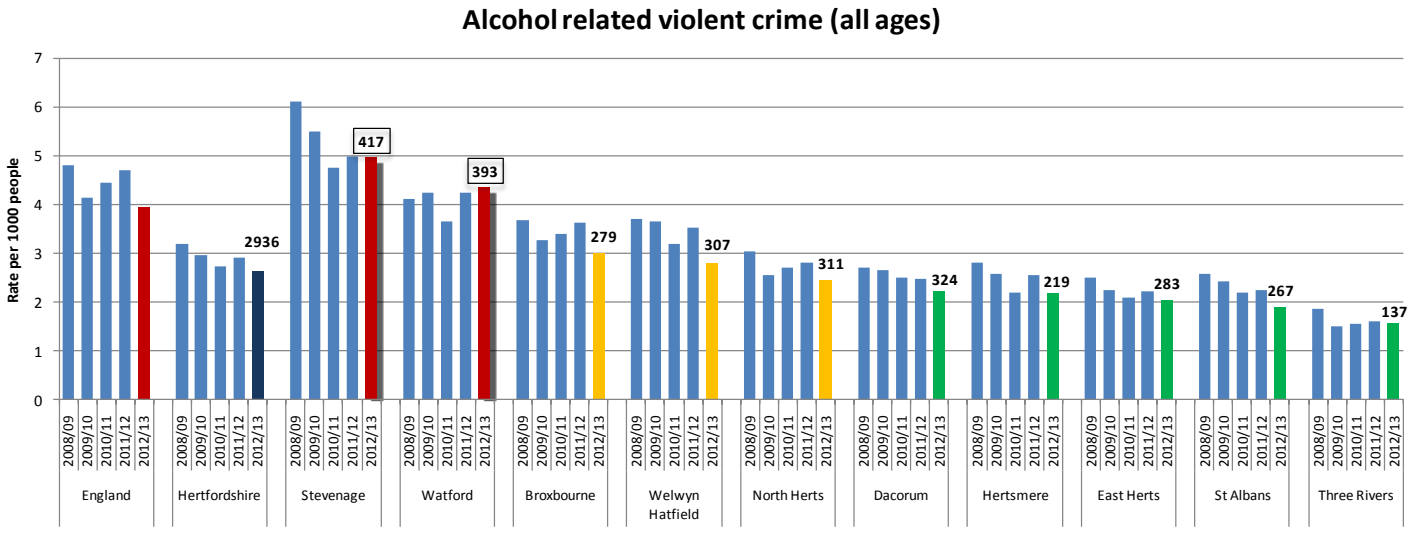
HEALTHY LIVING

Reducing the harm caused by Alcohol

Formal (national) statistics for 2013/14 of alcohol indicators will not be available until April 2015. In the meantime, this report includes some locally reported data to provide an indication of progress.

Objective 1: Annual improvements in alcohol-related crime and violence in Stevenage and Watford



Numbers represent the approximate number of recorded incidents

Source: Home Office recorded crime statistics published by Local Alcohol Profiles for England (LAPE)
Data released annually - 2013/14 data expected April 2015

Ranking of Local Authorities within all 326 Local Authorities in England:

	Stevenage	Watford	Broxbourne	Welwyn Hatfield	North Herts	Dacorum	Hertsmere	East Herts	St Albans	Three Rivers
Best quintile (1/5) 2nd quintile										
Worst quintiles (4&5/5)	270	233	125	106	77	52	48	41	31	8

This indicator shows that the rate of alcohol-related crime and violence is showing a steady decrease in all districts and boroughs, with Hertfordshire being consistently lower than the average for England; however, the rates in Stevenage and Watford remain significantly higher than the average for England.

Our actions in Stevenage and Watford continue to achieve further deceases:

i) <u>Monitoring and improving the night time economy by</u>:
- Street wardens working in town centre areas
- Taxi marshal schemes
- Best bar none and purple flag (Watford)
- Pub watch

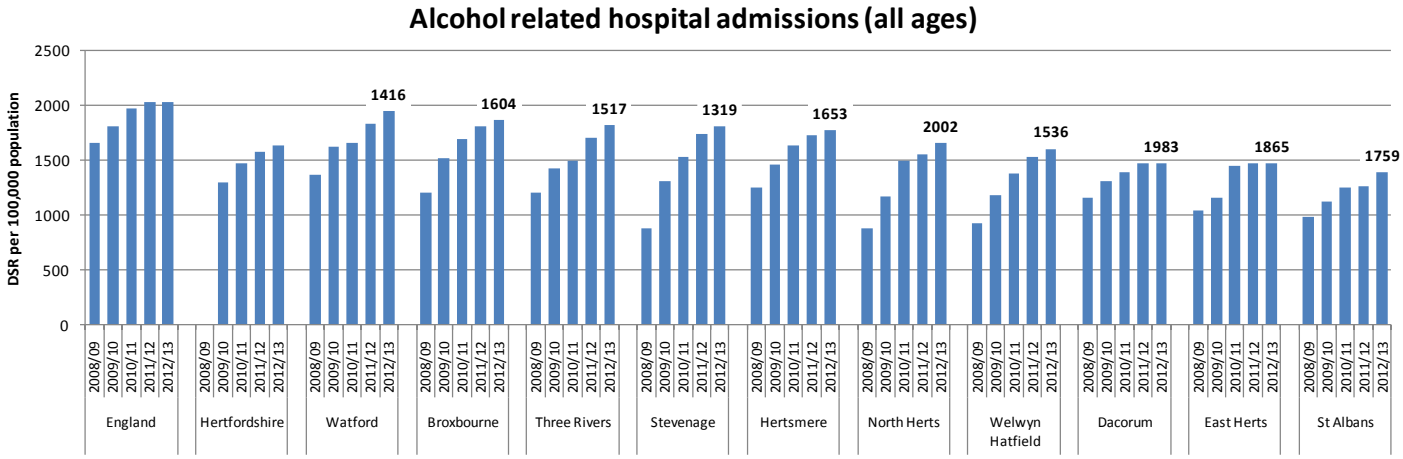
ii) <u>Reducing harmful availability of alcohol by</u>:
- Test purchasing for underage sales
- Licencing review (not yet completed) & training for licensees in alcohol law and responsibilities.
- Use of Cardiff model data to inform CSPs, to enable more effective targeting of licensed premises 'hotspots'
- Restricting sales of high alcohol / low cost products (exploring the feasibility of applying this in these areas)

iii) <u>Reducing consumption in public places by</u>:
- Designated Public Place Orders for "non- alcohol consumption" in street drinking hot spots
- Confiscation of alcohol by police or PCSO

iv) <u>Assessment and brief intervention of clients in police</u> custody

Quarterly summary of new or emerging themes show that in Nov there was no sign of significant change to alcohol related crime rates in Stevenage and Watford.

Objective 2: Reduction in numbers of alcohol-related hospital admissions



Numbers represent the approximate number of admissions based on both primary and secondary diagnosis in 2012/13

Source: Hospital Episode Statistics published by LAPE
Data released annually - 2013/14 data expected April 2015.

Ranking of Local Authorities within all 326 Local Authorities in England:

	Watford	Broxbourne	Three Rivers	Stevenage	Hertsmere	North Herts	Welwyn Hatfield	Dacorum	East Herts	St Albans
Best quintile (1/5) 2nd quintile (2/5) 3rd quintile (3/5)	186	164	145	142	128	93	80	44	42	19

This indicator shows that hospital – related admissions have increased in all areas, which reflects the national increase. These data do not include attendances at A&E departments.

Our actions to achieve the target include:

i) <u>Target populations who are drinking excess amounts by</u>:

- Using health checks to identify, give brief advice and refer to treatment services as appropriate
- Identification and brief advice (IBA) by health professionals in hospital outpatient departments has been included in hospital contracts from April 2015.
- Identification and brief advice (IBA) by community pharmacists with direct referral to treatment services began in September 2014.
- Alcohol liaison nurses in Watford and Lister hospitals

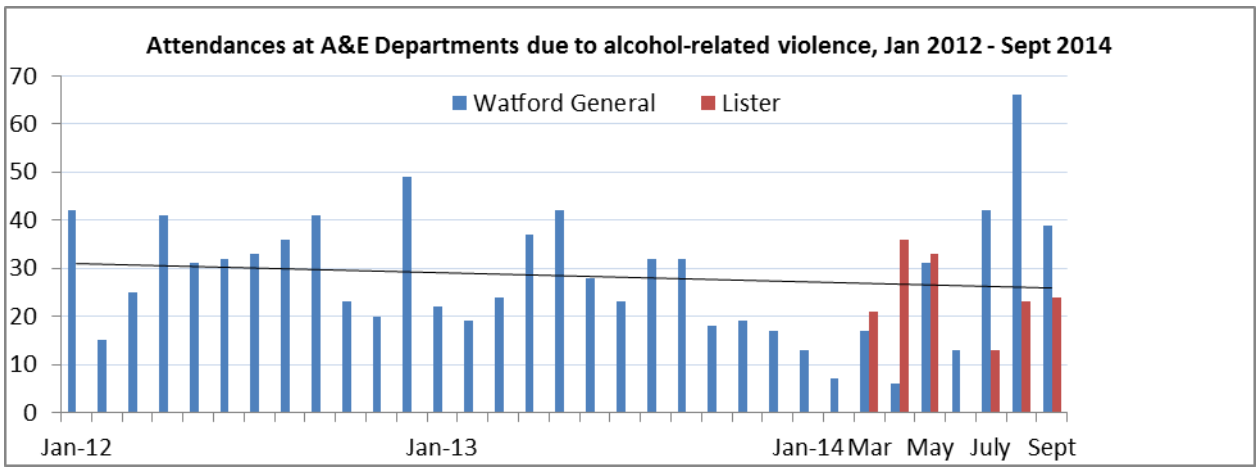
ii) <u>Undertake public education campaigns to inform the population about the longer term health risks of excessive drinking</u>

- HCC supported “Dry January 2015”.
- Promote sensible drinking advice to all age groups
- Target local campaigns to areas of high risk and ‘binge’ drinking

Quarterly summary of new or emerging themes
The new structure for delivery of the Alcohol Strategic Plan for Hertfordshire in now in complete, reporting to a new Executive Board for Drugs and Alcohol.

Work has begun on a comprehensive drugs and alcohol needs assessment for JSNA; to inform planning and commissioning). For the first time this includes both drugs and alcohol, all age groups and the three domains of prevention, enforcement & control, and treatment & care. It is overseen by a multi-department task group.

Objective 3: Reduce alcohol attendances in A&E departments in Hertfordshire (Watford General Hospital and Lister Hospital)



This indicator shows that to date we have data for Watford General Hospital from January 2012 and for Lister Hospital from March 2014. This data is known as "Cardiff" data which is where the information was first collected in a systematic way. In Watford General Hospital there may be an early emerging reducing trend. At Lister Hospital, data collection began in March 2014; too recently to detect any trend.

