



Kevin Williams  
Interim Head of Legal and  
Democratic Services

**MEETING** : HEALTH AND WELLBEING SCRUTINY COMMITTEE  
**VENUE** : COUNCIL CHAMBER, WALLFIELDS, HERTFORD  
**DATE** : TUESDAY 20 SEPTEMBER 2016  
**TIME** : 7.00 PM

PLEASE NOTE TIME AND VENUE

**MEMBERS OF THE COMMITTEE (ONE VACANCY):**

Councillor A Alder (Chairman).  
Councillors D Abbott, P Ballam, S Bull, S Cousins (Vice-Chairman),  
J Jones, Mrs D Hollebon, S Stainsby and M Stevenson.

**Substitutes:**

Conservative Group: Councillors D Andrews, I Devonshire,  
R Henson, D Oldridge, R Standley and  
C Woodward.

*(Note: Substitution arrangements must be notified by the absent Member to Democratic Services 24 hours before the meeting).*

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## DISCLOSABLE PECUNIARY INTERESTS

1. A Member, present at a meeting of the Authority, or any committee, sub-committee, joint committee or joint sub-committee of the Authority, with a Disclosable Pecuniary Interest (DPI) in any matter to be considered or being considered at a meeting:
  - must not participate in any discussion of the matter at the meeting;
  - must not participate in any vote taken on the matter at the meeting;
  - must disclose the interest to the meeting, whether registered or not, subject to the provisions of section 32 of the Localism Act 2011;
  - if the interest is not registered and is not the subject of a pending notification, must notify the Monitoring Officer of the interest within 28 days;
  - must leave the room while any discussion or voting takes place.
2. A DPI is an interest of a Member or their partner (which means spouse or civil partner, a person with whom they are living as husband or wife, or a person with whom they are living as if they were civil partners) within the descriptions as defined in the Localism Act 2011.
3. The Authority may grant a Member dispensation, but only in limited circumstances, to enable him/her to participate and vote on a matter in which they have a DPI.
4. It is a criminal offence to:
  - fail to disclose a disclosable pecuniary interest at a meeting if it is not on the register;
  - fail to notify the Monitoring Officer, within 28 days, of a DPI that is not on the register that a Member disclosed to a meeting;
  - participate in any discussion or vote on a matter in which a Member has a DPI;
  - knowingly or recklessly provide information that is false or misleading in notifying the Monitoring Officer of a DPI or in disclosing such interest to a meeting.

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## AGENDA

1. Apologies

2. Minutes – 14 June 2016

To confirm the Minutes of the meeting of the Committee held on Tuesday 14 June 2016 (Previously circulated as part of the Council Minute book for 27 July 2016).

3. Chairman's Announcements

4. Declarations of Interest

To receive any Member's Declaration of Interest and Party Whip arrangements.

5. Planning and Health and Wellbeing (Pages 5 – 14).

6. Opportunities to support independent living arising from the proposed Home Improvement Agency (Pages 15 – 74).

7. Update and Minutes from Hertfordshire County Council Health Scrutiny Committee (Pages 75 – 80).

8. Scrutiny Work Programme (Pages 81 – 94).

9. Urgent Business

To consider such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration and is not likely to involve the disclosure of exempt information.

## EAST HERTS COUNCIL

HEALTH AND WELLBEING SCRUTINY COMMITTEE – 20  
SEPTEMBER 2016

REPORT BY SCRUTINY OFFICER ON BEHALF OF CHAIRMAN OF  
HEALTH AND WELLBEING SCRUTINY COMMITTEE

PLANNING AND HEALTH AND WELLBEING

WARD(S) AFFECTED: ALL

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### **Purpose/Summary of Report:**

- To give Members the opportunity to gain evidence on this topic at a strategic level and to be assured that the service, in the short term, is appropriately integrating the wider public health agenda, prior to the adoption of the District Plan in 2017.

### **RECOMMENDATION FOR HEALTH AND WELLBEING SCRUTINY:**

**That:**

(A)	Officers be requested to further explore the service's contribution to the wider public health agenda, taking into account issues raised on the night (as per para 2.5).
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#### 1.0 Background

1.1 The role of the council in the protection and promotion of public health has always been important but it has been further enhanced due to the introduction of the Health and Social Care Act 2012 which came into force April 2013.

1.2 The council adopted a new East Herts Health and Wellbeing Strategy (2013-2018) in October 2013. This was endorsed by Jim McManus, Director of Public Health for Hertfordshire, who circulated it nationwide as an example of good practice. A list of the council's core services that contribute to the public's health can be found on pages 5 and 6  
<http://www.eastherts.gov.uk/wellbeing>

1.3 Following on from this, the council recently adopted a new Corporate Strategic Plan (2016/17 – 2019/20) that identifies health and wellbeing as a priority, specifically "residents living active and healthy lives."

- 1.4 In terms of the proposed East Herts District Plan, Members will be aware that this will integrate the health and wellbeing agenda according to the National Planning Policy Framework (NPPF) and National Planning Practice Guidance (NPPG). The NPPF sets out that the planning system has an important role to play in creating healthy, inclusive communities. The NPPG sets out further guidance in relation to how planning authorities can take health and wellbeing issues into account in the plan making and decision processes.
- 1.5 The District Plan Executive Panel considered the emerging Community Facilities, Leisure and Recreation chapter of the District Plan at its meeting of 21 July 2016. The relevant District Plan policy, policy CFLR9 was endorsed at that meeting.
- 1.6 The proposed section on health and wellbeing included in the District Plan, plus policy CFLR9, is shown in **Essential Reference Paper 'B'**.
- 1.7 The timescale for the final adoption of the District Plan is such that it should be in place toward the end of 2017. In the meantime, decisions are made in the light of national policy in the NPPF, guidance in the NPPG and the policies in the current Local Plan (East Herts Local Plan 2007). Whilst those existing policies sought to ensure the provision of facilities and their retention where they are already in place, this has not been expressly based on a health and wellbeing objective.
- 2.0 Report
- 2.1 The purpose of this agenda item is to look at how health and wellbeing is currently integrated into the decision making process of the Development Management Committee in the interim period prior to the adoption of the new District Plan. Questioning will be undertaken via a round table discussion.
- 2.2 Members are asked to note that public health is one of a range of issues that must be taken into account when considering planning applications. It will often be the case that the range of considerations will be in conflict and the decision maker has to determine the weight that should be applied to competing objectives taking the policy basis into account.

- 2.3 The Head of Planning and Building Control, the Executive Member for Development Management and Council Support and the Chairman of Development Management Committee have been invited, on this occasion, to specifically discuss this topic from their different perspectives.
- 2.4 The HWS Chairman invites Committee Members to discuss the following themes to ensure that what is being delivered is linked to the new corporate priority and the East Herts Health and Wellbeing Strategy and that the priorities of this strategy are being given due consideration. The questions are as follows:
- a) How does health and wellbeing currently fit into the decision making process of development management? For example, is input sought from Hertfordshire Public Health in terms of either comment or evidence?
  - b) If health and wellbeing is everyone's business, what is the council's direction-of-travel in terms of further integrating the public health agenda into the service?
  - c) Do we have any local public health evidence to enable us to make fully informed decisions with regards to the impact of the availability of fast food outlets?
  - d) What barriers to ideas have been identified and how might these be addressed in the short term?
  - e) How proactive can the service be in identifying opportunities for residents to live an active and healthy life, as part of new housing developments?
  - f) What, if any, is the council's response to the national initiative of healthy cities and towns?
- 2.5 Following the discussion, Members are asked to consider the responses and make recommendations whether there are any public health recommendations they would like officers to explore in the future, linked to the development management service that would ensure residents are able to more easily adopt an active and healthy lifestyle. This could be around Members' training, policy shift or benchmarking from other authorities or exploring closer links with public health on the planning and place agenda.
- 3.0 Implications/Consultations

3.1 Information on any corporate issues and consultation associated with this report can be found within **Essential Reference Paper 'A'**.

## Background Papers

### District Planning Bulletins

<http://www.eastherts.gov.uk/article/16102/District-Planning-Bulletin>

“Building the foundations:Tackling Obesity through planning and development” Local Government Association and Town and County Planning

Association March 2016

[http://www.local.gov.uk/documents/10180/7632544/L16-6+building+the+foundations+--+tackling+obesity\\_v05.pdf/a5cc1a11-57b2-46e3-bb30-2b2a01635d1a](http://www.local.gov.uk/documents/10180/7632544/L16-6+building+the+foundations+--+tackling+obesity_v05.pdf/a5cc1a11-57b2-46e3-bb30-2b2a01635d1a)

“Briefing: Planning, health and wellbeing: new LGiU Essential Guide”  
Local

Government Information Unit, March 2015

<http://www.lgiu.org.uk/briefing/planning-health-and-wellbeing-new-lgiu-essential-guide/>

East Herts Health and Wellbeing Strategy 2013-2018

<http://www.eastherts.gov.uk/wellbeing>

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## ESSENTIAL REFERENCE PAPER 'A'

### IMPLICATIONS/CONSULTATIONS:

Contribution to the Council's Corporate Priorities/ Objectives  2016/17 version)	Priority 1: Improve the health and wellbeing of our communities, especially residents living active and healthy lives  Priority 2: Enhance the quality of people's lives
Consultation:	Head of Planning and Building Control
Legal:	None identified by report author.
Financial:	Decision making within the current and emerging policy context can be achieved using existing resources. Additional evidence gathering or changes to the policy context may have budget implications.
Human Resource:	None identified by report author
Risk Management:	There is a risk of lack of engagement or understanding about the Council's role in integrating the public health agenda into core services. The objectives of the East Herts Health and Wellbeing Strategy may not be achieved in full as a result.
Health and wellbeing – issues and impacts:	The Health and Wellbeing Scrutiny Committee is set up to specifically focus in on issues and topics which have a direct and immediate impact on the health and wellbeing of all those who live, work or study in the district. This report is a response to the introduction of the Health and Social Care Act 2013.

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## **ESSENTIAL REFERENCE PAPER 'B'**

Proposed section on Health and Wellbeing from the District Plan, including Policy CFLR9

### **19.9 Health and Wellbeing**

- 19.9.1 The NPPF requires planners to consider health in a range of different ways. The framework's presumption in favour of sustainable development highlights the importance of achieving social, economic and environmental objectives (health and wellbeing encompasses all three). The Health and Social Care Act, which came into force in April 2013, introduced a new public health landscape. Within Hertfordshire, the previous NHS Primary Care Trust configuration has been reshaped into the Herts County Council Public Health Directorate working with District and Borough Councils in a two-tier formation, along with other vital health partners, statutory and voluntary, addressing local health need.
- 19.9.2 The Hertfordshire Health and Wellbeing Strategy (2013-2016) was developed at this time with nine priorities and is to be refreshed in 2016. Hertfordshire County Council also has its own Public Health Strategy (2013-2017). In addition, the East Herts Health and Wellbeing Strategy (2013) supports the life course approach to health which looks at the people, places and communities they live in, seeking to provide the best potential for improved health outcomes from birth to grave.
- 19.9.3 The following priority elements are foundation principles of the East Herts Health and Wellbeing Strategy:
1. Healthy children starting off well;
  2. Empowering children, young people and adults to achieve their life potential;
  3. Creating health and work together;

4. Promoting positive health and wellbeing life quality for all;
5. Healthy places and sustainable communities;
6. Pro-active health prevention.

- 19.9.4 Priorities 2, 5 and 6 have particular links with planning. Priority 2 refers to enabling the best possible life opportunities for all ages of population. Examples of this which relate to planning opportunities could involve the design of communities and towns that enable good community cohesion.
- 19.9.5 Priority 5 connects with the contribution planning can have in shaping infrastructure from residential dwellings and office developments to the ways in which these are sustainably connected and enable a richer environment for encouraging behaviour change and healthy lifestyle living.
- 19.9.6 Priority 6 is an active contributor in balancing economic burdens that are associated in treating individuals affected by illness and poor health. Examples of life-long homes that can be adapted easily as an individual passes through different life stages can help maintain independence. A community setting where these homes are located with opportunities to walk and exercise could impact a person's health potential positively both in terms of physical health and their social wellbeing because of a supportive neighbourly environment, enabling social connections.

The Health Summary for the East and North Hertfordshire Clinical Commissioning Group area can be viewed and downloaded from the NHS East and North Hertfordshire CCG Website at:

[www.enhertsccg.nhs.uk/](http://www.enhertsccg.nhs.uk/)

Local Health Profiles can be viewed on the Public Health England Website at: [www.apho.org.uk/](http://www.apho.org.uk/)

The East Herts Health and Wellbeing Strategy (2013-2018) can be viewed and downloaded from the Council's Website at:

[www.eastherts.gov.uk/wellbeing](http://www.eastherts.gov.uk/wellbeing)

- 19.9.7 The planning system can play an important role in creating healthy, inclusive communities. This could include, for example, measures aimed at reducing health inequalities, encouraging physical activity, improving mental health and wellbeing, and improving air quality to reduce the incidence of respiratory disease.
- 19.9.8 The County Council's Public Health Department is preparing a Health and Wellbeing Planning Guidance document defining its expectations to developers in the delivery of healthy development and communities, with signposts to further advice. This will be available at <http://www.hertsdirect.org/services/healthsoc/healthherts/healthyplaces/>.
- 19.9.9 Sport England and Public Health England have produced 'Active Design', a set of guidelines and principles on creating developments that encourage physical activity and to promote opportunities for sport and physical activity in the design and layout of development:

Sport England's Active Design guidance can be viewed and downloaded from the Sport England Website at: [www.sportengland.org/facilities-planning/planning-for-sport/planning-tools-and-guidance/active-design/](http://www.sportengland.org/facilities-planning/planning-for-sport/planning-tools-and-guidance/active-design/)

- 19.9.10 Major applications will be expected to demonstrate how they will make provision for additional healthcare facilities. Strategic allocations will be expected to make full provision on-site, or in agreement with NHS England and East & North Herts Clinical Commissioning Group, improvements to existing facilities may be appropriate where this provides the most effective provision for patients.

## **Policy CFLR9 Health and Wellbeing**

I. All development shall be designed to maximise the impact it can make to promoting healthy communities and reducing health inequalities. In particular, regard shall be had to providing the necessary infrastructure to encourage physical exercise and health, including accessible open space, vegetation and landscaping, sport and recreation facilities, cultural facilities and safe, well promoted, walking and cycling routes.

II. Where new health facilities are planned, these should be located where there is a choice of sustainable travel options and should be accessible to all members of the community.

III. Contributions towards new or enhanced health care facilities will be sought to ensure the health care requirements arising from new developments are met and to prevent a shortfall or worsening of provision.

IV. Where new facilities for community use, including for the practice of faith, are planned, these should be of a flexible design to enable multiple uses throughout the day and should be located where there is a choice of sustainable travel options.

## EAST HERTS COUNCIL

HEALTH AND WELLBEING SCRUTINY COMMITTEE – 20  
SEPTEMBER 2016

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### REPORT BY EXECUTIVE MEMBER FOR HEALTH AND WELLBEING

OPPORTUNITIES TO SUPPORT INDEPENDENT LIVING ARISING  
FROM THE PROPOSED HOME IMPROVEMENT AGENCY

WARD(S) AFFECTED: ALL

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#### **Purpose/Summary of Report:**

- This report provides an update on the ongoing project to develop a Hertfordshire Home Improvement Agency, HIA, to help elderly and vulnerable persons to remain living independently at home, sets out the changes to government funding for Disabled Facilities Grants, and explores opportunities for innovative services in the light of the HIA proposal and funding changes.

#### **RECOMMENDATIONS FOR HEALTH AND WELLBEING SCRUTINY:**

**That**

<b>(A)</b>	<b>The proposal that East Herts Council becomes a partner in the Hertfordshire Home Improvement Agency be supported;</b>
<b>(B)</b>	<b>Members consider opportunities to enhance service provision by virtue of the HIA proposal and funding changes; and</b>
<b>(C)</b>	<b>Members suggest innovative ideas for consideration by the HIA steering group.</b>

#### **1.0 Background**

- 1.1 At the request of this Committee, it considered an update on the Disabled Facilities Grant programme at its meeting on 16<sup>th</sup> February 2016. That report set out the legislative and funding frameworks for mandatory and discretionary Disabled Facilities Grants (DFG), and referred to the ongoing county wide review of adaptation services.
- 1.2 The review led to a proposal to develop a Home Improvement Agency (HIA) delivery model in Hertfordshire. This committee in

February supported this approach in principle, and a future report was included in the committee's work programme.

- 1.3 Officers continue to participate in the project steering group for the Hertfordshire HIA, and this council's Chief Executive is the project sponsor. A business case and proposed model have been developed. Both were reported to this council's Corporate Business Scrutiny Committee on 30 August 2016, and Executive on 6 September 2016. The Executive has confirmed East Herts Council's commitment to participate in a shared service. This then enables detailed implementation plans to be devised with partners with a view to the service 'going live' in 2017/18.

