

Agenda



AGENDA for a meeting of the ADULT CARE & HEALTH CABINET PANEL in COMMITTEE ROOM B, at County Hall, Hertford on WEDNESDAY 18 OCTOBER 2017 at 10.30AM

MEMBERS OF THE PANEL (12) (Quorum 3)

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

Meetings of the Cabinet Panel are open to the public (this includes the press) and attendance is welcomed. However, there may be occasions when the public are excluded from the meeting for particular items of business. Any such items are taken at the end of the public part of the meeting and are listed under "Part II ('closed') agenda".

Committee Room B is fitted with an audio system to assist those with hearing impairment. Anyone who wishes to use this should contact main (front) reception.

Members are reminded that all equalities implications and equalities impact assessments undertaken in relation to any matter on this agenda must be rigorously considered prior to any decision being reached on that matter.

Members are reminded that:

- (1) if they consider that they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting they must declare that interest and must not participate in or vote on that matter unless a dispensation has been granted by the Standards Committee;**
- (2) if they consider that they have a Declarable Interest (as defined in paragraph 5.3 of the Code of Conduct for Members) in any matter to be considered at the meeting they must declare the existence and nature of that interest but they can speak and vote on the matter**

PART I (PUBLIC) AGENDA

1. MINUTES

To confirm the Minutes (Parts 1 and 2) of the meeting held on 8 September 2017. (Part 1 attached – Part 2 circulated to Members only).

2. PUBLIC PETITIONS

The opportunity for any member of the public, being resident in Hertfordshire, to present a petition relating to a matter with which the Council is concerned, which is relevant to the remit of this Cabinet Panel and which contains signatories who are either resident in or who work in Hertfordshire.

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Members of the public who are considering raising an issue of concern via a petition are advised to contact their [local member of the Council](#). The Council's criterion and arrangements for the receipt of petitions are set out in [Annex 22 - Petitions Scheme](#) of the Constitution.

If you have any queries about the petitions procedure for this meeting please contact Elaine Manzi, by telephone on (01992) 588062 or by e-mail to elaine.manzi@hertfordshire.gov.uk.

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

3. 15 YEARS: FUTURE DIRECTION & STRATEGIC AMBITIONS FOR ADULT SOCIAL CARE IN HERTFORDSHIRE 2018-2033 - CONSULTATION

Report of the Director, Adult Care Services

4. ANNUAL SAFEGUARDING REPORT

Report of the Director, Adult Care Services

5. LOCAL ACCOUNT FOR ADULT SOCIAL CARE 2016/17

Report of the Director, Adult Care Services

6. OTHER PART I BUSINESS

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

PART II ('CLOSED') AGENDA

EXCLUSION OF PRESS AND PUBLIC

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

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

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

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

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

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Minutes



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

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

ADULT CARE & HEALTH CABINET PANEL FRIDAY 8 SEPTEMBER 2017

ATTENDANCE

MEMBERS OF THE PANEL

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

OTHER MEMBERS IN ATTENDANCE

None

Upon consideration of the agenda for the Adult Care & Health Cabinet Panel meeting on 8 September 2017 as circulated, copy annexed, conclusions were reached and are recorded below:

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

PART I ('OPEN') BUSINESS

1. MINUTES

- 1.1 The Minutes of the Cabinet Panel meeting held on 3 July 2017 were confirmed as a correct record and signed by the Chairman.

2. PUBLIC PETITIONS

- 2.1 There were no public petitions.

3. ADULT SOCIAL CARE CHARGING CONSULTATION

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

ACTION

- 3.1 Members were introduced to the proposed Adult Social Care Charging Consultation by Helen Maneuf, Assistant Director for Planning and Resources for Adult Care Services.
- 3.2 The Panel heard that the purpose of the item, as outlined in the paper, was to seek Panel's recommendation to consult on the proposed changes to how council charges for non-residential (community based) adult care services. A further paper detailing the actual charges would be brought to Panel for recommendation and Cabinet for agreement later in the year at the end of the consultation period.
- 3.3 Members received assurance that, if agreed, the new charging proposals would form part of the overall financial assessment undertaken under the Care Act guidance and residents would only be asked to pay a contribution if they were assessed as being able to afford to do so.
- 3.4 The Panel learnt the consultation would take place over a three month period, and there would be focus groups, a dedicated phone helpline and online feedback form available to encourage as much participation as possible. It was established that the results of the consultation would be broken down to differentiate between the comments from service users and comments from carers.
- 3.5 Members received clarification that in relation to Appendix E- Transport costs, the charges for transport would be calculated based on the assessment of what the service user paid for their care.
- 3.6 Further clarification was received regarding 'flexi care' services, and Members queried how the proposed changes would affect people who live in flexi care accommodation but that do not receive any care. This is a small cohort of people and it was likely that arrangements for these users would not change.
- 3.7 During Member discussion, Members expressed concern that although there was a consultation taking place, no one would voluntarily agree to pay for care, and that the consultation questions had been weighted to support a decision to implement the charges that had already been made. Further concerns were expressed on the potential negative outcome for residents who were not able or would not want to pay and would therefore potentially experience increased isolation and loneliness.
- 3.8 Members received assurance that the outcome of the proposed policy implementation had been designed not to cause disruption for carers and clients and no one would be asked to pay more than they could afford because of the Minimum Income Guarantee safeguard. It was stressed that the needs of the population were

increasing and as such the purpose of the exercise was to ensure the best use of the current funding available. It was noted that Adult Care Services need to make £16.6m worth of savings of which £4m would potentially be achieved through this exercise. It was also noted that the questionnaire did have scope to provide comments and these would be included in the overall decision making process at the end of the consultation. In addition to this, the questionnaire would be accompanied by a tailored assessment to detail exactly what the changes would mean for each individual user.

Helen
Maneuf

3.9 The panel requested that consideration be given to ensuring that the consultation should be shared as widely as possible, for instance in groups or at organisations that were attended by service users, as it was noted that some service users may not be able to access the internet or attend consultation meetings without transport. Ms Maneuf agreed that this would be shared widely, with organisations such as the Carers Café and Age UK. Members learnt that stakeholders had been consulted on the proposals through the Co-Production Board.

3.10 It was noted that the potential number of people that could be part of the consultation was approximately 8,000 although the number of people that pay a charge for social care changes on a daily basis. It was agreed that the latest calculations on the number of people affected would be circulated to Members.

Helen
Maneuf

3.11 During discussion, additional concern was expressed by Members that by not being able to access these services, there would be increased financial cost generated further down the line for the need for more high level services caused through loneliness and isolation. Frances Heathcote, Assistant Director for Adult Care Commissioning, acknowledged that it was a very emotive topic, but assured Members that combatting isolation and loneliness were one of the department's priorities, and stressed that other mechanisms were in place to ensure the best possible continued outcome for users. Ms Heathcote provided the example of Community First as a key strategy for combatting loneliness and ensuring vulnerable residents are supported to be better connected to their communities. In addition Ms Heathcote provided an example from a recent Bank Holiday weekend, where the transport to take 12 residents to their regular Sunday lunch club was cancelled at short notice and Day care staff, ACS and the provider worked together to provide alternative transport to ensure everyone was able to attend the Sunday lunch club.

3.12 The Chairman agreed with Ms Heathcote's comments and acknowledged that it was clear that this was a difficult issue for Members to hear, but was a necessary decision to take. The Chair stressed that the proposed policy protected the wider interests of

service users and carers against the backdrop of the significant financial challenges for adult social care, which is increasingly recognised as a national issue.

Conclusion

- 3.13 Panel discussed the plans of the Director of Adult Care Services to consult on proposed changes to how the council charges for non-residential (community based) adult social care services.
- 3.14 Panel noted that a further report setting out the proposed amendments and the results of the consultation will be brought to Panel and Cabinet at the end of the consultation period, with a view to Cabinet making the final decision any new charging arrangements.
- 3.15 R G Tindall; N A Quinton; K M Hastrick and L A Chesterman did not agree with the recommendations outlined in the paper. The remainder of the panel agreed with the recommendations outlined in the paper.

4. ANNUAL ADULT CARE SERVICES COMPLAINTS REPORT 2016/2017

Officer Contact: Kam Bhangal, Complaints Manager (Tel: 01992 556169)

- 4.1 Members noted the Annual Adult Services Complaints report for 2016/17 detailing the number of compliments and complaints received by Adult Care Services within this period.
- 4.2 The panel were pleased to note a decrease in the number of complaints managed as joint complaints with health partners.
- 4.3 In response to a Member question, it was established that some complainants contact the Local Government Ombudsman (LGO) directly before undertaking the Adult Care Services complaints process as they felt the need to take their complaint to the most senior authority. It was noted that complainants who choose to do this were normally advised by the council and LGO to exhaust the internal complaints system first, but there were occasions where the LGO chose to take up the complaint directly, which is within their jurisdiction to do.
- 4.4 During discussion it was explained that the internal complaints system is not complex and Members attention was drawn to point 8.5 in the annual report which detailed that the LGO found the county council's complaints system to be 'robust and fair'.

- 4.5 Members were assured that direct complaints against commissioned service providers, although not included within the report, were still monitored and investigated by Adult Care Services, and Members were reminded that all providers of care services within Hertfordshire had signed up to the Hertfordshire Care Standard, and were expected to meet the standards set out within this, along with any further standards and regulations outlined by the Care Quality Commission (CQC).
- 4.6 In response to a Member question regarding the recurring theme of complaints regarding care charges, it was noted that the complaints team had produced a series of information leaflets and factsheets to respond to the most commonly asked questions in order to try to reduce the number of complaints.
- 4.7 It was agreed that it would be more pertinent to refer to financial 'information' rather than 'advice' within the flow chart under point 10 of the annual report.
- 4.8 **Conclusion:**
The Annual Adult Care Services Complaints Report 2016/17 was noted by Members

Kam Bhargal

5. **FUTURE DEVELOPMENT OF CARE HOMES IN HERTFORDSHIRE**

Officer Contact: Frances Heathcote, Assistant Director, Community Commissioning (Tel 01992 556343)

- 5.1 Members were asked to consider the paper on the Future Development of Care Homes in Hertfordshire.
- 5.2 It was noted that since the publication of the paper, the Legal Services department had made a minor amend to the recommendation to add the need for the consultation to include the Executive Members for Resources, Property and the Economy and the Director of Resources and Chief Legal Officer. The amended recommendation can be found here:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/731/Committee/16/Default.aspx>
- 5.3 It was further clarified for Members that contrary to section 4.4 the published report, Richard Cox and not Pinewood was one of the homes on the five homes remaining on the rebuilding programme.

- 5.4 Frances Heathcote, Assistant Director, Community Commissioning, explained that the purpose of the report was to outline to Members the fast growing demand for nursing care accommodation provision within the county, and used the example of delayed discharges which equated to 20-25 delays per week waiting for a nursing care placement. It was also noted that in some parts of the county the Clinical Commissioning Group (CCG) were purchasing nursing beds at a higher rate than that paid by the Local Authority and this has created additional pressure with some nursing homes subsequently refusing to take placements at local authority rates.
- 5.5 Members noted that this changing market required a review of the contract agreed by Cabinet in 2005 and 2008 outlining the 15 year plan for the provision of residential care, with the recommendation to review the current rebuilding programme and open it up to a wider range of care providers. The two models of how this could be achieved were outlined within the report.
- 5.6 Members noted that this review could potentially affect five care homes within the county that are currently within the redevelopment programme and likely to need extensive development within the next few years.
- 5.7 Members also requested that officers check the figures outlined in point 5.1 of the report as they felt that there would be a higher difference in daily cost between residential and nursing care
- 5.8 In response to Member questions, it was noted that Adult Care Services were also exploring the 'extra care' model of accommodation, as part of the implementation of the 10 year Supported Accommodation Strategy and an update on this would be brought to November's panel.
- 5.9 In addition to this a paper on the workforce development strategy which would strengthen the understanding and ability to meet client need by social care and nursing care colleagues would also be presented at a future Adult Care and Health panel. Members acknowledged that there was a difficulty nationally in the recruitment of nurses.
- 5.10 Subsequent to discussion of the Part II paper, Members were asked to consider the revised recommendations as circulated at the beginning of the meeting.

R G Tindall proposed the following addition to the revised recommendation:

Frances
Heathcote

'In the consultation process, a mechanism be found to provide for oversight of the Cabinet Panel in decisions going forward'

Further to a vote, this amendment was **REJECTED** by the panel by **eight** votes to **four**.

Conclusion:

5.11 Subsequent to discussion of the Part II paper, the following recommendations were **UNANIMOUSLY** agreed by the Panel:

Panel is asked to recommend to Cabinet that Cabinet:

- a. Note and agree to a review of the existing capital funding programme for renovating and rebuilding residential care homes, and that such review to be undertaken by the Director of Adult Care Services in consultation with the Director of Resources and the Chief Legal Officer
- b. Delegates to the Director of Adult Care Services in consultation with the Executive Members for Adult Care and Health and for Resources, Property and the Economy and the Director of Resources and the Chief Legal Officer the authority to consider and implement decisions on the future options for the delivery of the programme referred to in a. above which will result in increased nursing care provision.
- c. Delegates to the Director of Adult Care Services in consultation with the Executive Members for Adult Care and Health and for Resources, Property and the Economy and the Director of Resources and the Chief Legal Officer the authority to develop and improve the nursing care capacity across Hertfordshire to meet service pressures.

6. OTHER PART I BUSINESS

There was no other Part I business.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

**CHAIRMAN'S
INITIALS**

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HERTFORDSHIRE COUNTY COUNCIL
ADULT CARE & HEALTH CABINET PANEL

WEDNESDAY 18 OCTOBER 2017 10:30 AM

Agenda Item No.

3

15 YEARS: FUTURE DIRECTION & STRATEGIC AMBITIONS FOR ADULT SOCIAL CARE IN HERTFORDSHIRE 2018-2033 - CONSULTATION

Report of the Director of Adult Care Services

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

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

1. Purpose of report

1.1 Panel is asked to note, consider and comment upon the draft consultation on the long term direction statement for Adult Social Care (“the Fifteen Year Direction”) as attached at Appendix 1 to this report.

2. Summary

2.1 The proposed ‘Fifteen Year Direction’ for Adult Social Care is set in the context of the pressures and challenges facing the delivery of adult social care nationally which regularly feature in the headlines. There is gathering public awareness of a health and social care system which is struggling to keep pace with the demands upon it. Hertfordshire is not immune to this struggle.

2.2 The Fifteen Year Direction sets an over-arching ambition for the future to meet these challenges, and guide the development and transformation of adult care services into the long term.

2.3 The overall context is of a council which is committed to fostering healthy and vibrant communities. The council’s fundamental starting point is that, in line with the Prevention agenda within the Care Act 2014, it seeks to ensure that adult social care intervention is directed, outcome focussed and only occurs when absolutely required.

- 2.4 The council is also an active partner in the [NHS' Sustainability and Transformation Planning](#) (STP) process which includes working together around preventing need, joining up health and social care and playing a key role in urgent and emergency care for people.
- 2.5 The Fifteen Year Direction sets a future course of travel for adult social care which will increasingly see the service:
- involved in supporting significantly more people than at present but with a role less focussed on direct service provision and more on the infrastructure that supports people to remain well and independent.
 - Continue the evolution towards a role of provider of information and advice, commissioner, regulator and emergency safety net than a care provider per se.
- 2.6 Following internal consideration the draft Fifteen Year Direction will provide an opportunity for dialogue with partners and providers and key stakeholder groups and help to further cement and build the common understanding of the mission of the service and the vital role of adult social care in society.

3. Recommendation

- 3.1 Panel is asked to note and comment on the draft Fifteen Year Direction for Adult Care Services.

4. Background and Context

- 4.1 Hertfordshire currently has a three year plan for Adult Care Services for the period 2015/2018, ending in March 2018:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/24/Committee/16/Default.aspx>

- 4.2 In 2016 the former Director of Adult Social Services at Sunderland visited Hertfordshire as part of a general commission by the East of England Association of Directors of Adult Social Services group to undertake an informal peer challenge exercise.

4.3 One of the suggestions made from the peer challenge was to develop a long term vision for adult social care in Hertfordshire. The purpose of creating this is an opportunity to:

- think strategically and on a long term scale about challenges and issues that are deeply complex and long term in nature
- have a conversation with stakeholders about expectations / challenges / constraints / choices and opportunities and to reach a shared view of the future
- create a vision to guide medium term plans which themselves guide operational thinking
- be pro-active and in control in the face of powerful trends / pressures.

4.4 The timing of the planning exercise is intended to be as follows:



4.5 The intention is to consult widely on this plan on the direction of travel for adult social care – rather than on the specific actions. We will create an overarching summary of the plan and develop questions on the key points it contains to collate feedback. The approach will include:

- Traditional media for an online questionnaire, promoted through our staff, the community and voluntary sector, social media, email to partners and community newsletters
- Existing forums attended by service users and carers – such as the ‘Community Conversations’ currently underway with our commissioning teams
- Targeted focus groups for a cross section of residents.

4.6 The consultation exercise will begin in November and conclude by the end of December with the results being reported to Panel and Cabinet accordingly. It will have the following objectives:

- To provide opportunities for people to influence the direction of travel and decisions in adult social care
- Raise awareness of the priorities and pressures of adult social care in Hertfordshire
- Use feedback from consultation and engagement to make adult care services even more relevant and efficient in future.

- 4.7 Consultees will include:
- Residents
 - Service users and carers
 - Community and voluntary sector
 - Elected members and staff
 - Health and statutory partners.

5 Financial Implications

- 5.1 There are no immediate financial implications in the draft Fifteen Year Plan but the general ethos of the plan is about the importance of developing an infrastructure that supports people to remain well and to re-balance provision away from intensive, dependence-inducing costlier forms of support. Any changes that are made in due course will be within the current budget or may assist in securing future savings or efficiencies.

6 Equality Implications

- 6.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equality implications of the decision that they are making.
- 6.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment produced by officers.
- 6.3 The Equality Act 2010 requires the County Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 6.4 An initial Equality Impact Assessment has been developed and is attached at Appendix 2, and will be updated as and the consultation process on the plan takes place with a view to presenting a final version along with the final version of the Fifteen Year Direction.

Background documents:

Appendix 1: 15 Years – Future Direction & Strategic Ambitions for Adult Social Care
in Hertfordshire

Appendix 2: Equalities Impact Assessment (EqIA)

Are attached as separate documents

15

YEARS:

**FUTURE DIRECTION AND
STRATEGIC AMBITIONS
FOR ADULT SOCIAL CARE
IN HERTFORDSHIRE**

2018 - 2033

**Adult Care Services
Hertfordshire County Council**



Adult Care Services Fifteen Year Direction

Foreword

Social care budgets have been under pressure for seven years. Although there are less people getting council-funded services, the people we do support have more complex needs. The cost of care has also increased in line with this complexity, together with changes in the law which set out new rights for carers and other groups.

Longer term planning is now required to ensure people's satisfaction with services is maintained whilst resources reduce. Strategies are needed to secure the right range of housing and other accommodation is available, development of the right workforce with more flexible skills and investment in the right technological solutions in line with people's expectations.

It is not possible for us to fully know how national events will influence the sector in the coming years; we do know that navigating our own services successfully through this period will demand our very best focus and attention.

This Fifteen Year Direction document sets out our ambition for the future, to guide the development and transformation of our services. We have developed it with all those who have an interest in this area, so we can work together to develop and deliver vital services united in a common understanding and vision of the role of adult social care.

As leader of the local health and wellbeing system it is our responsibility to set out a vision for the future of adult social care in our county and then to work tirelessly to make it a reality.

Adult Care Services Fifteen Year Direction

1. Introducing our Future Direction

This statement is our opportunity to set out how we will develop and support social care services in the future. It will help us plan services, provide a direction for staff and give partners and service providers a common understanding of the vision for adult social care in Hertfordshire.

[Hertfordshire County Council's Corporate Plan](#) sets out a vision for people in Hertfordshire to live healthy and fulfilling lives. The Corporate Plan recognises the role of the council in supporting all people in Hertfordshire people to live happy, purposeful and independent lives as a part of a strong community network.

We are also active partners in the [NHS Sustainability and Transformation Planning](#) (STP) process which includes working together around preventing need, joining up health and social care to manage frailty as a growing demographic trend - and playing a key role in urgent and emergency care for people. The council will also work closely with the NHS in other areas including estates, IT and data sharing between organisations and workforce strategies.

Within this framework the adult social care system also needs to meet rising expectations in society for personalised services, plan for an expanding and ageing population; and plan for medical advances which mean that children born with disabilities now increasingly survive into adulthood.

The statement sets out a **vision** and **four ambitions** to guide our ways of working. Three-year delivery plans will take forward our detailed improvement activity.

The future direction for Adult Social Care is within the overall context of a county council which is committed to fostering healthy and vibrant communities. Our fundamental starting point as a council is that we want to delay, minimise or prevent the need for adult social care altogether.

2. The vision for Adult Social Care

The whole council works to create a county where people lead healthy, purposeful, self-supporting lives, and so helps to prevent and reduce care and support needs.

People who need care and support will have the same opportunities for a good quality of life as people who do not.

We will work to help people at risk be safe - and offer services to maximise their independence and support their freedom to choose.

All care and support will be personalised to the individual and directed by them over their life. It will be based on their own strengths and their connections with family, communities and professionals.

3. The context - Changes in society

Our society is changing and evolving. In Hertfordshire this means:

- The population is growing and more of us can expect long and healthy lives; we are increasingly able to plan ahead for our future
- Younger people with disabilities and health conditions are living into adulthood and enjoying much longer life expectancies thanks to medical and care advances
- Deaths from cancer and heart disease are falling, but more of us experience chronic illnesses and long-term conditions
- The incidence of dementia and frailty in later life is soaring
- More of us are taking on caring roles for family and friends

The way we think about our health and wellbeing is developing in new ways:

- We know how to live healthy, positive and purposeful lives
- We know that some care and health needs can be reduced, avoided or prevented
- We know that people make their own decisions about their health and well being
- We know that supportive social networks and resilient communities are good for people's health and wellbeing
- We know that 'communities' can be local neighbourhoods, people with common interests and can be online communities around the world
- Our expectations are increasing about the quality of care we want
- People want to be involved and have a say in how their needs are met; they want straightforward solutions from care and health services to support them to lead their lives

Social, political, financial, economic and technical influences are shaping the adult social care world:

- It will be a challenge to meet rising demand with public funding
- People will have more money (especially home owners) which will mean more of us are responsible for the cost of our own care
- It is likely that fewer people will receive publicly funded care in the future
- Changes to welfare benefits mean that more people will work into older age and there will be less resource available to people with long-term disabilities
- Social care has become a major part of the local economy in its own right
- People with disabilities want the opportunity to take part in further education, work full or part time for the appropriate wage and volunteer in their communities
- Hertfordshire is likely to remain a high cost place to live and work
- Advances in digital technology and social media will create new possibilities for providing care and support, with people and families able to co-ordinate their care
- Social care is part of a broader, interconnected system with health, housing, planning, leisure and libraries, transportation and the private and voluntary sector.

4. Strategic Ambitions and actions

SA1: Information and advice

Communicating well and providing good information and advice to enable and support people to look after themselves and each other, getting help at the right time as their needs change.

The role of the council as a source of advice, information and signposting will become more important. Our information and advice service will fit seamlessly with our partners including the community and voluntary sector, Children's Services, Public Health and the NHS.

We will use data to help prevent needs getting worse and understand the benefit of specific services so we can target these to enable people's independence.

The focus of our information and advice will be:

- Preparing and planning for a longer life, including financial and legal planning
- Facilitating good health
- How to recover from illness and remain independent
- What to do when needing care and support and how to access services
- What to do when caring for others
- Choosing and paying for care and support

In 15 years' time our information and advice service will:

- Be delivered virtually and be accessible to everyone
- Be available on a 24/7 basis
- Be fully tailored to individuals and responsive as needs change.
- Be fully integrated with partners, allowing individuals to access their health and care records
- Give good information about preventative approaches, encouraging self-help and based on what works

Future Shot

Claire is 45 with an ageing mum who lives 200 miles away. Claire is aware that in the future her mum may need to be supported. Claire's husband has a chronic condition but is in good health now. Claire has been investing in an Enhanced Care ISA for 15 years choosing to top up beyond the standard required contribution levels.

Claire arranges a forward planning chat with her local care advice team. While she knows that she could have an on-line catch up whenever she wants, she has made an appointment for a video call with her care advisor. This will be a good opportunity for Claire to review her wellbeing projection and check out whether the Care ISA is on track.

