

Section 4

# Equality

# Analysis Toolkit

Commissioning of Integrated Home  
Improvement Services  
**For Decision Making Items**

November 2011

## **What is the Purpose of the Equality Decision-Making Analysis?**

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision-makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct under the Act; to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristics are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstances marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed) or EHRC guidance - [EHRC - New public sector equality duty guidance](#)

Document 2 "Equality Analysis and the Equality Duty: Guidance for Public Authorities" may also be used for reference as necessary.

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The Analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting

[AskEquality@lancashire.gov.uk](mailto:AskEquality@lancashire.gov.uk)

Specific advice on completing the Equality Analysis is available from your Directorate contact in the Equality and Cohesion Team or from Jeanette Binns

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

## **Name/Nature of the Decision**

The Commissioning of Integrated Home Improvement Services

Redesign of the service currently offered through Home Improvement Agencies including changes to:

Eligibility criteria, service areas, budget allocation, introduction of an outcomes based commissioning model and service monitoring

## **What in summary is the proposal being considered?**

This work is part of the wider Aids, Adaptations and Equipment project being run as part of the critical challenge programme.

### **Service purpose**

The services are a resource to support the prevention agenda by assisting homeowners to maintain, repair and improve their properties. Appropriate housing is a key element to maintaining independent living, staying safe and living a healthy lifestyle. In addition Home Improvement Services can provide a role in adapting homes to meet citizen's needs, assessing and identifying risks and hazards and supporting economic wellbeing, therefore extending the length of time a citizen can remain at home.

### **Current situation**

Lancashire is made up of 12 districts, each currently with its own Home Improvement Services delivered by a wide range of providers including Home Improvement Agencies, small building firms, equipment providers and handyperson services. Currently there is no consistent offer for people across Lancashire.

Availability of Home Improvement Services, charges to people and delivery times differ across the county. People who require a number of services will often receive multiple visits as services are provided from a range of different sources.

### **The proposal**

#### **Service Offer:**

Core service - The IHIS will provide a core service aimed at supporting vulnerable people whose home is becoming unsuitable for the person to occupy.

Handy Person service - The IHIS will provide a handyperson service which will undertake small tasks and repairs to support people to remain independent in their own homes. The approach will mean that those most at risk will actually get more help than they may have previously had access to and this will be done free of charge which was not always the case in some districts. For others that are not

assessed as having an imminent need there will still be a service that has been designed to help people stay safe and independent in their homes, but this service will no longer be subsidised. People will still be able to fund their own work so help is still available to them. There is also a 10% premium added to the budget for each district for targeted preventative work facilitating the IHIS to help those at risk of becoming in need.

Minor Adaptations service - The IHIS will provide this statutory service. Eligibility is through formal assessment from an Occupational Therapist or other professional and is for building works up to a set value from a defined list to an agreed technical specification

Healthy Home Assessment - The IHIS provider will use this home based risk assessment to identify any further services that could be provided to keep people safe in their own homes. Small items of equipment and small repairs will be provided for free without the need for further assessment, if these are identified during the assessment and can be carried out at the time of the original visit.

#### Budget Allocation

The new budget allocation model is based on a number of factors to calculate the percentage distribution by district council area. The rationale was to create a model that would allocate budget based on an area's needs.

#### Eligibility

The Eligibility criteria is based on the 'Marmot' principles of proportionate universalism, that is services/interventions are universal but targeted at those who are most vulnerable or most disadvantaged in order to narrow the health inequalities gap.

#### Commissioning approach

To move away from previous output based approach measuring activity only, and towards an outcome based approach. This will help account for the value that has been achieved through the investment in preventative services. Robust outcome measures will enable the Council to carry out Social Return on Investment evaluations of the new service.

#### **We have developed these proposals based on the following principles:**

- Identifying people most at risk and making sure they get the support they need in partnership with CCGs
- People who use our services should receive a consistent level of service across Lancashire which is not dependent on where they live
- There is substantial evidence to suggest that the provision of Home Improvement Services reduces or delays the need for social care

- People should be supported to assess their own needs and wherever possible, identify the outcomes that will help them remain safe and independent in their own home. In turn HIS will be required to meet these outcomes through appropriate activity.

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

Availability of Home Improvement Services, including charges to people and delivery times, differ across the county. People who require a number of services will often receive multiple visits as services are provided from a range of different sources. Funding for these services has been apportioned based on previous funding levels and outdated cost models. The previous cost model for handy person services was to allocate an equal amount to each district irrespective of size, population or assessed needs of the district.

The proposals are designed to address any current imbalance in the services offered across the county. The organisations that will become the integrated HIS will be asked to deliver services that meet the assessed outcomes of the individuals that require a service, ensuring a fairer offer across the county that will meet the needs of the individual. Activity will be monitored to ensure that whatever appropriate activity that was undertaken was effective and delivered in a timely manner.