## **2.0 Exploring potential developments to assistance policy and independent living services.**

- 2.1 There has been a recent increase in government funding for DFGs. For East Herts, in 2016/17 the Better Care Fund allocation for DFGs is £530,136, an uplift of £237,009 between 2015/16 and 2016/17. This now exceeds anticipated expenditure under the current referral rates, which fall below the previous trend.
- 2.2 The increase in funding together with the proposed new way of working provides opportunities for enhancing current service provision. This committee is therefore invited to contribute to the thinking underway on service development by suggesting ideas for innovation for the project team to consider.
- 2.3 To assist this process, Health and Wellbeing Scrutiny Members have received a link to a new integration briefing document published by Care and Repair England, titled 'Innovation in home adaptations – a fresh chance'. The link is provided in **Essential Reference Paper 'B'** to this report. It considers how the substantial increase in funding for home adaptations offers opportunities to improve integration and meet new performance targets, including reducing delayed transfers of care. The briefing, supported by Public Health England, explains the connections between Disabled Facilities Grant finance and this year's new Better Care Fund Policy Framework.
- 2.4 A link to a more detailed report by Foundations entitled 'The Disabled Facilities Grant – before and after the introduction of the Better Care Fund' published in June 2016 is also provided as an essential reference paper. This would seem to support the proposed direction of travel, and considers new service models and flexible use of the DFG.



- 2.5 For example, members may wish to draw on their local knowledge to suggest gaps in existing service, and to consider in what circumstances fast-tracked, non-means-tested adaptations might be appropriate, subject to amending local housing assistance policies.
- 2.6 One example of this could be to evaluate a pilot for a new rapid non-means-tested adaptations service for safety or access works such as stairlifts and ramps costing less than £5,000 to assist hospital discharge or for those at risk of admission to hospital or care.
- 2.7 Officers will take any ideas raised by the Committee to the HIA project's service delivery subgroup for further consideration.

### 3.0 Implications/Consultations

- 3.1 Information on any corporate issues and consultation associated with this report can be found within **Essential Reference Paper 'A'**.

#### Human Resources

- 3.2 There are staffing implications which are being considered as part of the project and through the Corporate Business Scrutiny and Executive reports.

#### Finance

- 3.3 The Council's Finance team has worked closely with colleagues in the other participating districts and the County Council to pull together and scrutinise the financial case for the shared HIA. The financial implications of the proposed HIA model are considered in the business case, provided as **Essential Reference Paper 'C'** to the above reports.
- 3.4 The financial implications of any fast tracking or non-means-tested assistance would need to be evaluated. Greater local flexibility in use of DFG funding would require changes to the council's published housing assistance policy and agreement with agency partners, but could ensure local allocation of DFG funding through the Better Care Fund is retained.

#### Background Papers

None.

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## ESSENTIAL REFERENCE PAPER 'A'

### IMPLICATIONS/CONSULTATIONS:

<p>Contribution to the Council's Corporate Priorities/ Objectives <i>(delete as appropriate):</i></p>	<p>Priority 1 – Improve the health and wellbeing of our communities</p> <p>Priority 2 – Enhance the quality of people's lives</p> <p>Priority 3 – Enable a flourishing local economy</p> <p>The proposal is to deliver a stronger service for home adaptations to more residents, to enhance quality of life, health and wellbeing. The proposal allows for continued use of local builders to carry out these works.</p>
<p>Consultation:</p>	<p>The proposals were developed in partnership with Hertfordshire District and Borough Councils and Hertfordshire County Council. Initial findings from ongoing consultation as part of the project development are:</p> <p>Feedback from service users (people who are currently going through the process and former applicants) is being gathered to inform the design process. A key aim of the HIA proposal is to simplify the process to make it easier to navigate and it is important, therefore, to be aware of where customers experience difficulties. Although the investigation is still in its very early stages, feedback so far indicate that customers find poor communication between parts of the service (even where individual professionals are seen as being helpful), a lack of understanding of the whole household's needs, unreasonable delays, and an adversarial approach to agreeing what is able to be done. They also feel that they are not sufficiently advised of what they are eligible for, there is a lack of choice and involvement during the process, and that the application process itself is not clear. The new service is being designed to establish a new way of working that will address these concerns, and evidence from other areas of the country who have adopted an integrated approach report considerable improvement in positive customer feedback.</p> <p>The above findings relate to Hertfordshire so are not</p>

	specific to East Herts.
Legal:	The proposal seeks to continue to meet statutory obligations for Disabled Facilities Grants under the Housing Grants, Construction and Regeneration Act 2004, and to better meet joint obligations under the Care Act 2014.
Financial:	<p>See Corporate Business Scrutiny report. The Council's Finance team has worked closely with colleagues in the other participating districts and the County Council to pull together and scrutinise the financial case for the shared HIA. The overall business case is predicated on East Herts using current revenue and capital resources allocated for the processing and payment of DFGs as the Council's contribution to the HIA.</p> <p>It will be imperative to review the funding arrangement on a regular basis.</p>
Human Resource:	See Corporate Business Scrutiny report. There are TUPE and re-location implications for at least one member of staff. The agency is most likely to be located at the Hertfordshire County Council offices in Stevenage, with touch-down bases in the District/Borough offices. There are other staff affected whose duties currently include DFG functions but to a lesser percentage than would trigger TUPE. HR officers have been involved during the review.
Risk Management:	The overall project group has considered the risks of the project and risk log is regularly reviewed.
Health and wellbeing – issues and impacts:	The DFG service contributes directly to the health and wellbeing of affected residents. Improvements in service through the proposal aim to address needs of residents with disabilities.

## **Essential Reference Paper 'B'**

[Innovation in home adaptations – a fresh chance](#) : Care and Repair  
England, May 2016

HIA Business Case, July 2016

The Disabled Facilities Grant before and after the introduction of the  
Better Care Fund: Foundations. June 2016, available at  
<http://www-foundations.uk.com/media/4665/dfg-report-final-interactive-converted-draft-6-small.pdf>

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**Hertfordshire Shared Home  
Improvement Agency (HIA)**

**Final Business Case**

**July 2016**

**Jamie Sutterby- Assistant Director, Health  
Integration**

**Helen Maneuf - Assistant Director, Integrated  
Planning and Resources**

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## APPENDICES

Appendix A	Options Analysis
Appendix B	Home Improvement Service Process Draft
Appendix C	High Level Timeline
Appendix D	List of Tables and Figures

<b>Relevant papers available on request</b>
Shared Home Improvement Agency Function - Options Paper <ul style="list-style-type: none"><li>• Presented to the Chief Executive's Co-ordination Group (CECG) in January 2016</li><li>• Presented to HCFO in March 2016</li></ul>
Shared Home Improvement Agency Function - Financial Business Case <ul style="list-style-type: none"><li>• Presented to HCFO in May 2016</li></ul>

<b>REVISION RECORD</b>			
<b>Author</b>	<b>Creation Date</b>	<b>Version</b>	<b>Status</b>
Jenny Howell	04/07/16	1	Draft
Inclusions from Helen Maneuf / Jamie Sutterby / Hayley King	12/07/16	1.01	Draft
Updated following comments from HCFO meeting on 21/07/2016	26/07/2016	2	Draft
Updated to include amended information following HCFO meeting on 21/07/2016	18/08/2016	3	Draft

## EXECUTIVE SUMMARY

### Introduction

The purpose of this document is to establish the financial case and final business case for the setting up of a Shared Home Improvement Agency function.

The Business Case offers the Hertfordshire Chief Financial Officers (HCFO) Chief Executive's Co-ordination Group (CECG) the opportunity to consider the merits of the proposal and the investment required before deciding on their appetite to proceed.

For the purposes of clarity the costing assumptions have been presented in two ways in this business case:

1. For a smaller group of six authorities which have indicated a significant interest in progressing with the shared service, *and*
2. For the 'full' shared service which at present would include ten district authorities, plus the county council. Welwyn Hatfield Borough Council (WHBC) has an external contract until 2017 and so has not been shown in these calculations

**Table 1: Representation of authorities**

<b>Model 1. Smaller group of six District authorities</b>	<b>Model 2. Full Shared Service – Ten District authorities exc WHBC</b>
<ul style="list-style-type: none"><li>• Dacorum Borough Council (DBC)</li><li>• East Herts Council (EHC)</li><li>• Hertfordshire County Council (HCC)</li><li>• Hertsmere Borough Council (HBC)</li><li>• North Hertfordshire District Council</li><li>• Watford Borough Council (WBC)</li></ul>	<ul style="list-style-type: none"><li>• Dacorum Borough Council (DBC)</li><li>• East Herts Council (EHC)</li><li>• Hertfordshire County Council (HCC)</li><li>• Hertsmere Borough Council (HBC)</li><li>• North Hertfordshire District Council (NHDC)</li><li>• Watford Borough Council (WBC)</li><li>• Broxbourne Borough Council (BBC)</li><li>• St Albans City and District Council (SACDC)</li><li>• Stevenage Borough Council (SBC)</li><li>• Three Rivers District Council (TRDC)</li></ul>

### Vision and Objectives

The vision for the DFG proposal is to create a Shared Home Improvement Agency function inclusive of Disabled Facilities Grant service and integrated Occupational Therapy.

The background to the proposed new service is described in **Section 1**.

The objectives of a Shared Home Improvement Agency function are to:

- Ensure that all individuals in Hertfordshire who need housing adaptations to support independent living will have access to an appropriate service that is timely, accessible, equitable and fit for purpose to address rising demographic pressures
- Deliver a fully standardised service, enhancing operational efficiency, customer satisfaction and improving value for money
- Implement robust monitoring arrangements against key performance indicators
- Improve service resilience through joined up working, adopting a common methodology and service standards, sharing staff knowledge, skills and expertise

- Open up future opportunities to expand into private sector adaptations and align to wider Clinical Commissioning Group activity in order to maximise income generation, efficiency and value and impact of the DFG element of the Better Care Fund.

The strategic drivers and benefits are further described in **Section 2**.

### High Level Proposals

The preferred proposals recommended as a result of this Business Case are to:

- Provide a common framework for procuring contractors to deliver adaptations in clients' homes, and the centralisation of the assessment and administrative functions
- Deliver a professional Home Improvement function to meet the needs of the partner Councils and the requirements defined in Housing Grants, Construction and Regeneration Act 1996 and the Care Act 2014
- Ensure ongoing value for money of home improvement services in the Councils which participate in the Shared Service, in order to maximise the housing, health and social care system benefits of the DFG element of the Better Care Fund
- Governance of the shared service by a Memorandum of Understanding which will set out the detailed arrangements for the Shared Service. Partners will be required to sign up to the terms and conditions of this document for a set period of time in order to be part of the Shared Service.

The scope of the proposed Service is described in **Section 5**.

### Financial Summary

Total spend on DFG and HRA adaptations by district councils within the county has been of the order of an average of £6.2m per year in recent years. In addition, HCC funds minor works: £378k was budgeted for these in 2014/15. In the same year, District Council staffing costs totalled an estimated £624k, with HCC's Housing Occupational Therapy service delivered via Serco costing £804k.

A number of national developments created an opportunity to review the delivery of DFG within the county area and consider how to integrate provision of help with home adaptations across housing, health and social care system.

Table 2 – 6 below provide a summary of the current cost and funding position, and proposed ongoing cost of the Shared Home Improvement Agency Service.

#### **Table 2 Existing Cost and Funding - District Average Annual Cost of Home Improvement Services**

Table 2 reflects the following

- Gross and net costs of running the Home Improvement service, and details how this is financed in each authority.

**Table 2: District Average Annual Cost of DFG and Home Improvement Related Spend**

The table below summarises the average annual cost of DFG and Home Improvement related services in the participating authorities.

	BBC	DBC	EHC	HBC	NHDC	SADC	SBC	TRDC	WBC	WHBC	Districts total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Running Costs	133	66	113	82	50	70	80	94	111	49	848
Disabled Facilities	450	602	384	435	605	701	350	418	386	442	4,773
HRA adaptations	0	0	0	0	0	0	500	0	0	0	500
Gross cost of service	583	668	497	517	655	771	930	512	497	490	6,120
Client contributions	( 15)	( 8)	0	0	( 99)	0	0	0	( 39)	0	( 160)
Agency fee income	0	( 35)	0	0	( 50)	0	0	0	0	0	( 85)
<b>Net cost of service</b>	<b>568</b>	<b>626</b>	<b>497</b>	<b>517</b>	<b>506</b>	<b>771</b>	<b>930</b>	<b>512</b>	<b>459</b>	<b>490</b>	<b>5,875</b>
Funded by											
Grant	( 314)	( 366)	( 293)	( 295)	( 360)	( 291)	( 305)	( 250)	( 279)	( 316)	( 3,070)
Revenue resources	( 80)	( 32)	( 113)	( 82)	( 0)	( 70)	( 80)	0	( 36)	( 49)	( 541)
HRA resources (revenue and capital)	0	0	0	0	0	0	( 500)	0	0	0	( 500)
Other capital financing (usually capital receipts)	( 174)	( 228)	( 90)	( 140)	( 146)	( 409)	( 45)	( 262)	( 144)	( 126)	( 1,765)
<b>Total financing</b>	<b>( 568)</b>	<b>( 626)</b>	<b>( 497)</b>	<b>( 517)</b>	<b>( 506)</b>	<b>( 771)</b>	<b>( 930)</b>	<b>( 512)</b>	<b>( 459)</b>	<b>( 490)</b>	<b>( 5,875)</b>

**Notes**

- Baseline figures have been investigated thoroughly since the outline business case; the most significant changes are that running costs have been amended from £539k to an increased figure of £848k. This is following the verification of district information, and the inclusion in running costs of system costs, overheads, and travel costs, where previously only staffing costs were known.
- There is differing treatment among districts regarding whether staffing costs are charged to revenue or capital.
- Registered housing providers also fund some adaptations, in some cases in full but more commonly by contributing a percentage towards the cost of works; these figures are not generally included in table 2.
- Three Rivers, St Albans and Welwyn Hatfield did not respond to the request for updated and verified information, therefore, the original information received has been used.

**Table 3 Total HIA Related Expenditure**

Table 3 reflects the following

- HCC's total adaptations expenditure (2015/16 figures) alongside the countywide OT resource. This is added to the district total (from above – see table 2)
- This gives a Hertfordshire wide total for all HIA related expenditure, and details how this is financed.

	HCC	Districts Total	Hertfordshire Total
	£000s	£000s	£000s
Running Costs	800	848	1,648
Disabled Facilities	559	4,773	5,332
HRA adaptations	0	500	500
Gross cost of service	1,359	6,120	7,479
Client contributions	( 153)	( 160)	( 313)
Agency fee income	0	( 85)	( 85)
<b>Net cost of service</b>	<b>1,206</b>	<b>5,875</b>	<b>7,081</b>
Funded by			
Grant	0	( 3,070)	( 3,070)
Revenue resources	( 1,206)	( 541)	( 1,747)
HRA resources (revenue and capital)	0	( 500)	( 500)
Other capital financing (usually capital receipts)	0	( 1,765)	( 1,765)
<b>Total financing</b>	<b>( 1,206)</b>	<b>( 5,875)</b>	<b>( 7,081)</b>

**Table 4 Proposed Ongoing cost of the Shared Home Improvement Agency Service**

Table 4 reflects the following:

- The model allows the costs of the shared service to be flexed according to the level of resource needed to run activities with different numbers of participating councils.
- Costs of adaptations are forecast in the model to continue as in current operations.
- Forecast running costs exceed the running costs noted in Table 2 above; solutions to this are shown in Table 5 below.
- The Shared Home Improvement Agency function has been costed at a level which will deliver sufficient capacity to work to develop specialisms and build new service offerings.
- The proposed size of the OT service will remain constant under both the six authority model and the all authority model. OT's will continue to provide a service to all districts whether they are in or out of the shared service model. This will be fully funded by HCC.