Our plans to achieve the target include:

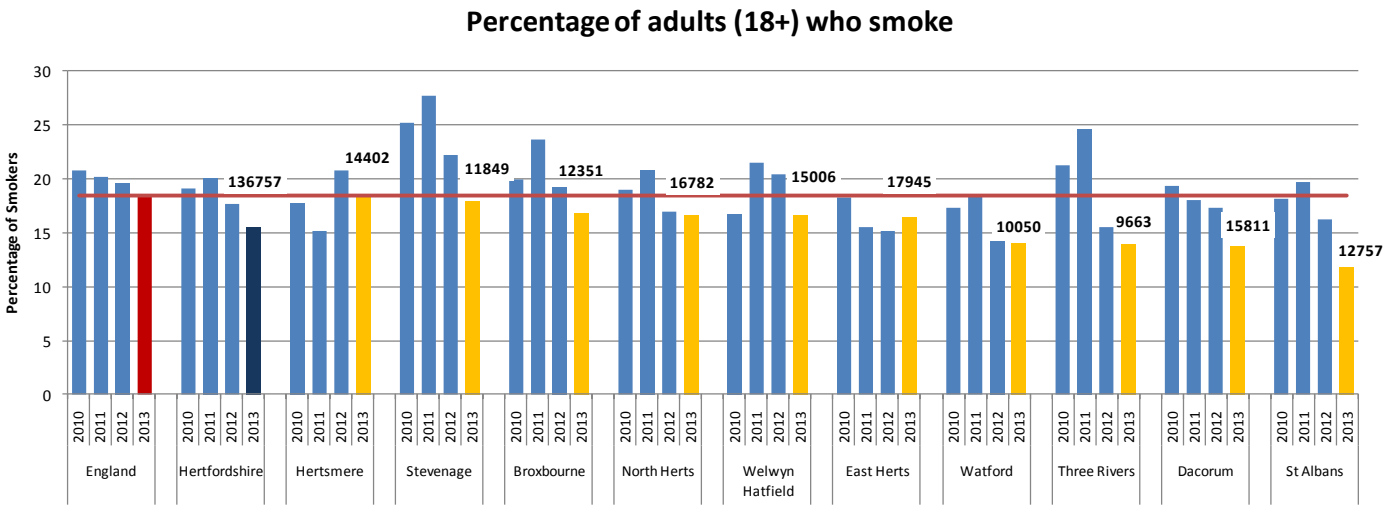
- Provision of 'binge packs' for intoxicated patients in A&E departments
- Drink-driving campaigns to reduce alcohol-related traffic incidents
- Provision of Drink Impaired Drivers programme
- Alcohol outreach workers in A&E departments
- Drugs & Alcohol workers embedded in Thriving Families Team to support families affected by alcohol

Quarterly summary of new or emerging themes
Nothing to add in quarter 1 - other than to note the previous comment regarding a possible reducing trend at Watford General Hospital.

HEALTHY LIVING

Reducing the harm from tobacco

Objective 1: Reduce smoking in every district to 18.5% or less by 2015



Numbers are the approximate number of smokers in 2013 based on ONS mid year population estimates

Source: Integrated Household Survey published by Public Health England
Updated annually - 2013 data expected in November 2015

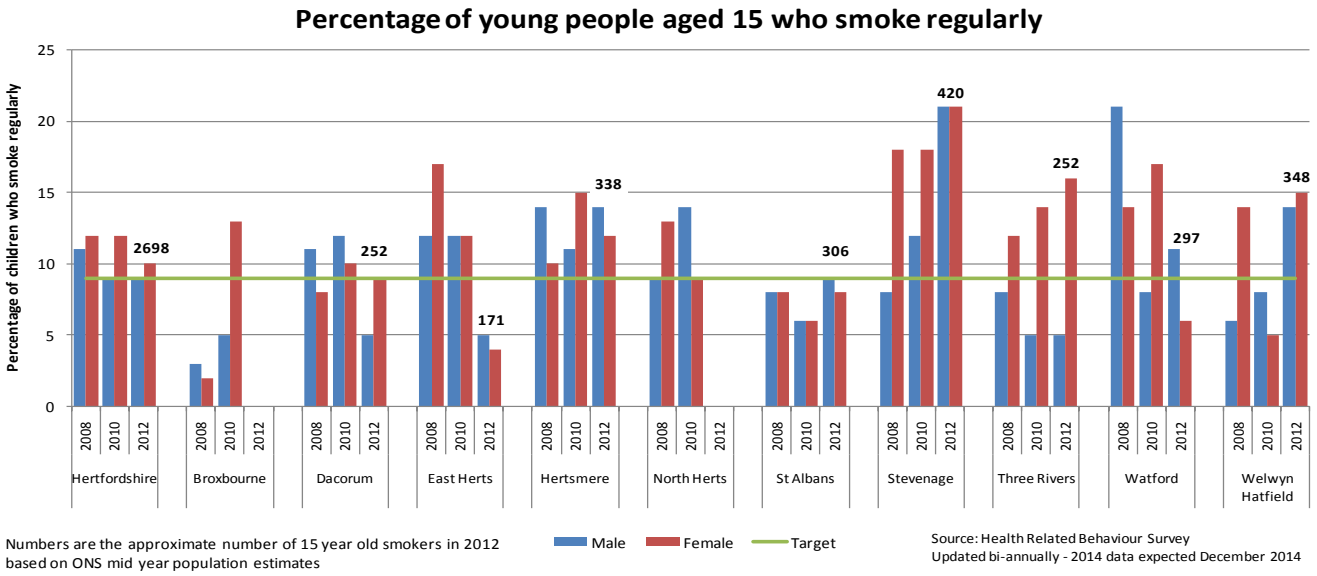
This indicator shows that overall, smoking prevalence in Hertfordshire is declining; and all districts now have a smoking prevalence equal to, or less than, the Health and Wellbeing Board ambition for all districts to have a smoking prevalence of less than 18.5% by the end of 2015. However, as sample sizes are decreasing year on year and there are wide confidence intervals in the data at district level, these figures need to be interpreted with caution.

Our plans to continue to reduce smoking prevalence in Hertfordshire include:

- The work of Hertfordshire Tobacco Control Board focusing on delivery of the HWb Board ambitions
- The NHS leaders have agreed to sign the NHS Declaration on Tobacco Control and in particular focusing on implementing NICE PH48 (smoking cessation in secondary care: acute, mental health and pregnancy services), Making Every Contact Count, and supporting Tobacco Harm Reduction for smokers not yet ready/able to quit smoking in one step
- Implementing the recommendations of the CLeaR / Public Health England review on tobacco control for Hertfordshire within tobacco control action plans
- Implementing Hertfordshire Tobacco Harm Reduction Guidance (being presented to Public Health and Localism Panel on 5 February 2015)
- There was 100% compliance with a quarter 2 test purchasing campaign on sales of electronic cigarettes conducted by Herts Trading Standards - none was sold to people under the age of 18
- Although the Public Health Stop Smoking Service is now fully staffed, the 337 Stop Smoking Services across the county (including those provided by GPs and Community Pharmacies) have fewer people attending services than previous years and it is likely that the target of 7672 smokers to have quit smoking by year end will not be met. Although this trend is in line with the national picture, work to increase local access to services and provide more specialist services is underway. Service quality (success rate) is above the national average
- Work is prioritised with groups that have the highest smoking prevalence (e.g. routine and manual workers, mental health service users and some BME groups, ensuring services exceed the quality standards required. Masterclasses in Smoking and Mental Health are planned for early 2015 and a whole systems approach to tackling tobacco use in people with mental health conditions is underway.
- Contracts between Clinical Commissioning Groups and NHS providers exist to promote brief intervention and referral pathways. These contracts have been re-drafted for 2015-2016
- Social marketing campaigns targeting routine and manual workers and the Polish community are being implemented in quarter 4

Quarterly summary of new or emerging themes
Smoking cessation quit targets will be reviewed in line with declining smoking cessation prevalence and the implementation of tobacco harm reduction guidance. A review of tobacco control priorities is planned for 2015.

Objective 2: Reduce smoking in young people, so that less than 9 per cent of 15 year olds smoke by 2015.



Numbers are the approximate number of 15 year old smokers in 2012 based on ONS mid year population estimates

Source: Health Related Behaviour Survey
Updated bi-annually - 2014 data expected December 2014

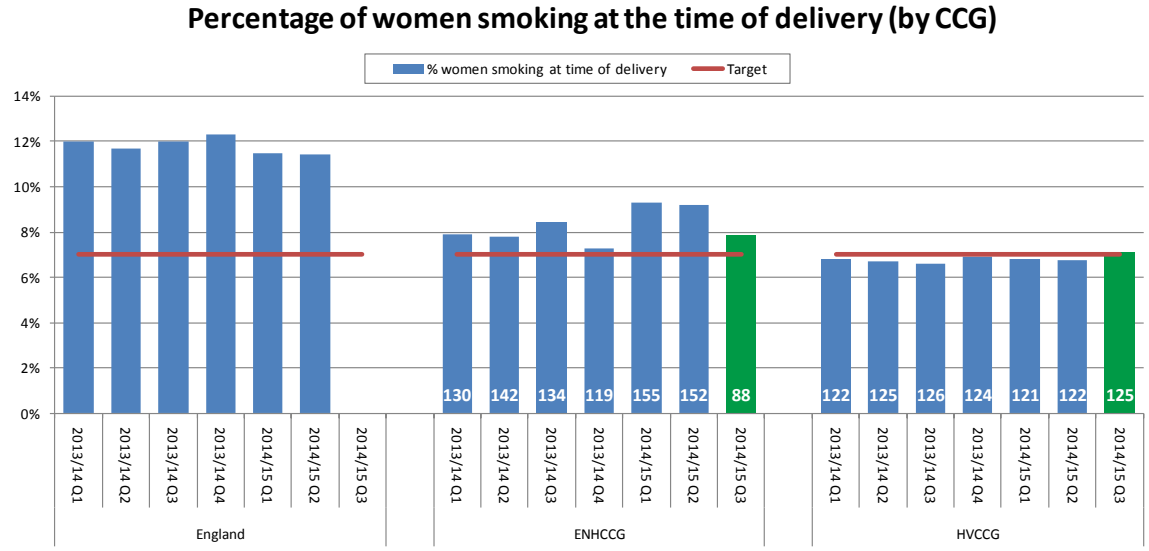
This indicator shows that smoking prevalence in 15 year olds (based on Hertfordshire's Health Related Behaviour Survey) has declined from around 10.5% in 2010 to around 9.5% in 2012. In line with national trends it is expected that the 2014 survey, due imminently, will show a continuing decline. Regular smoking in 15 year olds in England is at an all-time low of 8%.

Our plans to achieve the target include:

- The best evidence for reducing smoking prevalence in young people is by reducing smoking in the adult population around them, particularly in routine and manual socio-economic groups and this will remain a priority in the indicator above
- Implementing the recommendations of the Hertfordshire CLeaR / Public Health England review on tobacco control which relate to young people, in particular ensuring all young people's tobacco control work is properly evaluated.
- Work with Trading Standards and HMRC to ensure young people cannot access illegal tobacco and that retailers are complaint with legislation, including test purchasing
- 'ASSIST', a young people's mentoring programme in schools was approved by Hertfordshire's Public Health Board in December 2014, and this will be implemented with all year 8 pupils in Stevenage schools from the summer term 2015 and for 3 years successive years
- Developing a 'Smokefree schools' culture, including a 'Smokefree' toolkit for schools (including PHSE leads) so that young people found smoking are provided with appropriate support and that school is supported in developing their smoke free policies
- Implementing the QUIT training programme in 2015 (a national charity to reduce the uptake of smoking in young people and help adults to quit) within all Hertfordshire schools not participating in the ASSIST programme
- Ensuring stop smoking services for young people are young people friendly and adhere to the Department of Health 'You're welcome' criteria.
- Promoting the Smokefree homes and cars scheme with parents and young people and ensuring that protecting children and young people from second-hand smoke is included in all commissioning intentions for 2015-2016
- Developing a Smokefree-sport culture across Hertfordshire
- Bespoke work with Children's Centres to promote Smokefree lifestyles and supporting the provision of stop smoking services by Children's Centres in 2015.

Quarterly summary of new or emerging themes
We will review national tobacco control guidance on the implementation of the amendments to the Children's and Families Act 2014 which make it illegal to smoke in cars when people under the age of 18 are present from October 2015.

Objective 3: Reduce smoking in pregnancy so that less than 7% of pregnant women smoke throughout their pregnancy by the end of 2015



* Figures above bars indicate actual numbers of women smoking at time of delivery
Source: Health & Social Care Information Centre

This indicator shows that in Hertfordshire, smoking at the time of delivery continued to decline up until the end of 13/14 when although 1022 women were recorded as smoking at the time of delivery, prevalence was 7.3% across Hertfordshire. However, a worrying trend emerged in Qs 1 and 2, 14/15 for women registered with ENHCCG, where smoking prevalence was 9.3% in Q1 and 9.2% in Q2, declining to 8.9% in Q3.

