

Notice of Non-key Executive Decision

Subject Heading:	Amendments to – Adult Social Care and Support Planning Policy
Decision Maker:	Barbara Nicholls, Director of Adult Services
Cabinet Member:	Councillor Gillian Ford
SLT Lead:	Barbara Nicholls, Director of Adult Services
Report Author and contact details:	Movita Hussain Practice Development Manager Movita.hussain@havering.gov.uk 01708 433045
Policy context:	The purpose of this policy is to ensure that the tasks of adult social care assessment, care and support planning, and review are undertaken in a manner that is at all times compliant with the Council's duties under the Care Act 2014.
Financial summary:	There are no financial implications in relation to this decision.
Relevant OSC:	People Overview & Scrutiny Sub Committee
Is this decision exempt from being called-in?	The decision will be exempt from call in as it is a Non key Decision

The subject matter of this report deals with the following Council Objectives

People - Things that matter for residents **x**

Place - A great place to live, work and enjoy

Resources - A well run Council that delivers for People and Place.

Part A – Report seeking decision

DETAIL OF THE DECISION REQUESTED AND RECOMMENDED ACTION

To agree and approve the updated policy (version 2.0).
Once approved to be published and made accessible to appropriate persons.

AUTHORITY UNDER WHICH DECISION IS MADE

Part 3 Section 3 Para 2.5

(j) To consider and recommend plans in respect of the portfolio allocated.

(q) To agree minor matters and urgent or routine policy matters

STATEMENT OF THE REASONS FOR THE DECISION

The document requires amendments to ensure it is current and relevant in relation to:

- Havering Adult Social Care model of practice
- Legislative and Statutory Guidance
- Havering Adult Social Care practice and process

The main changes and amendments to the current document are:

- updating the legislation within the document to ensure they are current
- updating hyperlinks to ensure they are active and fit for purpose
- taking out the section on ISF as we no longer offer this option
- changing the 'flow' of the content in some of the sections to support the reader in relation to ASC practice process
- Updating the document to reflect the ASC Better Living/strengths based model of practice.

A number of the sections have had no changes as it relates to our responsibilities in line with the Care Act and the review of the document was undertaken by practice leads, service managers and AD across ASC operations.

OTHER OPTIONS CONSIDERED AND REJECTED

OPTION 1 – NO CHANGE

This option was rejected as it would not support the Council and employees being clear and correct in their local and statutory obligations in relation to The Care Act 2014 and appropriate statutory and legal requirements.

PRE-DECISION CONSULTATION

Consultation on required changes and required amendments were undertaken with Adult Social Care staff including; group manager, practice development manager, OT practice lead, service managers, principle social worker and assistant directors within the service.

NAME AND JOB TITLE OF STAFF MEMBER ADVISING THE DECISION-MAKER

Name: Movita Hussain

Designation: Practice Development Manager

Signature: *Movita Hussain*

Date :9/3/23

Part B - Assessment of implications and risks

LEGAL IMPLICATIONS AND RISKS

There are no legal implications of, and risks relating to, the proposed decision as these changes whilst necessary should not have a significant impact on service users.

FINANCIAL IMPLICATIONS AND RISKS

There are no financial implications of, and risks relating to, the proposed decision.

HUMAN RESOURCES IMPLICATIONS AND RISKS (AND ACCOMMODATION IMPLICATIONS WHERE RELEVANT)

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

EQUALITIES AND SOCIAL INCLUSION IMPLICATIONS AND RISKS

The Public Sector Equality Duty (PSED) under section 149 of the Equality Act 2010 requires the Council, when exercising its functions, to have 'due regard' to:

- (i) The need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- (ii) The need to advance equality of opportunity between persons who share protected characteristics and those who do not, and;
- (iii) Foster good relations between those who have protected characteristics and those who do not.

Note: 'Protected characteristics' are age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex/gender, and sexual orientation.

The Council is committed to all of the above in the provision, procurement and commissioning of its services, and the employment of its workforce. In addition, the Council is also committed to improving the quality of life and wellbeing for all Havering residents in respect of socio-economics and health determinants.

An Equality and Health Impact Assessment has been completed – it provides detail of the impacts on individual protected characteristics, which are all positive or neutral.

ENVIRONMENTAL AND CLIMATE CHANGE IMPLICATIONS AND RISKS

There are no environmental and climate change implications of, and risks relating to, the proposed decision.

BACKGROUND PAPERS

- Adult Social Care and Support Planning Policy – current policy

APPENDICIES

Appendix A Adult Social Care and Support Planning Policy – V2.0 *amended version*

Appendix B Equality and Health Impact Assessment

Part C – Record of decision

I have made this executive decision in accordance with authority delegated to me by the Leader of the Council and in compliance with the requirements of the Constitution.

Decision

Proposal agreed

Delete as applicable

Details of decision maker

Signed



Name: Barbara Nicholls

Cabinet Portfolio held:

SLT Member title: Director of Adult Social Services

Head of Service title

Other manager title:

Date: 22.03.23

Lodging this notice

The signed decision notice must be delivered to Democratic Services, in the Town Hall.

For use by Committee Administration

This notice was lodged with me on _____

Signed _____

Appendix A

Adult Social Care and Support Planning Policy



Havering Council

Adult Social Care and Support Planning Policy

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1. Purpose

- 1.1 The purpose of this policy is to ensure:
- the tasks of adult social care assessment, care and support planning, and review are undertaken in a manner that is at all times compliant with the Council's duties under the Care Act 2014;
 - equitable treatment and fairness in the provision of funded care and support;
 - sufficient and appropriate regard is given to individual circumstances and personal preference, as well as the resources available to the Council, when determining the value of an individual's personal budget;
 - adult social care and support is delivered with a focus on strengths based practice, prevention, wellbeing and equity.
- 1.2 This policy does not describe a major change in approach – it clarifies the policy of the Council in relation to the Council's duties under the Care Act and the requirements on the Council to work effectively with healthcare and partner agencies to deliver an integrated approach to assessment and care planning.

2. Scope

- 2.1 Havering Council is responsible for the delivery of care and support for adults ordinarily resident in the area. The Council may under certain circumstances be additionally responsible for urgent non-resident cases and in cases where there is a cross border dispute with another authority. Adult' generally refers to individuals aged 18 or over. Individuals with eligible needs may include:
- older people 65 years of age and over
 - people with a physical and/or sensory disability;
 - people with a learning disability;
 - people with a cognitive disability;
 - people with a mental health problem;
 - young people in transition;
 - informal carers.
- 2.2 Further details about the Council's duties and responsibilities in relation to identifying people who have ordinary residence in Havering for the purposes of the provision of Adult Social Care can be found in Sections 39 – 41 of the Care Act, chapter 19 of the Care & Support Statutory Guidance, the Care & Support (Ordinary Residence) (Specified Accommodation) Regulations 2014, and The Care & Support (Disputes Between Local Authorities) Regulations 2014.

3. Policy Statement

- 3.1 The Care Act 2014 has changed the way in which social care support is arranged and provided. The main focus of the Act is to promote wellbeing. The wellbeing principle underpins the whole of the Act and its associated regulations and guidance. However, the Act does not specify a set approach to determining wellbeing and as such the Council will utilise a strengths based approach to consider each individual on their own merits, having regard to what the person wants and needs and how the Council's actions will affect their wellbeing. The Council's starting assumption is that individuals are best-placed to determine the wellbeing outcomes they want for themselves, both within their own homes and as members of their local community.
- 3.2 It is critical to the vision of the Care Act to ensure the care and support system actively promotes wellbeing and independence. Interventions for people coming into the care and support system will support them retain or regain their skills and confidence to avoid deterioration and unnecessary dependence on long term care and/or support for as long as possible.
- 3.3 When all possible options for supporting people avoid long term care and/or support has been exhausted the Council will promote their wellbeing through the provision of services to meet eligible needs. The Care Act requires councils to allocate resources for the purpose of meeting the individual's eligible needs, through the provision of a personal budget, and these resources must be allocated in a manner that is timely, transparent, and sufficient.
- 3.4 In determining how to meet individual needs the Council will take into reasonable consideration its own finances and budgetary position, and must comply with its related public law duties. This includes the importance of ensuring that the funding available to the Council is sufficient to meet the needs of the entire local population. The Council will consider how to balance that requirement with the duty to meet the eligible needs of an individual in determining how (but not whether) an individual's needs should be met.
- 3.5 The Council will take decisions on a case-by-case basis that weigh up the total cost of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one that delivers the outcomes desired for the best value.
- 3.6 In determining the value of an individual's personal budget, the Council will consider the circumstances of the individual and have regard for their views, wishes, feelings, and beliefs. Individual preference and circumstances, however, will not in and of themselves determine the personal budget value as the Council must balance its commitments and obligation to personalise care with the principle that financial constraints within public services are such that choice in funded care cannot be limitless.

- 3.7 The Council's aim is to enable individuals to take responsibility for organising and managing their need for personal social care or other support to the fullest extent possible given the circumstances of the individual.
- 3.8 Where a person has complex healthcare needs the Council will work together with healthcare services to ensure the individual assessment and care planning process is holistic and takes account of all the care and support the individual needs to improve and maintain their health and wellbeing to promote independence. The Council will work in partnership with local healthcare agencies to ensure initiatives to improve and maintain the health and wellbeing of local residents are integrated appropriately with social care arrangements.
- 3.9 Risk is a part of everyday life and inherent in everything that we do. The identification and management of risk within the context of adult social services requires a balanced approach between what is seen as acceptable or unacceptable and recognising that the concept of risk will vary from person to person. There may however be occasions when the Council's usual positive approach to risk must be balanced with its duty to have arrangements in place to protect individuals who are potentially vulnerable to abuse or exploitation. This is especially important if an individual's circumstances change and decisions need to be made as a result by the individual or others acting in their best interests. Whilst individuals should as far as possible exercise their right to choose the support they need to achieve their desired outcomes, they must also understand the consequences of those choices and take responsibility for them.

4. Context

- 4.1 This policy should be viewed within the context of Havering's Joint Health and Well-Being Strategy.
- 4.2 This policy should also be read in conjunction with the London Borough of Havering Safeguarding Adults Local Protocol, the Council's Non-Residential Care Charging Policy and Residential Care Charging Policy, and the Council's Customer Experience Strategy 2016 – 2022 which outlines the strategic vision to put customers at the heart of everything that the Council does.

5. General responsibilities and universal services

- 5.1 This section outlines the care and support functions that the Council will provide to all individuals that come into contact with the care and support system, regardless of whether they have needs assessed as eligible for Council support.

Promoting wellbeing

- 5.2 The Council will actively work to promote the wellbeing of the residents of Havering when assessing need, developing care and support plans, or undertaking reviews. The Council will consider how any actions it proposes may affect the individual in relation to:
- personal dignity (treating the individual with respect);
 - physical and mental health and emotional well-being;
 - protection from abuse and neglect;
 - control by the individual over day to day life (including over care and support);
 - participation in work, education, training and recreation;
 - social and economic well-being;
 - domestic, family and personal relationships;
 - suitability of living accommodation;
 - the individual's contribution to society.
- 5.3 How the Council promotes an individual's wellbeing will vary depending on the circumstances, needs, goals and wishes of the individual. It is likely that some aspects of wellbeing will be more relevant to one individual than another. The wellbeing principle is intended to incorporate the key principles of living independently and being included in the community as expressed in [Article 19 of UN Convention on Rights of People with Disabilities](#). The Council will facilitate independent living wherever possible and appropriate.

Preventing, reducing or delaying eligible needs

- 5.4 The Council collaborates with its partners through various committees and joint partnership working and service providers to develop services, facilities and resources that help prevent, delay or reduce people's eligible need for care and support. The Council's strategy is aimed at strengthening the resilience of communities through support from an effective and sustainable voluntary and community sector. New Voluntary and Community Sector services have been commissioned that will focus on early help, early intervention, and prevention, to support Havering residents to live independent lives for as long as possible. A range of preventative services will continue to be available locally including but not limited to those which provide information and advice, those which support individuals to adopt more healthy behaviours and lifestyles, and those which provide housing related support.
- 5.5 Regardless of whether the individual is ultimately assessed as having any eligible needs or not, when an individual comes into contact with the care and support system, they will be proactively directed towards, and supported to access, preventative interventions and information and advice wherever this is appropriate and might help prevent, delay or reduce the development of their needs.
- 5.6 When the Council provides an individual with, or supports them to access a preventative intervention, the Council will provide the individual with information in relation to the services offered or measure undertaken.