	Six authority model	All authority model
	£000s	£000s
HIA Service staffing	390	505
OT Service	671	671
HIA Service costs and overheads	51	59
<b>Total running costs</b>	<b>1,112</b>	<b>1,236</b>

**Table 5 and 6 Revenue and Capital Impact per Authority**

**Table 5.1: Six Authority Model - Revenue Impact**

	<b>DBC</b>	<b>EHC</b>	<b>HBC</b>	<b>NHDC</b>	<b>WBC</b>	<b>HCC</b>	<b>TOTAL</b>
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Running costs of shared service	107	68	78	108	69	682	<b>1,112</b>
Client contributions	( 8)	0	0	( 99)	( 39)	( 153)	<b>( 299)</b>
<b>Net cost of service</b>	<b>99</b>	<b>68</b>	<b>78</b>	<b>9</b>	<b>30</b>	<b>529</b>	<b>813</b>
Current revenue budget for DFG	32	113	82	0	36	1,206	<b>1,469</b>
Residual costs in district i.e. non cashable savings	22	48	38	31	36	559	<b>733</b>
<b>Extra revenue budget required</b>	<b>90</b>	<b>3</b>	<b>33</b>	<b>39</b>	<b>30</b>	<b>( 118)</b>	<b>77</b>
Fee income at 10% of DFG spend	( 60)	( 38)	( 44)	( 60)	( 39)	n/a	<b>( 241)</b>
<b>Extra revenue budget required if charge fee income</b>	<b>29</b>	<b>( 36)</b>	<b>( 10)</b>	<b>( 21)</b>	<b>( 9)</b>	<b>n/a</b>	<b>( 46)</b>

- To show the revenue impact on each authority, client contributions (assumed to continue at current levels) have been subtracted from running costs of the proposed shared service to give a net cost of service.
- Residual costs in each authority have been identified; these are non-cashable savings if the district moved to the shared service model such as IT system costs, overhead recharges – which would still need to be met from other budgets.
- Residual costs of £559k in HCC reflect the current spend on adaptations, which is assumed to continue at this point, and is out of scope of the shared service model.
- The revenue cost of the shared service has been compared to the current revenue budget for DFG taking into account residual costs. This shows that all districts would have to make an extra revenue contribution.
- Due to the caveat given by districts that the shared service would only be a feasible option if costs were maintained at current levels, the option of using fee income has also been included. If this option was approved, this would result in revenue savings for all districts apart from Dacorum. For all districts to show revenue savings, fee income of 15% would need to be charged, as shown below:

	<b>DBC</b>	<b>EHC</b>	<b>HBC</b>	<b>NHDC</b>	<b>WBC</b>	<b>HCC</b>	<b>TOTAL</b>
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Extra revenue budget required with fee income at 13%	17	( 43)	( 19)	( 33)	( 16)	n/a	<b>( 94)</b>
Extra revenue budget required with fee income at 14%	5	( 51)	( 27)	( 45)	( 24)	n/a	<b>( 142)</b>
Extra revenue budget required with fee income at 15%	( 1)	( 55)	( 32)	( 51)	( 28)	n/a	<b>( 167)</b>



**Table 5.2: All Authority Model – Revenue Impact**

	BBC	DBC	EHC	HBC	NHDC	SADC	SBC	TRDC	WBC	HCC	TOTAL
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Running costs of shared service	58	78	49	56	78	90	45	54	50	678	<b>1,236</b>
Client contributions	( 15)	( 8)	0	0	( 99)	0	0	0	( 39)	( 153)	<b>( 313)</b>
<b>Net cost of service</b>	<b>43</b>	<b>70</b>	<b>49</b>	<b>56</b>	<b>( 21)</b>	<b>90</b>	<b>45</b>	<b>54</b>	<b>11</b>	<b>525</b>	<b>922</b>
Current revenue budget for DFG	80	32	113	82	0	70	80	0	36	1,206	<b>1,698</b>
Residual costs in district i.e. non-cashable savings	79	22	48	38	31	43	40	0	36	559	<b>895</b>
<b>Extra revenue budget required for shared service</b>	<b>42</b>	<b>60</b>	<b>( 16)</b>	<b>12</b>	<b>9</b>	<b>63</b>	<b>6</b>	<b>54</b>	<b>11</b>	<b>( 122)</b>	<b>119</b>
Fee income at 10% of DFG spend	( 45)	( 60)	( 38)	( 44)	( 60)	( 70)	( 35)	( 42)	( 39)	n/a	<b>( 433)</b>
<b>Extra revenue budget required if charge fee income</b>	<b>( 3)</b>	<b>( 0)</b>	<b>( 54)</b>	<b>( 32)</b>	<b>( 51)</b>	<b>( 7)</b>	<b>( 29)</b>	<b>12</b>	<b>( 28)</b>	n/a	<b>( 192)</b>

- To show the revenue impact on each authority, client contributions (assumed to continue at current levels) have been subtracted from running costs of the proposed shared service to give a net cost of service.
- Residual costs in each authority have been identified; these are non-cashable savings if the district moved to the shared service model such as IT system costs, overhead recharges – which would still need to be met from other budgets.
- Residual costs of £559k in HCC reflect the current spend on adaptations, which is assumed to continue at this point, and is out of scope of the shared service model.
- The revenue cost of the shared service has been compared to the current revenue budget for DFG taking into account residual costs. This shows that all districts, apart from East Herts, would have to make an extra revenue contribution.
- Due to the caveat given by districts that the shared service would only be a feasible option if costs were maintained at current levels, the option of using fee income has also been included. If this option was approved, this would result in revenue savings for all districts apart from Three Rivers. For all districts to show revenue neutrality or savings, fee income of 13% would need to be charged, as shown below:

	BBC	DBC	EHC	HBC	NHDC	SADC	SBC	TRDC	WBC	HCC	TOTAL
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Extra revenue budget required with fee income at 12%	( 12)	( 12)	( 62)	( 40)	( 63)	( 21)	( 36)	4	( 35)	n/a	<b>( 278)</b>
Extra revenue budget required with fee income at 13%	( 16)	( 18)	( 66)	( 45)	( 69)	( 28)	( 40)	( 0)	( 39)	n/a	<b>( 322)</b>

In the tables above, fee income is based on DFG spend. During the implementation phase, other options for distribution of the fee income will be investigated. It may be that a fairer method will be to give each district enough fee income to generate a net nil budget and then pool any surplus for joint investment.

Table 6 reflects:

- The current level of spend on DFG's continuing, as well as the current capital contributions from each district
- Each district will receive a significant increase in capital grant available to them

**Table 6.1: Six Authority Model – Capital Impact**

	DBC	EHC	HBC	NHDC	WBC	TOTAL
	£000s	£000s	£000s	£000s	£000s	£000s
DFG works spend	602	384	435	605	386	<b>2,412</b>
District capital contribution	( 228)	( 90)	( 140)	( 146)	( 144)	<b>( 748)</b>
Increased DFG grant 16/17	( 675)	( 530)	( 538)	( 654)	( 523)	<b>( 2,920)</b>
<b>Extra capital money available</b>	<b>( 301)</b>	<b>( 237)</b>	<b>( 242)</b>	<b>( 195)</b>	<b>( 281)</b>	<b>( 1,256)</b>

**Table 6.2: All Authority Model – Capital Impact**

	<b>BBC</b>	<b>DBC</b>	<b>EHC</b>	<b>HBC</b>	<b>NHDC</b>	<b>SADC</b>	<b>SBC</b>	<b>TRDC</b>	<b>WBC</b>	<b>TOTAL</b>
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
DFG works spend	450	602	384	435	605	701	350	418	386	<b>4,331</b>
District capital contribution	( 174)	( 228)	( 90)	( 140)	( 146)	( 409)	( 45)	( 262)	( 144)	<b>( 1,639)</b>
Increased DFG grant 16/17	( 577)	( 675)	( 530)	( 538)	( 654)	( 531)	( 576)	( 456)	( 523)	<b>( 5,060)</b>
<b>Extra capital money available</b>	<b>( 301)</b>	<b>( 301)</b>	<b>( 237)</b>	<b>( 242)</b>	<b>( 195)</b>	<b>( 240)</b>	<b>( 271)</b>	<b>( 300)</b>	<b>( 281)</b>	<b>( 2,368)</b>

Districts are asked to consider investing some of the extra capital money in county-wide preventative work, which would meet the grant conditions. The BCF Policy Framework clearly encourages innovative use of DFGs and sets out the expectation that local authorities with housing responsibility are expected to engage in joint BCF planning with welfare and health authorities. It is expected that health priorities, such as delayed transfer of care and readmission to hospital, will become more important in the way DFG is spent. Top-slicing 10% of the extra capital funding would provide £240,000 for preventative investment, and 20% would provide £480,000.

Any remaining Disabled Facilities Grant, which is not jointly pooled, will be retained by each district. However, there are restrictions around the use of the grant as outlined under the Regulatory Reform Order, detailed in Section 6.5.

## Next Steps

The next phase of the project will include:

- Defining governance and oversight arrangements
- Developing a change management approach
- Designing the management and operating model for the Shared HIA Service including processes, vision, structures, behaviours, location, Service Level Agreements, Key Performance Indicators
- Establishing targets for delivery (see Appendix C for timeline and next steps)
- Compiling an implementation plan including systems convergence, policy harmonisation

A shadow form of the service will be in operation from April 2017 with full go-live from September 2017. A high level timeline is contained within Appendix C.

The next steps for the project are further described in **Section 7**.

## Required Decisions

The Project Team is seeking the following from the Hertfordshire Chief Financial Officers (HCFO) Group:

### 1) Agreement to the high level recommendations

- Create a Shared Home Improvement Agency function inclusive of Disabled Facilities Grant service and integrated Occupational Therapy.
- Consideration as to the opportunity presented by the increase in funding from the Better Care Fund to consider the best way of investing this capital

### 2) Approval to progress to Service Development phase

The service development phase incorporates the governance arrangements, the operating model, charging arrangements, and the detailed implementation plan, to be in place by autumn 2016

### 3) Commitment to this project

Delivery of the project requires:

- A commitment to fund set up costs and preparations for the recruitment to the Head of Service role to commence by the Autumn, as detailed on p32
- Covering of any revenue pressures arising from the new service
- A commitment to maintain local contribution levels to home adaptations for a period to be defined, thereafter this will be subject to an annual review of budgets by participating authorities

### 4) Recommend the Business Case to their Members

To review the Business Case and assess its merits against the local baseline financial position, and to recommend to Members the adoption of a Shared Home Improvement Agency function by using the September / October political processes. A clear decision should be reached as to whether districts are in or out by the **end of October 2016**.

# **1 INTRODUCTION**

## **1.1 National Background**

The Spending Review 2015 has detailed one of its main objectives for the next four years is to develop an integrated health and care system, and that there would be £500m available by 2019-20 for the Disabled Facilities Grant. The grant is currently worth £220m in 2015-16. It has been stated that this increased level of funding will enable around 85,000 home adaptations in 2019-20, which is expected to prevent 8,500 people that year from needing to move to residential care.

## **1.2 Local Background**

Disabled Facilities Grant is used to fund adaptations to property to help disabled people to remain independent in their homes. The requirement for Councils to deliver a Disabled Facilities Grant (DFG) service is a mandatory and statutory function for local housing authorities. The delivery of this function sits within District Council housing services. It is governed by the Housing Grants, Construction and Regeneration Act 1996.

Total spend on DFG and HRA adaptations by district councils within the county has been of the order of an average of £6.2m per year in recent years. In addition, HCC funds minor works: £378k was budgeted for these in 2014/15. In the same year, District Council staffing costs totalled an estimated £624k, with HCC's Housing Occupational Therapy service delivered via Serco costing £804k.

A number of national developments created an opportunity to review the delivery of DFG within the county area and consider how to integrate provision of help with home adaptations across housing, health and social care systems:

In 2013, the Government announced the creation of the Better Care Fund (BCF), as part of ongoing changes to the delivery of health and social care services across the country. Health and social care services were required to create a single pooled fund to support closer working between organisations in the area.

The BCF includes the Government's capital grant contribution for Disabled Facilities Grants (DFG). This had previously been provided to District Councils directly from Central Government. This funding change for DFG provided an ideal opportunity, especially as the BCF may not have the requirement to passport funds directly through to local authorities in the future.

For the first time the contribution of housing to the care and support system has been recognised via the Care Act, defining housing as a 'health related' activity  
The Care Act 2014 also stipulates that Hertfordshire County Council retains social care duties in relation to the delivery of home adaptations.

In response, a partnership review between the District and Borough Councils and the County Council was commissioned by the Chief Executive's Co-Ordination Group (CECG). The governance arrangements for the review include a Steering Group with representatives from each of the Councils and a project group made up of two representatives from the local authorities, HCC project management resource, a professional lead and an external subject matter expert.

The partnership has undertaken work to develop a proposal for a Shared HIA Service and brought a paper to the CECG in December 2015 setting out the options for the delivery of the service.

### 1.3 Purpose of the Business Case

The purpose of this document is to establish whether there is a sufficient business case for exploring in more detail the setting up of a Shared Housing Improvement Agency (HIA) function and whether there is a particular way of sharing this service that is preferred.

The business case will test how far the potential partner Councils are prepared to work together towards common ends, informed by a high level analysis of whether a shared service model has sufficient cost and service benefits to proceed with the initiative.

The business case offers the Project Board and members of the respective Councils the opportunity to consider the merits of the proposal and the investment required before committing further resource.

The Business Case document describes:

- Why the Councils are considering sharing Housing Improvement Services
- The objectives of the project
- The approach taken
- The options that were considered
- The recommendation that is being proposed with associated costs and timescales
- The major implications and risks of the project

If the proposal is accepted, the Business Case will be developed further into a Service Development phase which will require approval before any potential implementation.

## **2 STRATEGIC CONTEXT**

### **2.1 Why Consider Sharing Home Improvement Services**

Councils across Hertfordshire work effectively in a wide range of partnerships in many service areas. The drivers behind a Shared Home Improvement Agency (HIA) Service are:

- To think strategically about the use of home adaptations and take a joined up approach to improving outcomes across health, social care and housing
- Supporting independent living by enabling Hertfordshire residents access to an appropriate service that is robust and equitable with transparency of delivery.
- More efficient and resilient service that helps local authorities deal with increased budget pressures
- The existing track record of effective two-tier working in the County
- The opportunity to explore new and innovative ways of working such as development of a Home Improvement hub
- The wish to avoid duplication of improvement efforts

### **2.2 Project Vision, Objectives and Benefits**

#### **Vision**

The vision for the DFG proposal is to create a Shared Home Improvement Agency function inclusive of Disabled Facilities Grant service and integrated Occupational Therapy.

#### **Objectives**

The key deliverables of the Shared Home Improvement Service are set out below

- Ensure that all individuals in Hertfordshire who need housing adaptations to support independent living will have access to an appropriate service that is timely, accessible, equitable and fit for purpose to address rising demographic pressures
- Deliver a fully standardised service, enhancing operational efficiency, customer satisfaction and improving value for money
- Implement robust monitoring arrangements against key performance indicators
- Improve service resilience through joined up working, adopting a common methodology and service standards, sharing staff knowledge, skills and expertise
- Open up future opportunities to expand into private sector adaptations and align to wider Clinical Commissioning Group activity in order to maximise income generation, efficiency and value and impact of the DFG element of the Better Care Fund.

#### **Benefits**

The benefits of a Shared Home Improvement Service are:

- Increasingly effective use of the total DFG resource available to participating authorities resulting from knowledge sharing and efficiency of process
- Economies of scale in terms of staffing structure, working practices and systems
- A resilient service able to deal with fluctuations of demand, and therefore accessible to those when needed
- Increased customer satisfaction
- A solution which is available to all Hertfordshire councils
- A size of team which allows for career progression

### **3 APPROACH TO DEVELOPING THE BUSINESS CASE**

#### **3.1 Remit of the Project**

The purpose of this document is to establish whether there is a sufficient business case for exploring in more detail the setting up of a Shared Housing Improvement Agency (HIA) function and whether there is a particular way of sharing this service that is preferred.

The business case will test how far the potential partner Councils are prepared to work together towards common ends, informed by a high level analysis of whether a shared service model has sufficient cost and service benefits to proceed with the initiative.

In light of the change in funding stream for DFGs, the district councils, in partnership with the County Council held a workshop in August 2015 to discuss current DFG service arrangements and areas for improvement. It was agreed that it would be useful to conduct a review of the way DFG services are accessed and delivered across the county.

In January 2016 the Chief Executive's Co-ordination Group (CECG) considered an options paper. CECG authorised the creation of a project to examine the Business Case for a Shared Home Improvement Agency function, committing to funding project management support to achieve this.

Subject to Business Case approval, the intention is to implement new structural arrangements in 2017/18 year followed by a two year period of service development as new ways of working are established.

For the purposes of clarity the costing assumptions have been presented in two ways in this Business Case:

1. For a smaller group of six authorities which have indicated a significant interest in progressing with the shared service, and
2. For the 'full' shared service which at present would include ten district authorities, plus the county council. Welwyn Hatfield Borough Council has an external contract until 2017 and so has not been shown in these calculations

Underpinning this Business Case is a set of workings which can easily be flexed for other combinations of authorities depending on appetite for inclusion within the proposal. This would include WHBC should this authority wish to participate in the shared service from 2017 or at a future point in time. The authorities are treated as follows according to the project team's current understanding of each individual authority's position on this project:



**Table 1: Representation of authorities within the Business Case**

<b>Model 1. Smaller group of six authorities</b>	<b>Model 2. Full Shared Service – Ten authorities</b>
<ul style="list-style-type: none"> <li>• Dacorum Borough Council</li> <li>• East Herts Council</li> <li>• Hertfordshire County Council</li> <li>• Hertsmere Borough Council</li> <li>• North Hertfordshire District Council</li> <li>• Watford Borough Council</li> <li>• Hertfordshire County Council</li> </ul>	<ul style="list-style-type: none"> <li>• Dacorum Borough Council</li> <li>• East Herts Council</li> <li>• Hertfordshire County Council</li> <li>• Hertsmere Borough Council</li> <li>• North Hertfordshire District Council</li> <li>• Watford Borough Council</li> <li>• Broxbourne Borough Council</li> <li>• St Albans City and District Council</li> <li>• Stevenage Borough Council</li> <li>• Three Rivers District Council</li> </ul>

### 3.2 Setting up the Project

Following the August workshop the project structure was agreed as set out below. A Project Lead was identified and Operational Group established.

#### Project Governance

The following governance groups are already in existence for this project:

- Fortnightly Operational Group (Project Team) chaired by the Project Lead – Jamie Sutterby, with representatives from two District Councils.
- Steering Group (Project Team) chaired by a District Council lead, representatives from every District councils attend
- Chief Executive’s Co-ordination Group (CECG) to provide steer where necessary
- Member updates where necessary for decision making

**3.3 Stages in Developing the Business Case** Below are the key phases which make up the Business Case process:

**Figure 1: Business Case Development Stages**



Following approval of this Outline Business Case the project will progress to developing the Final Business Case, including Implementation Plan over Summer 2016. This will include a detailed Service Specification, more detailed financial information including a re-charging mechanism. See Appendix C for a high-level timeline of the project.