Our plans to achieve the target include:

- Implementing NICE guidance PH26 (quitting smoking in pregnancy) and PH48 (smoking cessation in secondary care)
- Implementing a Herts-wide smoking in pregnancy campaign (launched at Herts Tobacco Control Conference, January 2015)
- Smoking in Pregnancy Masterclasses are to be delivered early in 2015 in conjunction with a regional smoking in pregnancy seminar for strategic stakeholders
- Improving the quality of stop smoking services for pregnant women and their partners across the county by increasing the number of women seen by specialist services
- Improving the referral pathway to ensure all pregnant women are referred on an 'opt out' basis at the earliest opportunity
- Developing referral pathways for pregnant smokers who attend maternity services outside of Hertfordshire.
- Clinical Commissioning Group contracts for tobacco control with secondary care including maternity services have been drafted for 2015-2016
- Reviewing the training needs of all midwives including training all midwives on the use of Carbon Monoxide monitors so that all pregnant smokers are identified and referred
- Training student midwives and health visitors at the University of Hertfordshire
- Employing specialist smoking cessation staff to work at East & North Herts Hospital Trust and West Herts Hospital Trust
- Implementing babyClear (a high impact smoking in pregnancy training and delivery programme commissioned from the Tobacco Control Collaborating Centre) within ENHHT

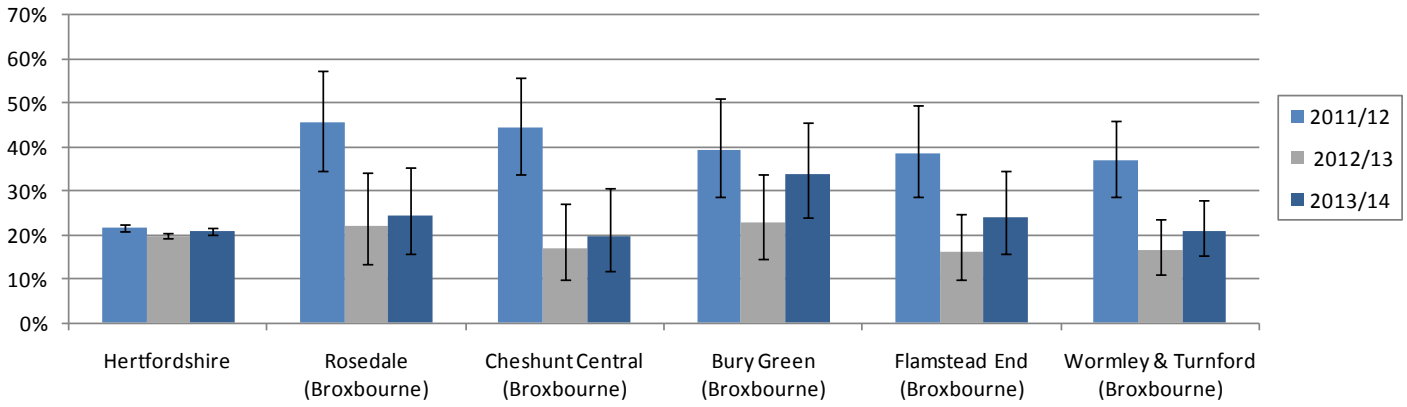
Quarterly summary of new or emerging themes
We will intensify the support of ENHHT midwives and other maternity staff to reduce smoking prevalence in pregnancy within the locality.

HEALTHY LIVING

Promoting Healthy Weight and Increasing Physical Activity

Objective 1: To stop the increase in overweight and obese children in our worst five MSOA areas (2011/12 baseline) by 2016 and then reverse this.

Five worst MSOAs for excess weight* in children aged 4-5 years old (2011/12 baseline)



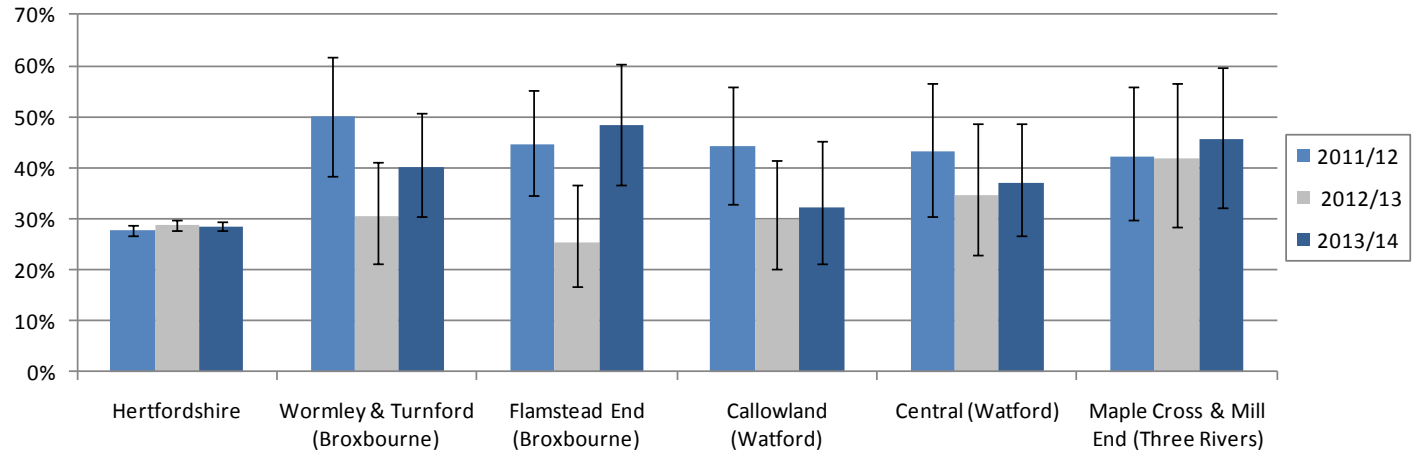
Source: National Child Measurement Programme
Updated annually - 2013/14 data expected December 2014

*Excess weight refers to children who are overweight or obese

This indicator shows the 5 MSOAs with the highest percentage of excess weight in 2011/12 in the county for children aged 4-5 years. All of the MSOAs are in the district of Broxbourne and have seen a decrease compared to the 2011/12 baseline, although they have increased from the 2012/13 figures. 2013/14 data for both Cheshunt Central and Wormley & Turnford is statically significantly lower than in 2011/12.

Please note the data is based on small populations and are subject to year on year fluctuation. To help interpretation, 95% confidence intervals have been added to the charts.

Five worst MSOAs for excess weight* in children aged 10-11 years old (2011/12 baseline)



Source: National Child Measurement Programme, local analysis
Updated annually - 2013/14 data expected December 2014

*Excess weight refers to children who are overweight or obese

This indicator shows the 5 MSOAs with the highest percentage of excess weight in the county for children aged 10-11 years. For this age group, there has been an increase in the percentage of children with excess weight across all of the MSOAs in 2013/14 although only Flamstead has seen a statistically significant increase. Three of the MSOAs are statistically significantly above the Hertfordshire average.

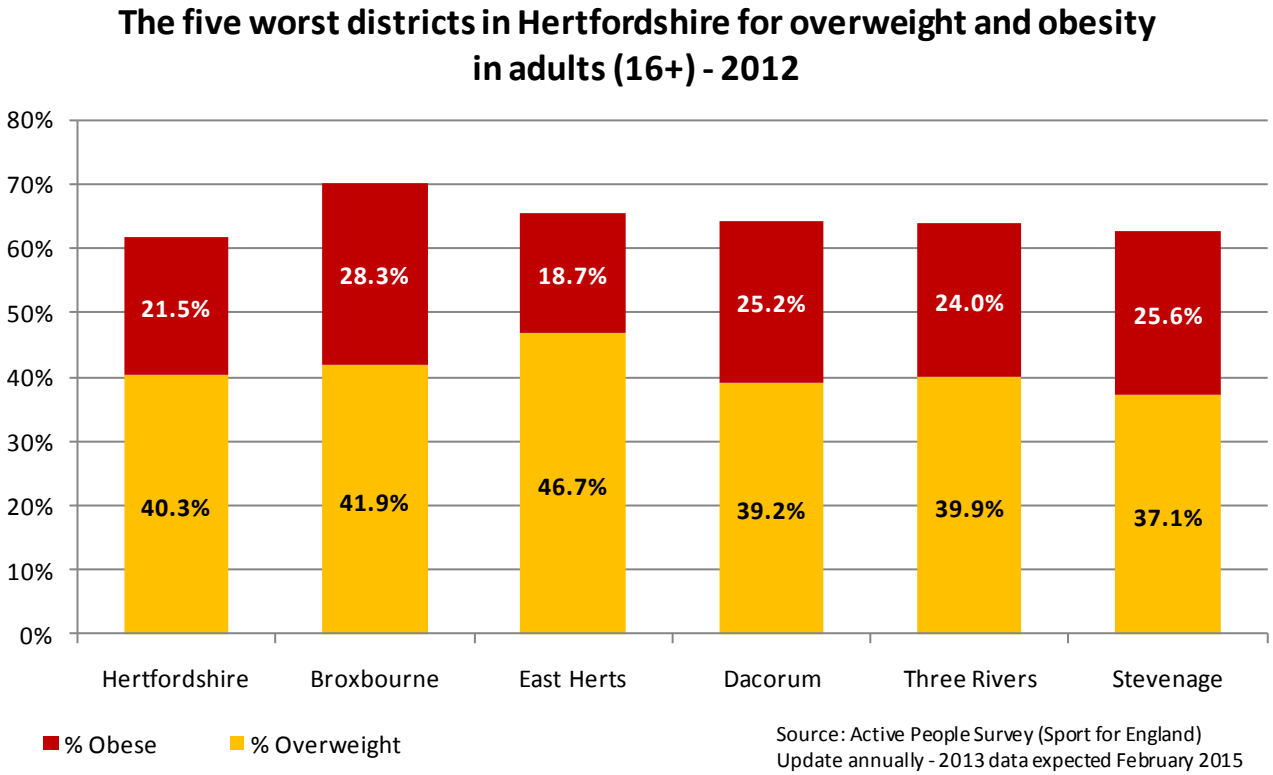
Please note the data is based on small populations and are subject to year on year fluctuation. To help interpretation, 95% confidence intervals have been added to the charts.

Our plans to achieve the target include:

- Working in partnership to ensure implementation of Healthy Children Centre Programme including healthy eating, breastfeeding
- Developing a tier 1 service (i.e. preventative service) in primary schools, a partnership between Public Health and Herts Catering.
- Delivery of the weight management programme in the community for children (aged 5- 15 years)
- Working in partnership to increase the number of schools that have active travel plans in areas with high rates of childhood obesity
- Continue to promote 'Change for Life' national campaign locally

Quarterly summary of new or emerging themes
Nothing to add in Quarter 2 – next data update is expected in December 2015.

Objective 2: To stop the increase in overweight and obesity in adults in our worst five district areas by 2016. Baseline uses 2012 data.



Please note data has not been updated since quarter 1.

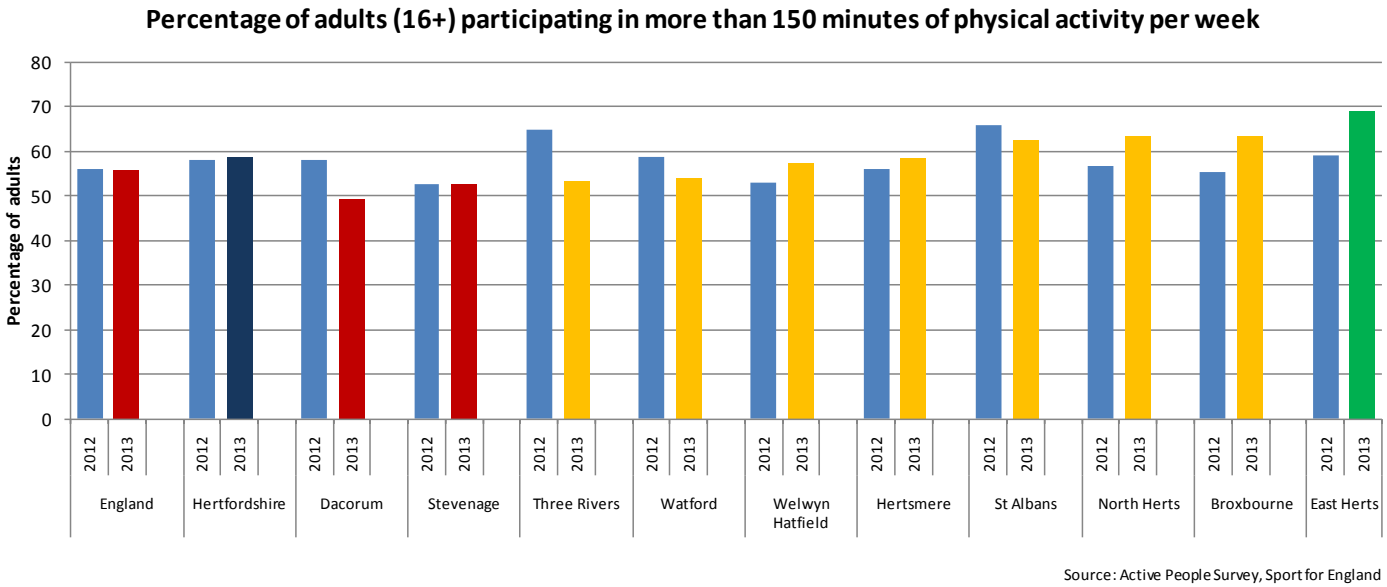
This indicator shows the districts/boroughs with the highest rates of adult excess weight across Hertfordshire i.e. the percentage of adults who are overweight or obese. All 5 districts are higher than the Hertfordshire average for excess weight.