- 5.7 The individual must agree to the provision of any preventative intervention or other step proposed by the Council. Where they refuse but continue to have eligible needs for care and support, the Council will continue to offer the individual an assessment.
- 5.8 The Council will always look to identify if reablement, (a short and intensive service designed to help people who have experienced deterioration in their health and/or have increased support needs to relearn the skills required to keep them safe and independent at home), is likely to be of benefit to an individual with eligible care and support needs. Reablement is provided for up to 6 weeks free of charge. If a potential need for further care is identified during reablement eligibility for Council support will be evaluated under the Care Act eligibility criteria.
- 5.9 Carers play a significant role in preventing the care and support needs of the individual they care for from escalating. The Council seeks to support carers to avoid them developing care and support needs themselves and carer support is a specific element of the Council's Carers Strategy.

Information and advice

- 5.10 Information and advice are fundamental to promoting wellbeing and enabling people to take control of, and make well-informed decisions about their care and support and can also help prevent and delay people's need for care and support. Information and advice will be available and offered to people in need of care and support irrespective of whether they have been assessed as having eligible needs.
- 5.11 The Council will make available to all individuals information and advice on care and support and carers through a variety of channels and formats, this includes, but is not exclusive to, face-to-face, telephone, online and printed media. Any information and advice which people access, or are provided with, will be:
- clear, comprehensive and impartial;
 - consistent, accurate and up-to-date;
 - given at an early or appropriate stage;
 - appropriate and proportionate;
 - provided in an appropriate format;
 - recorded within the appropriate section of the individual's needs assessment.
- 5.12 The Council has commissioned a service that provides information and advice to local residents about care and support. The vision for this service is: *"Supporting excellent outcomes for people of Havering by helping communities to help themselves and targeting resources and interventions to encourage independence"*. Online information and advice about care and support can be found on the Havering website at: <https://www.havering.gov.uk/adultsocialcare>
In addition, a telephone and face to face service is provided by Peabody which offers a range of guidance and support to help people feel more

confident managing independently.

6. Assessment and identifying eligible needs

Assessment overview

- 6.1 If an individual or carer has eligible care and support needs, an assessment will identify what support is required and whether the individual has an eligible need for Council support. The duty to offer or arrange an assessment applies regardless of any other concerns or queries, such as [ordinary residence](#).
- 6.2 An assessment is a service in its own right, even if no other services or support are being provided to an individual.
- 6.3 Undertaking an assessment is not a commitment by the Council to provide or arrange adult social care services, but is a means of collecting the information required to make a decision as to what support an individual does require and whether they are eligible for support through the Council.
- 6.4 The assessment process takes the individual from initial contact through to supported self- assessment or face-to-face assessment, support planning and review. The assessment informs eligibility determination and the allocation of resources to meet eligible needs.
- 6.5 Assessments will be proportionate to the person's needs and circumstances, and will be completed as quickly as possible with these factors in mind to prevent needs escalating.
- 6.6 Every individual will be assessed in their own right and where a duty is established under [Section 18](#) of the Care Act 2014, arrangements will be made to how to best meet these needs.
- 6.7 The purpose of the assessment is to provide an appropriate and proportionate picture of the strengths, abilities and difficulties a person has along with the outcomes that an individual wishes to achieve in their day-to-day life. It will be used to check whether or not those needs are eligible for care and support from the Council, and how provision of care and support may assist the adult in achieving their desired outcomes.

Principles of assessment

- 6.8 In line with the Care Act, any assessment will abide by the following principles:

1. Assessments must be appropriate

Assessments must be carried out in a manner that has regard to the individual's situation, preferences and outcomes. This will include due regard to environmental, cultural, religious or any other protected characteristic needs identified in the assessment.

2. Assessments must be proportionate

Assessments should only be as intrusive as necessary to establish an accurate picture of the eligible needs of the individual. This involves hearing and understanding the individual's circumstances, initial presenting problem, not taking this at face value and ensuring underlying needs are explored and understood.

3. Assessments must be person-centered

The individual must be at the center of the assessment process as the expert in their own life. Assessments should be collaborative, with the individual involved in the process as possible or as much as they wish. Other family networks could be involved in the assessment but only with the person's permission or deemed to be in the person's best interests.

4. Assessments should use a strengths-based approach

Assessments should identify the strengths the individual has which could be mobilised to help them achieve their outcomes. A strengths-based approach recognises personal, family and community resources that individuals can make use of.

5. Assessments should use a 'whole family' approach

Assessments must take a holistic view of the person's needs in the context of their wider support network. This includes consideration of both how the adult, their support network, and the wider community can contribute towards meeting the outcomes they want to achieve, and whether or how the adult's needs for care and support impact on family members or others in their support network. Where a young carer is identified, the practitioner must make a referral for a young carer's assessment.

6. Assessments are a key element of the prevention approach

Assessments must consider whether the individual would benefit from available preventative interventions. Assessments can include a pause while the person receives such services.

7. Assessments should be outcomes-focused

Assessments should explore what the individual wants to achieve and how they could be supported to achieve this.

The supported self-assessment process

6.9 Supported self-assessment is an assessment led by the individual with appropriate help from a family member, friend, carer or advocate, and supported by the Council as required. The objective is to place the individual in control of the assessment process and enable them to lead as fully in the process as they wish to.

6.10 The Council will offer supported self-assessment as a form of assessment at the initial point of contact if the adult or carer is willing, able and has the

capacity to undertake such an assessment. If the individual does not wish, or is unable to self-assess, then a face-to-face assessment will be undertaken.

- 6.11 As required by the Care Act, the Council will assure itself that the self-assessment is a complete and accurate reflection of the individual's needs:
- Where possible, the process of verifying and obtaining supplementary information will not repeat the self-assessment process. However, where the supported self-assessment is incomplete or inaccurate, it may be necessary to repeat part or all of the assessment;
 - Provided the individual gives their consent, the practitioner may consider it useful to seek the views of those who are in regular contact with the individual, such as their carer(s) or other appropriate people from their support network, and any professional involved in providing care (e.g. GP, district nurse, housing support officer);
 - In some cases where the individual does not give consent it may be necessary to override this and contact other agencies – e.g. Safeguarding cases.
- 6.12 The assessment process is flexible and can be adapted to best fit with the individual's needs, wishes and goals. Where appropriate, the Council's preferred option is a supported self- assessment, however, individuals do not have to undertake a supported self-assessment and may prefer to be assessed by the Council using another format for example, a face to face assessment or joint assessment.
- 6.13 A case study illustrating good practice in completion of supported self-assessments may be found [here](#).

The face-to-face assessment process

- 6.14 An assessment should commence within a reasonable time of receiving the referral or initial contact. Individuals will be informed of indicative timescales over which the assessment will be conducted and be kept informed throughout the assessment process.
- 6.15 The assessor will work with the individual to establish clear expectations at the assessment or review stage regarding the purpose of the assessment.

Fluctuating eligible needs

- 6.16 In establishing eligible needs, the Council will consider the individual's strengths, care and support history over a suitable period of time to take account of potential fluctuation of needs.
- 6.17 Fluctuating eligible needs refers to needs which may not be apparent at the time of assessment, but have been an issue in the past and are likely to arise again in the future. Care needs over a suitable period of time may be fully explored to establish as complete a picture of the range of fluctuation as

possible.

Assessments for carers

- 6.18 Carers can be eligible for support in their own right where support is required to help them maintain their caring role or when the caring role is having a significant impact on their wellbeing. A carer's assessment may be undertaken individually or in combination with the assessment of the individual needing care and support, where both the individual and carer agree to this. The outcomes against which eligibility for support for carers is assessed are detailed more fully at Appendix 3.
- 6.19 All carer's should be offered an assessment, either individually or combined with the person they care for. The assessment will identify if they are eligible for support to assist them in their caring role. Carers are entitled to an assessment even if the individual they care for does not agree to undertake an assessment of their own need. Further information in relation to Carers and the Care Act can be found [in this link](#).

Safeguarding

- 6.20 Where the Council has reasonable cause to suspect that a person who has a need for care and support (regardless of whether or not the Council is meeting those needs) is experiencing or is at risk of abuse or neglect and as a result of those needs is unable to protect themselves against abuse or neglect or risk of it, the Council must make whatever enquiries it considers necessary to decide what further action, if any, should be taken to ensure the protection of the individual at risk. Further information regarding local adult safeguarding processes may be found in the London Borough of Havering Safeguarding Adults Local Protocol (Supplement to the London Safeguarding Adults Policy & Procedures). This Protocol can be found through the link below:
<https://onesourceict.sharepoint.com/sites/AdultSocialCare/SitePages/ASC-Operational-Services-Policies,-Strategies-&-Other-Documents.aspx>
- 6.21 Where the adult is newly in contact with the Council and a needs assessment is underway but not yet complete, the Council will continue to carry out a needs assessment and determine whether they have eligible needs, and if so, how these will be met. The assessment for care and support will run parallel to the safeguarding enquiry and the enquiry will not disrupt the assessment process or prevent the Council from identifying ways of meeting eligible needs.

Advocacy and participation support

- 6.22 The Council must be confident at all times that the individual is able, or is fully supported, to be involved as far as possible in the assessment process. The Council will make any reasonable adjustments to the assessment process required to enable an individual to be fully involved. An appropriate person (such as the individual's next of kin or unpaid carer, although this may not be appropriate in all circumstances, with the consent of the individual paramount in deciding who will support that individual, with due regard given to mental capacity issues) or independent advocate will be engaged if the individual still has substantial difficulty in any of the following

areas:

- Understanding relevant information
- Retaining information
- Using or weighing the information as part of engaging
- Communicating views, wishes and feelings

Assessing capacity

- 6.23 It must be assumed that an individual has mental capacity to make decisions about their support needs or circumstances, unless it has been established that they lack capacity. The practitioner will establish that the individual has the mental capacity to understand and be involved with the assessment by checking they understand the questions being asked, are capable of retaining and weighing the relevant information, understand the implications on their personal circumstances of the overall process and have the capacity to express their wishes and feelings.
- 6.24 Where an individual appears to lack the capacity to assess their own support needs, an assessment under the Mental Capacity Act (MCA) 2005 will be undertaken.

What happens after the assessment?

- 6.25 The practitioner will ensure the individual and those involved are in agreement with the content of the assessment. If agreement is not feasible, the assessment should reflect what is not agreed and what the relevant positions of those involved is on those disputed issues.
- 6.26 The individual will be provided with a written copy of their assessment. The assessment may also be shared with anyone else the individual requests it to be shared with. The Council will usually seek written consent from the individual to share their information, and consent may be sought more than once, depending on the nature of the information that is to be shared.
- 6.27 Where an independent advocate is involved in supporting the individual, the practitioner will keep the advocate informed so they can support the adult to understand the outcome of the assessment and its implications.

Refusal of assessment

- 6.28 The Council is not required to carry out an assessment where an individual with possible eligible care and support needs or a carer feels they do not need care or do not want local authority support, unless, there is evidence to suggest that the individual concerned lacks the mental capacity to make this decision or is a vulnerable adult (i.e. (i) under constraint, (ii) subject to coercion or undue influence or (iii) some other reason preventing them from expressing real and genuine consent). Where this situation arises the practitioner must consult with their line managers and Legal Services to seek advice on what legal remedies and powers are available.

Urgent eligible need

- 6.29 The Care Act permits the Council to meet eligible needs which appear to be

urgent, without having first conducted a needs assessment, financial assessment or eligibility criteria determination. The Council will respond to urgent eligible need wherever possible by undertaking an assessment, but in some urgent situations will proceed to meet eligible need in order to provide a safe environment for the individual at risk.

6.30 The Council may meet urgent eligible needs regardless of whether the adult is ordinarily resident in its area (ref: Care Act 2014, Section 19 (3), and Care & Support Act Statutory Guidance, Annex H: Ordinary Residence, paragraphs 1 – 7). The relevant Section of the Care Act and Care Act Statutory Guidance can be found using the links below:

- <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- <https://www.legislation.gov.uk/ukpga/2014/23/section/19/enacted>

6.31 The Council's duty to meet eligible needs will also arise when urgent needs arise as a result of service failure of a provider, including services that are not registered or regulated by the Care Quality Commission (i.e. day services, personal assistants).

6.32 The council may also decide to meet needs where it believes a preventative approach would help in preventing the situation from escalating to become an eligible need. Such needs could be met through sign posting to voluntary agencies, community resources and care provision.

Care and Support plan reviews

6.33 The Council has a statutory duty to carry out regular and proportionate re-assessment or review of each individual's care and support plan. Reviews are undertaken using the same principles, processes, and criteria as those described above for the initial assessment. The review will be used to ensure that identified outcomes are being achieved and that support is appropriate. Frequency of reviews will be agreed and included in the support plan and will normally be at least annually but may be undertaken more frequently as needed. Individuals and carers are entitled to request a review of their overall situation in the interim if their circumstances change.