#### Section 4 Establish Baseline

This section seeks to outline the position each authority in relation to the cost of their current service, performance, staffing numbers, grades, roles, and IT systems.

#### Section 5 Appraise Option

This section seeks analyse options that have been considered and provide appropriate recommendations as to the preferred option.

**Section 6 Define Scope**

This section seeks to clarify what the shared service could deliver, as well as boundaries of its activity and how these activities will interface with partner Councils.

**Section 7 Quantify Costs and Benefits**

This section seeks to set out the quantitative benefits of the shared service model, and detail both the current running costs for each authority, as well as the future running costs under the proposal, including set-up costs, and ongoing staffing costs. It looks at methods of apportioning the costs between the authorities involved

**Section 8 Project Management Delivery and Next Steps**

This sections seeks to outline of how the project is set-up, will be managed and the key risks involved.

## **4 ESTABLISHING THE BASELINE**

### **4.1 Current Cost of Home Improvement Services**

Since the outline business case, baseline cost information has been rechecked with districts. The most significant change resulting from this is that running costs have been amended from £539k to an increased figure of £848k.

The following caveats were noted regarding the baseline cost information:

- There is a mixture of information from both financial and service records, not all of which was consistent within individual authorities.
- DFG staffing is set up in a number of different ways in authorities which made it hard to compare costs on a like for like basis.
- Not all authorities took the same approach regarding the charging of costs to capital and costs were not always separately identified to DFG activity.

With these caveats in mind, the exercise demonstrated that total spending on DFG and HRA adaptations by district councils within the county has been of the order of an average of £6.2m per year in recent years. DBC spends an additional £1.5m on HRA adaptation works and equipment, but these are currently delivered through an outsourced arrangement so have been excluded.

The baseline position of district council expenditure on Disabled Facilities Grant and other adaptations, along with funding is summarised as shown in table 2 below. The table summarises average costs using all available data provided by district councils which, depending on the authority, covered the period 2012/13 to 2015/16

**Table 2: District Average Annual Cost of DFG and Home Improvement Related Spend**

The table below summarises the average annual cost of DFG and Home Improvement related services in the participating authorities.

	BBC	DBC	EHC	HBC	NHDC	SADC	SBC	TRDC	WBC	WHBC	Districts total
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Running Costs	133	66	113	82	50	70	80	94	111	49	848
Disabled Facilities	450	602	384	435	605	701	350	418	386	442	4,773
HRA adaptations	0	0	0	0	0	0	500	0	0	0	500
Gross cost of service	583	668	497	517	655	771	930	512	497	490	6,120
Client contributions	( 15)	( 8)	0	0	( 99)	0	0	0	( 39)	0	( 160)
Agency fee income	0	( 35)	0	0	( 50)	0	0	0	0	0	( 85)
<b>Net cost of service</b>	<b>568</b>	<b>626</b>	<b>497</b>	<b>517</b>	<b>506</b>	<b>771</b>	<b>930</b>	<b>512</b>	<b>459</b>	<b>490</b>	<b>5,875</b>
Funded by											
Grant	( 314)	( 366)	( 293)	( 295)	( 360)	( 291)	( 305)	( 250)	( 279)	( 316)	( 3,070)
Revenue resources	( 80)	( 32)	( 113)	( 82)	( 0)	( 70)	( 80)	0	( 36)	( 49)	( 541)
HRA resources (revenue and capital)	0	0	0	0	0	0	( 500)	0	0	0	( 500)
Other capital financing (usually capital receipts)	( 174)	( 228)	( 90)	( 140)	( 146)	( 409)	( 45)	( 262)	( 144)	( 126)	( 1,765)
<b>Total financing</b>	<b>( 568)</b>	<b>( 626)</b>	<b>( 497)</b>	<b>( 517)</b>	<b>( 506)</b>	<b>( 771)</b>	<b>( 930)</b>	<b>( 512)</b>	<b>( 459)</b>	<b>( 490)</b>	<b>( 5,875)</b>

### Notes

- Baseline figures have been investigated thoroughly since the outline business case; the most significant changes are that running costs have been amended from £539k to an increased figure of £848k. This is following the verification of district information, and the inclusion in running costs of system costs, overheads, and travel costs, where previously only staffing costs were shown.
- There is differing treatment among districts regarding whether staffing costs are charged to revenue or capital.
- Registered housing providers also fund some adaptations, in some cases in full but more commonly by contributing a percentage towards the cost of works; these figures are not generally included in table 2.
- Three Rivers, St Albans and Welwyn Hatfield did not respond to the request for updated and verified information, therefore, the original information received has been used.

#### 4.1.2 County Council Overview

HCC funds minor adaptations including grab rails, stair rails, bath rails or other works that are below £1,000. If the work is over £1,000 and the person is eligible for a Disabled Facilities Grant they are encouraged to apply for the grant unless the work is urgent (i.e. to facilitate hospital discharge or if the person is terminally ill). For those who are assessed to pay a contribution to the Disabled Facilities Grant and the work costs less than £1,000, HCC can pay the person's contribution.

Major adaptations may be arranged and funded in various ways, depending on the cost of the adaptation, whether the property is Council, Housing Association, privately rented or owner-occupied, the financial circumstances of the person and the differing policies and practices of other agencies. Funding for major adaptations may be available where the person is deemed to be eligible, and no other sources of funding are available.

Given the focus on DFG via the BCFs, in March 2016 the Department of Health discontinued the Social Care Capital Grant (SCCG) from 2016/17. The SCCG in Hertfordshire was worth £2.302m in 2015/16.

In respect of Adult Social Care, HCC employs Occupational Therapists (OTs) under its contract with Serco. The OTs work in partnership with district council DFG services, giving advice and making prescriptions in relation to DFG activity. Staffing costs currently relating to the OT resource are estimated at £800k, and ongoing OT staffing costs are expected to be fully funded by HCC in any shared service arrangement. Serco advise that an OT resource of 13 FTE would be required in the new arrangement.

Table 3 shows HCC's total adaptations expenditure (2015/16 figures) alongside the countywide OT resource. This is added to the district total (from above) to show a Hertfordshire total.

**Table 3: Total HIA Related expenditure**

	HCC	Districts	Hertfordshire Total
	£000s	Total £000s	£000s
Running Costs	800	848	1,648
Disabled Facilities	559	4,773	5,332
HRA adaptations	0	500	500
Gross cost of service	1,359	6,120	7,479
Client contributions	( 153)	( 160)	( 313)
Agency fee income	0	( 85)	( 85)
<b>Net cost of service</b>	<b>1,206</b>	<b>5,875</b>	<b>7,081</b>
Funded by			
Grant	0	( 3,070)	( 3,070)
Revenue resources	( 1,206)	( 541)	( 1,747)
HRA resources (revenue and capital)	0	( 500)	( 500)
Other capital financing (usually capital receipts)	0	( 1,765)	( 1,765)
<b>Total financing</b>	<b>( 1,206)</b>	<b>( 5,875)</b>	<b>( 7,081)</b>

### 4.1.3 DFG Grant Funding

BCF allocations of DFG to individual authorities increased in 2016/17 as per Table 4 below.

**Table 4: DFG Grant Allocation 2015/16 and 2016/17**

	<b>2015/16</b>	<b>2016/17</b>	<b>Change</b>
	£'000s	£'000s	£'000s
BBC	314	577	263
DBC	366	675	309
EHC	293	530	237
HBC	295	538	242
NHDC	360	654	294
SADC	291	531	240
SBC	305	576	271
TRDC	250	456	206
WBC	279	523	244
WHBC	316	592	276
<b>Hertfordshire Total</b>	<b>3,070</b>	<b>5,652</b>	<b>2,581</b>

## 4.2 Current Services

Making comparisons between districts is very difficult because each authority has developed a DFG service in its own way to respond to local needs and maximise use of resources within their organisation.

### 4.2.1 Service type

In six authorities, the service is managed within the environmental health service and in the other four districts, it sits within the housing service. In most authorities, the DFG service is part of the wider private sector housing function although in one authority, it is in a different part of the housing service altogether.

There are a number of different delivery models. All authorities have some direct input into the grant process although the range of involvement varies from minimal with the main activity being grant approvals and completions, to more detailed involvement akin to that provided by an HIA. This might include discussing options around adaptations, supporting clients in completing application paperwork, obtaining estimates on behalf of clients and overseeing works.

Staffing levels vary between different authorities. In most authorities, the DFG function is carried out by officers who provide a range of services and it has been necessary to estimate the proportion related to the DFG function. The required officer resource is also affected by the extent to which agents or other support services are used.

## 4.2.2 Waiting Lists

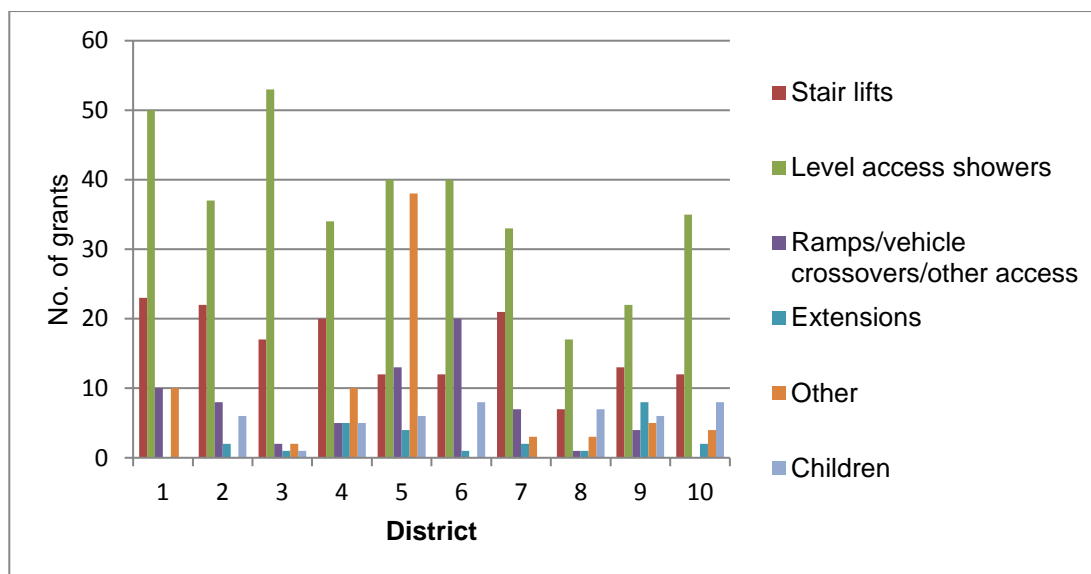
HCC has reported that the current average waiting time for an Occupational Therapy assessment is 8-12 weeks.

Districts have reported that once a referral is received from the OT Service, an initial response is made within 2 weeks or less, so effectively there are no waiting lists across districts. Completion of the adaptation required will depend on a number of factors including the nature of the works, input from the client, and availability of contractors.

## 4.2.3 Types of adaptation

The charts below indicate the main types of adaptation that DFGs are used to fund. It can be seen that in every district, level access showers are the most common adaptation, a total of 361 accounting for nearly 50% of all adaptations across the County. Level access showers and stair lifts total around 70% of all adaptations

**Figure 2 Adaptation type by district authority**

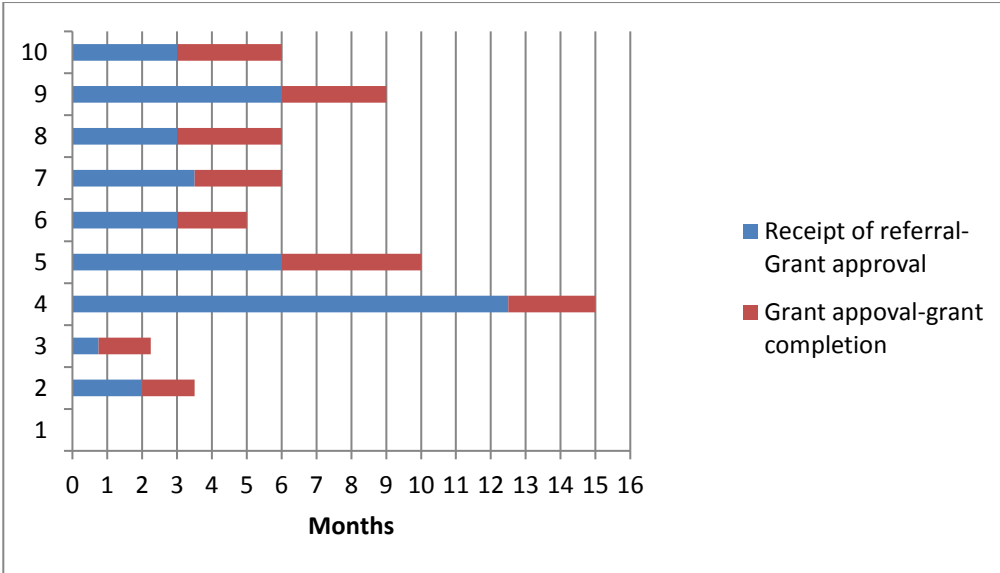


## 4.2.4 Timescales

The timescales for assessment, processing of grant applications and completion of works were investigated as part of a previous project. However, it was impossible to even provide an indication of how long the process is from a client perspective.

Once district councils receive a referral, there are a number of stages that need to be gone through, first to complete an application and then, once a grant is approved, to complete the works. District councils were asked to estimate the typical time for these two stages, the results of which are shown in the chart below. Again, it has to be accepted that there will be variations because larger jobs, for example an extension to incorporate a bathroom, will obviously take longer than the fitting of a stair lift.

**Figure 3 Timescales for processing grant applications by district councils**





## **5 SCOPE OF SERVICES**

The scope section of this Business Case seeks to clarify what the shared service could deliver, as well as boundaries of its activity and how these activities will interface with partner Councils.

The Operational Group considered which responsibilities and functions within the DFG service could be shared across the participating Councils.

### **5.1 Overview**

The vision for the HIA is that it will provide a range of services to support independent living. The core element of the service would be delivery of the disabled facilities grant function. However, it is envisaged that this core service can be enhanced in a number of ways to provide an improved service to clients who qualify for a DFG and those who do not qualify but nonetheless need adaptations or other support, which if not provided, could result in increased costs to the health and social care authorities.

### **5.2 Core Service**

The service will both manage the application process for Disabled Facility Grants (DFGs) and discretionary grants, assessment of applications and applicants (including Occupational Therapist (OT) assessments) plus the delivery, including supporting people through the repairs and adaptation to their home.

The key objective will be to provide an advice service which ensures people have information about their housing options and where the choice is made to enable older people, people with disabilities (including children) and those on low incomes to remain living in their homes safely, securely and independently. Support provided will be delivered to people in their own home.

The services to be provided will include:

- Information, advice and guidance, including administration of grant applications, test of resources and income management advice/benefit checks
- Advice about housing options and other support/housing schemes plus sign posting as appropriate to schemes such as equity release
- OT assessments
- Scheme design and project management including letting the works contract.

By integrating the OT assessment and adaptation delivery elements of the process into a single service, it is envisaged that the timescales for delivery of adaptations can be significantly reduced from many months to weeks for straight forward adaptations.

### **5.3 Enhanced Services**

Currently, some clients are assessed as requiring adaptations but due to their financial situation are not entitled to a DFG. At present no further support is offered and clients are expected to make their own arrangements for the adaptations that they require. The HIA would be in a position to offer assistance in arranging the required adaptation work for a proportionate fee. This fee income would contribute to the overall cost of running the service.

Many HIA services around the country offer a handyman service to assist people in carrying out basic maintenance and enhancement tasks in their own homes. A reasonable fee is charged, which may be a fixed fee for specific tasks or a reasonable hourly rate. Such services from reliable agencies are valued by elderly people or other vulnerable groups. The aim would be to operate this service on at least a cost neutral basis, with any surplus contributing to the Service's overall costs.

#### 5.4 Future Service Development

The Care Act 2014 sought to put in place significant changes in how health and social care services are delivered, which all authorities and agencies working in this sector need to respond to. The Better Care Fund presents an opportunity to integrate provision of help with home adaptations across housing, health and social care systems to achieve better health and wellbeing outcomes. The success of this regime will be measured by outcomes including:

- Numbers of people admitted to residential and care homes;
- Effectiveness of reablement;
- Delayed transfers of care ('bed-blocking');
- Avoidable emergency admissions; and
- Patient / service user experience

The HIA will be well placed to develop enhanced services to contribute towards these outcomes, for example by enabling people to continue to live independently at home rather than being admitted to residential and care homes.

The table below uses the workshop results to give a view, based on the mapping exercise, of which activities would be performed by the shared service, and which by council partners.

