Health and Wellbeing Board
Hertfordshire

AGENDA for a meeting of the HEALTH AND WELLBEING BOARD at The Focolare Centre for Unity, 69 Parkway, Welwyn Garden City, AL8 6JG on TUESDAY 14 JUNE 2016 at 10.00 A.M.

MEMBERS OF THE BOARD (15) - QUORUM 8

COUNTY COUNCILLORS (3)

T C Heritage, R M Roberts, C B Wyatt-Lowe (Chairman)

NON COUNTY COUNCILLOR MEMBERS (12)

H Pathmanathan, N Small, B Flowers, N Bell, Clinical Commissioning Groups,
J Coles, Director of Children's Services,
I MacBeath, Director of Health and Community Services,
J McManus, Director of Public Health,
M Downing, Healthwatch Hertfordshire,
L Haysey, L Needham, District Council representatives,
N Carver, NHS Provider representatives
D Lloyd, Hertfordshire Police and Crime Commissioner

Meetings of the Board 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".

At a meeting of the Board any member of the public who is a Hertfordshire resident or a registered local government elector of Hertfordshire may put a question to the Board about any matter over which the Board has power or which directly affects the health and wellbeing of the population. Written notice, including the text of the proposed question, must be given to the County Council's Chief Legal Officer at least 5 clear days before the meeting.

CHAIRMAN'S ANNOUNCEMENTS

PART I (PUBLIC) AGENDA

1. MINUTES

To confirm the minutes of the last meeting of the Health and Wellbeing Board on 14 March 2016.

2. PUBLIC QUESTIONS

None received at the time of agenda despatch.

3. 2016-17 BETTER CARE FUND PLAN (attached)

4. HERTFORDSHIRE HEALTH AND WELLBEING STRATEGY 2016-2020 (attached)

5. PROGRESS REPORT ON THE TRANSFORMATION OF HEALTH AND SOCIAL CARE IN HERTFORDSHIRE – 'YOUR CARE YOUR FUTURE' IN HERTFORDSHIRE VALLEYS, AND THE HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PLAN (attached)

6. COMPACT AGREEMENT BETWEEN THE STATUTORY, VOLUNTARY AND COMMUNITY SECTOR TO WORK IN PARTNERSHIP TO ACHIEVE COMMON AIMS AND OBJECTIVES (attached)

7. ANY OTHER URGENT BUSINESS

PART II ('CLOSED') AGENDA
EXCLUSION OF PRESS AND PUBLIC

There are no items of Part II (Confidential) business on this agenda. If items are notified the Chairman will move:

"That under Section 100(A) (4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves 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 Fiona Corcoran, Democratic Services Officer, Democratic Services, on 01992 555560, or email fiona.corcoran@hertfordshire.gov.uk. Agenda documents are also available on the internet at http://www.hertsdirect.org/hccmeetings.

Minutes

To: All Members of the Health & Wellbeing Board

From: Legal, Democratic & Statutory Services
Ask for: Fiona Corcoran
Ext: 25566

HEALTH AND WELLBEING BOARD
15 MARCH 2016
M I N U T E S

ATTENDANCE

MEMBERS OF THE PANEL

N Bell, B Flowers, Clinical Commissioning Group Representatives
J Coles, Director of Children's Safeguarding and Specialist Services
J McManus, Director of Public Health
M Downing, Healthwatch Hertfordshire
T Heritage, County Councillor
D Lloyd, Hertfordshire Police and Crime Commissioner
L Haysey, L Needham, District Council Representatives
David Law, NHS Provider Representative
R Roberts, County Councillor
C Wyatt-Lowe, County Councillor (Chairman)

CHAIRMAN'S ANNOUNCEMENTS

The Chairman thanked David Law, HCT for his input to the Board over the last year and noted that Tom Cahill, HPFT would be the new NHS provider representative observer.

Professor Steven Barnett, Chair of WHHT was in attendance and welcomed by the Board.

Apologies noted from Hari Pathmanathan and Nicolas Small.

PART I ('OPEN') BUSINESS

ITEM 3 – 0-25 INTEGRATION PROGRAMME

ACTION

1. MINUTES

1.1 The minutes of the Health and Wellbeing Board meeting held on 15 December 2015 were confirmed as a correct record of the meeting.

2. PUBLIC QUESTIONS

2.1 The following question was presented to the Board by H Musson, Executive Officer, Local Pharmaceutical Committee:

"On 9 December 2014 the Health and Wellbeing Board discussed its membership. It was acknowledged in the minutes that "During discussion of the proposals it was acknowledged that there was currently no provision for primary care provider representation on the Board or the voluntary sector. It was suggested that this could be looked into as part of the Board's comprehensive self-assessment in Autumn 2015." This was mentioned again at the last Health and Wellbeing Board meeting on 15 December 2015 although this does not seem to appear in the current draft of the minutes. There is currently no representative that represents general practice, community pharmacy, community dentistry and community optometry ie primary care. This seems particularly incongruous now that there are representatives for the local Trusts within Hertfordshire present at Board meetings.

Please can the Health and Wellbeing Board consider its position on the primary care provider representation on the Board. This is a particular pertinent time, with a threat to the community pharmacy network through the proposed changes to its core contract and a crisis in the GP practice workforce. It is essential that primary care has a voice to agree priorities and further joint working to improve wellbeing and reduce health and social inequalities."

The Board noted that this issue required further discussion and consideration, therefore a brief answer would not be appropriate. It was agreed that the subject of this question would form a substantive item at the next Health & Wellbeing Board Development Day on 21 April 2016 and that Helen Musson or colleagues from the Local Pharmaceutical Committee would be invited to provide a presentation and take part in discussion of the proposal. It was noted that the Board values the input of pharmaceutical colleagues but any change would be fundamental to the nature of the Board. Therefore, it would be essential to ensure a decision was reached that all Board members were content with and also supported pharmaceutical work

W Tooke

H Musson confirmed that she was content with this response and there was no supplementary question. It was agreed that officers would liaise with Helen Musson regarding involvement in the next HWB Development day.

W Tooke

3. 0-25 INTEGRATION PROGRAMME

CHAIRMAN'S INITIALS

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[Officer Contact: Danielle Edwards]

3.1 The Board received a report on the 0-25 Integration Programme, setting out the countywide approach to improving support and services for Children, Young People and Young Adults with Special Educational Needs and/or Disabilities (SEND) in Hertfordshire that is being driven forward by the 0-25 Integration Programme Board. The Board also received a presentation which is attached as Appendix A.

3.2 Members of the Board expressed their support for this work. It was noted that Healthwatch had been involved in this work and the Healthwatch Youth Ambassador was a member of the Young People's Reference group. It was noted that this work was running alongside the CAMHS transformation.

3.3 In discussion Members highlighted that for children with disabilities, experiences of diagnosis and work with schools could vary considerably. Therefore a systemic approach linking in with Hertfordshire Partnership Foundation Trust (HPFT) and Hertfordshire Community NHS Trust (HCT) was essential. Officers informed the Board that strategic links were in place between key organisations and that the charter would challenge providers to work more collaboratively, although it may take some time to become embedded.

3.4 The importance of bringing together adult and children's teams in relation to social care was highlighted and it was noted that now that the County Council had decided how to go about this, other agencies such as HCT and HPFT would be able to go forward to work in this way and more changes would begin to become evident on the ground.

3.5 Members of the Board welcomed this work and highlighted the need to measure success in a meaningful way. A six month review to monitor success via the self-assessment framework was suggested. Members were keen to see how success would be measured going forward.

Conclusion:

3.6 The Board acknowledged the Professional Charter (Appendix A of the report) as a countywide standard for working with Children, Young People and Adults with SEND and their families.

3.7 The Board agreed the Disabled Children's Charter evidence file (Appendix B of the report) for submission to Every Disabled Child

CHAIRMAN'S INITIALS

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Matters (EDCM.)

4. HERTFORDSHIRE HEALTH AND WELLBEING STRATEGY 2016-2020

[Officer Contact: Jacqui Bunce, ENHCCG]

4.1 The Board received a presentation outlining the Hertfordshire Health and Wellbeing Strategy 2016-2020, attached as Appendix B.

4.2 Members commended this piece of work and appreciated officers' responsiveness to the Board's comments. Members also welcomed the approach taken with the use of Public Health intelligence and preventative work and the fact that mental health was given the same emphasis as physical health.

4.3 In discussion it was noted that a suite of measures had been created to evaluate success and that the importance of different locations needs and priorities had been understood and taken into account. The strategy was intended to be an overarching umbrella under which districts could identify their own specific priorities.

4.4 Members highlighted the importance of describing how the strategy would be achieved and put into practice in addition to what should be done. It was also highlighted that success in some of the areas within the strategy may lead to further pressure in funding.

Conclusion:

4.5 The Board welcomed the outline of the draft strategy presented at the meeting and it was agreed that the full draft strategy would be circulated to the Board for comment. J Bunce

5. 2016-17 BETTER CARE FUND PLAN

[Officer Contact: Jamie Sutterby 01992 588950]

5.1 The Board received a report providing an update on the 2016-17 Better Care Fund Plan to be submitted to NHS England.

5.2 The Board heard that there would be a focus on delayed transfer of care and that it was intended that the same amount of resources would be pooled as in the previous year, with 2016/17 being a continuation of the work and aims of 2015/16.

5.3 It was noted that between 21 March and 25 April the final plan J Sutterby

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would be circulated to the Board for comment.

[NB. the detailed financial information addendum referred to in paragraph 2.5 of the report was not tabled at the meeting but this information would be included in the final plan to be circulated to the Board between 21 March and 25 April 2016.]

Conclusion:

5.4 The Board was not quorate at this point in the meeting but all Members who were present endorsed the high level content for the Better Care Fund Plan 2016/17 and delegated sign-off of the final submission to the Lead Officer in consultation with the Chairman of the Health & Wellbeing Board. J Sutterby

5.5 [As the meeting was not quorate at this stage, subsequent to the meeting, the Lead Officer wrote to all Members of the Board seeking confirmation of their agreement with the recommendation under minute 5.4 above. The majority of Board Members had replied at the time of publication of the minutes and all responses received had endorsed the conclusion under minute 5.4 above.] J Sutterby

6. HOUSING AND HEALTH IN HERTFORDSHIRE

6.1 The Board received a report and presentation (attached as Appendix C) on the draft work undertaken to understand the role of housing services across Hertfordshire and links to health and wellbeing.

6.2 Members of the Board noted that a number of pieces of work regarding housing and health were in progress and it would be important for the Board to consider ways of joining up this work. In order to ensure the work was being carried out across the county, Public Health officers were linking in with the district Head's of Housing meeting.

6.3 It was highlighted that the report focussed on the following two key issues:

- Impact of housing quality
- Housing availability

In relation to housing quality it was noted that a significant number of homes were of poor quality and it would be essential to identify where and how the greatest health impact could be made. In relation to housing availability, it was noted that homelessness had

CHAIRMAN'S INITIALS

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been increasing since 2011 and was expected to continue to increase in future. Therefore areas such as co-ordination of hospital discharge, adults with complex needs and access to emergency night shelter were being focused on.

6.4 The Board received a draft proposal document (Appendix D) and the Board noted that links would be needed between different groups in order for this work to be taken forward and the challenge of maintaining oversight was highlighted.

6.5 In discussion, Members of the Board commented on the fact that no reference had been made to involving developers, which would be important as it would offer the opportunity to provide input to their plans. It was noted that officers had chosen not to include developers in this piece of work due to the size of the area being covered.

6.6 Members noted that although a lot of new housing was being built and marketed for sale, it did not necessarily include social housing. The need to address the issue of affordable housing was noted by the Board.

6.7 The Board acknowledged the importance of the link between Health and Housing and endorsed the idea that the Health and Wellbeing Board could act as a key driver for this work, suggesting it could be embedded in the HWB strategy refresh in which case a clear direction and statement to sign up to would be required.

6.8 The work on excess winter deaths was commended by members of the board and it was noted that similar work to include private housing would be welcomed. It was noted that a Herts Healthy Homes service was available to all regardless of their tenure.

6.9 Members of the Board welcomed the joined up approach that this work was taking to housing and it was noted that the Housing Working Group had a large agenda and prioritisation of aspects of the strategy would need to be established. It was suggested that double district boards could choose their own priorities which would vary in different areas to best suit specific local needs.

6.10 The Board discussed the impact of rough sleepers on Accident & Emergency departments and other acute health services. In discussion, concerns were raised over the fact that this work covered such a wide area and it was agreed that a piece of work to analyse need by identifying cases where housing issues had impacted on repeated admission to hospital would be undertaken and this work would be led by Nick Carver. N Carver

6.11 It was suggested that Domestic Violence should be included in this piece of work and Members questioned whether two groups were

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needed as it may cause a duplication of work. Members of the Board also commented that the proposed model appeared complicated and may need refining in order to address this.

6.12 With regard to the sub-group, it was noted that it would consider planning issues in addition to commissioning. The Board heard that the Strategic Housing and Economic Development Needs Assessment would feed into the local plans that could be used to guide developers regarding housing need in each district. With regard to the data analysis work carried out by Welwyn Hatfield District Council, the Board heard that this funding had been available to all districts but not all had completed this work. It was agreed that district council representatives of the Board would follow this up with all district council leads. — L Haysey, L Needham

6.13 The Board's enthusiasm for this piece of work was noted and emphasis was placed on the importance of careful prioritisation and good governance.

6.14 Members acknowledged the links with housing for the most vulnerable and the criminal justice system and highlighted the fact that the involvement of a large number of different agencies could bring complications. A Member of the Board suggested that a market solution based on the fact that the County Council, NHS, Police and District and Borough Councils owned a large amount of land in the county could be sought, taking an entrepreneurial approach to the issue. It was agreed that the Police Commissioner would find out more about the land owned by the Police. — D Lloyd

6.15 Members highlighted that the report did not discuss housing supply and the fact that a timeframe of 3-5 years was needed to make changes in the housing supply. It was also noted that private sector housing was not mentioned in the report and the needs of people who may have purchased a home under the right to buy scheme and are asset rich but cash poor, resulting in possible problems with the quality of their housing. In addition to this, Members noted that landlords concerns about universal credit were not addressed in this report, including the anticipated issues such as evictions and non-payment of rent.

Conclusion:

The Board recommended:

6.16 that further work be done on the Housing, Health & Wellbeing Routemap in order to make it more deliverable. — I MacBeath/ J McManus

6.17 that a piece of work to analyse need by identifying cases where housing issues had impacted on repeated admission to hospital would be undertaken. — N Carver

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6.18 that further discussion and refinement of this work would be undertaken at the next Health & Wellbeing Board Development Day.

7. DOMESTIC ABUSE IMPROVEMENT PROGRAMME AND STRATEGY

7.1 The Board received a report providing an update on the Domestic Abuse Improvement Programme, including progress made against SafeLives (previously Co-ordinated Action Against Domestic Abuse, CAADA), main recommendations, and the new draft Domestic Abuse Strategy.

7.2 It was noted that the new draft Domestic Abuse Strategy was a good example of partnership working. It was highlighted that further funding from organisations including the NHS was still required and being sought as this work needed to be joint funded and receive joint input from partners. CCG representatives acknowledged the importance of this issue and agreed to discuss further with the Police Commissioner. N Bell, D Lloyd

7.3 It was noted that County Council officers were working with housing providers in relation to the housing offer. The question of what was being done of a preventative or supportive nature was raised.

7.4 In discussion, it was noted that Housing Associations were in a transition period and the relationship between district/borough councils, the housing associations and residents was being monitored closely.

7.5 Members expressed their commitment to this work and emphasised the challenge of making the best judgements possible taking into account the evidence and resources available, while keeping in mind the fact that lives and long term impact on children were at stake. The need for work in this area to be driven through in a timely fashion was also highlighted.

7.6 Members noted that addressing Domestic Violence was a priority for district and borough councils and there were some good programmes currently being implemented. It was suggested that the third sector could be used to provide services differently.

7.7 The Board heard that a Housing and Wellbeing meeting was being organised and that representatives from refuges were keen to work with officers. Officers agreed to provide the Board with a figure of protected funding. I MacBeath

CHAIRMAN'S INITIALS

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Conclusion:

7.8 The Board noted the update on the Domestic Abuse Improvement Programme and requested that its comments (under minute 7 above) be noted.

8. ANY OTHER URGENT BUSINESS

NHS Sustainable Transformation Planning process and theLocal transformation "footprint"

[Beverley Flowers, Chief Executive ENHCCG]

8.1 The Board agreed to consider a brief update on this subject as urgent business due to the timescale constraints of this process.

8.2 The Board noted that the new NHS planning guidance had asked NHS organisations to produce their own operational plans for the coming year. In addition to this, it also asked NHS organisations to work together to make joint plans for their local health and care services – a 'sustainability and transformation plan' and identify a local "footprint". This would require parts of Hertfordshire to work closely with West Essex towards an integrated approach to devolution.

8.3 Members heard that all CCGs had accepted the "footprint", although with some reservations and concerns. There would be a Hertfordshire Plan which the two Hertfordshire CCGs would sign up to. Representatives were due to meet with the Chief Executive of Hertfordshire County Council to discuss this subject.

8.4 Issues such as the crossover element and sustainability and future of Princess Alexandra Hospital in Harlow and clinical alignment were acknowledged. Members heard that there would not be one overarching sign-off group but that the Hertfordshire Public Sector Chief Executives Group would monitor Hertfordshire. There would be a single footprint lead role, for which Beverley Flowers had been nominated and West Essex would provide a deputy.

8.5 The Board noted that the Chairman of the Health & Wellbeing Board had written to NHS England to express concern regarding the move away from keeping the boundaries to those of the Health & Wellbeing Board. It was agreed that this letter would be circulated to the Board. I MacBeath

8.6 While it was hoped that the planning would be the same with the new "footprint", there were concerns that it would be necessary to duplicate planning with the potential to result in a leakage of money

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across the system. It was noted that there had been significant lobbying for these concerns to be addressed.

8.7 Members noted that this work was in the emerging stages and the CCGs would have the full support of the Board to work in best interests of Hertfordshire. Concerns were also raised that this change may be a distraction when there were many challenges to focus on and finances were tight.

8.9 It was emphasised that all the links in the way Health works in Hertfordshire would remain the same following the implementation of these changes.

Conclusion

8.10 Members noted the update.

KATHRYN PETTITT
CHIEF LEGAL OFFICER **CHAIRMAN**_____

CHAIRMAN'S INITIALS

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0-25 Integration Programme

Danielle Edwards

Performance and Improvement Manager

Hertfordshire County Council

Purpose of this report

- Update on the structure and scope of the 0-25 Integration programme
- Seek agreement for the submission of the Disabled Children's Charter evidence file
- Seek agreement for the adoption of the Professional Charter
- Update on the development of a joint disability service

0-25 integration

Our Vision

All Children, Young People and Young Adults with additional needs are able to thrive:

- In their families
- In education, training and employment
- In their communities

0-25 integration

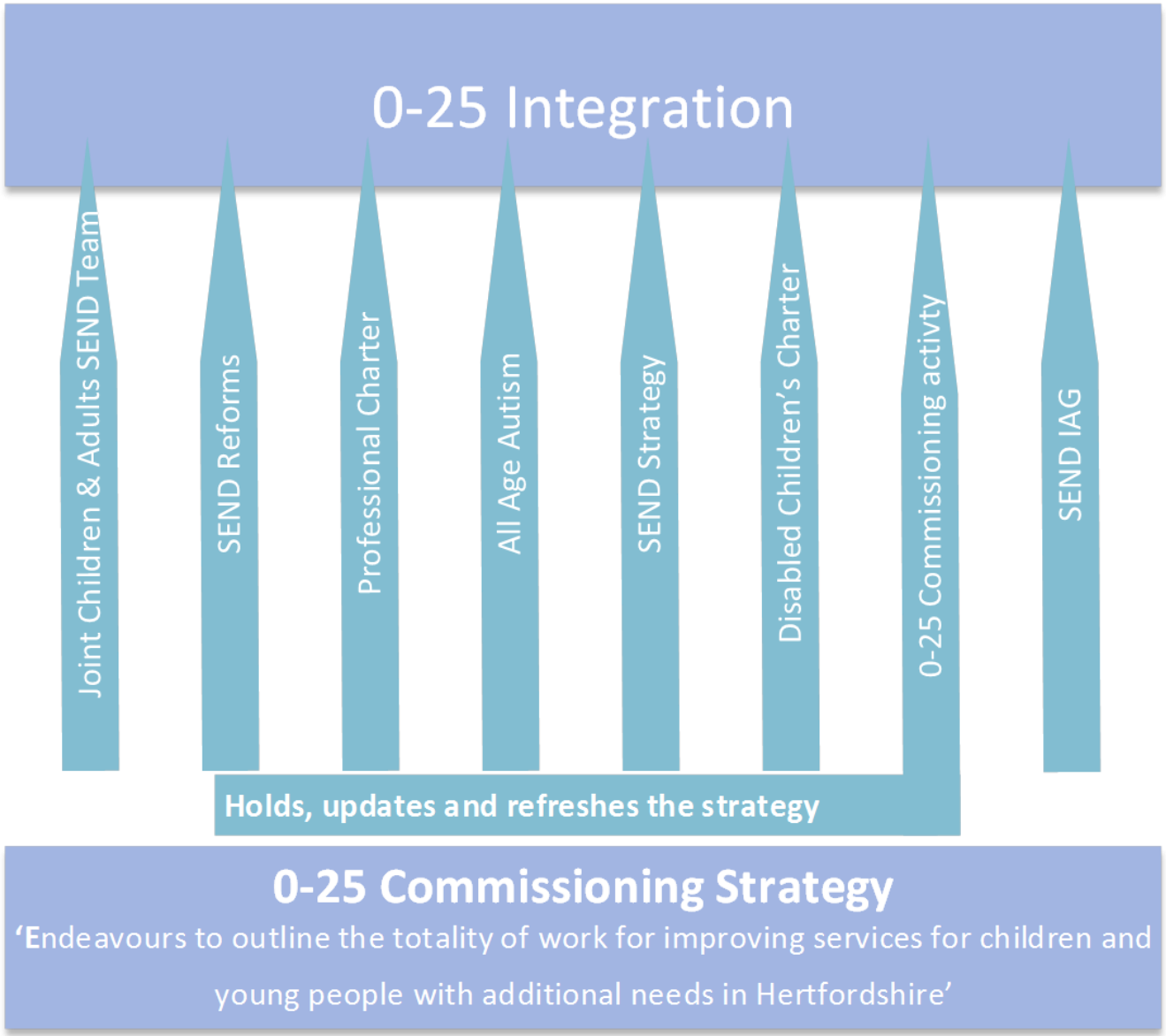
2014 Children and Families Act

SEND Pathfinder

Statutory Minimum

Achieving Aspirations

0-25 integration



0-25 integration

Disabled Children's Charter

0-25 integration

Disabled Children's Charter

every disabled child matters

- Agreed by the Health and Wellbeing Board in March 2015
-  Portfolio developed in a multi-agency group
-  Portfolio to be submitted to EDCM
-  Review progress in six months

0-25 integration

Professional Charter

0-25 integration

Professional Charter

We need to make sure we share our learning with each other – the good times & bad

The way you work is as important, if not more important, than what you do

Staff should be honest about what their services can, and cannot, provide

- Professionals will know how families would like us to work with them
- Families will be empowered to challenge if they feel they are being treated unfairly

Hertfordshire's Professional Charter

0-25 integration

How Children, Young People & Young Adults with Special Educational Needs and/or Disabilities and their families should be treated:

We will be honest about what can be achieved

We know that there are limitations to what we can do because of time, money and the law. We will tell you this from the start and always be clear why things are happening.

We aim to get it right first time and continue to learn from our experiences to inform changes

We will try hard to make things work and if they don't we will try to understand what went wrong so that we can improve what we do.

We will have the skills to do the job or sign post elsewhere when needed

We will make sure that all of our staff are well trained and that they know who can help with the things that they are not able to.

We will work together in an open and honest way

We won't let the fact that we are from different organisations stop us from working well together to help you achieve the best outcomes.

The views of the child and young person and family will be at the centre of everything we do

We will listen to what is important to you, build on your ideas and always remember that we are working to help you get the outcomes you want.

We will recognise the strengths and abilities of children, young people and young adults and we will build on these

We will focus on what works and what you are good at so that we can build on this.

We will communicate clearly and appropriately and in the way that children and young people choose

We will talk to you about how you like to give and receive information and although sometimes there are limitations, we will try to find a solution that fits.