6.34 Where no care and support plan was agreed for an individual with eligible needs, e.g. where their eligible needs were being met by a carer at the time of the initial or previous assessment, the Council continues to have a statutory duty to carry out regular and proportionate reviews to make sure the individual's eligible care needs continue to be met. The frequency of these reviews will be appropriate to the individual's needs and circumstances.

Transitions to adulthood

6.35 Effective person-centered transition planning is essential to help young people and their families prepare for adulthood. The Care Act identifies three particular groups in relation to transitions - young people approaching adulthood, carers of those young people, and young carers approaching adulthood. The Council must undertake a transition assessment of anyone in the three groups when there is significant benefit to the young person or

carer in doing so by considering the circumstances of the young person or carer and whether it is an appropriate time to undertake the assessment as they prepare for adulthood.

- 6.36 A young person in this context is defined as an individual in their teenage years who will most likely be preparing for their adult life, although it can refer to anyone under the age of 18 years. A transition assessment is required for any young person who is likely to have a need for adult care and support after turning 18. This assessment could take place as early as possible depending on circumstance and needs of the young adult. The young person may already be receiving children's services, but not necessarily so.
- 6.37 Where a young person going through transition has complex healthcare needs (in addition to their social care needs) the Council will work together with healthcare services to ensure the individual assessment and care planning process is holistic.

7. Determining eligibility

The national eligibility criteria

- 7.1 The Care and Support (Eligibility Criteria) Regulations 2015 made in accordance with the Care Act 2014 sets out the eligibility criteria for provision of care and support. The eligibility criteria introduce a minimum eligible threshold establishing what level of needs must be met by local authorities.
- 7.2 The final decision on eligibility sits with the Council, regardless of the assessment type used. Following an assessment, the Council will determine whether the person is eligible for care and support, by applying the national threshold as outlined below:

National eligibility criteria for adults with eligible care and support needs

An adult's needs meet the eligibility criteria if:

- a. The **adult's needs arises from, or are related to, a physical or mental impairment or illness** (includes conditions such as physical, mental, sensory, learning or cognitive disabilities or illness and brain injuries)

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- b. As a result of the adult's needs, the adult is **unable to achieve two or more of the outcomes** specified (see Appendix 2 of this policy)

- c. As a consequence there is, or is likely to be, **a significant impact on the adult's wellbeing**

An adult's needs are only eligible when they meet all three of the conditions(a-c) above

- 7.3 In relation to 'c' above, the term 'significant' may only be understood to have its everyday meaning as it is not further defined within the Care Act, because the circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another, and the cumulative effect of the impact on a number of areas of wellbeing may have a significant impact on the individual's overall wellbeing. Making the eligibility determination, therefore, requires professional judgement of how the person's wellbeing is affected as a result of their needs on a case by case basis.
- 7.4 Determining eligibility for Council support may be undertaken at various stages of the assessment process depending on the individual's needs and will involve evaluation of all available assessment information.
- 7.5 In order to ensure that care and support services are delivered in a fair, equitable and transparent way, the Council will apply the national eligibility criteria to each individual to determine whether they are eligible for adult social care services.
- 7.6 The length of time required to complete the assessment will depend on the level and complexity of individual need in each case. The eligibility decision, however, will be made within an appropriate and reasonable time of the assessment being completed.
- 7.7 Individuals with eligible needs who are offered a reablement service may receive an assessment either during or after reablement that may establish that they no longer have eligible needs.
- 7.8 The outcomes against which eligibility must be assessed are detailed more fully at Appendix 2.
- People with no recourse to public funds (including asylum seekers)**
- 7.9 The Care Act 2014 does not change the Council's duties toward adults who have no recourse to public funds including asylum seekers who have social care and support needs:
- For asylum seekers, the National Asylum Support Service will normally have a duty to provide accommodation and subsistence. However, the Council continues to have a duty to meet the social care needs of adult asylum seekers if their needs for care and support do not derive from

simple destitution. Legal advice should be sought in all such cases:

- For adults with no recourse to public funds the Council cannot provide services unless there will be a breach of their human rights if care and support is not provided. For that reason in these cases a full human rights assessment should be carried out and legal advice should be sought.

What happens if someone does meet the national criteria?

- 7.10 When it is clear to the assessor that the individual's needs are above the national eligibility threshold they will be offered help to find options to meet their assessed eligible needs. The level of funding they may receive will be determined by the completion of a financial assessment. Further information about paying for care can be found on the Havering Council website <https://www.havering.gov.uk/payforcare>
- 7.11 Individuals who do not satisfy the eligibility criteria requirements should be sign posted to locally available universal services. Information about locally available services can be found on the Havering Council website at: <https://www.havering.gov.uk/adultsocialcare>
- 7.12 Where following the assessment it is determined by the Council that it is not required to meet the individual's needs, the individual will be provided with a written explanation for this determination.
- 7.13 The Council may at its discretion choose to meet needs that do not meet the eligibility criteria. When doing so, the Council would also normally achieve this via signposting to universally available preventative services.

8. Care and support planning

- 8.1 Individuals will receive a care and support plan for the needs the Council is required to meet. The plan will set out how needs are to be met by not only the Council but other areas, such as; family and support groups.
- 8.2 There will normally be a proportionate review of the care and support plan 6 weeks after the individuals' personal budget and plan have been signed off to ensure the care arrangements are appropriate. After this the plan will be regularly reviewed (normally at least annually) to determine progress against expected outcomes.
- 8.3 The plan will be both person-centered and person-led, and the Council will take all reasonable steps to involve and agree the plan with the person the plan is intended for, the carer (if there is one), and any other person requested by the individual to be involved.
- 8.4 The care and support plan must contain the following elements:

- the needs identified by the assessment;
- whether, and to what extent, the needs meet the eligibility criteria;
- the needs that the authority is going to meet, and how it intends to do so;
- the outcomes which agreed care and support are designed to achieve;
- for a carer, the outcomes the carer wishes to achieve, and their wishes around providing care, work, education, and recreation where support could be relevant
- the personal budget value (see Section 9 below);
- information and advice on what can be done to reduce the needs in question, and to prevent or delay the development of needs in the future;
- where needs are being met through the use of a direct payment, the needs to be met and the amount and frequency of the payments will be included in the plan.

8.5 The Council will give a copy of the care and support plan to the person for whom the plan is intended, any other person they request to receive a copy and their independent advocate if they have one.

9. Meeting eligible needs

Ways of meeting eligible needs

- 9.1 Personal budgets enable creative approaches to be taken to meet an individual's need and also reduce reliance on traditional services (e.g. use of personal assistants). The Council promotes wellbeing through a range of interventions, including preventative services and community resources, as well as through more formal support such as care services and services designed to support independent living and reablement.
- 9.2 The Council will ensure that other sources of funding (i.e. benefit entitlements) and support are always explored before the allocation of a personal budget.
- 9.3 Where eligible needs are capable of being met in two or more ways, the Council will favour the most cost effective given the circumstances of the individual and with regard for their personal preferences.
- 9.4 The Council will take decisions on a case-by-case basis which weigh up the total costs of different potential options for meeting needs, and include the cost as a relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one which delivers the outcomes desired for the best value. This may mean that in some cases, the Council sets a personal budget which is lower than the cost of the option that an individual prefers, but in each case, the Council will carefully consider the individual's circumstances and their views, wishes and feelings before reaching a decision.
- 9.5 The Council will ensure that an individual's entitlement to a personal budget is reviewed regularly to ensure that they are still eligible and that their outcomes are being met in the most cost-effective way. The Council recognises that the eligible needs of individuals may both increase and

decrease over time, and the packages of care being received by individuals are adjusted accordingly in line with these changes, which may include a change in the location and/or type of care provided.

- 9.6 The Council will ensure that at least one option is available and affordable within an individual's personal budget, and will try to ensure that there is more than one where possible.

Community services

- 9.7 Support to access community facilities will focus on developing independence and skills, training, paid work and volunteering opportunities unless the individual's assessment indicates that he/she would be unable to benefit from such services. The individual's care and support plan should specify the expected length of time required to achieve the desired outcome, and be reviewed at the end of the time period to determine if the need has been met or if the service is still required.
- 9.8 In cases where transport has been assessed as an eligible need which cannot be met without support from the Council, the cost of getting individuals to and from a day service will be taken into account when determining the most cost effective means of providing day care for a service user. The method of transport should be appropriate to meeting the needs of the serviceuser, be sustainable and represent value for money. This includes where appropriate assisting the service user in accessing public transport, and supporting individuals to increase their ability to travel independently.

Independent living

- 9.9 Where appropriate, individuals will be assessed and supported to apply for a Disabled Facilities Grant (DFG), or other Local Authority funding, where available, which may fund adaptations in owner occupied homes and in homes rented from a private landlord or registered provider of social housing (housing association). Adaptations are also available in homes rented from the council. An individual's eligible needs will be reviewed on completion of the adaptation and the personal budget may be revised accordingly.
- 9.10 The Council is committed to the use of telecare solutions (e.g. alarms, monitors) as a means of promoting independence, keeping people safe, and preventing/ delaying the escalation of need for more intensive levels of care and support. The option of using technology as a means of meeting the eligible needs of people living in their own home will be routinely considered as part of the care and support planning process.
- 9.11 There may be times when the Council cannot safely meet a person's needs in the current home. If there are very significant risks it may be that an alternative placement is the most appropriate way to meet that need. If appropriate, the Council will seek lawful authorisation from the Court of Protection where the Council believes it is in the best interests of the individual to be cared for in an alternative setting.

Housing with care

- 9.12 'Housing with care' (i.e. extra care, supported living) is a service model associated with a range of positive benefits, including:
- maintaining strengths and abilities for longer than if moved to a traditional care home;
 - less usage of health services, including fewer nursing consultations and hospital inpatient;
 - good quality of life and social wellbeing, including reduced social isolation and loneliness.
- 9.13 To ensure the Council complies with its duty under the Care Act, to prevent and delay the development of need for care and support, and to promote independent living, the Council has adopted 'housing with care' as its preferred alternative to a care home in circumstances where an individual's eligible needs can no longer be safely met in their current home.

Residential and nursing care

- 9.14 People living in 24-hour funded care should receive appropriate daytime activity, stimulation and access to community facilities as part of that 24-hour care.
- 9.15 Where the Council is responsible for meeting an individual's care and support needs, and their needs are assessed as requiring a particular type of accommodation, the individual has the right to choose between different providers of that type of accommodation as long as the preferred accommodation would not cost the authority more than is in the person's personal budget for accommodation of that type. The Council's duties and responsibilities relating to choice of accommodation and top up arrangements in circumstances where an individual chooses more expensive accommodation can be found in the Care & Support & Aftercare (Choice of Accommodation) Regulations 2014 (regulation 2: Choice of Accommodation, regulation 3: Conditions for Provision of Preferred Accommodation, and regulation 5: the Additional Cost Condition), and further guidance on this matter can be found in Annex A (Choice of Accommodation and Additional Payments) of the Care & Support Statutory Guidance (paragraphs 5, 12, 20 & 21).
- 9.16 If an individual prefers to move to accommodation that costs more than is in their personal budget for accommodation of that type, this would be agreed provided that a top up payment is agreed to pay the difference between the value of the personal budget and the actual cost of the accommodation.
- 9.17 Should the third party payments cease or self-funder's assets drop below the relevant capital and savings threshold (see paragraph 9.8) there is no obligation on the Council to continue to maintain the resident in the more expensive accommodation and this will be made clear to all parties, including the care home service provider, from the outset.

9.18 Instances may arise where individuals, particularly those ready to be discharged from hospital, insist they will only accept a placement in a chosen care home. If a place is available in the preferred home, the individual can exercise their right to choose. If a place in the preferred home is not available, the individual will be required to choose an available alternative. The Council works in partnership with the Barking, Redbridge, and Havering University Trust and other in-patient setting to ensure timely discharges from hospital that meet individual needs, patients may not remain in hospital when they are fit for discharge to wait for a placement in a preferred home when a suitable alternative is available.

Services for carers

9.19 Services provided primarily for carers will be separately identified from any provision for the cared for person via a carer's assessment and carer's personal budget.

9.20 The Council commissions a range of services to meet eligible needs that support carer's health and wellbeing and enable them to continue in their caring role.

9.21 When assessing and meeting the eligible needs of carers and individuals with care and support needs, the Council will adopt a "whole family" approach, which aims to respond to the needs of both the individual and carer equally.

9.22 The Care Act specifies that a carer's need for support can be met by providing care to the person they care for. Where a service is provided directly to the adult needing care, even though it is to meet the carer's eligible needs (e.g. replacement care), the adult will be liable to pay any charge. It is important that the adult with needs agrees to receive that type of care and any subsequent charge.