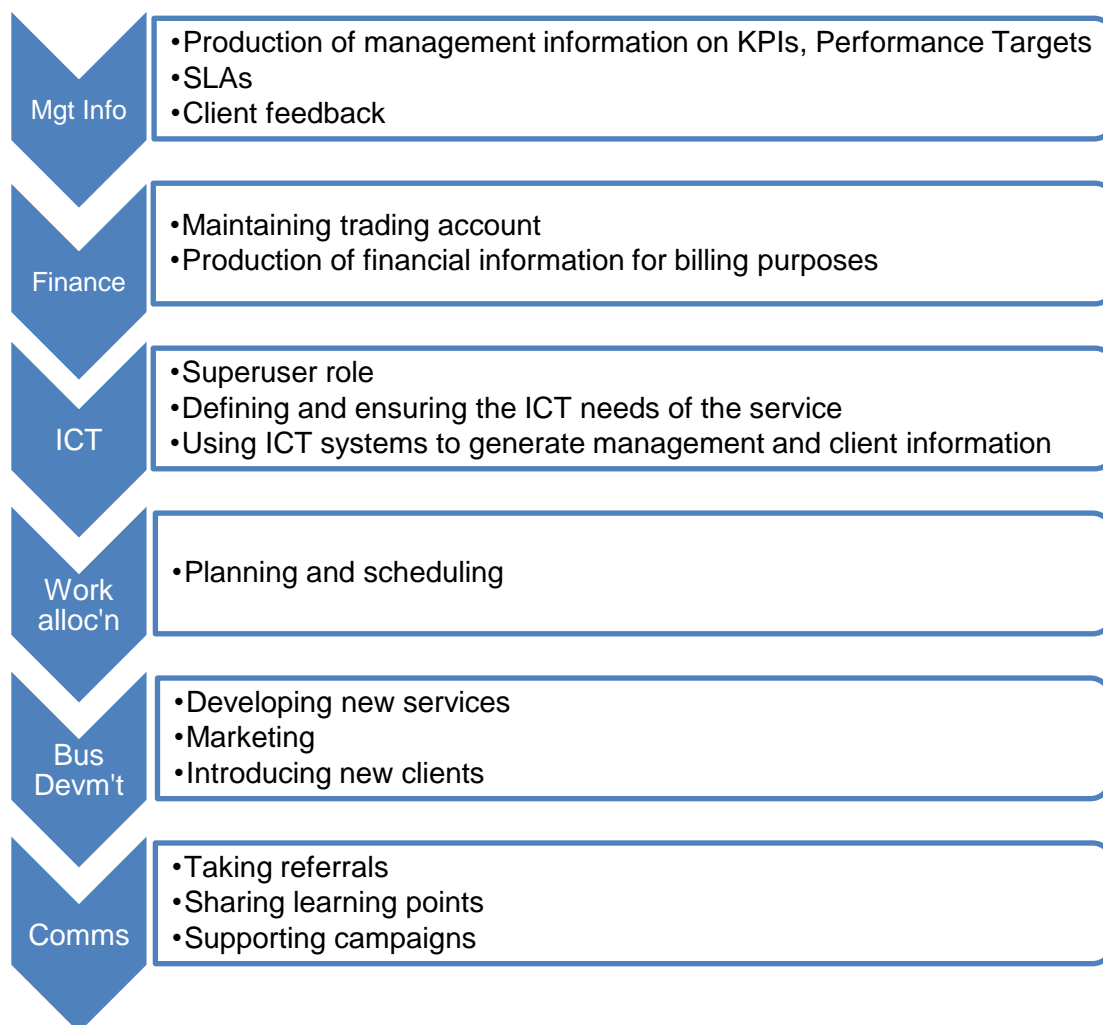
**Table 5: Core HIA Process: Boundaries and Interfaces with Councils**

Activity	Shared Service	Councils
Home Improvement Risk Assessment	Maintain risk assessment of activity and use this to inform work planning	Contribute information to the risk assessment
Work Planning	Formulate an annual plan of activity	Consider, influence and accept the annual plan
Work Allocation	Determine how resources to be allocated and when activity will occur	Agree the timing of activity and make available resources to support this
Reporting	Report on activity to Councils	Share reports with stakeholders

## 5.5 Business Management and Support Processes

The service will have business management needs as set out below:

**Figure 4: Business Management and Support**



**Table 6: Business Management and Support: Boundaries and Interfaces with Councils**

This table gives a view of the allocation of business management and support tasks between a shared service and partner councils.

Task	Distribution	
	Shared Service	Councils
Performance reporting	Generate performance reports according to agreed format and timetable	Monitor and review activity
Finance	Generate bills Maintain trading account	
ICT	Implement and maintain ICT systems	Provide access to local systems
Work allocation	Determine how resources to	Agree the timing of activity and

Task	Distribution	
	Shared Service	Councils
	be allocated and when activity will occur	make available resources to support this
Business Development	Identify and develop opportunities to grow the service	
Communications	Communicate the results of activity	Provide feedback on service performance Communicate the work of the service to stakeholders

## 5.6 Exclusions

The following areas are excluded from the scope of this business case:

Extended Involvement Team OTs – the EIT OTs remit is large and varied and a large proportion of their time is spent on other work besides adaptations. For this reason it would be too complicated to extract from the service now. However the EIT will be a key interface with the new Shared Housing Improvement Agency and with a view to include this in the future.

## 6. QUANTIFYING COSTS AND BENEFITS OF THE PROPOSED MODEL

### 6.1 Proposal

The Business Case proposal is to set up a Shared Service to deliver a Shared Housing Improvement Agency function across Hertfordshire.

### 6.2 Benefits

A shared service model will deliver financial and qualitative benefits that meet the project's objectives. Qualitative benefits were outlined in the executive summary.

Financial benefits, which would accrue even in the six authority approach, include:

- Joint procurement
- Sharing of management overheads and other specialist and process-related economies of scale
- Opportunity for a consolidated financial assessments process.

### 6.3 Costs

A model has been developed which allows the costs of the service to be developed for any combination of authorities joining the service. The assumptions and caveats relating to this modelling are:

- Figures include HRA adaptations information where available, so the total movements may be split between General Fund and HRA.
- Staffing structure and grading of the proposed service will require HAY evaluation (or similar).
- We have not attempted to model for increasing demand or costs.
- We have not estimated savings from changes to procurement practice.
- We have made no estimate of savings from financial assessments - there may be duplication between financial assessments carried out by districts and by HCC, providing scope for efficiency savings.
- We have assumed that the OT service for DFGs will transfer to the shared service and this will be fully funded by HCC.
- There may be scope for savings or increased capacity on the part of the service by flexing the mix of professionally qualified and non-qualified staff in the proposed structure.

#### 6.3.1 Sizing the Team

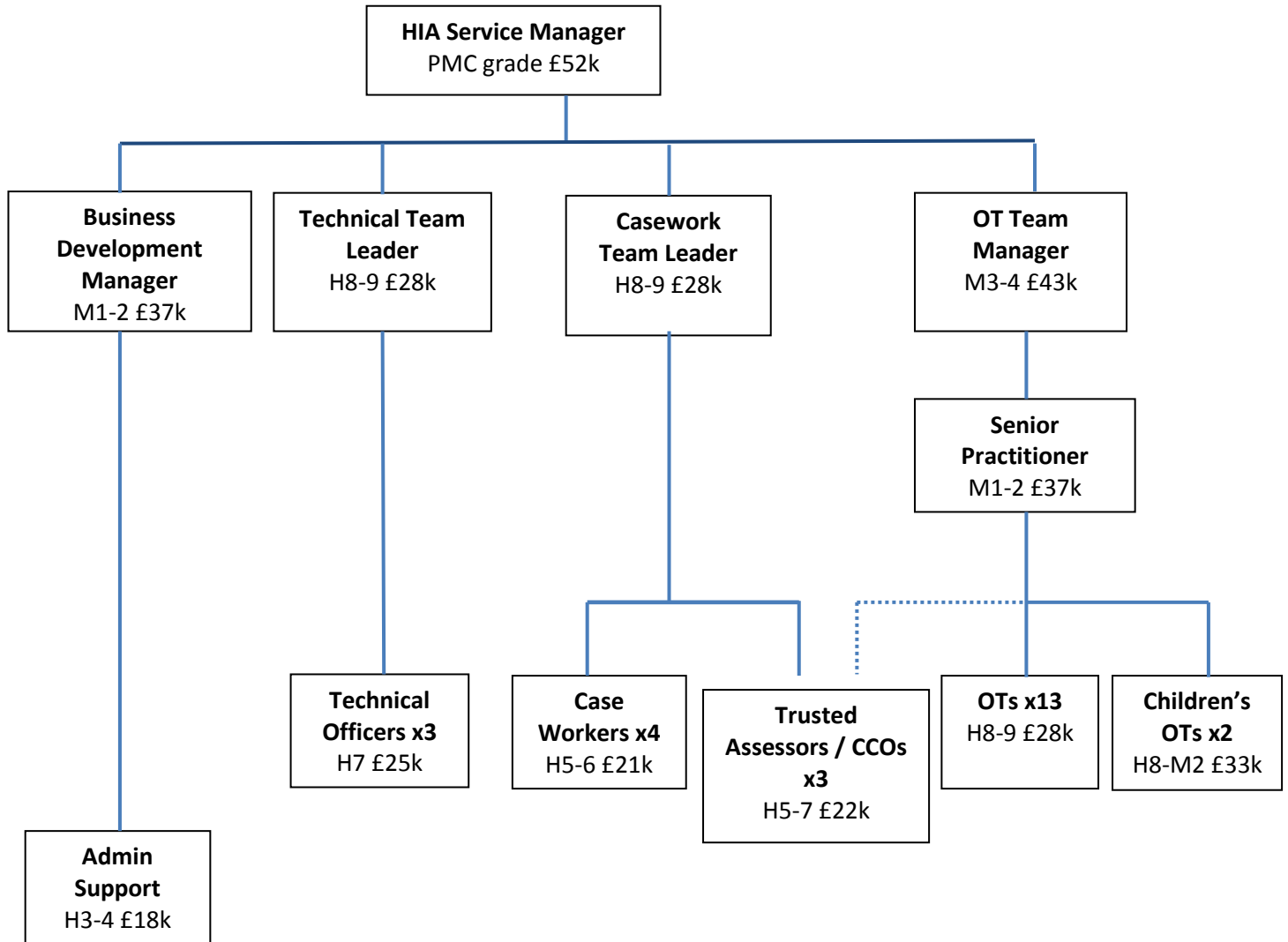
In order to determine a model for the team the caseload numbers of the district and borough councils and of the OT service were obtained.

Benchmarking states that a Technical Officer (TO) working in a high-performing HIA, with a good efficient system, a contractor framework and a robust case management IT system, should be able to process around 175 cases a year and a Caseworker (CO) between 120 and 150, depending on the complexity of the case.

For OT activity a figure of 4.4 cases per week (taken from the HCC Performance Dashboard) has been used, along with an average leave, sickness, and training absence of 15%). This was then used to develop the staffing model shown in Figure 5 below.

This staffing model is for the scenario where all the districts and borough councils join the shared service, and is reduced accordingly in the scenario where a smaller number of authorities joint the shared service.

**Figure 5: Staffing Model for Shared Home Improvement Agency Function**



**6.3.2 Proposed Ongoing Costs of the model**

The annual running costs of the above model are demonstrated in table 7 below:

**Table 7: Proposed Ongoing cost of the Shared Home Improvement Agency Service**

	Six authority model	All authority model
	£000s	£000s
HIA Service staffing	390	505
OT Service	671	671
HIA Service costs and overheads	51	59
<b>Total running costs</b>	<b>1,112</b>	<b>1,236</b>

OT Service costs above include the cost of two Children’s Occupational Therapists; however there are still ongoing discussions about where these posts will be funded from.

Costs of adaptations are forecast in the model to continue as in current operations.

The forecast running costs exceed the current running costs noted in Table 2 above; solutions to this potential barrier are discussed in Section 7.4.

It will be helpful to design a service with a structure that is fit for purpose going forward in view of rising levels of demand resulting from demographic pressures, and the government’s wish to invest more funding in this area through to 2019/20.

The proposed size of the OT service will remain constant under both the six authority model and the all authority model. OT’s will continue to provide a service to all districts whether they are in or out of the shared service model. This will be fully funded by HCC.

### 6.3.3 Initial Set-up Costs

Areas of expenditure have been identified below; these are estimates of costs based on the experience of setting up a Shared Anti-Fraud Service. Extra costs may be identified once more detailed implementation planning has taken place but costs are not likely to be material to each authority involved.

**Table 8: Set-up costs of the Shared Service**

Description of expenditure	Cost
	£000s
Project management	Covered by BCF
Legal support	1.5 per partner
Case management system; assumes new system purchased	25
IT, telephony, other supplies and services set-up costs	25
Head of Service from Jan 2017 - April 2017	17
<b>Cost per partner based on six authority model</b>	<b>13</b>
<b>Cost per partner based on all authority model</b>	<b>7</b>

## 6.4 Apportionment of Running Costs

Grant conditions relating to DFG advise that the monies can only be used to fund capital expenditure. Therefore we have assumed for these purposes that the running costs of the shared service need to be charged to revenue

Three options for apportionment of running costs were set out in the outline business case and Option A was recommended. This option entailed apportioning the running costs based on the expenditure on aids and adaptations, using a three year average over the period 2013/14 to 2015/16. All further financial information is based on this option.

In all three scenarios it is assumed that HCC pays for the full costs of the OT resource, plus a proportionate amount of the overall head of service, and does not bear any of the other running costs.

Tables 9 and 10 below show the overall before and after position for each authority of joining the shared service. This has been split to show separately the revenue and capital impact on the authorities.

The option to charge fee income has been included in order to maintain revenue costs within the current funding envelope as far as possible, as requested by district CFO's. Currently, a number of districts charge an agency fee on DFG works. This process involves using an agent to carry out the works which enables a project management fee to be charged. This can then be used to offset the extra revenue costs.

Districts who charge fee income charge a percentage of between 8-10% currently but there is scope to charge more if necessary.



**Table 9.1: Six Authority Model - Revenue Impact**

	DBC	EHC	HBC	NHDC	WBC	HCC	TOTAL
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Running costs of shared service	107	68	78	108	69	682	<b>1,112</b>
Client contributions	( 8)	0	0	( 99)	( 39)	( 153)	<b>( 299)</b>
<b>Net cost of service</b>	<b>99</b>	<b>68</b>	<b>78</b>	<b>9</b>	<b>30</b>	<b>529</b>	<b>813</b>
Current revenue budget for DFG	32	113	82	0	36	1,206	<b>1,469</b>
Residual costs in district i.e. non cashable savings	22	48	38	31	36	559	<b>733</b>
<b>Extra revenue budget required</b>	<b>90</b>	<b>3</b>	<b>33</b>	<b>39</b>	<b>30</b>	<b>( 118)</b>	<b>77</b>
Fee income at 10% of DFG spend	( 60)	( 38)	( 44)	( 60)	( 39)	n/a	<b>( 241)</b>
<b>Extra revenue budget required if charge fee income</b>	<b>29</b>	<b>( 36)</b>	<b>( 10)</b>	<b>( 21)</b>	<b>( 9)</b>	<b>n/a</b>	<b>( 46)</b>

**Notes**

- To show the revenue impact on each authority, client contributions (assumed to continue at current levels) have been subtracted from running costs of the proposed shared service to give a net cost of service.
- Residual costs in each authority have been identified; these are non-cashable savings if the district moved to the shared service model such as IT system costs, overhead recharges – which would still need to be met from other budgets.
- Residual costs of £559k in HCC reflect the current spend on adaptations, which is assumed to continue at this point, and is out of scope of the shared service model.
- The revenue cost of the shared service has been compared to the current revenue budget for DFG taking into account residual costs. This shows that all districts would have to make an extra revenue contribution.
- Due to the caveat given by districts that the shared service would only be a feasible option if costs were maintained at current levels, the option of using fee income has also been included. If this option was approved, this would result in revenue savings for all districts apart from Dacorum. For all districts to show revenue savings, fee income of 15% would need to be charged, as shown below:

	<b>DBC</b>	<b>EHC</b>	<b>HBC</b>	<b>NHDC</b>	<b>WBC</b>	<b>HCC</b>	<b>TOTAL</b>
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Extra revenue budget required with fee income at 13%	17	( 43)	( 19)	( 33)	( 16)	n/a	<b>( 94)</b>
Extra revenue budget required with fee income at 14%	5	( 51)	( 27)	( 45)	( 24)	n/a	<b>( 142)</b>
Extra revenue budget required with fee income at 15%	( 1)	( 55)	( 32)	( 51)	( 28)	n/a	<b>( 167)</b>

In the tables above, fee income is based on DFG spend. During the implementation phase, other options for distribution of the fee income will be investigated. It may be that a fairer method will be to give each district enough fee income to generate a net nil budget and then pool any surplus for joint investment.