We will work together towards positive solutions and outcomes

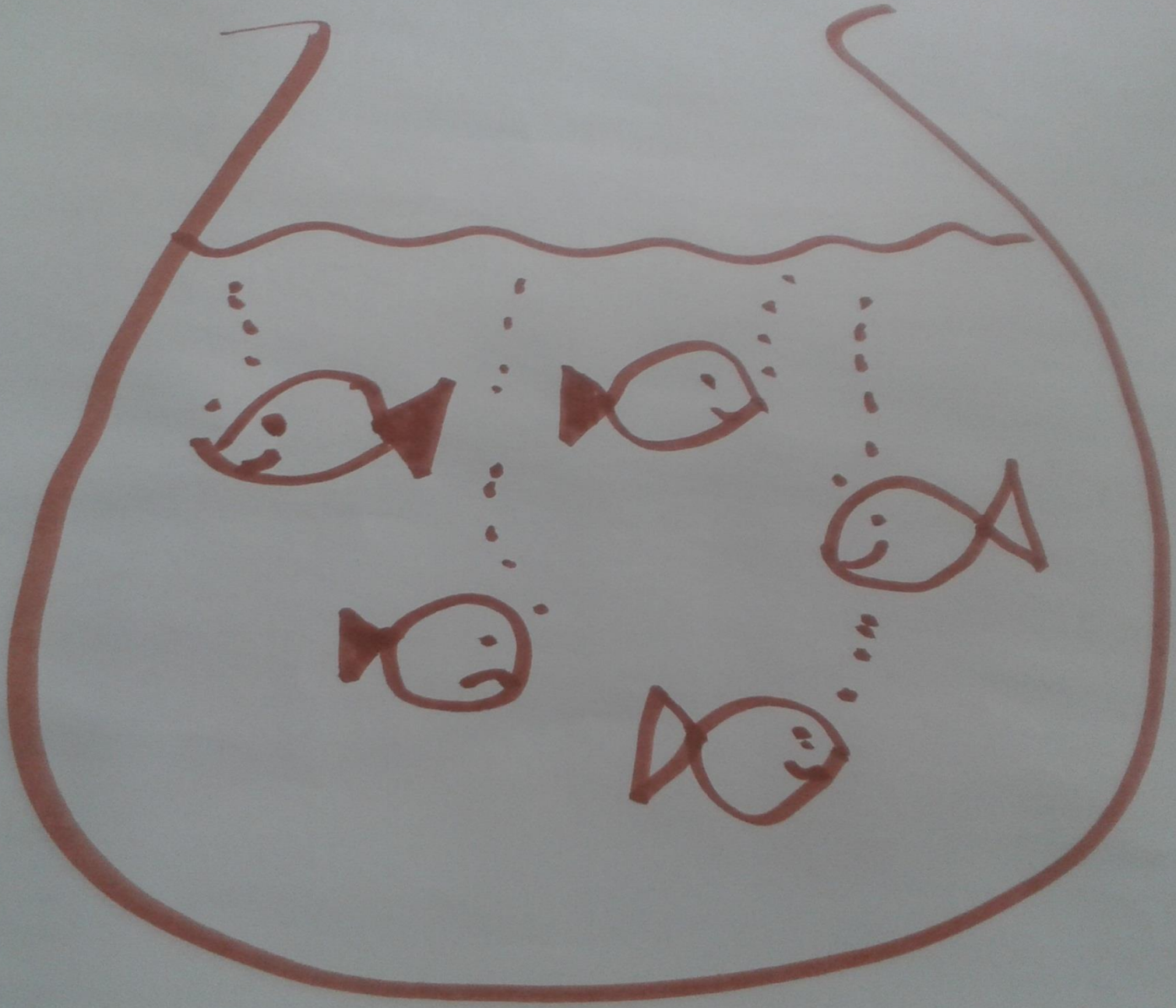
We will focus on solutions and positive steps forward that can realistically be achieved.

0-25 integration

Joint Service

0-25 integration

Joint Childrens and Adults SEND Service



Input from the Board

- The Board are asked to acknowledge the Professional Charter as a countywide standard for working with Children, Young People and Young Adults with SEND and their families
- The Board are asked to agree the Disabled Children's Charter evidence file (appendix B) for submission to Every Disabled Child Matters (EDCM)

0-25 integration

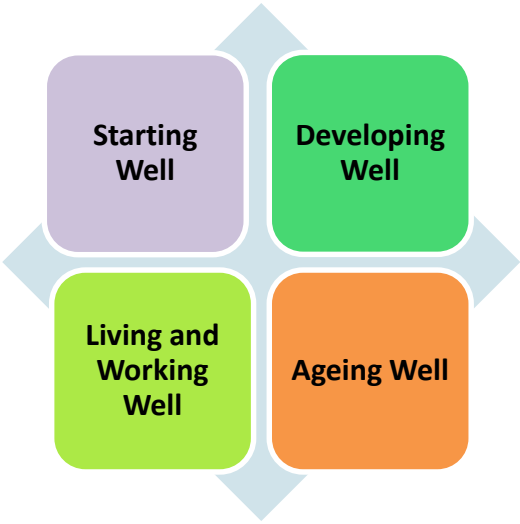
0-25
integration

Update on process to refresh Hertfordshire's Health and Wellbeing Strategy 2016-2020

Jacqui Bunce

Associate Director
East and North Herts CCG

Health and Wellbeing Board Hertfordshire



- Engagement process with our stakeholders
- Feedback from the Board's development day February 2016
- Our vision for the future and draft priorities
- Next steps

Health and Wellbeing Board
Hertfordshire

Engagement

- **Over 90 agencies attended 4 roadshows**
- **53 group discussions with over 200 people**
- **Further engagement continues with partners**

Health and Wellbeing Board
Hertfordshire

JigsawPSPH
@JigsawPSPH

Play time @hwbherts monopoly, cards & public health statistics coming together. We're liking this approach□ #hwbherts

3:38 a.m. - 15 Jan 2016

WheathampsteadPC
@WhampsteadPC

@hwbherts aging well...life start to finish - working together: priorities &opportunities. Great conference pic.twitter.com/JWY6z5it14

5:36 a.m. - 18 Jan 2016

David Brewer
@Involvingdavid

@enherts young members / @TPS_Hitchin health champs on Herts health priorities #theFUTUREismembership @hwbherts pic.twitter.com/H3RToVmuAe

3:12 a.m. - 4 Mar 2016

"It was great to be involved in this way. We aren't usually invited!"

"Delighted to attend. Thank you!"

Abbots Langley PC
@AbbotsLangleyPC

Excellent @hwbherts Engagement Event focusing on opportunities for health improvement through whole of life. pic.twitter.com/Ig7g3VvC5u

5:36 a.m. - 18 Jan 2016 from Watford, England

Twitter

Health and Wellbeing Hertfordshire

Health and Social Care in Hertfordshire - Legislation, strategies and key drivers

Strategies, legislation and drivers

National	**The Care Act 2014** View here	– **Mental Health Act 1983** – **Equality Act 2010** – **Human Rights Act 1998**	**Towards Excellence in Adult Social Care (TEASC)** View here	**Think Local Act Personal** Making it real View here	**Transforming care:** A national response to Winterbourne View Hospital View here	**Health & Social care Integration** View here	**Health and Social Care Act 2008** View here	**ADASS 5 year Vision Distinctive, Valued and Personal** View here	**The NHS Five Year Forward View** View here
Hertfordshire's statutory and community partners	**Hertfordshire County Council's Corporate Plan 2013-2017** View here	**Health and Wellbeing Strategy** View here	**Police and Crime Plan** View here	**Delivering a healthy Herts Valleys HVCCG clinical strategy** View here **West Herts Strategic Review** view here	**ENHCCG Strategic Plan** View here	**Hertfordshire Partnership University NHS Foundation Trust Strategic Plan** View here	**Healthier Herts – A Public Health Strategy for Hertfordshire** View here	**Children's Services An ambition for children and young people** View here	**Herts Community Trust Clinical Strategy** View here
Hertfordshire's Countywide strategies signed off by Health & Wellbeing Board	**A voluntary sector commissioning strategy for Hertfordshire 2015 – 2019** View here	**Carers Strategy** View here	**Hertfordshire Skills Strategy to 2017** View here	**Market Position Statement (MPS)** View here	**Hertfordshire All Age Autism Strategy 2014**	**Joint Commissioning Strategy 2014 - 2019 Adults with Learning Disabilities** View here	**Dementia Strategy** View here	**Ageing Well in Hertfordshire 2014 – 2019** View here **Prevention Strategy for Healthy Ageing in Hertfordshire** Online soon	**Mental Health Crisis Care Concordat** View here
Other drivers…any gaps?	**Disabled Children's Charter**	**Lifestyle and Legacy Partnership**	**District Housing Strategies**	**Local Enterprise Partnership**					

Health and Wellbeing Board Hertfordshire

Wider influences

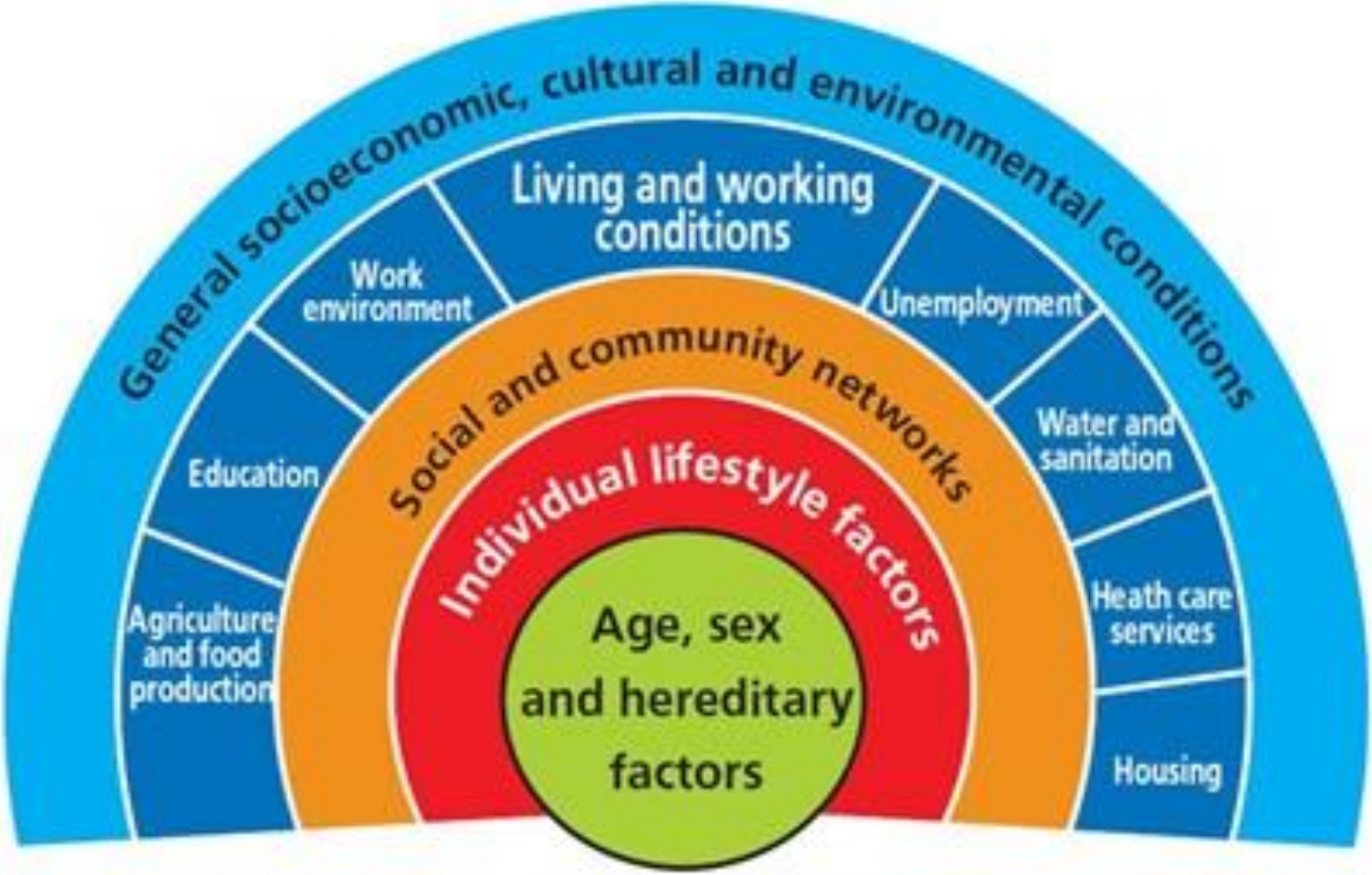
- Combating Loneliness: A Guide for local authorities LGA January 2016
- District councils' contribution to public health: The King's Fund January 2016
- Healthy Beginnings: Giving our children the best start in life LGA November 2015
- District action on public health : District Councils' Network September 2014
- At the heart of health: Realising the value of people and communities NESTA Feb 2016

Health and Wellbeing Board
Hertfordshire

Our principles

Health and Wellbeing Board Hertfordshire

- Keeping people safe and reducing inequalities in health, attainment and wellbeing outcomes
- Centred on people, their families and their carers, giving priority to those most vulnerable
- Evidence Based (JSNA)
- Preventative approach that gives priority to those most vulnerable or at risk
- What can we do better together?
- Focusing our efforts to maximise benefits
- Opportunities for integration to improve outcomes



The Determinants of Health (1992) Dahlgren and Whitehead

Overarching principles

Integration

Prevention

Sustainability

Personalisation

Safeguarding

Quality

Empowerment

Education

Starting Well

Developing Well

Health and Wellbeing Board Hertfordshire

Living and Working Well

Ageing Well

HWB Partner Strategic Objectives

Starting Well (0-5 yrs)

Our vision for Hertfordshire

Healthy mothers and healthy babies

- We will strive to support pregnant women, new mothers and partners to take care of their own health and the health of their babies.
- We will put a greater focus on the mental health of mothers and partners in the period immediately before and after birth.
- We will seek to reduce the proportion of women who smoke during pregnancy.

Parenting for a bright future

- We will strive to support parents of young children to help them develop well and give them a healthy start in life.
- We will seek to reduce the variation across the county in young children's level of school readiness.
- We will seek to reduce the proportion of 4-5 year olds who are overweight or obese.

Health and Wellbeing Board
Hertfordshire

Developing Well (5 -25yrs)

Our vision for Hertfordshire

Good mental health and wellbeing for children and young people

- We will strive to address the wider causes of poor mental health in children and young people and support those who are experiencing health and wellbeing problems.
- We will seek to address commonly experienced issues, such as bullying, which have a negative impact on children and young people's mental wellbeing.
- We will seek to deliver better support for young carers.

Children and young people equipped to become healthy and successful adults

- We will strive to improve life chances for our most disadvantaged children and young people, including those in the care of the local authority taking account of the voice of the child and young person
- We will seek to enable children and young people to adopt healthy lifestyles, reducing their risks of experiencing health problems in later life.
- We will seek to reduce the proportion of 10-11 year olds who are overweight or obese.

Health and Wellbeing Board
Hertfordshire

Living Well (25 – 65yrs)

Our vision for Hertfordshire

Good mental health and wellbeing for working age adults

- We will strive to address the wider causes of poor mental health in working age adults and support those who are experiencing mental health problems.
- We will seek to deliver better support for unpaid carers.
- We will seek to tackle homelessness and its underlying causes.

Healthy lifestyles for working age adults

- We will strive to reduce preventable disability and premature deaths by enabling working age adults to adopt healthy lifestyles.
- We will seek to increase the proportion of working age adults who are getting the recommended level of physical activity and reduce levels of overweight and obesity.
- We will seek to reduce the harm caused to health by smoking, alcohol and drug use among working age adults.

Health and Wellbeing Board
Hertfordshire

Ageing Well (65yrs plus)

Our vision for Hertfordshire

Older people remaining physically active and independent

- We will strive to enable people aged 65+ to remain physically active and reduce levels of frailty.
- We will seek to reduce hip fractures and injuries due to falls in people aged 65+.
- We will support people aged 65+ to regain their independence following a stay in hospital.

Good support in older age and end of life

- We will strive to reduce social isolation in people aged 65+ and ensure good support and access to services up to the end of life.
- We will seek to reduce preventable winter deaths in people aged 65+.
- We will seek to improve the care and quality of life of people with dementia and their family carers.

Health and Wellbeing Board
Hertfordshire

Next steps

- Health and Wellbeing Board members feedback on first draft of strategy based on engagement feedback. 15 - 21 March
- Draft strategy: 8 week formal public consultation
- New strategy launch at the board's annual conference in June
- Continue partnership engagement and develop action plans over the summer
- Contact us: hwb.herts@hertfordshire.gov.uk

Health and Wellbeing Board
Hertfordshire

Housing and Health

James Barber

Graduate Management Trainee, Public Health

Bethan Clemence

Health Improvement Lead Planning & Place, Public Health

Hertfordshire

Project Themes

- Housing quality (the condition of housing)
- Housing availability (homelessness and access to accommodation)

Hertfordshire

Housing Quality

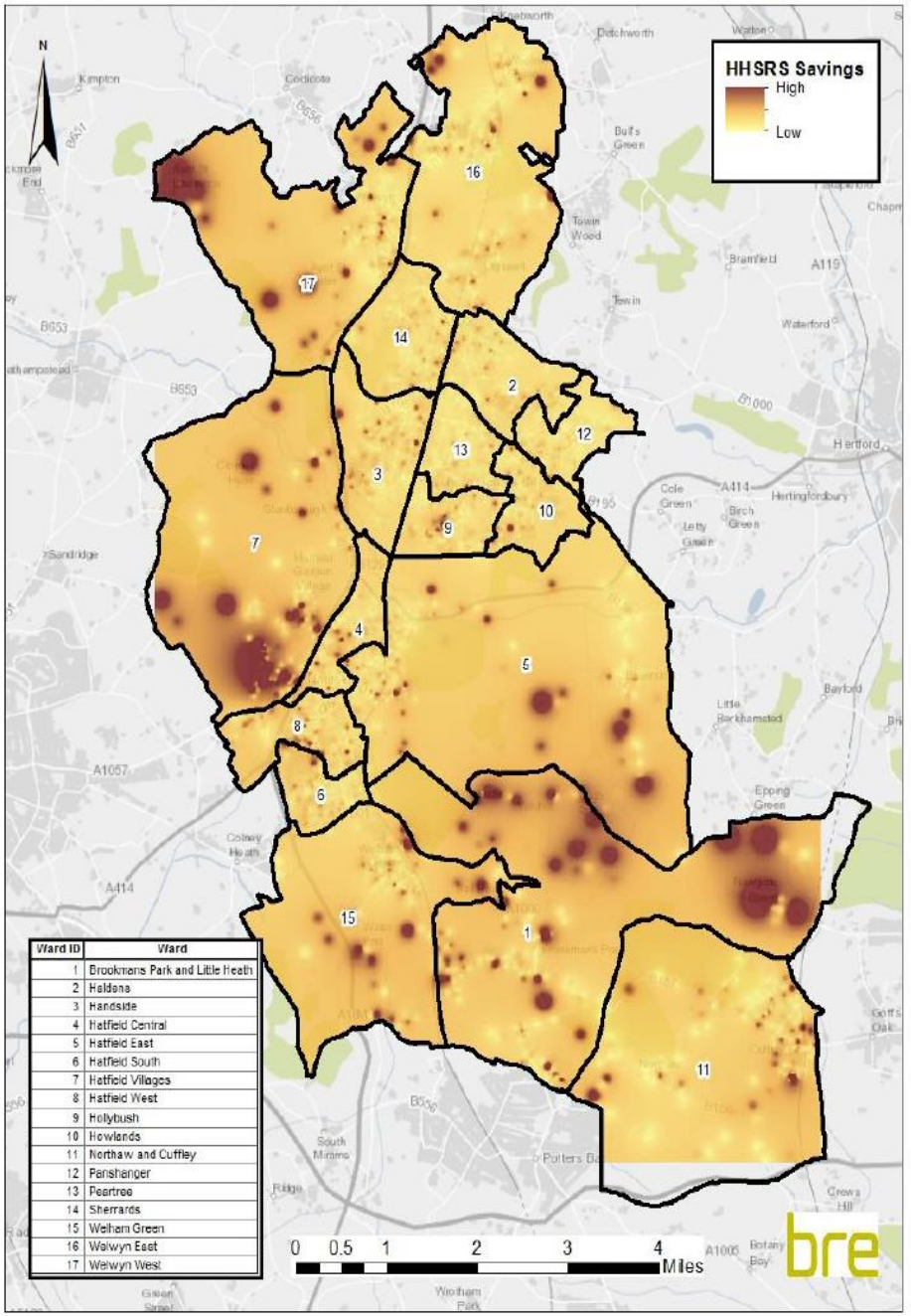
- Evidence of poor quality housing

Local services:

- District & Borough Council housing enforcement
- Herts Healthy Homes
- Fire Home Safety Visits/ Safe and Well visits

Issues

- Resources
- Referrals/data sharing



Ward ID	Ward
1	Brookmans Park and Little Heath
2	Haldens
3	Handside
4	Hatfield Central
5	Hatfield East
6	Hatfield South
7	Hatfield Villages
8	Hatfield West
9	Hollybush
10	Howlands
11	Northaw and Cuffley
12	Panshanger
13	Peartree
14	Sherrards
15	Welham Green
16	Welwyn East
17	Welwyn West

Map: Hazardous housing in Welwyn-Hatfield

Housing Availability

- Rise in levels of homelessness in Herts since 2010/11
- Hospital discharge
- Adults with complex needs
- Access to emergency night shelter

Hertfordshire

WHAT NEXT?

Hertfordshire

Housing and Health on a Page

An overview of the main themes and sub-themes identified around housing and health, including the key stakeholders, potential tasks and forums for partnership working.

Hertfordshire

Theme: Preventing harm from hazards in the home

Hazards in the home (such as excess cold, trip hazards , fire risks etc.) are associated with a number of negative health outcomes relevant to the Public Health, NHS and Adult Social Care Outcomes Frameworks

a) Private rented housing enforcement and regulation

Stakeholders: Public Health, District & Borough Councils, Community Protection, NHS

b) Reducing the impact of hazards in the homes of vulnerable people

Stakeholders: Public Health, District & Borough Councils, Community Protection, Health & Community Services, Housing Associations, NHS

Potential Tasks

- Develop JSNA and housing intelligence
- Increase referrals into existing home improvement services
- Encourage partnership working on the development of Safe and Well Visits
- Explore business case for developing home improvement services (such as around thermal efficiency)

Potential forums for partnership working

1. Public Health Board
2. Health & Wellbeing Board
3. Herts Heads of Housing Group
4. Housing Associations Chief Execs Meeting
5. Herts and Beds Housing Group

Theme: Addressing the impact of homelessness and supporting access to accommodation

There are negative health outcomes associated with the absence of secure accommodation. Homeless people are more likely to have poor health, and place a disproportionate burden on health providers

a) Homeless prevention and support to access accommodation

Stakeholders: Public Health, District & Borough Councils, Housing Associations, NHS

b) Housing services for adults with complex needs

Stakeholders Public Health, District & Borough Councils, Health & Community Services, Housing Associations, NHS

Potential Tasks

- Improve hospital discharge coordination for patients needing housing support
- Develop multi-agency support for adults with complex needs
- Improve access to emergency night shelter
- Explore the business cases for protecting or expanding existing homeless prevention services

Potential forums for partnership working

1. Public Health Board
2. Health & Wellbeing Board
3. Herts Heads of Housing Group

Theme: Providing suitable housing for people with disabilities/older people

The provision of suitable accommodation can promote health & wellbeing and prevent the need for more intensive support

a) The development of specialist housing

Stakeholders: Public Health, District & Borough Councils , Health & Community Services, NHS

b) Home adaptions and alterations

Stakeholders: District & Borough Councils , Community Protection, Health & Community Services, Housing Associations, NHS

c) Provision of home-based health and social care services

Stakeholders: Health and Community Services, Housing Associations, NHS, District & Borough Councils

Potential Tasks

- Formalise structure between housing providers, health and social care
- Build on existing projects and partnerships
- Develop strategic approach to planning and development
- Develop community networks/leadership
- Commission innovative accommodation