Support and services not normally covered by personal budgets

9.23 Where an individual chooses to use their personal budget as a managed account held by the Council with support required to meet eligible need arranged by the Council, the following services and/or activities would not normally be included within the individual's personal budget allocation:

- The Council would not usually expect to pay for leisure activities as these should mostly be met from the individual's income or benefits in the first instance;
- Veterinary bills and costs for securing the property would not usually be paid by the Council. However, where the Council does incur costs for these when there are no other options available, the Council will look to recover the costs from the individual;
- Costs for transport to an activity or service should usually be met by usage of Disability Living Allowance, Personal Independence Payments, Attendance Allowance or other sources of income of the individual.

Freedom pass, taxi cards and other forms of support for transport to/from activities will also be considered. The Council would not expect to pay for transport to an activity or service unless it is established as a clear unmet need for individuals with assessed eligible needs and there are no alternative ways for the needs to be met;

- The Council does not have responsibility for provision of NHS services such as patient transport.

Jointly funded care

- 9.24 Where an individual is in receipt of a care package that is jointly funded by the Council and an NHS Integrated care system (ICS), the policy of the organisation funding the greatest share of the care package cost will usually have precedence in guiding the care planning process. Where the Council is the 'lead' funder for a jointly funded package of care, practitioners should also have regard for the care planning policy of the co-funding organisation.

10. Allocating funding for eligible needs (personal budget)

Overview

- 10.1 Everyone, whose needs are met by the Council, whether those needs are eligible or if the Council has chosen to meet other needs, will receive a personal budget.
- 10.2 The personal budget gives the individual clear information regarding the money that has been allocated to meet needs identified in the assessment. Whilst the assessment identifies all eligible needs, the Council is only required to provide support for assessed eligible needs that are not already being met. So, for instance, the Council is not required to meet any eligible needs which are being met by a carer (even though those needs have been recognised and recorded as eligible during the assessment process), though if there is a subsequent breakdown in the caring relationship, needs which have already been identified as eligible will then be met by the Council through the personal budget.
- 10.3 The personal budget will be an amount sufficient to meet the individual's identified eligible care and support needs and will be broken down into:
- the amount the individual must pay (established following a financial assessment if eligible needs are to be met through services which are charged for), and;
 - the amount the Council will pay.
- 10.4 Further information about the Council's duties and responsibilities relating to funding to meet eligible needs can be found on a variety of websites on the internet including:

- Havering Council website: [Adult Social Care | The London Borough Of Havering](#)
- Disability Rights UK website: <https://www.disabilityrightsuk.org/personal-budgetsthe-right-social-care-support>

The indicative budget

- 10.5 Following assessment, an indicative budget will give the individual an early estimate of how much money it is likely to cost to get the support required to meet their eligible needs. The indicative budget value will be represented as a weekly cost of care.
- 10.6 The indicative budget will be shared with the individual at the start of support planning to allow them to make informed and appropriate decisions about how their eligible needs are met. The individual must be made aware that the value of their indicative budget may decrease or increase depending on decisions made during development of the support plan. The final value of the individual's personal budget will be further affected when determining the actual cost of meeting the individual's needs with the Council's providers of care and support services, which may be higher or lower than average for a variety of reasons, (i.e. complexity of individual need, service user location, variations in the supply of and demand for different service types). When the final personal budget is known this will be included in the support plan alongside the original indicative budget.

The personal budget

- 10.7 The final, actual allocation (the personal budget) is agreed as part of the care and support planning process. When establishing the value of the personal budget, the Council is required to consider the cost of local quality provision to ensure that the personal budget reflects local market conditions and that care appropriate to the individual's needs can be obtained for the amount specified in the budget. To confirm the value, the practitioner must refer the individual's care and support plan via their senior practitioner or relevant funding panel to the Council's Brokerage Team. The Brokerage Team will 'market test' the cost of meeting the needs detailed in the care and support plan and confirm the final value of the personal budget for the practitioner, who will then share this information with the individual. In certain circumstances the personal budget may be substantially different to the estimated amount in the indicative budget.
- 10.8 If the individual has capital or savings above the capital and savings threshold at the time the personal budget is set, or if the value that they are assessed as having to pay following a financial assessment exceeds their personal budget, then the individual will not receive any funding from the Council (details of the capital and savings threshold at the time the personal budget is set can be provided by the Council's Finance and Benefits Team).
- 10.9 If the individual or a third-party on their behalf is making a top-up payment in

order to secure the care and support of their choice the top-up payment will not form part of the personal budget as the budget must reflect the costs to the Council of meeting the needs.

10.10 The support provided by a carer does not affect the eligibility determination for an individual with care and support needs. An assessment of the cared for person's eligible unmet need and the subsequent determination of the individual's personal budget value will however reflect the contribution made by carers in meeting the individual's needs.

10.11 Costs for reablement and intermediate care will not be included in the personal budget.

10.12 Further details about the financial assessment process may be found in the 'Paying for Care' section of the Havering Council website:
<https://www.havering.gov.uk/payforcare>

Use of the personal budget

10.13 In normal circumstances the individual can choose how their personal budget is used. This may be through one (or a combination of), the following ways:

	Ways a personal budget can be used
The Council's first offer	A direct payment (For more information, please refer to the Havering Council website).
If the person does not want a direct payment	A managed account held by a third party (known also as an Individual Service Fund or an ISF)

10.14 The manner in which the personal budget is used will be recorded within the care and support plan, and will be kept under review to ensure needs continue to be met. If an individual's eligible needs change, a review of their needs will be undertaken and a new revised personal budget allocated as required.

Care and support arranged by the Council

10.15 In cases where an individual takes their personal budget the care and support required to meet the needs outlined in the care and support plan (including any amendments to the package of care) must be arranged via the Council's Service Brokerage Team or Commissioner, rather than directly by practitioners themselves. This is done to:

- enable the Council to comply with its duty under the Care Act to ensure a sufficient and diverse supply of high quality care and support services;
- ensure best value in the cost of externally provided care and support;
- ensure consistency in the personal budget value calculation process.

Direct payments and third party managed accounts

10.16 The Council will offer direct payments to all individuals in receipt of a

personal budget in the first instance so that she/he can purchase services that they are eligible to receive, unless the individual falls into one of the following categories:

- offenders on a community order, suspended sentence, or released from prison on license;
- people with a drug or alcohol dependency who are subject to community treatment orders;
- people who are receiving care and support from their spouse or partner or another family member living at the same address (it may be possible in some cases to allow this by authorisation of a Service Manager);
- there may be other circumstances in which it would be inappropriate to offer a direct payment, e.g. where there are concerns about the use of funds.

10.17 Payments can be made as single payments for a specific event or item or 'ongoing' for needs over a short or long period of time. People can have all or part of their needs met via direct payments, with the Council arranging the remainder as a 'mixed package' of care.

10.18 A request for needs to be met via a direct payment does not mean that there is no limit on the amount attributed to the personal budget. There may be cases where it is more appropriate to meet needs via care and support services purchased by the Council, rather than by making a direct payment. For instance, this may be the case where there is no local market for the particular type of care and support that the person wishes to use the direct payment for, except for services provided by the Council. It may also be the case where the costs of an alternate provider arranged via a direct payment would be more than the Council would be able to arrange the same support for, whilst achieving the same outcomes for the individual.

10.19 Where an individual has a third party managed account or support to facilitate administration of a direct payment, the additional charge for this will be included as part of the direct payment amount. The Council may also at its discretion pay someone (i.e. family or other household member) to provide administration and management support or services to a direct payment recipient, which may be appropriate in cases where the personal budget value is exceptionally high.

10.20 If it is necessary for a person lacking mental capacity a best interest decision making process will be used to determine whether the direct payment recipient should pay someone to provide administration and management support or services to them. This best interest decision will be reviewed at the individual's annual review.

10.21 The direct payment recipient must agree to use the money only to secure services to meet their eligible needs and outcomes as determined by assessment and set out in their care and support plan. The Council, once satisfied that the person's assessed eligible needs will be met through the arrangements the person makes using the direct payment, still retains a duty to ensure eligible needs are met.

10.22 The ability to meet needs by taking a direct payment will be clearly explained

to the individual in a way that works best for them, so that they can make an informed decision about the level of choice and control they wish to take over their care and support.

10.23 The Council may from time to time undertake audits of direct payment arrangements to ensure compliance with this and other relevant Council policy. Non-compliance with Council processes and procedures may result in the Direct Payment being withdrawn with care & support being managed by the Council or a third party.

10.24 For more information about direct payments please refer to the Council's information and advice booklet "Managing your own care with direct payments" (Havering Council, March 2017)
<https://www.havering.gov.uk/help-paying-for-care>

Further information and advice

10.25 Arrangements for charging people for adult social care in Havering are set out in two Council policy documents: "Residential Care Charging Policy" and "Non-Residential Care Charging Policy". General advice on charging arrangements for adult social care is also available to local people on the Havering Council adult social care information and advice webpages:
<https://www.havering.gov.uk/adultsocialcare>

11. Appeals/ disputes

11.1 The Council will take all reasonable steps to limit appeals or disputes regarding assessments, support planning, reviews and personal budget allocation, including:

- effective care and support planning
- transparency in the personal budget allocation process
- informing people in advance of the timescales that are likely to be involved in different stages of the adult social care business process
- keeping people informed as to how their own case is progressing
- providing adult social care services in a manner that is compliant with the Council's Customer Service Standards.

11.2 For individuals who lack mental capacity to make certain decisions the Council, the individual, family members and/or their representative can make an application to the Court of Protection to ask the Court to make a number of declarations and decisions. If there is a dispute about the personal budget setting it is possible for the Court of protection to be asked to make a best interests decision (e.g. to decide on the type and level of the care package). Further information on the Court of Protection can be found here:
www.gov.uk/courts-tribunals/court-of-protection

11.3 Individuals who remain dissatisfied with the Council's decision will be referred to the Council's complaints procedure and, ultimately, the Local Government Ombudsman. Further detail regarding the Council's complaints procedure can

be found here:

www.haverling.gov.uk/info/20047/consultations_complaints_and_feedback/208/complaints

12. Governance

- 12.1 The Council's nominated Director of Adult Social Services (DASS) is the lead officer accountable for ensuring that local adult social care practice is undertaken in a manner that is at all times compliant with this policy, and will ensure appropriate and effective measures are in place for monitoring the services' performance against the standards and terms outlined within the policy so as to provide adequate assurance to the Council's Senior Leadership Team. This includes provision of leadership, adequate staff training and supervision, development of any further practice guidance or procedures required, and production/ dissemination of any financial or activity-based management information.

- 12.2 This policy will be reviewed at least biennially, or as required in the event of legislative changes.

Appendix 1: Legislation and Statutory Guidance

Relevant legislation, statutory guidance and resources

Care Act 2014

[Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/9/contents)

Care Act Statutory Guidance (2016 update)

[Care and support statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/care-and-support-statutory-guidance)

Children Act 1989

[Children Act 1989 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1989/12/contents)

Children and Families Act 2014

[Children and Families Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/6/contents)

Data Protection Act 2018

[Data Protection Act 2018 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2018/12/contents)

Freedom of Information Act 2000

[Freedom of Information Act 2000 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2000/36/contents)

Human Rights Act 1998

[Human Rights Act 1998 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1998/42/contents)

Sexual Offences Act 2003

[Sexual Offences Act 2003 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2003/42/contents)

Safeguarding Vulnerable Groups Act 2006

[Safeguarding Vulnerable Groups Act 2006 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2006/16/contents)

Equality Act 2010

[Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2010/15/contents)

Equality Act 2010: Guidance

[Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/equality-act-2010-guidance)

Health and Social Care Act 2012

[Health and Social Care Act 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2012/7/contents)

Health and Care Act 2022

[Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2022/26/contents)

Mental Health Act 1983

[Mental Health Act 1983 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1983/53/contents)

Mental Capacity Act 2005

[Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9/contents)

Mental Capacity Act Code of Practice

[Mental Capacity Act Code of Practice - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Deprivation of Liberty Safeguards: Resources

[Deprivation of liberty safeguards: resources - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

The Care and Support (Charging and Assessment of Resources) Regulations 2014

[The Care and Support \(Charging and Assessment of Resources\) Regulations 2014 \(legislation.gov.uk\)](http://legislation.gov.uk)

The Care and Support (Direct Payments) Regulations 2014

[The Care and Support \(Direct Payments\) Regulations 2014 \(legislation.gov.uk\)](http://legislation.gov.uk)

Strengths based Approaches

[Strengths-based approaches | SCIE](#)

Appendix 2: Specified outcomes for eligibility

For **adults with eligible care and support needs**, the specified outcomes referred to in the national eligibility criteria, of which 2 or more must be unable to be achieved, are as follows:

Specified outcome	Examples of how the Council should consider each outcome (not an exhaustive list)
(a) Managing and maintaining nutrition	Does the adult have access to food & drink? Is the adult able to prepare and consume their food and drink?
(b) Maintaining personal hygiene	Is the adult able to bathe/wash themselves? Can they launder their clothes?
(c) Managing toilet needs	Can the adult access the toilet unaided? Can they manage their toilet needs?
(d) Being appropriately clothed	Can they dress themselves & be appropriately dressed? Are they able to dress appropriately for different weather conditions?
(e) Being able to make use of their home safely	Can the adult access their property & move around their home safely? E.g. are there steps up to property, can they use kitchen facilities, access the bathroom? Fire safety risks?
(f) Maintaining a habitable home environment	Is the home sufficiently clean and maintained to be safe? Do they need support to sustain their occupancy & maintain amenities such as water, electricity & gas?
(g) Developing or maintaining family or personal Relationships	Is the adult lonely or isolated? Do their needs prevent them maintaining/developing personal relationships?
(h) Accessing and engaging in work training education or Volunteering	Does the adult have the opportunity to apply themselves & contribute to society through work, training, education or volunteering? Can they physically access facility/support to participate?
(i) Making use of necessary facilities/services in the local community including public transport and recreational facilities or services.	Can they get around their community safely & use facilities such as public transport, shops or recreational facilities? Is support needed to attend healthcare appointments? (Note the Council is not responsible for provision of NHS services such as patient transport).
(i) Carrying out any caring responsibilities the adult has for a child.	Does the adult have any parenting or caring responsibilities?