Our plans to achieve the target include:

- Delivery of the county wide weight management intervention in the community for adults who are obese (BMI 30+) with services being prioritised in areas with the highest adult obesity rates
- Delivery of a men's healthy weight management programme
- Continue to commission health checks
- Commission a pilot initiative for healthy workplaces that includes healthy weight
- Pilot a healthy workplace canteen within HCC
- Develop an across the life course, pilot a system wide approach, to addressing obesity in Broxbourne

Quarterly summary of new or emerging themes
Nothing to add in Quarter 2 – next data update is expected in late February 2015.

Objective 3: All districts to achieve a year-on-year increase in adult participation in physical activity 2013-2016.



Source: Active People Survey, Sport for England

Please note data has not been updated since quarter 1.

This indicator shows that while Hertfordshire is slightly better than the England average, there is considerable variation at a district/borough level. Dacorum, Three Rivers, Watford and St Albans have all seen a decrease in the percentage of adults achieving a 150 minutes of physical activity per week in the county in 2013.

There was no significant change for Stevenage. However, Welwyn Hatfield, Hertsmere, North Herts, Broxbourne have seen an increase with East Herts having the highest percentage of adults achieving a 150 minutes of physical activity in the county.

Our plans to achieve the target include:

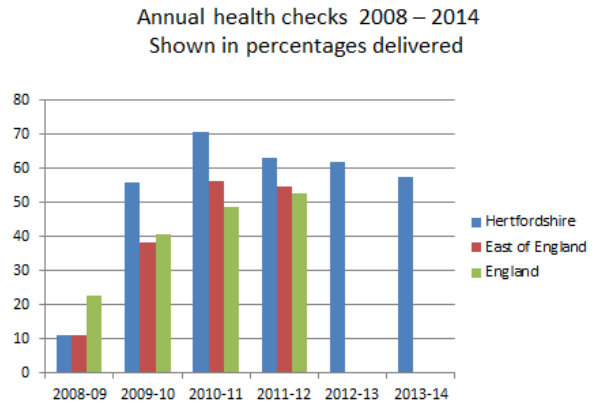
- Working closely with the districts/boroughs to increase local opportunities for physical activity
- Commission Hertfordshire Health Walks
- Commissioning Year of Cycling and Year of Walking
- Reviewing and commissioning a county wide Exercise on Referral Scheme

Quarterly summary of new or emerging themes
Nothing to add in Quarter 2 – next data update is expected August 2015.

INDEPENDENT LIVES

Fulfilling Lives for People with Learning Disabilities

Objective 1: Increasing the uptake of annual health checks



	Period	Hertfordshire	East of England	England
Proportion (%) of eligible adults with a learning disability having a GP health check	2008-09	11.26	11.28	22.83
	2009-10	56.02	38.34	40.66
	2010-11	70.72	56.24	48.64
	2011-12	63.06	54.7	52.73
	2012-13	61.90	no data	no data
	2013-14	57.60	no data	no data

The indicator shows no improvement in percentages of people with learning disabilities receiving an annual health check in Hertfordshire. Regional and national (England) data is being sought to see if Hertfordshire continues to be above the national/regional averages for 2012/13 and 2013/14.

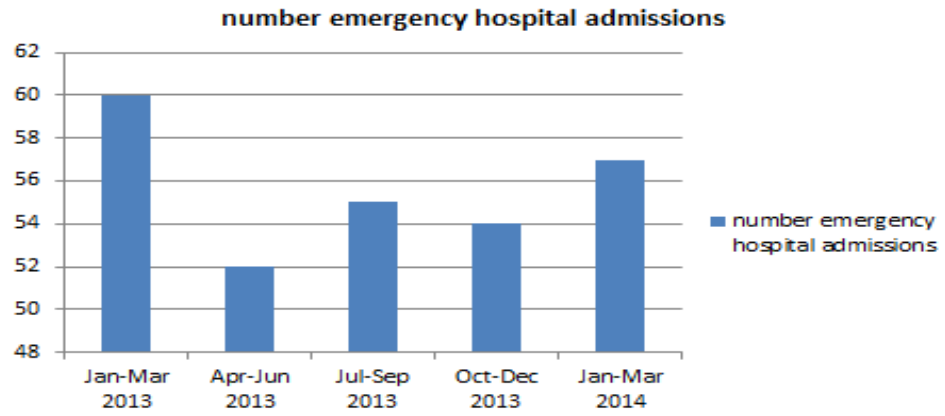
Our plans for improving uptake and delivery of annual health checks include:

- Refreshing GP LD registers to ensure that people known to social care from age 14 are included (for 2014/15 the LD DES has been extended to include those with a learning disability from age 14)
- GP training initiated by Heath Liaison Team, with input from GP LD Leads HVCCG and ENHCCG, using a DVD – 'Annual Health Check For People with Learning Disabilities' – a training film for health professionals. Community Learning Disability Nurses have link role with GP practices and are introducing the DVD and their support to practices for improving health checks.
- Social care provider contracts from April 2015 will include new improving health support standards and schedules. This is with the intention of improving health by highlighting and monitoring providers around their responsibility for supporting people with learning disabilities with their health management, this includes supporting annual health checks and health action plans generated at each check; and recognising ill-health so it doesn't get overlooked.
- 'Love yourself love your life' – workshops being delivered to people with learning disabilities to help them manage their health better and know what to expect at health checks appointments, use of their Purple Folder etc.
- We have reported to the Improving Health and Lives LD Observatory (Public Health England) through our 2014 Learning Disability Self-Assessment Framework that the arrangements of the LD DES through local teams of NHS England are not sufficient to assure delivery and quality of annual health checks and health action plans.

Quarterly summary of new or emerging themes

It should be noted that data is now only available on an annual basis supplied through NHS England's area team.

Objective 2: reducing emergency hospital admissions for people with learning disabilities



Note that no data has been provided beyond January – March 2014. This is due to a change in the way the data is recorded locally. This has been raised on a risk register and we are waiting for a response from the appropriate performance and information team.

Figures for emergency hospital admissions demonstrate a linear pattern (this figure is a percentage of the number of hospital admissions for people with a learning disability which are an emergency, as opposed to planned admissions), in the longer term this will be a key indicator in assessing whether the annual health checks are identifying health conditions and supporting people to maintain their health.

Our plans for decreasing emergency hospital admissions include:

- Increased uptake and delivery of annual health checks – see previous objective
- Creating a local health and social care observatory for learning disabilities to give local information/intelligence of needs, rather than relying on nationally determined prevalence data.
- The Purple Star Strategy project roll out in two pilot areas to improve primary care providers response to making appropriate reasonable adjustments for people with learning disabilities
- Improved social care provider support - through contracts
- Herts Community Learning Disability Nursing targeting work on common health conditions identified through their caseload data; with the aim of supporting health promotion innovation, planning, development and delivery of a responsive nursing service in relation to priority conditions. For example working with Public Health colleagues and Slimming World/Weightwatchers to adjust their services to be accessible by people with learning disabilities.

Quarterly summary of new or emerging themes – nothing to add

Objective 3: People satisfied with the life they lead; a self-assessment indicator of leading a fulfilling life

Improving Health and Lives Learning Disability Survey
Following a testing period in summer 2014, the survey was issued to 1,000 people with learning disabilities who use social care services in Hertfordshire. The survey is a comprehensive self-assessment of health, care and community life. The survey closed first week of February 2015 with 300 people responding. It is anticipated that this survey will be issued annually.

Our plans include:

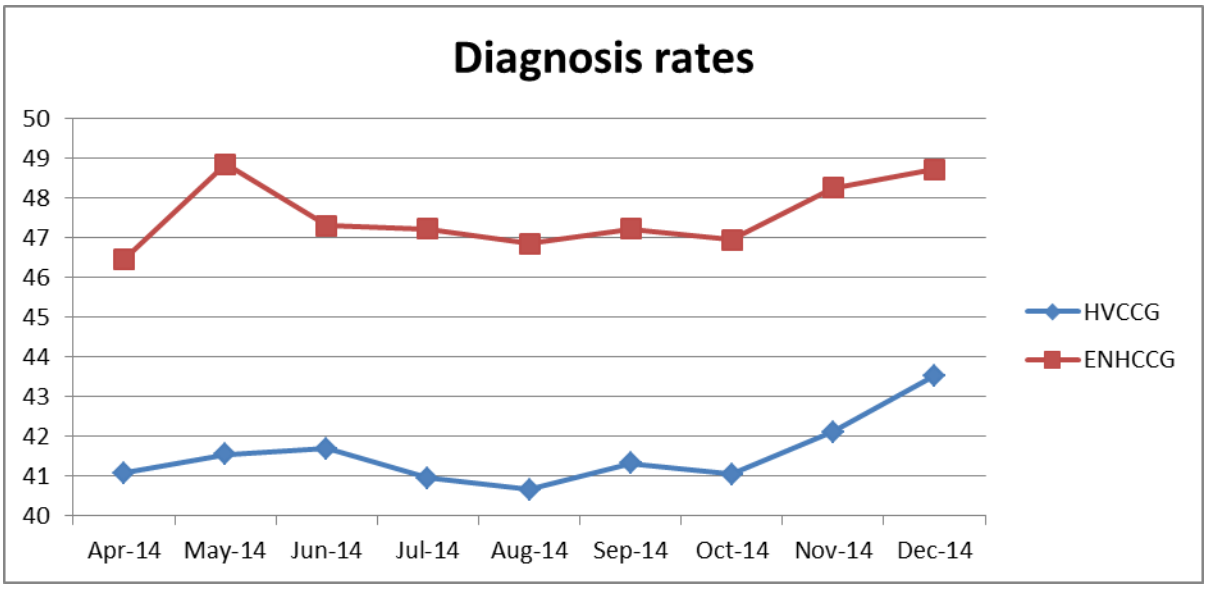
- Analysing results and issuing a summary report and recommendations – feeding into the wider Learning Disability Self-Assessment Framework 2014 action/improvement plan
- Creating base-line information in order to measure future survey information against
- Using information/intelligence to inform the local health and social care LD observatory mentioned in objective 2
- Using information/intelligence to refresh the learning disability profile in the JSNA, along with locally sourced information from the observatory
- Using the information as a gauge of how satisfied/fulfilled people with learning disabilities are with their lives, reflecting against the social determinates of health/ill-health
- Feeding relevant self reporting information around health checks into the work detailed in objective 1
- Feeding learning in as appropriate to the 'Great Leap' Community Asset Building work for people with learning disabilities
- Using information and data to give richer evidence to the Learning Disability Self-Assessment Framework 2015

Quarterly summary of new or emerging themes – nothing to add.

INDEPENDENT LIVES

Living Well With Dementia

Objective 1: Increasing the percentage of people with dementia who have this noted on GP registers to 67 per cent by 2015.



This indicator shows that across the county progress towards the 67% target is being made. There are an estimated 15084 people with Dementia in Hertfordshire, of which 7041 have a diagnosis. This means that we would have to diagnose an additional 3015 people to reach the 67% target. Despite our best efforts we are unlikely to meet the target by year end however we have an action plan in place to continue working towards the target beyond year end. There was a decrease in diagnosis rates from September to October because of a change in NHS England's process to estimate population prevalence.