Potential forums for partnership working

1. Dual District Accommodation Boards
2. Housing Associations Chief Execs Meeting
3. Health and Wellbeing Board

thank you

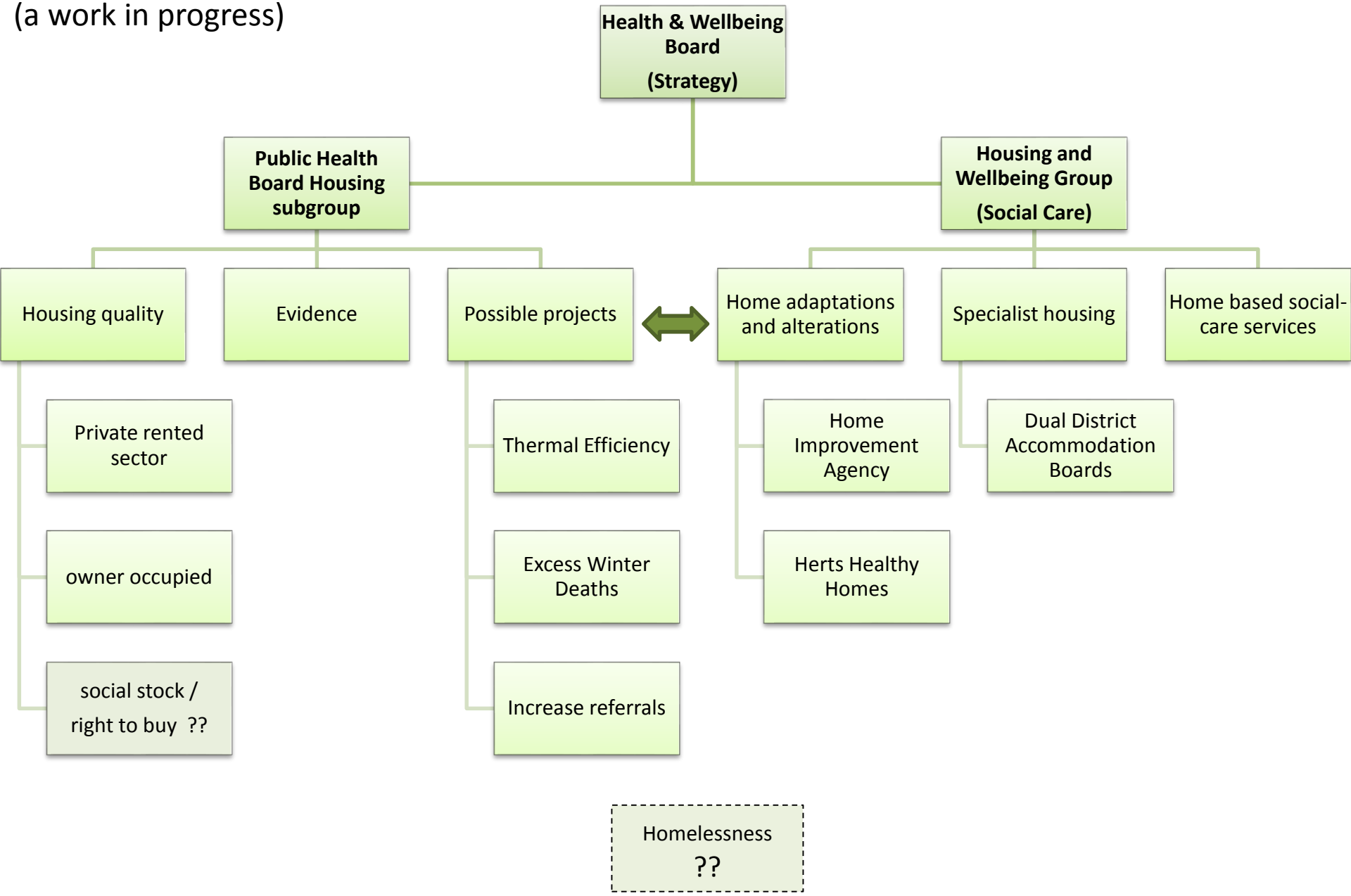
www.hertsdirect.org

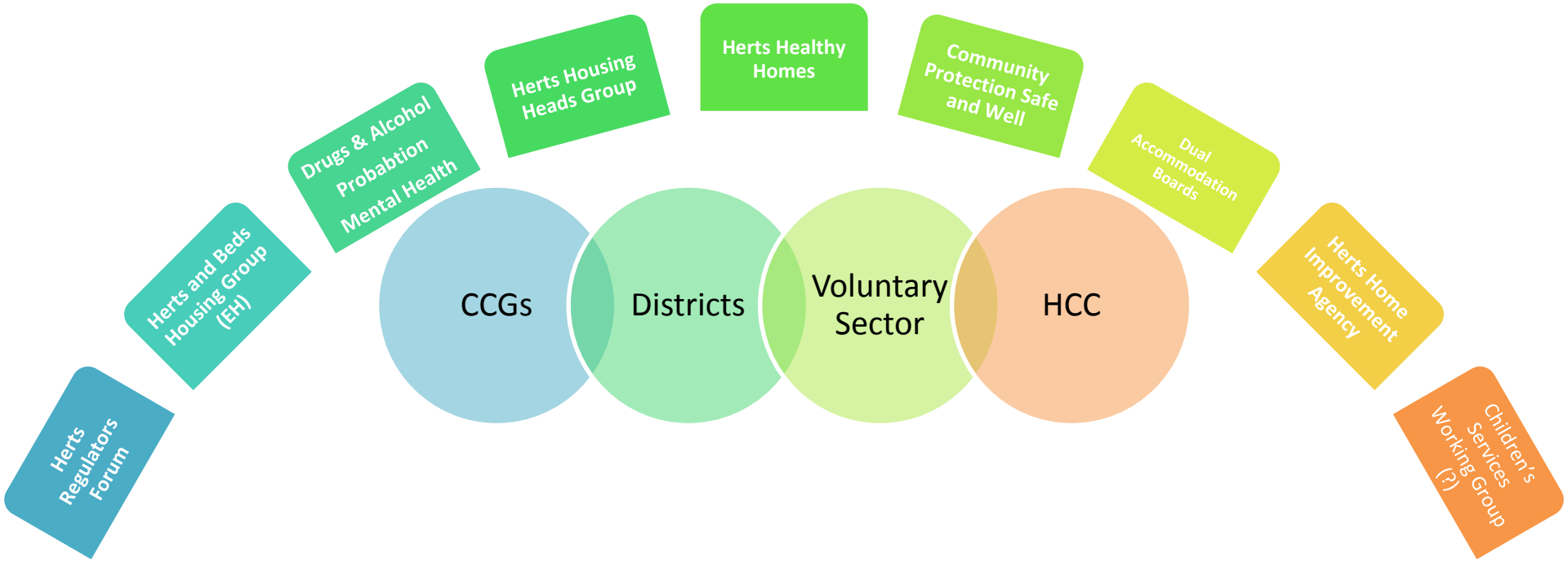
Hertfordshire


Hertfordshire

Housing, Health & Wellbeing Routemap

(a work in progress)





Stakeholder Groups

(list not exhaustive)

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

3

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
TUESDAY 14 JUNE AT 10.00 a.m.

2016-17 BETTER CARE FUND PLAN

Author: Jamie Sutterby Tel: 01992 588950

1.0 Purpose of report

1.1 To provide an overview of the 2016-17 Better Care Fund Plan submitted to NHS England on 3 May following sign off from Health and Wellbeing Board, along with an update on 2015-16 Better Care Fund performance.

2.0 Summary

2.1 2016-17 Better Care Fund Plan

2.1.1 Hertfordshire's 2016-17 Better Care Fund (BCF) Plan was submitted to NHS England on 3 May. It details how Hertfordshire County Council (HCC) and the Clinical Commissioning Groups (CCGs) will pool funding and use Hertfordshire's BCF allocation over the coming year.

2.1.2 The Plan has been developed in accordance with national guidance that the BCF contributes towards the national ambition outlined in the Spending Review of 'integrated health and social care by 2020'. As such, the Plan has been developed in alignment with existing strategies including CCG Operational Plans, the Sustainability and Transformation Plan and the Health & Wellbeing Board Strategy. The Plan has been reviewed in line with CCG and HCC governance structures as well as providers prior to final approval by the Health & Wellbeing Board (HWB). Draft submissions of the Plan took place on 2 and 21 March. As there was no HWB prior to the final submission on 3 May, it was agreed at the previous HWB meeting (15 March) to delegate sign-off to the HWB Chair.

2.1.3 The 2016-17 BCF Plan continues the vision outlined in the 2015-16 Plan to facilitate a system delivering *'the right care and support at the right time and in the right place for individuals, their families and their carers'*. Key outcomes are:

- Deliver better care for patients and service users
- Reduce reliance and spend on acute services
- Meet national conditions to deliver against the metrics

- Release efficiencies for HCC and both CCGs to help deliver against efficiency targets.

2.1.4 As last year, the 2016-17 BCF Plan shows how Hertfordshire will meet NHS England-set national conditions, two of which were added for 2016-17:

- 7 day working in health and social care
- Plans to be agreed jointly
- Better data sharing between NHS and social care
- Joint assessment and accountable professionals
- Protection of social care services (not spending)
- Agreement on the consequential impact of changes in the acute sector
- *New condition for 2016-17* - Agreement on investment in NHS commissioned out-of-hospital services
- *New condition for 2016-17* - Agreement on local action plan to reduce delayed transfers of care

2.1.5 The Plan outlines priorities for the coming year. As a number of those set out in the 2015-16 BCF Plan were set over a long-term planning horizon, the 2016-17 Plan includes a number of areas where Hertfordshire continues to make progress against countywide priorities. These include:

- Development of Hertfordshire's health and social care data integration work for greater data sharing between health and social care (e.g. using Medeanalytics to more effectively risk stratify patients)
- Delivery of 7 day services, including achievement of the national clinical standards for 7 day working
- Ongoing development of community integrated care models including rapid response and case management
- Ongoing development of approaches to joint assessment and accountable lead professionals
- Development of innovative homecare schemes including the roll out of Specialist Care at Home lead provider model

2.1.6 Additional areas of development for 2016-17 include:

- A system-wide approach to reducing delayed transfers of care (DToC) via the 'DToC Action Plan', developed collaboratively between HCC, CCGs and providers
- The East & North Herts CCG (ENHCCG) Vanguard Programme to enhance care in care homes – this includes continued investment in the care home workforce via the Complex Care Premium and other schemes to reduce unnecessary use of acute or other crisis services
- Herts Valley CCG (HVCCG) Your Care Your Future Programme to join up care closer to home – this includes integration of services around local hubs
- Strengthening involvement of district and borough councils and housing associations by developing a collaborative model for using the Disabled Facilities Grant (DFG) monies which form part of the BCF
- Development of the countywide integrated commissioning work, supported by the Kings Fund, including development of a roadmap towards full health and social care integration by 2020
- Integrated workforce planning

Delivery will be divided into 5 workstreams: 1. Integration of core teams, 2. Supporting integrated commissioning, 3. Avoiding emergency admissions, 4. System flow, 5. Data sharing and ICT.

2.1.7 The Plan approval status ('*approved', 'approved with support'* or *'not approved'*) will be confirmed by NHS England in June. Feedback from the last draft submission was positive with NHS England confident Hertfordshire should meet all plan requirements subject to minor amendments.

2.1.8 **Finances**: This year's national BCF totals £3.9bn, rising from last year's £3.8bn. Required to pool a minimum of £74m, Hertfordshire, in line with last year, will pool a much larger budget of £302m to enable the joint commissioning of a much wider range of services. Contributions can be broken down as follows:

Table 1: Summary of Final Agreed Contributions to the BCF

Organisation	**2016-17 Total (£000)**	2015-16 Total (£000)
East & North Herts CCG	82,155	67,173
Herts Valleys CCG	99, 296	92,844
Cambridge & Peterborough CCG	1,051	1,000
Hertfordshire County Council	116, 232	122,609
DFG Allocation	5,652	3,070
Social Care Capital Grant		2.302
TOTAL FUND	**304,386**	288,998
Add Client Income		40,817
Total BCF Pool 2015-16		329,815

2.1.9 As above, a decrease in HCC contribution from 2015-16 reflects a decrease in Health & Community Services (HCS) budget due to funding reductions. The 2016-17 BCF total has also been affected by the client income which will form a part of the HCC contribution this year. The 2015-16 figure has been altered in the above table to allow a like for like comparison.

2.1.10 Last year a proportion of funding was ring-fenced subject to meeting non-elective admissions (NEA) targets. This year NHSE have allocated ring-fenced funding to go towards investment in NHS commissioned out-of-hospital services. Similarly to last year, Hertfordshire, in a risk share arrangement between partners, has agreed this amount (£19.5m) will not be dependent on hospital activity as suggested by NHSE. Plans are in place however to meet acute activity targets.

2.1.11 The Section 75 agreement for the BCF, developed last year, will be updated to incorporate broader risk sharing arrangements and the use of budgetary over/underspends which will be agreed across partners. This is to be finalised by the end of June. Further detail will be presented at the HWB meeting.

2.2 Better Care Fund Performance

2.2.1 In combination with delivering the range of projects and programmes of work outlined in 2.1.5, in 2015-16, as in this year, the BCF was expected to deliver against 6 national metrics (see table 2). The latest performance data will be presented at June's HWB with Powerpoint slides to be made publically available after the meeting. A review of data available suggests the following:

Table 2: Draft 2015-16 Performance against NHSE targets

National Metric	Target	Performance
1. Non-elective admissions	2.5% reduction in activity	Target not met (**1.16%** increase)
2. Delayed transfers of care	10% reduction in activity	Target not met (**20%** increase, partly attributable to changes in reporting)
3. Admissions to residential & nursing care	Annual rate of 563 admissions per 100, 000 population	Met target (annual rate of **559** admissions per 100, 000)
4. Effectiveness of reablement	93.1% of 65+ still at home 91 days after discharge into reablement/rehabilitation services	Target not met (**89.3%**)
5. Service user engagement - HCS enablement survey	90% overall satisfaction rate in HCS enablement service survey (85% at start of 2015-16)	Near target (**89.6%**)
6. Dementia diagnosis (locally agreed metric)	67% dementia diagnosis rate in line with national target	Target not met (**63%,** although there has been an increase in diagnosis each quarter)

2.2.2 Targets for 2015-16 were largely pre-determined by NHSE. Targets for 2016-17 will be calculated using 2015-16 targets as a base while accounting for changes in demographics and other service developments. As part of the DToC action plan, an additional target agreed in consultation with all partners will be in place for June – this is 2.5% of bed days for acute trusts and 3.5% of bed days for non-acute trusts are delays.

3.0 Recommendation

3.1 That the Board notes the key points of the 2016-17 BCF Plan submission and 2015-16 performance

Background Papers

The following papers can be found at the link below:

- 3.ii High Level Narrative in full

Health & Wellbeing Board Agenda 14 June 2016

Report signed off by	Colette Wyatt-Lowe, HWB Chair
Sponsoring HWB Member/s	Iain MacBeath, Beverley Flowers, Cameron Ward
Hertfordshire HWB Strategy priorities supported by this report	The Better Care Fund proposals relate to the following Health & Wellbeing priority areas: • Living well with dementia • Enhancing quality for life for people with long-term conditions • Supporting carers to care • Integrating services

Needs assessment (activity taken)

The Better Care Fund identifies initial priorities for integration based on our understanding of both need in the area and future demographic challenges, which is why the priorities include:

- Support to frail older people populations
- Long term conditions
- Dementia
- Stroke Care

Consultation/public involvement (activity taken or planned)

The 2015-16 BCF Plan, forming the basis of this year's Plan, was created further to extensive consultation activity around the BCF process, with patient groups, statutory bodies, provider organisations and the voluntary and community sector. Strategies incorporated in the Plan's vision and priorities have included extensive engagement.

Equality and diversity implications

Each project that is delivered as part of the Better Care Fund work will be subject to robust equality impact assessments, to ensure the impact on different groups is understood and where necessary mitigated against

Acronyms or terms used. Eg:

Initials	In full
BCF	Better Care Fund
CCG	Clinical Commissioning Group
DtoC	Delayed Transfer of Care
ENHCCG	East & North Herts Clinical Commissioning Group
HCC	Hertfordshire County Council
HCS	Health & Community Services
HWB	Health & Wellbeing Board
HVCCG	Herts Valleys Clinical Commissioning Group
NHSE	NHS England

Hertfordshire: 2016-17 Better Care Fund Plan

High Level Narrative

Cambridgeshire & Peterborough Clinical Commissioning Group

East & North Herts Clinical Commissioning Group

Hertfordshire County Council

Herts Valleys Clinical Commissioning Group

Key References & Related Documentation

Key Document or Information Title	Content
2015-16 Better Care Fund Plan	Outlines last year's Better Care Fund plans, built on in this year's Plan
CCG Operational Plans	Outlines CCG priorities for the coming year
Health & Wellbeing Board Strategy 2016-19	The Strategy sets out Health & Wellbeing Board priorities for a healthier and happier Hertfordshire – the 2013-16 Strategy is currently undergoing a refresh, to be finalised in June 2016
Sustainability & Transformation Plan	Showing how local services will evolve over the next 5 years over the STP footprint (Hertfordshire & West Essex) – to be finalised June 2016
Ageing Well Strategy 2014-19	Led by the County Council, this has been developed by the multi-agency *Older People and Dementia Strategic Commissioning Group* that includes providers, carers, service users and Healthwatch Hertfordshire
Carers' Strategy 2015-18	Outlines joint priorities and actions in relation to carers over the next 3 years
Commissioning Strategy for the Voluntary & Community Sector	Outlines joint voluntary and community sector commissioning plans
Dementia Strategy 2015-19	Outlines joint priorities, approaches and actions in relation to dementia care over the next four years
Joint Market Position Statements	A series of Joint Health and Social Care Market Position Statements created to support commissioners when developing services including metal health, learning disabilities, carers, older peoples and complex needs and physical disabilities
Joint Strategic Needs Assessment (JSNA)	Web-based resource with data and intelligence designed to inform commissioning decisions
Mental Health Strategy 2012-15	Outlines joint priorities, approaches and actions in relation to mental health over the next four years – a refreshed Strategy will be finalised this year
East & North Herts Vanguard Programme Value Proposition	Shows development plans for the Vanguard Programme over 4 years
Your Care, Your Future	HVCCG'S Transformation Programme - http://www.yourcareyourfuture.org.uk/

Contents

List of Appendices:

Glossary

Acronym	Title
A&E	Accident and Emergency
BCF	Better Care Fund
CAMHS	Child & Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CCP	Complex Care Premium
CEPD	Cambridge Executive Partnership Board
CPCCG	Cambridgeshire & Peterborough Clinical Commissioning Group
CQUIN	Commissioning for Quality & Innovation Payment Framework
CWB	Community Wellbeing
DFG	Disabled Facilities Grant
DTOC	Delayed Transfer of Care
ECIP	Emergency Care Improvement Programme
ENHCCG	East & North Hertfordshire Clinical Commissioning Group
ENHT	East & North Hertfordshire NHS Trust
EMDASS	Early Memory Diagnosis and Support Service
EOLC	End of life care
EPACCs	Electronic Palliative Care Coordination System
ESD	Early Supported Discharge
GPs	General Practitioners
HCC	Hertfordshire County Council
HCPA	Hertfordshire Care Providers Association
HCS	Health & Community Services (Hertfordshire County Council)
HCSMB	Health & Community Services Management Board
HCT	Hertfordshire Community NHS Trust
HEE	Health Education England
HPFT	Hertfordshire Partnership University NHS Foundation Trust
HUC	Herts Urgent Care
HVCCG	Herts Valleys Clinical Commissioning Group
HWB	Health & Wellbeing Board
HWBS	Health & Wellbeing Board Strategy
ICPB	Integrated Care Programme Board
IUC	Integrated Urgent Care
JSNA	Joint Strategic Needs Assessment
LOS	Length of stay
LTC	Long-term condition
MDM	Multi-disciplinary meeting
MST	Multi-speciality team
NEA / NEL	Non-elective admission / Non-elective
OOH	Out of hours

Acronym	Title
PAH	Princess Alexandra Hospital
QIPP	Quality, Innovation, Productivity & Prevention
SCN	Strategic Clinical Network
SLG	System Leaders Group
SRG	System Resilience Group
STP	Sustainability & Transformation Plan
S75	Section 75
VCS	Voluntary & Community Services
WHHT	West Hertfordshire Hospitals NHS Trust
YCYF	Your Care, Your Future

1. Hertfordshire's Vision for Health & Social Care Services

1.1 Our Shared Vision

Hertfordshire's **vision** for integrated services is:

> "A system that delivers the right care and support at the right time and in the right place for individuals, their families and their carers"

The integration of services has been a strategic priority in Hertfordshire for a number of years, as it has long been recognised that the current health and social care services will become unsustainable in their current form.

Agreement of the vision, and planning for many of the schemes and services in the Better Care Fund (BCF) plan, began in 2011, which has given us momentum and allowed the development of trusting relationships between partners. The BCF has allowed us the opportunity to cement our pre-existing commitment to integrating services in a more formal way, which has resulted in agreement to create one of the largest BCF pooled budgets in the country.

The BCF Plan for 2016-17 reiterates the overall vision outlined in the 2015-16 BCF Plan while building on success and learning from programmes of work that are already underway, and incorporating new priorities and ambitions, such as the Health and Wellbeing Board Strategy refresh that is currently being completed.

The vision brings together the priorities of our organisations' integration and transformation plans to integrate care in a way that improves accessibility, quality and that ensures the long-term sustainability of services. It will bring about 'integrated health and social care by 2020' as outlined by the Spending Review. The key aspects of this long term vision are detailed below:

Future aspects of an integrated system from a **patient and service user's** viewpoint:[1]

- Simple and efficient ways of accessing services which promote the principle of 'no wrong door' – making it easier for those individuals, families and carers to deal with different organisations.
- Sharing intelligence and improving coordination between agencies to avoid multiple handling of individuals, and avoid duplication of effort in a resource-limited system
- Professionals working together in a timely manner to prevent service users needing an unnecessary escalation of care

[1] For further detail on the difference the BCF will make to patient and service user outcomes, please see p. 10 of Hertfordshire's 2015-16 BCF Plan.

- Appropriate and fair data sharing protocols which will share the relevant information to ensure patients and service users get quality and timely health and social care
- A focus on addressing needs early to prevent patients needing more intensive and costly care
- More information for individuals so that they know more about how they can help themselves and remain living independently
- A workforce which is appropriately skilled to deliver our joint vision of effective, progressive and efficient community care and a single point of contact for health and community services

We will continue to use our experiences and mutual trust between partner organisations, advanced significantly through joint working last year, to deliver on the ambitious vision for integrated care detailed in this plan.

1.2 Other Strategies

Hertfordshire's shared vision brings together existing local strategies where health and social care integration is necessary for service transformation and outcomes. It also incorporates the national vision set out in the Five Year Forward View that seeks to achieve:

- Improved health and wellbeing
- Transformed quality of care delivery
- Sustainable finances

This triple integration agenda reiterates the need for greater integration between primary and specialist care, physical and mental health care, and health and social care, as well as services that are organised around the needs of the patient rather than professional boundaries.

1.2.1 Health & Wellbeing Board Strategy

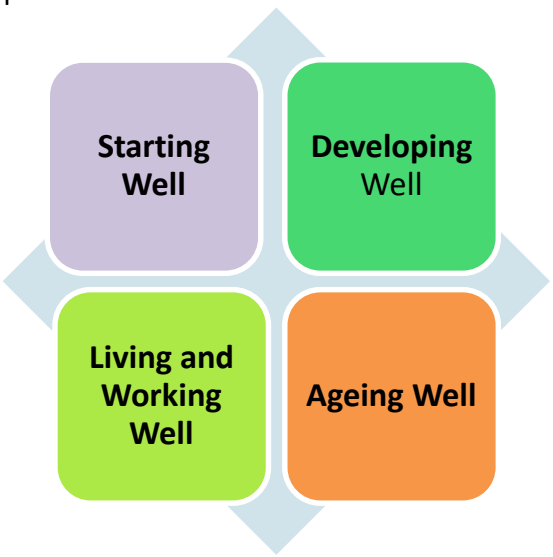
The vision of Hertfordshire's Health and Wellbeing Board's Strategy, ***Healthier People, Healthier Communities*** is "with all partners working together we aim to reduce health inequalities and improve the health and wellbeing of people in Hertfordshire". It was launched in 2013 and is being refreshed in June 2016 after wide consultation with stakeholders. The Strategy document is located: http://www.hertsdirect.org/docs/pdf/h/HWBS

The Health and Wellbeing Board has agreed the following principles:

- Keeping people safe and reducing inequalities in health, attainment and wellbeing outcomes
- Evidence Based (JSNA)
- What can we do better together - focusing our efforts to maximise benefits

- Centred on people, their families and their carers, giving priority to those most vulnerable
- Preventative approach that gives priority to those most vulnerable or at risk
- Opportunities for integration to improve outcomes

The refresh is being developed across 4 life themes:



The draft priorities for 2016- 2020 for each are as follows:

Starting Well	**Developing Well**	**Living Well, Working Well**	**Ageing Well**
Narrowing the gap across localities	Improved mental health and wellbeing in children (CAMHS)	Increasing activity levels	**Reducing falls**
Perinatal mental health	Narrowing the gap in terms of outcomes across localities	Reducing obesity levels	**Reducing preventable winter deaths**
School readiness	Identifying the "vulnerable children & families"	Reducing preventable disability	**Improving activity and reducing frailty levels in older people**
Identifying the "vulnerable children & families"	Improving looked after children outcomes	Improving mental health prevention and resilience	**Reducing social isolation**
Improving looked after children outcomes			

1.2.2 Clinical Commissioning Group Planning

Hertfordshire's BCF vision incorporates both the Sustainability and Transformation Plan, which will improve care delivery for Hertfordshire residents over the next five years, and Clinical Commissioning Group (CCG) 2016-17 Operational Plan priorities outlined below.

Delivering CCG Sustainability & Transformation Plans

The Sustainability and Transformation Plan (STP) footprint is Hertfordshire & West Essex, and includes the following:

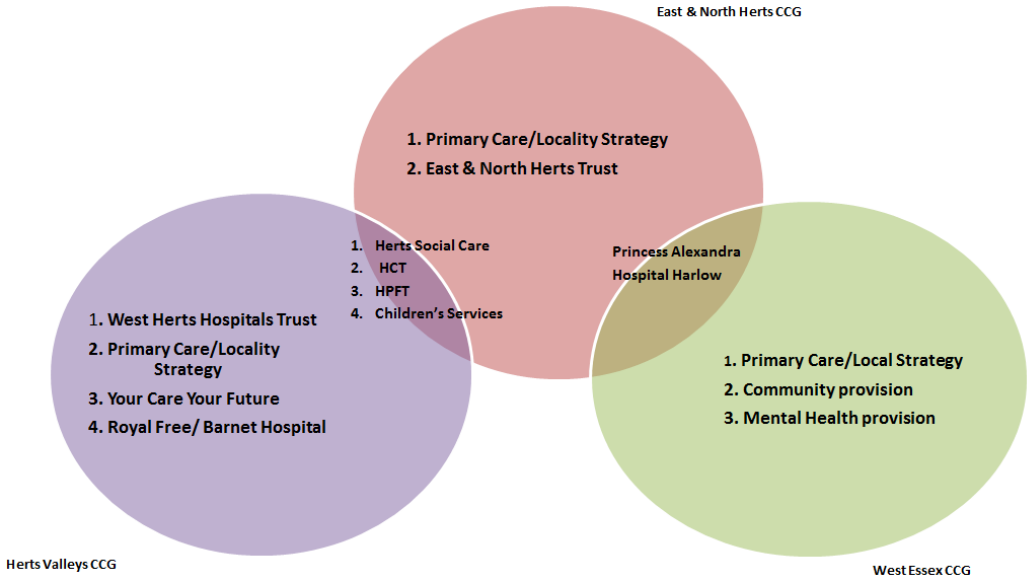
- A combined population of 1.5 million people in Hertfordshire & West Essex
- Two county councils, two Health & Wellbeing Boards, two Healthwatches, 13 district and borough Councils, three acute hospitals, two mental health providers, two community providers, one ambulance trust and a significant number of other partners
- Patient flows for a range of services outside of the footprint

There is a common interest in securing both clinically and financially sustainable health and social care services for our combined population. The development of the plan will build on the existing relationships which have demonstrated system change in a number of areas. The key challenges for this process are agreeing viable long term delivery of acute services and the establishment of a set of integrated community and primary care models. The STP reflects our natural boundaries and communities of interest. For West Essex this includes many services commissioned and delivered on an Essex wide basis, for East and North Hertfordshire this includes significant flows into Princess Alexandra Hospital (PAH), and for Herts Valleys this includes flows into London and the Luton & Dunstable Hospital.