An adult is to be regarded as being unable to achieve an outcome if the adult is:

- unable to achieve it without assistance;
- able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
- able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or,
- able to achieve it without assistance but takes significantly longer than would normally be expected.

Appendix 3: Specified circumstances for carers eligibility

- 1.1 For Carers the specific circumstances referred to in the national eligibility criteria for carers are as follows.
- 1.2 The carer's physical or mental health is, or is at risk of, deteriorating.
- 1.3 The carer is unable to achieve any **one or more** of the following outcomes:
 - carrying out any caring responsibilities the carer has for a child;
 - providing care to other persons for whom the carer provides care;
 - maintaining a habitable home environment in the carer's home (whether or not this is also the home of the adult needing care);
 - managing and maintaining nutrition;
 - developing and maintaining family or other personal relationships;
 - engaging in work, training, education or volunteering;
 - making use of necessary facilities or services in the local community, including recreational facilities or services; and,
 - engaging in recreational activities.
- 1.4 A carer is to be regarded as being unable to achieve an outcome if the carer is:
 - unable to achieve it without assistance;
 - able to achieve it without assistance but doing so causes the carer significant pain, distress or anxiety; or
 - able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the carer, or of others.

Appendix 4: Glossary

Term	Definition
A personal budget.	A statement of the amount of money needed to meet someone's eligible care needs. People have choice in the way their personal budget will be used and the agreed use of the personal budget is recorded in their care and support plan.
An indicative personal budget.	An early estimate of the money that will be required to meet someone's eligible care and support needs following their care needs assessment, this will help people design the care and support they want to meet their eligible care needs. The indicative budget may go up or down dependent on individual circumstances before the personal budget is finalised after the care and support plan is complete.
An outcomes approach	An outcomes approach to social care and support focusses on what the person wants and needs in their lives to maintain and improve their wellbeing and can be split into three types of outcome: Outcome Involving Change (e.g. improvements in mobility); Outcomes Involving Maintenance or Prevention (e.g. ensuring personal safety and security); Service Process Outcomes (e.g. feeling valued and respected).
A Strengths based approach.	The approach referred to the Care Act guidance that recognises people are the experts in charge of their own lives, enables people to understand how their own skills and resources can help maintain their independence, and how their personal resources, close relationships, and community resources can contribute toward this.
Care and support plan.	Care & Support Plan in this policy refers to the plan agreed between the Social Worker and the individual that sets out how their care and support needs will be met (N.B. a Service Provider may agree a care and/or support plan with the individual which outlines the detail of what care and support will be delivered by the provider).
Care needs assessment.	An assessment to establish someone's care and support needs, help them understand their situation and the needs they have, help them understand their own strengths and capabilities, enable them to link into the support available in their personal networks as well as their local neighborhood and community to reduce or delay their needs, and to identify any eligible care needs they may still have after all this has been done.

Carer's assessment.	An assessment to establish a carer's needs for support and the sustainability of the carer's caring role taking account of: the carer's ability and willingness to carry out their carer role, their current and future aspirations, and their potential future needs for support.
Direct payment.	A monetary payment made to someone who wants to receive one to meet some or all of their eligible care and support needs.
Eligible care needs.	Needs that are eligible for support from the Council. These may or may not be met in another way other than support arranged by the Council.
Financial assessment.	A means test to determine how much someone must contribute to their personal budget to pay for the costs to meet their eligible needs.
Intermediate care.	Care that aims to: <ul style="list-style-type: none"> • prevent unnecessary and avoidable hospital admission; • helps people to recover as quickly as possible following illness or injury; • facilitate safe and timely discharge from hospital; • maximise independent living.
National eligibility criteria.	The criteria prescribed by the Care and Support (Eligibility Criteria) 2015 that sets out the minimum threshold for adult care and support needs and carer support needs that the Council must ensure are met.
Person centered approach.	The approach to social care confirmed by Care Act guidance that empowers people to be involved in all aspects of the care and support they need from the beginning of the assessment of their needs onward, and puts the person in control of their care and support as much as possible.
Prevention.	A key principle in the Care Act that aims to prevent or delay the development of support needs, and reduce needs that already exist, to enable people to live as independently as possible for as long as possible.
Reablement.	A short and intensive service (usually no more than 6 weeks) to help people whose health has deteriorated, and/or have increased care and support needs, to relearn the skills they need to help them keep safe and independent at home.
Review.	A review of someone's care and support plan to ensure their needs are being met and that the support they are getting is appropriate.
Universal services.	Services that are available to all people in the local population.
	The guiding principle in the Care Act 2014 that puts wellbeing at the heart of care and support. Wellbeing in the Act relates to: <ul style="list-style-type: none"> • personal dignity (including treating people with respect) • physical and mental health and emotional wellbeing • protection from abuse and neglect

Wellbeing principle.	<ul style="list-style-type: none"> • control by the individual over day-to-day life (including over care and support provided and the way it is provided) • participation in work, education, training or recreation • social and economic wellbeing • domestic, family and personal • suitability of living accommodation • the individual's contribution to society
Whole family approach.	The approach outlined in Care Act guidance for local authorities to take a holistic view of the person's needs and to identify how the adult's needs for care and support impact on family members or others in their support network.

Appendix 4: Sign off and ownership details

Document Name	Adult Social Care and Support Planning Policy
Version number	V0.2
Approved by	Annette Kinsella – Assistant Director of Adults Services
Date Approved	31/1/23
Date for Review	31/1/25 – unless there is a change in relevant legislation
Author	Movita Hussain – Practice Development Manager
Owner	Caroline May – ASC Assistant Director of Business Management
Document Location	

Revision history

Version	Change	Date	Dissemination
V0.2		31.01.2023	

Equality & Health Impact Assessment (EqHIA)

Document control

Title of activity:	Adult Social Care and Support Planning Policy
Lead officer:	Movita Hussain – Practice Development Manager, Adult Services
Approved by:	Barbara Nicholls, Director – Adults Services
Date completed:	9th March 2023
Scheduled date for review:	9th March 2025

Please note that the Corporate Policy & Diversity and Public Health teams require at least **5 working days** to provide advice on EqHIAs.

Did you seek advice from the Corporate Policy & Diversity team?	Yes / No
Did you seek advice from the Public Health team?	Yes / No
Does the EqHIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	Yes / No

Please note that EqHIAs are **public** documents and must be made available on the Council's [EqHIA webpage](#).

Please submit the completed form via e-mail to EqHIA@havering.gov.uk thank you.

1. Equality & Health Impact Assessment Checklist

Please complete the following checklist to determine whether or not you will need to complete an EqHIA and ensure you keep this section for your audit trail. If you have any questions, please contact EqHIA@havering.gov.uk for advice from either the Corporate Diversity or Public Health teams. Please refer to the Guidance in Appendix 1 on how to complete this form.

About your activity

1	Title of activity	Adult Social Care and Support Planning Policy		
2	Type of activity	Policy and Procedure		
3	Scope of activity	<p>The policy comprehensively outlines how Havering Adults Social Care Services implements, is at all times compliant and undertakes its statutory responsibilities in relation to The Care Act 2014.</p> <p>The document supports professional competency and standard requirements, quality assurance frameworks, professional support and guidance for casework and staff wellbeing.</p> <p>The policy links into existing corporate policy in relation to equalities, risk and staff health and safety and wellbeing.</p>		
4a	Are you changing, introducing a new, or removing a service, policy, strategy or function?	Yes	<p>If the answer to <u>any</u> of these questions is 'YES', please continue to question 5.</p>	<p>If the answer to <u>all</u> of the questions (4a, 4b & 4c) is 'NO', please go to question 6.</p>
4b	Does this activity have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?	No		
4c	Does the activity have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?	No		
5	If you answered YES:	Please complete the EqHIA in Section 2 of this document. Please see Appendix 1 for Guidance.		

6	If you answered NO:	
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Completed by:	Movita Hussain, Practice Development Manager, Adults Service Directorate
Date:	9/3/23

2. The EqHIA – How will the strategy, policy, plan, procedure and/or service impact on people?

Background/context:
<p>This policy will replace the existing ASC Support planning policy and has been reviewed to promote the principles of <i>Better Living</i> and to confirm Havering’s response to meeting its statutory requirements in relation to The Care Act 2014.</p> <p>The purpose of this policy is to ensure:</p> <ul style="list-style-type: none"> the tasks of adult social care assessment, care and support planning, and review are undertaken in a manner that is at all times compliant with the Council's duties under the Care Act 2014; equitable treatment and fairness in the provision of funded care and support; sufficient and appropriate regard is given to individual circumstances and personal preference, as well as the resources available to the Council, when determining the value of an individual’s personal budget; adult social care and support is delivered with a focus on strengths based practice, prevention, wellbeing and equity. <p>This policy does not describe a major change in approach – it clarifies the policy of the Council in relation to the Council’s duties under the Care Act and the requirements on the Council to work effectively with healthcare and partner agencies to deliver an integrated approach to assessment and care planning.</p> <p>The EqHIA outlines the importance of recognising the impact of intersectionality within its workforce and the changing demographics of the residents within Havering. With this in mind, the document will be reviewed as the understanding of intersectionality and impacts on the workforce, residents, community groups, resources and services evolve.</p>

*Expand box as required

Who will be affected by the activity?

All staff who fall with the remit of the Adult Social Care Directorate – this includes full time, part time and agency staff.

Havering Council is responsible for the delivery of care and support for adults ordinarily resident in the area. The Council may under certain circumstances be additionally responsible for urgent non-resident cases and in cases where there is a cross border dispute with another authority. Adult' generally refers to individuals aged 18 or over. Individuals with eligible needs may include:

- older people 65 years of age and over
- people with a physical and/or sensory disability;
- people with a learning disability;
- people with a cognitive disability;
- people with a mental health problem;
- young people in transition;
- informal carers.

Further details about the Council's duties and responsibilities in relation to identifying people who have ordinary residence in Havering for the purposes of the provision of Adult Social Care can be found in Sections 39 – 41 of the Care Act, chapter 19 of the Care & Support Statutory Guidance, the Care & Support (Ordinary Residence) (Specified Accommodation) Regulations 2014, and The Care & Support (Disputes Between Local Authorities) Regulations 2014.

Most importantly, it supports a culture of best practice, which promotes better outcomes for Havering residents.

Havering ASC will need to continue to work with internal and external partners, health and communities/groups to ensure services and the workforce is 'fit for purpose' to meet the challenges and changes that will present to the organisation both in the short and long-term future.

**Expand box as required*

Protected Characteristic - Age: Consider the full range of age groups

<i>Please tick (✓) the relevant box:</i>		Overall impact: This policy impacts the following age groups: People over aged 18 or over who are employed on a permanent, temporary or agency basis within LBH Adult Social Care Services. Residents aged 18 or over who have eligible needs.
Positive	✓	
Neutral		
Negative		

**Expand box as required*

Evidence:

The policy provides a framework of the Councils statutory responsibilities in relation to a person's age and The Care Act 2014, in relation to its residents and the responsibilities required by the ASC workforce.