Our actions

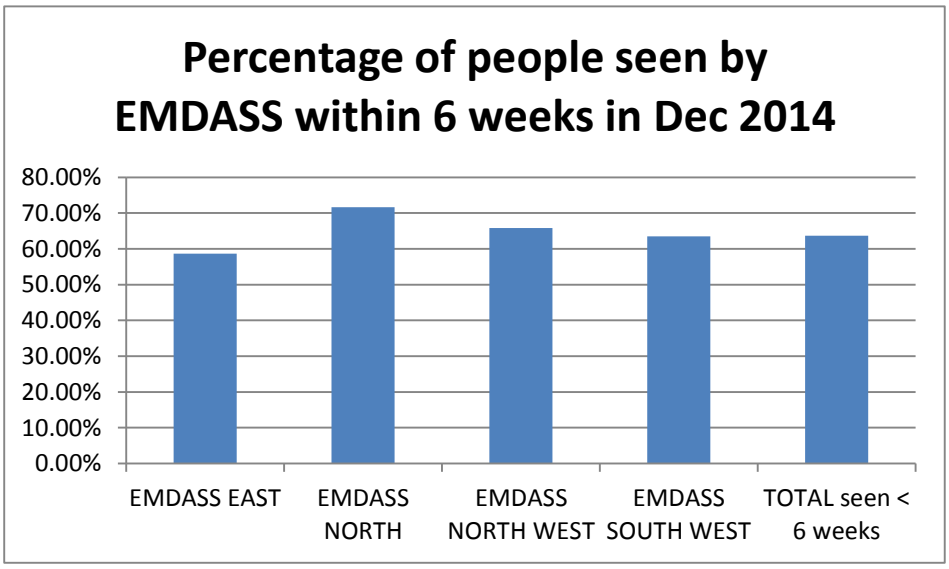
To date, actions have included:

- Completing an audit of GP records to ensure all people who are diagnosed are included in the reporting
- Dementia Diagnosis letters written by HPFT revised to make diagnosis letter and coding clearer
- Best Practice dementia diagnosis coding document shared with practices via dementia champions
- Events for GP dementia champions in HVCCG to discuss and resolve issues
- HPFT written to each dementia champion with a list of patients who have been diagnosed in the last two years to ensure that practice records are up to date
- CCGs have agreed in principle to move reviews for some dementia drugs, prescribed for stable patients by HPFT, to GPs under a shared care arrangement, in order to free up resource from the Dementia Diagnosis (EMDASS) service to meet increasing demand – Implementation plan drafted
- National Dementia Enhanced Service launched to encourage increased diagnosis and better recording - many GPs signed-up

On-going actions:

- Agreement of mechanism and implementation timeline for shared care prescribing
- HPFT to deliver Tier One training to Primary care staff
- Event for primary care professionals on 10th February with Professor Alistair Burns (National Clincial Director for Dementia) as guest speaker – over 70 people attending

Objective 2: Reducing waiting times for EMDASS so that 90% of people are seen within 6 weeks of referral

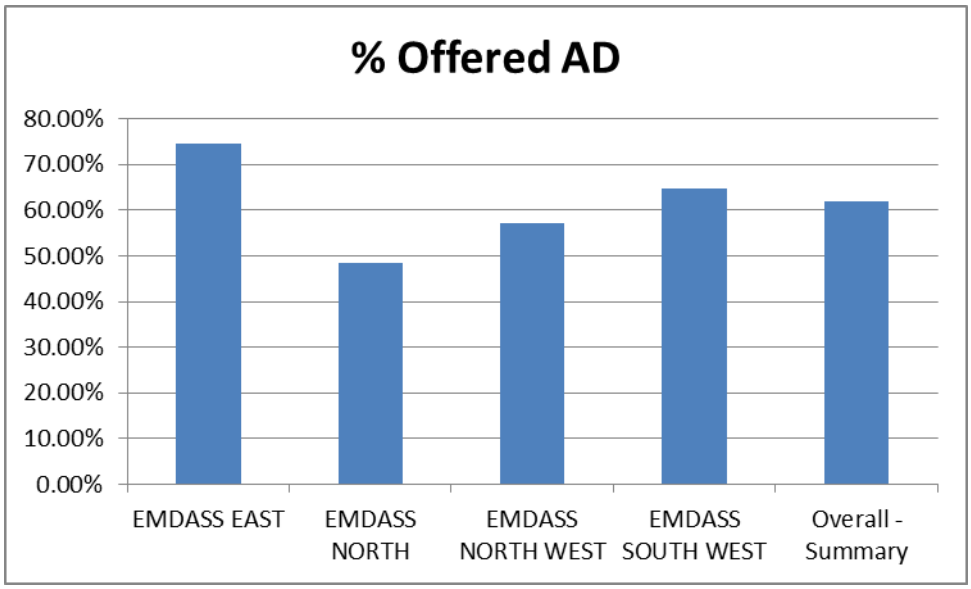


This indicator shows that we are not yet reaching our target. Our latest figures from December 2014 show only 64% of people were seen within the 6 weeks target time but this varies month on month. From April – December 2014 an average of 77% of people were seen within 6 weeks – meaning we are 13% below our target.

Our actions to achieve the target include:

- Implementing a Shared Care agreement to free up clinician time within the EMDASS service
- Working with HPFT to plan for future demand and how this will be met
- Reviewing diagnosis model in 2015/16
- Evaluating an expansion of the role of GPs in the diagnosis pathway

Objective 3: Increasing the percentage of people diagnosed with Dementia who have been offered an end of life care plan



This indicator shows that 62% of people were offered an Advanced Care Plan in Q3, an increase from 36.13% in Q2 . An Advanced Care Plan is an individual plan drawn up with the support of health/care staff. The plans cover a whole range of decisions which include End of Life issues, amongst others.

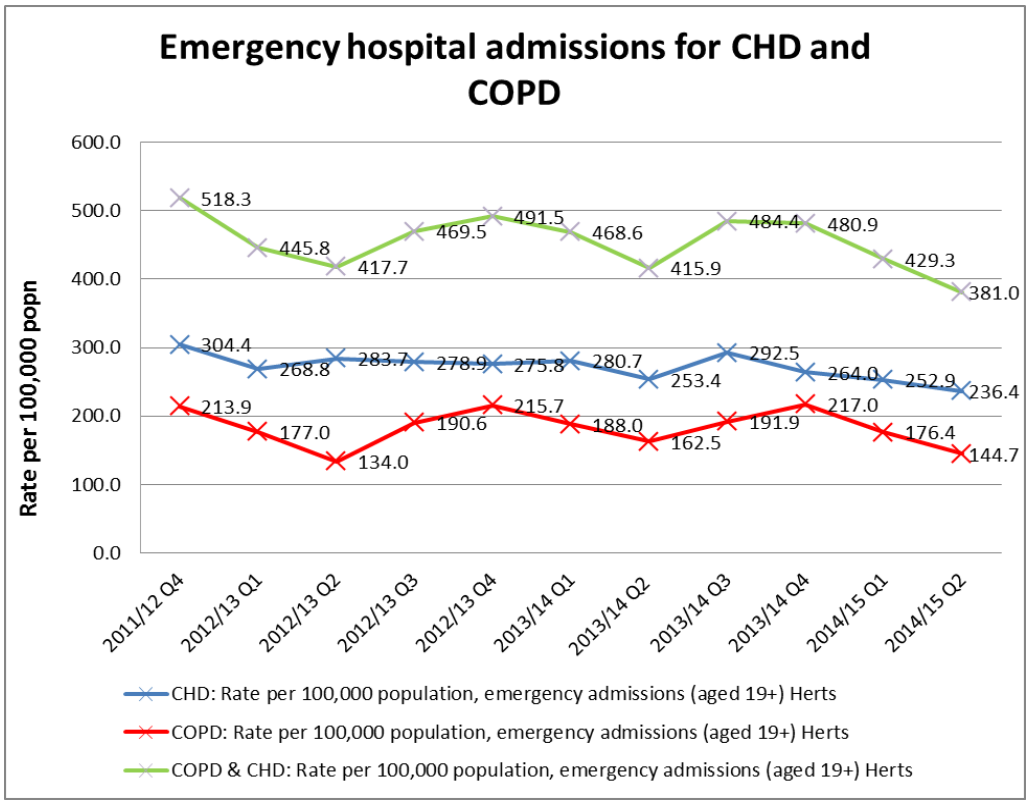
Our plans to achieve the target include:

- Working with HPFT to increase the number of people offered a care plan
- Work with HPFT to increase the number of people taking-up this offer.

INDEPENDENT LIVES

Enhancing the Quality of Life for People with Long Term Conditions

Objective 1: Reduced rates Emergency admissions for Chronic Obstructive Pulmonary Disease (COPD) and Coronary Heart Disease (CHD)



This chart shows that:

- The rates of emergency admissions for both Chronic Obstructive Pulmonary Disease (COPD) and Coronary Heart Disease (CHD) have been reducing in the year to Quarter 2 2014/15.
- Together (as illustrated by the green line above), this has produced a 21% reduction across Herts.
- Recent reductions have been greatest for COPD admissions (red line); CHD admissions (blue line) have also dropped rapidly for those registered to GPs in East and North Herts, but have remained stable for Herts Valleys.

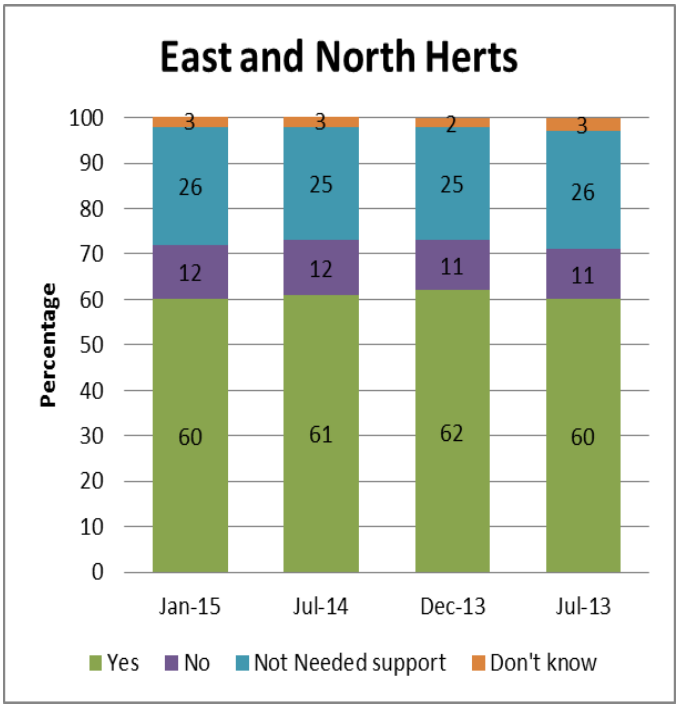
Our Actions to achieve the target include:

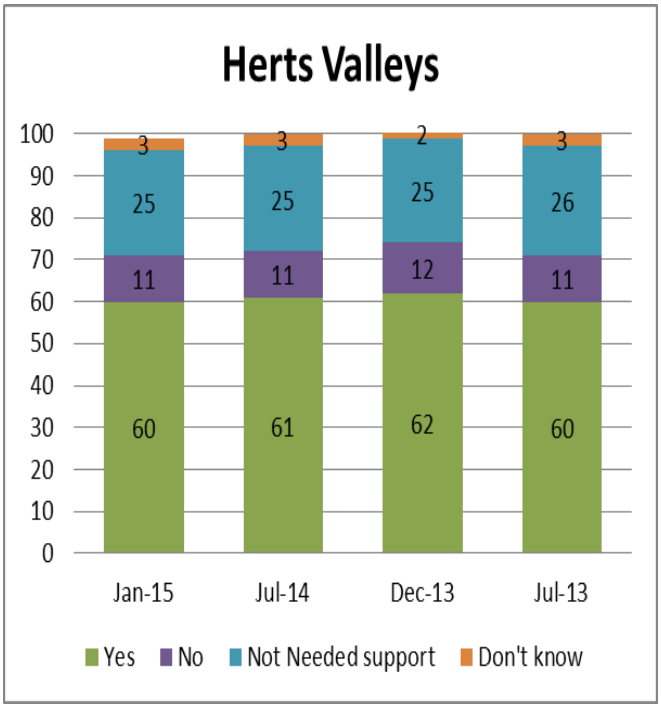
East and North Herts CCG:

The CCG Governing Body has approved a business case for an integrated community respiratory service including increased levels of pulmonary rehabilitation, in line with NICE guidance, and additional specialist respiratory community nursing. Provider collaboration and partnership will be facilitated to deliver this new model through an integrated approach with existing services such as HomeFirst or its equivalent.