Governance arrangements are:

- East & North Hertfordshire CCG (ENHCCG) Chief Executive Officer is the STP Lead and PAH Chief Executive Officer is Deputy lead as representative of the West Essex system
- The Hertfordshire elements of the plan will be signed off by the Hertfordshire System Leaders Group (SLG) which includes both health and local authority chief executive representation. The process of delivery is supported by a number of existing and new workstreams that will ensure full engagement
- The West Essex elements of the plan will be signed off by the relevant statutory organisations, with system wide development, oversight and agreement secured by the monthly System Leaders Group which includes Chief Executive Officer membership from NHS providers, Essex County Council and the Chief Executive Officer from ENHCCG
- Our STP "layered" approach is illustrated in the diagram below

Figure 1: STP "layered" approach



The STP and the BCF are linked through the following STP priorities:

- Developing a sustainable primary care and community model of care building on existing programmes including Herts Valley CCG's (HVCCG) Your Care Your Future, ENHCCG local Vanguard work and West Essex's Accountable Care Partnership
- Integrated commissioning across health and social care, and developing a streamlined approach to the commissioning of services
- Interoperability

More details will be worked up over the next few weeks for the submission of the final STP in June 2016.

CCG Strategic Priorities

ENHCCG Strategic Ambitions

"Over the next 5 years we will make a positive difference to the people of East & North Hertfordshire by empowering them to live well and as healthily as possible"

The ambitions of the BCF have been developed in reference to CCG priorities. Established in 2014-15, ENHCCG have the following 9 strategic ambitions, in addition to delivering the NHS Constitution:

- Living Healthier Lives for Longer
- Supporting People with Long Term Conditions
- Improving End of Life Care
- Looking After Frail & Elderly Patients
- Encouraging Independent Living
- Improving the emotional & mental health and wellbeing of children and young people
- Early detection and better treatment of cancer
- Improving Dementia care
- Parity of Esteem – Ensuring physical and mental health services are given equal priority

HVCCG Strategic Ambitions – Your Care Your Future

"Our vision is for people of all ages living in West Hertfordshire to be healthier and have better care that is joined-up and responsive to their individual needs, closer to where they live"

Developed in consultation with local people, including patients, carers and clinicians, the **Your Care Your Future** (YCYF) Programme will deliver personalised, proactive care developed and delivered in partnership based on the following principles:[2]

[2] For more information, visit http://www.yourcareyourfuture.org.uk/vision-for-the-future/

- Prevention & Self-Management (addressing growth in activity)
- Joined up care (e.g. extended care)
- Locality based delivery closer to home
- Managing stability and escalation
- Efficient and effective specialist care

It will address these by delivering the following:[3]

- Expanding local services – enabling more people to access the care and support they need in their own community which means more care at home and building on existing community and voluntary services
- Health and Wellbeing Hubs – improving connections between health, social care and other parts of the community creating a network of joined up services closer to home. This is being piloted in South Oxhey
- Improving quality of services in West Hertfordshire
- Healthy Living to prevent the development and escalation of conditions in the first place
- Future hospital care – improving quality of acute care while enabling more people to be cared for in the community

1.2.3 Integrated Care Provider Boards

Each side of the county now has established **Integrated Care Provider Boards** (ICPBs). A collaborative approach between commissioners and providers, the Boards focus on delivering services together to improve the care, independence and health of older people with multiple complex needs and patients with long-term chronic physical and mental health conditions. They aim to ensure that:

- More people can live independently in their own homes
- Health and care teams and services will be more joined up
- There will be greater focus on proactive community care
- There will be a move away from single disease and care management to holistic care approaches
- There is a sustainable reduction in the urgent care demand on primary care, community services , hospitals and social care services

In **East & North Hertfordshire**, the transformation of services required to deliver these aims is organised through four areas of work governed by the ICPB:

- **Improving access** to simplify how services are delivered through an improvement in the coordination and quality of access
- **Ensuring seamless transitions of care** which will improve the quality and minimise the numbers of care transfers between providers

[3] For more details, see the HV Primary Care Implementation Plan, currently under development and available on request

- **Integrating care in the community** to improve the number of people having proactive, coordinated planned care closer to home
- **Integrating care in care homes (Vanguard)** to improve the number of people having proactive, coordinated planned care in care homes

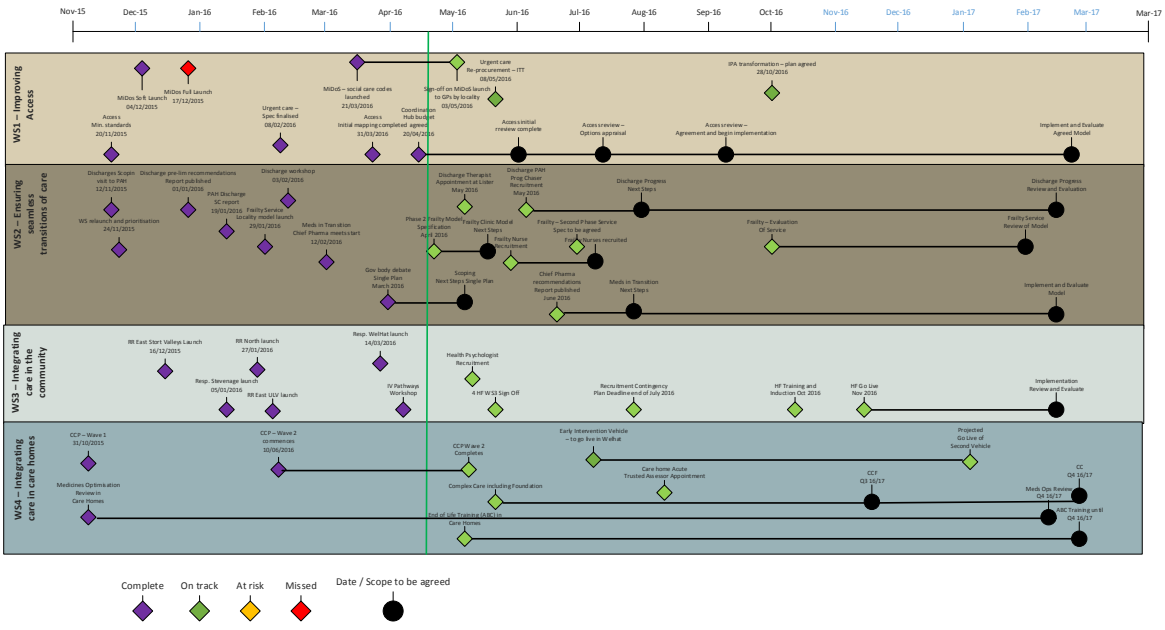
In 2015-16, the focus has been on the delivery of winter priority services which include the following:

- Integrated rapid response services within localities
- The streamlining and coordination of multiple service access points
- The development of the Frailty Service across the localities, developing the roles of the Interface Geriatricians with primary care, community services and care homes
- Integrated respiratory service
- MiDoS which enables clinical staff improved access to a detailed and relevant directory of services

The 2016-17 phase of the programme is focussed on the further development of these services within localities with local providers and primary care. For example, further developing the existing integrated community service approaches like Homefirst for local populations. Other deliverables include:

- All localities will have rapid response and case management services by 2016
- Establishing locality integrated teams based on a model of wider primary and community care with local GPs, starting with Stort Valley
- Implementing a single care plan in care homes
- Implementing the key integrated care enablers of workforce, technology, estates
- Supporting the delivery of the care home Vanguard programme
- Establishing ICPB executive locality leads and strengthening locality engagement

Figure 2: E&NH ICPB Milestones *(in draft while awaiting ICPB approval – further milestones will be added)*



In **Herts Valleys,** the ICPB, also known as the 'Living Well Programme', aims to bring about:

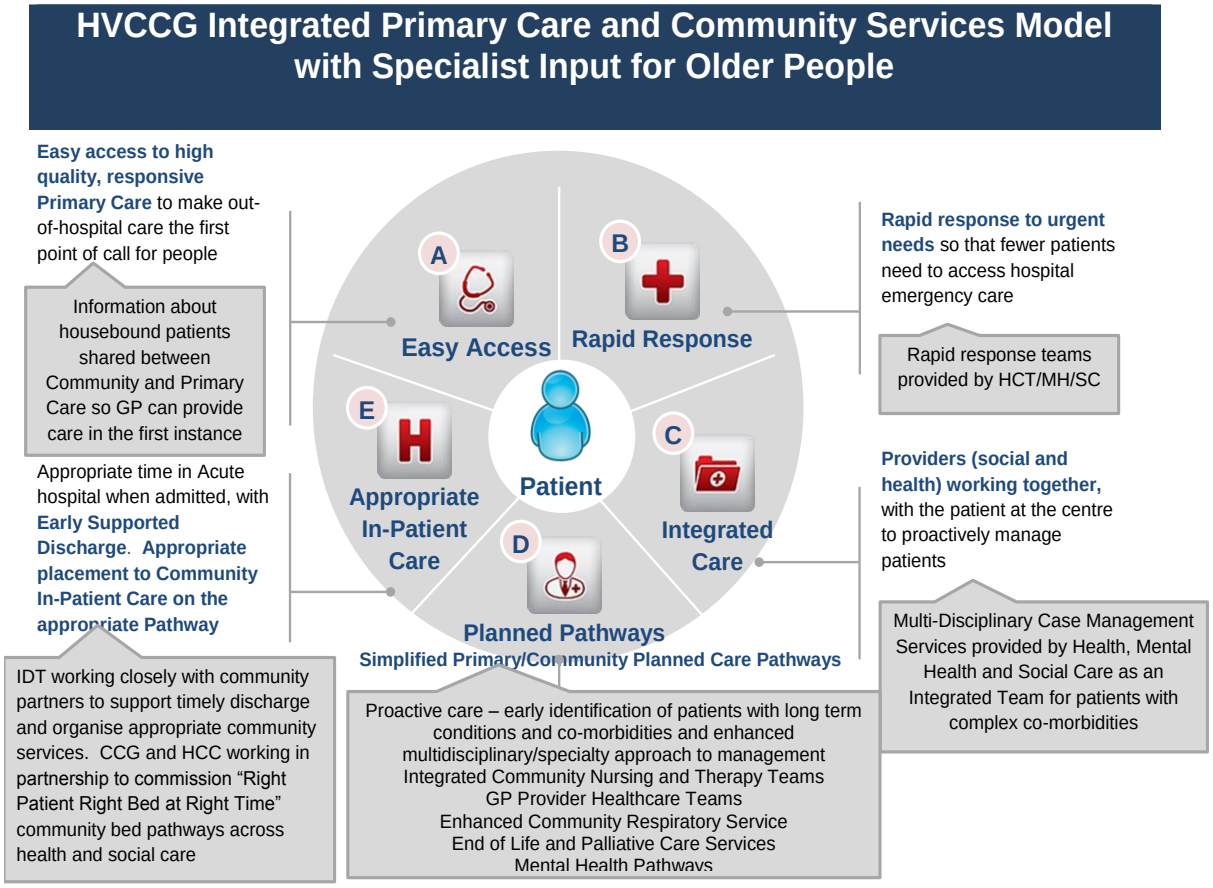
"Delivery of the best in class primary and community services for older people in Hertfordshire through the alignment of health and social care services"

Incorporating the vision of 'Your Care, Your Future'**,** the ICPB will transform a number of adult community services for older people through the below areas of work:

- Integrated commissioning in the community through implementation of the whole system **Multi-speciality Team (MST) approach** across Herts Valleys (for more information on the MST approach, please see p. 47) and shared care planning
- **Improving access** to simplify how services are delivered through an improvement in the coordination and quality of access
- Ensuring there is a system approach to **self-care, healthy living** and **prevention** through services provided in the community
- Defining and agreeing outcomes for older people's integrated care

The **2016-21 Primary Care Implementation Plan**[4] will oversee the embedding of the principles of 'Your Care, Your Future' into primary care using the following model:

Figure 3: Integrated Primary Care & Community Services Model

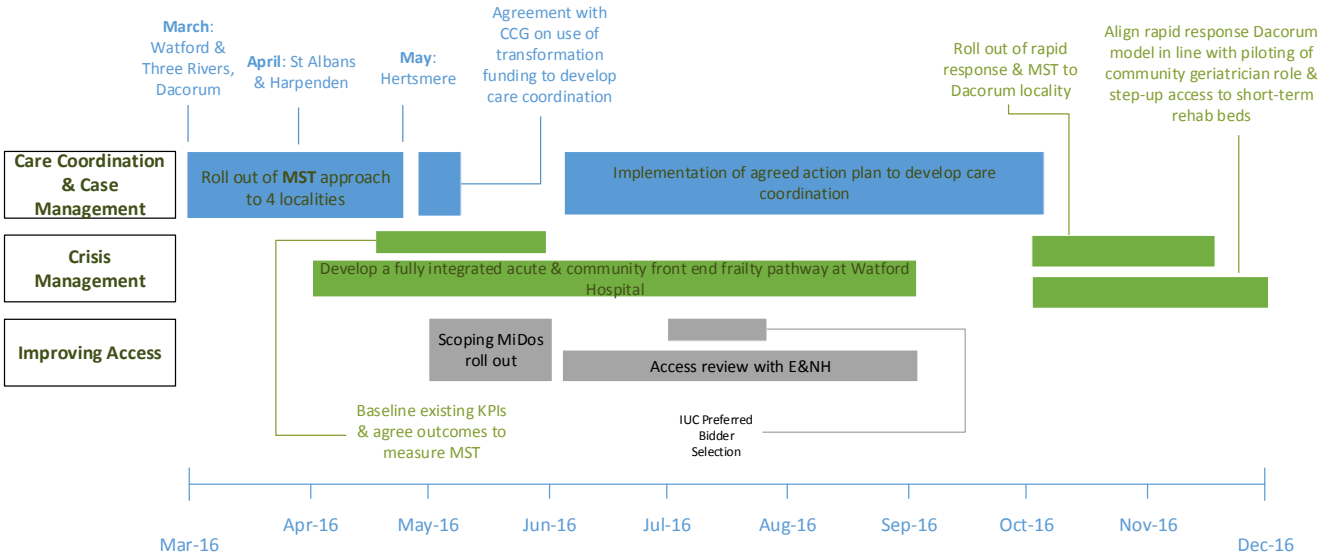


[4] Currently under development. Available on request.

From this, planned actions for the ICPB include:

- Implementation of care coordination by:
  - Rollout of the Watford and Three Rivers' MST approach to assessment and coordination across all four HV localities
  - Rollout of Care Coordination Hubs for end of life patients, including implementation of the Electronic Palliative Care Coordination System (EPACCs) which will use Systm1 to allow sharing of Advanced Care Plans for end of life patients
  - Development of the care planning template across primary, community and acute
- Improving access to generalist and specialist homecare and equipment services by developing a new model of homecare using HCA (Oxfordshire model)
- Implementation of crisis intervention models and alignment to existing services, integrating where appropriate
- Implementation of the community medical model, including a consultant geriatrician in Dacorum and a GP in Watford
- Implementation of an integrated front-end of acute frail older people pathway with in-reach community therapy

Figure 4: HV ICPB Milestones *(in draft while awaiting ICPB approval – further milestones will be added)*



1.2.4 BCF Plan Engagement

Service User and Patient Input

As in 2015-16, service user and patient input will continue to sit at the heart of what Hertfordshire does, and how we draw-up and implement more detailed plans. Last year's Plan was informed by dedicated BCF engagement events, attended by over 210 people, including across 86 organisations.[5] Further to this Hertfordshire has:

[5] For further detail on service user and patient engagement, see p. 55 of Hertfordshire's 2015-16 BCF Plan.

- Engaged a wide range of stakeholders in the refresh of the Health & Wellbeing Strategy. In January this year over 207 people from 90 agencies (including voluntary and community groups) attended engagement roadshows on HWB's draft Strategy priorities. Feedback has been fed into the final Strategy and will pave the way for increased partnership activity for Strategy deliver following its launch in June 2016.
- For carer engagement, please see p. 37.
- Continued engagement by the CCGs on their planning work. In ENHCCG, this includes using the Patient and Carer Member network to enable the patient's voice to be heard across all aspects of the CCG's work.
- HVCCG's Your Care, Your Future programme, and the resulting Primary Care Implementation Plan, are the result of intensive and ongoing consultation with the people of West Hertfordshire through a number of forums including conversation cafes, locality events and GP visits.[6]. Engagement with patient representatives via the Planned and Primary Care Network Group has been taking place since the start of 2014. Key messages from engagement has been developed into "I" statements to shape implementation of improved primary care. For example, 'I want to tell my story once' and 'I want to know how I can manage my condition with support'.
- Worked together with Hertfordshire Healthwatch, and using an established network to review, test and develop service changes, for example development of the ENHCCG patient and carer member network.
- Patient and service user engagement on individual programme and projects – for example, the Vanguard Programme which has recently developed an engagement plan to increase resident involvement in shaping ongoing development and management of the Programme. [7]

Co-Production

As a reflection of the value placed on the involvement of its residents, Hertfordshire will be using co-production as a key method for developing and implementing integrated projects and work programmes over the coming year. Coproduction means:

"Delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours" (New Economics Foundation).

Hertfordshire's commitment to using co-production is attributed in part to the success of the 2015-16 **Neuro Co-Production** project. Funding for this one year project was awarded by the East of England Strategic Clinical Network for Mental Health, Dementia, Neurological Conditions, Learning Disability and Autism (SCN) to use co-production to '*put people diagnosed with progressive neurological disease at the centre of redesign'*. The project group included patients and service users, carers, voluntary, health and social care representation, as well as being chaired by a person living with a progressive neurological condition. Key outcomes of the project were:[8]

[6] For further information, see http://www.yourcareyourfuture.org.uk/get-involved/
[7] For more information, please see the 'Vanguard Programme Engagement Proposal' - available on request
[8] Full details are included in the 'Neuro Coproduction Project Evaluation Report' – available on request.

- Using service user experience, including patient stories, to identify and review existing support for people with progressive neurological conditions
- Developing a co-produced, over-arching pathway of the stages felt crucial for maintaining health relating to a progress neurological condition – this will be used to inform the Hertfordshire Community Neurology Service specification as well as furthering joint commissioning intentions
- Developing more accessible and helpful information leaflets used by those diagnosed with a neurological condition
- Working with HertsHelp to develop a pathway for more effective signposting

Further to a thorough evaluation, project learning will be built into future working. Already, a fast-track service for users with progressive neurological disorder has been included in the new interim wheelchair service specification from April 2016. Coproduction, which was used to redevelop carer policies as part of the 2015-18 Carers' Strategy (see p. 37), will continue to be used throughout ongoing definition of Hertfordshire's 'Carer Offer'.

In addition, a strategic Health and Community Services (HCS) **Coproduction Board** has been created so that service users and their carers can directly influence the way that adult social care services that affect them are designed, commissioned and delivered. Feedback from a workshop in March attended by 70 service users was used to determine Board representation, links to other forums and priorities. The first Board will take place in July, and representation will be split equally between HCS management, organisations that represent service users, and service users, patients or carers.

Voluntary & Community Sector

A countywide 2015-19 Commissioning Strategy for the Voluntary and Community sector has recently been published and outlines the set of values, characteristics and behaviours that will looked for by Hertfordshire County Council (HCC) and the CCGs in community partners. [9] The Hertfordshire COMPACT has also been refreshed, further strengthening working relationships between the statutory and voluntary and community sector.[10]

Hertfordshire's partnership approach to the voluntary and community sector (CVS) works under the remit of the HWB. The HCC Community Wellbeing Commissioning (CWB) team jointly commission with CCG and Public Health partners around £10 million worth of preventative services from the voluntary and community sector to work alongside other health and care services to enable people to live well.

The work is split into 8 Preventative themes, and Domestic Abuse, which are:

- Support for Carers
- Keeping Active
- Advice, Information and Advocacy

[9] For more information, visit http://www.hertsdirect.org/docs/pdf/v/volsectstrat.pdf
[10] For more information, visit http://www.hertsdirect.org/mm/17202526/17202919/item4birelationcom311011.pdf

- Promoting Mental Health and Positive Wellbeing
- Reducing Social Isolation
- Keeping People out of Hospital
- Connecting Communities & Individuals and
- Living Well with Long Term Conditions.

The contracts within these themes include services such as HertsHelp, Carers Breaks, a Crisis Intervention service and numerous small contracts for lunch clubs and other community activities. The CWB team are currently carrying out a review of all of these contracts (please see appendix 2 for further detail on the key themes and the high level budgets for 2016-17). During 2016-17 the work will intensify with re-tenders of HertsHelp and the Hertfordshire Advocacy Service and new services being launched around community dementia support, specialist carer support and a service user voice network.

Housing

The relationship between housing and other partners will be strengthened this year using Hertfordshire's five Local Accommodation Boards. These were created last year but will be fully operative in 2016-17 and will act as forum to review health and social care issues related to the BCF at a local level. These are attended by local and district councils, housing associations, HCC and the CCGs. Although governance arrangements will be finalised over the coming year, the Boards are likely to feed into the Housing Association Chief Executive Session and the HWB. The Boards will help focus on identification and promotion of further opportunities for partnership working as well as exploring more generally the relationship between health and housing. Please see the DFG section (p. 28) for further engagement with providers, districts and Housing Associations.

2. The Case for Change

2.1 Current & Future Challenges

As outlined in detail in the 2015-16 BCF Plan, Hertfordshire faces significant current and future challenges within our health and social care system. The Joint Strategic Needs Assessment (JSNA), HCC and the CCGs have been consulted in order to ensure the most up-to-date understanding of the Hertfordshire context. Challenges include:

Demographic pressures:

- Increasing population (11% from 2011-21)
- Aging population (43% increase in over 85s 2011-21)

Table 1: Population increase 2001-2021[11]

	Numbers of People				
	2001	**2011**	**2021**	**2001-11 Increase**	**2011-21 Increase**
ENHCCG	510,100	554,300	588,300	9%	6%
HVCCG	523,800	565,500	626,000	8%	11%
Hertfordshire	1,034,000	1,116,000	1,234,500	8%	11%
England	49,138,800	53,107,200	56,962,100	8%	7%

Table 2: Population increase 2001-2021 by age band

	Population by Age Band 2011-2021					
	60-74		**75-84**		**85+**	
	2011	**2021**	**2011**	**2021**	**2011**	**2021**
ENHCCG	75,400	86,300	32,000	35,200	12,700	17,300
HVCCG	75,100	88,700	30,600	35,600	13,200	18,500
Hertfordshire	150,500	178,400	61,600	72,000	25,400	36,300

Service pressures:

- People living with more than one long-term condition, some of the most intensive users of the most expensive services - we estimate that there are currently 318,000 people living with long term conditions in Hertfordshire and this is set to rise
- Increasing demand on mental health services. The wider social costs of mental health are estimated to be about £2.2 billion for Hertfordshire, of which around £636 million is work-related
- Prevalence of dementia (24% increase by 2020, or an additional 3,188 people)

Table 3: The estimated number of people with dementia in Hertfordshire, from 2012 to 2030
www.poppi.org.uk

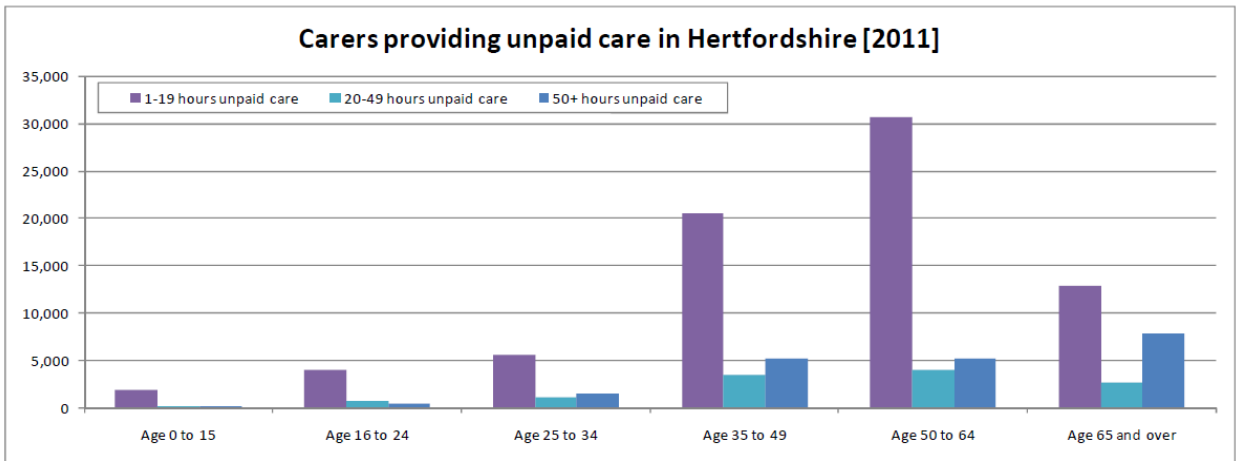
People aged 65 and over predicted to have dementia projected to 2030.

