up a 'Hertfordshire Standard' email address as a repository for information which can be used by all stakeholders. Any concerns can be emailed in to: careconcerns@hertfordshire.gov.uk

Risk analysis of providers: all providers are formally risk assessed using the East of England regional contract monitoring process. This prioritises providers based on key areas of information and enables better allocation of monitoring resources.

Contract Monitoring: a schedule of contract monitoring visits is undertaken by the council using a regional monitoring tool (PAMMS application). This gives a score against outcome areas, and priorities can be given to certain standards. We can also compare our care quality with our neighbours.

Status Report –Q4

January – March 2018

Support at Home (48 services)

Information	Activity RAG rate
Domain 1: Involvement & Information	**76%** (Target 87%)
Domain 2: Personalised care & Support	**88%** (Target 95%)
Domain 3: Safeguarding & Safety	**76%** (Target 95%)
Domain 4: Suitability of Staffing	**76%** (Target 90%)
Domain 5: Quality of Management	**82%** (Target 88%)
Overall PAMMS % score	**76%** (Target 92%)
Complaints upheld	38 (174)
Serious Concerns opened	0 (<3)
% SU that feel safe	91.4% (95%)

Older People's Accommodation (67 Provider's - 146 Services)

Information	Activity RAG Rate
Domain 1: Involvement & Information	**80%** (Target 77%)
Domain 2: Personalised care & Support	**90**% (Target 85%)
Domain 3: Safeguarding & Safety	**75**% (Target 81%)
Domain 4: Suitability of Staffing	**70**% (Target 81%)
Domain 5: Quality of Management	**80**% (Target 70%)
Overall PAMMS % score	**65**% (79%)
Complaints upheld	1 (< 3)
Serious concerns opened	0 (< 3)

Day Opportunities

Information	Activity *and RAG*	
	OP (14 services)	**ADS (45 providers and 56 services)**
Domain 1: Involvement & Information	0 **%** (89%Target)	**0%** (89%Target)
Domain 2: Personalised care & Support	0 **%** (93%Target)	**0%** (93%Target)
Domain 3: Safeguarding & Safety	0 **%** (77%Target)	**0%** (77%Target)
Domain 4: Suitability of Staffing	0 **%** (88%Target)	**0%** (88%Target)
Domain 5: Quality of Management	0 **%** (92%Target)	**0%** (92%Target)
Overall PAMMS % score	0**%** (85%Target)	**0%** (85%Target)
Serious concerns opened	0 (1 Target)	**0** (1 Target)
Complaints up held	0 (1 Target)	**0** (1 Target)

Learning Disabilities Accommodation

(60 Resi Providers (115Services) & 35 Supported Living providers)

Information	Activity *and RAG rate*	
	Residential	**Supported Living**
Domain 1: Involvement & Information	**85%** (Target 86%)	**57**% (81%Target)
Domain 2: Personalised care & Support	**90%** (Target 90%)	**85**% (87%Target)
Domain 3: Safeguarding & Safety	**70%** (Target 86%)	**85**% (77%Target)
Domain 4: Suitability of Staffing	**85%** (Target 79%)	**57**% (84% Target)
Domain 5: Quality of Management	**65%** (Target 72%)	**100**% (74%Target)
Overall PAMMS % score	**90%** (Target 82%)	**71**% (80%Target)
Serious concerns opened	1 (<3 Target)	0 (1 Target)
Complaints upheld	**0** (<3 Target)	0 (1 Target)

How we enforce the Standard

Any areas of concerns which arise from our care contract monitoring visits result in the council requesting an action plan from the care provider. When the plan is agreed, the provider must act on the plan within agreed timescales. We will support providers to improve, giving advice on best practice and highlighting available training or other support.

Key themes emerging from monitoring visits - and the information gathered from partners and people who use services is collated and used by council staff in the 'Workforce Development Team' and Hertfordshire Care Providers Association to support focused training events for their members.

'Serious Concerns with a Provider' procedure: where a number of concerns about a provider or establishment have emerged and we believe people may be at risk, a serious concerns meeting is called and council staff, management from the provider and key stakeholders share information, highlight areas of concern and agree an action plan for improvement to agreed timescales.

If standards do not improve we will intervene and where necessary contracts are suspended and/or terminated.

Safeguarding meetings - our operational social work teams have responsibility for safeguarding vulnerable people and following the council's 'Safeguarding Adults from Abuse in Hertfordshire Protocol'.

Finally where service users are at risk we will support them and their families to provide alternative provision.

If you are worried about care standards or need more information, please email us at: **careconcerns@hertfordshire.gov.uk**

NOTE: Targets remain as previous year. Reporting % of providers scoring good or excellent in overall rate and domains