**Table 9.2: All Authority Model – Revenue Impact**

	BBC	DBC	EHC	HBC	NHDC	SADC	SBC	TRDC	WBC	HCC	TOTAL
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Running costs of shared service	58	78	49	56	78	90	45	54	50	678	<b>1,236</b>
Client contributions	( 15)	( 8)	0	0	( 99)	0	0	0	( 39)	( 153)	<b>( 313)</b>
<b>Net cost of service</b>	<b>43</b>	<b>70</b>	<b>49</b>	<b>56</b>	<b>( 21)</b>	<b>90</b>	<b>45</b>	<b>54</b>	<b>11</b>	<b>525</b>	<b>922</b>
Current revenue budget for DFG	80	32	113	82	0	70	80	0	36	1,206	<b>1,698</b>
Residual costs in district i.e. non-cashable savings	79	22	48	38	31	43	40	0	36	559	<b>895</b>
<b>Extra revenue budget required for shared service</b>	<b>42</b>	<b>60</b>	<b>( 16)</b>	<b>12</b>	<b>9</b>	<b>63</b>	<b>6</b>	<b>54</b>	<b>11</b>	<b>( 122)</b>	<b>119</b>
Fee income at 10% of DFG spend	( 45)	( 60)	( 38)	( 44)	( 60)	( 70)	( 35)	( 42)	( 39)	n/a	<b>( 433)</b>
<b>Extra revenue budget required if charge fee income</b>	<b>( 3)</b>	<b>( 0)</b>	<b>( 54)</b>	<b>( 32)</b>	<b>( 51)</b>	<b>( 7)</b>	<b>( 29)</b>	<b>12</b>	<b>( 28)</b>	n/a	<b>( 192)</b>

**Notes**

- To show the revenue impact on each authority, client contributions (assumed to continue at current levels) have been subtracted from running costs of the proposed shared service to give a net cost of service.
- Residual costs in each authority have been identified; these are non-cashable savings if the district moved to the shared service model such as IT system costs, overhead recharges – which would still need to be met from other budgets.
- Residual costs of £559k in HCC reflect the current spend on adaptations, which is assumed to continue at this point, and is out of scope of the shared service model.
- The revenue cost of the shared service has been compared to the current revenue budget for DFG taking into account residual costs. This shows that all districts, apart from East Herts, would have to make an extra revenue contribution.
- Due to the caveat given by districts that the shared service would only be a feasible option if costs were maintained at current levels, the option of using fee income has also been included. If this option was approved, this would result in revenue savings for all districts apart from Three Rivers. For all districts to show revenue savings, fee income of 13% would need to be charged, as shown below:

	<b>BBC</b>	<b>DBC</b>	<b>EHC</b>	<b>HBC</b>	<b>NHDC</b>	<b>SADC</b>	<b>SBC</b>	<b>TRDC</b>	<b>WBC</b>	<b>HCC</b>	<b>TOTAL</b>
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Extra revenue budget required with fee income at 12%	( 12)	( 12)	( 62)	( 40)	( 63)	( 21)	( 36)	4	( 35)	n/a	<b>( 278)</b>
Extra revenue budget required with fee income at 13%	( 16)	( 18)	( 66)	( 45)	( 69)	( 28)	( 40)	( 0)	( 39)	n/a	<b>( 322)</b>

In the tables above, fee income is based on DFG spend. During the implementation phase, other options for distribution of the fee income will be investigated. It may be that a fairer method will be to give each district enough fee income to generate a net nil budget and then pool any surplus for joint investment.

**Table 10.1: Six Authority Model – Capital Impact**

	<b>DBC</b>	<b>EHC</b>	<b>HBC</b>	<b>NHDC</b>	<b>WBC</b>	<b>TOTAL</b>
	£000s	£000s	£000s	£000s	£000s	£000s
DFG works spend	602	384	435	605	386	<b>2,412</b>
District capital contribution	( 228)	( 90)	( 140)	( 146)	( 144)	<b>( 748)</b>
Increased DFG grant 16/17	( 675)	( 530)	( 538)	( 654)	( 523)	<b>( 2,920)</b>
<b>Extra capital money available</b>	<b>( 301)</b>	<b>( 237)</b>	<b>( 242)</b>	<b>( 195)</b>	<b>( 281)</b>	<b>( 1,256)</b>

**Table 10.2: All Authority Model – Capital Impact**

	<b>BBC</b>	<b>DBC</b>	<b>EHC</b>	<b>HBC</b>	<b>NHDC</b>	<b>SADC</b>	<b>SBC</b>	<b>TRDC</b>	<b>WBC</b>	<b>TOTAL</b>
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
DFG works spend	450	602	384	435	605	701	350	418	386	<b>4,331</b>
District capital contribution	( 174)	( 228)	( 90)	( 140)	( 146)	( 409)	( 45)	( 262)	( 144)	<b>( 1,639)</b>
Increased DFG grant 16/17	( 577)	( 675)	( 530)	( 538)	( 654)	( 531)	( 576)	( 456)	( 523)	<b>( 5,060)</b>
<b>Extra capital money available</b>	<b>( 301)</b>	<b>( 301)</b>	<b>( 237)</b>	<b>( 242)</b>	<b>( 195)</b>	<b>( 240)</b>	<b>( 271)</b>	<b>( 300)</b>	<b>( 281)</b>	<b>( 2,368)</b>

**Notes**

- The capital impact tables above assume the current level of spend on DFG works will continue, as well as districts putting in the same capital contributions going forward. The impact on each individual district is the same regardless of which model is taken forward.
- Due to the increased DFG grant levels from 16/17 onwards, each authority will have a significant increase in capital money available.
- HCC is excluded from the capital tables as it is not awarded DFG.

## **6.5 Future Planning**

### **6.5.1 Alternative Use of DFG**

The BCF Policy Framework clearly encourages innovative use of DFG, as well as setting out an expectation that local authorities with housing responsibility are expected to engage in joint BCF planning with welfare and Health authorities, and it is expected that health priorities, such as delayed transfer of care and readmission to hospital, will become more important in the way DFG is spent. The scope of the Regulatory Reform Order was also extended in 2008-09 to include use of DFG money, which enables authorities to use this money for wider preventative purposes.

Hertfordshire's demographics show an increasingly ageing population and therefore investing in more preventative services is key to reducing demand on services and avoiding higher costs in the future.

HCC has already begun focusing on prevention as a strategic priority. Strategic Management Board and Health and Wellbeing Board have both endorsed the strategic shift to prevention.

Based on this BCF guidance and the focus on prevention, there is a proposal to gain agreement from each district that a proportion of this extra capital money can be top-sliced and pooled together to be spent collectively on Hertfordshire wide projects, for example, provision of telecare or reablement. A number of other authorities have already adopted this approach.

Top-slicing 10% of the extra capital funding for each district would give the Hertfordshire BCF £240,000 to invest in preventative work. Top-slicing 20% would provide £480,000. However, this would need agreement from all authorities to proceed.

## 7 PROJECT MANAGEMENT DELIVERY AND NEXT STEPS

### 7.1 Project Constraints, Assumptions and Dependencies

Key **constraints** for consideration by the Chief Executive's Co-ordination Group (CECG) in supporting the Business Case:

- Work stream leads will not be dedicated to the project on a full time basis so capacity, particularly for key elements, will need to be kept under review
- Availability of stakeholders will affect the delivery of the project, for example OT and District staff participation in focus groups and scoping exercises

Key **assumptions** for consideration by the CECG in supporting the Business Case:

- A Finance Manager is assigned to support the project
- The initial phase of the new service will be from implementation to go-live
- Go-live is planned for the start of the new financial year 17/18

Key **dependencies** for consideration by the CECG in supporting the Business Case:

- Harmonising systems or procuring a brand new system
- The establishment of effective and workable governance arrangements
- The need to recognise the transitional period into the Shared Service and any requirements to support DFG activity over this period
- The partnership continues for at least five years to ensure the opportunity to develop a sustainable solution. Reviews of the partnership would take place periodically.
- The provision of services which meet each organisation's needs and strategic objectives

### 7.2 Project Next Steps

It is proposed that the current governance arrangements continue into the next phase of the project i.e. that the Business Case is presented to the respective Cabinets, that senior Members are kept informed of progress through the usual channels, and all Members generally through joint communications where appropriate.

Governance arrangements and decision-making arrangements for the shared service operation will be explored in more detail in the next phase of the programme.

#### 7.2.1 Formalising the Commitment of the Participating Councils

The Operational Group agreed in April 2016 that after this Business Case has been approved, each potential partner will make its own assessment of the merits of the case in relation to its own position. Each Council will apply its own decision-making process and confirm the outcome to the Board.

It is **recommended** that each authority agrees to formally commit to participate in the shared service by a date to be agreed.

#### 7.2.2 Resourcing the Project

At all levels of our organisations, working on this project is a rapid learning curve. The engagement of staff and the way they have worked together in the project teams has been positive, and needs to continue. Ensuring that staff in each Council at all levels of the project are able to continue to commit the necessary time and effort is critical to the success of the programme.

It is **recommended** that the programme continues to be resourced by the participating Councils to work alongside the Project Manager to prepare the Service Development phase and start preparations for implementation. This resource is required to ensure that the project can be delivered in accordance with the proposed timetable.

### **7.2.3 Change Management**

The proposed project will impact significantly on how DFG services are provided, commissioned and managed throughout the participating Councils. This will affect not only those staff directly engaged in the provision of this service but also the Councils receiving the service.

A key success factor will be the ability of the participating Councils to communicate with a wide range of stakeholders and ensure that each is adequately informed and actively and positively engaged in the development and delivery of change.

It is vital that all stakeholders in all the participating Councils are kept apprised of the Boards decisions, the scope and aims of the project and of project progress. Stakeholder management and change management will be run as an integral part of the project management process in order to inform and improve the development of the project, identify potential resistance at an early stage, shorten delivery timescales and increase the likelihood of all potential project benefits being realised.

### **7.2.4 Implementation plan**

The service will need to work to an agreed implementation plan post go-live to prioritise how each of these service elements will be brought on stream. It will be beneficial to have additional project support during the early stages of the new service to support this.

### **7.2.5 Shared Service Operation**

Detailed work will need to be carried out on what the Shared Home Improvement Service model will look like (business process re-engineering), how it can most effectively operate (management and governance arrangements), where it will be accommodated and how each council can best monitor its operation (client function). Some consideration will also need to be given to branding and how the service is distinguished from other related services.

### **7.2.6 Shared Service Performance**

It will be necessary to define performance indicators and targets for the Shared Home Improvement Service. These will need to reflect the benefit delivered by the service to partners in terms of savings and improvements made, and ideally should incentivise the service to increase the value of supported living services. The data required to produce performance information will need to be straightforward to obtain.

### **7.2.7 Systems Convergence**

It is **recommended** that the participating Councils agree in principle to agree to adopt a single case management system in order to gain the benefits of moving to a common system.



### 7.2.8 Harmonising policies

Each Council has its own set of policies in relation to this area. Variance in key policies is potentially an area of diseconomy to a future shared services operation. It is **recommended** that policy harmonisation is progressed where it is straightforward to do so, for example in the areas of:

- General operation procedure including performance criteria
- Financial inclusion or debt management policies
- Social care strategies, including carers, mental health and older people

Harmonisation will help achieve efficiency in terms of minimising any resource required to administer divergent policies, and reduced potential for errors in advice given.

### 7.3 Project Stakeholders

- Council staff
- Council senior managers and CFOs / Chief Executives
- Serco contract leads
- Elected Members
- Voluntary/Health / Housing / Social Care sectors
- Residents of Hertfordshire
- CFOs of all interested parties
- East and North Hertfordshire CCG
- Herts Valleys CCG
- NHS England

### 7.4 Project Issues and Risks

A detailed issue log and risk register will be developed by the project team. These registers will be monitored and maintained together with appropriate rating and controls. High impact issues and risks will be escalated by the Project Manager to the Project Lead and Sponsors as appropriate.

Key **issues** for consideration in supporting the business case:

- How should any funding / charging model work
- Need for completion of financial baseline activity
- Difficult to estimate possible TUPE/pension costs to the project
- Lack of service user input so far
- Awareness of bringing all professional referral routes into one service e.g. referrals that come from Health, independent therapists or those from out of area if a service user moves

Key **risks** for consideration in supporting the business case:

<b>Summary of Key Risks</b>	<b>Probability</b>	<b>Impact</b>	<b>Risk Rating</b>	<b>Containment</b>
There is a risk that the existing variability in provision and contractual arrangements of local authorities' DFG services may result in the project not being able to deliver the desired model	4 Likely	4 Medium	16 Significant	Early engagement with Districts to understand their existing arrangements
There is a risk that the Framework agreement may be too expensive	3 Possible	4 Medium	12 Significant	Early market testing and learning from other similar models
There is a risk that we are unable to include Housing OTs in the initial set up as the service is part of the Serco contract – this runs for another three years.	3 Possible	8 High	24 Significant	Early engagement with Serco to discuss cost implications of the service being transferred back to the Council early
There is a risk staff retention and motivation could drop resulting in a turnover of workforce, loss of historical knowledge and skills and associated costs	3 Possible	8 High	24 Significant	Mitigate risk by working with HR to develop and implement communications and staff engagement strategy

## Appendix A Options Analysis for Procurement Review

Option	Benefits	Drawbacks
<b>A. Framework Agreement</b>	<ul style="list-style-type: none"> <li>• Potential to reduce costs and time associated with delivering works</li> <li>• Time-saving efficiencies related to administrative function and handling times</li> <li>• Ensures consistency and equity across districts signed up to it</li> <li>• Resilience of labour supply</li> <li>• Can support small providers (continuing stream of work, less time on admin and pricing, better procurement arrangements)</li> <li>• If frameworks are delivered independently to other organisational changes then benefits can be realised quickly</li> <li>• Can be used effectively with schedule of rates to improve cost and budgeting control</li> <li>• Not paying more than market value for works</li> <li>• Flexible for customers to choose preferred provider</li> <li>• Encourages competitive pricing</li> </ul>	<ul style="list-style-type: none"> <li>• Procurement procedure required</li> <li>• Will need to be reviewed regularly (at suitable intervals) to allow new entrants and release those who no longer want to participate without penalty</li> <li>• Time consuming to set up</li> <li>• Will need significant district/borough buy-in to make effective</li> <li>• Frequent review to ensure best value is achieved</li> <li>• Providers may not want to work on complex jobs where margins are small</li> </ul>
<b>B. Direct contract</b>	<ul style="list-style-type: none"> <li>• Potential to reduce costs and time associated with procurement</li> <li>• Time-saving efficiencies related to administrative function and handling times</li> <li>• Ensures consistency and equity across districts signed up to it</li> <li>• Resilience of labour supply</li> <li>• Develop partnership relationship</li> <li>• Greater savings from guaranteed work</li> </ul>	<ul style="list-style-type: none"> <li>• Procurement procedure required</li> <li>• Could be paying more than market value for works</li> <li>• Provider may lose out if market value fluctuates</li> <li>• Time consuming to set up</li> <li>• Will need significant district/borough buy-in to make effective</li> <li>• Large, non-local providers are likely to win business</li> <li>• Less flexibility/viable options if provider is underperforming</li> </ul>
<b>C. Do nothing</b>	<ul style="list-style-type: none"> <li>• Good contractual arrangements in place</li> <li>• Knowledgeable, committed staff</li> <li>• Trusted brand</li> <li>• Support local business</li> </ul>	<ul style="list-style-type: none"> <li>• Not a standardised approach to costs</li> <li>• Time-consuming</li> <li>• Admin-heavy</li> <li>• Paying too much for big-ticket items</li> <li>• 'postcode lottery' for self-funders and those with contributions who may have to pay more for the same adaptation</li> </ul>

## B.1 Options Analysis for Delivery Model

Option	Benefits	Drawbacks
<b>A: DFG service</b>	<ul style="list-style-type: none"> <li>• Relatively low-cost</li> <li>• Retained control of budget for local authorities</li> <li>• Strong trusted brand</li> <li>• Better use of staff resources</li> <li>• Knowledgeable, committed staff</li> </ul>	<ul style="list-style-type: none"> <li>• Needs a strong lead from within</li> <li>• Still not a fully integrated, holistic approach</li> <li>• Possible TUPE/redundancy issues</li> <li>• May not be seen as delivering sufficient benefits for effort required</li> </ul>
<b>B: Small Home Improvement Agency (HIA)</b>	<ul style="list-style-type: none"> <li>• Opportunity for technical officer, caseworkers and integrated OT service in one place</li> <li>• Future opportunities to develop as social enterprise</li> <li>• Some resilience from fluctuating demand in the system</li> <li>• Single system/database used</li> <li>• Eradicates issues with local authority recruitment (workforce recruited externally)</li> <li>• Less bureaucracy in decision-making</li> <li>• Improved customer experience including reduced waiting times for clients</li> <li>• Better use of staff resources and reduced revenue costs</li> </ul>	<ul style="list-style-type: none"> <li>• Cost of incorporating organisation</li> <li>• Still only a partially integrated, holistic approach</li> <li>• Possible TUPE/redundancy issues</li> </ul>
<b>C. Complete Home Improvement Agency (HIA)</b>	<ul style="list-style-type: none"> <li>• Opportunity for technical officer, caseworkers and integrated OT service and minor adaptations in one place</li> <li>• Opportunity to develop as social enterprise</li> <li>• Strong resilience from fluctuating demand in the system</li> <li>• Single system/database used</li> <li>• Improved customer experience including reduced waiting times for clients</li> <li>• Better use of staff resources and reduced revenue costs</li> </ul>	<ul style="list-style-type: none"> <li>• Cost of incorporating organisation</li> <li>• Possible TUPE/redundancy issues</li> </ul>
<b>D. Do nothing</b>	<ul style="list-style-type: none"> <li>• Effective service currently being delivered</li> <li>• Good contractual arrangements in place</li> <li>• Adult OT referrals have improved consistently</li> <li>• Open budget for legal charges</li> <li>• Districts top-up BCF budget</li> <li>• Good political buy-in</li> <li>• Added value – picking up on other needs</li> <li>• Knowledgeable, committed staff</li> </ul>	<ul style="list-style-type: none"> <li>• Missing out on opportunities to improve service and realise benefits</li> <li>• Current timescales across the whole chain</li> <li>• Lack of consistency between districts (variation in cost and response times)</li> <li>• Client support/agency work is varied</li> <li>• Process is complicated for vulnerable clients</li> <li>• Poor support for clients not eligible for DFG</li> </ul>