	2014	**2015**	**2020**	**2025**	**2030**	**Growth from 2014 (%)**
Hertfordshire	13,913	14,329	16,482	19,253	22,645	62.8%

- Carers – Hertfordshire's aging population, in conjunction with the rise in the prevalence of long term conditions, is having an additional impact on the number of people with caring responsibilities. Currently, there are just fewer than 110,000 carers in Hertfordshire. 2017 is projected to mark a tipping point where number of older people needing care will outstrip the number of working age family members available to contribute support.

[11] Source: 2001 & 2011 Census, ONS: 2012-based Subnational Population Projections, http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/index.html

Table 4: The estimated number of carers provided unpaid care in Hertfordshire, 2011, by age band and hours provided



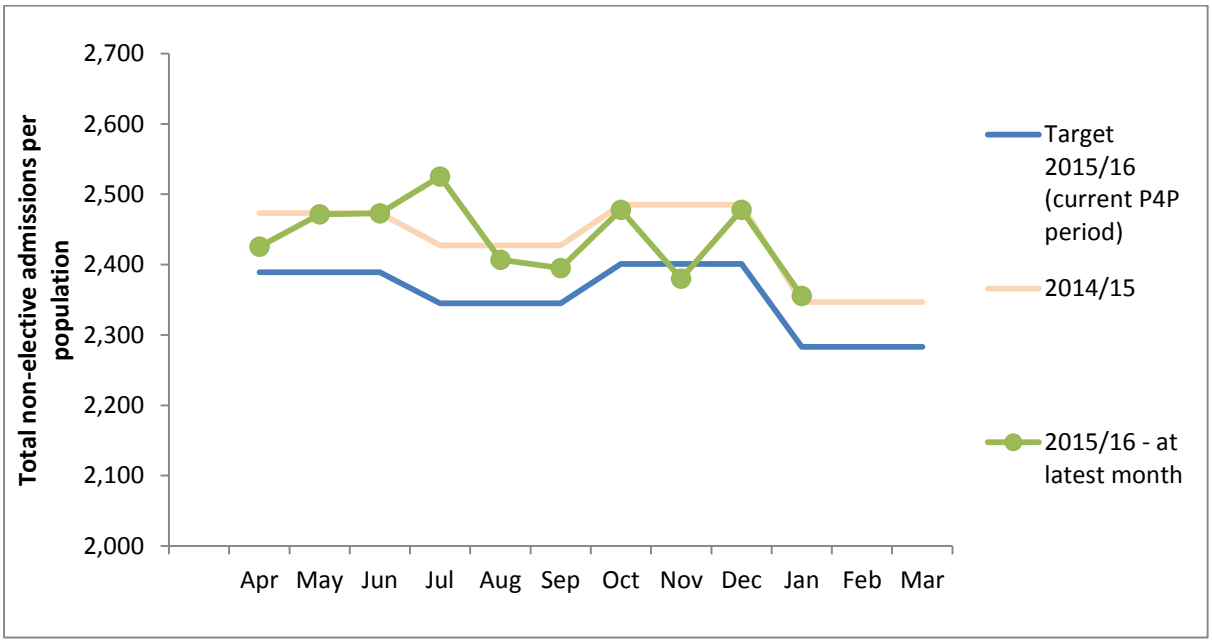
- **Workforce** - Hertfordshire is facing a rising demand for care services as a result of:
    - The ageing population and one with increasingly complex needs
    - Greater investment in more preventative and rapid response services increasingly in people's own homes or closer to home
    - New duties and responsibilities resulting from the Care Act 2014 to promote wellbeing, prevent the need for care and new entitlements for family carers

  In addition, workforce profiling in Hertfordshire suggests a relatively high staff turnover rate, as well as other issues including an ageing care workforce in some areas.[12] Meeting this service pressure will require system wide approaches developed in partnership (as outlined in the Five Year Forward View) and further innovations in models of care including the development of integrated roles between health and social care.

- **Urgent care** – a high use of acute service, including ambulance services, is resulting in additional pressure on the local system to meet A&E targets, including the national requirement that patients attending an A&E department are discharged, transferred or admitted within 4 hours at least 95% of the time. The below table shows Hertfordshire has further to go to meet 2015-16's BCF target for reducing non-elective admissions. Greater investment in integrated out-of-hospital services able to meet the growing needs of the population will help prevent additional urgent care pressures.

[12] See 'Hertfordshire County Council partnership Workforce Strategy 2015-16'. Available on request.

Table 5: BCF Metric for 2015-16- Total Non-Elective admissions per 100,000 population *(Q4 data not available at time of print)*



- **Housing** - decent housing in safe neighbourhoods is fundamental to health and wellbeing and is the foundation for involvement and engagement with wider societal activities. It is important the BCF take housing into account when developing plans for integrated working as well as working in partnership with housing associations and other groups. Housing an ageing population may include considering housing on a single floor level for those with limited mobility, high thermal efficiency to enable residents to stay warm, effective minor adaptations, an extensive telecare offer to support proactive and reactive care, and specialist housing stock to support residents to remain independent as far as possible. In addition there may be further work that can be done as collective agencies to improve the quality of housing, for example the work by Welwyn Hatfield Local Health and Wellbeing Partnership to address hoarding and clutter and its impact on health and wellbeing.

2.2 Impact on the Health & Social Care System

In Hertfordshire, as in 2015-16, partners have collectively agreed to pool all out of hospital monies relating to older people's care, including community health provision (including intermediate care, palliative care, District Nursing, community beds), Continuing Healthcare Funding, and the Older People's budgets for homecare and residential care. We have undertaken to jointly commission and transform any services that are in the pool, to develop more effective, efficient, and integrated services for older people. We believe that through integrating services by 2020 we can deliver the following:

- Life expectancy at 65 will be improved, in addition to reducing the number of years spent with illness or disability. More Long Term Conditions Care Plans will be in place, with consequent reduction of in-patient days for long-term conditions

- Older people and those with complex care will be supported by joined up, high quality services to remain as independent as possible in their own environment.
- People's dignity and quality of life will be respected, and patients will be given the opportunity to plan where they would like to die. More patients to die in their place of choice
- Our communities will be better placed to support patients and the public to stay well and to manage treatment without needing to go into specialist hospital care (for example, early recognition and diagnosis of dementia and diabetes close to home in a GP surgery or clinic).
- Delivering a dementia strategy which will integrate physical health and mental wellbeing in an attempt to tackle increasing prevalence and improve patient experience. Also, one that improves the experience of patient carers, fully supporting them in their role in conjunction with the increasing pressures of prevalence (for more information on Hertfordshire's Dementia Strategy, see p. 35)

As well as the BCF performance metrics, impact will be demonstrated using performance measures from the refreshed 2016-19 Health & Wellbeing Board Strategy based around the 4 life themes: Starting Well, Developing Well, Living & Working Well and Ageing Well. These measures will be finalised in June 2016.

3. Our Plan of Action

3.1 BCF Performance in 2015-16

Long-term Planning & Strategic Shift

New ways of working and new approaches to the commissioning and delivery of health and social care were outlined in the 2015-16 Hertfordshire BCF Plan, and have been implemented over the last 18 months to deliver transformational change. This was facilitated by the sign-off of BCF section 75 pooled budget for out of hospital services totalling £328m.

In the last year, there has been a strategic shift outlined in **Figure 5**, which shows the system-wide changes to implement the BCF integration plan; from Executive Boards working together to evaluate opportunities, assess risk and align strategic priorities, through to an increasing number of operational teams co-locating and sharing case-management in order to provide responsive, coordinated care in the community.

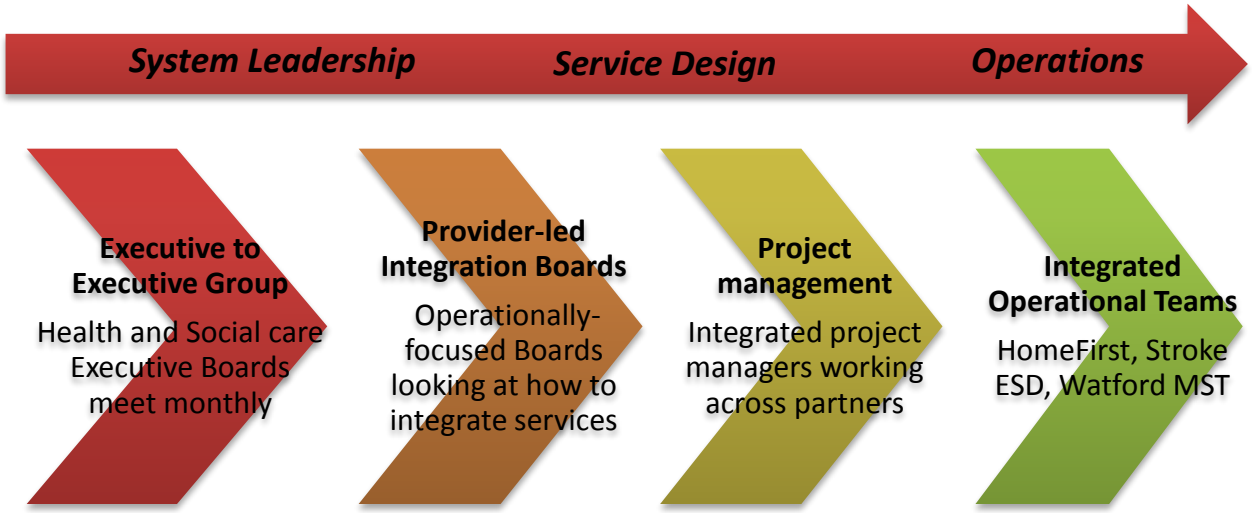


Figure 5 Diagram to show the system-wide changes for sustainable and lasting integration

Building on the experience from Hertfordshire's longstanding mental health and learning disability joint commissioning arrangements, there are now revised governance structures to support more joint commissioning of services and shared decision-making for services for older people. Health and social care commissioners are represented at joint programme boards to support an integrated system-approach to commissioning services. Various joint strategies to facilitate and direct integrated working have been launched and worked on this year including CAMHS (Children & Young People's Mental Health Service) Strategy,[13] the Hertfordshire Dementia Strategy and Public Health Prevention Strategy.[14]

The Provider-Led Integrated Care Programme Boards, established in the East and West of the county, oversee and coordinate a range of strategic assessments of current health and care provision. They then outline opportunities and implement improvements in a number of service areas including accessing care, transitioning between care settings, and improving models of care (for more information, see p. 12).

Integration Projects

Hertfordshire has been seeking to provide better quality of care and deliver against the BCF national metrics and conditions, as shown by a sample of BCF projects outlined below.

Health and Social Care Data Integration – an integrated Board (with membership from all commissioning and NHS provider organisations) has been established to focus on reviewing the barriers and opportunities ICT presents for the integration agenda. The Board has:

- Driven the development of an integrated health and social care pseudonomysed dataset, which links data from acute, community and social care systems. The dataset is being used to better understand care pathways and identify ways to improve the quality and integration of direct care and commissioned services.
- Agreed and subsequently refreshed a data sharing agreement signed by all partners
- Agreed an approach to operationalise access to different ICT systems across professional groups
- Pursued opportunities to join up the provision of information to patients and service users, including on information governance and sharing

[13] Available on request
[14] Available on request

- Overseen the use of the NHS number as the prime identifier for health and social care services.

Investment and integration of community services, to include:

- Increasing the spread of new health and social care **rapid response teams** working together in the community to respond to crisis within 60 minutes and reduce A&E admission
- Roll-out of integrated **proactive case management** services. Different approaches have been taken forward across Herts: in the ENHCCG area this has been a part of the 'HomeFirst' team, integrated with rapid response services. In Herts Valleys local areas are pursuing a Multi-Speciality Team approach. A range of professionals from mental health, physical health and social care teams meet regularly to jointly plan and monitor the progress of those with complex needs and multiple long term conditions that are regular users of primary care, and are often known to more than one of the community teams.
- **Innovative support at home services** – BCF investment in new models of homecare has been formalised, with a countywide tender of 'specialist' homecare services. This builds on review of pilot services created to provide enhanced care in the home, and support rapid and appropriate discharge from hospitals.
- **Risk stratification** – Agreement on a strategic approach to risk stratification, developing an approach tested in HomeFirst teams and to be further developed this coming year.

Supporting the delivery of seven day services in social care and the NHS:

- Agreement of action plans in both CCG areas for achieving the national clinical standards for seven day working e.g. integrated discharge planning and service provision
- Developing system wide plans for extending core hours of community services, including assessment and case management teams
- Implementation of 7 day working in the Integrated Discharge Team at Lister Hospital from Jan 2016. Integrated Emergency Department teams (including health and social care posts) have been working evenings and weekends from Feb 2016.

Interventions to improve discharge flow, including:

- **Discharge Hubs** – Following a successful pilot, this has been implemented in the ENHCCG area. This community-based team assess and plan packages of care for services users in intermediate care as well as carry out performance monitoring, and have shown positive impact on improving appropriate and timely discharge from community beds. For example, data has shown that the average LOS has reduced from 26 days (April 2013 to November 2014) to 19 days (December 2014 to February 2015), demonstrating a 20% decrease in the average LOS during the months of the running of the Discharge Hub. With a reduction of 19% LOS at 85% occupancy this is an estimated saving of approximately £350,000 over these three months.
- **Stroke Early Supported Discharge service** – this service is made up of community health and social care teams who provide intensive support and rehabilitation in the patient's own home to improve patient outcomes and reduce length of stay in acute 7 day working

- hospitals. This service has been fully established in 2015-16 and countywide works with a minimum of 40% of stroke survivors to enable care in the community in a way that reduces both Delayed Transfers of Care (DToC) and the likelihood of readmission.
- **Further integration of discharge functions** in acute hospitals

Community Navigators – This service, to be continued this year in the Herts Valleys CCG area, has supported people to access statutory or voluntary services who would benefit from extra support in the community. Since the scheme commenced in Nov 2014 to Jan this year, the Navigators have seen over 1250 cases with an evaluation due shortly to explore fully the links between Navigator intervention and prevention of admission. Navigators have provided clarity on who can help in complex cases, and often support GPs who have historically had to manage these patients without the support necessary to help these individuals' access services.

New Models of Care for frail elderly and people with long term conditions – 'Enhanced Health in Care Homes' Vanguard (ENHCCG). In January 2015, the tripartite partnership of ENHCCG, HCC and Hertfordshire Care Providers Association (HCPA, who represent and support care providers in Hertfordshire) was selected to became a Vanguard site for care homes as part of the of the New Models of Care programme.

The Vanguard sought to enable clinicians to care for our older population, working together as a network with qualified and confident care home staff to support patients, proactively manage their needs and work together when a patient's conditions exacerbated. It was based around 4 key components:

1. **Confident staff in care homes**, in which staff were provided with the education and training needed to deliver high quality care for the ever increasing complexities of residents, and care homes who are incentivised to provide higher levels of care
2. **Multi-disciplinary teams**, in which clinicians and staff were able to work cohesively to deliver enhanced care to residents- including the use of HomeFirst, enhanced primary care, medicines management and interface geriatricians
3. **Rapid response**, where teams were deployed for timely intervention- e.g. falls prevention and management, reducing unnecessary A&E presentations and admissions
4. **Information, data and technology** , including the development of a secure interface, enabling rapid access to patient records and clearer data on which to not only baseline going forwards but also track the success of interventions across the health and social care system

The Vanguard Programme will continue into 2016-17 to implement a range of projects, pathways and services, where despite challenges with workforce availability, significant progress has already been made. [15] This includes:

- **The Complex Care Premium** (CCP) – Piloted countywide, 20 care homes undertook in-depth training coordinated by HCPA on a range of complex conditions including dementia, falls and nutrition. In exchange, care homes received an enhanced rate – or Premium – of £70 per week per complex resident to use within the home. Early evaluation already suggests a significant impact on staff confidence in caring for their

[15] For more information, see the 2016-17 East & North Herts Vanguard Value Proposition. Available on request.

complex residents and when working together with other community professionals, as well as potential impact on steadying admissions to hospital. The scheme was rolled out to a further 10 homes in E&NH in Jan 2016, with plans for further expansion later on in the year.

3.2 Our Priorities for 2016-17

Reflecting 2015-16 progress and in line with last year's Plan, Hertfordshire will focus this year on the following areas:

1. Services working together to maximise the independence of people in Hertfordshire
2. Effective integrated community services built around primary care
3. Jointly commissioned services around individuals and their needs
4. An integrated workforce, appropriately skilled and able to work across organisational boundaries

3.2.1 Projects and Programmes of Work

To deliver the above, projects and programmes of work have been divided into five core workstreams outlined below.

Figure 6: Core Workstreams for Integrated Care Delivery

Workstream 1 - Integration of Core Teams:

- Ongoing development of **community integrated care models** including case management:
  - In E&NH, this means further developing **Homefirst** to provide CCG area coverage (currently set up in two localities) with an aim of effective discharge support, a rapid response service and virtual case management.
  - In Herts Valleys, this means the trialling, alignment and integration of case management for those with complex needs and long-term conditions to prevent acute activity, particularly non-elective admissions. The multi-speciality team approach will be rolled out to all localities, with multi-speciality case manager posts appointed in Watford (dependent on business case agreement) along with implementation of a joint care planning approach
  - Using external evaluators to review impact of the existing integrated care models and applying learning to future services

- Improvement of **access and coordination between services –** working in partnership with HCC, CCGs, HPFT, HCT, Herts Urgent Care (HUC) and primary care, this work programme will simplify access to services so patients can more quickly receive appropriate services. This will encompass:
  - A countywide review of current access points
  - An access point transformation plan for HCT
  - Development of plans for a Rapid Response coordination centre, to be implemented next year
  - Full launch of MiDos to GPs in E&NH, a re-developed directory of services for health and social care professionals
  - A care coordination hub for end of life care through theHerts Valleys ICPB
  - Procurement of the Integrated Urgent Care (formally NHS 111 and Out of Hours) – this will be a full review of current service provision with an assessment of future urgent and emergency care needs using market and patient engagement

- Expansion of **7 Day Working** to achieve the national clinical standards for seven day working - further details are presented under the national condition on 7 days services below (p. 43).

- Development of **Shared Care Planning**, looking to ensure a system wide view of a person's care that focuses on what matters to the person, not what is the matter with them. This includes developing the MST approach in the West and introducing 'My Plan' in the E&NH (see p. 47. for more details).

- Rolling out a series of **clinical pathways** around IV (intravenous) treatment in E&NH designed to assess, treat and manage frail patients in a resource-efficient way that will also reduce hospital admission. These pathways have been developed by health and social care collaboratively and include IV diuretic, IV antibiotic, pneumonia and UTI.

Workstream 2 - Supporting Integrated Commissioning:

- **Integrated Commissioning**: Integrating commissioning is a key priority for Hertfordshire to enable more joint services and better outcomes for residents. Hertfordshire will be building on previous joint working and a history of collaboration to establish more developed and long-term plans for reviewing and commissioning services together. A set of agreed priorities for integrated commissioning have been created following a series of workshops earlier this year that were facilitated at Hertfordshire's request by the King's Fund. These were attended by mix of stakeholders including system leaders, GPs and politicians. Further integration of commissioning will:

  - Establish a strategic programme of joint working on the redesign and commissioning of services for older people and children
  - Ensure the linkages between community health, social care and hospital services
  - Review the strategy for joint community teams in a way that will advance early intervention and prevention
  - Allow for targeted prevention in key areas, for example, preventing falls in older people.

Hertfordshire will now be developing a **partnership roadmap** that will outline key steps to achieve these outcomes. To be incorporated into a detailed programme plan, actions include:

  - Progressing the joint vision for integrating commissioned service in a way that will match Hertfordshire's long-term ambitions
  - Establishing agreed joint governance arrangements for all shared strategic programmes
  - Developing joint financial planning across partners, including shared arrangements for pooled budgets and risk management
  - Working across the system to review patient flow, capacity and areas of priority spend
  - Undertaking mapping of existing physical health, mental health and social care services
  - Prioritising the further development of joint community teams.

- Developing a **joint commissioning strategy** between HCC and CCGs for improvements in **care home services**, including short-term rehabilitative services, commissioning of long-stay residential and nursing home beds, and continuing care. This will include:

  - Implementation of a new residential community flexi bed model of care with the wrap around of nursing and therapist
  - Implementing the **Integrated Nursing Care Home** project countywide. Commissioners will take a more strategic approach to growing the market by joining up the commissioning of all older people's nursing care beds in Hertfordshire. This will result in beds being used more flexibly and therefore improved occupancy as well as patient flow
  - Aligning one GP practice/federation to a care home in Herts Valleys, in a similar way to E&NH's enhanced GP project. This will include a ward round based service to include regular reviews and holistic assessments and education of advance care planning
  - Access to crisis intervention / rapid response across all localities
  - Wrapping core community services around care homes, including community nursing and therapy
  - Embedding the role of care home pharmacists in multidisciplinary teams to vulnerable groups
  - Education and training for care home staff using HCPA in areas such as end of life care, diabetes and dementia

- The **Disabled Facilities Grant** (DFG) review project will explore a more collaborative model for using the DFG allocation within the BCF as well as opportunities to support independent living. Led by Hertfordshire's district councils, the review aims to bring about a more resilient service for housing adaptations that meets the needs of individuals requiring support for independent living while reducing waiting times and ensuring equitability across the county. The project has confirmed the best option for

the new service is that of a Home Improvement Agency model using a Shared Service approach. This will also include the development of a procurement framework agreement for adaptation works, which will speed up the process of contracting works for higher cost items.

- **Community Wellbeing Voluntary and Community Sector Review** to be led by HCC's Community Wellbeing (CWB) team in partnership with the CCGs and voluntary and community sector (VCS). The CWB team will review all contracts held by the VCS on behalf of HCC's Health & Community Services to ensure they are outcome focused and are meeting assessed needs in the community. Five large contracts have already been awarded in 2015-16, but further work includes:

    - Tendering of the Crisis Intervention Service (currently out to tender)
    - Preparing tenders for two dementia services (one community based and one to support diagnosis), service user voice, hospital discharge services (volunteer based) and specialist carer service.

Workstream 3 - Avoiding Emergency Admissions:

- Further development and rollout of **an interface geriatrician-led frailty service** in E&NH to support frail and elderly patients in the community, meaning:
    - Rapid access to weekday acute comprehensive geriatric assessment by March 2016
    - Monday to Friday 9-5pm access to senior geriatric medical telephone advice by March 2016
    - Geriatric Consultant interface sessions via weekly multi-disciplinary meetings to intermediate care beds
    - Geriatric consultant interface to high risk nursing homes by July 2016

- Roll out of a **responsive Early Intervention vehicle** service in E&NH Hertfordshire as an alternative response to emergency calls, starting with roll out in the Welwyn Hatfield locality in June 2016
- Roll out of the Emergency Care Practitioner car across all 4 localities in HV as an alternative to 999

- Roll out of **rapid response** in West Hertfordshire and **Living Well crisis management,** including further development of the medical model through consultant geriatrician or GP within each locality which will enable rapid access to specialist geriatrician advice in the community

- Developing **End of Life services** countywide to reduce avoidable acute activity while also enabling patients to die in the place of choice. Building on last year, plans include**:**
    - In Herts Valleys, implementation of EPaCCs, an electronic palliative care coordination centre, is to be fully rolled out for April. This will enable all health care professionals involved in care to access Advanced Care Plans and patient preferences
    - In E&NH, the two main hospice providers supporting end of life care will be given access to care records via Systm1

- Further expansion of the Herts Valleys' **Community Navigator** service, by recruitment of a 'Navigator Plus' role in May 2016. They will be located at Watford Hospital and target frequent attenders who have had 10 or more A&E admissions in a year

- Further expansion of the E&NH **Clinical Navigators** who assess attendees prior to A&E admittance at Lister Hospital who could be better cared for outside of hospital. The Navigators currently see about 300 people a month, around 75% of whom do not go on to be admitted. Development would be to extend service provision to 7 days, 7am-7pm further to agreement.

- **Vanguard – New Models of Care for frail elderly and people with long term conditions.** Delivery of the Vanguard during 2016-17 will continue by tripartite partnership between ENHCCG, HCC and HCPA. Building on 2012-16 progress, the Vanguard needs to deliver at scale and pace to ensure its ambitious vision and objectives are met and demonstrate national replicability. Plans for 2016-17 seeks further expansion on earlier interventions to reach a wider cohort of residents and to further develop and enhance the programme.