Adult Care Services Fifteen Year Direction

Claire's mum joins the call for the first half an hour as she and her mum have been discussing how they can put a care plan together to store it until needed. It's been really easy to pull the plan together but they want the care advisor to cast her eye over it to see if there are any opportunities they've missed.

Actions for the three year delivery plan:

- Review our information and advice strategy
- Implement a new Assistive Technology Strategy
- Link with the Hertfordshire County Council digital agenda and the new Hertfordshire County Council website
- Develop our 'HertsHelp' offer in Hertfordshire
- Target information at specific groups such as carers
- Build a library of useful apps that we will promote
- Increasingly connect our social care information systems with colleagues in health
- Enable people to access their social care records on line
- Equip all our staff to guide and sign post
- Build on the work to connect staff into communities
- Identify named social workers to support individuals

SA2: Community first

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

Family, friends and community will in most cases provide enough support for people to live fulfilling lives. The role of the council will increasingly be about helping people connect to sources of support in their own personal networks and local communities.

The focus of our services will be:

- Developing support services for people in caring roles
- Influencing the design of housing, neighbourhoods and environments so that they work better for those with care and support needs
- Understanding our communities and what they can offer; supporting communities to build capacity and resilience, fostering new approaches and building networks
- Connecting people with local opportunities and resources

Adult Care Services Fifteen Year Direction

In 15 years' time our family, personal network and community support offer will:

- Place carers at the heart of our approach, recognising and rewarding their contribution, giving them the skills they need to perform their role and at the same time maintain their own health and wellbeing
- Connect the individual to resources and opportunities tailored to prevent need arising or increasing, enabling recovery and independence
- Be accessible in locations throughout Hertfordshire both rural and urban as well as online, potentially as part of a wider offer with partners and providing focal points for inter-generational connections and community projects to flourish.

Future Shots

Sophie is 20 years old and is combining a university course with being a carer for her disabled father. She is really well supported by her local carer network both online and whenever she needs a face to face chat – she finds this is keeping her going because juggling these demands can be tricky.

She's been really pleased with the recent Technology Refresh that the Hertfordshire Equipment Service did for her dad; they've upgraded his tech to the latest version and she's able to check in with him whenever she feels like it; it's taken a little bit of pressure off. Recently the carers network said Sophie might want to do the advanced Carers Certificate but Sophie wants to wait until she's finished her degree; doing the basic Certificate was really useful and entitled her to the Carers Minimum Allowance which has helped with the household budget

Simon is 70 and was bereaved a year ago. He knows that whenever he likes he is welcome to help out at the local 'Social Shop'. He's been dropping in a lot recently and has just started to volunteer to befriend older people after having been approached by another volunteer. It's been a difficult year but Simon is feeling that the befriending is really helpful in making new friends.

Actions for the three year delivery plan:

- Embed 'Community First' thinking into practice; and ensure a common understanding and approach
- Develop a new Carers' Strategy
- Establish, deliver and evaluate a pilot project on using predictive data
- Ask people how they'd like to spend their leisure time and review our day opportunities and transport offer accordingly
- Do more to get people into education, employment or volunteering to broaden their own connections and independence

Adult Care Services Fifteen Year Direction

- Develop our strategy for community hubs, making the best use of property and assets

SA3: Valuing Independence

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

We will help keep people healthy and active, recover quickly after illness and prevent future need. For those with life-long care and support needs we will help them to be independent and have the same choices and life experiences that those without care and support needs live through. We see having access to technology and housing and the design of the built environment as critical to independent living.

The focus of our services will be:

- Smooth and seamless recovery services for people who have ill-health, particularly where they have to go into hospital
- Supporting people to organise their own joined-up health and care plans
- Being at the forefront of advances in technology including digital technology, virtual and assisted reality and voice technology. Using assistive technology creatively to maintain people independently in their home and prevent escalation of need
- Working with those at risk of poor health and intervening to prevent this by using data to spot problems early
- Lobbying for, supporting and commissioning housing that is tailored to individuals who want to remain independent for younger and older people
- Developing specialist housing to aid independent living and fulfilling lifestyles, for example extra care housing
- Working with young people to support a positive transition into independent and purposeful adult life
- Working with people to ensure they have meaningful opportunities to earn a living and play a full part in society
- Ensuring those who provide social care services share a commitment to enablement and independence and work in ways which promote this

In 15 years our 'valuing independence' offer will:

- Be fully joined up with health services to tailor support that will support people to get well and prevent readmission to hospital
- Plan for long term housing and employment solutions and understand when people will need to access these.

Future Shots

Lucas is a young adult with autism and up to now has been supported by his family at home. He knows his social care advisor, Lisa, really well and they've been working together to plan how Lucas can live independently in the community. This has been the plan since Lucas was a young teenager so there has been plenty of time to work on the skills that Lucas will need.

Lisa has found it really easy to support Lucas to identify a place to live thanks to the helpful Housing Care and Support Officer at the local district council who links with adult social care to arrange housing. This has meant that Lucas has been able to consider several housing options, and Lucas has chosen a shared ownership option.

The house is adapted to the latest standard for Assistive Technology with voice and video links to Lucas's family so that Lucas can alert them if he wants their help. Lisa has arranged for a regular visit from Lucas's Independence Mentor and generally everyone is sure that Lucas can make a success of things.

Jon lives alone and was recently discharged from hospital after an operation. The 'Welcome Home' team visited Jon in hospital to plan with him the care he would need to help him get back on his feet again and back to managing for himself. The Team discussed with Jon the sort of apps that were available so that his daughter could monitor that he was ok although she is based in Devon. The team also arranged for Jon to link into a group chat friends forum that meets online and organises a lot of social events in the neighbourhood. Jon has made a good recovery, and feels more involved with things locally. He and his daughter have decided to continue with the app monitoring for added peace of mind.

Actions for the three year delivery plan:

- A new approach to agreeing with people what their care and support needs are, based on what their strengths are, what friends and family can help with and what is available in the community
- Define our approach to ensure people are discharged from hospital at the right time, delivering required business process improvements with NHS colleagues
- Build on new interventions which alleviate pressures in hospitals for example 'Discharge to Assess' and aligning care worker teams with the NHS
- Put in place a new Occupational Therapy strategy to promote independence
- Develop a new employment and skills strategy for adults over 25, exploring what our communities, private sector businesses and charitable organisations can offer
- Work with Children's Service to create an education, employment and skills strategy for older children transitioning into adult services, linking with groups

Adult Care Services Fifteen Year Direction

such as the Local Enterprise Partnership, Hertfordshire Adult and Family Learning Services and Further Education Colleges

- Develop an increased range of services for people with Autism and Asperger's
- Build better relationships with District Councils and the housing sector. Develop accommodation plans for each district
- Build links with people that plan and design housing and transport to influence how to make things better for everybody
- Establish a joint Home Improvement Agency with district council partners
- Take forward a strategy aimed at modernising assistive technology
- Work to establish extra care accommodation in the county
- Review our approach to supporting people with care and support needs to access employment.

SA4: Caring Well

Developing services that are personalised, good quality, address people's wellbeing and keep them safe and resilient. Services will be joined-up around an individual's needs and those of their carers. Personal budgets are central to this approach.

Care services must be services that all of us would be happy to use ourselves. They must be high quality and put the individual at the centre. They should offer value, choice and control and help people to be safe and make them feel valued and respected.

The focus of our services will be:

- Respecting the choices and wishes of the individual. Helping people to be safe and take risks if they want to
- Enabling self-help and self-care for people to manage long-term conditions
- Offering flexibility and choice to arrange care at people's convenience
- Supporting a vibrant and resilient local market for care and building the profile of the sector as one which offers attractive career options

Future Shot

Sam has advanced multiple sclerosis and uses care and support to help him live his life well at home with his family. He plans his care and support arrangements using an IT system that connects to his care record and allows him to choose from a range of carers that he knows and trusts. He can organise care where and when he wants it and pays with a flexible budget.

In 15 years' time our 'Caring Well' offer will:

- Be directed by the individual
- Be mainly home based rather than delivered in residential settings

Adult Care Services Fifteen Year Direction

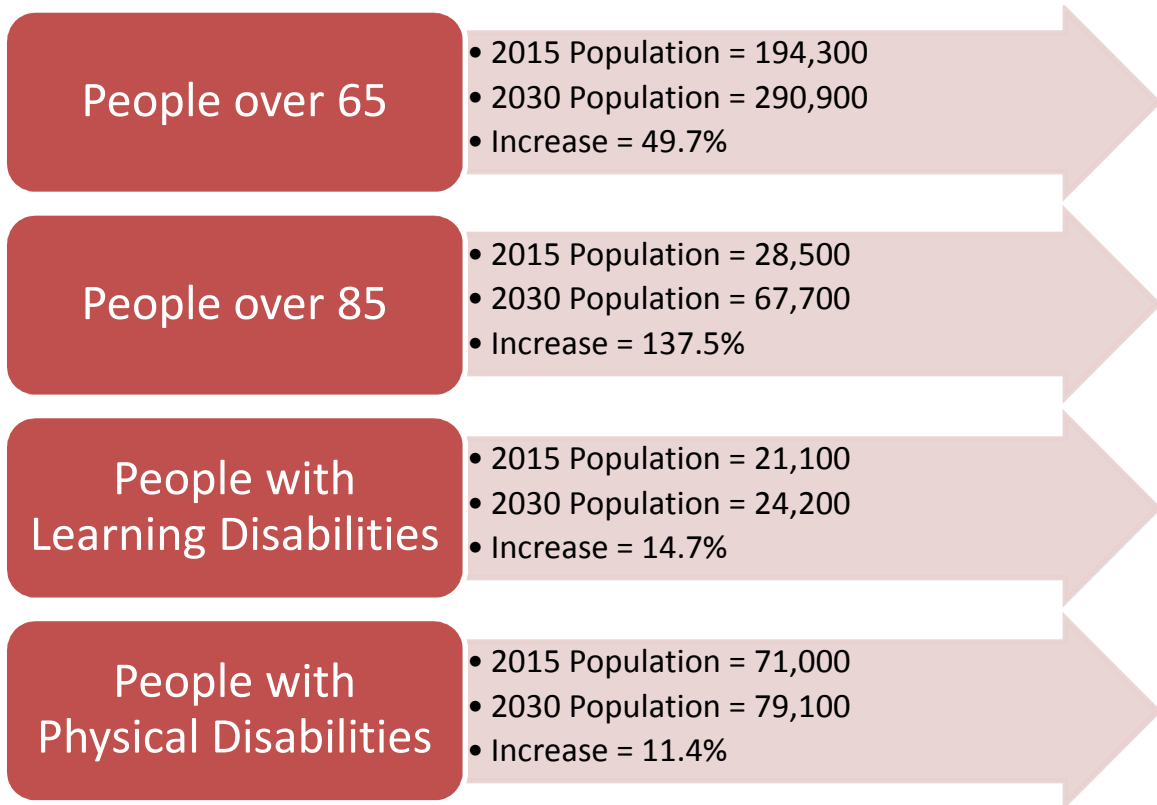
- Be driven by a care plan which the individual has organised themselves or been fully consulted upon
- Make available a range of technologies and support that the individual can purchase and organise themselves, easily and quickly dealing directly with providers rather than through the council
- Be delivered by staff who are committed to the wellbeing and safety of the individuals they serve

Actions for the three year delivery plan:

- Roll out new practice principles which support delivery of these approaches
- Consolidate and drive forward our new younger people's disability service
- Work to ensure our safeguarding work is consistently delivered in line with best practice
- Review our strategy for how individuals use our IT systems to manage and organise their care and build the investment case
- Plan for the future approach to provision of the council's in house services
- Review our strategy for day opportunities
- Review our services for people with complex needs and increase provision
- Develop the council's strategy when required to act as a provider as a last resort
- Create integrated personal care services for those with chronic and complex needs alongside the NHS.

Adult Care Services Fifteen Year Direction

Population projections for Hertfordshire in 2030 by major care group



Appendix 2

15 YEARS: FUTURE DIRECTION & STRATEGIC AMBITIONS FOR ADULT SOCIAL CARE IN HERTFORDSHIRE 2018-2033 - CONSULTATION

Equality Impact Assessment for Adult Care Services

Assessment undertaken by Helen Maneuf, Assistant Director Integrated Planning & Resources
Date: September 2017

Summary

This report sets out the approach taken to consider the overarching equality impacts of Adult Care Services' proposed Fifteen Year Future Direction. The plan is currently being proposed as a draft document for consultation.

Many of the proposals are therefore in the early stages and will therefore need further equality analysis. Each three year section of the Fifteen Year statement will be translated into a delivery plan, each of which will attract its own Equality Impact Assessments. Therefore the process is an evolving one, with assessments regularly reviewed and updated.

This overarching statement focuses on considering potential cumulative impacts to assess equality of opportunity, issues and gaps, and will be updated following consultation on the draft statement in order to accompany the final Fifteen Year Future Direction document.

1. Equality approach

- Equality Impact Assessments (EIQAs) are required to be presented with each major policy proposal to help decision makers consider the impact that would be felt by the community if a service change was implemented. Available data from national and local sources is used to inform decision-making – in particular community profile and staff diversity data.
- The appropriate consultation, monitoring and review process for each project/proposal will be planned or has been carried out with stakeholders, staff, partners and the public where appropriate. This information has been/will be used to feed into the equality analysis, and feedback from service users, carers, communities, professionals and partners helps us shape and develop proposals.
- The Public Sector Equality Duty requires the County Council to foster good relations and promote equality of opportunity between those with a protected characteristic and others. This work is implicit in all of our services.

The table in section 3 below summarises the equality impact analysis of the four main strategic ambitions set out in the draft Fifteen Year Direction statement.

2. Background

The proposed 'Fifteen Year Direction' for adult social care is set in the context of the pressures and challenges facing the delivery of adult social care nationally which regularly feature in the headlines. There is gathering public awareness of a health and social care system which is struggling to keep pace with the demands upon it.

The Fifteen Year Direction sets an over-arching ambition for the future to meet these challenges, and guide the development and transformation of adult care services into the

long term.

The overall context is of a county council which is committed to fostering healthy and vibrant communities. The council's fundamental starting point is that it wishes to create delay, minimise or prevent the need for adult social care altogether.

The Fifteen Year Direction sets a future course of travel for adult social care which will increasingly see the service:

- involved (even at one remove) in supporting significantly more people than at present but with a role less focused on direct service provision and more on the infrastructure that supports people to remain well and independent.
- Continue the evolution towards a role of provider of information and advice, commissioner, regulator and emergency safety net than a care provider per se.

3. Key equality impacts identified

<p>Strategic Ambition: Information and Advice Communicating well and providing good information and advice to enable and support people to look after themselves and each other, getting help at the right time as their needs change</p> <p>A direction of travel which will increasingly see the role of the council as a source of advice, information and signposting will become more important. Our information and advice service will fit seamlessly with our partners including the community and voluntary sector, Children’s Services, Public Health and the NHS.</p> <p>We will use data to help prevent needs getting worse and understand the benefit of specific services so we can target these to enable people’s independence.</p>	
<p>Protected Characteristic groups potentially affected: age, disability</p>	
<p>Negative Impacts</p> <ul style="list-style-type: none"> - Older people and those with disability may find it difficult to engage with information and advice delivered in particular formats, e.g. on line 	<p>Positive Impacts</p> <ul style="list-style-type: none"> - Improving the information and advice offer so that it is easily accessible - Ensuring that the needs of those with protected characteristics are met
<p>Mitigation – the following mitigating actions taken or planned are aimed at minimising any negative impact:</p> <ul style="list-style-type: none"> - Appropriate engagement and consultation will ensure the views and requirements of service users, carers and groups that represent them are considered - Monitoring of impacts on vulnerable groups - All information and guidance will be provided in an accessible format where appropriate 	
<p>Strategic Ambition: Community First Recognising that we depend on each other and we need to build supportive relationships and strong and resilient communities</p> <p>A direction of travel which will increasingly see family, friends and community in most cases providing enough support for people to live fulfilling lives. The role of the council will increasingly be about helping people connect to sources of support in their own personal networks and local communities.</p>	
<p>Protected Characteristic groups potentially affected: age, disability, carers</p>	
<p>Negative Impacts None identified</p>	<p>Positive Impacts</p> <ul style="list-style-type: none"> - Developing support services for people in caring roles - Influencing the design of housing, neighbourhoods and environments

	to better suit those with care and support needs
<p>Mitigation – the following mitigating actions taken or planned are aimed at minimising any negative impact:</p> <ul style="list-style-type: none"> - N/A 	
<p>Strategic Ambition: Valuing Independence</p> <p>Services that prevent future need, help people get back on track after illness and support disabled people to be independent, living purposeful lives with all of the freedoms and opportunities offered by society.</p> <p>A direction of travel in which we will increasingly help keep people healthy and active, recover quickly after illness and prevent future need. For those with life-long care and support needs we will help them to be independent and have the same choices and life experiences that those without care and support needs live through. We see having access to technology and housing and the design of the built environment as critical to independent living.</p>	
<p>Protected Characteristic groups potentially affected: age, disability, carers</p>	
<p>Negative Impacts</p> <ul style="list-style-type: none"> - There is the potential for a negative impact on carers if discharges to assess are not supported by sufficient reablement capacity to ensure there is not an increased responsibility on carers - If there is extra responsibility on carers which they are unable to cope with, this may have a differential negative impact on older people and disabled people as their needs may not be met in a timely way and in an environment (at home) where emergency support may not be available. 	<p>Positive Impacts</p> <ul style="list-style-type: none"> - Short-term care and reablement in people’s homes or using ‘step-down beds should reduce delayed discharges and improve patient flow - This will have a positive impact in terms of carers, disability and age
<p>Mitigation – the following mitigating actions taken or planned are aimed at minimising any negative impact:</p> <ul style="list-style-type: none"> – Carers in the home will be fully supported to ensure they feel able to cope – they will continue to be offered an assessment of their own needs and a contingency plan – Against a background of changing demography we need to be even more aware of the diverse needs of communities and how we can support them. Through robust needs analysis and contract management, services will ensure that any barriers are broken down enabling the needs of service users to be met and hard to reach groups to access the service. Staff/volunteers will be trained in awareness of different cultural needs and the service will have access to interpretation support as required – Appropriate engagement and consultation will ensure the views of service users, carers and groups that represent them are considered. – Coordination with other partners and agencies to ensure vulnerable people are supported and to ensure there reablement resource is resilient and flexible – Continual monitoring to ensure positive benefits are being realised, including monitoring to ensure culturally appropriate care continues to 	

be provided and that individuals who do not have high levels of proficiency in English will be supported

Strategic Ambition: Caring Well

Developing services that are personalised, good quality, address people’s wellbeing and keep them safe and resilient. Services will be joined-up around an individual’s needs and those of their carers. Personal budgets are central to this approach.

A direction of travel in which care services continue to be services that all of us would be happy to use ourselves. They must be high quality and put the individual at the centre. They should offer value, choice and control and help people to be safe and make them feel valued and respected.

Protected Characteristic groups potentially affected: age, disability, carers

Negative Impacts

-

Positive Impacts

- This will have a positive impact in terms of carers, disability and age

Mitigation – the following mitigating actions taken or planned are aimed at minimising any negative impact:

- Carers in the home will be fully supported to ensure they feel able to cope – they will continue to be offered an assessment of their own needs and a contingency plan
- Against a background of changing demography we need to be even more aware of the diverse needs of communities and how we can support them. Through robust needs analysis and contract management, services will ensure that any barriers are broken down enabling the needs of service users to be met and hard to reach groups to access the service. Staff/volunteers will be trained in awareness of different cultural needs and the service will have access to interpretation support as required
- Appropriate engagement and consultation will ensure the views of service users, carers and groups that represent them are considered.
- Coordination with other partners and agencies to ensure vulnerable people are supported
- Continual monitoring to ensure positive benefits are being realised, including monitoring to ensure culturally appropriate care continues to be provided and that individuals who do not have high levels of proficiency in English will be supported
- Continue engagement, training and monitoring of social workers and support staff on prescribing, proposing and agreeing packages of care
- Considering homecare only as part of the standard approach to assessments which begins with consideration of how personal strengths / family and carer / community based approaches can help before thinking about more formalised care. The requirements set out in the Hertfordshire Care Standard, which our Lead Providers for homecare are required to meet, will support this.

-

4. Opportunities to foster good relations and advance equality of opportunity between people who share a protected characteristic and those who don't.

The Public Sector Equality Duty requires the local authority to foster good relations and promote equality of opportunity between individuals with a protected characteristic and others. This work is implicit in all of our services. However, specific opportunities have been identified and summarised below:

Greater integration of council, health and community services.	Offers enhanced and new opportunities to service users and carers, particularly around preventing, delaying and reducing the need for formal and ongoing care services, by developing a personalised approach across service delivery boundaries.
Supporting service providers and the community and voluntary sector to build capacity, including to support the delivery of preventative services and carers support	Opportunities continue to be presented for service providers to enhance choice and control for service users and carers, including through encouraging organisations and networks to strengthen links within local communities, across partnerships and broaden participation by volunteers.
Support to staff	Learning and development opportunities embed equalities issues and approaches. Staff are aware of all specific 'staff support groups' including for people with protected characteristics.

5. Conclusion of analysis

Overall, the main protected characteristics groups that are likely to be differentially impacted by the proposals are age, disability and carers. Whilst 'carers' is not a "protected characteristic" in the Equality Act 2010, HCC shows its commitment to carers by considering them in the same way it does other groups when carrying out equality impact assessments.

The proposed Fifteen Year Direction foresees mainly positive impacts across these groups, addressing known issues and challenges facing service users and communities (both locally and nationally) and achieving improved outcomes.

Where negative impacts have been identified, reasonable mitigations have been proposed to address them. Arrangements are also in place to monitor delivery of these proposals and ensure that the potential positive impacts are translated into real benefits and improved outcomes for service users and carers.

We do not consider that these proposals will have a differential impact on people due to the following protected characteristics:

- Gender reassignment
- Pregnancy and maternity
- Sexual orientation
- Marriage & Civil Partnership

The position will be monitored and reviewed if further data or information becomes available.

HERTFORDSHIRE COUNTY COUNCIL

**ADULT CARE & HEALTH CABINET PANEL
WEDNESDAY 18 OCTOBER 2017 10:30 AM**

Agenda Item No.

4

HERTFORDSHIRE'S SAFEGUARDING ADULTS BOARD (HSAB) ANNUAL REPORT

Report of the (Chief Officer)

Author:- Liz Hanlon, Independent Chair of HSAB, Caroline Aitken, Safeguarding Boards Manager and Loraine Waterworth HSAB Business Manager (Tel: 01992 556988)

Executive Member:- Colette Wyatt-Lowe, Adult Care & Health

1. Purpose of report

1.1 The purpose of this report is to provide the members of the Cabinet Panel with an update on the work of the Hertfordshire Safeguarding Adults Board (HSAB) during the period of April 2016 to March 2017.

2. Summary

2.1 The HSAB Annual Report details the work completed by the HSAB and its subgroups during the financial year of 2016-17. The Annual Report also details safeguarding activities and trends across the partnership and achievements of individual partner organisations.

3. Background

3.1 The overarching purpose of a Safeguarding Adult Board is to help and safeguard adults with care and support needs. It does this by:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- assuring itself that safeguarding practice is person-centred and outcome-focused;
- working collaboratively to prevent abuse and neglect where possible;
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

3.2 The Safeguarding Adult Board must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. This will require the Safeguarding Adult Board to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal'. It should also concern itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- the safety of people who use services in local health settings, including mental health;
- the safety of adults with care and support needs living in social housing;
- effective interventions with adults who self-neglect, for whatever reason;
- the quality of local care and support services;
- the effectiveness of prisons in safeguarding offenders;
- making connections between adult safeguarding and domestic abuse.

3.3 Safeguarding Adults Boards have three core duties. They must:

1. Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute.
2. Publish an annual report detailing how effective their work has been.
3. Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

4. Recommendation/s

- 4.1 That the Cabinet Panel discuss and note the HSAB Annual Report, and take it into account in future discussions on safeguarding adults in Hertfordshire.
- 4.2 The HSAB welcome any feedback that could inform business planning or the content of next year's Annual Report.

5. Financial Implications

- 5.1 There are no direct financial implications associated with this report.

6. Equality Implications

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

- 6.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 6.4 The Annual Report will be made available in alternative formats on request (such as in large print, Braille, audio formats) and in languages other than English – to ensure that it is fully accessible.
- 6.5 Comments on the content or format of the Report are welcome to inform the development of future reports, and to ensure the reports are relevant, informative and accessible.
- 6.6 The Annual Report provides an overview of work carried out by the multi-agency Hertfordshire Safeguarding Adults Board (HSAB), its sub groups, task and finish groups and partners to help and safeguard adults with care and support needs, many of whom will have “protected characteristics” under the Equality Act 2010. Equality implications will be rigorously considered throughout and embedded within the work of HSAB, and individual Equality Impact Assessments will be carried out (where relevant) on HSAB projects and workstreams.