Since the last census Havering has had an overall increase of 10% in its population, this includes an 8% increase of people aged 15-64 years of age and a 9% increase of those aged 65 years and over. It further reports that Havering has 17.6% of people aged over 65 years and 2.7% of people are aged 85 years and over.

According to the 2021 census Havering has the second highest population of older people aged 65+ in London and the lowest proportion of working age adults in London.

Further information in the census stated that 21.0% of residents are retired - the highest rate in London.

As well as growing, the age profile of the Havering population is also projected to change with proportionally greater growth amongst older age groups. For example, the number of people aged 85 and above living in Havering is expected to increase by 2.4K (32%) from 7.5K in 2020 to 9.9K by 2030 – information from BHR JSNA profile: LB Havering – October 2022.

This evidences the potential growth in demand for access to Adults Social Care Services and Support, but also the possible opportunities in relation to how the Borough can 'utilise' skills of this group in relation to volunteering or other opportunities.

The workforce have access to guidance, support, training and development to ensure they are appropriately skilled to undertake their role, as well as ensuring their wellbeing is maintained. This is via a number of areas such as; management support, supervision, training and development opportunities, reflective practice, wellbeing sessions, specific staff forums and health and safety training. This supports them in ensuring best practice within their role and relates to the 9 protected characteristics and 2 domains within this EqHIA.

**Expand box as required*

Sources used:

To note sources below were all used in relation to supporting the evidence for the individual protected characteristics and 2 domains within this EqHIA.

- Care Act 2014 - [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/9/contents)
- Children Act 1989 - [Children Act 1989 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1989/27/contents)
- [Children and Families Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/27/contents)
- [Data Protection Act 2018 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2018/12/contents)
- [Human Rights Act 1998 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1998/42/contents)
- [Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2010/15/contents)
- [Health and Social Care Act 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2012/12/contents)

- [The Care and Support \(Charging and Assessment of Resources\) Regulations 2014 \(legislation.gov.uk\)](#)
- [The Care and Support \(Direct Payments\) Regulations 2014 \(legislation.gov.uk\)](#)
- [Strengths-based approaches | SCIE](#)
- [Havering Census 2021 – ONS](#)
- [Havering Social Care Academy](#)
- [Havering Adult Social Care policies and Supporting Documents](#)
- LBH Equality and Diversity Policy
- <https://intranet.havering.gov.uk/human-resources/hr-policy-library/>
- [BHRJSNA2022 Havering Profile.pdf \(haveringdata.net\)](#)

**Expand box as required*

Protected Characteristic - Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions

Please tick (✓) the relevant box:

Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>

Overall impact:

The policy upholds the requirements of identifying any areas of a person's disability when undertaking the Councils responsibilities in determining eligibility and support in relation to The Care Act.

**Expand box as required*

Evidence:

The framework underpins the principals of local and national policy in relation to a person's disability in relation to the Councils statutory responsibilities under The Care Act 2014, in relation to its residents and the responsibilities required by the ASC workforce.

Information from the Office of national statistics states that the Census 2021 evidences that 15.3% of Havering residents have disabilities, similar to London (15.6%) but lower than England (17.7%).

It also stated there were there were disparities in disability prevalence within Havering dependent on the geographical area you lived in, e.g. There were nearly three times more households with a disabled person in Harold Hill East (1,605 households) compared to Emerson Park (596 households).

Havering had the highest number of people providing unpaid care of all local authorities across London.

According to the 2012 Census, in Havering, 2.7% of residents provide over 50 hours of care a week, 1.7% provide 20-49 hours and 4.4% provide 19 or less hours of unpaid care. The highest number of unpaid carers in Havering reside the same 3 neighbourhoods that have the highest proportion of households where at least one member has a disability.

It should be noted that while there is no current statistical evidence, it is reported via Adults social Care services that people are living in the community with a high level of complex needs and the numbers of younger adults requiring high levels of care and support in relation to complex need requirements has increased.

This evidences the need for ASC and other directorates to continue to work closely with other areas of the Council, such as commissioning to ensure services are available, targeted and appropriate to resident's requirements, to improve social and health equity across all areas of disability, inclusive of neurodiversity and mental health.

**Expand box as required*

Sources used:

- As above

**Expand box as required*

Protected Characteristic - Sex/gender: Consider both men and women

Please tick (✓) the relevant box:

Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>

Overall impact:

The policy upholds the requirements of identifying any areas of a person's sex and/or gender when undertaking the Councils responsibilities in determining eligibility and support in relation to The Care Act.

**Expand box as required*

Evidence:

The policy underpins the principals of local and national policy in relation to a person's sex and/or gender in relation to the Councils statutory responsibilities under The Care Act 2014.

The 2021 Census has reported that Havering's population is 51.8% women and 48% men, this is an increase from the last Census of 10% for women and 11% for men.

People have the freedom and right to self-identification of their gender including non-binary, if required internal staff are able to access support to develop their understanding via training or from representatives from specific staff forums.

**Expand box as required*

Sources used:

- As above

**Expand box as required*

Protected Characteristic - Ethnicity/race: Consider the impact on different ethnic groups and nationalities

<i>Please tick (✓) the relevant box:</i>		Overall impact: The policy upholds the requirements of identifying any areas in relation to a person’s ethnicity and/or race when undertaking the Councils responsibilities in determining eligibility and support in relation to The Care Act.
Positive	✓	
Neutral		
Negative		

**Expand box as required*

Evidence:

The framework underpins the principals of local and national policy in relation to a person’s ethnicity and/or race in relation to the Councils statutory responsibilities under The Care Act 2014 and the responsibilities required by the ASC workforce.

The 2021 Census states that;

- 33.5% of people in Havering identify as non-White British, which is an increase from 16.7% in 2011.
- 66.49% of people identify as White British, which is the second highest figure in London behind Bromley(66.51%).
- 87.8% of usual Havering residents identified with at least one UK national identity (English, Welsh, Scottish, Northern Irish, British and Cornish).
- People selecting a non-UK identity only, accounted for 10.3% of the Havering population in 2021, which is an increase from 5.7% in 2011. Among those who described a non-UK national identity, the most common response was those describing“Romanian” as their national identity 2.0% up from 0.2% in 2011.
- 90.1% of residents aged 3 and over describe their main language as English, the next main languages being, Romanian 2.3% and Lithuanian 0.9%.
- 4.8% of households have no members where their main language is English;

In 2021, White British remains the most common ethnic group in Havering, with 66.5% (174,232) of the population identifying in this group, down from 83.3% (197,615) in 2011. The next most common ethnic group is Asian, accounting for 10.7% (28,150) of the population, up from 4.9% (11,545) in 2011.

The information evidences a huge demographic change in diversity for people living in Havering over the last 10 years and indicates that it will continue to change and become more diverse.

The statistical information highlights the need for Havering to continue to offer good quality appropriate services for people who English is not their first language, such as; interpreting services, production of materials in appropriate languages, to ensure people are not disadvantaged in being able to access appropriate services.

Havering ASC will continue to work with internal and external partners, health and communities/groups to ensure services and the workforce is 'fit for purpose' to meet the challenges and changes that will present to the organisation both in the short and long-term future in relation to the changing demographics in Havering.

This policy will need to ensure it continues to be current in meeting its statutory responsibilities in relation to the changing demographics of Havering's population and underrepresented groups, specifically in relation to ethnicity, nationality and race and will continue to work with appropriate internal and external partners, emerging and growing communities and community groups.

**Expand box as required*

Sources used:

- As above

**Expand box as required*

Protected Characteristic - Religion/faith: Consider people from different religions or beliefs including those with no religion or belief

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact:

The policy upholds the requirements of identifying any areas in relation to a person's religion and/or faith when undertaking the Councils responsibilities in determining eligibility and support in relation to The Care Act.

**Expand box as required*

Evidence:

The framework underpins the principals of local and national policy in relation to a person's religion and/or faith in relation to the Councils statutory responsibilities under The Care Act 2014 and the responsibilities required by the ASC workforce.

The Census of 2021 reported that;

- The most commonly reported religion in Havering is Christian with 52.2%, this is a reduction from 65.6% in 2011.
- No religion was the second most common response, with 30.6% identifying in this category, up from 22.6% in 2011.
- Other religions accounted for 11.7% of the total Havering population, which is an increase from 5.1% in 2011.

In view of the presented statistical information, Havering will need to ensure it continues to be aware of peoples and communities religious needs, support services and requirements.

**Expand box as required*

Sources used:	
<ul style="list-style-type: none"> As above 	
<i>*Expand box as required</i>	

Protected Characteristic - Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual

<i>Please tick (✓) the relevant box:</i>		Overall impact: The policy upholds the requirements of identifying any areas in relation to a person’s sexual orientation when undertaking the Councils responsibilities in determining eligibility and support in relation to The Care Act.
Positive	✓	
Neutral		
Negative		
		<i>*Expand box as required</i>

Evidence:

The framework underpins the principals of local and national policy in relation to a person’s sexual orientation in relation to the Councils statutory responsibilities under The Care Act 2014 and the responsibilities required by the ASC workforce.

According to information within the most recent Census, Havering has the lowest number (1.95%), of residents aged 16 and over in London who identify as LGB+orientation (“Gay or Lesbian”, “Bisexual” or “Other sexual orientation”). It also has the 5th lowest proportion of residents aged 16 and over reporting that the gender that they identify with now is different to their sex registered at birth.

The data is useful as it will assist the Council and partners in supporting anti - discrimination duties under the Equality Act 2010 and identifying any barriers experienced by individuals, linked to their sexual orientation or gender identity.

**Expand box as required*

Sources used:	
<ul style="list-style-type: none"> As above 	
<i>*Expand box as required</i>	

Protected Characteristic - Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

<i>Please tick (✓) the relevant box:</i>		Overall impact: The policy upholds the requirements of identifying any appropriate
Positive	✓	

Neutral		areas in relation to a person's gender reassignment when undertaking the Councils responsibilities in determining eligibility and support in relation to The Care Act.
Negative		
<i>*Expand box as required</i>		
Evidence:		
<p>The framework underpins the principals of local and national policy in relation to a person's gender reassignment in relation to the Councils statutory responsibilities under The Care Act 2014 and the responsibilities required by the ASC workforce.</p> <p>It is recognised that people have the freedom and right to change their gender. Organisationally, the understanding of people's experience and what support they may require is evolving, if required internal staff are able to access support to develop their understanding via training or from representatives from specific staff forums.</p>		
<i>*Expand box as required</i>		
Sources used:		
<ul style="list-style-type: none"> As above 		
<i>*Expand box as required</i>		

Protected Characteristic - Marriage/civil partnership: Consider people in a marriage or civil partnership		
<i>Please tick (✓) the relevant box:</i>		Overall impact:
Positive		
Neutral	✓	
Negative		
		<p>The changes to the policy are unlikely to impact on any resident or staff member because of their marriage/civil partnership status.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>
Evidence:		
<p>The policy does not have any specific impact due to marriage/civil partnership status. Any service offered such as assessment, is offered in line with the principles of anti-discriminative practice.</p> <p>The workforce has appropriate policies and procedures in place in relation to this area to support the person in relation to their role and legal rights.</p>		
<i>*Expand box as required</i>		
Sources used:		
<ul style="list-style-type: none"> As above 		
<i>*Expand box as required</i>		

Protected Characteristic - Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input type="checkbox"/>
Neutral	<input checked="" type="checkbox"/>
Negative	<input type="checkbox"/>
<p>Overall impact:</p> <p>This policy is unlikely to impact on any resident or staff member because of pregnancy, maternity and paternity status.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Evidence:</p> <p>The policy does not have specific impact due to pregnancy, maternity and paternity status on people living in the Borough.</p> <p>The workforce has appropriate policies and procedures in place in relation to this area to support the person in relation to their role and any risk identified.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Sources used:</p> <ul style="list-style-type: none"> As above <p style="text-align: right;"><i>*Expand box as required</i></p>	

Socio-economic status: Consider those who are from low income or financially excluded backgrounds	
<i>Please tick (✓) the relevant box:</i>	
Positive	<input checked="" type="checkbox"/>
Neutral	<input type="checkbox"/>
Negative	<input type="checkbox"/>
<p>Overall impact:</p> <p>The policy upholds the requirements of identifying any appropriate areas in relation to a person's socio-economic status when undertaking the Councils responsibilities in determining eligibility and support in relation to The Care Act.</p> <p style="text-align: right;"><i>*Expand box as required</i></p>	
<p>Evidence:</p> <p>The framework underpins the principals of local and national policy in relation to a person's socio-economic status in relation to the Councils statutory responsibilities under The Care Act 2014 and the responsibilities required by the ASC workforce.</p> <p>The 2021 Census stated that 59.5% of residents in Havering currently have a job, an increase from 58.9% in 2011 and 3.6% of residents are unemployed, which is the fourth lowest rate in London and an improvement from the rate of 5.0% in 2011.</p> <p>The policy evidences how Havering ASC implements The Care Act 2014 statutory</p>	

requirements fairly and is not dependent on a person's socio-economic status.