The funding model has been put together by business intelligence personnel to reflect the needs of the people within the zones that the HIS will be asked to operate. This should ensure that the areas with the greatest need are funded to an appropriate level making the new proposal fairer and improve access to the help that people need across the county.

**Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:**

- Age
- Disability including Deaf people
- Gender reassignment

- Pregnancy and maternity
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above – e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

Yes, the proposal is designed to make services equally accessible across the county to all Lancashire Citizens

The current eligibility criteria is based on disability and age, with all those over the age of 60/65 (varied across the county) deemed to be eligible for services. Those below the age of 60/65 could still be eligible if they had a registered disability.

The new eligibility criteria is based on the Marmot principals of proportionate universalism. This will allow the new service to be targeted at those that are most in need and at risk of hospital admission or going into residential care. In practice this will mean that those under the age of 60/65 may now be eligible to get the help that they need. Those over the age of 60/65 will still be eligible as before if they are assessed as meeting the criteria set out below.

Services are for people who live in the boundaries of the 12 Districts of Lancashire and are over the age of 18. They must also meet 1 or more of the following:

- Have a registered disability and/or diagnosed long term health condition/s that directly affect their mobility or independence to stay safe in their own home.

Or

- When there is an imminent and/or major risk that will lead to the person having an unscheduled admission to hospital or residential care without intervention.

Or

- The service is needed to facilitate a discharge from hospital where it would not be deemed safe for them to return without intervention

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)



## Question 1 – Background Evidence

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc to compile this). As indicated above, the relevant protected characteristics are:

- Age
- Disability including Deaf people
- Gender reassignment/gender identity
- Pregnancy and maternity
- Race/Ethnicity/Nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

The information shown below covers all Lancashire districts and assigns scores based on IMD (index of multiple deprivation, likelihood of falling and populations based over the age of 65. This was used to inform the resource allocation; thus allowing the money to be targeted appropriately by an area's assessed need.

District	Population aged 65+ (Mid-year estimates 2013)	% Population aged 65+ (Mid-year estimates 2013)	% IMD district score (population weighted average of LSOA scores) (2010)	% People with a likelihood of falling (POPPI)
Burnley	15,122	6.7	14.0	6.7
Chorley	20,140	8.9	6.7	8.6

Fylde	19,585	8.6	4.8	8.8
Hyndburn	13,809	6.1	11.5	6.0
Lancaster	26,880	11.8	8.2	12.0
Pendle	15,528	6.8	11.5	6.8
Preston	20,060	8.8	11.0	8.9
Ribble Valley	12,579	5.5	3.7	5.6
Rossendale	11,614	5.1	8.8	4.9
South Ribble	21,151	9.3	5.5	9.1
West Lancashire	22,659	10.0	7.6	9.8
Wyre	28,136	12.4	6.5	12.7
<b>Total</b>	<b>227,263</b>	<b>100</b>		

The model can predict needs but it cannot predict demand. Whether people in need take up HIS services will be influenced by a number of factors, including the availability of other support services, family/friends being able to help, people's understanding of the range of services offered by the HIS and how they can be contacted. Well-promoted HIAs may stimulate demand by increasing their local profile. Work will be done with all providers ensuring that their service is adequately communicated to the public that may be in need of them and to health professionals that work with the public.

Below is a table covering the breakdown of the number of enquiries and the take up of services in year 2012/13.

2012/2013	Supporting People Programme		
	Enquiries (actual)	Handy Person jobs (actual)	Other jobs
Lancaster	2557	4481	101
Fylde & Wyre	4556	2340	91
Preston	2470	2117	27
South Ribble & West Lancashire	915	532	4
Chorley	1520	1305	419
Burnley	203	106	28
Pendle	1014	821	39
Rossendale	1200	752	20
Hyndburn	1976	1200	490
Ribble Valley	1228	956	88
<b>Totals</b>	<b>17639</b>	<b>14610</b>	<b>1307</b>

Information is not available detailing the breakdown of the take up of handyperson services by the 9 characteristics as these are not uniformly recorded by the current

providers and many of them are not recorded at all. The new form for assessing risks in the home (Healthy Home Assessment) will include optional questions on the characteristics so information can be recorded in future.

## **Question 2 – Engagement/Consultation**

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process)

We commissioned the corporate research and intelligence team to create a questionnaire for public consultation, this covered all the key proposals for the new service. The questionnaire asked people's opinion on targeting the new service at those most in need and covered making this targeted service free to those that are most in need.