Background Documents:

Making Safeguarding Personal:

<https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal>

Appendix 1 – HSAB Annual Report 2016/17 is attached as a separate document.

APPENDIX 1



Hertfordshire Safeguarding Adults Board

Annual Report 2016-2017

Hertfordshire
Safeguarding Adults Board

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Foreword from the Executive Member

Thank you for taking the time to read the Hertfordshire Safeguarding Adults Board's annual report for 2016-2017. As Executive member for Health and Community Services I am once again delighted to have contributed a further year to the work of the Board as the strategic link between the agencies represented on the Board and the elected members of Hertfordshire County Council. Last year I reported that we had appointed an Independent Chair; Liz Hanlon, and a head of adult safeguarding; Keith Dodd. This is their second respective years of being in post and both have been extremely busy over the last year, and, I believe taken us to a position of real strength as a board.

As a partnership we have accomplished many things over the last year, including two multi- agency planning days to look at our business plans and priorities, and held another very successful annual safeguarding adults conference.

Two of our focuses over the last year have been on self neglect and hoarding, both very difficult areas to address. A pilot area was chosen to look specifically at hoarding; this has been so successful that we are now rolling this work out across the other districts and boroughs.

Our business plans for the coming year are, once again very challenging, however I have every confidence that we will continue to make the lives of the people of Hertfordshire a happy and health one without fear of abuse, neglect or harm.

I have been very pleased to see another hugely successful year for both the partnership and the county council; however, as I say every year we know we must never become complacent, we continue to strive for excellence in order to meet the challenges we face in the coming years. We will continue to work hard in partnership to meet the challenges we face and to improve the outcomes of our most vulnerable citizens.

Colette Wyatt-Lowe

Executive Member for Health and Community Services

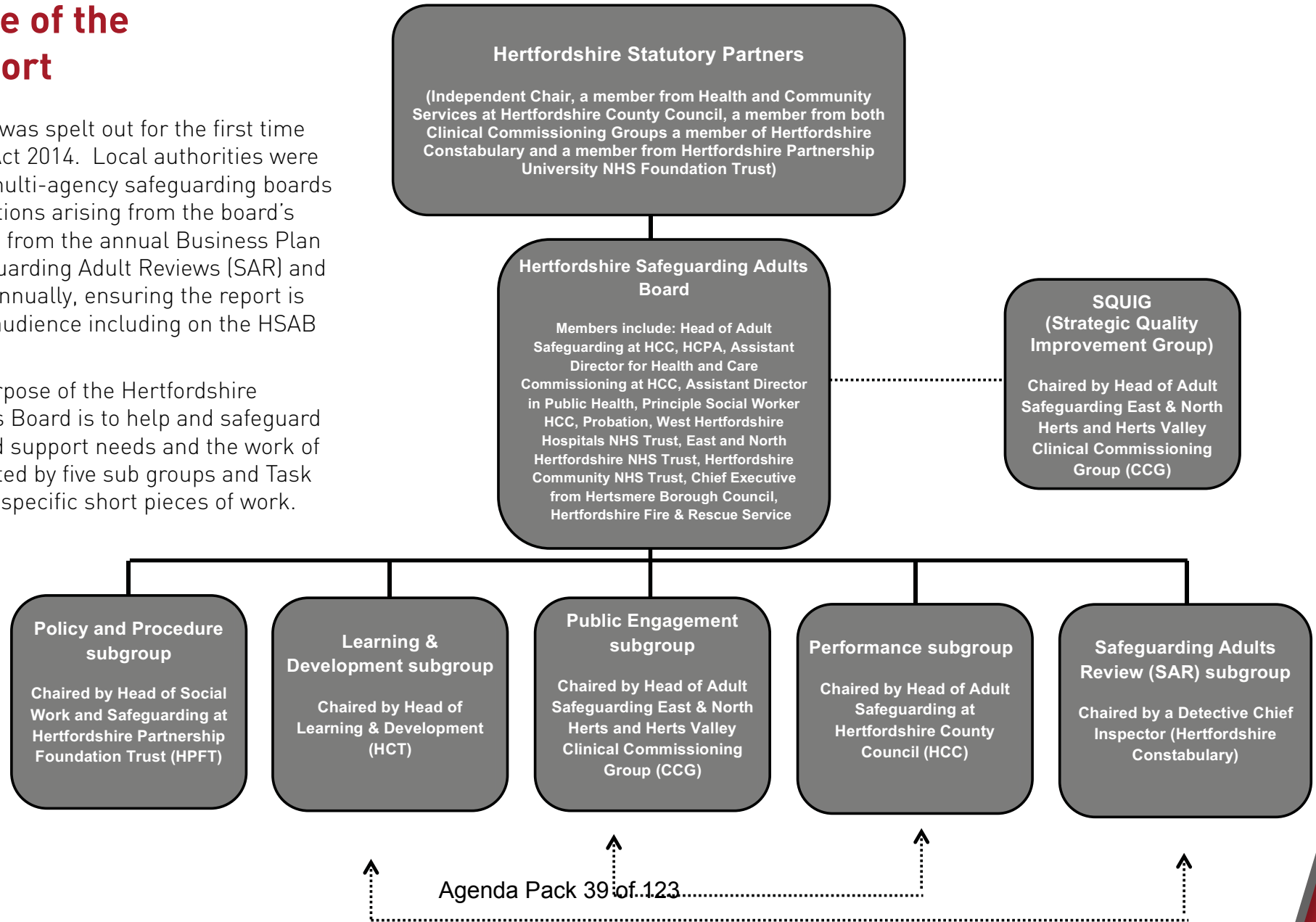


The Purpose of the Annual Report

The Purpose of the Annual Report

Adult Safeguarding was spelt out for the first time in law, in the Care Act 2014. Local authorities were required to set up multi-agency safeguarding boards to undertake the actions arising from the board's strategic objectives, from the annual Business Plan and from any Safeguarding Adult Reviews (SAR) and to report on these annually, ensuring the report is available to a wide audience including on the HSAB Web Site.

The overarching purpose of the Hertfordshire Safeguarding Adults Board is to help and safeguard adults with care and support needs and the work of the board is supported by five sub groups and Task & Finish groups for specific short pieces of work.





The Purpose of the Annual Report

This is the third annual report of the HSAB since the Care Act 2014 and in this report we will consider how the HSAB is:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- assuring itself that safeguarding practice is person-centred and outcome-focused;
- working collaboratively to prevent abuse and neglect where possible;
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in Hertfordshire.

The work of the Board and Sub Groups is underpinned by the six safeguarding principles:

- **Empowerment:** people being supported and encouraged to make their own decisions and give informed consent;
- **Prevention:** it is better to take action before harm occurs;
- **Proportionality:** the least intrusive response appropriate to the risk presented;
- **Protection:** support and representation for those in greatest need;
- **Partnership:** local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse;
- **Accountability and transparency** in safeguarding practice.

Our Business Plan outlines how HSAB will seek to prevent abuse and neglect and how it will help and protect adults at risk. It covers the actions required by HSAB and each of its partner agencies to implement our strategies and will also inform the local community and all interested groups about the work of HSAB. The Business plan is a proposal to support our vision for safeguarding adults in Hertfordshire.

Both our three year Business Plan for 2017-2020 and previous Annual Reports can be found [here](#).

The HSAB vision is that all adults at risk live, work, cared for and supported in an environment free from abuse, harassment, violence or aggression. HSAB's mission is to work in partnership to ensure that Hertfordshire is a safe place to work and live for all adults at risk and to assure that people who have care & support needs are empowered to speak out and make informed choices, are kept safe from abuse or neglect and that where abuse has taken place, agencies act together, swiftly and competently.

As always, we welcome any comments on the content or format of this report to inform the development of future reports to ensure they are relevant, informative and accessible to the citizens of Hertfordshire as well as the agencies/constituencies directly involved in the day-to-day work of supporting those adults who experience or are at risk of experiencing abuse or neglect.

If you would like this document in large print, Braille, audio formats or require it in languages other than English please contact the Safeguarding Business Unit on **01992 588757**.

NB Do not use this number for safeguarding concerns – the contact number is **0300 123 4042**.

You can keep up to date with HSAB by following us on Twitter [@HertsSab](#)

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HSAB Annual Safeguarding Conference 2016

The 2016 conference covered the then new categories of abuse:

Female GM
Modern Slavery
Self Neglect

Workshops included:

DOLS/MCA
MSP
PREVENT
Human Trafficking/Modern Slavery
Forced Marriage and Domestic Abuse

Over 100 delegates from across the statutory sectors attended the HSAB 2016 annual safeguarding conference. Feedback was overall very positive, although these were challenging subjects to address. Many of the delegates wanted to know more about the HSAB and its members and as a result the first HSAB newsletter was launched in March 2016.

Delegates also wanted opportunities to network with other professionals and a series of networking forums were organised which included the relaunch of the new SAFA policy. At this forum the ambulance service gave a dynamic presentation about their roles, the demographics covered and how they make safeguarding referrals. More forums are being organised for 2017/18.

Q : What is HSAB, who are its members and how can we find out more?

A : First Quarterly newsletter launched

Q : Can HSAB organize networking events?

A : Practitioner forums organised

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Independent Chair's Report



It is my pleasure to introduce the 2016/17 Safeguarding Adults Annual Report on behalf of Hertfordshire Safeguarding Adults Board. I hope that you find it an interesting and useful document. It provides evidence on progress against the board's business plan as well as our response to the complex and ever changing safeguarding agenda. The board has developed significantly throughout the last year and I feel has gone from strength to strength. As a board we have identified our priorities for the year and I will go into a bit more detail below regarding our recent achievements.

Working with the Public

A key priority for the HSAB for 2016/17 was Making Safeguarding Personnel and to work with carers and service users to benchmark where the organisations really are on this and to look at ways to improving the service that we, as professionals, give to our service users. A Quality Monitoring Practitioner was appointed by the board with the remit of interviewing carers and services users who had been supported through safeguarding. The feedback has been very positive and during this next financial year the focus will be on embedding the outcomes from the surveys into practice.

The first Service User Workshop was held in March 2017 which was well attended with some lively debate. The next steps for this group are still being shaped and some of the service users went on to attend this year's conference. I would particularly like to thank those service users and their carers who attended the day's event.

Self-Neglect & Hoarding

The Hertfordshire wide Hoarding protocol has been launched across the 10 districts and is currently being embedded into working practices.

The Hoarding policy is a live document and in the process of being further amended following Care Act revision.

Self-neglect is a difficult and challenging issue to address for service users, carers, front line workers and significant others, including the community. The board have recently commissioned a multi-agency self-neglect audit. The audit involved the scrutiny of cases and also face to face interviews and workshops with practitioners. A great deal of learning has come out of the review which will be embedded into the board's business plan.

Self-Assessments

This is the first year that the Board has introduced self-assessments, surrounding safeguarding, for all agencies. Each agency has completed their own self assessment which have then been scrutinised through interviews and presentations. These self-assessments have then led to individual learnings and developments within those agencies. Action plans have been developed and are being monitored by the Board.

The joint HSAB/HSCB Business unit

Both the Adult's and Children's Safeguarding boards are very pleased to now have a fully

integrated Business unit. The unit will support the Board and their sub groups and will be taking forward the priorities throughout the next year. The Business Unit and staff from partner agencies attended a Self-Neglect Masterclass. Outcomes from this and input from professional experts is being fed into a new Best Practice Around Managing High Risk focus Group. The group is looking at developing practice guidance surrounding Making Safeguarding Personnel and individual decision making.

Safeguarding Adult Reviews

Two SAR's were completed last year and those findings are being reported on within this report. Throughout the last year we have received four SAR referrals from a range of agencies. One of those referrals fitted the criteria for a SAR. This review has just started and a manager and practitioner learning event is being set up to identify and take forward recommendations that emerge from the review.

I would like to thank all Board members for their help, support and enthusiasm throughout the last year and I look forward to working with them throughout the next year.

Elizabeth Hanlon
Independent Chair March 2015 – Present



Board meeting attendance for April 2016 – March 2017

Agency	Representative	May-16	July-16	Sep-16	Nov-16	Feb-17	Mar-17
-	Independent Chair	Y	Y	Y	Y	Y	Y
HCC	Operations Director	Y	Y	Y	Y	Y	Y
East & North Herts CCG	Director of Nursing and Quality	Y	Y	Y	Y		
Herts Valley CCG	Director of Nursing and Quality	Y	Dep	Y	Y	Y	Y
Hertfordshire Constabulary	Assistant Chief Constable	Dep	N	Dep	Dep	N	Dep
HPFT	Executive Director of Quality & Safety, Director for Infection Prevention and Control	Y	Dep	Dep	Dep	Dep	Y
HPFT	Head of Social Work & Safeguarding	Y	Y	Y	Dep	Y	Y
HCPA	CEO	N	N	N	N	N	N
HCC	Assistant Director, Commissioning	N	N	N	Y	N	N
Hertsmere Borough Council	CEO	Y	Y	Y	Dep	Dep	Y
National Probation Service	Head of Hertfordshire LDU	Y	Dep	Dep	Dep	N	Dep
Public Health	Assistant Director	Y	Y	Y	Dep	Y	N
Community Protection	Assistant Director	Y	N	Y	Y	Y	N
West Hertfordshire Hospital Trust	Chief Nurse & Director of Infection/Prevention Control	Dep	Y	N	Y	Dep	Y
East & North Herts NHS Trust	Director of Nursing & Patient Experience	Dep	N	N	Dep	Dep	Dep
HCT	Deputy Director, Quality Governance, Deputy Chief Nurse	Dep	Dep	Y	Dep	Y	Dep
Children's Services	Head of Child Protection	Y	Y	Y	Y		
Children's Services	Independent Review Service Manager					Y	Y
HCC	Head of Adult Safeguarding; Sub group Chair	Y	N	Y	Y	Y	Y
HCT	Head of Learning & Development; Sub group Chair	Dep	Dep	Y	Dep	Y	Y
Hertfordshire Constabulary	Detective Chief Inspector; Sub group Chair	Y	N	Y	Y	Y	N
East & North Herts & Herts Valley CCGs	Head of Adult Safeguarding; Sub group Chair	Y	Y	Y	Y	Y	Y
HCC	Principal Social Worker		Y	Y	N	N	Y



Concerns- 4403 Adults



- Hertfordshire reported **4403** safeguarding concerns in 2016-17. This equates to a rate of **488** concerns per 100k population and is a significant (**67%**) increase from the **2633 (292 rate per 100k)** concerns reported in 2015-16. (**Note - increase can be attributed to improved recording on ACSIS and the change in criteria for eligibility post care act*)

S42 Enquiries-1991 Adults.



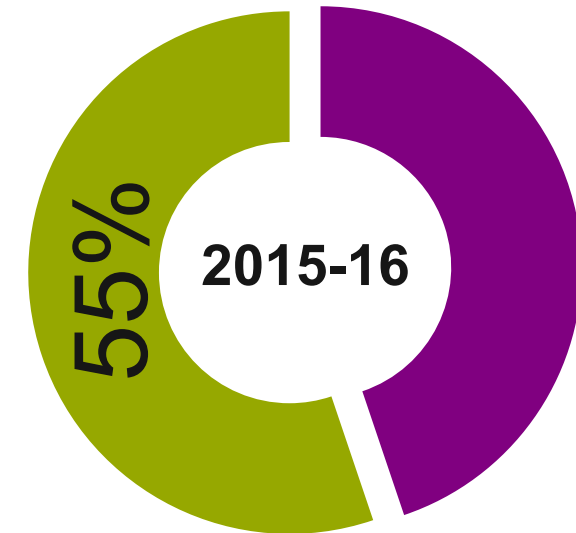
1991 of the reported safeguarding concerns progressed to a section 42 Enquiry. This equates to a rate of **221** S42 enquiries per 100k population and represents a **37% increase** from the 1453 (161 rate per 100k) S42 enquiries reported in 2015-16. (**note Hertfordshire also report "Other" enquiries (336) but these are not included by NHS digital for benchmarking*)



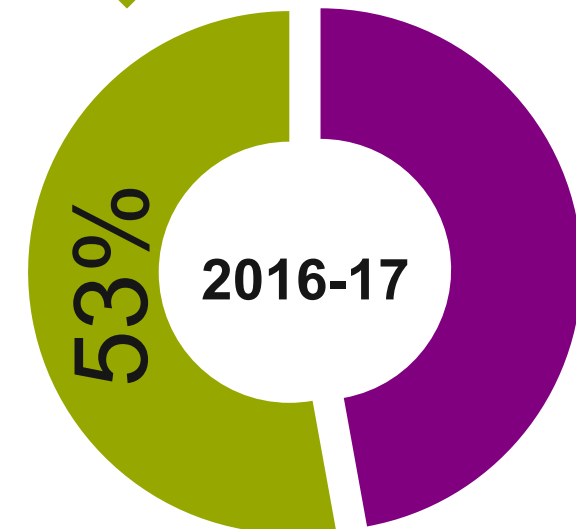
Concerns Progressing to Enquiry (S42 & Other)

53% of Concerns reported in 2016-17 were converted to a section 42 Enquiry this is compared to 55% in 2015-16. Although volumes have increased significantly throughout the year conversion rate has remained consistent Throughout 2016-17.

PLEASE NOTE- This conversion rate includes concerns progressing to both "Section 42" and "Other" Enquiries



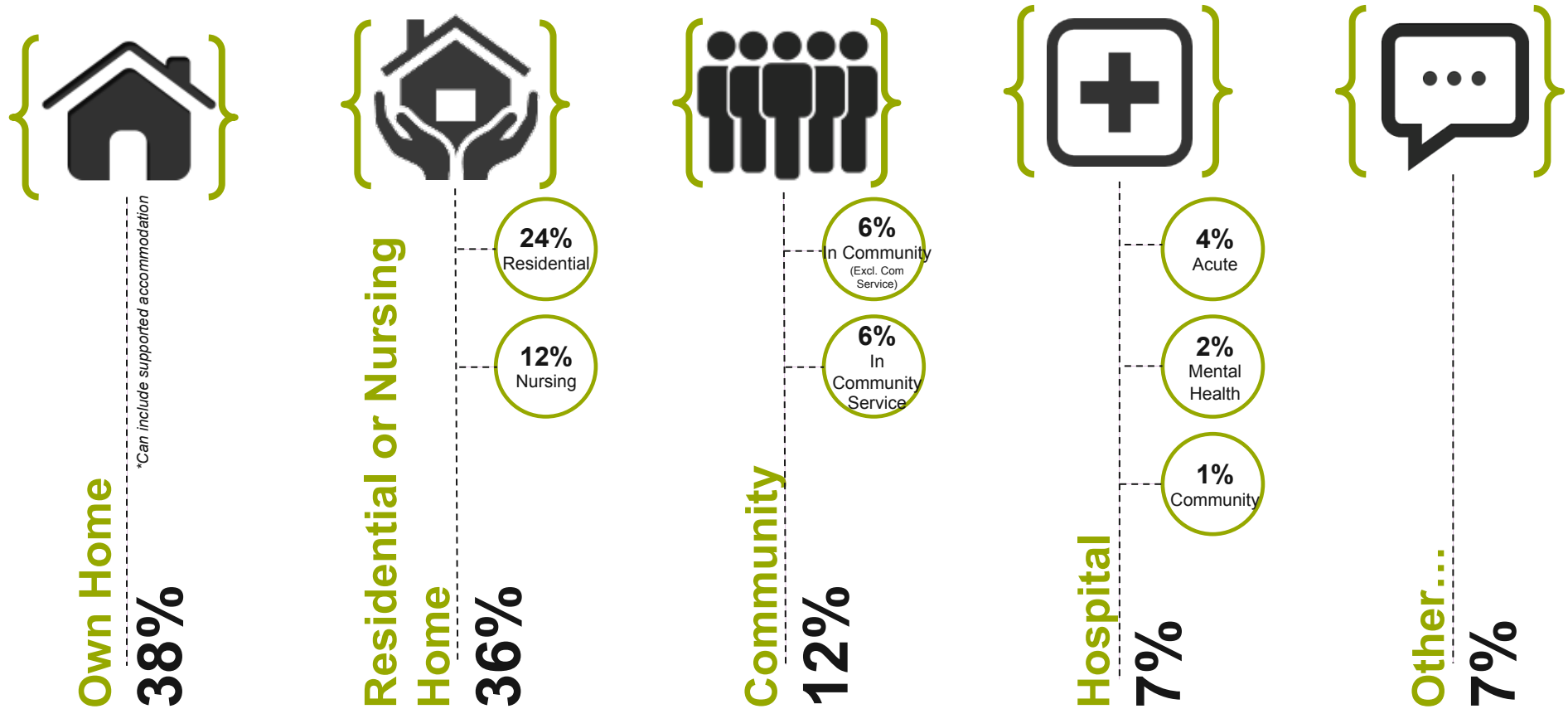
Decrease





Safeguarding Activity and Trends (Provisional)

% Split Location of Risk – Section 42 Enquiries



38% of the safeguarding enquiries reported in 2016-17 took place in the at risk persons own home with 36% taking place in a residential or nursing setting.

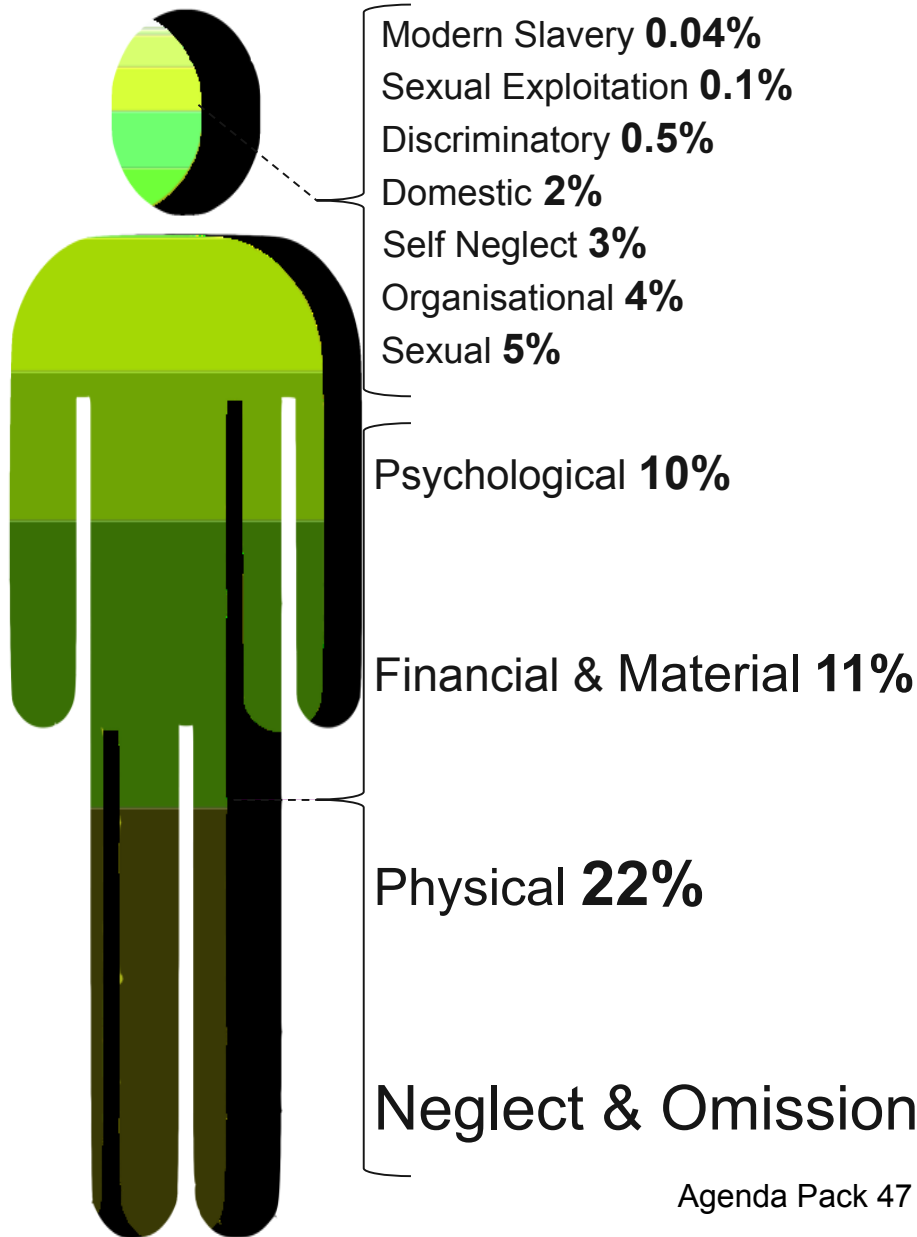
The number of enquiries where the abuse or Neglect took place in a hospital setting increased by 2% in 2016-17 (7%) from the 5% reported 2015-16.