Objective 2: Improved satisfaction with services and support (GP patient survey)

The GP Patient Survey, carried out bi-annually, asks people who identify themselves as having a long term condition whether they have had enough support from local services or organisations to help manage long-term health condition(s) in last 6 months.





This indicator shows:

- A relatively steady rate of satisfaction with services at a local area in the period since July 2013 (previous surveys were reported for the Herts PCT area, but rates of satisfaction were similar).
- However, satisfaction is at a slightly lower level than the national average, where 64% of people report feeling adequately supported by local services.

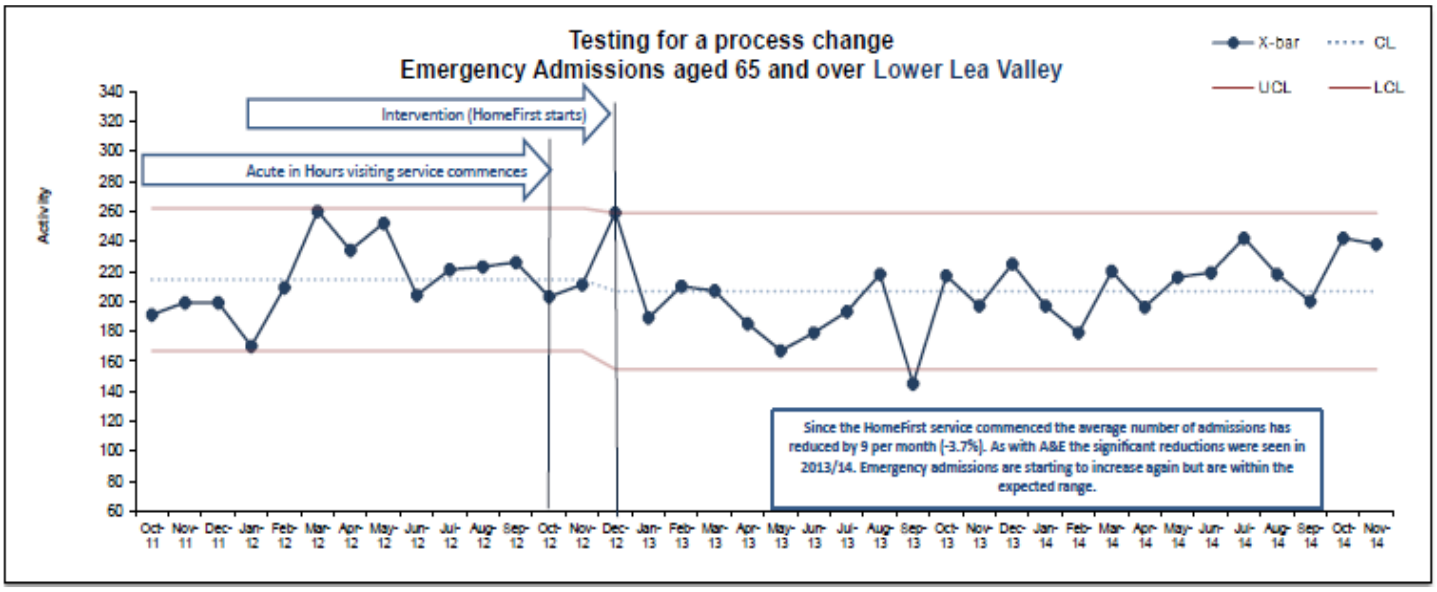
Our actions to achieve the target include:

East and North Herts CCG:

- The promotion of self-management for patients with Diabetes is progressing well.
- A newly formed Stroke Leadership Group will bring together the range of stakeholders to lead on the implementation of an integrated end to end care pathway for patients who have had a stroke. The group will also ensure that the newly established Early Supported Discharge service, and impending Hyper Acute Stroke Unit are delivered to the specification and perform in line with agreed key performance indicators.
- Crucial to the strategy for all long term conditions is the improvement of patient education and self-management, the up skilling of primary care, and the provision of integrated holistic care that will improve outcomes for patients and support a reduction in associated complications.

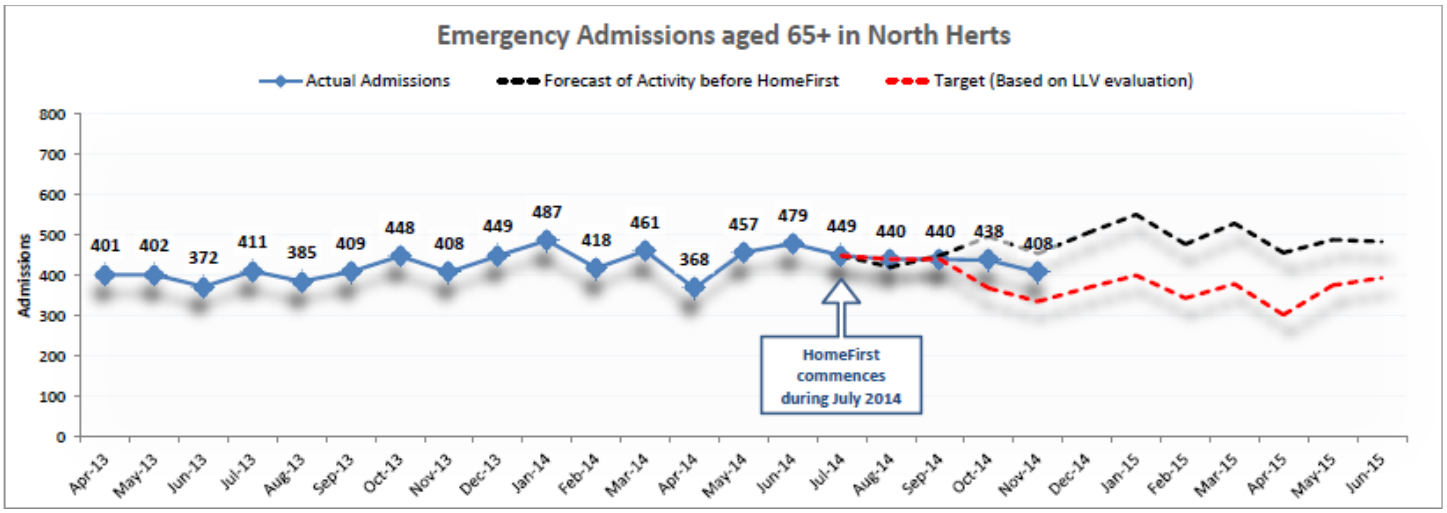
Objective 3: Emergency admissions in Homefirst areas

3)a Lower Lea Valley



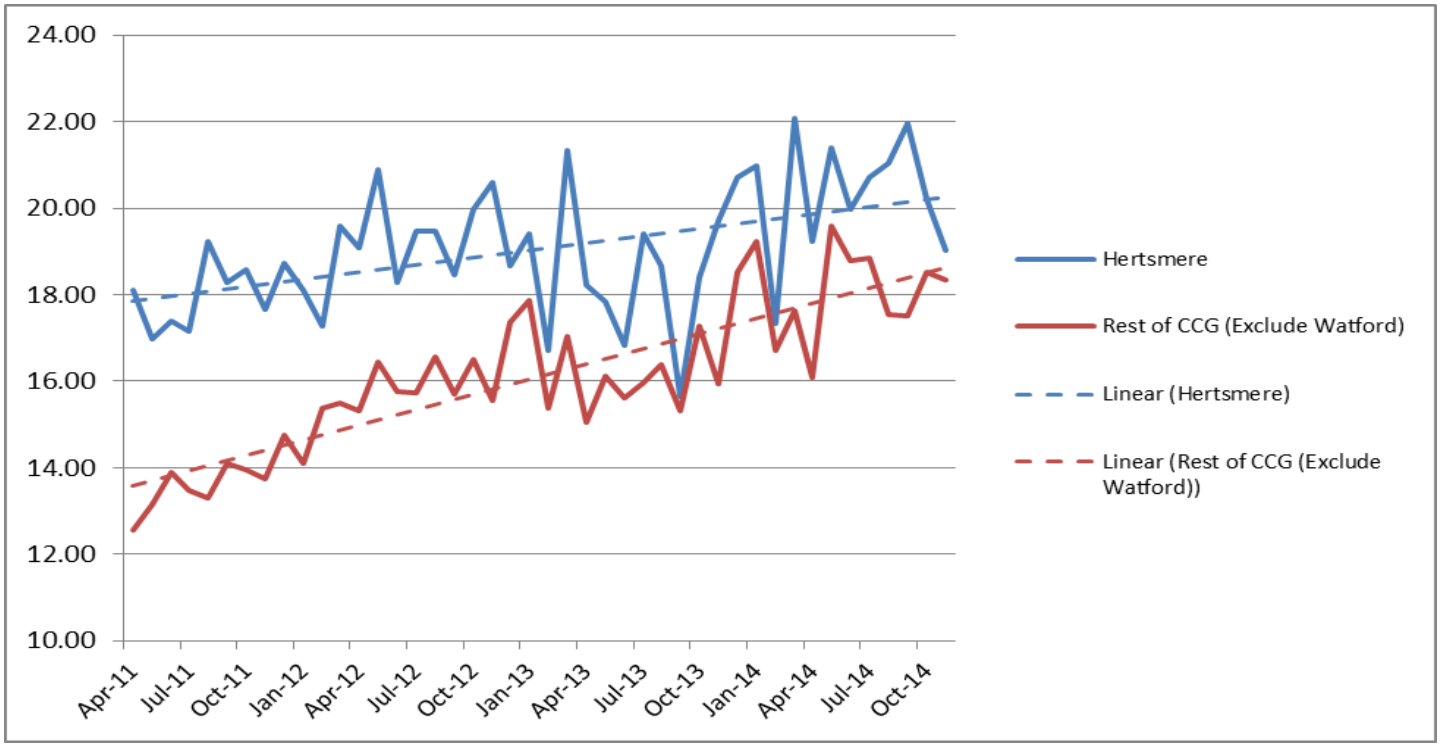
As the table shows, the total number of emergency admissions for the over 65s reduced significantly in the Lea Valley Locality in 2013/14, at a time when admissions for the same group were increasing in other areas.

3)b North Herts



As the table above shows, the total number of admissions for over 65s has decreased from the start of the Homefirst service in July 2014 to November 2014. However, it is too early to evaluate the impact of the service.

3c) Hertsmere



The table above shows:

- The *rate* of emergency admissions (per 1000 over 65s) in the Hertsmere locality (blue line) compared with the same rate in the rest of the CCG area (red line).
- Although the rate of admissions has increased since the start of the service in January 2013, the increase has been even more marked in other areas which do not have Homefirst services. This is illustrated above in the narrowing of the gap between the red and blue dashed lines.

Our plans in this area include:

- Developing plans for roll out of integrated community models using the learning from Homefirst services.
- Further monitoring and improvements in the existing Homefirst services, including the addition of mental health workers into the teams.