  As outlined in the updated Value Proposition for the East and North Hertfordshire Vanguard Programme for 2016-17,[16] the Vanguard programme will be developed and implemented in phases over a period of four years, during which it is anticipated it will see the following results that will result in significant financial savings:

Reductions in:	**Increases in**
• A+E attendances	• 111 calls
• Length of stay in the acute care setting	• Staff, resident and family satisfaction
• Delayed transfers of care	• Preferred Place of Death
• 999 calls and Ambulance attendances	• Length of stay in care homes
• Non Elective Admissions	
• Out of Hours GP services	
• Staff turnover	

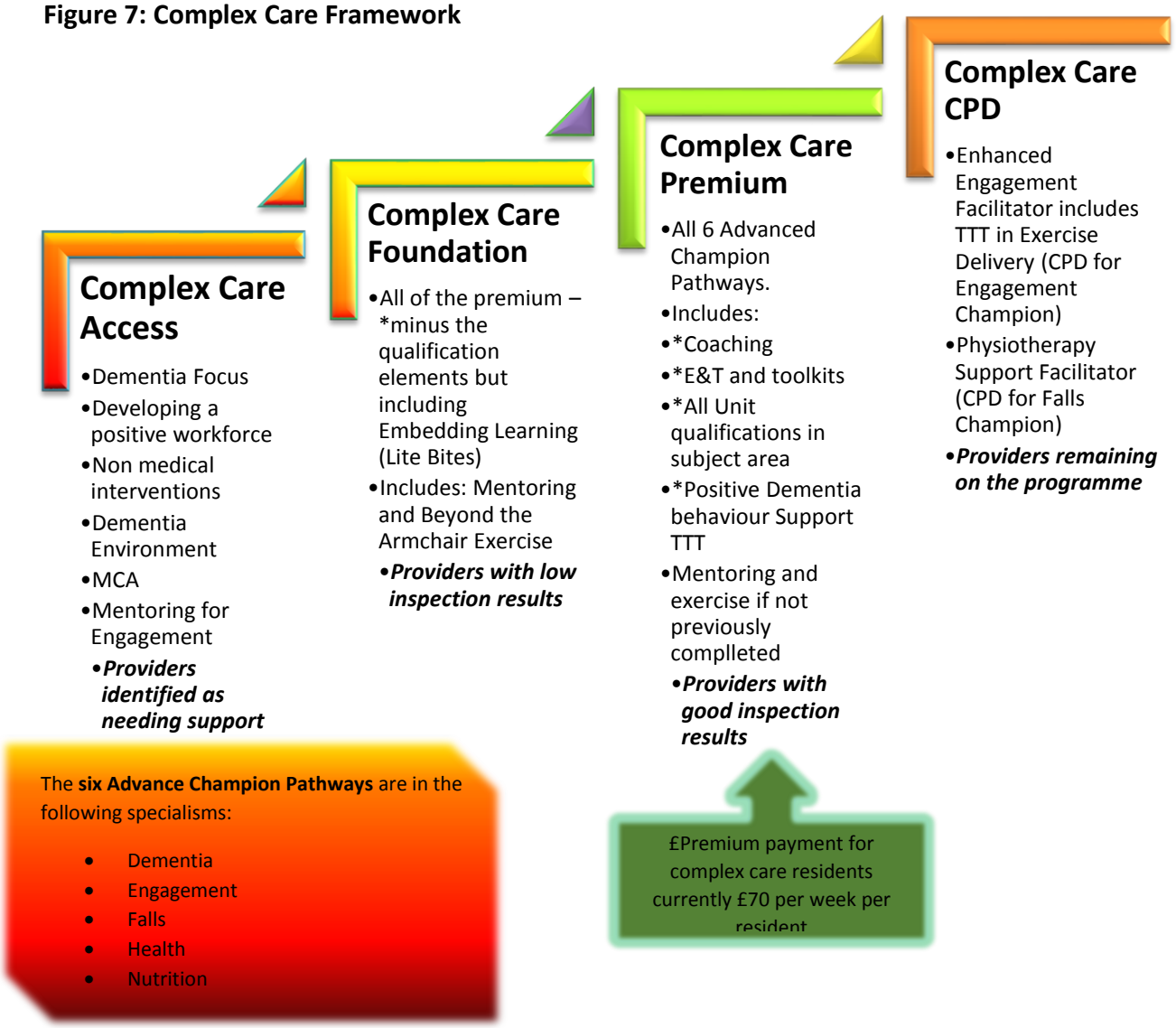
  For the first year of operation (2015-16) East and North Hertfordshire received £1,312k of funding support fully matched by the CCG and partners. In 2016-17 E&NH will receive £1,800k which will be match funded to continue this ambitious transformation programme.

  A key project of the Vanguard is the **Complex Care Premium (CCP)**, an intensive training programme for performing care homes who also receive a weekly enhanced rate, or Premium, per complex resident. This will be rolled out to an additional 10 E&NH care homes in 2016 to improve care of complex residents and avoid unnecessary use of hospital services. Other benefits include improved staff confidence and retention. The CCP will form just one part of a series of training programmes this year designed to

[16] Available on request

support care homes care in providing quality care against rising acuity. The 'Complex Care Framework', developed in partnership with HCPA, will be rolled out in 2016-17, and will include:

Figure 7: Complex Care Framework



Delivery milestones for the Complex Care Framework are as follows:

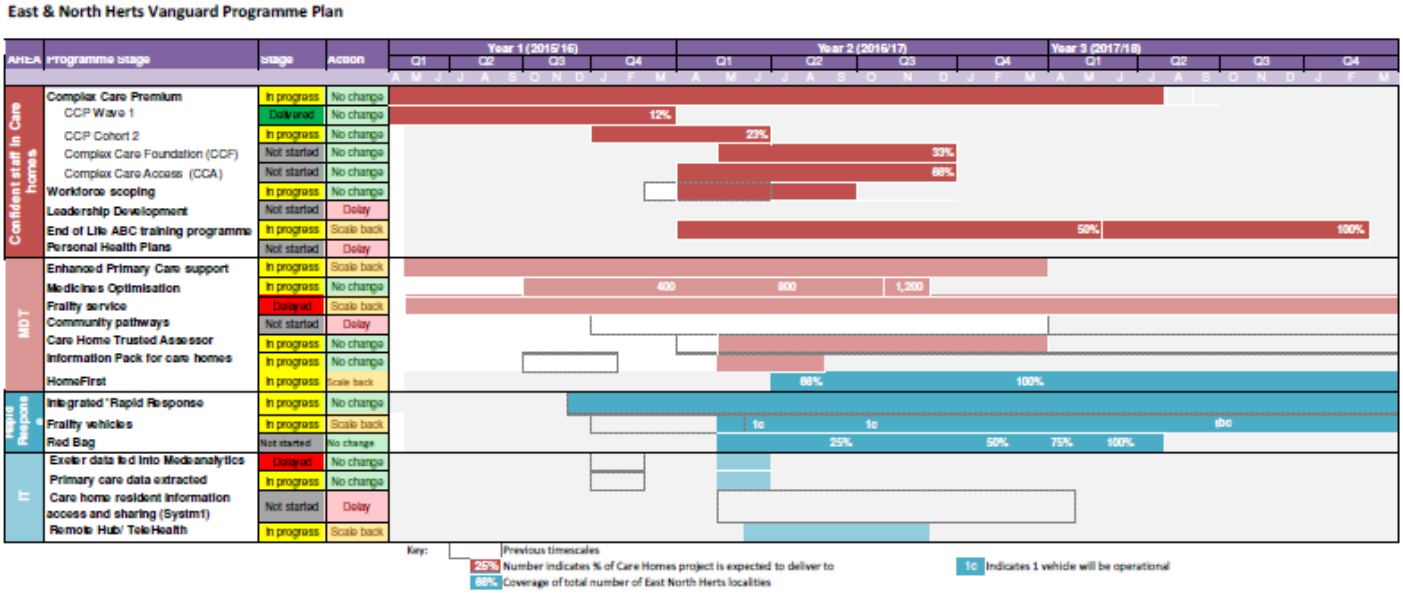
Complex Care Framework Scheme	Milestones(s)
Complex Care Access	• Start of training for 20 CCA homes (Apr 16) • Completion of training (Dec 16) • Quality visits and evaluation (Jan-Mar 17)
Complex Care Foundation	• Start of training for 10 CCF homes (May 16) • Completion of training (Dec 16) • Quality visits and evaluation (Jan-Mar 17)
Complex Care Premium	• Start of training for 10 CCP homes (Jan 16) • Completion of training- homes able to start claiming the Premium (Aug 16) • Quality visits and evaluation (Aug-Dec 16)
CPD	• Confirmation of cohort size (May 16) • Confirmation of training dates (May 16) • Start of training (to be agreed)

In addition, the Complex Care Framework will review other areas that would potentially benefit from training, including extension to homecare providers. Herts Valleys also take part in the CCP, and involvement in the scheme(s) alongside their other care home improvement work will also be agreed this year.

Other Vanguard actions for 2016-17 include:

- Further expansion and roll out of the Homefirst programme
- Recruiting additional Interface Geriatricians to develop the community aspect of the frailty service
- Development of the End of Life Care Programme for care homes
- Developing information sharing across acute and community setting, and installing telemedicine into care homes based on the Airedale model
- Continuing with medicines optimisation to improve use and understanding of medicines within care homes
- Improving acute transfers, for example, via the ‘red bag’ model

Figure 8: Vanguard Delivery Plan



The initiative will commence savings from year one, and breakeven will be achieved in year three, from which point the programme will be self-sustaining, with recurrent annual savings of £297,000 which includes absorbing demographic and non-demographic growth pressures. The Vanguard is managed through set governance processes and a robust risk management process. Progress and risks are monitored monthly at the Care Home Task & Finish Group with high risks escalated to the strategic Vanguard Steering Group.[17]

Workstream 4 - System Flow:

For all planned system-wide actions on DToC, please see the shared Hertfordshire DToC Action Plan (Appendix 3). Examples include:

- Continuing **discharge services**, including Home From Hospital, Discharge to Assess and the Delirium pathway (HV) that will improve patient flow, and also:
  - Implementing the **Specialist Care at Home** lead provider model from April this year
  - The **Stroke Early Support Discharge service**¸ operating on both sides of the county, will continue to work with a minimum of 40% of stroke survivors while fully evaluating the service in April 2016 (for further details, please see the national condition heading on joint assessments p. 47).
  - The **specialist respiratory service**
  - Developing shared policies and processes with Princess Alexandra and Royal Free Hospitals to prevent out of county patients becoming delayed

[17] Vanguard Risk Log available on request.

Workstream 5 - Data Sharing & ICT:

Hertfordshire health and social care data integration work development. As last year, developments will continue to be led by the Health and Social Care Data Integration Board, established to review the barriers and opportunities ICT presents for the integration agenda. Detail can be found under the national condition heading for data sharing (p. 45), but key plans include:

- Building the capability of Hertfordshire's 'Medeanalytics' system
- Progressing the four agreed priority areas for the coming year:
    1. Interoperability for direct care
    2. Live urgent care dashboards
    3. Integrated intelligence
    4. Infrastructure and provision
- Development of a Hertfordshire-wide commissioning strategy, starting with developing a **digital roadmap** towards full health and social care integration by 2020.
- Fully implementing MiDoS in E&NH, a directory of services that will direct health and social care professionals to the most appropriate service for their patient
- Ensuring health and social partners work effectively together in accordance with the latest information governance procedures

3.2.2 Mental Health

Hertfordshire Year of Mental Health

Improving the awareness and outcomes around mental health remains a key priority for Hertfordshire. The Hertfordshire Health & Wellbeing Board has declared the period between its annual conferences in July 2015 and July 2016 the Hertfordshire Year of Mental Health.[18] This countrywide initiative seeks to:

- Tackle mental health stigma and discrimination
- Help people get better access to treatment and care
- Gain parity of access to treatment for both mental and physical health

Hertfordshire Year of Mental Health aims to inspire and motivate people from across the county to take a few simple steps to challenge mental health discrimination and to improve the lives of those with mental health problems.

Crisis Care Concordat

Hertfordshire is working together to implement a national agreement – the Crisis Care Concordat - between services and agencies that are involved in the care and support of people in mental health crisis to work better together. Hertfordshire's Mental Health Crisis Care Concordat Steering Group has local representation from across 27 national bodies, and is

[18] For more information, please visit http://www.hertsdirect.org/your-council/hcc/partnerwork/hwb/hertsyearofmentalhealth/

working in partnership to deliver a shared programme of works – please see an outline of delivery milestones in the published action plan.[19]

Improving Access to Psychological Therapies (IAPT)

Both Hertfordshire CCGs will meet the national targets for IAPT in 2015-16. These targets include the number of people accessing services (over 20,000 across Hertfordshire), recovery rates (which are well above the 50% target) and the new national waiting time targets (current performance is over 95% seen within 6 weeks against the new target of 75% seen within 6 weeks). Through our joint commissioning arrangements we will revise our Any Qualified Provider contracts in 2016 to ensure we have a vibrant and diverse provider market to complement our strong existing services.

Mental Health Strategy

In December 2016 the Integrated Health & Care Commissioning Team will update our current joint Mental Health Strategy and actions plans to reflect the Five Year Forward View for mental health and other local priorities. This will set out joint strategic direction over the next five years, when delivery milestones will then be fully developed, and will include consultation with all key stakeholders.[20]

Dementia

Improving outcomes around dementia remains a key priority for Hertfordshire, with the joint Dementia Strategy launched by the Dementia Strategy Implementation Group in May 2015.[21] HCC and the CCGs are working together to address the Strategy's following six themes:

1 Enabling equal access to diagnosis and support
2 Promoting health and wellbeing
3 Developing dementia friendly communities
4 Supporting carers of people with dementia
5 Preventing and responding to crisis
6 Evidence based commissioning

The key actions that will be taken in 2016-17 to ensure the delivery of the Dementia Strategy are:

- Achieve a diagnosis rate of 67% in 2016-17. This will be enabled by a review of the EMDASS pathway and provision to ensure that diagnosis is equal and timely, and support is available post-diagnosis for individuals and carers

[19] For a list of partners, latest progress and to view Hertfordshire's Crisis Care Concordat Action Plan, please visit: http://www.crisiscareconcordat.org.uk/areas/hertfordshire/
[20] To view the Mental Health Strategy, visit: http://www.hertsdirect.org/your-council/hcc/healthcomservices/comres/ihcct/
[21] To view the Dementia Strategy, visit: http://www.hertsdirect.org/your-council/hcc/healthcomservices/comres/ihcct/

- Improve the dementia diagnosis pathway including post diagnostic support by a HCC led tender process for voluntary sector support
- Reviewing information provision along the dementia pathway, including delivering an updated (3rd generation) of the Dementia handbook to provide good quality information for people with dementia and carers
- Develop dementia friendly communities and Dementia Action Alliances as opportunities arise
- To evaluate the role of Dementia Carer Support Workers who have been in place since Aug 2015

Both CCGs have seen significant improvements in their dementia diagnosis rates during 2015-16 and are committed to meeting the 67% national target as soon as possible. There are active action plans in place within both CCGs to achieve this. Key actions include:

- Additional investment in HPFT's Early Memory Diagnosis Assessment and Support Service (EMDASS) to increase the number of people diagnosed and reduce waiting times
- Engagement with the national Dementia Intensive Support Team, with a visit due on 4th May
- Revisions to the pathway for diagnosis, exploring options for direct referral into diagnosis clinics from GPs and other ways of streamlining the service
- Completion of the transfer of dementia prescribing care for stable patients to GPs to release capacity in EMDASS (implemented from 1st of July 2015 to be completed by July 2016)
- Continuing to target GP practices with low diagnosis rates with visits and phone calls from managers and local mental health GP leads
- Working with Care Homes and other social care providers to ensure people with suspected dementia are referred promptly

Transformation of Mental Health Services

HCC, ENHCCG and HVCCG have finalised a new contract with Hertfordshire Partnership University NHS Foundation Trust (HPFT) which will bring about significant transformation of mental health services over the next three years. Initial priorities include:

- Streamlined dementia diagnosis pathways to improve patient experience
- Improving crisis care including crisis prevention and better support for people out of hours
- A review of HPFT's Single Point of Access in the light of other changes such as the NHS 111 tender during 2016
- An improved model of care for CAMHS, working towards the THRIVE model
- Contributing to the Transforming Care programme, and reduction of admissions to inpatient services

3.2.3 Support for Carers

Hertfordshire recognises the significant contribution its 110,000 carers play in supporting individuals who are unwell, as well as the huge impact caring can have on the carer's own health and wellbeing. Therefore in Hertfordshire we continue to be committed to supporting carers: ensuring they can carry on caring, or working, if they want to, stay fit and healthy themselves, and feel respected as carers as partners in care. Hertfordshire also recognises the broadened definition and additional rights of carers bought in by the Care Act to have their needs assessed even if not providing regular or substantial care.

The BCF pooled budget includes a budget of £567,000 specifically relating to carer-specific support (although total spend on carers far exceeds this). The funding is used to commission preventive services which support carers to carry on caring (if they wish to do so) and supports Hertfordshire's multi-agency Carers Strategy (refreshed last Oct) – Hertfordshire Commitment to Carers. Commissioned services include breaks and support, information and advice and involvement and training. Hertfordshire continues to make important changes to carer support as a result of the Care Act including implementing a new carers' assessment and further developing Carers Direct Payments. Alongside the multi-agency Carers' Strategy, the County Council and both CCGs have set out their strategic commissioning intentions for carer services in the refreshed Carers Market Position Statement (MPS) to be launched April 2016.[22] This builds on the first Hertfordshire Carers MPS launched in April 2015 and is one of the few dedicated carers MPSs in the country.

Services are measured by providers to demonstrate improved outcomes for carers and those they care for e.g. a decrease in risk of suffering from depression or a reduction in hospital readmissions owing to carer breakdown. Other ways of measuring impact include developing common reporting methods to track improvements in wellbeing. This will begin with roll out of the SF12 outcomes measure in April 2016 to the countywide preventative carers breaks contract and incorporating this into the review of specialist voluntary sector carers services.

Further to successful pilots of 2015-16, the BCF will continue to support:

- **Carer Friendly Hospitals:** Making Hertfordshire's hospitals more carer-friendly by supporting carers in an acute setting means improved outcomes to patients and carers. Following the pilot at Lister Hospital in 2011, which established identification and referral of carers could have a significant impact on readmission rates, the Carer Friendly Hospital approach is being extended across other areas of the county. As a one year pilot funded by the BCF, a Carers' Lead has been in post at West Herts Hospital Trust since November 2015. A similar post will continue to be funded at the Lister during 2016-17.
- **Community Navigators** – The Community Navigator scheme in Herts Valleys will continue to support greater integration and use of the community and voluntary sector, including carer support, for complex cases. Of the 1250 cases seen by the Navigators already, 40% have had a carer element to them. Plans for 2016-17 include recruitment of a 'Community Navigator Plus' based at Watford General to target frequent attenders

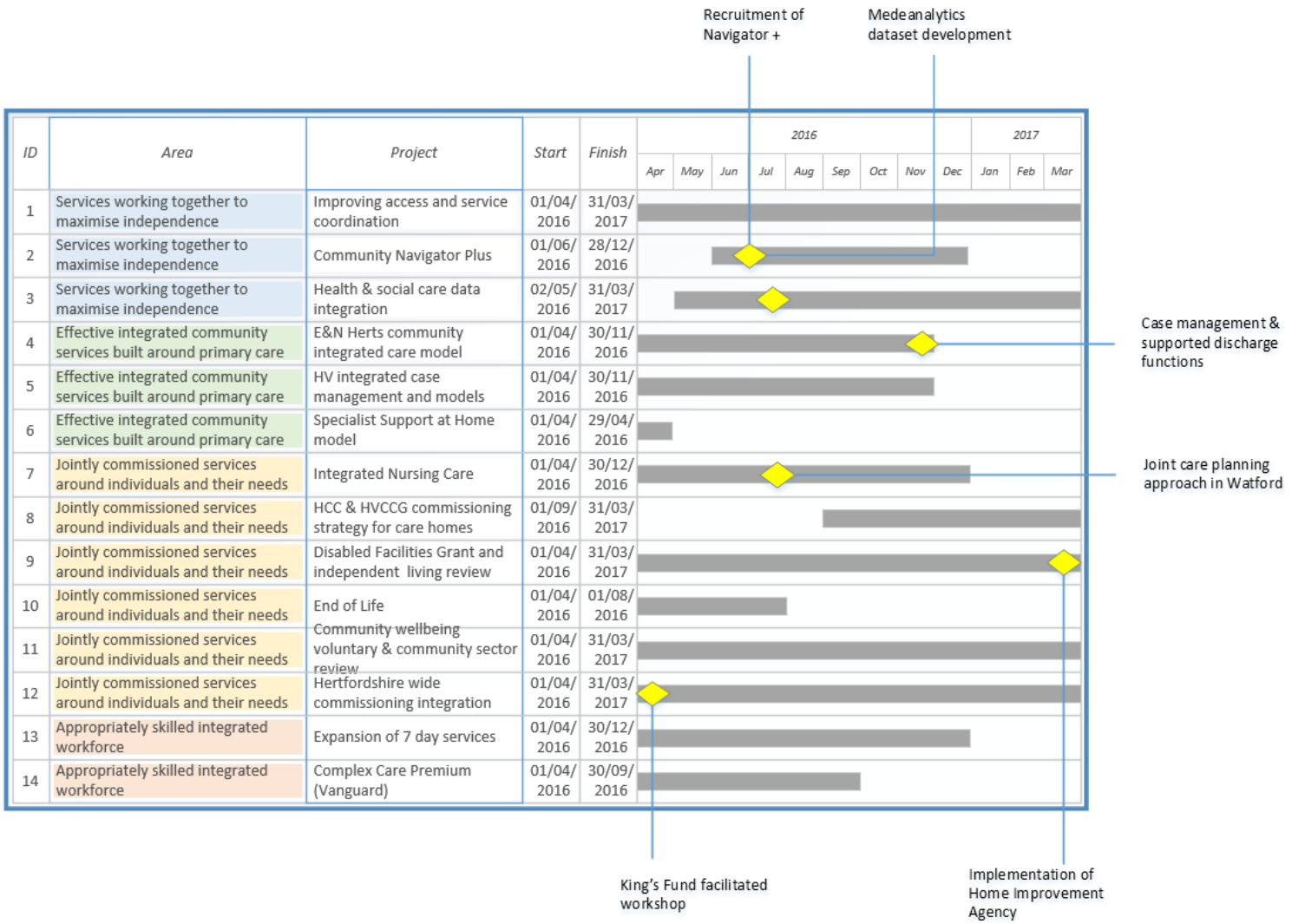
[22] For Hertfordshire's 2016 Market Position Statement – still open for consultation – please see http://www.hertsdirect.org/docs/pdf/c/carersdraftmps16.pdf

(10 or more A&E admissions a year) through packages of voluntary sector support including carer support.

- **Specialist Care at Home Programme** – During 2016-17 contracts, including voluntary and community sector commissioned services, will be reviewed to ensure consideration of carers. As an example of this, the Specialist Care at Home contract, commencing April 2016, includes a requirement for greater identification and support of carers.
- **Additional capacity across the health and social care workforce** - including 14 carer practitioners within HCC's adult social work teams, GP Carer Champions, Carer Hospital Leads (as above), and working with Hertfordshire Community Trust to develop a carers policy and carers champions.
- **Recognising carers** via an online form shared across partners – this identifies carers without them having to tell their story multiple times (launched Nov 2015)

3.1 Key Milestones

Figure 9: Milestone diagram chart (see appendix 1 for a breakdown of all projects)



ID	Area	Project	Start	Finish
1	Services working together to maximise independence	Improving access and service coordination	01/04/2016	31/03/2017
2	Services working together to maximise independence	Community Navigator Plus	01/06/2016	28/12/2016
3	Services working together to maximise independence	Health & social care data integration	02/05/2016	31/03/2017
4	Effective integrated community services built around primary care	E&N Herts community integrated care model	01/04/2016	30/11/2016
5	Effective integrated community services built around primary care	HV integrated case management and models	01/04/2016	30/11/2016
6	Effective integrated community services built around primary care	Specialist Support at Home model	01/04/2016	29/04/2016
7	Jointly commissioned services around individuals and their needs	Integrated Nursing Care	01/04/2016	30/12/2016
8	Jointly commissioned services around individuals and their needs	HCC & HVCCG commissioning strategy for care homes	01/09/2016	31/03/2017
9	Jointly commissioned services around individuals and their needs	Disabled Facilities Grant and independent living review	01/04/2016	31/03/2017
10	Jointly commissioned services around individuals and their needs	End of Life	01/04/2016	01/08/2016
11	Jointly commissioned services around individuals and their needs	Community wellbeing voluntary & community sector review	01/04/2016	31/03/2017
12	Jointly commissioned services around individuals and their needs	Hertfordshire wide commissioning integration	01/04/2016	31/03/2017
13	Appropriately skilled integrated workforce	Expansion of 7 day services	01/04/2016	30/12/2016
14	Appropriately skilled integrated workforce	Complex Care Premium (Vanguard)	01/04/2016	30/09/2016

3.4 Governance & Management Structures

Governance of the BCF

Governance of the BCF for 2016-17 uses the same mechanisms developed for the previous Plan. The Health and Wellbeing Board are key stakeholders in reviewing performance of the BCF, providing strategic direction for the BCF, the delivery of integrated care, and future work as part of their statutory duty to encourage integrated working between commissioners.

The performance of individual projects is monitored within respective project groups, which in turn report into relevant CCG programme boards and / or the Health and Community Services Management Board. If required, performance monitoring of significant decisions regarding service design or operation may be escalated to CCG-HCS Joint Executive Boards.

Please see **figures 10 and 11** below for an outline of BCF governance. Governance arrangements may be amended slightly to align more closely with STP arrangements – more details will be available following the submission of the CCGs' final version of their Operational Plans.