Clients at risk in a community setting have increased to 12% in 2016-17 from 5% in 2015-16



Safeguarding Activity and Trends (Provisional)

% Split Type of Risk – Section 42 Enquiries



Neglect and acts of omission continues to be the most reported type of risk in 2016-17 accounting for 40% of S42 Enquiries. 51% of these cases were perpetrated by someone know to the person at risk in a service provider capacity (e.g. Residential or Nursing home staff).

The number of domestic abuse cases reported under Safeguarding has increased with 58 cases reported for S42 enquiries in 2016-17 compared to 11 in 2015-16. This can be attributed to an increased awareness and improved recording process.



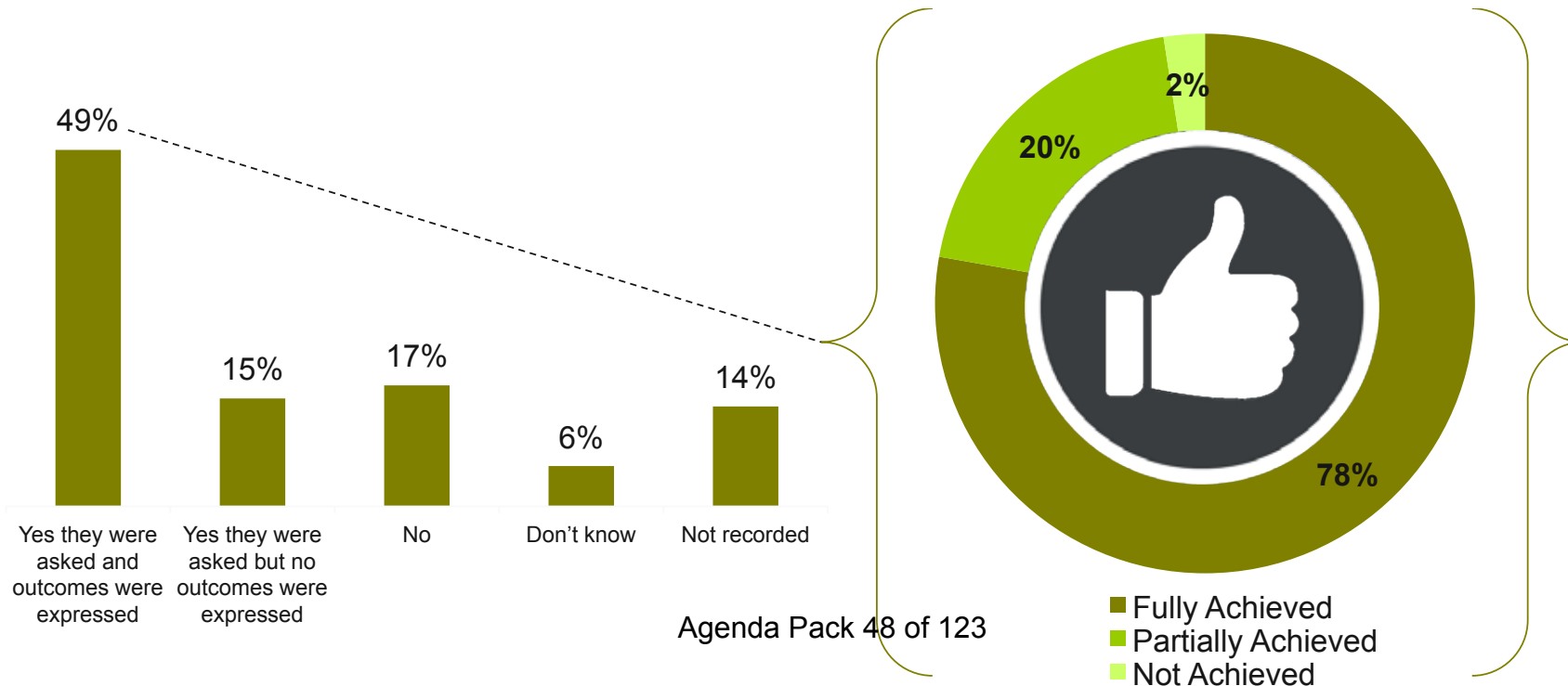
Safeguarding Activity and Trends (Provisional)

Making Safeguarding Personal

The safeguarding Adults collection now covers “Making Safeguarding Personal” as a non mandatory inclusion. Hertfordshire county council built the ability to record client outcomes into ACSIS in 16-17. *(Please note HPFT are unable to report on Outcomes HPFT data is added to the “not recorded field”)*

64% of clients involved in a safeguarding adults enquiry were asked what their desired outcomes were with **30%** either not asked or not recorded. **6%** were recorded as “Don’t know”, this relates to the “Not yet determined” field on ACSIS.

Of the clients whom expressed their desired outcomes, **98%** had their outcomes achieved or partially achieved with only **2%** not achieved.





Reports from agencies

Hertfordshire Safeguarding Adults Board continues to recognise that safeguarding adults is everybody's business. In this Annual Report the majority of achievements have been reported through individual agency reports and Sub group reports. It is significant that many of the activities have involved a multi-agency approach, as the case studies demonstrate.

Hertfordshire County Council - Adult Care Services



In October 2016 Adult Care Services (ACS) updated its recording process to clearly reflect the Care Act and Making Safeguarding Personal. This update has led to more accurate recording of safeguarding concerns, enquiries and outcomes for individuals and has been a contributing factor to the increase of safeguarding activity as shown in the data return.

Domestic abuse was highlighted as a category of abuse which was being under reported within adult safeguarding. In January 2017 Adult Care Services organised a conference on Domestic Abuse and Safeguarding for its staff and since this conference recording of Domestic Abuse incidents have increased significantly.

In light of the Care Act 2014, Herts County Council (HCC) and Hertfordshire Partnership Foundation NHS Trust (HPFT) reviewed the delegation of safeguarding responsibilities from HCC to HPFT. As a result of this review arrangements were put in place to strengthen the accountability to HCC when HPFT undertake Statutory Safeguarding functions including more robust monitoring and supervision.

Work continues on the safeguarding dashboard and it is hoped this will be fully operation before the end of 2017.

HCC continues to host specific posts recruited to the HSAB including the new Adults Safeguarding Business Manager and the Quality Monitoring Practitioner for Safeguarding.

ACS has put in place a new, robust practice governance framework headed by a practice governance board. There are ongoing weekly live audits of safeguarding practice completed by Heads of Service and Deputy Heads of Service across all operational teams. From September 2017 monthly file audits will commence across each department, covering all aspects of case recording and practice, including safeguarding.

ACS, in partnerships with Libraries across Hertfordshire, are hosting Scam Awareness Roadshows in June and July 2017 to give local people an opportunity to learn more about doorstep, phone and postal criminal cons and cheats – how to avoid them, and how to report a scam and how to get help. There are 20 Scam Aware Roadshow events across Hertfordshire over June and July 2017. Residents can also visit their local library for free and trusted information and advice, and to pick up useful leaflets and items.



Reports from agencies

Hertfordshire Constabulary



The SAFA (Safeguarding Adults From Abuse) team have provided a Detective Constable to deliver an input as part of the Adult Care Workers Investigations training which takes place approximately every two months. The feedback has been very positive and the provision is set to continue. SAFA has continued to work with partners to provide awareness sessions on neglect offences to G.Ps, highlighting key indicators of potential criminal offences.

A son who stole pension payments of £10,000 after his Mother died – pleaded guilty at court and received 18 weeks imprisonment, suspended for 12 months and Rehabilitation activity for 15 days within 12 months.

A home-care assistant, graded as a senior carer, who had a regular round of visits and duties to people's addresses. The police investigation concerned 10 thefts from three different addresses and service users. Under caution, she admitted to 'borrowing' £20 from one service user but denied all theft allegations. She was charged with multiple counts of thefts of small amounts of money, which amounted to £420.00 and pleaded guilty at Court to all nine counts of thefts. She was sentenced to imprisonment for six months, suspended for 21 months, unpaid work of 100 hours, costs, compensation costs and victim surcharge.

Throughout the year, SAFA has also provided awareness sessions to front line uniform police officers and detectives, building awareness of SAFA's role in Safeguarding Vulnerable Adults and increasing resilience regarding incidents coming to police notice outside the SAFA team working hours. In addition, SAFA has provided adult safeguarding awareness sessions to DAISU (Domestic Abuse) detectives. SAFA is assisting with the planning of a Mental Capacity Act Conference later in 2017.

There has been significant SAFA work taking place throughout the year around those adults living with dementia who are at risk of being reported missing. This has involved partnership working with other police units, HCS, industry and an academic. The project involves the use of GPS devices which are provided to families with a relative who is at risk of going missing due to dementia. An evaluation of the pilot has been completed by Dr Karen Shalev-Green from the Centre for the Study of Missing Persons, University of Portsmouth. Her report identifies good practice and challenges which have been previously discussed in academic research. The value of the project was demonstrated through one user who went missing prior to the pilot for over nine hours, but was recovered quickly on a subsequent occasion due to use of the GPS device. The reduced risk to the user and the anxiety of his family which was alleviated cannot be overstated. The estimated public cost saving of over £10,000 compared to the first missing episode is also worthy of note.

A carer who made withdrawals from a vulnerable elderly man's bank account, with no permission to do so, was charged with Fraud by False Representation and pleaded guilty.



Reports from agencies

A Care Worker who had worked under a stolen identity at Baldock Manor Hospital from 19/03/2014 and 10/08/2015. She used her employment as an opportunity to steal from two patients by using their bank cards to withdraw cash from ATMs and to pay for her personal expenditure. She stole over £30,000. She was convicted at court with the following offences –

Assisting Unlawful Immigration into EU member State - 8 months imprisonment

Theft – 32 months imprisonment

Dishonestly make false representation to make gain for self x 2- 32 months imprisonment

Total – 32 months imprisonment

SAFA team

- The following outcomes have been recorded for the SAFA team.
- The team have processed 869 referrals - (initial investigation/enquiry is applied to all referrals including follow up enquiries with the referrer, possible witnesses and safeguarding strategy discussions).
- Of these 869 referrals 163 were allocated for further investigation.

The findings are to be discussed with Sue Darker (HCS) and Chief Superintendent Mick Ball to consider if we can further this work.

The SAFA management team also has responsibility for policies and partnerships relating to mental health. April 2016 saw the introduction

of a 'Street Triage' pilot collaboration with HPFT to provide clinical support to front line officers dealing with people in mental health crisis. The scheme has gone from strength to strength resulting in a significant reduction in the number of people detained under S136 of

SAFA outcomes

From January 2016 – December 2016;

24 people have been dealt with by SAFA offenders having been arrested for offences of sexual assault, assault, theft, fraud and neglect. A further 48 people have been interviewed under caution. 42 ABE interviews have been conducted with vulnerable adults.

Following investigation;**

9 people were charged or summonsed to court

4 people were cautioned.

A total of 19 charges or cautions were administered

Nine people were convicted at court while one person was acquitted.

**It should be noted that, due to the time lag between investigation and court hearings, the outcomes of investigations do not directly correlate to the 2016 referral figures.

The Mental Health Act. The addition of a paramedic to the team has further improved the level of care given to the service user, avoiding A&E attendance in many cases. Evaluation of the scheme is expected to be very positive and an expansion of the scheme to provide street Triage both day and night is planned. Close partnership working and the Kingsley Green health based 'place of safety' have ensured for a second year that no people subject to Section 136 have had to be detained in Hertfordshire police cells.



Reports from agencies



Herts Valleys Clinical Commissioning Group & East & North Herts Clinical Commissioning Groups

CCGs are statutory NHS bodies with a range of statutory duties including safeguarding adults. CCGs are responsible for commissioning most hospital and community healthcare services and need to be assured that the organisations from which they commission have effective safeguarding adult arrangements in place. To deliver this responsibility the CCGs have in place an adult safeguarding lead who undertakes a pan Hertfordshire role on behalf of Herts Valleys CCG and East and North Herts CCG.

The CCGs produced an annual safeguarding adult report with priorities identified for 2016 – 2017, which included:

- Provide training to GPs and Practice Nurses on all aspects of adult safeguarding.
- Raising awareness of domestic abuse ensuring value for money.
- Lead the HSAB Public Engagement Group to increase public awareness and engagement of adult safeguarding.
- Ensure adult safeguarding is embedded in CCG programmes.
- Steer the Strategic Quality Improvement Group to provide greater transparency across organisations processes.

PREVENT is the Governments counter-terrorist programme which aims to stop people being drawn into terrorist-related activity.

Throughout 2016/2017 the CCGs gained assurance from NHS commissioned services through participation at providers safeguarding committees, self-assessment audit, annual assurance visits. Bi-annual audit of patient records for Mental Capacity Act assessments and supervision of Named Professionals.

Safeguarding forms part of the NHS contract and the Head of Adult Safeguarding monitors provider organisations quality requirements via a quarterly dashboard and discussion with the relevant Named Professional; these include training levels and risk management which are set out in quality schedules, with concerns escalated to Quality Review Meetings held regularly with each provider.

The Head of Adult Safeguarding provided/facilitated a broad range of training during 2016/17 including:

- Safeguarding adult and Prevent training as part of the CCGs induction programmes. Adult safeguarding training to GPs and other practice staff as part of their formal study days and in response to specific issues.
- A programme of conferences for GPs was funded and developed by the CCGs in partnership with the Local Medical Council, throughout the year covering topics such as **Prevent**, domestic abuse and Mental Capacity Act.
- The CCGs funded and organised training for Named Professionals on Prevent and enabled similar sessions to be held with key staff within each Trust.



Reports from agencies

The CCG Head of Adult Safeguarding established and co-chaired the Hertfordshire Mental Capacity Forum with the Operations Director of HCS. The purpose of the forum is to share best practice including literature for staff and patients, the review of the Best Interest Assessment templates and planning for a conference.

The CCG Head of Adult Safeguarding on behalf of the HSAB developed a self-assessment audit template for use by non-health organisations. Progress / Achievements during 2016/2017 include:

- Continued funding of the Hertfordshire Safeguarding Adults Board (HSAB)
- Leadership of the Public Engagement Group
- Prioritised funding for the 2017 HSAB conference
- Identified funding for the MCA 2017 conference
- Chair of the Strategic Quality Improvement Group



Updates from the 10 District Councils

Three Rivers District Council



During the last year Three Rivers District Council has agreed a revised safeguarding children and adults at risk policy reflecting the new requirements of the Care Act, Mental Capacity Act, Forced Marriage Act, Female Genital Mutilation Act, Domestic Violence, Crime and Victims Act, National Prevent Strategy, MAPPA Arrangements, Making Safeguarding Personal, Deprivation of Liberty Safeguards, and the Safeguarding Adults At Risk Policy and Procedures of HSAB.

We have continued to roll out training on safeguarding adults at risk for designated safeguarding leads and Councillors as well as undertake awareness session and tools on reporting mechanisms for concerns. In addition we have provided multi agency training sessions on forced marriage, honour based violence, female genital mutilation WRAP and suicide prevention. The Council has developed guidance for its Designated Safeguarding Leads(DSLs) on reporting structures for honour based violence, FGM and adult PREVENT referrals. It has also developed guidance for referrals regarding Domestic Abuse, assisting DSLs to both assess the need for adult and children safeguarding referrals. Mandatory e-learning remains in place for all staff on Safeguarding adults at risk. A clear and structured training programme is in place. Specialist training programmes are in place for staff working with adults at risk such as the Council's Get Set programme for people with learning disabilities.

The Council is becoming a third party reporting centre for Hate Crime, which will be lead on by designated safeguarding leads. Grant giving by the Council requires providers to comply with the requirements of HSAB and HSCB as do contracts with providers working with adults at risk, and children and young people.

Through the "Community Safety Partnership" the Council has expanded investment in medium risk Domestic Abuse Casework through Herts MIND Network. This casework has highlighted a number of domestic abuse adult safeguarding, and early help issues, for the elderly, and adults with learning disabilities. In addition the partnership has invested in a Community Support Worker to undertake assertive outreach with adults with common mental health disorders who are coming to the attention of the Police, Housing Providers, ASB Services, Housing Needs and Environmental Health. The Council and Housing Providers have continued to invest in the Adults With Complex Needs Pilot – You Can alongside the CCG, HCC and Herts Constabulary. Safeguarding remains a standing item on the agendas of the different structures with the Community Safety Partnership.

Having started training senior members of staff on the Mental Capacity Act and Deprivation of Liberty Safeguards the Council is now developing its policies and procedures and training programme in this area.

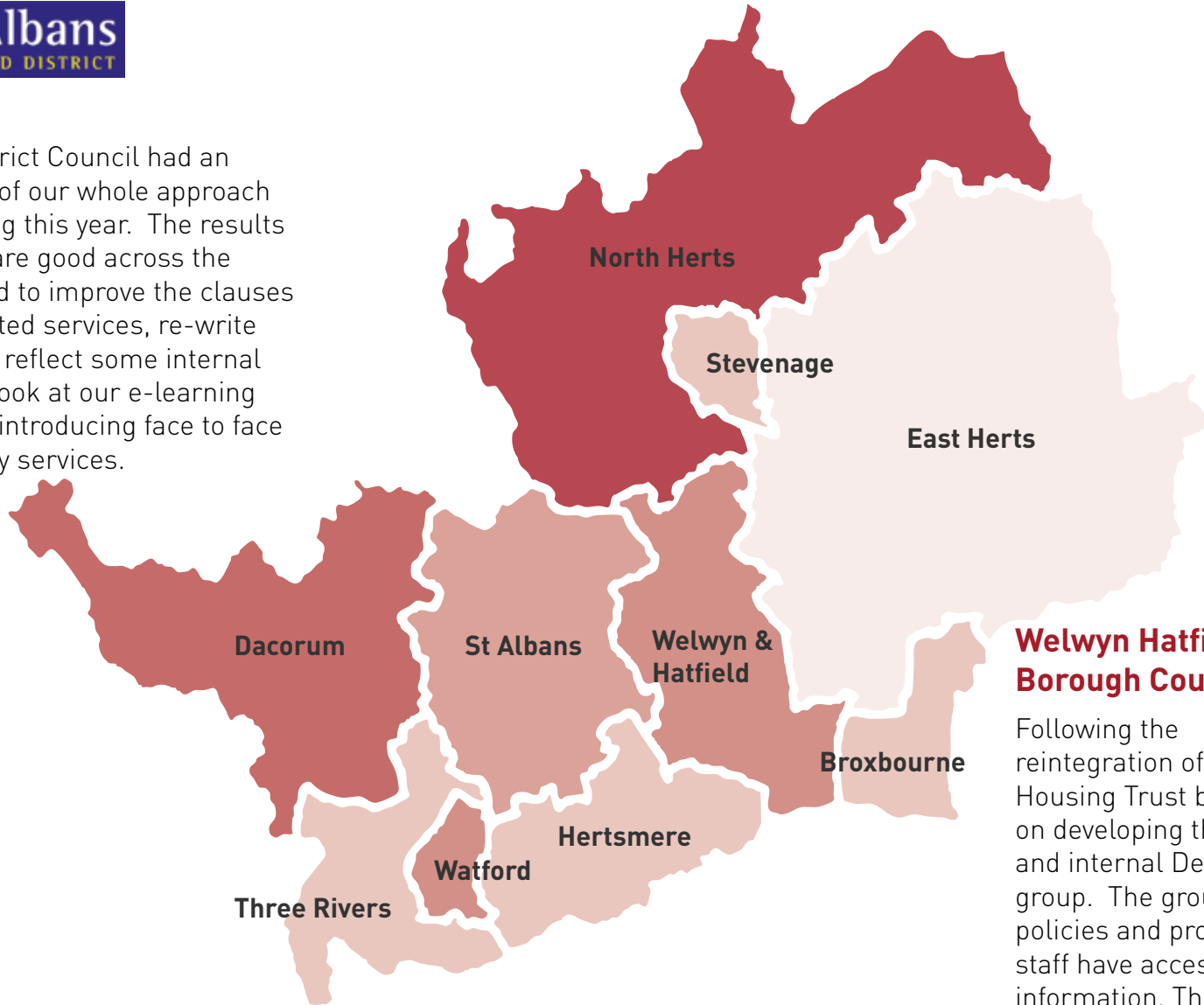


Updates from the 10 District Councils



St Albans

St Albans District Council had an internal audit of our whole approach to safeguarding this year. The results were that we are good across the board but need to improve the clauses in our contracted services, re-write the policies to reflect some internal changes and look at our e-learning with a view to introducing face to face training for key services.



Welwyn Hatfield Borough Council



Following the reintegration of Welwyn Hatfield Community Housing Trust back into the Council the focus is on developing the Safeguarding Steering Group and internal Designated Safeguarding Officers group. The group is reviewing the Council's policies and procedures and ensuring that all staff have access to training, development and information. The council continues to support partners, raise awareness and inform staff on Safeguarding Adults, Domestic Abuse, Honour Based Abuse, Prevent and Modern Slavery matters.



Updates from the 10 District Councils

North Hertfordshire District Council



The Council have been focussing on strengthening our infrastructure and resources to support safeguarding and in 2016 were pleased to build the new role of 'Safeguarding Support Officer' into the organisation giving us for the first time a role dedicated to supporting safeguarding both adults at risk and children corporately. Since then we have adopted a new safeguarding policy to reflect changes in legislation and concentrated on ensuring we have a trained and informed workforce who are well supported to recognise and refer concerns. This has involved refresher training for our Designated Safeguarding Officers and a total revision of our induction procedures for all staff.

Our staff intranet has been developed to ensure staff have easy access to relevant policies, procedures and guidance to support them.

We have responded to the audit from the HSAB as well as requests for information about BME and traveller communities. Further improving our e-learning package is a key focus for 2017 as well as the development of a corporate safeguarding group.

Watford Borough Council

Watford Borough Council continues to work hard and positively with all partners to ensure safer standards are set and implemented and up to date training is delivered.



During 2016/17 we have;

- Updated our Safeguarding Policy and procedures to reflect emerging areas of focus.
- Identified and provided relevant staff with adult safeguarding training.
- Reviewed and updated posts requiring DBS checks.
- Agreed a review and assessment of safeguarding roles, training, governance across the council in order to test and make improvements as appropriate.
- Continued to implement Prevent Agenda by updating E learning for all staff.
- Developing strategy to address modern slavery using the national referral framework.
- Watford Community Protection Group continues to deliver intervention for vulnerable persons using the safety net case management system.
- Taxis, new driver training day – all applicants for a licence trained in spotting and reporting CSE/safeguarding concerns during one day specialised training course prior to issue of drivers licence.
- Existing drivers – 240 existing drivers have undergone training in spotting and reporting CSE/safeguarding concerns. Training on-going for existing drivers as part of Professional Drivers Update Course.
- Guidelines of the issue of licences updated and include a section on sexual and indecency offences.
- Pub watch have worked with the police to implement the stay safe training for door staff and other frontline staff.
- Amended annual BID excellence awards marking scheme to include emphasis on importance of safeguarding vulnerable customers.
- We arranged Old People Awareness and learning, a community safety initiative to give advice on safety from scams and home safety.
- Arranged a Workshop to Raise Awareness of Prevent for 10 staff working in our leisure centers.

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Updates from the 10 District Councils

Stevenage Borough Council

For Stevenage Borough Council (SBC) the aim for 2016/2017 was to embed the corporate Safeguarding Adults at Risk policy that was approved by the Strategic Leadership Team in Q4 2015/16. A training programme across 3 different contact levels with adults at risk was developed and made available for staff across the organisation to access throughout the year. New staff receive a safeguarding briefing at the corporate induction, this takes place monthly.



Safeguarding training was delivered to 195 staff in total, 120 of these being staff identified as having regular contact with adults at risk, who were trained as a matter of priority in Q1 of 2016/17.

SBC commissioned specialist training in Prevent and Mental Capacity, alongside delivering 3 Workshops to Raise Awareness of Prevent (WRAP) to internal teams.

SBC staff continues to regularly attend the Multi Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conferences (MARAC) and Channel Panel meetings, alongside representing the Council on a number of subgroups across the Safeguarding Boards, including the newly established Prevent Board. SBC also continues to facilitate Multiple Needs Working Group and a Mental Health and Learning Disability Housing Forum, to support complex cases and prevent homelessness amongst our vulnerable groups.