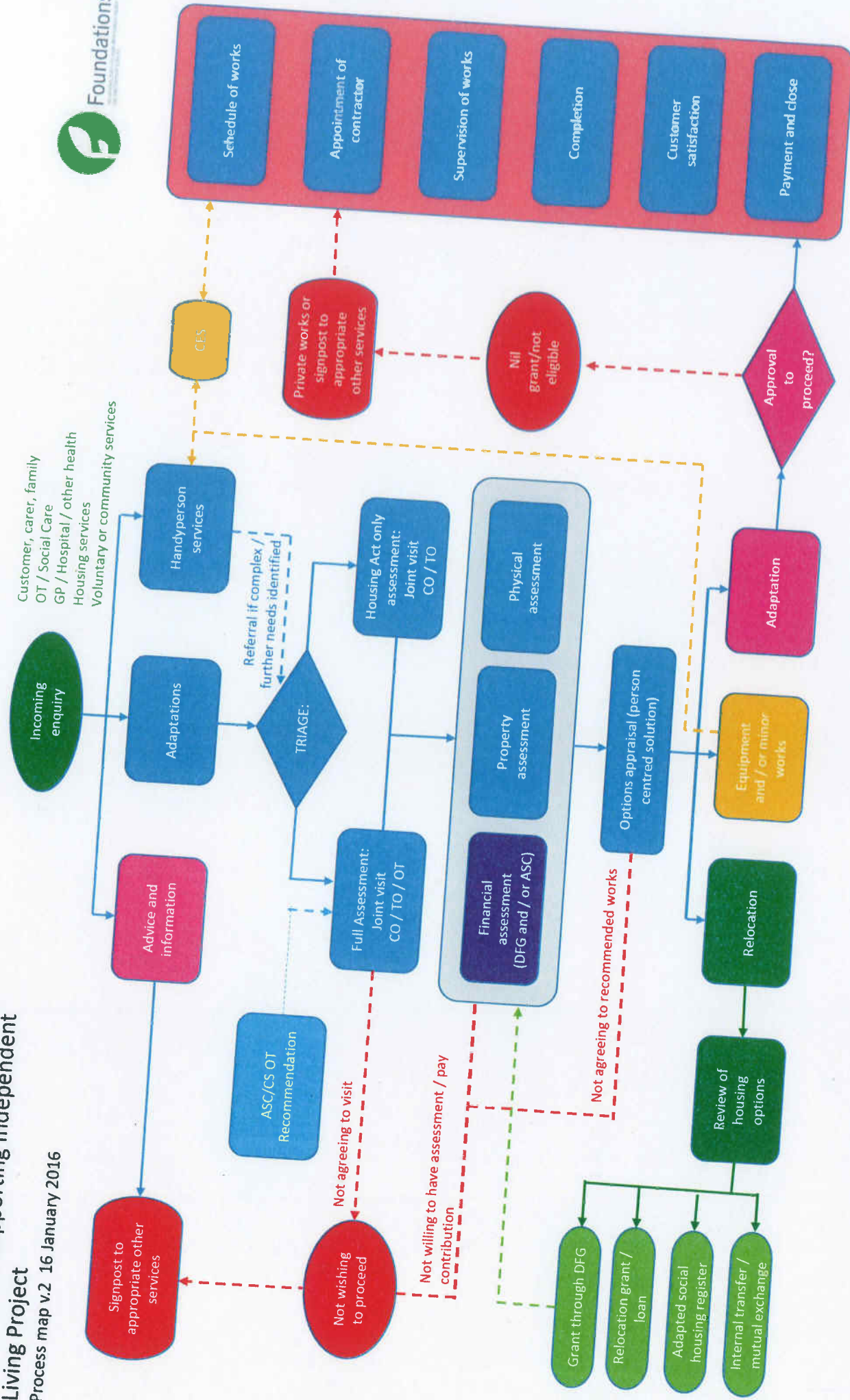
	<ul style="list-style-type: none"> <li>• Strong trusted brand</li> <li>• Supports local business</li> <li>• Driven by need not profit</li> <li>• Stays local</li> <li>• No need to delegate grant paying powers</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of promotion of DFG services</li> <li>• Lack of work with GPs to promote independent living</li> <li>• Lacking a single point of contact</li> <li>• Poor management of expectations initial assessment then OT closes the case</li> <li>• Lack of good housing advice at the start of the process</li> <li>• Lack of integration around the individual</li> <li>• No economies of scale</li> <li>• Lack of monitoring</li> <li>• Does not have a multi-channel view of independent living – more integration required for this</li> <li>• HES would continue to incur costs for contractor fees for minor adaptations work</li> </ul>
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## B.2 Options Analysis for Delivery Approach

Option	Benefits	Drawbacks
<b>A. Shared service model</b>	<ul style="list-style-type: none"> <li>• Greater resilience</li> <li>• Opportunity for caseworkers and integrated OT service</li> <li>• Not costly to set-up</li> <li>• Fits with Care Act 2014</li> <li>• Future opportunities to develop as social enterprise</li> <li>• Driven by need not profit</li> <li>• Retained control of budget</li> <li>• Strong trusted brand</li> <li>• Stays local</li> <li>• More unified ownership of service/problem/budget</li> <li>• Single entity for range of outcomes and monitoring</li> <li>• Allows less interested LAs to still meet legal obligations vicariously</li> <li>• No need to delegate grant paying powers</li> <li>• Better use of staff resources</li> <li>• Knowledgeable, committed staff</li> </ul>	<ul style="list-style-type: none"> <li>• Could be complicated to set-up</li> <li>• Needs a strong lead from within</li> <li>• Still not a fully integrated, holistic approach</li> <li>• Possible TUPE/redundancy issues</li> <li>• Financial risk to LA managing shared staff if made redundant – to be flagged as shared risk if taken forward</li> </ul>
<b>B. Outsourcing to external contractor</b>	<ul style="list-style-type: none"> <li>• Cost effective approach, possible savings</li> <li>• Almost total resilience from fluctuating demand in the system</li> <li>• Good customer service with ‘One-stop shop’ approach</li> <li>• Commercial approach – becomes Trusted Trader for advice, home improvements and adaptations</li> <li>• Single system/database used</li> <li>• Eradicates issues with local authority recruitment (workforce recruited externally)</li> <li>• Less bureaucracy in decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Perceived loss of control/ local expertise and knowledge</li> <li>• Possible TUPE/redundancy issues</li> <li>• An outsourced service will only deliver to specification (only what is in the contract)</li> <li>• Political lack of will for contracted services</li> <li>• Private sector focus may lead to poor service for customers</li> <li>• Lack of access/control to external databases/data protection</li> <li>• Need for tight legal contact with provider</li> <li>• Different political groups across districts and different agendas</li> <li>• Governance arrangements</li> <li>• On-going financial stability of external agency</li> <li>• 3 - 5 year contracts could lead to disruption of service to customers when contracts come to an end, or a new provider is appointed</li> </ul>

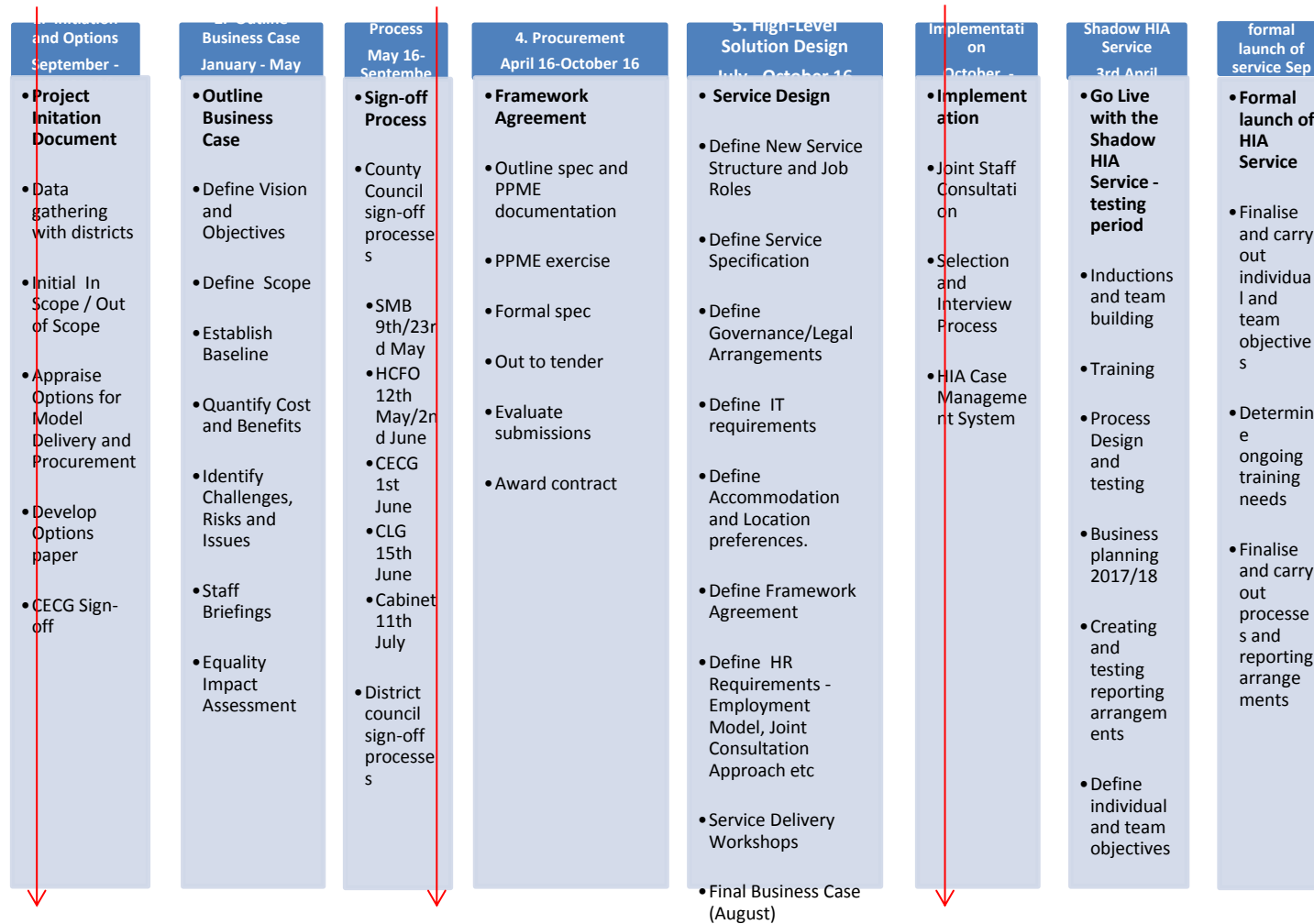
		<ul style="list-style-type: none"> <li>• Local authority still responsible party if contractor fails to deliver</li> <li>• Possible implications for OTs such as clinical oversight, registration etc.</li> </ul>
<b>C. A local authority arms- length organisation managing the DFG and adaptation services across Hertfordshire</b>	<ul style="list-style-type: none"> <li>• Strong CCG/HCC influence</li> <li>• Buy-in from LAs</li> <li>• Standardised practice across the county</li> <li>• Resilience of capacity</li> <li>• History of this approach in the county with HILS</li> <li>• Better use of staff resources</li> <li>• Freedom to innovate</li> <li>• Opportunity to develop private work for able to pay market</li> <li>• Opportunity for caseworkers and integrated OT service</li> <li>• Driven by need not profit</li> <li>• Stays local</li> <li>• More unified ownership of service/problem/budget</li> <li>• Knowledgeable, committed staff</li> </ul>	<ul style="list-style-type: none"> <li>• Cost of incorporating organisation</li> <li>• Lack of support</li> <li>• Possible TUPE/redundancy issues</li> </ul>

Hertfordshire Supporting Independent Living Project  
 Process map v.2 16 January 2016





## Appendix C Home Improvement Service High Level Timeline



→  
Go/No-Go Decision Point

## Appendix D

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## Minutes



To: All Members of the Health Scrutiny Committee, Chief Executive, Chief Officers, All officers named for 'actions'

From: Legal, Democratic & Statutory Services  
Ask for: Fiona Corcoran  
Ext: 25560

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### **HEALTH SCRUTINY COMMITTEE TUESDAY 12 JULY 2016**

#### **M I N U T E S**

#### **ATTENDANCE**

#### **MEMBERS OF THE COMMITTEE**

#### **COUNTY COUNCILLORS**

J R Barfoot, S A Batson, R H Beeching, D Hart, D J Hewitt, S L C Johnston, L Kercher, S Quilty (Chairman), R G Tindall, C J White

#### **DISTRICT COUNCILLORS**

A Alder (East Herts), B Gibbard (St Albans), F Guest (Dacorum), K Hastrick (Watford), M McKay (Stevenage), A Scarth (Three Rivers), F Thomson (Welwyn Hatfield)

#### **OTHER COUNCILLORS IN ATTENDANCE**

C B Wyatt-Lowe

#### **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman noted apologies from Gordon Nicholson, Jean Green and David Lambert.

#### **MINUTES**

The Minutes of the meeting of the Committee held on 19 May 2016 were confirmed as a correct record and signed by the Chairman.

#### **PUBLIC PETITIONS (Standing Order C11)**

None

## PART 1 ('OPEN') BUSINESS

ACTION

### 1. SCRUTINY OF HERTFORDSHIRE HEALTH ORGANISATIONS' BUDGETS AND QUALITY OF CARE (FRANCIS REVIEW) FOLLOW UP AND FUTURE YEARS: FEEDBACK

[Officer Contact: Natalie Rotherham, Scrutiny Officer  
Tel: 01992 550782]

- 1.1 The Committee received a report providing feedback on the annual scrutiny of Hertfordshire health organisations' budgets and quality of care (Francis Review) and suggestions for the future process.
- 1.2 The Committee was reminded that the focus and themes for next year would be discussed at its Sept 2016 meeting
- 1.3 Members discussed the possibility of including health organisations' quality accounts within the annual scrutiny in 2017. It was noted that the quality accounts set out the progress made in the previous year in meeting the quality priorities and set the priorities for the forthcoming year. Members heard that the quality accounts from all organisations are provided for Healthwatch for comment and feedback.
- 1.4 The challenges around ensuring consistency in the quality, detail and content of written responses from all the health organisations were discussed by Members and it was noted that officers would need to work with organisations to ensure more useful and detailed information was provided in advance for Members' consideration, particularly regarding finance.
- 1.5 In discussion, a Member of the Committee highlighted the need for Members to attend pre-briefings to prepare for the scrutiny café and ensure constructive questioning. It was suggested that the briefings for all Members involved in the scrutiny take place at the same time as the Chairman's briefings. It was also suggested that a 'select committee' approach be taken, allowing Members to continue with a line of questioning until it had been exhausted if appropriate, rather than the Chairman automatically moving on to another Member straight after the initial question had been answered.
- 1.6 Members requested that any financial data be presented with previous years' data and predicted future figures in order to provide context and enable trends to be identified. It was also requested that figures be provided in table format to ensure they would be easy to read and compare. Officers agreed to work with health organisations to implement these suggestions in next year's documents.

C Lambert

C Lambert

- 1.7 The Committee noted that Healthwatch would be happy to be involved at an earlier planning stage for next year's budget and quality of care scrutiny. The feedback from Healthwatch was that the changes introduced to focus on two trusts for each group improved the process. Scrutiny may have been trying to achieve too much within the given timeframe such that the focus on Francis was lost at times in the group discussion. The suggestion of conducting a more in-depth scrutiny over a longer period of time was offered by Healthwatch and it was noted that officers would take this into consideration but would also need to accommodate resource and timetabling implications. C Lambert
- 1.8 Members raised the issue of ensuring that only the key representatives from each organisation should attend as witnesses and noted that this year had seen an improvement in this regard. Members also requested that officers should check with all organisations to ensure trusts were aware of the date of the scrutiny café and that it did not clash with trust board meetings. C Lambert
- 1.9 At the request of Members, officers requested the whole agenda pack be paginated from consecutively rather than numbering pages for each individual report. F Corcoran
- 1.10 The Committee noted that the 'café' name of this event may not be helpful. It was agreed that a briefing note would be sent to all members and health organisations to explain the purpose of the annual budget and quality of care scrutiny café . C Lambert

### **Conclusions**

- 1.11 The Committee noted the feedback on the Committee's scrutiny of the Health Budgets and Quality of Care.
- 1.12 The Committee noted the suggestions for improvement in the report and in the minutes above to the Committee's scrutiny of the Quality of Care and Budgets 2017 and future years.
- 2. YOUR CARE, YOUR FUTURE UPDATE**
- [Officer Contact: Natalie Rotherham, Scrutiny Officer  
Tel: 01992 550782]
- 2.1 The Committee was provided with an update report on the 'Your Care, Your Future' programme, part of the West Hertfordshire Strategic Review.