Figure 10: BCF Governance

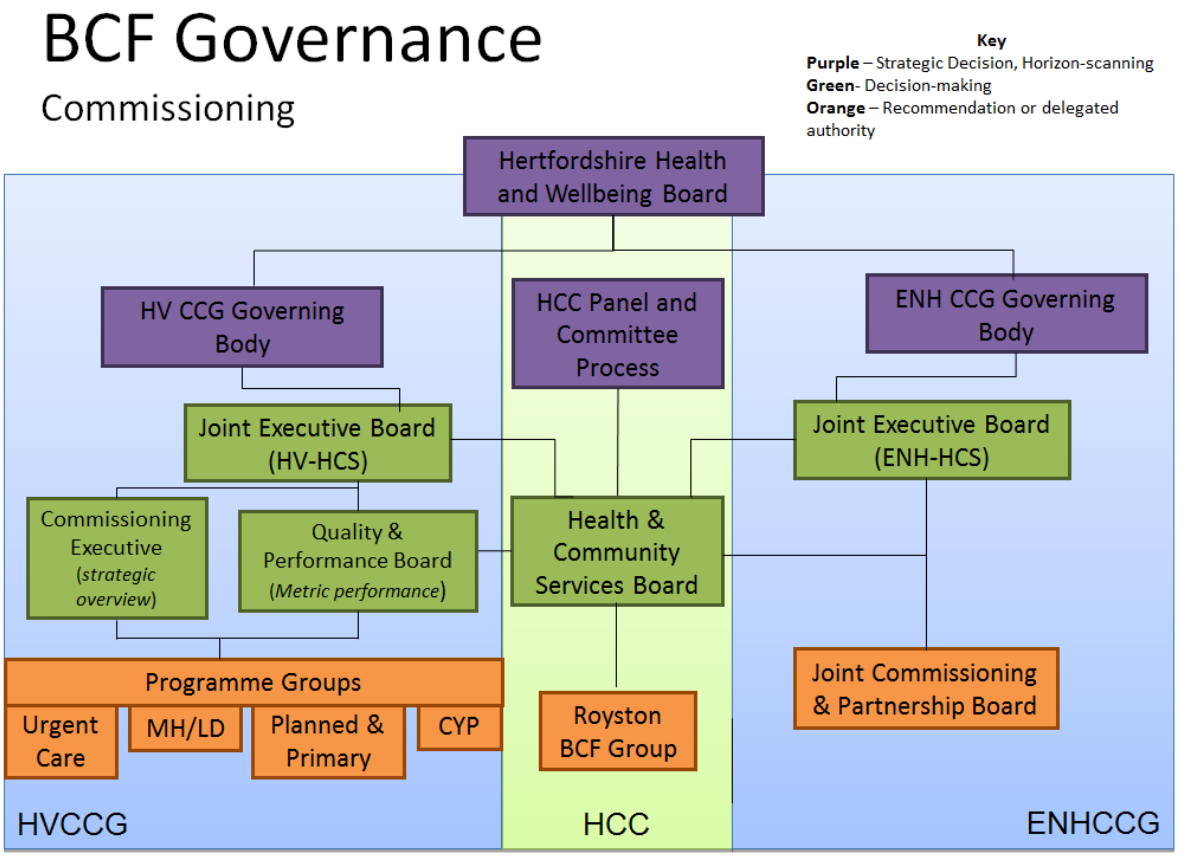


Figure 11: BCF Governance – Roles & Responsibilities

	Overall Accountability for services assigned within this Agreement	Strategic Oversight and CCG-level decision-making	Monitoring and Oversight of Commissioning and service delivery (with some delegated authorities)	Review, monitor and recommend service changes (with no delegated authorities)
Hertfordshire Health and Wellbeing Board	✓			
Joint Executive Boards		✓		
Herts Valleys CCG Programme Boards				✓
Herts Valleys CCG Commissioning Executive			✓	
East and North Hertfordshire CCG Joint Commissioning and Partnership Board			✓	
Health and Community Services Board (HCC)			✓	
Cambridge Executive Partnership Board (CEPB)			✓	
Royston Better Care Fund Group				✓

4. National Conditions

4.1 National Condition 1: Plans to be Jointly Agreed

As specified in the Spending Review, Hertfordshire is required to commit a minimum pooled Fund of £68.6m. However, as in 2015-16, we have collectively agreed to pool a much larger amount in line with last year's £328m. This will encompass all out-of-hospital monies relating to older people's care to enable the joint commissioning of a much wider range of health and social care services. The size of the Fund reflects the joint vision of Hertfordshire's partners to drive closer integration between health and social care and achieve better outcomes for residents. The BCF vision has been developed so that it incorporates CCG strategies – including

future ambitions for 2017 and beyond – and others, such as the HWB Strategy, Carers' Strategy, to bring into effect the triple aims of the Five Year Forward View.

Provider Integration & Engagement: The BCF Plan has been jointly developed by HCC, ENHCCG, HVCCG and CPCCG in conjunction with providers. This includes approval from relevant HCC, CCG and Provider Boards in accordance to our BCF governance processes with final approval of the Plan and its implications for Hertfordshire's health and social care system given by the Health & Wellbeing Board. The Plan has been reviewed by Hertfordshire's main acute Trusts, East & North Hertfordshire NHS Trust, West Hertfordshire Hospitals NHS Trust, Princess Alexandra Hospital NHS Trust and Royal Free London NHS Foundation Trust, as well as our key community providers Herts Community Trust and Herts Partnership Foundation Trust. Both commissioners and providers are also both present at the HWB, with due regard given to any conflict of interests that may arise as a result when papers are reviewed.[23]

Each side of the county now has established **Integrated Care Provider Boards** (see p. 12. for further details). As a collaborative approach between commissioners and providers, the Boards focus on delivering integrated services together to improve the care, independence and health of older people and those with multiple complex physical and mental health needs. The ICPBs have been engaged in the BCF plan development, with opportunity to input, review and feedback built into the assurance process.

Other Partners & Engagement: The DFG review project (see p. 28 for further details) is one example of engagement with district councils and **housing authorities**. This project will explore a more collaborative model for both the use of DFG allocation and support for independent living more generally. This includes working with housing which will result in stronger outcomes across housing, health, and social care. Engagement with local Housing Associations has already begun with a meeting between districts and the chair of the Hertfordshire Housing Associations Group in April prior to presentation at their next meeting to work through options for joint working. The Local Accommodation Boards and Housing Association Chief Executive Session (see p. 18) will also result in closer joint working with housing.

For more details on **service user** engagement and **voluntary and community sector** providers see p. 15.

Workforce: A shared priority for all partners for the coming year is the development of integrated plans around workforce and capacity planning. As identified in the Five Year Forward View, developing whole system approaches will be key to tackling current workforce issues. Some BCF funded projects have already begun this in their areas and will take important steps over the coming year, for example:

- The E&NH Vanguard Programme has been selected by the New Care Models Programme to undertake a 'deep dive' of existing workforce analysis. This will directly contribute to the development of workforce planning and modelling for ongoing sustainability of the care home and wider care workforce

[23] For further details on HWB membership, please see http://www.hertsdirect.org/your-council/hcc/partnerwork/hwb/hwbmbr/

- HCPA are working in partnership with care homes to create a recruitment hub on their Herts Good Care website – this will be used by care home managers to bring together their skills requirements with potential employees
- Introduction of integrated roles such as the multi-speciality case manager posts in Herts Valleys
- The Bedfordshire and Hertfordshire Workforce Partnership with Health Education England (HEE)

Hertfordshire intends to build on early interventions by developing workforce planning formally across partners on both sides of the county. This will include establishing formal workforce groups that will oversee planning and strategy, modelling and subsequent actions. Links have already been made with the New Care Models Programme and Health Education East of England who will be supporting this process and guiding workforce gap modelling. HEE for example have established a workforce etool, to be released in May 2016, which will support providers to accurately predict their 5-year workforce needs based on integrated service plans. Workforce developments will be aligned to the BCF as well as other plans including the STP and its requirement to address long-term workforce and workload issues across all community based provision.

4.2 National Condition 2: Maintain provision of social care services

Hertfordshire recognises the importance of protecting social care services to ensure that those who require it continue to receive the support they need in a time of growing demand and budgetary pressures. It allows Hertfordshire to maintain its current eligibility criteria for social care while developing more personalised care that is commissioned and delivered in a more integrated way.

BCF contributions within Hertfordshire continue to exceed the national minimum requirements and protection of social care services continues to be a key part of the BCF strategy. It is agreed that additional contributions from CCGs dedicated to this purpose will exceed those made last year.

Discussions are ongoing across the system to understand and respond to the budget pressures facing social care in 2016-17 and beyond. Associated risks and issues have been built into governance arrangements for individual organisations and the BCF (see p. 54).

For information on carer specific support, please see p. 37.

Implementation of the Care Act: The Care Act 2014 was implemented in April 2015 and introduced a range of new duties and guidance that impacted on all adult social care policy and practice. In HCS, a programme of implementation included:

- A review and update of all policies and procedures to reflect changes in eligibility criteria and new guidance on how care and support is delivered

- A new assessment process that focusses on giving our service users choice and control, putting more emphasis on local community services and a person's existing support network, interests and wishes
- New support and services for carers which Hertfordshire Councillors agreed would be delivered free to eligible carers.
- Improvements and developments to our information and advice service including commissioning an independent service providing financial and care funding advice.
- The development of Market Position Statements with partners and service users for Carers, Learning Disabilities, Physical Disabilities, Mental Health, Asperger's, Older People and Accommodation
- The development and delivery of a comprehensive workforce development programme

Over the next year we will be focussing on embedding the changes and focussing on achieving excellence in delivery of social care. This includes:

- Additional training and guidance for staff around making safeguarding personal
- Improved practice governance arrangements
- New auditing and quality assurance processes
- Development of more accessible information and advice formats, including the implementation of the NHS Accessible Information standard
- Setting up a strategic Coproduction Board to set the standards for working with service users and cares in the design and delivery of all adult social care
- Continued work with partners and providers in the community and voluntary sector to develop third sector services to improve choice and variety of preventative and care services
- Reviewing the updated Care Act guidance and implementing any changes required

4.3 National Condition 3: Agreement for the delivery of 7 days services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate

Hertfordshire's health and social care system continues to give high priority to the achievement of NHS England's seven day service conditions by 2017. As well as contributing to the achievement the 10 national clinical standards, particularly condition 9 on discharge planning, Hertfordshire's BCF will help to create a seven day health and social care service that eradicates variation in mortality, outcomes and experience.

During the previous year, seven day service working groups led by the CCGs have been established and meet regularly. Each area has chosen to prioritise 5 national clinical standards (see below) and have made significant strides towards achieving the full ten clinical standards to be delivered by March 2017. The key metrics for these are taken forward in providers' contract review meetings. Chosen priorities are:

E&N Herts Trust / CCG	**West Herts Trust / Herts Valleys CCG**
2. Time to First Consultant Review	2. Time to First Consultant Review

4. Shift Handovers	4. Shift Handovers
6. Intervention / Key Services	5. Diagnostics
7. Mental Health	7. Mental Health
9. Transfer to community, primary and social care	9. Transfer to community, primary and social care

In addition the CCG-led groups have:

- Agreed, monitor and regularly update an action plan for implementation of the 10 national clinical standards
- Baselined current activity and RAG rated against each of the 5 prioritised standards
- Developed priorities to be taken forward by contract management mechanisms e.g. CQUIN or Service / Cost Improvement Plans
- Developed a strategic approach to seven day working across the health and social care system, including a system wide implementation plan.

Both acute trusts have demonstrated a good level of compliance against standards 2, 5, 6 and 8 so far in the national audit of performance in comparison to other areas in the region. Other notable areas of progress during the previous year include:

- Implementation of 7 day working in the Integrated Discharge Team at Lister Hospital (E&NH) from Jan 16. Integrated Early Discharge team (including health and social care posts) working weekends and evenings from Feb 16
- Plans to expand weekend and evening availability of commissioned services, including all specialist homecare services
- Enhancement of therapeutic resources for intermediate care beds at weekends in Herts Valleys
- Piloting weekend admissions to the 20 care homes countywide who have signed up to the Complex Care Premium project
- A plan for increasing 7 day admissions to short term care home beds
- Ongoing discussions between acute trusts and CCGs around the development of business cases for increasing weekend consultant presence in priority clinical areas; and CQUIN or Service / Cost Improvement Plans for 16/17

Plans for 2016-17 will continue building on progress of the previous year, with the same intentions of expanding 7 day services in a manner that will prevent unnecessary non-elective admissions and improve patient flow. The plan for the delivery of 7 days services includes:

- Recruiting to weekend hospital social work positions funded by the BCF, having achieved agreement for this last year, replacing the current voluntary rota (April 2016).
- Expanding weekend and evening availability of commissioned services, including all specialist homecare services from April 16, and developing plans to pilot weekend working in the equipment service following last year's agreement in principle (from April 2016).
- Expanding of 7 day rapid response teams to additional localities in both CCG areas (by October 2016).

- Implementing plans for increasing 7 day admissions to short term care home beds

Progress against these actions is monitored by the CCG-led project groups, with oversight through System Resilience Groups. Organisation specific service changes will also be monitored and reviewed through appropriate contract management processes.

4.4 National Condition 4: Better data sharing between health and social care, based on the NHS number

Data sharing in Hertfordshire is overseen largely by the **Health & Social Care Data Integration Programme**, an integrated Board with membership from all commissioning and NHS provider organisations. In 2015-16, the Board has:

- Driven the development of an integrated health and social care pseudonymised dataset, which links data from acute, community and social care systems. The dataset is being used to better understand care pathways and identify ways to improve the quality and integration of direct care and commissioned services.
- Agreed and subsequently refreshed a data sharing agreement signed by all partners
- Agreed an approach to operationalise access to different ICT systems across professional groups
- Pursued opportunities to join up the provision of information to patients and service users, including on information governance and sharing.
- Developed MiDoS, a directory of services to be rolled out fully in April 2016, that will direct health and social care professionals to the most appropriate service for their patient

Plans are in place to accelerate progress in 2016-17 by introducing a new approach to data sharing through four agreed priority areas. These are:

  - Interoperability for direct care – for example, introducing live read-only access between systems
  - Developing live urgent care dashboards
  - Integrated Intelligence
  - Infrastructure provision, for example, creating touchdowns across the county that can be used by more than one partner

A dedicated Programme Manager is being recruited to start May 2016 to oversee this programme of work. In addition to the above, they will also oversee compliance with Information Governance regulations.

NHS Number: The NHS number is being used as the consistent identifier for health and social care services, with a direct link established earlier this year between the adult social care system ACSIS and the NHS spine. Pseudonomysed at source, the Health and Social Care Data Integration Board will be developing the single integrated data platform for health and social care data, **Medeanalytics**. This key project includes development of models for greater risk

stratification, including for specific conditions (e.g. falls) used successfully to date by the Homefirst teams to prevent non-elective admissions. Medeanalystics will also be developed to provide intelligence support used for contract monitoring and commissioning.

APIs and Record Sharing: Significant work has been done already to achieve sharing of electronic clinical records between social care, primary care and other parts of the health system. The CCGs intend to have just one electronic patient record system wherever practical and to ensure the best level of interoperability where this isn't possible. As an example, currently all of the GP practices in E&NH's Stevenage locality now use the same IT system and are now sharing records with each other for extended access winter pressures schemes and also with the local community services. By the end of 2016-17 85% of all practices in E&NH will be using the same IT system and will have a single electronic patient record. In Herts Valleys, the Medical Interoperability Gateway (MIG) to over 50 out of 69 member practices has enabled the interface with their Out of Hours (OOH) provider meaning the GP record of some 350,000 patients is now visible to OOH GPs if required. HVCCG are continuing to work with various provider organisations to enable appropriate data sharing.

Work is underway to establish record sharing with acute hospital departments such as A&E and local mental health services. This programme of work is pivotal to safer and more efficient integrated care which can be delivered at a scale congruent with new locality service plans and that also delivers a better patient experience. The E&NH Vanguard Programme will be carrying out a review of care home ICT systems, with the view of improving data sharing between health and social care in a safe and appropriate manner.

Digital Roadmaps: The above will help deliver the emerging strategic technology plan, or 'digital roadmap'. A combined Digital Roadmap Footprint for Hertfordshire with HVCCG being the Lead CCG was submitted last October. With providers completing their Digital Maturity Assessment by the end of January, CCGs will submit their Digital Roadmap Plans by June 2016. Plans will align to the Sustainability & Transformation Plan. In addition, Hertfordshire, Bedfordshire and Luton ICT have submitted a CCG ICT Capital Bid for £2.4m for eight schemes that will provide the foundations and enablers for the Hertfordshire Digital Roadmap which also includes greater connectivity to the Local Authority in Hertfordshire.

Information Governance: All organisations committed to agreeing an over-arching information sharing agreement in November 2014 with appropriate controls in place. This was reviewed in autumn 2015, and will continue to be reviewed annually, to ensure we continue to fully meet the Caldicott guidance and our duty to share data appropriately. All integration work is developed in line with guidance meaning, for example, that:

- The confidentiality of service user information will be respected
- The duty to share will be met in order to ensure that members of the care team have access to the data that is necessary for the delivery of safe and effective care
- Information that is shared for indirect care purposes will be anonymised.

- The rights of service users to object to their data being shared will be respected

The Assistant Director for Integration (ENH) is the Caldicott Guardian and oversees guidance for the County Council, as well as working closely with health leads to ensure a consistently robust approach across organisations. In addition to this, Hertfordshire also:

- Made a successful submission to the NHS IG Toolkit 2015-16 (version 12) that was assessed at level 2. Version 13 for 2016-17 has now been submitted at the same level and is awaiting assessment.
- Has in place an established process to ensure the regular monitoring and reporting of high-level system risks related to data integration
- Encourages a culture of appropriate data sharing – this includes mandating the use of Privacy Impact Assessments for any new project likely to have impact on the use of patient data to ensure staff are clear on the benefits and mitigate any perceived risks
- Is reviewing the clarity and use of privacy notices used across care
- Strengthening controls on role-based access to systems and data to match the development of integrated teams and functions

Our residents are able to access information on how their data is used in relation to health and other services, who may have access and how they can request further action on HCC and CCG websites. For example, on HertsDirect: http://www.hertsdirect.org/your-council/hcc/healthcomservices/acspolicies/sharedata/. In response to a public consultation exercise with Healthwatch in Feb 2015, a new staff publication for all partners will advise health and social care staff on clearer communication on consent and data sharing with our residents.

4.5 National Condition 5: Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Integrated Health and Social Care teams: Joint assessment and accountable lead professionals are in place in our models of integrated health and social care teams, Homefirst and Rapid Response. The lead professional is determined based on which professional has the most appropriate skill-set for the patient at the time. Both services use joint core assessments, multi-disciplinary team meetings and joint care plans.[24] All workers within the Homefirst team use the integrated Health and Social Care core assessment form, which includes personal details, carers information as well as covering goal setting and specific assessments made by the professionals such as Physio / Occupational Therapy assessments. It also includes a section on mental health and emotional wellbeing. The inclusion of mental health nurses within the Homefirst team means that people with dementia or other mental health problems receive a timely assessment of their needs.

[24] See the 2015-16 BCF Plan, p. 54, for more information on use of joint care plans and lead professional in the Homefirst teams

Homefirst and Rapid Reponse were rolled out to several additional localities in E&NH and Herts Valleys in 2015-16. Over the coming year partners will continue developing the community integrated models countywide to:

- Implement E&NH area coverage of Homefirst, providing effective discharge support, a rapid response service and virtual case management by winter 2016
- Extend coverage of rapid response in Herts Valleys, including the roll-out of rapid response to an additional locality, Dacorum, in November 2016
- Continue the trialling and roll out of integrated case management in Herts Valleys to be delivered by June 2016
- Expand take-up of the above services by care homes as part of E&NH's Vanguard Programme and Herts Valley's Care Home improvement work – figures are collected and monitored monthly
- In E&NH, further develop and roll-out an Interface Geriatrician-led frailty service which will support frail and elderly patients in the community through medical telephone advice and geriatric consultant interface with high risk nursing homes, via weekly multi-disciplinary meetings to Intermediate Care beds
- Review the Shared Care Plan, designed by the Living Well Design Group in Watford, that is currently being piloted in three surgeries in Herts Valleys with a view to further roll out – this has been designed to give an overview of patient care from the patient perspective, ensuring a system wide view of person's care, focusing on what matters to the person, not what is the matter with them

Figure 12: Homefirst Mobilisation across E&NH localities

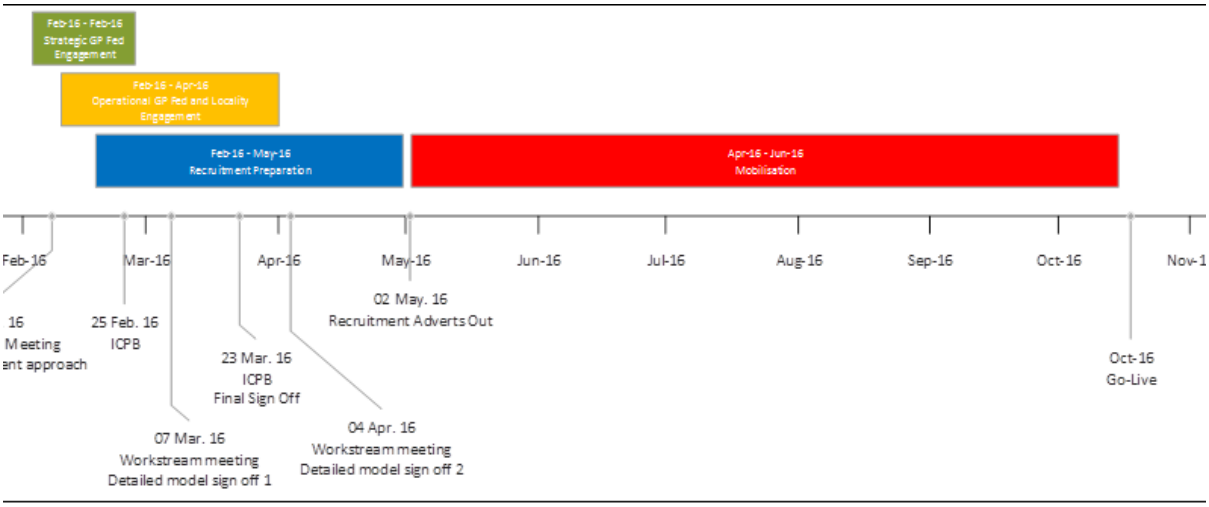
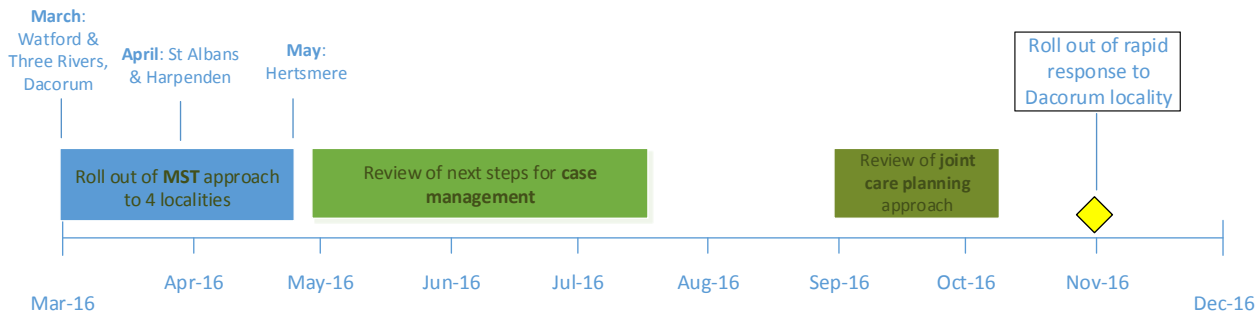


Figure 13: Rapid Response & Case Management Mobilisation across HV localities



As above, intentions are to roll out integrated health and social care teams across Hertfordshire by April 2017. This will cover approximately 1,239,977 people.[25] Based on the above (see 3.2.1 Project & Programmes of Work for milestone plan and Appendix one for the milestone plan), the proportion of local population estimated to receive services are as follows:

Integrated Model	Target Population	Roll Out
Rapid Response	At immediate risk of hospital admission	Countywide by winter 2016
Case Management	Those at risk of hospital admission within next 6 months - **0.5%** of population, or **6200** people (3043 in E&NH, 3157 in HV)	To be rolled out to all localities in E&NH by winter 2016 To be rolled out to HV via the MST approach (see below) by Jun 2016
Named Care Coordinator (as part of Case Management)	Those at risk of hospital admission within next 6 months - **0.5%** of population, or **6200** people At least the top 2% of HV population most at risk of hospital admission or **12629** people, dependent on capacity	To be rolled out to all localities in E&NH by winter 2016 To be developed in Herts Valleys following roll out of MST case management

Currently the population above are registered with E&NH or Herts Valleys GPs surgeries and does not include those registered with C&PCCG surgeries in the Royston area of Hertfordshire (24,737 people). Both Hertfordshire and Cambridgeshire health and social care organisations however have integrated governance arrangements to monitor performance and review the impact of existing services. A Royston Better Care Fund Group, attended by HCC, C&PCCG, local GPs and community services, allows partners to consult on the strategic direction of Royston

[25] GP Population Figures for Hertfordshire provided by NHS England in Jan 2016

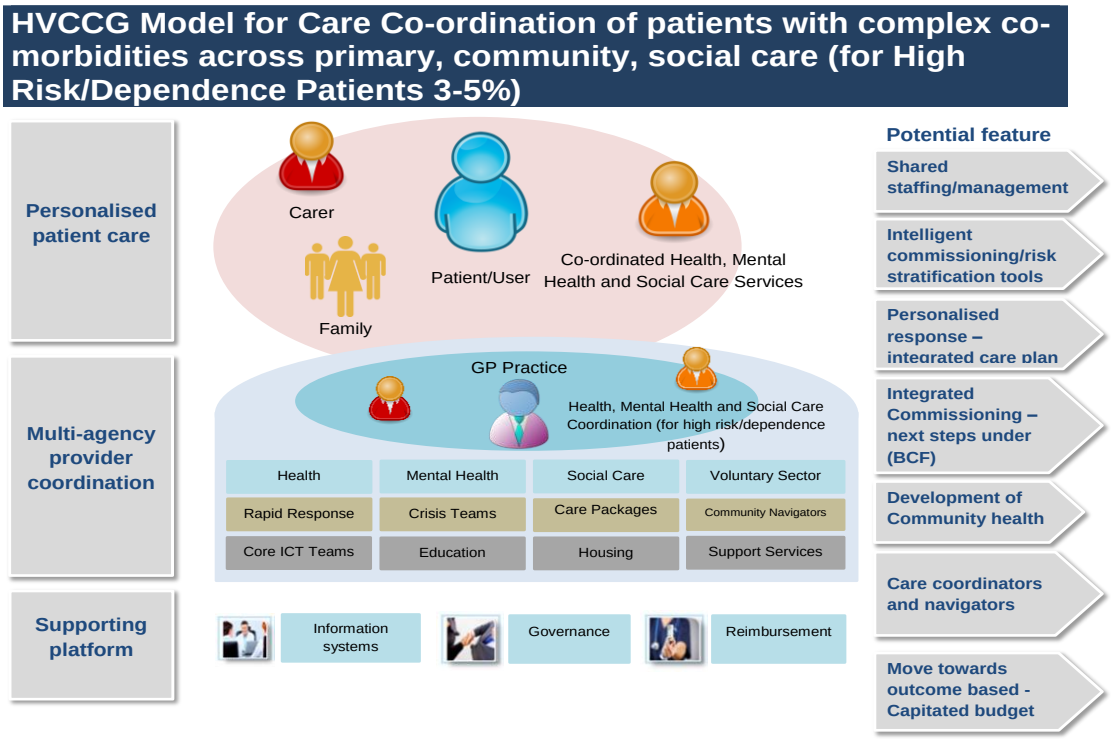
services and consider opportunities for working better together to create and deliver a shared vision and joint agendas. The Group will ensure that service user and carer views are embedded in all planning of future services, keeping the population of Royston at the centre of commissioning plans.