SBC supported the Hertfordshire Domestic Abuse Board's Honour Based Abuse (HBA), Forced Marriage (FM) and Female Genital Mutilation (FGM) subgroup in the development of the HBA and FM policy and procedure which is to be implemented across Hertfordshire.

Planned work for Q4 of 2016/17 include:

- Developing an eLearning safeguarding module, along with updating the SBC Safeguarding Adults at Risk corporate policy in line with the Health and Community Services: Safeguarding Adults at Risk issue 10.
- SBC have been developing corporate guidance for internal case supervision to support staff regularly working on safeguarding cases which is to be launched in 2017.
- SBC are also working with partners to develop a hoarding protocol for Stevenage.

The Department for Communities and Local Government has awarded Stevenage Borough Council and its partners £107,000 to provide extra support to victims of domestic abuse. The Stevenage Against Domestic Abuse's (SADA) Safe Space initiative will provide victims of domestic abuse, from Stevenage and Welwyn and Hatfield, with a safe and secure place to stay; where they can make important decisions on their futures in emergency situations.

SBC, in February 2017, hosted and facilitated a Domestic Abuse (DA) conference for partners to raise awareness of the complexities of DA and of available services across Hertfordshire to support victims of DA.

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Updates from the 10 District Councils

Dacorum Borough Council



Dacorum Borough Council's safeguarding adult at risk policies and procedures have been reviewed and are going through internal approval stages. Training opportunities for staff, members, volunteers and contractors continue to be provided. A rolling programme of Safeguarding Adults at risk training for appropriate staff continues. There has been a particular focus on Domestic Abuse training, supplemented with steps to raise awareness and develop understanding of FGM, forced marriage and honour based abuse.

Prevent training has been provided to over 600 people through WRAP workshops that have involved staff, members, contractors and volunteers.

Having included safeguarding requirements in the tender process, all contractors and commissioned services are being supported to provide annual reports relating to safeguarding policies and procedures and being monitored. Regular sessions at supported housing services are provided to raise awareness of safeguarding adults amongst tenants, carers and families. A specific safeguarding and domestic abuse link has been added to the council's intranet site, a valuable resource which provides staff with access to relevant information.

A 'Let's Dance' programme, aimed at reducing social isolation and involving vulnerable adults in the community through leisure activities has been provided in the borough alongside dementia friendly film screenings and shows at the Old Town Hall leisure facility.

Broxbourne Borough Council



In Broxbourne 111 staff received safeguarding training in 2017/17 which covers all aspects of the safeguarding agenda (child and adult), prevent and domestic abuse and hate crime. The adult safeguarding elements include an overview of the types and nature of abuse, spotting the symptoms and referral procedures. A decision has been taken to extend compulsory safeguarding training to all staff in the organisation including 'back office' roles.

External contractors carrying out functions on behalf of the organisation are now required to adopt fit for purpose safeguarding policies and it is now being incorporated in Service Level Agreements with voluntary sector organisations e.g. CAB. Staff working directly with vulnerable adults on a regular basis are also offered additional training.

Number of referrals to Designated officer

In the year to date a total of 16 cases were referred to the Designated Officer for Vulnerable Adults in the year which was a slight increase on the previous years. The majority related to older residents with possible concerns around neglect but also included more complex cases including potential financial abuse. All such cases were referred to Adult Care Services.



Updates from the 10 District Councils

East Herts Council

During 2016/17, the council brought together its responsibilities for safeguarding under one lead officer, the newly created Head of Housing and Health. In addition, the Executive Member for Housing and Health now explicitly covers safeguarding within his remit.

The Council's Safeguarding Policy has been reviewed and updated. This work included briefing the Leadership Team on their specific roles and responsibilities and rolling this out to all officers. The revised policy makes reporting concerns more straightforward. In addition, PREVENT training has been delivered to 229 officers and is now embedded in the council's induction programme.

Towards the end of 2016/17, an audit of the council's safeguarding policies, procedures and arrangements was carried out by the Shared Internal Audit Service, SIAS. SIAS were able to provide 'substantial assurance that there are effective controls in operation'. The council has incorporated a series of suggested further improvements, including providing an annual summary to the Leadership Team and elected members of the safeguarding notifications raised by the council.



Taxi driver safeguarding

Much effort has been put into updating the council's approach to taxi licensing. The new 'Drivers Handbook' stresses both the importance of the safety of passengers and the role drivers can play in identifying safeguarding issues. This has been backed up with a new mandatory driver training programme which covers safeguarding for all new drivers and those renewing their licence. A total of 24 drivers received the training between its introduction in October 2016 and the end of March 2017.

Hertsmere Borough Council

We have safeguarding awareness for all staff which is incorporated into the Council's induction programme. Staff who have frontline dealings with Vulnerable Adults and Children have level 1 training which is renewed every three years. We have updating our Safeguarding Policy to incorporate the latest legislation.

We have reviewed our Licensing of Private Hire Vehicles and Taxis to include:

- "Fit and Proper" person
- Licensing Checks
 - Driving Experience and Driver Assessment
 - Medical Fitness/Right to work in the UK
 - Criminal Records Checking
 - Knowledge Tests
 - Spot Checks on the weekends and nights

We are now running courses in prevent and internet abuse.





Reports from agencies

Healthwatch Hertfordshire's role in safeguarding

Healthwatch Hertfordshire's job is to shape and improve health and social care services across Hertfordshire.

We independently represent people in our local communities, are committed to ensuring that the views and experiences of people living in the county are represented, and use our influence with commissioners and people making decisions about health and social care service provision to help make change happen.

How do we assist the public?

- We also have a signposting function where we help people to find information about local care and health services by letting them know what they can do, or, if we can't, by putting them in touch with someone who can;
- Promoting work of the HSAB at events and meetings and having a stand at the HSAB Annual Safeguarding Conference.

There are a number of ways that Healthwatch Hertfordshire is involved with the safeguarding agenda:

Volunteers: our authorised representatives involved in our Enter and View visiting programme (our statutory powers to go into health and social care locations and monitor and report on our findings) receive Safeguarding training to support their role on visits and also in their community where they are often active.

We also promote the HSAB role and reporting potential abuse by using the posters and banners and giving out leaflets to the public and providers we visit.

This year 13 volunteers and staff undertook safeguarding adults training with a particular focus on care homes.

Representation: The Healthwatch Hertfordshire Quality Manager attends the Hertfordshire Safeguarding Adults Board Public Engagement Subgroup. Healthwatch Hertfordshire has a stand at the annual Safeguarding Conference.

Listening to feedback and raising concerns:

This may be through engagement with the public at events or focus groups, via a phone call to our office or as part of an Enter and View visit.

We have found that members of the public sometimes feel more comfortable talking to us when they think care has not been delivered appropriately and are not sure how to escalate this or want to remain anonymous. This may be in a hospital or care home for example and we can advise people how to take this forward and liaise with the different agencies involved if required.

To support the team to deal with potential safeguarding calls, we have developed a new safeguarding process which covers (a) what to do when taking a safeguarding call (b) who to 'refer' to/how to report it, and (c) how to record the incident internally for our staff. Information coming into Healthwatch is shared across the health and social care network.



Reports from agencies

Carers in Herts

Carers in Hertfordshire works in partnership with HSAB in order to ensure that we are as informed and up to date as possible with regards to Safeguarding.



It helps to ensure that as an organisation all staff know how to seek further support and guidance if they have any safeguarding concerns. Our own Policy, which is updated on an annual basis, links with the guidance set by Hertfordshire Safeguarding Adults Board.

We provide an in-house overview of safeguarding of adults to all new staff, trustees and volunteers who join the organisation. This overview is also used for staff who have are not new but would like a refresher or when there have been important changes.



Carewaves: The magazine for Carers:

To raise awareness of who safeguarding applies to, the categories of abuse; guidance on those who lack capacity; as well as how to report a safeguarding concern.

West Hertfordshire Hospital NHS Trust (WHHT)

Adult Safeguarding 2016

Safeguarding across WHHT remains a priority across clinical areas. Safeguarding concerns are recognised more frequently. Work is ongoing to ensure staff considers a holistic approach, which encompasses 'think family and making safeguarding personal'. Trust staff need to always consider that there is a child behind every parent and a parent behind every child.

Key Indicators of Activity and achievement

- Continued significant increase in DoLs applications.
- Increased number of referrals for adult safeguarding issues predominantly relating to allegations of neglect
- Increasing number of referrals to the Independent Domestic Violence Advisor (IDVA)
- From January 2016 Mental Capacity and DoLS training became part of the Mandatory framework. This has resulted in an increase in compliance which is monitored via the safeguarding panel. Training compliance in December 2016 was 76%. In addition an e learning package was developed.
- Increase in Healthwrap training throughout Trust high risk areas to meet with expected CCG target.
- Three clinical areas have been awarded with "Purple star" for Learning Disabilities, and another five clinical areas working towards this award
- Additional training sessions have been provided by and external expert to medical and surgical divisions in relation to MCA and DoLS to increase awareness and knowledge
- Named consultant has been undertaking additional teaching in relation to MCA and DoLS predominantly targeting junior Drs and consultants



Reports from agencies

West Hertfordshire Hospital NHS Trust (WHHT)

- The safeguarding team made progress with the safeguarding strategic work plan which is underpinned by the Trusts core values. The work plan is annual and allows for a monthly review that is RAG rated, so progress for objectives is clearly visible. The work plan was designed to ensure the Trust drives forward the safeguarding agenda across the organisation. Actions from audits and external reviews are added to the work plan and progress against these actions is reviewed bi-monthly. The work plan is monitored, reviewed and challenged by the Trust Safeguarding Panel.
- Bi - annual Safeguarding newsletter is produced by the safeguarding team. This is distributed to all Trust staff. It provides information on the safeguarding team, contact numbers and updates on key safeguarding issues
- Introduction of Hertfordshire wide MCA & DoLS competencies in Five care of the elderly/ medical clinical areas. Progress has been monitored by the safeguarding team. There is a plan to roll these out to other clinical areas.
- Trust documentation has been reviewed and now contains prompts for Mental Capacity assessments, there is a DoLS care plan on trial in 4 clinical areas
- Monthly dip dive audits are undertaken relating to safeguarding, these include MCA and DoLS, and learning disabilities
- Trust wide audit undertaken for MCA , DoLS and compliance with missing persons policy
- Five Trust staff completed Best Interest Assessor training
- Easy read patient information package has been purchased and these leaflets are available to all clinical staff who need to provide patient information in an easy read format
- Easy read signage has been implemented at the St Albans site for dental dept, x ray and blood clinic

- Following the Care Act 2014, Trust policies were reviewed to include changes within the new legislation. Training packages have been updated to reflect the changes. In addition key policies such as Chaperone policy, suicide prevention and the management of patient with Learning Disabilities and autism have been reviewed and updated
- Hertfordshire Safeguarding Adults Board has established a Safeguarding Adult Review sub group. The Trust Named Nurse for safeguarding adults is a member of this group. The Trust has contributed to a case and shared the action plan with the safeguarding panel members.
- The Trust completed an Internal Management Review to contribute to a Domestic Homicide Review (DHR).

The safeguarding team raised over £100 selling cupcakes and raising awareness for World Elder Abuse Awareness Day.



Reports from agencies

East and North Hertfordshire NHS Trust



East and North Hertfordshire NHS Trust is a large Acute Hospital Trust and Cancer Centre. Services are provided on four main sites; Lister Hospital, Stevenage, New QEII Hospital, Welwyn Garden City, Mount Vernon Cancer Centre, Northwood Middlesex and Hertford County Hospital, Hertford. The Trust also provides renal dialysis services in Stevenage, Luton, Bedford, St Albans and Harlow. Maternity services are provided at the Lister Hospital in Stevenage and Community Midwives provide services across the whole of East and North Hertfordshire.

The Trust is a member of the Hertfordshire Safeguarding Adults Board (HSAB) and is represented on the HSAB by the Director of Nursing, Liz Lees MBE.

The Director of Nursing is the Executive Lead for Safeguarding in the Trust and is a member of the Trust Board. The Trust Adult Safeguarding team includes the Lead Nurse Adult Safeguarding, the Adult Safeguarding Nurse and the Adult Safeguarding Doctor and a part time admin assistant. They work with the Trust's clinical and managerial teams across the Trust, and the hospital based social work teams, to promote and support Adult Safeguarding. This work includes identifying and reporting concerns about abuse or neglect in the wider community with, or on behalf of, our patients, assisting in safeguarding enquiries and providing clinical advice when required to the social work team.

The Trust actively participates in the multi-agency work of the HSAB and has contributed to the work of the sub-groups including participation in the Policy Group, Learning and Development group, preparing for the annual safeguarding conference and the Mental Capacity Act forums. In addition, the Trust has participated in Safeguarding Adults Reviews (SAR) and Domestic Homicide Reviews

(DHR). Along with these activities for the board the Adult Safeguarding Nurses regularly meet with the CCG Head of Adult Safeguarding.

The Trust publishes an annual Adult Safeguarding report which was presented at the May 2017 Trust Board meeting.

The Clinical Commissioning Group (CCG) Adult Safeguarding also undertook their annual assurance review in March 2017 and was assured overall by the Adult Safeguarding arrangements and practices within the Trust.

Key findings from the review were:

- Increased safeguarding adult capacity with the addition of the Falls Prevention Nurse to support the Lead Nurse.
- Dip sampling of patient records has shown a mixed picture for the recording of Mental Capacity Act (MCA) assessments.
- Training compliance for levels 1 and 2 has increased to over 90%
- The Lead Nurse and ED Consultant have been identified to attend the Learning Disability Mortality Review training and then undertake reviews.
- Through the dementia care strategy and fund raising campaign the Trust has developed the environment of the Elderly Care wards to be more dementia patient friendly.
- The on-site Independent Domestic Violence Advocate has enabled early intervention with victims of domestic abuse.
- The Palliative Care team has worked with voluntary services to train volunteers to sit with patients who are at the end of their lives to ensure they are not on their own.



Reports from agencies

Good Practice identified was:

- ▶ The Trust had four Best Interests Assessors (BIA) in practice who support staff to embed their knowledge around the Mental Capacity Act.
- ▶ The Lead Nurse holds monthly MCA / DoLS training workshops across the Trust.
- ▶ MCA is discussed at Clinical Governance meeting.
- ▶ Training has been provided to the Operations on call staff.
- ▶ Introduction of a dedicated Enhanced Care Team to special patients with dementia which has reduced hospital stays.
- ▶ The Trust has been shortlisted for a Royal College of Nursing award for their 'Stay with me' John's Campaign.

From April 2016 to March 2016 the Trust recorded 238 safeguarding concerns; this was a 41% increase on the number recorded for the previous year. The concerns include safeguarding concerns raised by Trust staff about alleged abuse or neglect in the wider community. Five cases about care in the Trust have been investigated under the NHS Serious Incident Framework.

During the past year the Trust has participated in two SARs and provided information for four DHRs undertaken by the HSAB.

A hospital based Independent Domestic Violence Advisor (IDVA) has worked with the Trust since 2015 to provide support to victims of domestic abuse, raise awareness of domestic abuse and provide advice and guidance to Trust staff. Refuge took over the Hertfordshire IDVA services in October 2016 and since then turnover of IDVA has been high and at the present time the post is vacant.

Deprivation of Liberty Safeguards (DoLS) have increased year on year since 2014. During 2016/17 there have been 216 applications for DoLS made by the Trust as the managing authority. Of these only two went on to Standard authorisation by the Supervisory Body, the main reason being that the majority of patients were discharged or died before the DoLS team were able to complete the Standard Authorisation process.



Reports from agencies

HCPA (Hertfordshire Care Providers Association)



HCPA activity is centred on helping Hertfordshire adult care providers to raise their standards of quality by offering fully-funded training, network events and study days, low cost or Fully Funded business services, advice and tailored support.

We manage over £1 million of funding for adult social care training courses and qualifications for our members on behalf of the government, the local authority, the NHS, and other funding agencies. We offer a broad range of training and qualifications to enable private, voluntary and independent care providers, at all levels of their career, to keep up to date with local and national initiatives and continually improve their knowledge and skills.

A key part of our role is to act as a collective voice for Hertfordshire care providers. We listen to feedback from our members and work closely with our partners at Hertfordshire County Council (HCC), Care Quality Commission (CQC), Clinical Commissioning Groups (CCG's), Skills for Care and other public bodies, to help make positive changes in the Herts adult social care sector.

"We're Hertfordshire Care Providers Association (HCPA) and we are creating a county where all adults who receive care are given a service of true quality, personalised to their needs and support organisations to safeguard adults who use their services."

Support Safeguarding Advice

HCPA work with providers and offer on-going support, safeguarding advice, specialist toolkits or leadership coaching and support, HCPA are also represented on HSAB sub groups.

Numbers of Private Independent and Voluntary Learners HCPA have trained in 2015/16.

Open courses through Approved Training Providers

- 293 learners – half to one day
- Safeguarding Champions – 19 learners (15 days of training) – Champions go on to train internal
- Safeguarding Forums - 133 learners – 2 hours to half day
- Leadership Level Courses including Safeguarding – 29 embedded over a 2 month course



Reports from agencies

Hertfordshire Community NHS Trust (HCT)

HCT were re-inspected by the CQC and were delighted to receive a rating of 'Good', having previously received a 'Requires Improvement' in February 2015.

HCT has maintained excellent rates of staff training for safeguarding adults during the year. We have ensured that 96% of all new staff receive Induction training within 3 months of commencing employment with the Trust and that, where relevant to their role, 98% of staff receive additional training within 3 years. We have updated our combined safeguarding adults and children's staff training in line with the NHS Safeguarding Adults: Roles and competences for health care staff – Intercollegiate Document (2016).

HCT has noted that raised awareness has resulted in an increase of over 50% in the number of safeguarding adults concerns raised by our staff this year. The majority of concerns have been raised by staff from our Community Teams. The top three categories noted by our staff are Neglect, Self-neglect and Physical abuse.

Continued partnership working has been demonstrated through regular attendance at HSAB meetings by the Deputy Director Quality & Governance/Deputy Chief Nurse, and the HCT Safeguarding Team is represented at every subgroup.

Progress and key achievements for HCT:

- We have joined up the learning following reviews of adult and children Serious Case Reviews and created combined action plans to embed improvements across the Trust.
- We have created a joint adult and children policies for our staff to increase the focus on adults and children who experience Domestic Abuse.
- We developed our children's Not Brought in policy to include **Vulnerable adults** who are not brought in for health appointments.
- We have further embedded MCA into everyday practice by developing: a ward handover sheet to provide clarity where there is doubt about a patient's capacity, a DOLS leaflet was developed for relatives or carers to clearly explain the DOLS procedure and the DOLS flowchart has been revised in line with current best practice.
- We commenced the roll-out of the local Mental Capacity Assessment competency framework.
- We now provide mandatory supervision to all our safeguarding champions.
- HCT's Safeguarding Adults Team led on the development of an MCA and Safeguarding Adult App to be shared with partners.
- The Electronic Clinical Record has been improved to streamline documentation for safeguarding concerns, Mental Capacity Assessments, and to make it simpler to record whether a patient has a relative or carer with Lasting Power of Attorney who can be consulted when making clinical decisions.
- We have improved electronic information systems to keep staff up-to-date with lessons learned from safeguarding cases or complaints, via our quarterly staff Safeguarding newsletter, articles in 'Clinical Matters' (our clinical newsletter for staff) or our weekly staff newsletter 'NoticeBoard'.



Reports from agencies

Herts Partnership Foundation Trust HPFT Hertfordshire Partnership NHS University NHS Foundation Trust

Over the past 12 months the HPFT Safeguarding Team has worked to increase the awareness of safeguarding across the organisation with an associated increased level of Safeguarding activity for both adults and children being recorded. This is in response to increased awareness and action locally and nationally, particularly in the areas of Historic Child Sexual Abuse, Domestic Abuse and Radicalisation.

Decision making practice continues to be strengthened through additional training and practice development. Where concerns regarding performance and quality exist there are plans in place to address these and a structure through which these concerns are monitored. This, alongside a clear competency framework for adults and children's safeguarding, will ensure that practice continues to improve and develop to increasingly higher standards.

On March 1st 2017 HPFT and HCC signed a Section 113 agreement to formalise HPFT's role in statutory safeguarding adult enquiries. This arrangement with HCC will provide a more consistent governance, management and supervision structures across Hertfordshire Adult Safeguarding.

The safeguarding team has been expanded in response to additional duties for specific groups or risk areas including Domestic Abuse, Radicalisation and Looked After Children (LAC) / Care Leavers.

During the year funding was secured for three new posts of Band 7 Senior Safeguarding Practitioners. Two are full time generic safeguarding posts to deliver training and increase practice capability within the workforce. The third is a more specialised post dealing with Looked after Children (LAC) and Care Leavers.

Great Care, Great Outcomes - together

In line with the Trust strategy of 'great care, great outcomes - together' during 2017/18, the Safeguarding Team aim to improve the quality of safeguarding practice towards a vision of:

- preventing harm and enabling safety through vigilance,
- competence and personalised outcomes focused practice.

This third post is funded for two years and will allow us to take forward work with these most vulnerable and high risk young people. All three posts have been appointed to with start dates in December and early January.

In the latter part of the year both the Consultant Safeguarding Nurse and the Head of Social Care & Safeguarding left the trust. These posts were appointed to at the end of December 2016, which introduces a new leadership team for the service.

The additional team staffing resources and a clear vision for safeguarding, the final three months of 2016/17 have laid the foundations for improvement in all aspects of safeguarding adults.

WRAP (Workshop to raise awareness of Prevent)

As part of our increasing response to Radicalisation we have made significant inroads into ensuring that the required staff are WRAP trained with 594 people alone completing this training during Q3 2016/17. There are currently 6 trained facilitators in the Trust across all SBUs and with expertise within the Safeguarding Team.



Reports from agencies

Hertfordshire Community Protection Directorate and Fire and Rescue Service



Hertfordshire Community Protection Directorate and Fire and Rescue Service has promoted and delivered significant learning in safeguarding adults through a range of community delivered services and the development of education packages for professionals, explaining the services we can provide to high fire risk residents.

The Hertfordshire Home Security Service (HHSS) provides a greater range of provision of safety and security equipment to vulnerable residents, allowing for a more bespoke service to enable and support independent living.

The aim of this service is for Hertfordshire residents to have the opportunity to:

- feel safe in their home
- provide a one stop shop to prevent vulnerable residents becoming victims of crime,
- Prevent perishing in a fire an
- prevent them from slips, trips and falls.

Around the concept of Making Every Contact Count, training has been provided to the team that provides this service and referral pathways have been developed with various partner agencies.

Caring together

The 'Caring Together' awareness training has continued to be promoted by Learning and Development and is facilitated by the Community Protection Directorate's 'Joint Protection Services' at local fire stations located throughout the County. As a result of this training and the established referral pathway, fellow professional organisations visiting vulnerable people at their home operate a two way referral mechanism with the Fire and Rescue Service ensuring access to advice and equipment.

Partnership Working

In 2016/17 Hertfordshire Fire and Rescue Service worked in partnership with Public Health and developed and rolled out '**Safe and Well**' visits. The program was rolled out across eight districts with the remaining 2 districts coming online in May 2017. These visits incorporate a 'safe section' including fire safety, security and doorstep crime and a 'well section' which includes questions around health e.g. social isolation, nutrition, hydration and promoting and physical activity. The visits are prioritised to the most vulnerable and play a key role in keeping Hertfordshire residents safe, well and comfortable in their own homes.

A new Community Directorate Adult Safeguarding Policy was developed in 2016/17 along with an associated training plan, with a launch date of 1st April 2017. Hertfordshire Community Protection Directorate and Fire and Rescue service remain fully committed to the safeguarding of adults in Hertfordshire, and continue to be a valued and vital partner on the Hertfordshire Safeguarding Adults Board and its sub-groups.



Reports from agencies

Public Health

HCC Public Health's role is primarily that of assurance that robust systems are in place across its topic areas, the Department also provides and commissions some front-line adult services: smoking cessation, sexual health and drugs & alcohol treatment. All Public Health contracts include requirements for staff to undertake appropriate levels of safeguarding training and supervision and quarterly reporting of safeguarding concerns and actions taken. Safeguarding matters are a standing item for Public Health's Assurance and Governance Group.



Sexual Health Services

Sexual Health Service encompasses sexual health clinics for sexually transmitted infections, including HIV and contraception. It is provided by Central London Community Services, with doctors from Chelsea & Westminster Hospitals NHS Trust.

Safeguarding Supervision

The practitioners from Sexual Health Hertfordshire that are offered safeguarding supervision are:

- Doctors,
- Nurses,
- Health Advisors,
- Health Care Assistants
- Outreach Team.