**Expand box as required*

Sources used:

- As above

Health & Wellbeing Impact: Consider both short and long-term impacts of the activity on a person's physical and mental health, particularly for disadvantaged, vulnerable or at-risk groups. Can health and wellbeing be positively promoted through this activity? Please use the Health and Wellbeing Impact Tool in Appendix 2 to help you answer this question.

Please tick (✓) all the relevant boxes that apply:

Positive	✓
Neutral	
Negative	

Overall impact:

**Expand box as required*

Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box

Yes No ✓

Evidence:

This policy and procedure may have a positive impact on a resident's health and wellbeing, as it enables the person to be aware of the areas of eligibility that they meet under The Care Act criteria as well as the identification of individual outcomes, individual strengths and support to meet their individual needs.

The framework also sets out the Council requirements for the ASC workforce and supports the workforce in being clear in relation to their role and responsibilities.

**Expand box as required*

Sources used:

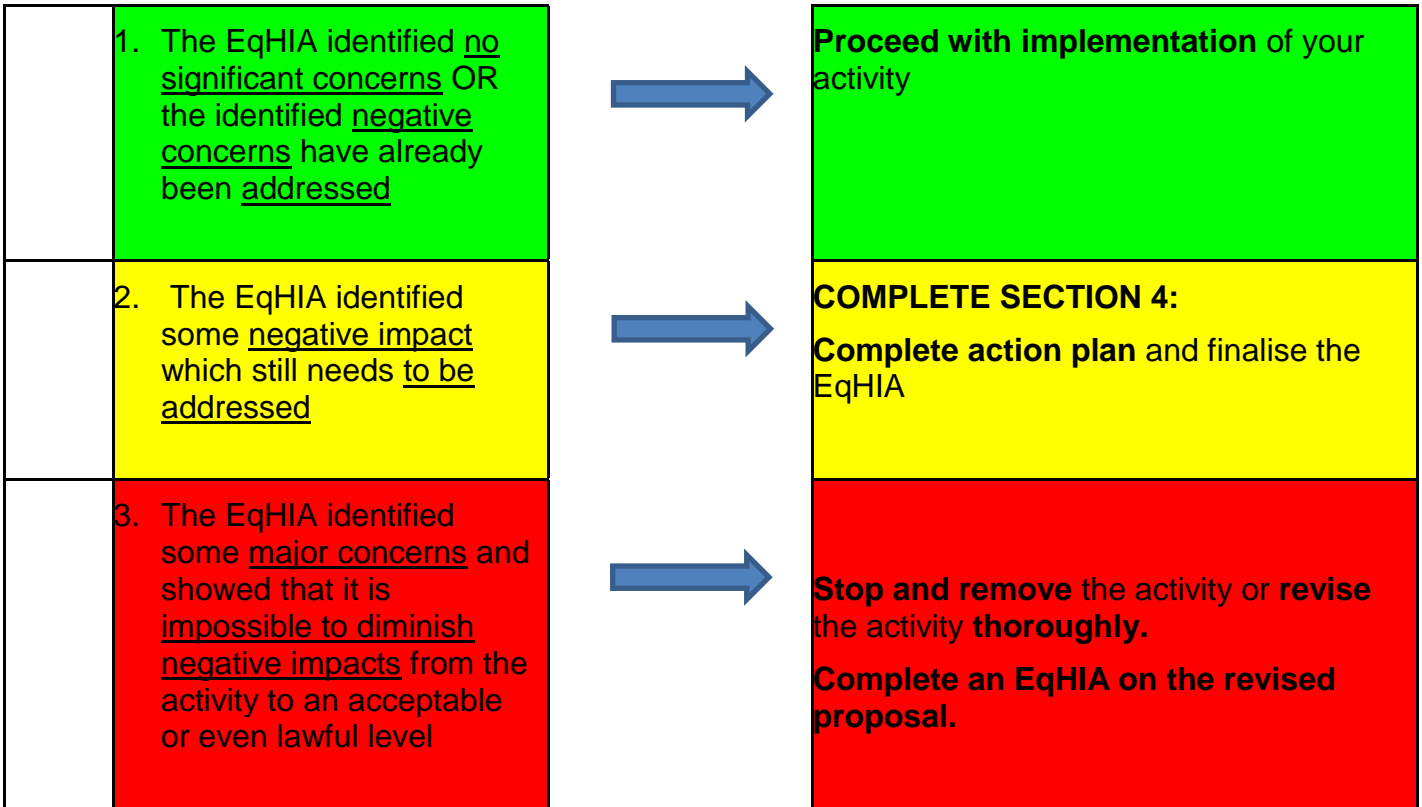
- As above

**Expand box as required*

3. Outcome of the Assessment

The EqHIA assessment is intended to be used as an improvement tool to make sure the activity maximises the positive impacts and eliminates or minimises the negative impacts. The possible outcomes of the assessment are listed below and what the next steps to take are:

Please tick (✓) what the overall outcome of your assessment was:



4. Action Plan

The real value of completing an EqHIA comes from the identifying the actions that can be taken to eliminate/minimise negative impacts and enhance/optimize positive impacts. In this section you should list the specific actions that set out how you will address any negative equality and health & wellbeing impacts you have identified in this assessment. Please ensure that your action plan is: more than just a list of proposals and good intentions; sets ambitious yet achievable outcomes and timescales; and is clear about resource implications.

Protected characteristic / health & wellbeing impact	Identified Negative or Positive impact	Recommended actions to mitigate Negative impact* or further promote Positive impact	Outcomes and monitoring**	Timescale	Lead officer
Age	Positive	To ensure document is reviewed in line with any new statistical information, changes in legislation or local changes that impacts on the changing demographic in relation to age.	Periodic Policy Reviews Engaging with appropriate services in the Council, wider community and health that support people in the community, challenge and address inequalities.	Every 2 years As opportunities and/or need arise.	Movita Hussain
Disability	Positive	To ensure document is reviewed in line with any new statistical information, changes in legislation or local changes that impacts on the changing demographic in relation to disability.	Periodic Policy Reviews Engaging with appropriate services in the Council, wider community and health that support people in the community, challenge and address inequalities.	Every 2 years As opportunities and/or need arise.	Movita Hussain
Sex/Gender	Positive	To ensure document is reviewed in line with any new statistical information, changes in legislation or local changes that impacts on the changing demographic in relation to a person's sex/gender.	Periodic Policy Reviews Engaging with appropriate services in the Council, wider community and health that support people in the	Every 2 years As opportunities and/or need arise.	Movita Hussain

			community, challenge and address inequalities.		
Ethnicity/Race	Positive	To ensure document is reviewed in line with any new statistical information, changes in legislation or local changes that impacts on the changing demographic in relation to a person's ethnicity/race.	Periodic Policy Reviews Engaging with appropriate services in the Council, wider community and health that support people in the community, challenge and address inequalities.	Every 2 years As opportunities and/or need arise.	Movita Hussain
Religion/Faith	Positive	To ensure document is reviewed in line with any new statistical information, changes in legislation or local changes that impacts on the changing demographic in relation to a person's religion/faith.	Periodic Policy Reviews Engaging with appropriate services in the Council, wider community and health that support people in the community, challenge and address inequalities.	Every 2 years As opportunities and/or need arise.	Movita Hussain
Sexual orientation	Positive	To ensure document is reviewed in line with any new statistical information, changes in legislation or local changes that impacts on the changing demographic in relation to a person's sexual orientation.	Periodic Policy Reviews Engaging with appropriate services in the Council, wider community and health that support people in the community, challenge and address inequalities.	Every 2 years As opportunities and/or need arise.	Movita Hussain
Gender reassignment	Positive	To ensure document is reviewed in line with any new statistical information, changes in legislation or local changes that impacts on the changing demographic in relation to a person's gender reassignment	Periodic Policy Reviews Engaging with appropriate services in the Council, wider community and health that support people in the community, challenge and address inequalities.	Every 2 years As opportunities and/or need arise.	Movita Hussain

Socio-economic status	Positive	To ensure document is reviewed in line with any new statistical information, changes in legislation or local changes that impacts on the changing demographic in relation to a person's socio-economic status.	Periodic Policy Reviews Engaging with appropriate services in the Council, wider community and health that support people in the community, challenge and address inequalities.	Every 2 years As opportunities and/or need arise.	Movita Hussain
Health & Wellbeing	Positive	To ensure document is reviewed in line with any new statistical information, changes in legislation or local changes that impacts on the changing demographic in relation to a person's health and wellbeing.	Periodic Policy Reviews Engaging with appropriate services in the Council, wider community and health that support people in the community, challenge and address inequalities.	Every 2 years As opportunities and/or need arise.	Movita Hussain

Add further rows as necessary

* You should include details of any future consultations and any actions to be undertaken to mitigate negative impacts

** Monitoring: You should state how the impact (positive or negative) will be monitored; what outcome measures will be used; the known (or likely) data source for outcome measurements; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

5. Review

In this section you should identify how frequently the EqHIA will be reviewed; the date for next review; and who will be reviewing it.

Review:

To be reviewed a minimum of every two years.

Scheduled date of review: April 2025

Lead Officer conducting the review: Movita Hussain, Practice Development Manager, Adults Services

**Expand box as required*

Please submit the completed form via e-mail to EqHIA@havering.gov.uk thank you.

Appendix 1. Guidance on Undertaking an EqHIA

This Guidance can be deleted prior to publication.

What is it?

The Equality & Health Impact Assessment (EqHIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service, whilst at the same time ensuring a person's chance of leading a healthy life is the same wherever they live and whoever they are. We want to ensure that the activities of the Council are 'fit for purpose' and meet the needs of Havering's increasingly diverse communities and employees. This robust and systematic EqHIA process ensures that any potential detrimental effects or discrimination is identified, removed, or mitigated and positive impacts are enhanced.

When to Assess:

An EqHIA should be carried out when you are changing, removing or introducing a new service, policy, strategy or function; for simplicity, these are referred to as an "activity" throughout this document. It is best to conduct the assessment as early as possible in the decision-making process.

Guidance: Equality & Health Impact Assessment Checklist

The Checklist in Section 1 asks the key questions,

4a) Are you changing, introducing a new, or removing a service, policy, strategy or function?

4b) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon people (9 protected characteristics)?

4c) Does this activity (policy/strategy/service/decision) have the potential to impact (either positively or negatively) upon any factors which determine people's health and wellbeing?

- If the answer to ANY of the questions 4a, 4b or 4c of the Checklist is 'YES' then you must carry out an assessment. e.g. Proposed changes to Contact Centre Opening Hours
'YES' = you need to carry out an EqHIA
- If the answer to ALL of the questions, 4a or 4b of the Checklist is NO, then you do not need to carry out an EqHIA assessment. e.g. Quarterly Performance Report
'NO' = you DO NOT need to carry out an EqHIA. Please provide a clear explanation as to why you consider an EqHIA is not required for your activity.

Using the Checklist

The assessment should take into account all the potential impacts of the proposed activity, be it a major financial decision, or a seemingly simple policy change. Considering and completing this EqHIA will ensure that all Council plans, strategies, policies, procedures, services or other activity comply with relevant statutory obligations and responsibilities. In particular it helps the Council to meet its legal obligation under the [Equality Act 2010 and the Public Sector Equality Duty](#) and its public health duties under the [Health and Social Care Act 2012](#).

Having Due Regard

To have due regard means that in making decisions and in its other day-to-day activities, the Council must consciously consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups
- Reduce inequalities in health outcomes

Combining Equality and Health Impact Assessment:

[Equality Impact Assessments \(EIAs\)](#) provide a systematic way of ensuring that legal obligations are met. They assess whether a proposed policy, procedure, service change or plan will affect people different on the basis of their 'protected characteristics' and if it will affect their human rights. Currently there are **nine protected characteristics** (previously known as 'equality groups' or 'equality strands'): age, disability, sex/gender, ethnicity/race, religion/faith, sexual orientation, gender reassignment, marriage/civil partnership, and pregnancy/ maternity/paternity.

An activity does not need to impact on all 9 protected characteristics – impacting on just one is sufficient justification to complete an EqHIA.