2.2	The Committee heard that in West Hertfordshire the Your Care, Your Future programme allowed for a plan to be in place that fits the Sustainability Transformation Plan.	C Lambert
2.3	It was noted that work would take place over the summer using expert panels, the public and WHHT representatives and HVCCG would report back to the Committee with outcomes and draft plans as soon as they were available. It was suggested that the Committee hold a single meeting to focus solely on this in January when the outcome was known. Members suggested that the Committee should also consider this item in September 2016 for the views of Members to be taken into account before a decision is made in December 2016. It was agreed that the Committee would have a single item agenda on this subject at one or two points in the next year (September 2016 and January 2017) and any key decisions needed to be shared with the Committee and the scrutiny officer would ensure this happened.	C Lambert
2.4	It was agreed that the Programme Director would keep the scrutiny officer informed of progress and any changes to the that may affect when HSC considers Your Care Your Future	
2.5	There was discussion of which stakeholders would be involved in consultation on the 18 July 2016 at the meeting of the 'key community stakeholders'. It was noted that the forthcoming meeting would provide a start to discussions and a number of further meetings would follow. It was agreed that details of these meetings would be circulated to Members of the committee. In relation to the key stakeholders, Members asked how local residents were selected to participate and it was noted that the aim was to try to engage with as many residents as possible but some were self-selecting. This was a concern to Members who felt it was vital that those involved represented the majority of residents.	C Ward/C Lambert
2.6	Members were reassured that the CCG had not made any decisions about the options put forward and it wished to be open and transparent in its decision making and planning process. It was noted that it was important to have the debate about which clinical model is best before looking at the best site options. The Committee heard that the trust were committed to having the debate in an open and transparent way but this must also fall within an appropriate timeframe in order to enable the process to move forward efficiently.	
2.7	Members acknowledged the need to ensure hospital services in the west of the county were equal to the provision in the east and north and supported this aim.	
2.8	In discussion, Members highlighted the need to move as quickly as possible in terms of decision making and timelines	

for delivery in order to provide the best health service for residents in west Hertfordshire.

- 2.9 The Committee noted that the plan for the next five years would be challenging and there would be a significant financial shortfall. However, the CCG and the Trust are clear that change is necessary and was looking at examples of good practise in places where a similar plan had been achieved.
- 2.10 It was noted that Healthwatch had been and continued to be involved in this work and had carried out an exercise to capture the public view in the early stages of the process.

### **Conclusions**

- 2.11 The Committee noted the report and agreed to consider this item again as a single item agenda at its meeting in January 2017 and possibly also September 2016.
- 2.12 The scrutiny officer will be kept informed of any changes to the timescale which may affect when HSC considers Your Care Your Future

C Lambert

### **3. CARE QUALITY COMMISSION (CQC) REPORT MONITORING OF WEST HERTFORDSHIRE HOSPITALS TRUST (WHHT) SCRUTINY TOPIC GROUP UPDATE**

- 3.1 The Committee considered a report providing an update on the CQC Report Monitoring of WHHT Scrutiny Topic Group which met on 15 December 2015, 15 February 2016 and 27 May 2016.
- 3.2 It was noted that as the Topic Group was due to reconvene after the CQC visit, the report should be called an 'interim' report.
- 3.3 With regard to paragraph 2.4, it was noted that the word 'monitor' would be changed to 'see.'
- 3.4 Members welcomed the report and the fact that outcomes would be followed up as per recommendation 2.2.
- 3.5 In discussion Members raised the issue of district nurse workloads and heard that heard that vacancies and agency staffing had been considered in depth by the topic group, which had challenged the Trust about issues relating to this. Members noted that the topic group was aware of the ongoing issues around vacancies and agency staff and would continue to consider this.
- 3.6 Members raised the question of the effect of changes in

C Lambert

C Lambert

leadership at the Trust and it was noted that this issue had been discussed at meetings of the Topic Group and the difficulties in recruiting a permanent Chief Executive were acknowledged. It was noted that a permanent Chief Executive had been appointed.

C Lambert

### **Conclusions**

3.7 The Committee noted the report.

## **4. SCRUTINY WORK PROGRAMME**

[Officer Contact: Charles Lambert, Scrutiny Officer  
Tel: 01438 843630]

4.1 The Committee considered its work programme 2016 – 2017 noting those scrutinies recently concluded and those scheduled for the forthcoming period.

4.2 It was agreed that the 'supported discharge' topic group title would be changed to 'discharge'. It was noted that the Scrutiny Officer was currently working with officers to scope this scrutiny and would report back to the Committee in due course.

F Corcoran/ C Lambert

4.3 A Member of the Committee requested that a topic group on hospital transport be added to the programme and it was agreed that officers would look into this and report back to the Committee.

C Lambert

4.4 The work programme considered at the meeting reflected the decision made by the Committee as to those scrutinies that remained on the work programme and those that would be removed. There were no scrutinies removed from the work programme at this meeting of the Committee. It was agreed that a topic group on the CAMHS transformation programme be added to the work programme for October 2016 and that Members from the Health Scrutiny Committee and Overview and Scrutiny Committee take part in this scrutiny if possible.

F Corcoran/C Lambert

### **Conclusions**

4.5 The Committee's work programme was noted.

## **PART II ('CLOSED') BUSINESS**

There were no items of Part II (Confidential) business.

**Kathryn Pettitt**  
**Chief Legal Officer**



## EAST HERTS COUNCIL

HEALTH AND WELLBEING SCRUTINY COMMITTEE –  
20 SEPTEMBER 2016

REPORT BY CHAIRMAN OF HEALTH AND WELLBEING SCRUTINY  
COMMITTEE

### SCRUTINY WORK PROGRAMME

WARD(S) AFFECTED: *None.*

#### **Purpose/Summary of Report:**

- To review and determine Health and Wellbeing Scrutiny (HWS) Committee's future work programme.

#### **RECOMMENDATION FOR DECISION:**

<b><u>RECOMMENDATION FOR DECISION:</u></b>	
<b>(A)</b>	The work programme detailed in this report be agreed.

#### 1.0 Background

1.1 Items previously required, identified or suggested for the Panel work programme are set out in **Essential Reference Paper 'B'**. Terms of reference for the committee can also be found here.

1.2 To support members in their reading of health and wellbeing related reports and in discussions with speakers from partner agencies the attached **Essential Reference Paper 'C'** offers a quick checklist to the abbreviations and acronyms in common use. Updates and corrections made since the previous version of this publication are shown in italics.

1.3 The Health and Wellbeing Scrutiny Committee was established at Annual Council last year, in recognition of the importance placed by the authority on the health and wellbeing of its residents. Improving the health and wellbeing of our communities is now a corporate priority.

## 2.0 Report

- 2.1 The draft work programme for 2016/17 meetings is shown in **Essential Reference Paper 'B'**. The timing of some items may have to change depending on availability of speakers and essential data.
- 2.2 At the Scrutiny Chairmans' Committee meeting in May it was noted that there is a distinction between Members being given information and Members carrying out scrutiny and they want to ensure the latter happens. With this in mind, Members are asked whether they still want to include the item on mental health that is scheduled for March 2017 and, if so, what is to be scrutinised.
- 2.3 Topics that are assessed to be 'information seeking' rather than scrutiny could then be put forward for either a future member briefing/training event or as an article in the Members Information Briefing.
- 2.4 Members are asked whether there are any additional topics they wish to suggest for consideration. Members are advised that they can scrutinise local health issues but not ones that affect the county as a whole. Hertfordshire Health Scrutiny is the statutory body with that remit. Members are also referred to the Committees Work Programme 16/17 link shown here [Committees Work Programme 16/17](#)
- 2.5 Members are also asked whether they wish to extend an invitation to the Executive Member of Health and Wellbeing to speak one or more Executive members to present on a specific topic or attend a particular meeting.

## 3.0 Implications/Consultations

- 3.1 Information on any corporate issues and consultation associated with this report can be found within **Essential Reference Paper 'A'**.

### Background Papers

None.

Contact Member: Councillor Angela Alder – Chairman of Health and Wellbeing Scrutiny Committee.  
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## ESSENTIAL REFERENCE PAPER 'A'

### IMPLICATIONS/CONSULTATIONS:

<p>Contribution to the Council's Corporate Priorities/ Objectives</p> <p>2016/17 wording</p>	<p>Priority 1 – Improve the health and wellbeing of our communities</p> <p>Priority 2 – Enhance the quality of people's lives</p> <p>Priority 3 – Enable a flourishing local economy</p> <p>Effective use of the scrutiny process contributes to the Council's ability to meet one or more of its corporate objectives.</p>
<p>Consultation:</p>	<p>Potential topics for scrutiny are always invited from the Executive and all Members and the public are asked through an annual item in the 'council tax' edition of LINK magazine which is delivered to every household. Members of each scrutiny committee are consulted at every meeting as their work programme is a standing item on the agenda.</p>
<p>Legal:</p>	<p>According to the Council's constitution, the scrutiny committees are responsible for the setting of their own work programme in consultation with the Executive and in doing so they shall take into account wishes of members on that committee who are not members of the largest political group on the Council.</p>
<p>Financial:</p>	<p>Any additional meetings and every task and finish group has resource needs linked to officer support activity and time for officers from the services to make the required input.</p>
<p>Human Resource:</p>	<p>There are no additional human resource implications to those already contained in the report.</p>
<p>Risk Management:</p>	<p>Matters which may benefit from scrutiny may be overlooked. The selection of inappropriate topics for review would risk inefficient use of resources. Where this involved partners, it could risk damaging the reputation of the council and relations with partners.</p>
<p>Health and wellbeing – issues and impacts:</p>	<p>The broad remit of scrutiny is to review topics which are of concern to the public, many of which have an indirect impact on the general wellbeing of residents of East Herts.</p> <p>The Health and Wellbeing Scrutiny Committee is set up to specifically focus in on issues and topics which have a</p>

	direct and immediate impact on the health and wellbeing of all those who live, work or study in the district.
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ESSENTIAL REFERENCE PAPER 'B'

HEALTH AND WELLBEING SCRUTINY PROPOSED COMMITTEE WORK PROGRAMME 2016/17

2016/17	CIVIC YEAR			
meeting	date	topic	Contact officer/lead	Next Exec
Meeting 3 in 2016/17	15 Nov 2016	<ul style="list-style-type: none"> <li>Report on Air Quality Management areas and the effects of air pollution on health and wellbeing, subject to officer availability and meaningful data</li> </ul>		6 December 2016 7 February 2017 provisional
	Deadline 2/11/16	<ul style="list-style-type: none"> <li><i>Interim progress report – EH HWB strategy 16/17 workplan. Exemptions report only. Not required this time.</i></li> </ul>		
		<ul style="list-style-type: none"> <li>Chairman of EH Strategic Partnership Board to report on their approach to providing opportunities for residents to look after and protect their health + chairman of SP operational group?</li> </ul>	Councillor Tony Jackson – confirmed	
		<ul style="list-style-type: none"> <li>Consultation on projects for inclusion in 2017/18 East Herts Health and Wellbeing Strategy action plan</li> </ul>	Environmental Health Promotion officer	

		<ul style="list-style-type: none"> <li>Update and minutes from HCC Health Scrutiny Committee</li> </ul>	HWS Chairman	
		<ul style="list-style-type: none"> <li>Scrutiny committee work programme</li> </ul>	Scrutiny officer	

2016/17	CIVIC YEAR			
meeting	date	topic	Contact officer/lead	Next Exec
<b>JOINT</b>	17 Jan 2017	<b>BUDGET REPORT(S)</b>	Titles TBC	07 February 2017
<b>JOINT</b>	14 Feb 2017	2017/18 – 2020/21 Service Plans NEW STYLE Q3 Performance Report (Nov – Dec 2016)		04 April 2017
Meeting 4/4 in 2016/17	14 Mar 2017 TBC	EHC Mental Health day on 9 Oct - outcomes and revisit objectives in EH HWB Strategy TBC		4 April 2017 TBC
	Deadline 1/3/17	Report and progress on the Fuel Poverty Strategy (Requested by Exec 2/2/16 Exec)	Environmental Health Coordinator	
		Report from Executive Member H and W and new director/senior officers on their vision for health and wellbeing and ensuring	Councillor E Buckmaster confirmed, new Head of Housing and Health and Director.	



		residents have active and healthy lives. <b>TBC</b>		
		Report on East Herts Health and Wellbeing Community Fund (Year 1, formerly district offer) – to include update on site visits info on Exec match funding	Lead officer – Environmental Health Promotion and members of working group	
		Report and approval of draft 2017/18 EH Health and Wellbeing Strategy action plan.	Lead Officer – Environmental Health Promotion	
		Update and minutes from HCC Health Scrutiny	HWC Chairman	
		Evaluation of scrutiny and proposed scrutiny work programme for 17/18	Scrutiny officer	

**The four principles of good public scrutiny:**

- ***provides ‘critical friend’ challenge to executive policy-makers and decision-makers***
- ***enables the voice and concerns of the public and its communities***
- ***is carried out by ‘independent-minded governors’ who lead and own the scrutiny role***
- ***drives improvement in public services***

<b>Health and Wellbeing Scrutiny</b>	<ol style="list-style-type: none"><li>1. To consider matters relating to health in East Herts, in particular to scrutinise (a) local public health issues in the East Herts area, (b) partner actions to reduce health inequalities in the East Herts area, and (c) arrangements for the provision of public health initiatives in the East Herts area; Community Wellbeing, Ageing Well Initiative, Fuel Poverty, East Herts Community Health and Wellbeing Fund, Disabled Facilities Grants, Dementia Friendly Homes and East Herts Strategic Partnership.</li><li>2. To make recommendations to the Executive on matters within the remit of the Committee.</li><li>3. To take evidence from interested groups and individuals and make recommendations to the Executive and Council for policy change on matters within the remit of the Committee.</li><li>4. To consider issues referred by the Executive, or members of the Committee and where the views of outsiders may contribute, take evidence and report to the Executive and Council on matters within the remit of the Committee.</li><li>5. To consider any item referred to the Committee by any Member of the Council who is not a member of this Committee and decide whether that item should be pursued on matters within the remit of the Committee.</li><li>6. To appoint annually Standing Panels as may be determined which shall be given a brief to consider a specified service area relating to matters within the remit of the Committee and report back to the Committee on a regular basis as determined by the Committee.</li><li>7. To consider, should it choose to do so, any item within the remit of the Committee to be considered by the Executive (except items of urgent business). The relevant report to the Executive will be made available to the Scrutiny Committee. The Executive shall consider any report and recommendations on the item submitted by the Scrutiny Committee.</li><li>8. To consider matters referred to the Committee by the Executive/ Portfolio Holder on matters</li></ol>
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	within the remit of the Committee and refer the matter to the Executive following consideration of the matter.
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**ESSENTIAL REFERENCE PAPER ‘C’**  
**Abbreviations and Acronyms which may be used in**  
**Health and Wellbeing reports**

BCF	<i>Better Care Fund</i>
CCG	Clinical Commissioning Group
CDAT	Community Drug and Alcohol Team
CMHT	Community Mental Health Trust
CMS	Countryside Management Service
CQC	Care Quality Commission
CRI	Crime Reduction Initiative
DPH	Director of Public Health
DH (DoH)	Department of Health
DQHH	Delivering Quality Healthcare for Hertfordshire
EHO (EHPO)	Environmental Health (Promotion) Officer
E&NHT (E&NHHT)	East and North Hertfordshire NHS Trust (East and North Herts Hospitals Trust)
ENCCG	East and North Herts Clinical Commissioning Group
EHHWBS	East Herts Health and Wellbeing Strategy 2013- 2018
FCCARS	First Contact and Community Referral Scheme
FSA	Food Standards Agency
GP	General Practitioner
HCC	Hertfordshire County Council
HCT	Hertfordshire Community Health Trust
HEEP	Herts and Essex Energy Partnership
HIA	Home Improvement Agency
HPAA	Hertfordshire Physical Activity Alliance
HPFT	Hertfordshire Partnership Foundation Trust
HSP	Herts Sports Partnership
HVCCG	Herts Valley Clinical Commissioning Group
HLWB	Herts Legacy and Wellbeing Board
JCPB	Joint Commissioning Partnership Board
JSNA	Joint Strategic Needs Assessment
LAA	Local Area Agreement
HWH	Healthwatch Hertfordshire

LSP (EHLSP)	(East Herts) Local Strategic Partnership
Life course	Set of priorities based on the recommendations of the Professor Marmot Health Inequalities review. Life course describes the journey through life from birth to death and how supporting and enabling the best life opportunities for individuals can lead to improved health and wellbeing at each stage of life.
LG	Locality Groups – Groups of GP Practices which form part of the wider Clinical Commissioning Groups
MIU	Minor Injuries Unit
NCMA	National Childminders' Association
NICE	National Institute for Health and Care Excellence
OOH	Out of Hours
PAH	Princess Alexandra Hospitals NHS Trust
PALS	Patient Advice and Liaison Services
PCSO	Police Community Support Officer
PHSE	Personal Health and Social Education
PHE	Public Health England
Q1/Q2/Q3/Q4	Quarter 1, 2, 3 and 4
QEII	Queen Elizabeth II Hospital
QIPP	Quality, Innovation, Productivity and Prevention
QOF	Quality and Outcomes Framework
RSPH	The Royal Society for Public Health
SCG	Specialist Commissioning Group
SCP	Southern Country Park
SCS	Sustainable Community Strategy
SFBB	Safer Food, Better Business
SHA	Strategic Health Authority (NHS East of England)
SLM	Sports and Leisure Management Ltd
UCC	Urgent Care Centre
UH	University of Hertfordshire
WHHT	West Hertfordshire Hospitals NHS Trust