Since Quarter four 2016/17 safeguarding supervision has been provided by the Named Nurse for Safeguarding and ad hoc safeguarding advice from the Barnet Safeguarding team.

The sexual health practitioners' attendance at safeguarding supervision continues to achieve the target of 90%

Safeguarding Training

Safeguarding training is provided through online training and in classroom sessions. Compliance with Safeguarding Adults training is provided to Public Health through CLCH Learning and Development:
Level 1 – 100%
Level 2 – 92%

Safeguarding Concerns

Most commonly, safeguarding concerns in adult treatment involve disclosure about potential risks to children.



Reports from agencies

Drugs and Alcohol Services

Adult drugs and alcohol treatment services are commissioned from one main provider (recovery model), who contributed to the Hertfordshire Safeguarding Adults Board audit of neglect, and a secondary provider (abstinence model).

Safeguarding Supervision

Safeguarding supervision for drugs and alcohol workers is provided in-house.

Safeguarding Training

85% of staff have undertaken safeguarding training. Further training through e-learning and internal training is being delivered to achieve the 95% target. Quarterly reports of training compliance form part of contract monitoring.

Safeguarding Concerns

There were no safeguarding concerns raised by the abstinence-based service.

A process is in place for dealing with serious incidents (which for this service are primarily drugs or alcohol-related deaths of current or recent service users; 21 in 2016/17) some of which include a safeguarding concern. Safeguarding concerns for drugs and alcohol service users have been raised directly with social services by the service provider, with ongoing participation in enquiries where required. Serious Incidents are signed off by the commissioner (Public Health) only when documentary evidence of completion, including recommended actions, has been received. Progress and communication of service-wide improvements is undertaken at regular contract monitoring meetings.

Hertfordshire Smoking Cessation Service

During 2016/17, HSSS workers have raised two concerns about adult service users relating to a number of issues such as domestic abuse, health or other concern. The learning from such cases has resulted in the revision of the Public Health staff guidance with respect to contacting appropriate mental health services out of hours.



Reports from agencies

National Probation Service

Safeguarding Adults Policy Statement and Supporting Practice Guidance

A National Probation Service (NPS) Safeguarding Adults policy statement and supporting practice guidance were launched in May 2017. They reflect the provisions of Part 1 of the Care Act 2014. The policy statement and practice guidance have been developed in consultation with **the NPS National Adult Safeguarding Group**.

The policy statement focuses on NPS involvement with offenders in the community, either as part of a community sentence or following release from custody. It acknowledges the NPS's responsibility for safeguarding and promoting the welfare of adults at risk as well as the contribution NPS staff can make to the early identification of an offender's care and support needs.

The supporting practice guidance is in two sections. The first gives background information on adult safeguarding and care and support needs to provide context; the second focuses on the identification assessment and management of offenders within that context. It has been produced to support NPS staff working with offenders in the community who:

- pose a risk of harm to adults at risk
- pose a risk of harm to adults at risk in general
- are adults at risk
- have care and support needs
- are carers in need of support

In addition to established mandatory training in support of adult safeguarding principles, the recent policy and practice guidance will be embedded across the NPS staff group.

The NPS is responsible for delivery of the statutory victim contact scheme. All staff carrying out victim contact work are alert to adult safeguarding concerns.

The NPS lead for Safeguarding Adults with the SEE Division rests with David Messam, Head of North Essex. The Divisional lead provides strategic oversight for a clear line of accountability within the SEE Division for safeguarding adult work. The lead ensures that safeguarding is:

- embedded within relevant local practices and processes
- relevant learning from safeguarding adults reviews and other multi-agency reviews is cascaded throughout the Division and that a positive learning environment exists
- there is appropriate management representation at local SABs within the Division in accordance with the NPS National Partnership Strategy Framework
- information sharing agreements are in place where necessary
- action is taken to implement the SAB's strategic plan.

Our key focus both Divisionally and locally this year will be:

- the integration and transition of offenders on release from custody,
- supporting the Offender Personality Disorder Pathways and
- improving outcomes for Women offenders.

The Integrated Offender Management project refresh within Hertfordshire will focus a multi-agency approach on:

- services for women,
- young adults and
- offenders convicted of domestic abuse.

We will also be concentrating on the issue of:

- stalking,
- sharing best practice across Divisions to support the needs of victims
- to better manage perpetrators.

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Making Safeguarding Personal

Making Safeguarding Personal Survey (January 2017 to October 2017)

Making Safeguarding Personal aims to shift emphasis from processes to commitment to improving outcomes for people at risk of harm. The key focus is on developing understanding of what people wish to achieve, recording their desired outcomes and then seeing how effectively these have been met.

The survey will help gather information about safeguarding services, how improvements could be made, to shape best practice and whether services are meeting the principles set out within the Care Act 2014.

Developed by NHS Digital in 2014 the survey aims to measure if adults at risk and those who support them think the safeguarding process was effective and whether adults at risk felt safer after a safeguarding investigation. To complete two hundred surveys from January 2017 to October 2017.



Subgroup Reports

HSAB continues to delegate responsibility for developing the responses to its Business Plans to its subgroups which report back at Board meetings. HSAB has five subgroups; the Public Engagement Sub-group, the Performance Subgroup, the Learning and Development Subgroup, the Policy & Procedure sub group and the SARs sub group.

The Public Engagement Subgroup

The role of the HSAB Public Engagement Sub-Group is to promote awareness of Adult Safeguarding throughout Hertfordshire and engage with the public. The focus of the group during 2016 – 2017 was to raise awareness of adult safeguarding and the work of the HSAB amongst professionals and the public through the production of materials and the use of social media.

Membership:

Herts Valleys and East and North Clinical Commissioning Groups –
Head of Adult Safeguarding (Chair)

Hertfordshire Community NHS Trust – Named Nurse Adult
Safeguarding (Vice Chair)

Hertfordshire Constabulary – Detective Sergeant

Health & Community Services – Head of Adult Safeguarding

West Hertfordshire Hospitals Trust – Deputy Chief Nurse

District Council Representative

East & North Clinical Commissioning Group – Public Engagement
Manager

Hertfordshire Care Providers Association

Healthwatch

Supported by the HSAB Business Support Officer

Achievements in 2016-2017

- World Elder Abuse Awareness Day highlighted by the Board and partners. The sub-group developed an action plan to ensure that all partner agencies promoted WEAAD throughout their organisations.
- The development of a multi – platform safeguarding adult app.
- Review of publicity materials.
- A draft version of a leaflet for the victims of abuse detailing what they can expect from the safeguarding adult process.
- Further development of the HSAB website
- Agreeing the funding of an awareness raising campaign in partnership with Herts County Council.
- The launch of a new campaign page developed to provide a focus for digital activity for this campaign.
- A Facebook advertising campaign launched at the end of November targeting six different resident groups.
 - Females aged 18-34
 - Females aged 35-64
 - Females 65+
 - Males aged 18-34
 - Males aged 35 – 64
 - Males aged 65+
- A press release was sent out in October to tie in with the publication of the HSAB Annual Report and was picked up by a number of local papers.



Subgroup Reports

Priorities for 2017 -2020

The sub group will:

- Undertake themed based awareness campaigns to develop community awareness and engagement of adult abuse and its impact with a focus on: hoarding, self-neglect, domestic abuse, financial abuse, scamming and unwise decisions.
- Evaluate progress of the campaign and implement any identified learning.
- Complete, launch and implement the safeguarding adult app.
- Develop the HSABs communication plan and review the HSABs publicity materials.
- Promote World Elder Against Abuse Day June 15th.

Tracey Cooper
Chair of the Public Engagement Sub group
April 2017



Subgroup Reports

The Learning and Development Subgroup

The Learning and Development Subgroup was reinstated during 2015/16 and retains an active membership.

Membership

Hertfordshire Community NHS Trust - Head of Learning and Development (Chair)

Health and Community Services - Deputy Head of Workforce Development (Vice Chair)

Health and Community Services Senior Learning and Development Officer – Adult Safeguarding

East & North Hertfordshire NHS Trust - Adult Safeguarding Lead

Herts Valleys and East & North Hertfordshire Clinical Commissioning Groups - Head of Adult Safeguarding

HCPA – Chief Executive

West Hertfordshire Hospitals NHS Trust – Consultant in Elderly Care

Hertfordshire Partnership Foundation Trust – Head of Social Care and Safeguarding

Hertfordshire Constabulary – SAFA Unit Detective Sergeant

National Probation Service – Senior Probation Officer

Hertfordshire County Council - Programme Manager Domestic Violence and Hate Crime

Hertfordshire Fire and Rescue Service – Risk Reduction Manager

District Council Representative

Supported by the HSAB Business Support Officer

Activities during 2016/17

The subgroup organised a programme of Safeguarding Forums to provide a higher level of knowledge and skills for frontline staff. There was no Safeguarding Conference during this year as it has been moved to coincide with World Elder Abuse Awareness Day on the 15th June. The June 2017 conference will focus on self-neglect and financial abuse.

The subgroup undertook a survey of partner agencies to understand what each is doing to train staff in Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards. This showed that 95% of respondents provide safeguarding training for staff and approximately 60% provide training in MCA/DOLS.

2 E-newsletters were produced and distributed widely across Hertfordshire, as well as a number of other information sheets.

Plans for 2017/18

- Delivery of the Safeguarding Adults Conference and Safeguarding Forums
- A further review of training provided by partner agencies to identify gaps in provision
- Consideration of the training programme to be delivered directly by the Board
- Supporting the quality of safeguarding training provided to frontline staff.

Jane Trundle
Chair of Learning & Development sub group
April 2017

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Subgroup Reports

The Performance Subgroup

The Performance Subgroup throughout 2016/17 has been well represented by the Partner agencies which are listed below with attendance remaining consistent throughout the year.

Membership:

Health and Community Services - Head of Adult Safeguarding (Chair)
 Deputy Head of County Community Safety Hertfordshire County Council
 Community Protection (Vice chair)
 Hertfordshire Partnership Foundation Trust - Head of Social Care and Safeguarding
 West Hertfordshire Hospitals Trust – Adult Safeguarding Lead Nurse
 Hertfordshire Community NHS Trust - Safeguarding Adults Specialist Nurse
 Health and Community Services - Performance Information Officer
 Hertfordshire Police - Detective Sergeant
 Hertfordshire Partnership Foundation Trust – Safeguarding Nurse
 POhWER – Regional Manager
 Supported by the HSAB Business Support Officer

Objectives 2016/17: the Sub Group was tasked with meeting the following objectives as part of its work plan in 2016/17:

1. Analyse the statistical data to identify the referring patterns and the trends within distinct communities being referred
2. To implement the recommendations through making safeguarding personal

Progress:

The sub group aimed to fully embed the electronic dashboard in 2016/17 by replacing its quarterly paper reports to the HSAB with a

live interactive electronic dashboard. Whilst progress has been made on the development of the dashboard it is yet to go live and the group continues to oversee its development.

Achievements:

The Sub-group has helped to define the safeguarding data received each quarter from HCS and HPFT. This data is analysed and used to identify areas of concern or good practice that can be considered in more detail and this is then shared with the partnership to improve safeguarding practice.

The sub-group has overseen the incorporation of service user and carer experiences of safeguarding within the analysis. This is demonstrated by individual outcomes being recorded on every enquiry which forms part of the data analysis. The sub-group has also overseen the recruitment of a worker to undertake a survey with service users and carers around Making Safeguarding Personal. The survey started in January 2017 and has been well received with good engagement from those requested to take part.

Priorities 2017/18:

- To analyse the findings from the Making Safeguarding Personal Survey and identify any areas of concern to the HSAB and to highlight any good practice.
- To fully embed the electronic dashboard and ensure effective analysis of the collected data to inform HSAB's direction of travel.
- Develop a HSAB Performance Management Framework (PMF) which includes an agreed multi-agency data set and self-assessment framework

Keith Dodd
Chair of Performance Sub Group
April 2017



Subgroup Reports

The Policy & Procedure Subgroup

Membership

Health and Community Services - Head of Adult Safeguarding (Chair)
Hertfordshire Partnership Foundation Trust - Safeguarding Nurse -
(Vice chair)
Hertfordshire Community NHS Trust - Safeguarding Adults Specialist
Nurse
West Hertfordshire Hospitals Trust - Adult Safeguarding Lead Nurse
Health and Community Services - Community Learning Disability
Service - Deputy Head of Service
Health and Community Services - Older People and Physical Disability
- Team Manager
CRI Spectrum - Senior Social Worker
East & North Hertfordshire and Herts Valley CCG - Head of Adult
Safeguarding
East & North Hertfordshire NHS Trust - Lead Nurse Adult
Safeguarding
Workforce Development, HCS - Senior Learning and Development
Officer
Trading Standards - Principle Officer
HCPA - Forums Lead
Supported by the HSAB Business Support Officer

Achievements

Policy and Procedure Sub-Group

The policy and procedure sub-group met 3 times in 2016/17 as a whole group. There were various smaller task and finish groups that met

throughout the year to undertake specific pieces of work in relation to the Hertfordshire Safeguarding Adult at Risk Policy.

Achievements

The main focus of this group over the last year was to update the Hertfordshire Safeguarding Adults at Risk Policy. January 2017 saw the launch of the updated policy and associated Executive Summary. There are some key messages in the Care Act 2014 which underpin good safeguarding practice; the policy has been updated to reflect these:

- Local Authorities have a duty to promote individual wellbeing.
- Implementation of making safeguarding personal principles. This means when abuse or neglect occur, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the concern raised. The adult at risk must be at the centre of any safeguarding response and must be empowered to have as much control in decision making as possible.
- The adult at risk must be supported to achieve the outcomes that are important to them.
- Local Authorities must arrange for independent advocacy when appropriate.
- There is a duty for partners to co-operate and respond appropriately to safeguarding concerns
- Local authorities have a duty to conduct a section 42 safeguarding enquiry or make sure others do. While the Local Authority is responsible for leading the response, Police and NHS practitioners are bound to engage in this process as required.
- The HSAB must arrange to carry out a Safeguarding Adult Review when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the partner agencies could have done more to protect them.

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Subgroup Reports

The policy and procedure sub-group continues to work on some of the appendices of the Safeguarding Adults at Risk Policy that still require an update and to identify any legislative or practice led developments that may influence the policy going forward.

Objectives 2016/2017

- To oversee the update of the Safeguarding Adults at Risk policy and present to HSAB for sign off.
- To monitor the implementation of partner agencies internal policies to ensure compatibility with the Hertfordshire Multi-agency Policy.
- To support the creation and implementation of a Countywide Hoarding Protocol.

Priorities for 2017/18

Keith Dodd / Kate Linhart
Chair of Policy & Procedure Sub Group
April 2017



Subgroup Reports

Safeguarding Adults Reviews Subgroup

Membership

Hertfordshire Constabulary – Detective Chief Inspector (Chair)
East & North Hertfordshire & Herts Valley CCG – Head of Adult Safeguarding (Vice Chair)
West Hertfordshire Hospital Trust – Adult Safeguarding Lead Nurse
Hertfordshire Community NHS Trust – Names Nurse for Adult Safeguarding & PREVENT lead
Hertfordshire County Council – Head of Adult Safeguarding
Hertfordshire County Council – Principle Lawyer Hertfordshire County Council - Head of Child Protection
Hertfordshire Partnership Foundation Trust – Head of Social Care and Safeguarding
County Community Safety Unit – Programme Manager, Domestic Abuse, Stalking and Harassment, and Hate Crime
National Probation Service - Head of Hertfordshire LDU Supported by the HSAB Business Support Officer

Objectives

1. Ensure that recommendations from SARs both locally and nationally, DHRs and SCRs across Hertfordshire are effectively followed through, that actions are completed and learning is embedded into practice.
2. Develop a process to implement the Learning from local and national SARs.
3. Seek assurance that all agencies and practices understand their role and the expectations of participation in Safeguarding Adults Reviews under the Care Act and support the involvement of their staff at all levels in the Adult Case Review process.

Achievements

To assist agencies to understand their role and their expectations when participating on a SAR the sub group have created a guidance document.

This year there have been three new referrals for consideration of a SAR, although only one of these referrals fitted the criteria. This will be taken forward as a multi-agency learning event, facilitated by an independent person and will be reported on in next year's annual report. One referral received at the end of last financial year didn't meet the criteria for a SAR or MASIR but the sub group felt that there is learning from this event that can be shared. The Independent Chair will facilitate a half day learning event with those agencies involved later this year.

Last year saw the first of two formal reviews under the SAR process

Ms A

HSAB commissioned a SAR following the death of Ms A who was aged 18 and a member of the Traveller community. Ms A was living in temporary housing with her baby son. She had a history of ADHD and depression and sustained domestic abuse during her intermittent relationship with a young Caribbean man of similar age. Ms A was supported by her own mother but this relationship was fragile at times. Ms A felt isolated from her community as a result of the dual heritage of her baby.

The recommendations of the SAR were covered under four main categories: recommendations to strengthen interagency working; recommendations to strengthen risk assessments; recommendations on workforce development; recommendations on promoting learning from this review. In concluding the recommendations, attention was drawn to the importance of on-going monitoring and audit of progress with implementation.



Subgroup Reports

Rachel

HSAB commissioned a SAR following the death of Rachel, who died following a fire at her home. The verdict from the coroner's inquest was that this was an alcohol related accidental death. Rachel lived alone in a council owned property and had two adult children. The reports from those agencies involved with Rachel prior to the review period indicate that she had a long term history of addiction to alcohol and alcohol abuse.

The review identified three main areas for recommendations:

1. To review the SOOHS (Safeguarding Out Of Hours) policy protecting all adults at risk;
2. Review and update the HSAB Safeguarding Adults from Abuse policy;
3. Multi agency Learning and Development.

As a result of this SAR a task and finish group was set up by the HSAB to specifically look at self neglect and the impact of unwise decision making. This also linked up with the multi agency self neglect audit which was also commissioned.

The recommendations of both the SAR's have been turned into SMART action plans which have been agreed by the HSAB.

The completion of these SARs has allowed the sub group the opportunity to review the process from end to end and has identified areas of the process to be reviewed and will be reflected in the guidance documents.

Priorities

1. Ensure learning from SARs is disseminated and implemented within agencies;
2. Create a bulletin to be shared with all agencies to disseminate any learning from SARs;
3. Review guidance documents for SARs.

Tracey Cooper
Vice Chair of SAR Sub Group
April 2017

Tracy Pemberton
Chair Safeguarding Adults Review
Sub Group



Glossary and acronyms

Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse.

Adult at risk means adults who need community care services because of mental or other disability, age or illness and who are, or may be unable, to take care of themselves against significant harm or exploitation. The term replaces 'vulnerable adult'.

Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Concern is a worry that an adult at risk is or may be a victim of abuse or neglect. A concern may be a result of a disclosure, an incident, or other signs or indicators.

Capacity is the ability to make a decision about a particular matter at the time the decision needs to be made.

Care setting/services includes health care, nursing care, social care, domiciliary care, social activities, support setting, emotional support, housing support, emergency housing, befriending and advice services and services provided in someone's own home.

Carer refers to unpaid carers, for example, relatives or friends of the adult at risk. Paid workers, including personal assistants, whose job title may be 'carer', are called 'staff'.

CMHTs (community mental health teams) are made up of professionals and support staff that provide specialist mental health services to people within their community.

Consent is the voluntary and continuing permission of the person to the intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it.

CPS (Crown Prosecution Service) is the government department responsible for prosecuting criminal cases investigated by the police in England and Wales.

CQC (Care Quality Commission) is responsible for the registration and regulation of health and social care in England.

DAISU (Domestic Abuse, Investigation and Safeguarding Unit) – Herts Police Team investigation allegations of domestic abuse where there is an intimate relationship.

DoLS (Deprivation of Liberty Safeguards) are measures to protect people who lack the mental capacity to make certain decisions for themselves. They came into effect in April 2009 using the principles of the Mental Capacity Act 2005, and apply to people in care homes or hospitals where they may be deprived of their liberty.

DSL (Designated Safeguarding Lead)

Enquiry establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken.



Glossary and acronyms

IMCA (Independent Mental Capacity Advocate) established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

MAPPA (Multi-agency Public Protection Arrangements) are statutory arrangements for managing sexual and violent offenders.

MARAC (Multi-agency Risk Assessment Conference) is the multi-agency forum of organisations that manage high-risk cases of domestic abuse, stalking and 'honour'- based violence.

Making Safeguarding Personal is about person centred and outcome focussed practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them.

Mental Capacity refers to whether someone has the mental capacity to make a decision or not.

Modern Slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Person alleged to cause the harm is the person or adult who is alleged to have caused the abuse or harm.

Public interest – a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

Safeguarding adults is used to describe all work to help adults at risk stay safe from significant harm. It replaces the term 'adult protection'.

Safeguarding adults review is undertaken by Hertfordshire Safeguarding Adult Board when a serious case of adult abuse takes place. This is a requirement of the Care Act 2014 and the aim is that agencies and individuals to learn lessons to improve the way in which they work.

SI (Serious Incident) is a term used by the National Patient Safety Agency (NPSA) in its national framework for serious incidents in the NHS requiring investigation. It is defined as an incident that occurred in relation to NHS-funded services resulting in serious harm or unexpected or avoidable death of one or more patients, staff, visitors or members of the public.

Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development.

Wilful neglect is an intentional or deliberate omission or failure to carry out an act of care by someone who has care of a person who lacks capacity to care for themselves.

HERTFORDSHIRE COUNTY COUNCIL
ADULT CARE & HEALTH CABINET PANEL
WEDNESDAY 18 OCTOBER 2017 10:30 AM

Agenda Item
No.

5

LOCAL ACCOUNT FOR ADULT SOCIAL CARE 2016/17

Report of the Director of Adult Care Services

Author: Matt Chatfield – Adult Social Care Performance Manager
(Tel: 01438 845387)

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

1. Purpose of the report

1.1. To present the 2016/17 Local Account for Adult Social Care Services covering the period April 2016 – March 2017.

2. Background

2.1 In March 2011, the Department of Health published ‘Transparency In outcomes: a framework of quality in adult social care.’ The document laid out a new approach to demonstrating quality and outcomes in adult social care. The paper stated that “opening up information on adult social care, and fostering a new conversation between service providers, commissioners, and those they serve will together enable a new relationship where accountability is held locally, and citizens feel empowered to challenge, or to commend, local services.”

2.2 In order to facilitate the above, annual performance reports on adult social care previously undertaken by the Care Quality Commission were replaced by Local Accounts. Councils are now required to publish a Local Account every year, which should outline the performance of their adult social care services, areas of strength and achievement and plans for improvement. The aim is to provide transparency and accountability to local communities.

3. 2016/17 Local Account

3.1 The Local Account for 2016/17 is attached as Appendix 1. To encourage more interest from clients, a 2 page summary version has also been developed. This is attached as Appendix 2

4. Equalities Impact Assessment

- 3.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.
- 3.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.
- 3.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 3.4 Adult social care helps support and keep safe vulnerable adults within our community and how this has been achieved throughout 2016/17 is reflected throughout the Local Account. However, a specific Equalities Impact Assessment has not been undertaken as this report is for noting and commenting purposes only and does not require a decision, which would have any equality implications.
- 3.5 At the back of the Local Account is some information advising member of the public how to obtain copies in another language or format if required.

5. Recommendations

- 5.1. Panel is invited to note and comment on the 2016/17 Local Account.

Background documents

Appendix 1- Local Account Report
Appendix 2 – Local Account Summary

Are attached as separate documents.

Local Account 2016 - 2017

Adult Care Services



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Foreword

By: Councillor Colette Wyatt-Lowe, Executive Member for Adult Care and Health and Iain MacBeath, Director for Adult Care Services.



**Councillor Colette
Wyatt-Lowe**



Iain MacBeath

This document is Hertfordshire County Council's sixth Local Account of adult social services. It is intended to report on how adult social care has been run by the County Council in the last financial year 2016/17. We continue to perform well when compared to other councils, despite difficulties recruiting workers into the care sector. Our local councillors have recognised this and have provided more money to social care to pass on to front-line care workers in Hertfordshire.

We're still fully participating in the NHS' transformation plans and ensuring that the interfaces for people between health and social care are continuously improved. For the future, we'll also be focussing on housing and ensuring that Hertfordshire has the right number of care homes and older people's schemes for people who want to plan for their very-old-age. We've provided more care packages than ever in 2016/17 and hope that the Government reforms promised for 2020 will put social care back on a firmer financial footing.

I hope you enjoy reading our Local Account. Do use the feedback form at the end of the document if you have any questions or suggestions.