[Health Impact Assessments \(HIAs\)](#) consider the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health and wellbeing of the population. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity by assessing the distribution of potential effects within the population, particularly within vulnerable groups. 'Health' is not restricted to medical conditions, or the provision of health services, but rather encompasses the wide range of influences on people's health and wellbeing. This includes, but is not limited to, experience of discrimination, access to transport, housing, education, employment - known as the 'wider determinants of health'.

This [Equality and Health Impact Assessment \(EqHIA\)](#) brings together both impact assessments into a single tool which will result in a set of recommendations to eliminate discrimination and inequality; enhance potential positive impacts and mitigate where possible for negative impacts. In conducting this EqHIA you will need to assess the impact (positive, neutral or negative) of your activity on individuals and groups with **protected characteristics** (this includes staff delivering your activity), **socio-economic status** and **health & wellbeing**. Guidance on what to include in each section is given on the next pages.

Guidance: What to include in background/context

In this section you will need to add the background/context of your activity, i.e. what is the activity intending to do, and why?

Make sure you include the scope and intended outcomes of the activity being assessed; and highlight any proposed changes. Please include a brief rationale for your activity and any supporting evidence for the proposal. Some questions to consider:

- What is the aim, objectives and intended outcomes?
- How does this activity meet the needs of the local population?
- Has this activity been implemented in another area? What were the outcomes?
- Is this activity being implemented as per best practice guidelines?
- Who were the key stakeholders in this activity?

*Note that the boxes will expand as required

Guidance: Who will be affected by the activity?

The people who will be affected may be

Residents: pay particular attention to vulnerable groups in the population who may be affected by this activity

Businesses/ manufacturing / developers / small, medium or large enterprises

Employees: e.g. Council staff for an internal activity, other statutory or voluntary sector employees, local businesses and services

*Note that the boxes will expand as required

Guidance: What to include in assessing a Protected Characteristic e.g. AGE

Please tick (✓) the relevant box:

Positive

Neutral

Negative

Overall impact: In this section you will need to consider and note what impact your activity will have on individuals and groups (including staff) with protected characteristics based on the data and information you have. You should note whether this is a positive, neutral or negative impact.

It is essential that you note all negative impacts. This will demonstrate that you have paid 'due regard' to the Public Sector Equality Duty if your activity is challenged under the Equality Act.

*Note that the boxes will expand as required

Evidence: In this section you will need to document the evidence that you have used to assess the impact of your activity.

When assessing the impact, please consider and note how your activity contributes to the three aims of the Public Sector Equality Duty (PSED) as stated in the section above.

It is essential that you note the full impact of your activity, so you can demonstrate that you have fully considered the equality implications and have paid 'due regard' to the PSED should the Council be challenged.

- If you have identified a **positive impact**, please note this.
- If you think there is a **neutral impact** or the impact is not known, please provide a full reason why this is the case.
- If you have identified a **negative impact**, please note what steps you will take to mitigate this impact. If you are unable to take any mitigating steps, please provide a full reason why. All negative impacts that have mitigating actions must be recorded in the **Action Plan**.
- **Please ensure that appropriate consultation with affected parties has been undertaken and evidenced**

Sources used: In this section you should list all sources of the evidence you used to assess the impact of your activity. This can include:

- Service specific data
- Population, demographic and socio-economic data. Suggested sources include:
 - o Service user monitoring data that your service collects
 - o [Havering Data Intelligence Hub](#)
 - o [Office for National Statistics \(ONS\)](#)

If you do not have any relevant data, please provide the reason why.

*Note that the boxes will expand as required

Guidance: What to include in assessing Health & Wellbeing Impact:

Please tick (✓) all the relevant boxes that apply:

Positive

Neutral

✓

Negative

Overall impact: In this section you will need to consider and note whether the proposal could have an overall impact on, or implications for, people's health and wellbeing or any factors which determine people's health.

How will the activity help address inequalities in health?

Include here a brief outline of what could be done to enhance the positive impacts and, where possible, mitigate for the negative impacts.

*Note that the boxes will expand as required

Do you consider that a more in-depth HIA is required as a result of this brief assessment? Please tick (✓) the relevant box

Yes No

Evidence: In this section you will need to outline in more detail how you came to your conclusions above:

- What is the nature of the impact?
- Is the impact **positive** or **negative**? It is possible for an activity to have **both positive and negative impacts**. Consider here whether people will be able to access the service being offered; improve or maintain healthy lifestyles; improve their opportunities for employment/income; whether and how it will affect the environment in which they live (housing, access to parks & green space); what the impact on the family, social support and community networks might be
- What can be done to mitigate the negative impacts and/or enhance the positive impacts?
- If you think there is a **neutral impact**, or the impact is not known, please provide a brief reason why this is the case.
- What is the likelihood of the impact? Will the impact(s) be in weeks, months or years? In some cases the short-term risks to health may be worth the longer term benefits.
- Will the proposal affect different groups of people in different ways? A proposal that is likely to benefit one section of the community may not benefit others and could lead to inequalities in health.

Please use the Health & Wellbeing Impact Tool in Appendix 2 as a guide/checklist to assess the potential wider determinants of health impacts.

This tool will help guide your thinking as to what factors affect people's health and wellbeing, such as social support, their housing conditions, access to transport, employment, education, crime and disorder and environmental factors. It is not an exhaustive list, merely a tool to guide your assessment; there may be other factors specific to your activity.

Some questions you may wish to ask include:

- Will the activity impact on people's ability to socialise, potentially leading to social isolation?
- Will the activity affect a person's income and/or have an effect on their housing status?
- Is the activity likely to cause the recipient of a service more or less stress?
- Will any change in the service take into account different needs, such as those with learning difficulties?
- Will the activity affect the health and wellbeing of persons not directly related to the service/activity, such as carers, family members, other residents living nearby?
- If there is a short-term negative effect, what will be done to minimise the impact as much as possible?

- Are the longer-term impacts positive or negative? What will be done to either promote the positive effects or minimise the negative effects?
- Do the longer term positive outcomes outweigh the short term impacts?

*Note that the boxes will expand as required

Sources used: In this section you should list all sources of the evidence you used to assess the impact of your activity. This could include, e.g.:

Information on the population affected

- Routinely collected local statistics (e.g. quality of life, health status, unemployment, crime, air quality, educational attainment, transport etc.)
- Local research/ Surveys of local conditions
- Community profiles

Wider Evidence

- Published Research, including evidence about similar proposals implemented elsewhere (e.g. Case Studies).
- Predictions from local or national models
- Locally commissioned research by statutory/voluntary/private organisations

Expert Opinion

- Views of residents and professionals with local knowledge and insight

*Note that the boxes will expand as required

Guidance: Outcome of the Assessment

On reflection, what is your overall assessment of the activity?

The purpose of conducting this assessment is to offer an opportunity to think, reflect and **improve** the proposed activity. It will make sure that the Council can evidence that it has considered its due regard to equality and health & wellbeing to its best ability.

It is not expected that all proposals will be immediately without negative impacts! However, where these arise, what actions can be taken to mitigate against potential negative effects, or further promote the positive impacts?

Please tick one of the 3 boxes in this section to indicate whether you think:

1. all equality and health impacts are adequately addressed in the activity – proceed with your activity pending all other relevant approval processes
2. the assessment identified some negative impacts which could be addressed – please complete the Action Plan in Section 4.
3. If the assessment reveals some significant concerns, this is the time to stop and re-think, making sure that we spend our Council resources wisely and fairly. There is no shame in stopping a proposal.

*Note that the boxes will expand as required

Guidance: Action Plan

For each protected characteristic/health & wellbeing impact where an impact on people or their lives has been identified, complete one row of the action plan. You can add as many further rows as required.

State whether the impact is Positive or Negative

Briefly outline the actions that can be taken to mitigate against the negative impact or further enhance a positive impact. These actions could be to make changes to the activity itself (service, proposal, strategy etc.) or to make contingencies/alterations in the setting/environment where the activity will take place.

For example, might staff need additional training in communicating effectively with people with learning difficulties, if a new service is opened specifically targeting those people? Is access to the service fair and equitable? What will the impact on other service users be? How can we ensure equity of access to the service by all users? Will any signage need changing? Does the building where the service being delivered comply with disability regulations?

Guidance: Review

Changes happen all the time! A service/strategy/policy/activity that is appropriate at one time, may no longer be appropriate as the environment around us changes. This may be changes in our population, growth and makeup, legislative changes, environmental changes or socio-political changes.

Although we can't predict what's going to happen in the future, a review is recommended to ensure that what we are delivering as a Council is still the best use of our limited resources. The timescale for review will be dependent on the scale of the activity.

A major financial investment may require a review every 2-3 years for a large scale regeneration project over 10-15 years.

A small policy change may require a review in 6 months to assess whether there are any unintended outcomes of such a change.

Please indicate here how frequently it is expected to review your activity and a brief justification as to why this timescale is recommended.

Appendix 2. Health & Wellbeing Impact Tool

Will the activity/service/policy/procedure affect any of the following characteristics? Please tick/check the boxes below

The following are a range of considerations that might help you to complete the assessment.

Lifestyle YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Personal circumstances YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Access to services/facilities/amenities YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<input type="checkbox"/> Diet <input type="checkbox"/> Exercise and physical activity <input type="checkbox"/> Smoking <input type="checkbox"/> Exposure to passive smoking <input type="checkbox"/> Alcohol intake <input type="checkbox"/> Dependency on prescription drugs <input type="checkbox"/> Illicit drug and substance use <input type="checkbox"/> Risky Sexual behaviour <input type="checkbox"/> Other health-related behaviours, such as tooth-brushing, bathing, and wound care	<input type="checkbox"/> Structure and cohesion of family unit <input type="checkbox"/> Parenting <input type="checkbox"/> Childhood development <input type="checkbox"/> Life skills <input type="checkbox"/> Personal safety <input type="checkbox"/> Employment status <input type="checkbox"/> Working conditions <input type="checkbox"/> Level of income, including benefits <input type="checkbox"/> Level of disposable income <input type="checkbox"/> Housing tenure <input type="checkbox"/> Housing conditions <input type="checkbox"/> Educational attainment <input type="checkbox"/> Skills levels including literacy and numeracy	<input type="checkbox"/> to Employment opportunities <input type="checkbox"/> to Workplaces <input type="checkbox"/> to Housing <input type="checkbox"/> to Shops (to supply basic needs) <input type="checkbox"/> to Community facilities <input type="checkbox"/> to Public transport <input type="checkbox"/> to Education <input type="checkbox"/> to Training and skills development <input type="checkbox"/> to Healthcare <input type="checkbox"/> to Social services <input type="checkbox"/> to Childcare <input type="checkbox"/> to Respite care <input type="checkbox"/> to Leisure and recreation services and facilities
Social Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Economic Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Environmental Factors YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<input type="checkbox"/> Social contact <input type="checkbox"/> Social support <input type="checkbox"/> Neighbourliness <input type="checkbox"/> Participation in the community <input type="checkbox"/> Membership of community groups <input type="checkbox"/> Reputation of community/area <input type="checkbox"/> Participation in public affairs <input type="checkbox"/> Level of crime and disorder <input type="checkbox"/> Fear of crime and disorder <input type="checkbox"/> Level of antisocial behaviour	<input type="checkbox"/> Creation of wealth <input type="checkbox"/> Distribution of wealth <input type="checkbox"/> Retention of wealth in local area/economy <input type="checkbox"/> Distribution of income <input type="checkbox"/> Business activity <input type="checkbox"/> Job creation <input type="checkbox"/> Availability of employment opportunities <input type="checkbox"/> Quality of employment opportunities <input type="checkbox"/> Availability of education opportunities <input type="checkbox"/> Quality of education opportunities	<input type="checkbox"/> Air quality <input type="checkbox"/> Water quality <input type="checkbox"/> Soil quality/Level of contamination/Odour <input type="checkbox"/> Noise levels <input type="checkbox"/> Vibration <input type="checkbox"/> Hazards <input type="checkbox"/> Land use <input type="checkbox"/> Natural habitats <input type="checkbox"/> Biodiversity <input type="checkbox"/> Landscape, including green and open spaces

Non-key Executive Decision

<input type="checkbox"/> Fear of antisocial behaviour	<input type="checkbox"/> Availability of training and skills development opportunities	<input type="checkbox"/> Townscape, including civic areas and public realm
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Quality of training and skills development opportunities	<input type="checkbox"/> Use/consumption of natural resources
<input type="checkbox"/> Fear of discrimination	<input type="checkbox"/> Technological development	<input type="checkbox"/> Energy use: CO2/other greenhouse gas emissions
<input type="checkbox"/> Public safety measures	<input type="checkbox"/> Amount of traffic congestion	<input type="checkbox"/> Solid waste management
<input type="checkbox"/> Road safety measures		<input type="checkbox"/> Public transport infrastructure