FLOURISHING COMMUNITIES

Supporting Carers to Care

Objective 1: Reducing the average number of months spent caring before getting support

This indicator shows that the average length of time carers have spent caring before receiving support from Carers in Hertfordshire is reducing. The aspiration to reduce the length of caring role from 5 years to 4 years is based on census data that can by its very nature only be updated every 10 years. Carers in Hertfordshire collects its own information about how long people have been caring for and have derived the following figures:

Average length of caring role from Carers in Hertfordshire:

2012/2013	9.10 years
2013/2014	8.61 years
Apr – Sept '14	7.02 years

Average length of time carers had spent caring before receiving support from Carers in Hertfordshire for the following periods:

	Average length of caring 2013/14 (years)	Average length of caring (April-June 2014)	Average length of caring (July-Sept 2014)	Average length of caring (Oct-Dec 2014)
All carers registered	8.61	7.46	6.76	6.57

Our plans to continue this trend include:

- Re-commissioning of the Carers in Hertfordshire contract, including resourcing further development of the Carers Passport, which has proved effective in identifying carers earlier
- Re-commissioning of the preventative carers breaks contract, to include specific targets related to identifying carers earlier and referring them to other agencies/organisations for support
- Integration work in partnership between HCC, both CCGs and Carers in Hertfordshire to explore greater integration of carers' records

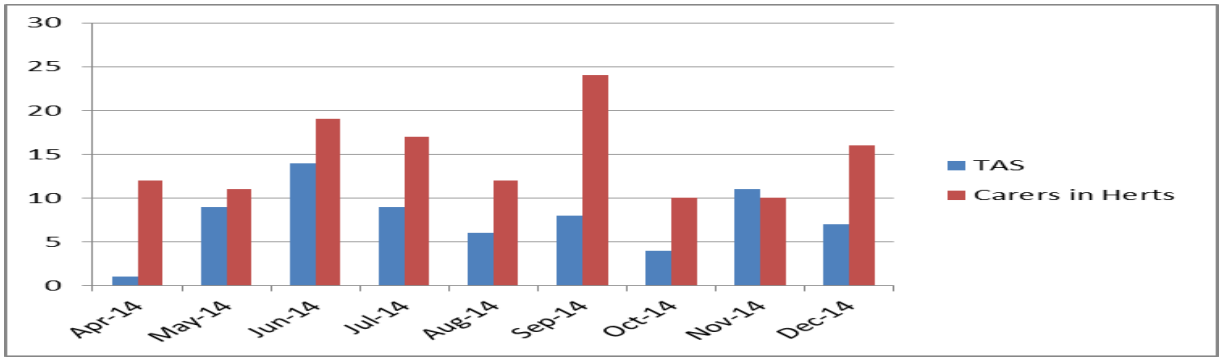
Quarterly summary of new or emerging themes

Nothing to add in Quarter 1 – next data update is expected in April 2015.

Indicator 2: Increasing the number of young carers who are supported by services

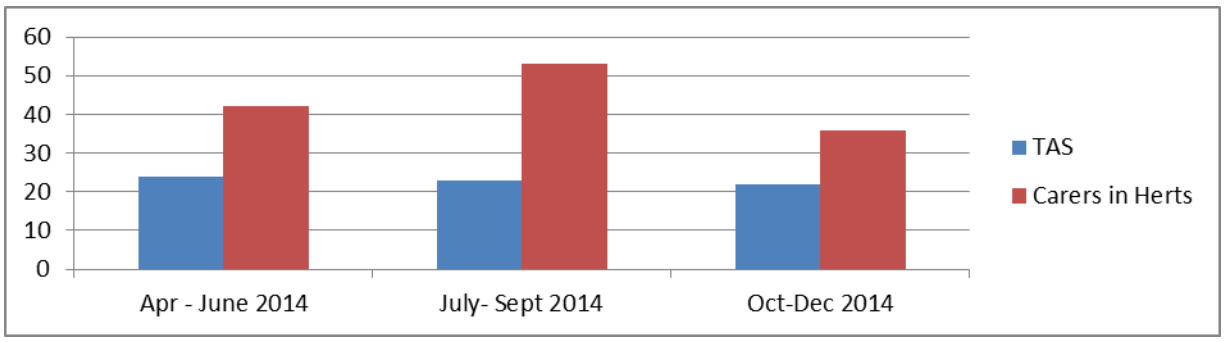
Numbers of Young Carer referrals received and supported by TAS – Children's Services and Carers in Herts from April 2014 to December 2014.

Numbers of Young Carers Referrals received by TAS - Children's Services & Carers in Herts, 2014

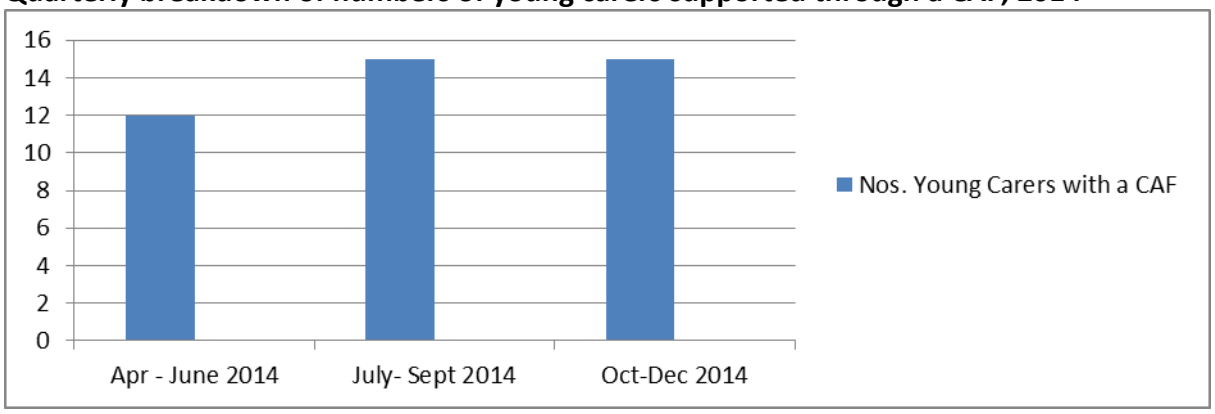


There will be some duplication in the numbers of referrals reported as Carers in Herts also take referrals from TAS, where a young carer assessment has been completed and appropriate support has been put in place, but the family may require ongoing support at universal level, which is then provided by Carers in Herts, which is commissioned to provide support to young carers at universal level.

Quarterly breakdown of numbers of young carers referrals received by TAS & Carers in Herts, 2014



Quarterly breakdown of numbers of young carers supported through a CAF, 2014



This indicator shows the number of young carers identified and supported by Children's Services and Carers in Herts remain low, in comparison to the number of Young Carers in the County. Census data for 2011[1] shows that there were 3900 children and young people aged 0-18 providing unpaid care in Hertfordshire. Of this, 3,236 were providing 1-19 hours unpaid care a week; 388 were providing 20-49 hours unpaid care a week and 276 were providing 50 or more hours unpaid care a week. It is important to note that of the 3900 children and young people providing unpaid care, 281 of these children are aged 0-8 years old, with 64 of these providing 20 to 50+ hours of unpaid care, which is a concern. It is acknowledged nationally that the carers' data generally tend to be under representative of carers, including young carers. The true numbers of young carers may therefore be higher than this.

[1] ONS - 2011 Census data: CT0304 – All usual residents aged 0-18 by provision of unpaid care in Hertfordshire

Our plans to improve this include:

- We have already adopted a whole family approach to working with children and families using Family eCAF. We will stop using individual child assessments for young carers and use Family eCAF assessment from April 2015;

- Strengthening and improving early identification of young carers so that young carers are identified early before their caring role impacts negatively on them by:

  - Ensuring young carers and families receive timely support,

  - Ensuring young carers and their families receive information about support and services available,

  - Undertaking workforce and services development work to raise awareness of the needs of young carers,

  - Encouraging Children's and Adult services, Health services, voluntary and community sectors, as well as universal services to assist in early identification of young carers,

  - Undertake wider workforce development with professionals on young carer issues and targeted work with schools in particular to support with identification and ongoing support with their education,

  - Undertaking general awareness raising work in the community of young carers issues and how to access advice, guidance and support

- Strengthening and improving transition support for young carers and their families at key transition stages e.g. across schools, starting college or university and transition from a young carer to adult carer.

- Re-commission Carers in Herts to continue to deliver universal support to young carers for 2015/16.

- We have commenced a full review of young carers' service provision in the county, working jointly with our Commissioning team to review and develop an integrated young carers service delivery model, in partnership with Carers in Herts, Clinical Commissioning Groups, and Adult Care services; and in consultation with young carers and their families and other stakeholders in the county. This work should lead to the development of an integrated young carers led service delivery model that is co-produced with young carers and their families from April 2016 onwards.

Indicator 3: Improving the score for carer reported quality of life

This indicator is normally based on information from the bi-annual Department of Health Carers Survey. This is survey is currently being completed this year and an update will be provided in the next monitor. In the absence of this, data is presented below outlining data gathered by Carers in Herts on long term conditions and disabilities amongst the carers they support.

Carers in Herts collect information about health condition and disabilities amongst the carers they support in two ways. One is represented by the first table and shows those carers who cite one or more conditions. There are carers who only cite one condition but many who talk about multiple conditions. The overall number of carers in this group is 1,034. The second group, though not mutually exclusive, is of those for whom an adjustment is made for example when attending a Carers Development and Learning or other event.

Disability

Total individuals with long term condition or disability	**1034**
Stress	287
Other: See 'Notes' for details	232
Arthritis	204
Depression	189
Back Problems	144
Anxiety	126
Heart problems	122
Diabetes	119
Tiredness/ sleep deprivation	106
High blood pressure	95
Elderly/ frail	65
Cancer	55
Weight problems	31

Collected separately those carers whose condition may potentially require an adjustment to be made	**110**
Visual	42
Learning	27
Auditory	22
Wheelchair Access	9
Auditory & Visual	6
Learning & Wheelchair Access	2
Visual & Wheelchair Access	2

Our plans to continue this trend include:

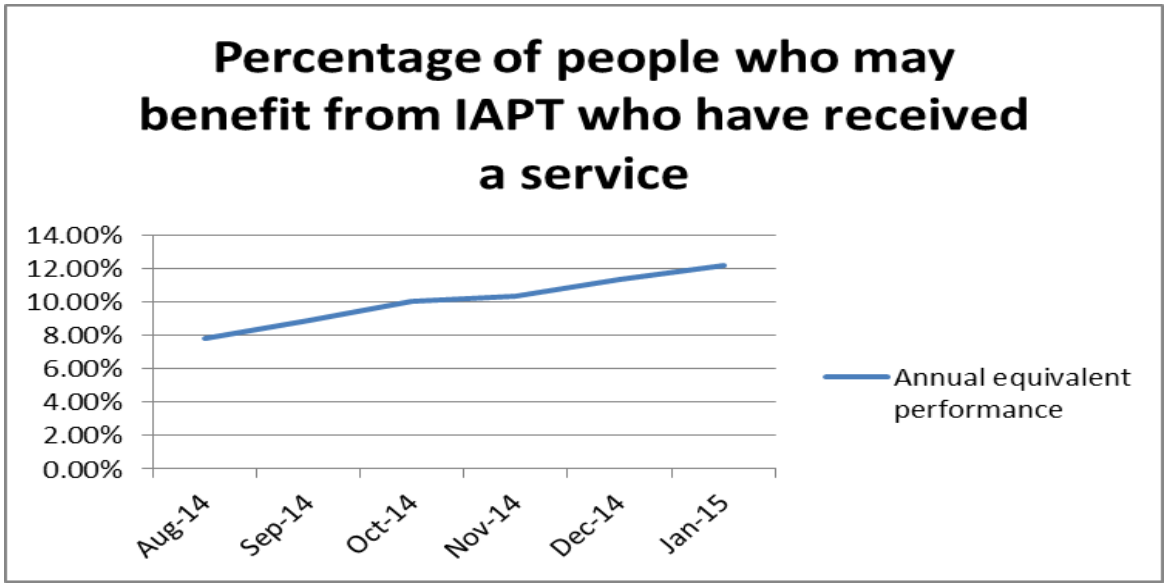
- Re-commissioning of the Carers in Herts contract, including additional support for Carers Champions in GP surgeries to support carers in primary care settings, and developing brokerage and advocacy for carers.
- Commissioning case workers to support parent carers
- Re-commissioning of the carers breaks contract, including requirements to monitor the impact of the service on carers' wellbeing
- Integration work with both CCGs to explore developing more carer aware and carer friendly services across the Health and Social Care system in Hertfordshire

Quarterly summary of new or emerging themes
Nothing to add in Quarter 1 – next data update is expected in April 2015.