Introduction

We are delighted to present Hertfordshire's local account for Adult Care Services.

Adult Care Services is committed to delivering the highest quality services to residents who have care and support needs. We are proud of the way we work with our residents, the NHS, the voluntary sector and wider community. By working together we achieve better outcomes for people who use our services.

This local account describes what we achieved between April 2016 and March 2017. We would like to thank everyone who contributed to the production of this report; it is paramount that we hear your voice.



In June 2017, Health and Community Services changed its name to Adult Care Services (ACS). The change, which was approved by Members, reflects feedback from people who use our services, their carers and staff. It is felt that ACS now better describes our core function, making it easier to search for information about adult care and reflects that most people already refer to us as adult care or social services.

What is a Local Account?



In 2011, the Department of Health (DH) recommended that all local authorities' Adult Social Care directorates publish an annual Local Account. The focus of Local Accounts is primarily to help residents see how well local adult social care services are being delivered and what is needed to improve in their area.

The work outlined in this account has been achieved through a collaborative approach. This means working with all our partners to make a difference to the lives of people, through trusted, personalised and universal social care support, so people have choice and control, and can maximise their wellbeing and independence in their local community.




Facts & Figures

Our vision is for...

“People in Hertfordshire feel well informed about what’s available to them so they can lead safe, happy and healthier lives in a way they choose. They feel valued and listened to, have independence and a range of positive things to do.

We offer the best and most responsive services in the country.

These are services our staff feel proud to deliver and would be pleased to receive.”



**An estimated
909,800 adults live
in Hertfordshire....**

**....and we
supported 26,423
of these during
2016/17**

Facts & Figures Continued...

7,257 People aged between 18-64 were supported by Adult Social Care.

We reviewed the support being provided to **17,508** clients.

We provided support and services to **1,409** people to help them with their memory or cognition.

We also provided services, support or advice to **3,402** Carers.

19,166 People over the age of 65 were supported by Adult Social Care.

We assessed the needs of **20,158** clients.

We provided support to **3,354** people who had a learning disability.

We received **23,844** requests for help from new clients throughout 2015/16.

We provided help to **11,890** people because they had a physical support requirement.

Information and Advice

What we have achieved during 2016/17

We have continued to develop our information and advice service in consultation with people who use our services and carers. Our achievements include:

- New and innovative features have been added to the adult social care website, including more ready reckoner tools, improvements to the blue badge application process, information for people who fund their own care and an online carers assessment.
- We have continued to develop and promote HertsHelp independent information and advice services, launching a HertsHelp website to make it easier for people to access the support they need in the community and voluntary sector.
- We are making more use of social media as an alternative source of information for our residents.
- Our social care links in libraries are supporting higher numbers of older and vulnerable residents and carers to access information and advice available in the community; partnering with community organisations to run a programme of anti-falls slipper swap events during the winter.
- We have consulted with disabled people to expand our DisabledGo accessibility guide for Hertfordshire.

157,000 calls were received by Adult Care Services during 2016/17 (including calls regarding Blue Badges)

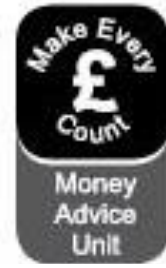
Our focus for 2017/18

Herts Help, our independent information and advice service, helped 74,624 people to find the services they need locally

- In 2017/18 we will continue to develop more joint information with our partners in health and the community and voluntary sector including a new website for end of life information and advice.
- We are looking at how we promote and develop digital innovations in adult care, including telecare, apps and client portals.
- We are reviewing and improving the Hertfordshire Directory and to ensure the adult care and support section is targeted, up to date and accurate.
- We have commissioned more videos to provide information and advice in an accessible and engaging way.



Money Advice



What we have achieved during 2016/17

- We have worked with two housing associations in particular to establish a project, funded by the European Social Investment Fund, to provide detailed advice to the most vulnerable tenants and other local residents. In addition, we have worked with a broader range of housing providers over the impact of the benefit cap and the forthcoming changes to the funding of supported housing.
- We have promoted advice on welfare reform, and this has been a major part of our training and information strategy. This included a conference in October 2016 that reached over 100 local organisations.
- We established the Hertfordshire Macmillan Benefits Advice Service.
- We were able to restructure the Unit in light of reduced funding, by increasing external funding.

The Money Advice Unit gives advice and information about welfare benefits by:

- **Increasing the take-up of benefits for local residents**
- **Promoting accurate advice and advocacy on benefits and debt by organisations in Hertfordshire**
- **Advising on the likely changes and impact of social security and debt advice for local residents**

Our Advice Line received and worked through 1,458 calls and emails

We assisted 2,722 households, raising £10.1m in additional weekly benefit and obtaining £500,013 in additional one-off payments.

We ran 46 training courses, with 867 participants taking part.

Money Advice Continued...

Simon's Story

Simon has cancer and lives with his wife who has her own health conditions. They are both in their seventies. The Money Advice Unit (MAU) adviser made an application for attendance allowance for Simon under the special rules for terminally ill people. The MAU advisor checked and chased the progress of Simon's claim which resulted in him receiving a higher rate of attendance. The MAU then worked with Simon's wife helping her claim for a personal independence payment. The couple subsequently became eligible for pension credit and council tax report, meaning that through the work of the MAU, Simon and his wife have an additional £250 a week in income.

To find out more about the work of the Money Advice Unit, contact moneyadvice.unit@hertfordshire.gov.uk and you can see their benefit and debt factsheets on www.hertfordshire.gov.uk/benefits



Our focus for 2017/18

- We will maintain the Hertfordshire Macmillan Benefits Advice Service, to reach as many people affected by cancer in Hertfordshire as our resources allow.
- We will continue to provide a casework service in mental health, carers, disabled children, crisis cases and working-age ACS service-users.
- We will concentrate our training and information programme on welfare reform matters, given the imminent roll-out of universal credit to Hertfordshire.

Supporting Carers

What we have achieved during 2016/17

- Twelve new Carer Practitioner posts were introduced to raise the profile of carers and improve practice within operational teams as well as working more closely with partners across the county. These posts were situated in operational teams supporting older people, adults with physical disabilities and adults with learning disabilities.
- We have continued to build on our networks and partnerships and have reviewed and refreshed our multi-agency Carers Strategy and we have made public our Market Position Statement on our website.
- Joint commissioning of the Carer Friendly Hospital leads and GP Carer Champions is continuing.
- HPFT have launched a new Carers Pathway to improve the experience of carers who access support and are signposted to other services.
- We have promoted carer resilience through preventative services in mental health services and partnership agency initiatives. These services are continuing and our focus remains on building carer resilience.

During 2016/17 we undertook 3,113 one-to-one carer assessments and reviews

In 2016/17 274 Recognising Carers Registration forms were completed by carers online

During 2016/17 3,416 adult carers were registered as a new carer with Carers in Herts.



Supporting Carers Continued...

Our focus for 2017/18

- Ongoing investment in partnership working to promote the rights of carers and help build carer resilience.
- Improved partnership working with partners focussing on supporting family carers of those with Young Onset Dementia.
- Reintroduction of the Specialist Dementia Nurse Service to support carers in crisis.

During 2016/17 we gave
1,706 Direct Payments
to carers to help them
with their support
needs

Frances's Story

Frances provides full time care support to her husband. She has no family locally she can depend on.

Frances's husband has suffered from several strokes which affected his mobility and balance causing an increase in falls. Due to these strokes he now has short term memory loss.

Due to his decline in his physical and mental health this then had a significant impact on Frances's daily choices and limited control over her own daily life. She was no longer able to meet with her friends or go out for her walks as she could no longer leave her husband safely on his own.

Frances contacted Adult Care Services where an assessment of her needs were under taken.

A service with Crossroads was offered for a carer to sit with her husband to enable her to meet with her friends and to go out for her walks which she finds very therapeutic and stress relieving.

Frances finds the Crossroads service a life saver and without these regular breaks it would have had a detrimental impact on her own health. Frances feels she is now able to balance her own life with her caring role.

Frances feels the quality of the Crossroads carers and their training gives her full confidence leaving her husband in their care and helps her to relax when she is out.

Frances has had this service for the past 2 years and found it invaluable. This gives Frances a break and enables her to keep in touch with her friends go out for her walks in the country.

Frances also attends the Carers In Herts hub once a month where she meets other carers who are in a similar situation and learns some useful tips.

Frances found having a Contingency plan completed gave her some reassurance that in the event of an emergency and she was unable to care for her husband there was a plan in place and we would then contact the agreed person named on the plan.

Learning Disability Services

What we have achieved during 2016/17

During the year our Learning Disability Service have undertaken a number of specific initiatives such as:

- Piloted a 'Think New' course, which was aimed at improving information technology skills for individuals who use our services.
- We have continued to expand our Citizenship and Community engagement programme across all our service areas, with 5 of our 7 teams now running regular "Think Safe" programmes. Over 100 people have attended the programme so far.
- All of our teams have hosted an annual review meeting attended by service users and families, and their views have been used to shaped objectives set in team plans
- Our Watford & Three Rivers team have also worked closely with the police to raise awareness of people with Learning Disabilities. Over 25 police officers have attended.
- Our Social Skills programme continues to be a success with 14 people completing the course and utilising the skills learnt. The programme has proved popular with more people requesting to attend.
- We have also developed a future planning guide and have tested this with service users. This should help them better plan their future needs and we plan to further enhance the guide to include young people (aged 14 – 18) with Learning Disabilities.

During 2016/17, 711 people with a learning disability received a Direct Payment

During 2016/17 we provided support and services to 3,354 people with a learning disability

Our focus for 2017/18

A major focus of the next year will be implementing our vision for the new Adult Disability Service. This includes focusing on:

- Adults who are 25 years plus (or already settled in adult life) and whose primary support need is because of their learning and/or physical disability.
- Working with adults with Asperger's /Autism in our specialist Asperger's Social Care team.
- Conducting assessments for adults with drug and alcohol related needs.

Learning Disability Services Continued...

We will also be asking our teams to:

- Develop innovative care and support with people using a variety of different services.
- Promote the development of personal skills to facilitate greater independence and access to true citizenship.
- Optimise use of resources by developing the services present within the community and actively take part in community development opportunities.



Steven's Story

Steven has been living in a large residential home for many years. After talking to Steven and his family, it was agreed that Steven would enjoy the greater independence that supported living accommodation offered. With the support of his friends, family and carers, Steven made the transition earlier in the year. Feedback from both Steven and his family is that the move has been extremely beneficial and positive: Steven is more active, has made some new friends and is relaxing in his new environment. Work will continue with everyone involved in Steven's life to ensure that he continues to enjoy living in his own home.

Older People and Physical Disability Service

What we have achieved during 2016/17

- Community Engagement – there has been a focus on exploring specific localities, capturing and recording local universal resources to support and in some cases replace traditional services, enhancing service users lives and reducing social isolation
- We have focused on helping people return to their own homes in a timely manner when being discharged from hospital. This includes exploring new ways of working such as Discharge to Assess (where, when it is safe to do so, people are discharged from hospital so their care and assessment can be continued in a more appropriate setting) or working with specialist Discharge Support Team. Throughout this we have ensured that packages of care are centred around the individual needs of the patient.
- We have reviewed and improved and consolidated safeguarding practice with targeted staff training and improved computer systems which has simplified the process and helped us capture better information.
- Weekend working and extended coverage across all hospital sites and intermediate care teams has also supported effective working and more effective relationships.

During 2016/17 we helped 9,411 people move out of hospital, ensuring they had the social care support in place to support their discharge

During 2016/17 we supported 2,789 with a Direct Payment to help them their physical support needs.

Our focus for 2017/18

- Promoting Community and Home First – informing, advising, enabling and advocating for people and carers, developing opportunities in communities and personalising people's support
- Implement new practice and discharge to assess models in line with practice principles and new assessment frameworks
- Encouraging alternatives to traditional care services using strength based assessments and assistive technology
- Ensuring that safeguarding is personal and proportionate by continuing to work with partners and providers to ensure the best outcomes for people, valuing their rights to self determination
- Continue to integrate our services with health partners and exploring how together we can achieve Place Based Care (where all partners work together to improve the lives of residents in the areas they operate). Also working in partnership across all hospital sites to achieve better integrated working and deliver case co-ordination to support safe and timely transfers and enable people to access emergency care in a timely way.
- Investing in our staff to support Continuous Professional Development

Older People and Physical Disability Service Continued...

- Pilot with Public Health (Hertsmere Area) staff training re Motivational Interviewing
- To continue to work in partnership with care providers to improve the quality and capacity of care, ensuring the needs of service users and carers are met in a personalised way

Jamie's Story

Jamie was admitted to hospital after having a fall at home where he had lived alone since his wife had died. Although his injuries were not serious, Jamie lost his confidence in carrying out ordinary things such as making a cup of tea, getting the daily newspaper and walking. Jamie's social worker was really supportive and kept everyone in the loop as they were all worried that he might have to go into a care home. Jamie's social worker referred him to the Specialist Care at Home Service who helped him regain his independence and restored his belief that he could continue to live in his home with support including having a small direct payment which meant he could travel to see his friends at his local social club.

Iain's Story

Last year Iain's boiler stopped working and he had no money to replace it. Both he and his wife faced the prospect of no heating and hot water as the winter cold spell saw temperatures drop to freezing point. Iain's social worker referred him to Herts Healthy Homes who as a short term measure, provided blankets and electric heaters. In addition to this Iain's social worker approached a charity who kindly provided Iain and his wife with a quarterly grant and, with Herts Help, supported Iain in making an application to the 'Health Through Warmth Scheme' resulting in the boiler being replaced.

During 2015/16 we assessed the care needs of 20,158 people. 78% of these were aged 65 and over

Health Integration and Partnership Working



What we have achieved during 2016/17

During the year we continued our focus on providing joined-up services that allow people to maintain independence in their own homes, prevent ill-health and avoid admission or readmission to hospital:

- Rapid Response services (and some HomeFirst services) were rolled out across Hertfordshire – these integrated teams of health and social care professionals work together to respond crisis situations within 60 minutes allowing people to stay at home rather than go to hospital.
- In West Hertfordshire, health, social care, community and other professionals have been bought together using the multi-speciality team approach to better coordinate care for those with complex or multiple needs.
- The hospital-based Integrated Discharge teams have been expanded to include the voluntary sector helping people to leave hospital faster and not stay in a bed longer than they need to.
- The Community Navigator service in West Hertfordshire continues to help connect vulnerable people to support in their local communities – so far the Navigators have taken over 2000 referrals.
- A greater number of health and social care professionals are now providing seven-day services across hospital and community services.
- Working with district and borough council partners to progress plans to create a new shared service to improve the delivery of home adaptations and better support older and disabled residents to live independently in their own homes. The service will go live during 2017/18.
- The Specialist Care at Home model was launched in April 2016. This brought together a number of existing enablement pathways to deliver over 178,000 hours of homecare giving people the skills and confidence to maintain a positive level of health and wellbeing.

Helen's Story

Helen, a lady in her 70s, was referred to psychology as she had not left her house for several months and was experiencing severe anxiety following a diagnosis of terminal cancer. A holistic assessment of physical, psychological and social needs showed that part of Helen's anxiety was linked to another family member who was also unwell. In a brief intervention lasting three sessions the HomeFirst Clinical Psychologist worked with Helen and her relative to help enhance communication, implement some practical anxiety management and, with support from the broader HomeFirst team, helped them develop confidence and resilience resulting in a significant improvement in quality of life. At the end of our involvement Helen had embraced some of her previous interests and was getting out of the house several times a week.

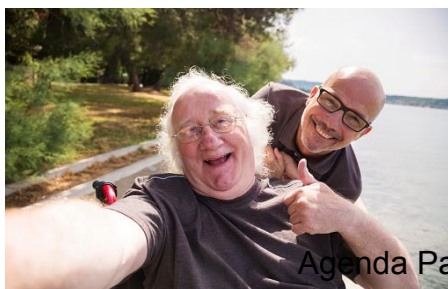
Health Integration and Partnership Working Continued...



Our focus for 2017/18

The vision for health and social care integration remains ‘a system that delivers the right care and support at the right time and in the right place’. This will be outlined in Hertfordshire’s 2017-19 Better Care Fund Plan (to be published October 2017) using seven priorities from an ‘Integration Standard’, developed by NHS England to show what an integrated health and social care system looks like from the point of view of people using the services. Key themes include prevention and making the best possible use of our community partners and networks. Working with East & North Hertfordshire Clinical Commissioning Group, Herts Valleys Clinical Commissioning Group and a variety of other health, social care and community organisations and groups, our priorities are:

- **Electronic record & data sharing**, helping to join up health and social care ICT systems and introducing a shared care plan all professionals can access.
- **Early identification**, expanding our ‘risk stratification’ approach so those most at risk are able to access and receive the support they need to prevent, maintain or reduce unnecessary worsening of conditions.
- **Value for money**, improving efficiency while maintaining quality of services including introduction of the new shared service to improve the delivery of home adaptations
- **Assessment & care planning**, making sure that person-centred outcomes underpin all our services and rolling out integrated personal commissioning allowing greater patient control.
- **Integrated community care**, making sure health and social care community teams are working together and that the community and voluntary sector are fully involved.
- **Timely and safe discharges**, enhancing our ICT systems to better track hospital activity and demand, while also developing a shared enablement approach across health and social care that will maximise individual independence.
- **Integrated Urgent Care**, expanding the use of multidisciplinary teams so that, when it’s needed, a person receives the best possible emergency care and does not need to stay in a bed longer than they need to.



During 2016/17 we supported 4,034 people through our Rapid Response and Homefirst Teams

Health Integration and Partnership Working continued...



An update on our Vanguard Programme

Since 2015, East & North Hertfordshire Clinical Commissioning Group, Hertfordshire County Council and Hertfordshire Care Providers Association have been working on an NHS England Care Homes (Vanguard) programme to provide planned, proactive and preventative support to older people and care home residents. A number of projects have been expanded or rolled out this year, including:

Visit our website
www.enhertsvanguard.uk

- Complex Care training, which provides up to 18 days training to care home staff in older resident complex care. Covering areas such as dementia, nutrition, and engagement and wellbeing, 213 staff 'champions' in 44% of care homes have now received training. The first wave of care homes have shown a 45% reduction in A&E attendances, a 7% improvement in local authority monitoring scores compared to non-Complex Care homes and a 6% increase in staff and professionals recommending the home. The initiative also won the 2017 workforce efficiency category of the HSJ Value in Healthcare awards.
- The Impartial Assessor service works on the care home's behalf to assess and increase the speed of discharge of medically-fit people from hospital to care homes. So far over 245 assessments have resulted in 393 fewer hospital bed days.
- Red Bag – piloted in care homes this year, the 'red bag' ensures relevant information, medication and personal effects are transferred with the resident between locations thereby reducing unnecessary delays. This will be fully rolled out in care homes over 2017-18.
- The Early Intervention Vehicle saw a second vehicle launched this year. These dedicated ambulances are staffed by a paramedic or emergency care practitioner and a health and social care professional and provide an immediate response via screened 999 calls to residents aged over 65 with certain health conditions. Providing a holistic assessment and proactive approach to maintaining independent living, since initiation in May 2016 this service has undertaken over 1,398 visits resulting in 72% of residents being able to remain in their own homes.

The Vanguard Programme will continue over 2017-18 with a view to mainstreaming and extending good practice into all East & North Hertfordshire care homes and potentially other care provision services.



What we achieved in 2016/17

- We consulted on a new Hertfordshire Mental Health Strategy to agree the priorities for people with mental ill health across health and social care for the next five years. The strategy is set out over 5 themes:
 - Listening and responding to service users and carers
 - Early and fair access to diagnosis, treatment and support
 - Valuing mental and physical health equally
 - Preventing and responding to crisis
 - From recovery to independence
- We have worked with a number of users and carers to jointly develop a Recovery College. The college is named New Leaf and opened in January 2017. This provides an opportunity for professionals, carers and people with lived experience to learn together about some of the issues facing people with mental ill health and strategies to overcome them. The vision of the college is to expand into training for people with long term conditions too.
- We have worked with partners to deliver the priorities of the Crisis Care Concordat with the aim of improving how people with mental ill health are responded to in a crisis.



We work with Hertfordshire Partnership NHS Foundation Trust (HPFT) who provide social care support for adults with mental health issues on our behalf. During 2016/17 153 people enrolled in courses run by New Leaf

Our focus for 2017/18

- Retender the mental health social care crisis service to increase the number of people who receive support in community locations rather than in A&E or through HPFT.
- Increase the number of people with mental ill health in employment, working with HPFT and the Department for Work and Pensions to develop a number of Employment Advisor roles in the HPFT Wellbeing Service.
- Work with partners to deliver the Year One priorities set out in the Mental Health Strategy Delivery Plan.
- Work with colleagues in Public Health and others to deliver the actions set out in the Hertfordshire Suicide Prevention Strategy, with an overall aim of reducing the number of people who die by suicide by 10%.

Edward's Story

Edward enrolled at New Leaf Wellbeing College having gone through a difficult personal situation where he felt he needed help to improve his mental wellbeing.

“I booked onto a number of courses offered by the college and found that the knowledge and practical skills I gained had a very positive impact on my mental outlook, helped in part by the compassion of the course tutors and their real sense of care.”

“I met some really interesting people that I would never normally meet in my current social circles and found that the fellow students all had a valid opinion and good experiences to share with other students on the course. Their openness and honesty was very refreshing and I felt I also had the flexibility and freedom to express my own opinion.”

“In terms of the courses, the content was simple and manageable rather than complicated and mentally draining; with straightforward, practical skills that everyone can incorporate into their daily routine to improve their wellbeing. I found the pace of the courses ideal, with sufficient time to take on board new ideas and theories without feeling rushed.”

“Having had such a favourable experience of the college – and in a situation where I can devote my own time – I was approached by the college to become involved on its ‘peer pathway’ whereby students are encouraged to be active in the day to day operation of the college. As a people person, I am looking forward to being part of a small team that is doing good things and being able to give something back to the local community.”

What we achieved in 2016/17

The Hertfordshire Safeguarding Adults Board (HSAB) have overall responsibility for ensuring that agencies in Hertfordshire are working together to help protect vulnerable adults in the region. Some of our key achievements this year have been:

- World Elder Abuse Awareness Day (June 15th) highlighted by the Board and partners. The sub-group developed an action plan to ensure that all partner agencies promoted WEAAD throughout their organisations.
- The development of a multi – platform safeguarding adult app.
- Review of our publicity materials including developing a draft version of a leaflet for the victims of abuse detailing what they can expect from the safeguarding adult process.
- Further development of the HSAB website
- Agreeing the funding of an awareness raising campaign in partnership with Herts County Council.
- The launch of a new campaign page developed to provide a focus for digital activity for this campaign.
- A Facebook advertising campaign launched at the end of November targeting six different resident groups:
 - Females aged 18-34
 - Females aged 35-64
 - Females 65+
 - Males aged 18-34
 - Males aged 35 – 64
 - Males aged 65+
- Published the HSAB Annual Report and which received publicity in a number of local papers.

**During 2016/17 we
received 4,403
safeguarding concerns
and undertook 1,991
enquiries**

**The top 3 forms of abuse
reported were Neglect and
Acts of Omission (40%),
Physical Abuse (22%) and
the Financial or Material
Abuse (11%)**

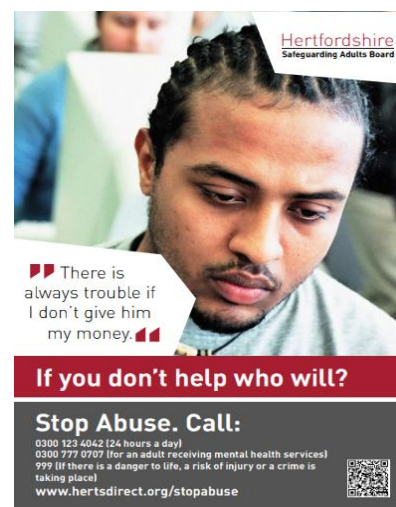
Our focus for 2017/18

In 2017/18 we will:

- Undertake themed based awareness campaigns to develop community awareness and engagement of adult abuse and its impact with a focus on: hoarding, self-neglect, domestic abuse, financial abuse, scamming and unwise decisions.
- Evaluate progress of the campaign and implement any identified learning.
- Complete, launch and implement the safeguarding adult app.
- Develop the HSABs communication plan and continue to review the HSABs publicity materials.
- Promote World Elder Against Abuse Day June 15th.

Linda's Story

Linda, aged 70 with early stages of dementia is being supported to get her own flat and live independently after deciding to leave an abusive marriage. Linda has insight into her diagnosis and was aware that her confusion and forgetfulness agitated her partner and that the situation was deteriorating. Linda was able to make decisions and advocate for herself with support from the allocated worker and achieved her desired outcomes.