The questionnaire was sent to the household of 898 previous service users to ask their opinion on the proposals to the change in service. The consultation was also made into an online form that the general public could access. The consultation ran from 24 March to 12 June 2014 and received 250 responses.

The people contacted were chosen using the criteria of anyone that had any work completed during February 2014. This meant that a cross section of all people were involved as shown in the breakdown of the results in the public consultation report. The profile of those that responded included people from all 12 districts with a variety of ages, ethnicity, gender and sex. The analysis of the results showed that there were no statistically significant differences in responses between any of identified sub groups.

Several consultation days have been held with other stakeholders (listed below) directly and indirectly involved in the service to gather their expertise throughout the redesign of the service. Consultation days were held in January, March, April, July and September. The consultation days were arranged periodically to ensure that stakeholders had chance to comment and provide feedback on each stage of the service redesign to shape the direction of the project as appropriate. Each new proposal was given to appropriate stakeholders with time given for them to feedback. Their feedback was then worked into future versions of the proposals.

<b>Name</b>	<b>Organisation</b>
Chris Roberts	St Vincents Home Agency
Sue Sinclair	Hyndburn HIA
Fiona Goodfellow	Hyndburn Borough Council
Helen Stansfield	Preston Care & Repair
Paul Whalmsley	Preston City Council
Eirian Molloy	Preston City Council
Michelle Scott	Wyre HIA
Mark Broadhurst	Wyre Borough Council
Laura Lea	West Lancashire Borough Council
Lucy Weston	West Lancashire
Wayne Forrest	Pendle Borough Council
Paul Lloyd	Pendle Borough Council
Zoe Whiteside	Chorley Borough Council
Martin Sample	Chorley Borough Council
Stephen Nutter	Burnley Borough Council
Pradip Patel	South Ribble Borough Council
Lynn Walmsley	Ribble Valley
John Cottam	Fylde Borough Council
John Helme	Lancaster HIA/Lancaster City Council
Michael Dagger	Lancaster HIA/Lancaster City Council
Simpson, Julie	Lancashire Fire Rescue Service
Kevin O'Hara	connect4life
Freya Sledding	ELHT – Occupational Therapy
Yvonne Skellern-Foster	East Lancashire PCT Falls Team

### **Question 3 – Analysing Impact**

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways:

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities
- Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?
- Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?
- Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

As previously mentioned the only change that could be deemed to have an effect on the protected characteristics would be the change in the eligibility criteria.

There are some people that will have previously received services based solely on age and not on need. The county council faces the challenge of a reducing budget that will continue to decrease over the coming years. For this reason, it needs to make sure that it is making the best use of the resources that are available to maintain quality services which address the needs of communities.

All new HIS will be required to commit to the equality act protecting the characteristics of all the people that use the service. They will also be required to work together with a number of health professionals in terms of the referral pathway. The council aim to facilitate meetings to discuss how this could be improved in practice to foster good working relationships between organisations.

#### **Question 4 –Combined/Cumulative Effect**

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits) . Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. The LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

People who are eligible for social care will not be charged for the delivery of minor adaptations as this is a statutory free service up to the value of £1000. It is likely that those people who are identified as being most at risk would have previously been eligible under the Councils moderate FACs banding which has now been removed. Therefore it is likely that there will be no adverse combined effects.

It is acknowledged that there have been a lot of changes to the services available and the criteria to be able to access these services over the last few years and that there are more changes yet to happen. These changes can leave people, especially disabled and those over 65, feeling vulnerable. We will be communicating the changes in eligibility criteria to health professionals to ensure the right people know how to contact their local service. We will be meeting with the new HIS organisations to discuss communication with the public and professionals once the procurement exercise has been completed.

#### **Question 5 – Identifying Initial Results of Your Analysis**

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

The results of the public consultation showed that for all of the proposals that are to be taken forward as part of the new service, the minimum positive response was 80%. Some receiving positive responses as high as 97%. This shows that the public who responded to the questionnaire were broadly in favour of all of the changes proposed.

There was only 1 comment that described the changes as negative from the 250 responses. Other comments asked for more information about services and knowing who to contact to get help and advice. We will be working with HIS to ensure people know who they can contact to get the help and information they need.

Consultation with stakeholders has taken place at various points throughout the project. Their views have helped shape all of the final proposals. When creating the new eligibility criteria, district commissioners and existing providers were involved in the task group. A consultancy firm (New Economics Foundation) were also used to help create and shape the outcomes framework which will be a key element in how the new proposals are delivered by HIS.

The new risk assessment form (Healthy Home Assessment) was created, consulted on, amended and piloted by a number of existing providers to make it fit for purpose.

The budget allocation was created by business intelligence personnel and the rationale was shared with district council commissioners. The model was later changed as a direct result of their input highlighting the issues with one of the original factors which was subsequently removed.