FLOURISHING COMMUNITIES

Improving Mental Health and Emotional Wellbeing

Objective 1: Improved access to primary mental health services

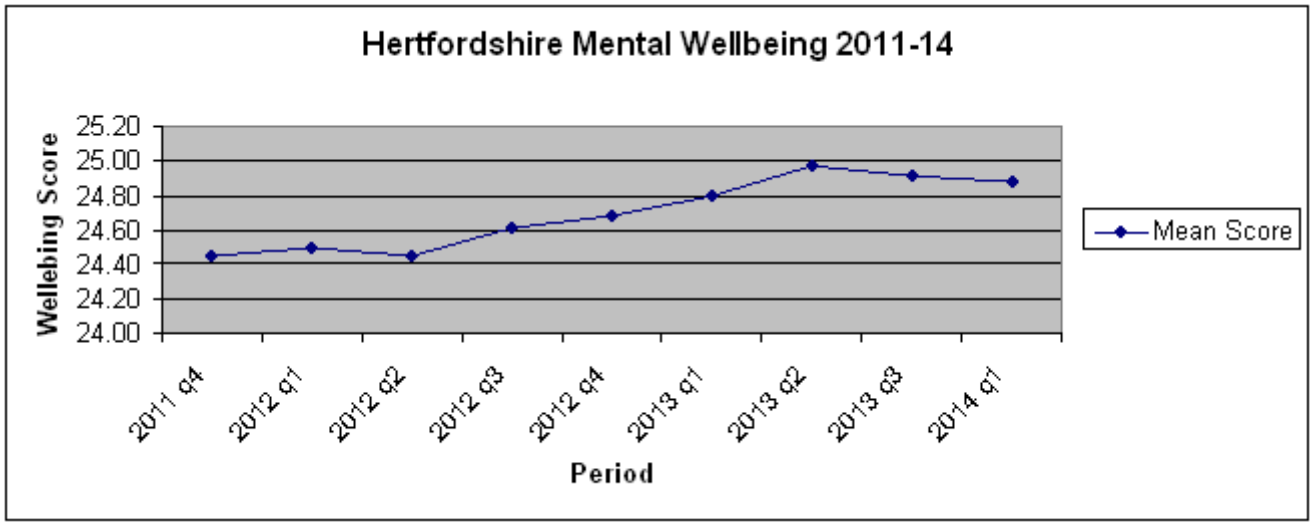


This indicator shows that there has been a steady increase in adults in Hertfordshire using psychological therapies for treatment of anxiety and depression; the aim of the service is to treat common mental health conditions as early as possible, improving their longer term outcomes and reducing the likelihood of their condition worsening. There is a national target of 15% of the local adult population entering into treatment by the end of 2015. People entering into treatment reporting a recovery rate is consistently above the national average of 50%.

Our plans to achieve the target include:

- Continue to promote the Increased Access to Psychological Therapies (IAPT) programme through all stakeholders, particularly promoting guided referral or self-referral where evidence suggests outcomes are improved
- Additional investment in Tier 2 services for children and young people was provided in 2014/15 to increase the number of young people able to access primary care counselling and therapies

Objective 2: Evidence of improvement in Hertfordshire's mental wellbeing measured through the Health Related Behaviour Questionnaire



Period covered	2011 q4	2012 q1	2012 q2	2012 q3	2012 q4	2013 q1	2013 q2	2013 q3	2014 q1
Mean Score	24.45	24.49	24.45	24.61	24.68	24.80	24.97	24.92	24.88

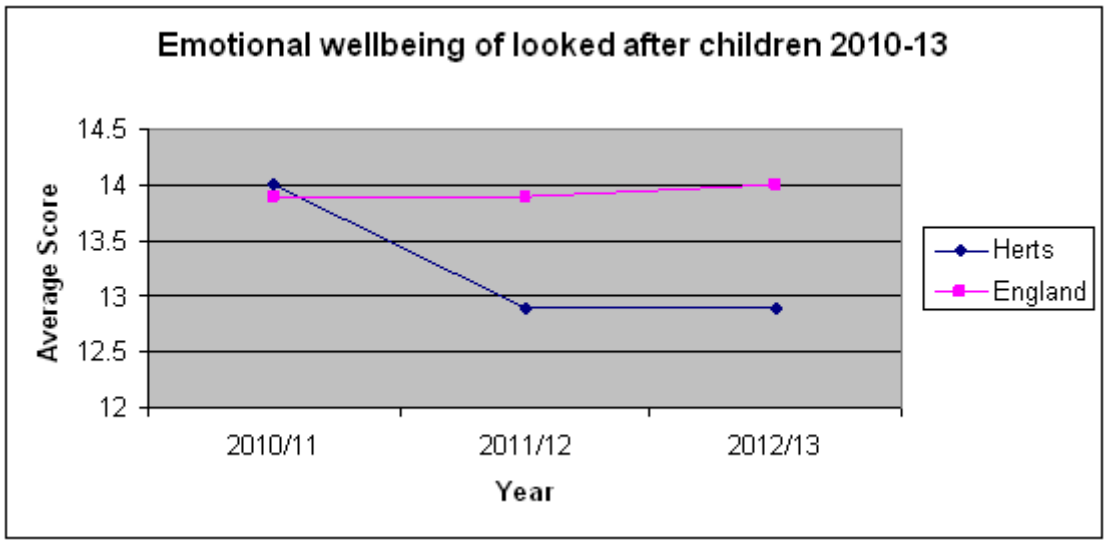
This local indicator suggests that levels of self-reported Mental Wellbeing in Hertfordshire have decreased slightly since April 2013; this has also been reflected by national indicators for Hertfordshire where a local downward trend has contrasted with a national upward trend.

Our plans to achieve the target include:

- Improve the information and advice that is available to people in Hertfordshire to support them in improving their emotional wellbeing – this will be in partnership with Hertfordshire Partnership NHS Foundation Trust, under delivering services compliant with the Care Act

Quarterly summary of new or emerging themes

Objective 3: Improved Strengths and Difficulties Questionnaire Score for Children Looked After (CLA)



This indicator shows that Hertfordshire is slightly better than the England average; a score of 14 is considered 'normal' for young people feeling a good level of emotional wellbeing. However, this is a small sample of the population and locally we are aware that there is an increasing number of young people seeking support from a wide range of mental health and emotional support services.

Our plans to achieve the target include:

- Implement the recommendations of both the Public Health commissioned review of Child and Adolescent Mental Health Services and the 0-25 SEND programme (Shaping the Future) to ensure that emotional wellbeing underpins these work streams.

FLOURISHING COMMUNITIES

Helping Families to Thrive

Hertfordshire's Thriving Families service is part of the early help provision across the county and is delivering the national Troubled Families payment by results initiative, introduced by the government (Department of Communities and Local Government) in 2012. Between its introduction and the end of March 2015, Hertfordshire was set the target of 'turning around the lives' of 1350 families who are face multiple and complex issues through the family intervention model of practice. To achieve success within the DCLG Financial Framework, families must achieve sustained improvement in three key areas: Adult employment, school attendance and reducing ASB and youth crime. Our progress to date is detailed within this report.

The government announced in autumn 2014, that because of the national success of the troubled families approach, a second phase of activity, building on the learning from the first three years and with significantly expanded eligibility criteria, would commence in April 2015, for a further five years. Although subject to confirmation, it is anticipated that Hertfordshire's challenge will be to support around 4750 families to significant and sustained improvement during this period. Embedding holistic family support within HCC and partner services is a key aspect of the agenda for the coming months, in parallel with the development and formalisation of Hertfordshire's Early Help offer which will promote this approach, champion the use of eCAF as the single assessment tool for the county and expanding the capacity for delivery amongst a wider, but locally focussed partnership workforce. The total number of CAFs initiated by health to date- 30. Health visitors having completed 27 – Community paediatric nurse 1 and school health nurses 2

Hertfordshire Thriving Families progress to date (performance).

Progress against the target of 1350 families 'turned around' remains in line with projections. The next available opportunity to report progress via outcome claims submission is on 20th February 2015. It is anticipated that our claims at that point will have reached 1050 (78%) against a target of 1350. The final opportunity to claim outcomes for Phase 1 families will be in early May 2015. The Thriving Families service and partnership are working hard to achieve target.

Performance Update

Thriving Families DCLG returns

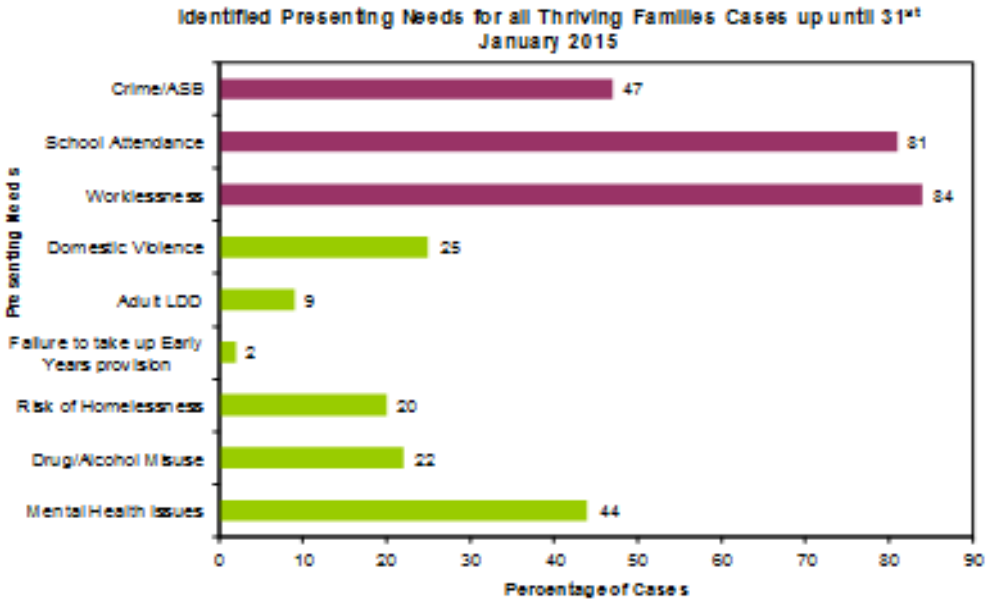
Reporting period	Households identified	Families being worked with	Outcome claims (cumulative)
Year 2 Qtr 4 March 14	2169	1128	351
Year 3 Qtr 1 June 14	2201	1176	578
Year 3 Qtr 2 Sept 14	2332	1353	719
Year 3 Qtr 3 Jan 15	2418	1496	1050*

* Estimated claims - Feb claim due on 20.2.15

To achieve a successful outcome with a family, all behavioural eligibility issues must have been addressed, however successful transition by an adult in the household from work related benefits and into sustained paid employment, of over 16 hours per week for 26 consecutive weeks can be claimed as a separate success. Up to this point, Hertfordshire has made 104 work-related outcome claims, approximately 10% of the overall success figure and moving in line with national averages.

A key aspect of supporting families facing multiple and complex needs is the scale and range of the issues they face. Nationally it has been identified that the average family being supported by Troubled Families is facing 9 significant issues on engaging with the support service offered. In Hertfordshire, the distribution of problems identified by families on presentation is detailed below.

This graph represents around 1500 families and the % of cases which present with each factor. Hertfordshire's Thriving Families applies these to identify eligible families, red indicators being nationally set eligibility factors, green are 'local priority indicators'.



Phase 2 of Thriving Families will effectively remove some of the barriers to support which were in place as a result of the strict eligibility criteria in Phase 1. For example, support from this service was not available for families with pre-school-age children, nor were specific health concerns recognised as a core DCLG eligibility factor. Under Phase 2, eligibility has been elevated to 6 headline issues and Tier 1 authorities are invited to refine these in accordance with identified local need. This work is currently underway as a key element of the emerging Early Help offer.

The new headline eligibility factors are:

Thriving Families Phase 2 - Headline Eligibility Factors

Each family must have **at least two factors** to be eligible for TF support

The following Headline TF2 entry criteria show the comparison to ***Phase 1:***

1. Parents-children involved in crime or ASB. ***(adds adults)***
2. Children who have not been attending school regularly. ***(includes authorised and unauthorised absence)***
3. Children who need help ***(adds as a new category)***
4. Adults out of work or at risk of financial exclusion:
   - ***Includes pre-NEET & NEET 16-18 year olds***
   - ***Adds financial exclusion (debt)***
   - ***Adds "progress towards work" as a success measure***
5. Families affected by Domestic Violence and Abuse ***(new category)***
6. Parents and children with a range of health problems ***(new category)***

The Early Help model which will deliver the new offer will be launched in September 2015. The Thriving Families partnership and core TF teams will work in parallel with that developing model, to ensure that families currently receiving support continue on their journey as well as engaging with those from April, who meet the new criteria and are considered to be in need of intensive holistic family support. This will ensure that Thriving Families both meets current performance targets and continues to support family improvement and future opportunities in line with the aims and ambitions of the service and the health and Wellbeing Board.