If you or someone you know is being abused or neglected:

Call us on **0300 123 4042 (24 Hours a day)**

If there is a danger to life, a risk of injury or a crime is taking place, call the police on **999**

Finance

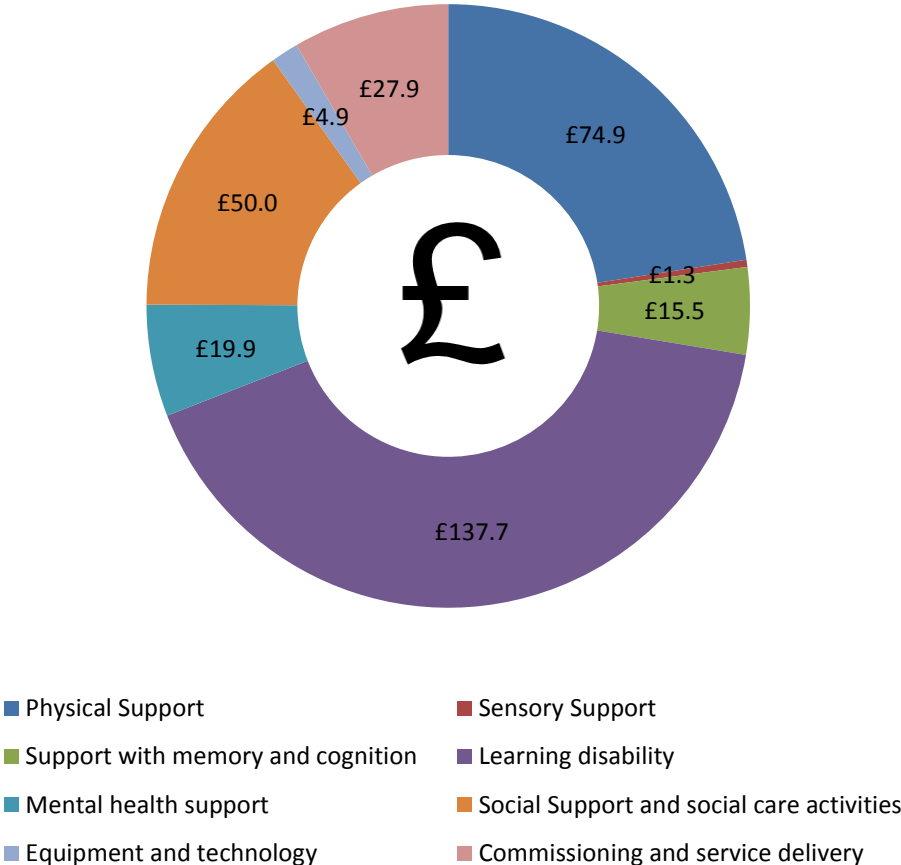


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Expenditure

Hertfordshire County Council spent approximately £1,068 million in 2016/17. £331,990 million was spent on Adult Care Services. The chart below shows how this was spent.

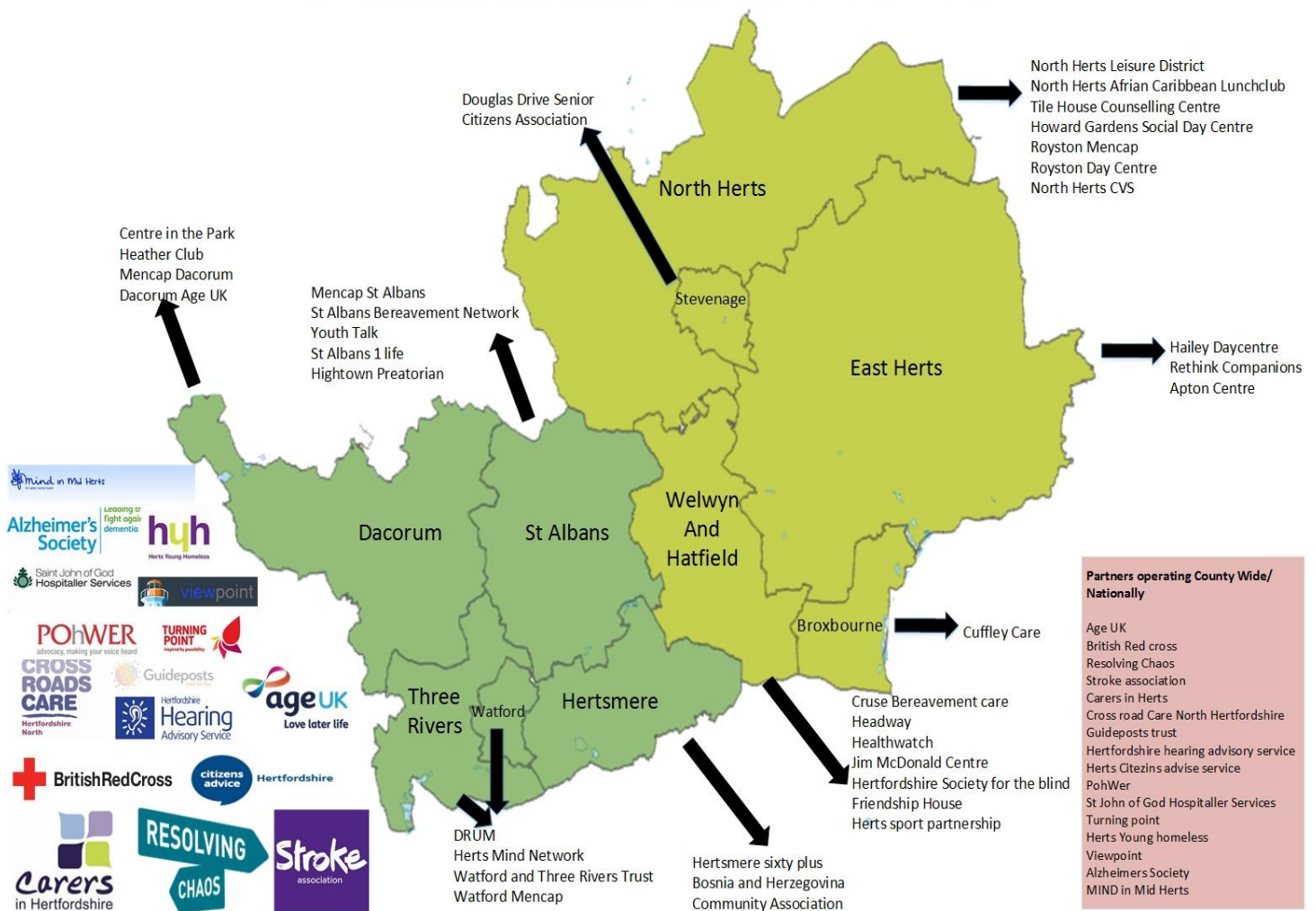
How We Spent Our Funding 2016/17 (£,000)



More About Our Partners

Hertfordshire County Council provides millions of pounds in funding to organisations and groups who provide support, assistance and advice to vulnerable people in within the County. You wanted to know who some of those organisations are which we have illustrated in the following picture.

Hertfordshires Community Wellbeing team contract a number of preventative services across the county. All of these services can be accessed by calling Herts Help on 0300 123 4044.



What you said about our services

The thoughts, opinions and experiences of people using the services we provide and commission is very important to us. We use a number of ways to find out what people think about our services and how we can improve them.

The National User Survey

Every year Hertfordshire County Council is required to undertake a survey of those who have received help and support from us. The questions in the survey are set by NHS Digital. In 2016/17 we sent out questionnaires to 1253 people, receiving 472 responses. Overall satisfaction with care and support decreased slightly from 67.8% the previous year, to 65.96% of those who answered saying that they were either extremely or very satisfied with their care and support they received. The satisfaction of people who use services who say that those services have made them feel safe and secure increased this year compared to the previous year to 88.94% from 84.71% the previous year.

The National Carers Survey

Bi-annually Hertfordshire County Council is required to undertake a survey of those Carers who have received support from us. The questions in the survey are set by NHS Digital. In 2016/17 we sent out questionnaires to 1039 Carers, receiving 546 responses. Overall satisfaction with the support or services the carers and the person they care for have received from Social Services decreased slightly from 39.2% the previous year, to 38.2% of those who answered saying that they were either extremely or very satisfied with the support or services they received.

Analysis of the survey and comments made showed certain themes....

Many carers have no worries about their personal safety

Many carers were very happy with the services provided by the providers

However, there were also some areas where care and support could be improved....

Some people commented that they did not receive contact from social services often enough or quick enough.

Other comments included concerns over how long it took for care to be delivered and carers attending at agreed times.

What you said about our services continued...

Our local 'Your Views' Survey

In addition to the national survey, Adult Care Services also conduct their own local survey throughout the year. Our 'Your Views' survey asks people their thoughts and opinions on whether we have helped them and each survey differs depending on the different ways people come into contact with our services. For example, we survey people who have recently requested information from us, people who have recently had an assessment of their care needs and people who have had those care needs reviewed.

During 2016/17, 650 people responded to our survey questionnaire. Analysis showed us:

When requesting information, most people (90%) found the person they spoke to treated them with dignity and respect

When assessing people's care needs, most people (89%) thought that we understood their needs

When reviewing people's care needs, the majority of people (75%) thought they were offered choices in how their needs could be met

However, by reviewing all the responses we also identified some key areas where we need to make improvements during the next year:

People commented that quite often it was difficult to get to speak to the right person at the Council and a telephone callers were often passed between services

Although general satisfaction with how people's requests for help was high, there were examples when people answering our survey felt that our staff's knowledge could be improved

All responses and comments we receive are analysed and used to improve the services we provide and the "Your View" surveys are a crucial way in which feedback from people we help can directly improve our services.

What you said about our services continued...

Complaints

The Council also review and analyse the complaints and compliments we receive and the Council produces an annual report on our website: <http://www.hertfordshire.gov.uk/your-community/havesay/commentcomplain/standhcccomp/standhcccompproc?page=3>

For 2016/17 we received 442 complaints relating to Adult Social Care of which 40% were up held or partially upheld. The main themes were:

- Communication issues/delays and/ or behaviour staff
- Dissatisfaction with care plans, assessments or reviews
- Disputed charging/cost of service

84% of all complaint responses were completed within agrees timeframes.

Compliments

A total of 268 compliments were received in 2016/17, the vast majority of compliments were praising individual workers and services and how their actions had improved outcomes and prospects for service users.

More information on how to make a complaint or compliment to Hertfordshire County Council can be found at:

<https://www.hertfordshire.gov.uk/about-the-council/complain-or-comment/make-a-complaint.aspx>

How does Hertfordshire Compare?

Every year Hertfordshire submits data regarding social care activity to the Health and Social Care Information Centre. This data is used to calculate a number of indicators which form the Adult Social Care Outcome Framework. The Adult Social Care Outcome indicators help Council's identify what they do well and where they need to improve. The table below shows how well we have performed in 2015/16 and compares this with 2015/16 East of England averages. (2016/17 finalised figures were not available at time of going to print).

Indicator	Hertfordshire 2015/16	East of England 2015/16 average
Social care-related quality of life score	19.0	19.0
The proportion of people who use services who have control over their daily life	77.8%	77.4%
The proportion of people who use services who receive self-directed support	96.1%	85.1%
The proportion of carers who receive self-directed support	98.6%	89.2%
The proportion of people who use services who receive direct payments	27.4%	29.3%
The proportion of carers who receive direct payments	84.3%	83.1%
The proportion of adults with a learning disability in paid employment	4.7%	7.1%
The proportion of adults in contact with secondary mental health services in paid employment	2.1%	5.1%
The proportion of adults with a learning disability who live in their own home or with their family	73.1%	74.0%
The proportion of adults in contact with secondary mental health services living independently, with or without support	37.3%	44.1%
The proportion of people who use services who reported that they had as much social contact as they would like	46.2%	44.8%
Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	15.0	15.8
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	608.2	570.3
The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	93.2%	82.6%

How does Hertfordshire Compare? Continued...

Indicator	Hertfordshire 2015/16	East of England 2015/16 average
The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	1.4%	2.6%
Delayed transfers of care from hospital, per 100,000	15.8	11.6
Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	5.1	3.5
Overall satisfaction of people who use services with their care and support	63.3%	64.5%
The proportion of people who use services who find it easy to find information about support	74.9%	72.7%
The proportion of people who use services who feel safe	71.2%	68.7%
The proportion of people who use services who say that those services have made them feel safe and secure	82.3%	82.4%



Glossary



Care Act 2014 - The Care Act replaces most current law regarding carers and people being cared for. It outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support; the new obligations on local authorities; and how local authorities should charge for both residential care and community care. The Care Act 2014 was implemented on 1st April 2015.

Carers - A carer is someone who, without payment, provides support to another person or people. (The term carer must not be confused with a care worker who receives payment for looking after someone).

Carers in Herts – is a non-profit making organisation that provide information, problem solving and support. Carers in Herts also arrange a variety of ways for **carers** to have a voice and influence service improvements. They work closely and collaboratively with professional staff in a wide range of voluntary and statutory organisations to link the services they provide and assist the organisations to develop a carer friendly focus.

Carer friendly hospitals – Hospitals where specific projects or initiatives are being undertaken in order to support carers

Case Management – involves someone who, on behalf of a patient, co-ordinates and speaks to all the different agencies and carers who are involved in providing support to that individual

CCG – Clinical Commissioning Groups were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

Crossroads Care - Provide support for unpaid family carers and the people they care for in Hertfordshire. The service is available **in the towns and villages of North Herts, Stevenage, Welwyn, Hatfield, Dacorum, St Albans, East Herts and Broxbourne. They provide flexible packages of help and support to carers and their families in the home and in the Community.**

Enablement - Enablement is a way of looking at daily activities we take for granted, understanding how someone can be affected by illness, accident or loss of confidence and how a person can be supported to be as independent as possible. Enablement is available in your own home, in a residential setting or in supported housing called Flexicare.

Short term Enablement in a residential setting can be a positive way to support safe discharge home from Hospital. The environment is similar to a person's own home where activities like washing and dressing or use of a kitchen provide an opportunity to practice daily routine safely with support and advice on hand.

Glossary

Continued...



Health Integration and Partnership Working - In Hertfordshire we are lucky to have one of the largest Better Care Funds in the country which is testament to the excellent relationship we have with our health partners. Better Care Funds means providing integrated care, with health and social care professionals working together to co-ordinate the care and support local people need to live healthy, fulfilling and independent lives.

Hertfordshire Directory – provides information and contact details of agencies, organisations and activities in Hertfordshire

Hertfordshire Partnership Foundation Trust (HPFT) - Provide mental health and social care services - including Adults of Working Age, Older Adults, Children and Adolescents and Specialist Learning Disabilities services. The Trust works in close partnership with Hertfordshire County Council and also with other NHS organisations to promote and support mental health in the community.

Information and Advice - Information and advice helps people to take control of, and make well-informed choices about, their care and support and how they fund it. It is also a vital part of promoting wellbeing and preventing or delaying people's need for care and support.

Integrated Discharge Team – a team made up of professionals from different agencies (e.g. hospital staff, occupational therapists and social workers) who work closely together to help people who have complex needs.

Learning Disability Service - Work with adults aged 18 and over who have a learning disability and are not able to manage without the right kind of support. They offer help, support and advice on health, benefits, rights, housing, financial, family, education, legal and social issues and problems. The learning disability service also assesses the needs of family carers and helps them support the person they care for. From April 2017 the Learning Disability Service was renamed to the Adult Disability Service.

Money Advice Unit - The Money Advice Unit (MAU) deliver advice on benefits and debt and run projects to increase benefits received by particular low-income groups or individuals; helping with benefit checks, form filling, advising on claiming or helping represent people.

NHS Digital – The new name for the Health and Social Care Information Centre. They provide national information, data and IT services for patients, clinicians, commissioners and researchers

Personal Budget - This is an amount of money that is allocated to you by your local council to pay for care or support to meet your assessed needs. It includes the amount both you and the local authority must pay towards that cost. You might choose to take your personal budget as a direct payment or leave the money with the local authority to commission services on your behalf. If you chose for the local authority to manage your personal budget you should still have a say on how the money is spent. You may use your personal budget in a combination of both ways.

Glossary

Continued...



Rapid Response and HomeFirst –

Rapid Response teams respond to people in crisis within 60 minutes and provide integrated health and social care within a patient's home for up to seven days, enabling people to remain independent. HomeFirst adds case management (identifying people at risk of hospital admission) and supported discharge (helping people regain independence following hospital admission) to Rapid Response and is fully operational in Lower Lea Valley and North Hertfordshire localities.

Safeguarding - Adult safeguarding is the term used for protecting adults from abuse or neglect.

Safeguarding relates to the need to protect people over the age of eighteen who may be in vulnerable circumstances. These are adults in need of care and support who may be at risk of abuse or neglect, due to the actions (or lack of action) of another person.

We work together to identify people at risk, put measures in place to help prevent abuse or neglect, and to protect people.

Safeguarding Concern - Is a concern that an adult at risk is or may be a victim of abuse or neglect. An alert may be a result of a disclosure, an incident, or other signs or indicators.

Safeguarding Enquiry- Action taken by an organisation in response to a safeguarding concern. This may range from a simple conversation with an individual to a multi-agency action plan.

Self-Assessment Tool – a way in which an individual can find out whether they are potentially entitled to services or assistance.

Self-Directed Support – **Self-directed support** is about you being in control of the **support** you need to live the life you choose. This approach puts you at the centre of the support you require, so that you can make choices about the services you receive.

'Think Net' Pilot - A programme exploring the ability to increase knowledge and skills with IT and in collaboration with the local library

'Think Safe' Programme - A focused course exploring 'staying safe in the community strategies' which involves police and the local fire service.

TLAP "I" Statements – "Think Local, Act Personal" I Statements are number of statements that represent and express what people want to see and experience in social care. They are used to measure how effectively a Council is providing personalised support.

Universal Services – services available to everyone without the need for an assessment

Please note: The names in the case studies have been changed to ensure individual identities are protected. The photographs of individuals used in this Account are not those described within the case studies.

Feedback

Your views are important to us. This is a great opportunity for you to have your say about the content of this local account, your feedback will help us make next year's account more customer focused and ensure that the content is relevant to you.

1. I am: (please tick)

- A Service User
- A Carer
- A relative of a Service User / Carer
- Hertfordshire Local Citizen
- Other (please state) _____

2. Which sections did you find most helpful and informative?

3. Which sections did you find least helpful and informative?

4. Are there any aspects of the Local Account you do not understand?

5. Are there any issues that you felt were not addressed?

Feedback Continued...

6. What would you like to see in your Local Account?

7. If you have any other comments please include them here:

8. If you would like to help us produce the next Local Account please provide your contact details below:

Name:

Address:

Telephone:

Email:

Best time to contact:

Thank you for taking part in this questionnaire

Please send completed questionnaires to:

Local Account Feedback
Freepost Plus RRUY-RBZH-ZSTY
ACS Surveys SFAR200
Partnership and Quality Unit
Adult Care Services
2nd Floor, Farnham House
Six Hills Way
Stevenage, Hertfordshire
SG1 2FQ

Useful Links

Our website

Information about adult social care – apply online for meals on wheels or a Blue Badge and make a referral for care services

www.hertfordshire.gov.uk

Contact us

For information and advice on how to get care and support

Telephone: 0300 123 4042
Text message: 07797 870591

(Calls to **0300** cost no more than a national rate call to a **01** or **02** number)

Hertfordshire Directory

Find national and local community groups, charities, services and activities

<https://directory.hertfordshire.gov.uk>

Carers in Hertfordshire

Information and advice for Carers and how to get support

Website:
www.carersinherts.org.uk

Telephone: 01992 586969
Email:
contact@carersinherts.org.uk

Hertfordshire Partnership Foundation Trust

If you need to talk about an urgent mental health problem

Call us on 0300 777 0707
Website: <http://www.hpft.nhs.uk/>

If you are worried that you or someone you know is at risk of abuse or neglect

Call us on 0300 123 4042
(24 hours a day)

HertsHelp

Independent information and advice on local community services and care funding

Telephone: 0300 123 4044
Minicom: 0300 456 2364
Email: info@herts-help.net

This information is issued by:

Adult Care Services, Business Improvement and Modernisation Team

You can contact us in the following ways:

By Email:

Helen Mirams on:

Email: helen.mirams@hertfordshire.gov.uk

Visit our Website:

www.hertfordshire.gov.uk

By Telephone:

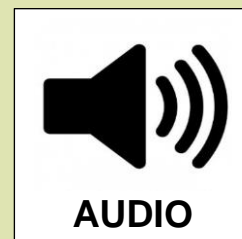
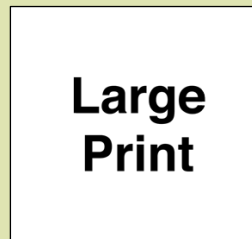
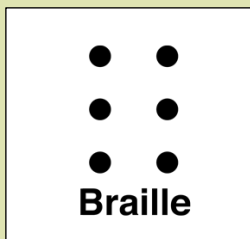
Helen Mirams on:

Telephone: 01438 844210

By Post:

Business Improvement and Modernisation Team,
SFAR 231, 2nd Floor,
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Six Hills Way,
Stevenage,
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**If you would like this account in another language or format
and to request further copies**



Please contact:

Helen Mirams on:

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Local Account Summary 2016 - 2017 Adult Care Services

What is a Local Account?

This local account describes what we did between April 2016 and March 2017, how we helped the residents of Hertfordshire and what we plan to do in the forthcoming year.



Facts & Figures



Of an estimated **909,800** adults that live in Hertfordshire....

We supported **26,423** of these during 2016/17

We also provided services, support or advice to **3,402** Carers.

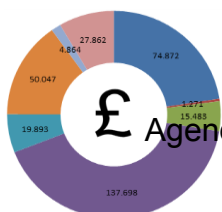
We assessed the needs of **20,158** clients.

Finance



Hertfordshire County Council spent approximately **£1,068** million in 2016/17. **£331,990** million was spent on Adult Care Services.

Of that **£331,990** million, **£137,698** million was spent on people who needed physical support



Money Advice

What we have achieved during 2016/17

We said we would work with local housing associations, providing support to vulnerable residents. We have worked with two housing associations to establish a project, funded by the European Social Investment Fund, to provide advice to the most vulnerable tenants and other local residents. In addition, we have worked with a broader range of housing providers over the impact of the benefit cap and the forthcoming changes to the funding of supported housing.

We assisted 2,722 households, raising £10.1m in additional weekly benefit and obtaining £500,013 in additional one-off payments.



Supporting Carers



During 2016/17 we gave **1,706** Direct Payments to carers to help them with their care needs

What we have achieved during 2016/17

We said we would offer a consistent approach to the way we support carers across the county by the introduction of new Practitioners.

We have twelve new Carer Practitioner posts to raise the profile of carers and improve practice within operational teams as well as working more closely with partners across the county. These posts are situated in operational teams supporting older people, adults with physical disabilities and adults with learning disabilities.



During 2016/17 **3,416** adult carers were registered as new carers with Carers in Herts.



Older People and Physical Disability Service

What we have achieved during 2016/17

We said we would increase our level of engagement with people in the communities to maximise the use of informal support, community and universal services.

There has been a focus on exploring specific localities, capturing and recording local universal resources to support and in some cases replace traditional services, enhancing service user's lives and reducing social isolation.

During 2016/17 we helped **9,411** people move out of hospital, ensuring they had the social care support in place to support their discharge.



Learning Disability Services

What we have achieved during 2016/17

We said we would continue to expand our Citizenship and Community engagement programme across all our service areas

We have continued to expand our Citizenship and Community engagement programme across all our service areas, with 5 of our 7 teams now running regular "Think Safe" programmes. Over 100 people have attended the programme so far.

During 2016/17 we provided support and services to **3,354** people with a learning disability.

Health Integration and Partnership Working



What we have achieved during 2016/17

We said we would continue to roll-out Rapid Response services to achieve countywide coverage

Rapid Response services (and some HomeFirst services) were rolled out across Hertfordshire – these integrated teams of health and social care professional's work together to respond to crisis situations within 60 minutes allowing people to stay at home rather than go to hospital.

During 2016/17 we supported **4,034** people through our Rapid Response and Homefirst Teams.

What you said about our services



Of the people that use our services **89%** of people said those services made them feel safe and secure, an increase of **4%** from the previous year.

Of the carers who receive support or services for themselves or the person they care for **38.2%** were satisfied, a decrease of **1%** from the previous year.

To view the full version of our Local Account, please visit www.hertfordshire.gov.uk and search Local Account.