The outcomes framework has been shared with some stakeholders and their feedback fed back into redraft.

## **Question 6 - Mitigation**

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

There will be some people that were previously eligible for services that will no longer qualify. These people will still be supported by HIS either funding the work that they need themselves, or through being signposted to other organisations that can assist with funding or other services that will meet their needs.

Help Direct is a County wide service which advises, supports and signposts people to a wide range of supports, this service has a comprehensive directory of services for each District and will support people to access services if they find making initial contact difficult. All the Integrated home improvement services will work closely with Help Direct and will be able to direct people who are not eligible for their services to Help Direct for further support.

The new service will be subject to monitoring and it is envisaged that HIS will work together with the council to establish best practice and analyse any issues that arise. Organisations bidding for the contract will be required to demonstrate their knowledge of local and national organisations that will be able to assist those that do not meet the eligibility criteria to access the service for free.

Successful providers will be required to take on the Public Sector Equality Duty as part of the contract. Thus ensuring that the equality act 2010 is fully adhered to

Human rights, dignity and respect principles are also put into in all ASHW contracts requiring them to be held to the standards that we work to.

## **Question 7 – Balancing the Proposal/Countervailing Factors**

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

Home Improvement services work with a wide range of partners often drawing in additional funding from CCG's and initiatives such as warm homes funding. The approach ensures that those people who are most vulnerable are directed to a



service that can offer a comprehensive assessment of their home environment and a range of solutions. The introduction of the 10% preventative premium will be used to target at risk groups who are not eligible for the service.

By bringing these services together, duplication will be reduced and customers will have access to a range of supports that aim to make their home 'Safe, Secure and Risk free'. The new outcome framework approach removes barriers to innovation and will allow the HIS to meet the individual's needs. The new budget allocation targets the council's resources to the places they are most need whilst making the necessary budget cuts to contribute to the overall budget reduction.

By involving the relevant stakeholders and those that have recently used the services we have built their needs into the current proposals whilst accommodating the necessary budget reduction.

### **Question 8 – Final Proposal**

In summary, what is your final proposal and which groups may be affected and how?

The final proposal is to re-commission a range of separately provided services as Integrated Home Improvement Services across the county. The new service will work to the new eligibility criteria and be allocated a budget based on the assessed needs of that area. The work will now be commissioned on an outcomes basis to ensure that the work done is actually meeting the needs of the individual. The work will be monitored to ensure the effectiveness of the new approach to assess the social return on investment.

The final proposal has taken the needs of service users, public, stakeholders and the council into account. As previously described the only groups that will be affected will be those that were previously eligible but aren't under the new criteria. However, it is believed that the new criteria, and the other proposed changes will provide a fairer and more equal service across of Lancashire.

### **Question 9 – Review and Monitoring Arrangements**

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

Through working with nef (consulting) and including the various stakeholders throughout the process, an outcomes framework was created. This framework will be used to create the service specification and the key performance indicators

necessary to monitor the changes. The framework will also be used to complete a Social Return on investment review 1 year after implementation to measure the value offered by the service.

We will be asking the new HIS to monitor across the 9 protected characteristics using the HHA form with the option not to answer.

The budget allocation will be amended year on year with updated figures on the factors involved in calculating it ensuring it remains equitable.

Equality Analysis Prepared By Nick Metcalfe

Position/Role Strategic Improvement Officer providing project assurance for the Aids, Adaptations and Equipment project

Equality Analysis Endorsed by Line Manager and/or Chief Officer

Decision Signed Off By

Cabinet Member/Chief Officer or SMT Member

**Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.**

Where specific actions are identified as part of the Analysis please ensure that an EAP001 form is completed and forwarded to your Directorate's contact in the Equality and Cohesion Team.

Directorate contacts in the Equality & Cohesion Team are:

Karen Beaumont – Equality & Cohesion Manager

[Karen.beaumont@lancashire.gov.uk](mailto:Karen.beaumont@lancashire.gov.uk)

Contact for Adult & Community Services Directorate

Jeanette Binns – Equality & Cohesion Manager

[Jeanette.binns@lancashire.gov.uk](mailto:Jeanette.binns@lancashire.gov.uk)

Contact for Environment Directorate, Lancashire County Commercial Group and One Connect Limited

Saulo Cwerner – Equality & Cohesion Manager

[Saulo.cwerner@lancashire.gov.uk](mailto:Saulo.cwerner@lancashire.gov.uk)

Contact for Children & Young Peoples Directorate

Pam Smith – Equality & Cohesion Manager

[Pam.smith@lancashire.gov.uk](mailto:Pam.smith@lancashire.gov.uk)

Contact for Office of the Chief Executive and the County Treasurer's Directorate

Thank you