Other Models of Multidisciplinary Care Co-ordination and Case Management:

Multi-Disciplinary Team Approach: Since 2015 in Herts Valleys, partners have been using multi-specialist team (MST) approach in Watford and Three Rivers for assessment, coordination and the development of shared care plans. This involves a weekly MST meeting between professionals from across organisations and services to share information, reflect, plan, improve and coordinate care of people with complex needs collaboratively while keeping the person at the centre. Referrals come from existing case lists, or from primary care based risk stratification tools. This approach allows for a system wide understanding of a person's needs, enabling the MST to recognise 'what matters to the patient', and not just 'what is the matter with them'. Next steps and actions are captured within a Shared Action Plan that is communicated to the referring GP or other health and social care professional, and various workforce individuals involved in the person's care.

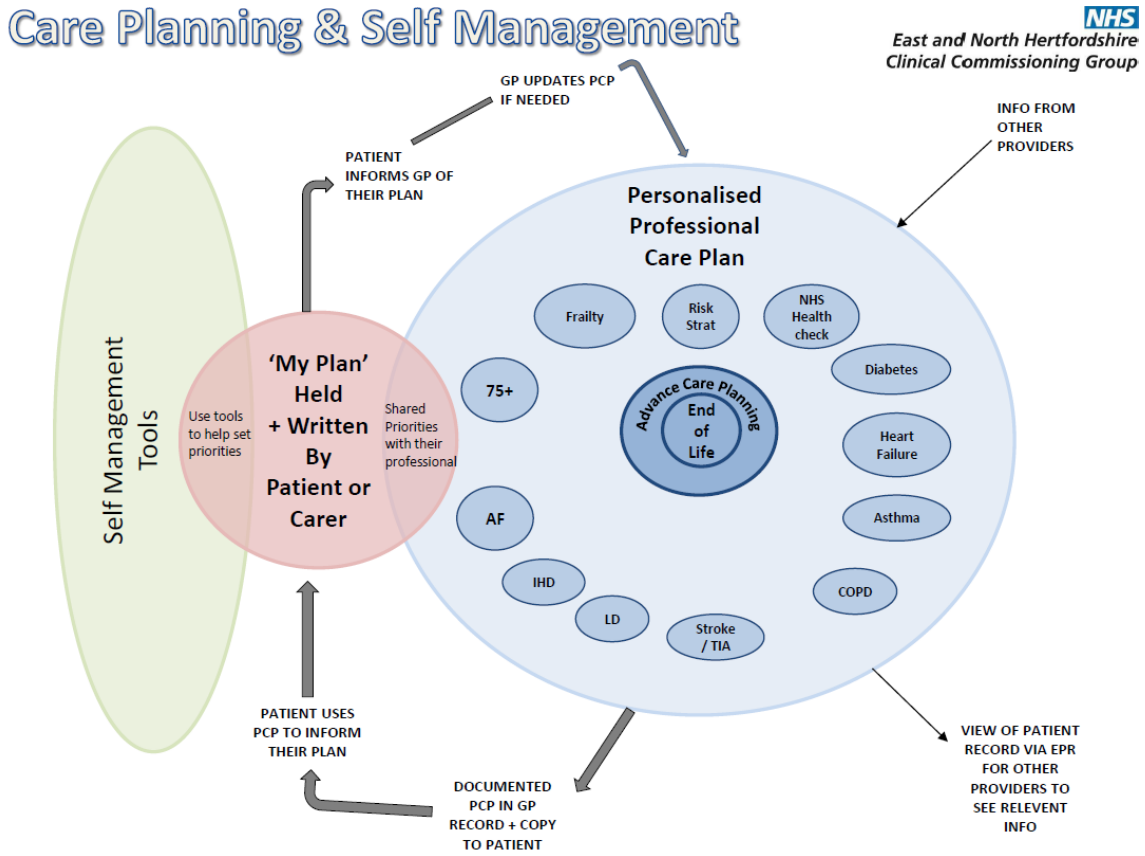
In 2016, this approach will be rolled out to all remaining localities in Herts Valleys. In addition, the role of the MST will be developed to include a case management role that will be the one named contact for the patient. This is currently being reviewed by social care, physical and mental health service partners and will involve developing staff skill sets so that this lead professional, using a shared care plan, is able to work across organisations.

Figure 14: Model for the Multi-Specialist Team



In E&NH, case management will in place in all localities by winter 2016. In addition E&NH will be introducing a new approach to shared care planning, including development of 'My Plan' to be held and written by the patient or carer and to act as a key link between a joint personalised professional care plan and the patient's self-management of their condition. Once the vision has been agreed (see figure 15, below), detailed plans for implementation will be developed and implemented.

Figure 15: E&NH Shared Care Planning Model Vision



Stroke Pathway: Both CCGs have identified provision of stroke services across areas of care as a key priority for 2016-17. Both CCGs will be using a whole pathway approach to provide an end to end stroke service, with integrated acute and community resources working flexibly across the system to meet the needs of individuals, their carers and families. This includes incorporating the homecare aspect of the Early Supported Discharge Service (ESD) in 2017-18. ENHCCG will also be increasing capacity of the ESD which, among other outcomes, will assist with patient flow.

Shared care plans will be used across the pathway, from acute care onwards, and those on the pathway will continue to have a lead advocate for their rehabilitation.

End of Life Care: Joint planning will enable significant improvements to End of Life care. A Hertfordshire wide focus group has been developing strategies to improve patient and carer

experience during end of life care and ensure that patients can achieve their preference for end of life care including their preferred place of death.

In 2016-17, both CCGs will be implementing an EPaCCS which will be accessible to all relevant care professionals. The EPaCCS system will hold details of all those patients deemed to be on the end of life care pathway and support navigator and coordination of support for these patients and carers. It will also hold advanced care plans which details individual's end of life care wishes. HVCCG have identified end of life care as an early priority for Your Care Your Future, and will be embarking on a targeted approach to education and training for health and social care professionals to promote an ethos of end of life care being everyone's business. ENHCCG will be enabling Systm1 access for their two largest hospice providers by July 2016 enabling information sharing with GPs.

Dementia: For more information on dementia, please see p. 35.

4.6 National Condition 6: Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The BCF Plan has been reviewed by Hertfordshire's two main acute Trusts, East & North Herts Hospital Trust and West Herts Hospital Trust, as well as our key community providers Herts Community Trust (HCT) and Herts Partnership Foundation Trust (HPFT). For more information on provider, voluntary and community sector and service user engagement, please see national condition 1.

Across Hertfordshire unscheduled and unplanned emergency care accounts for almost a quarter of CCG commissioning budgets.[26] Urgent care is delivered in a variety of settings, but all too often people are being treated in A&E departments when more appropriate services are available in primary or community care, often because of lack of understanding, access and signposting. Better integration will improve the flow of patients through the urgent care system, plus better availability and access to primary care-based services and community support, has the potential to increase the quality of care, patient experience and service efficiency dramatically.

As in 2015-16, we want more people being treated where it is most appropriate, such as in primary care or community settings.[27] Our vision through the BCF still has clear impact on the acute in the following ways:

- Developing a fully integrated hospital discharge system, as part of our commitment to keeping people independent at home as long as possible
- Review and implement new urgent care pathways, as part of the commitment to prevention of admission work
- Develop a primary care, community care and social care rapid response access service in the community, as part of our proposals for integrated teams around G.P. practices.
- Develop a control centre approach to monitoring and escalating emergency care issues

[27] Please see p. 57 of the 2015-16 BCF Plan

- Develop a public education programme to raise awareness of the better alternatives so A&E is not used as a front line service for primary care

In terms of integrated projects, the below will have a direct impact on acute activity this coming year (for more details, please see Workstream 3, p. 29):

- Recruitment of a 'Community Navigator Plus' in Herts Valleys who, in addition to the five existing community-based Community Navigators (recruited as part of the 2015-16 BCF), will be based at Watford General. From May, they will target frequent attenders who have attendance HRG codes of the previous year that suggest admittance for social rather than medical reasons. Working with partners, they will build packages of voluntary sector support to reduce the likelihood of readmission
- Continue the E&NH Community Navigator service at Lister hospital, which sees approximately 300 patients a week, 75% of whom do not go on to be admitted
- Work closely with care homes, particularly those with high admission rates – this includes:
    - Roll out of the 'Complex Care Framework' (which includes the Complex Care Premium) in partnership with Herts Care Providers Association to improve staff skill sets in both high and lower performing homes. As part of the Vanguard Programme, E&NH intend a 60% coverage of the area's 92 care homes by April 2017
    - Also as part of the Vanguard, E&NH will develop a 'clinical hub' allowing care home access to supportive community advice and services rather than call an ambulance
- Discharge services, including Home From Hospital, Discharge to Assess and the Delirium pathway (HV) that will improve patient flow
- The roll out of Specialist Care at Home provider model, which aligns existing pathways that aim to prevent hospital admissions or support discharge

In addition, the ICPBs means that mental health, physical health and social care operate and work together as equal partners when developing services plans as well as integration priorities.

Provider plans have been acknowledged as part of the BCF Plan. The Plan will also be taken through the appropriate political processes within HCC, including review at the Adult Care & Health Cabinet Panel and briefing for the Executive Member (HWB Chair). Given the BCF approach taken in Hertfordshire, there is consistency between the BCF Plan and targets and those in CCG Operational Plans. All major integration priorities are included in CCG and provider plans.

4.7 National Condition 7: Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care

4.7.1 Investment in Out of Hospital Commissioned Services

The BCF funding from CCGs to be used for out of hospital commissioned services amounts to £68,759,727. It has been collectively agreed however that this amount will not be ring-fenced or dependent on meeting non-elective admission targets, and will be used to invest in out of hospital services. This position reflects Hertfordshire's decision to be jointly accountable for a much larger pooled budget of local authority and CCG monies. This builds on last year's agreement not to withhold the pay-for-performance element of the BCF under any circumstances.

All partners remain committed to continuing the implementation of integrated schemes that will reduce non-elective admissions to targeted amounts and shift care to a more appropriate community setting. Throughout 2016-17 there will be close monitoring of the performance of BCF schemes and acute trust performance. Through CCG monitoring of QIPP schemes and through the CCG Programme Boards and HCSMB, there will be active monitoring of all BCF schemes at quarterly intervals. The Health and Wellbeing Board will have overall accountability for monitoring performance of the BCF performance. The CCGs have existing reserves and contingency arrangements in the event of poor performance however rigorous monitoring will be in place to prevent the risk of drawing on such reserves. The Chief Finance Officers of the two main CCGs and HCC meet regularly to plan and monitor financial arrangements.

4.7.2 Risk Sharing

Risk management of the BCF is set out in the Better Care Fund Risk Management Strategy (see appendix 3) which provides a framework for the identification, management and review of the BCF risks. This strategy sits under the Section75 (S75) agreement which outlines the legal risk management and risk sharing arrangements for the pooled funds. The S75 agreement will be reviewed over the next few months so that it reflects recent developments in Hertfordshire's pooled budget arrangements. Amendments to the S75 agreement will be signed-off by HWB.

It is a central priority of the BCF that HCC, the CCGs and other partners agree a risk sharing arrangement this year. This will incorporate the overall BCF budget, rather than risk sharing on a small proportion of BCF funding, and is a reflection of Hertfordshire's long-term vision and ambitions. It will also form part of the integrated commissioning work to continue developing joint financial planning across partners, including shared arrangements for pooled budgets and risk management.

Risk Register – For a list of current BCF risks related to the BCF and steps for mitigation, please see appendix 4. Key risks (marked 'severe' in the register) include:

- Making sure project and programme benefits are realised to **reduce non-elective admissions** in line with performance metric targets
- Managing **increasing demand** on acute and other services from demographic pressures that may counter improvements and savings from integrating care
- Ensuring **robust workforce planning** that will meet future needs of the population
- Managing organisational financial pressures in a way that addresses system needs
- Ensuring the joint vision and approach to integration across partners will deliver 'integration by 2020'

4.7.3 Risk Accountability & Responsibility Arrangements

Role	Their Responsibilities are:
Health and Wellbeing Board	HWB are key stakeholders in reviewing performance of the BCF, providing strategic direction for the BCF, the delivery of integrated care, and future work as part of their statutory duty to encourage integrated working between commissioners.
CCG Accountable Officer **HCC's Director for Health and Community Services**	Have overall responsibility for risk management. Has delegated this responsibility to the Assistant Directors for Health Integration for the East and West of the County.
The Assistant Directors for Health Integration (East and West of the County)	Are responsible for identifying high level Better Care Fund risks, the management and reporting of risks, the evaluation of mitigating actions, and smooth functioning of this risk management process. Are responsible for providing updates on the risk management to the Joint Executive Groups in the East and West of the County. Will be supported in their role by the teams they manage and in particular, the Integrated Care Programme Team; who will be responsible for the day-to-day management of the risk register and risk management documentation.
Chief Finance Officers	At the request of the Joint Executive Groups, may monitor specific BCF risks when relevant. The Chief Finance Officers may support the Assistant Directors in this role of reporting and ensuring the development and progress of risk management, particularly in relation to financial risks.
Project Managers of BCF	They are responsible for identifying project-specific risks and

projects	escalated to the Assistant Directors when necessary.

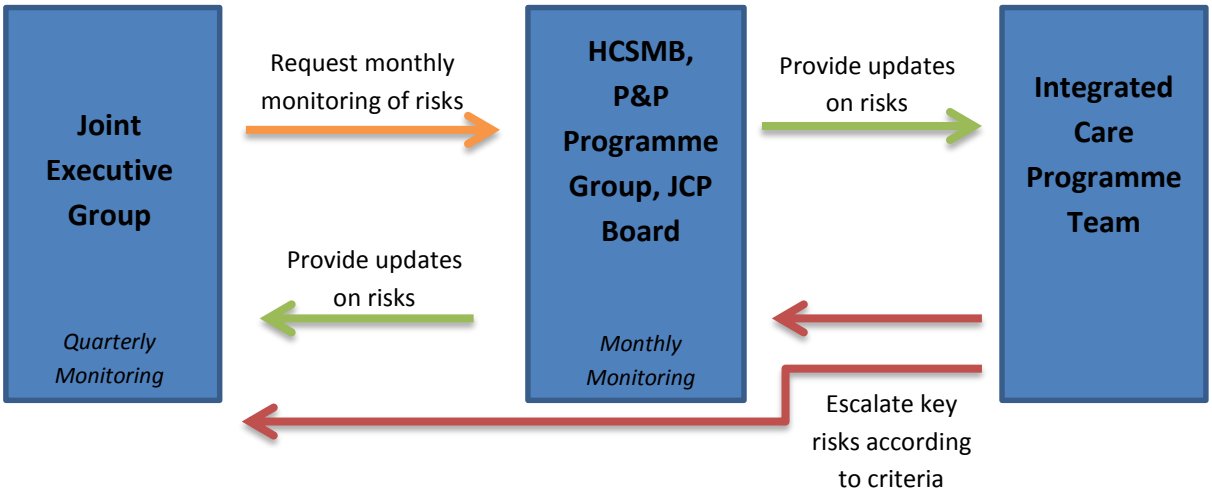


Figure 16 Diagram to show the reporting and escalation process for monitoring risks noted in the BCF risk register

4.8 National Condition 8: Agreement of local action plan to reduce delayed transfers of care (DToC)

Following analysis of Delayed Transfers of Care (DTOCs) in Hertfordshire, health and social care organisations have jointly agreed that a system wide approach is required to remove and reduce barriers to effective patient flow.

Improving patient flow and reducing delays has the potential to increase quality of care, improve patient experience and dramatically increase service efficiency.

Organisations in Hertfordshire have started to work in an integrated way to reduce delays by pooling funding and investing in improvement activity. Historically, this activity has focussed on either acute or non-acute delays. The following plan seeks to take a more system wide approach to improving patient flow and bridging gaps between organisations.

East and North Herts and Herts Valleys operate in different organisational circumstances and face different challenges around patient flow. However, as the below plan outlines there are some clear common priorities and taking a system wide view to patient flow offers an opportunity to better coordinate work and share good practice between organisations and sides of the County.

The Action Plan (see appendix 5) does not cover the business as usual and day to day operational work that goes into ensuring effective patient flow but compiles the various pieces of improvement activity, which when implemented are expected to help improve patient flow.

The Action Plan covers improvement work up to March 2017 but also outlines of the future aspirations for health and social care in Hertfordshire.

1. Target

Health and Social Care organisations in Hertfordshire have not yet finalised a single system wide target for delayed transfers of care per 100,000 of population. But both CCGs have established a 2.5% of Bed Days Acute DTOC Target and 3.5% Non-Acute DTOC target. Appendix 5 outlines the approach and timeline for establishing a single, uniform system wide DTOC target.

DTOC performance will also be monitored based on the CCG Operational Plan targets. Measuring against these targets will allow for the variation in DTOC position between East and North Hertfordshire and West Hertfordshire to be taken into account.

Measuring DTOC rates alone will not necessarily provide a detailed understanding of the impact of improvement work for patient flow. Therefore, other routine analysis and evaluation will feed into the DTOC action plan where relevant, for example evaluation of pilots or analysis of system capacity.

2. Action Plan

The Action Plan in Appendix 5 is a combination of ongoing and planned work and has been aligned with organisational priorities from Hertfordshire plans such as the CCG Operational Plans and Herts Valleys CCG System Recovery Implementation Plan as well as national good practice such as the ECIP 'High Impact Interventions'.

The various projects outlined in Appendix 5 have been separated out into four key workstreams

- Monitoring, data and analysis
    - Better understanding flow, trends and the consequences of decision making
    - More accurate and less manual reporting
    - Patient flow analysis, capacity analysis and modelling
    - Increasing information flow to staff

- Shared standards and processes
    - Clear standards for the management and escalation of delays
    - Standardise recording and reporting
    - Improve practice around patient choice, self-funders and Out of County delays
    - Develop Trusted Assessment

- Planning and Assessment
    - Discharge planning and early notification
    - Assessment at home

    - Enhancing the health offering in homes

- Staffing and system capacity
    - Increased use of system capacity
    - Further integration teams to improve resilience and utilise trusted assessment

Each of the projects outlined in the plan will act as the foundation for a new programme of work to improve patient flow in Hertfordshire.

3. Governance and implementation

East and North Herts and Herts Valleys System Resilience Groups (SRG) will have joint ownership of the DTOC Action Plan and are ultimately responsible for the plan achieving its benefits.

A Steering Group formed of leads from commissioner and provider organisations will provide direction for the Action Plan, help to align and coordinate cross organisational work, and monitor key system wide risks, issues and interdependencies.

To prevent duplication of governance and confused lines of accountability all of the projects outlined in the action plan in Appendix 5 will continue to work within their existing or proposed project structures and will only engage with the Steering Group as required. Risks or Issues will be managed at project level and can be escalated to the Steering Group or SRG if they cannot be resolved within existing project structures.

Accountability for delivery of items outlined within the Action Plan will sit with the Lead or Sponsor of that individual project. See Appendix 5for a governance map.

The Steering Group will also be responsible for establishing ties to other work within Hertfordshire which has implications for patient flow. These include:

- Integrated Care Provider Boards
- Health and Social Care Data Integration Board
- Hertfordshire Local Accommodation Boards
- Integrating Care in Care Homes (E&NH Vanguard)
- 7 Day Working
- Self-Management and Preventative working
- Access Points and Coordination between services
- Integration of core teams
- Staff Retention and Recruitment Projects
- Integrated Commissioning Board

5. National Metrics

The BCF metric targets were agreed last year among lead commissioners for the service areas following a detailed review of the supporting metric trends and other related local performance indicators. The commissioners have working knowledge of the pressures within the services and were able to agree ambitious yet realistic performance targets. These targets were then agreed at Board level (for detailed information on calculations, see the 2015-16 BCF Plan, p. 12). This year's targets reflect last year's performance against these targets, monitored monthly via the BCF Performance Dashboard,[28] in combination with consideration of subsequent service developments. Risks related to targets have been considered for each metric – for a list of these and their steps for mitigation, please see the BCF risk log (appendix 4).

1. Non-elective admissions – The level of non-elective admission (NEA) activity Hertfordshire seeks to avoid is based on CCG targeted reductions as outlined in their Operational Plans. This reflects Hertfordshire's collective agreement to pool all our out-of-hospital monies relating to older people's care, and takes account of the various integrated projects outlined above that seek to bring about improvements in the efficiency and appropriateness of joint services.

The NEA target amounts to:

- **ENHCCG**: It has been assumed that there will be an increase in NEAs of 6.1% related to demographic growth and other increases in acuity and demand seen in recent years. The implementation of HomeFirst and schemes to be implemented as part of the Vanguard model (see p. 30) are expected to result in a reduction of 9.3% (NEL admissions), resulting in a change of **minus 3.2%.**[29]
- **HVCCG**: It has been assumed that there will be an increase in NEAs of 1.0% related to demographic growth and other increases in acuity and demand. The implementation of QIPP schemes are expected to result in a change of **minus 3.2%**.[30]
- **CPCCG:** It has been assumed that there will be an increase in NEAs of 4.8% related to demographic growth and other increases in acuity and demand which will be largely offset by interventions related to their Urgent and Emergency Care Vanguard Programme.[31] For Hertfordshire residents, which form 2.1% of the CPCCG registered population, this means an annual NEA target of 1725 NEAs.[32]

Table 17: Breakdown of BCF Non-Elective Admission Plan

Clinical Commissioning Group	HWB Non-Elective Admission Plan
Aylesbury Vale CCG	67
Barnet CCG	52
Bedfordshire CCG	43

[28] See the 'BCF Performance Dashboard' for current performance. Available on request.
[29] For more information, see the 2016-17 ENHCCG Operational Plan
[30] For a full breakdown of QIPP schemes, see the 2016-17 HVCCG Operational Plan
[31] QIPP reductions have not yet been included in the Operational Plan and therefore not included here
[32] For more information, see the 2016-17 CPCCG Operational Plan

Cambridgeshire and Peterborough CCG	1,725
Chiltern CCG	27
East and North Hertfordshire CCG	52,197
Enfield CCG	84
Harrow CCG	91
Herts Valleys CCG	53,042
Hillingdon CCG	578
Luton CCG	93
West Essex CCG	206
TOTAL	**108, 207**

2. Long-term support needs of older people met by admission to residential and nursing care homes per 100,000 population – Current historical data projects that residential admissions will decrease. However, while admissions may decrease, the complexity of care required for older people is increasing. 2015-16 performance so far suggests an annual rate of 661, higher than 2014-15's 656. Based on this and the latest data available, we are projecting an admission rate for 2016-17 of **610**.

3. Proportion of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services – Current data suggests an improved performance from 2014-15 (85% compared to 84%), showing both an improvement in the effectiveness of service received and the more appropriate placing of patients. Our 2016-17 target therefore has been set in order to continue this trend by achieving a rate of 87.1%.

4. Delayed transfers of care from hospital per 100,000 population – Last year's target was based on a 10% reduction in 2014-15 figures. We have now jointly agreed a robust DToC target - 2.5% of bed days for Acute Trusts are delays and 3.5% of bed days for Non-Acute Trusts are delays - where mechanisms for measurement will be in place by June 2016 in accordance with our DToC Action Plan (see p. 56 and appendix 3 for details, including development milestones). Submitted target figures for 2016-17 in the meantime reflect a 10% reduction on 2015-16 actuals in line with last year's methodology - this will be updated once information required for the new target is available in June.

5. Locally agreed metric – Dementia Diagnosis Rate – In line with Hertfordshire's commitment to improving the lives of people with dementia, the dementia diagnosis rate was chosen as a key indicator for 2015-16. At last count, Hertfordshire has reached 62.45% towards the 67% target based on NHS England recommendation (taking into account the change in definition mid-way through the year), an improvement from the beginning of the year. Given the plans in place to improve dementia diagnosis and care (see p. 35), the target for 2016-17 will continue at 67%.

6. Patient Service User Metric – Hertfordshire chose the Enablement service satisfaction rates based on the enablement survey as its patient / service user metric for 15-16. The target was set at 90% - this was 5 percentage points higher than the Health & Community Services (HCS) service wide satisfaction target rate of 85% as we were committed to ensuring our patients and service-users are satisfied with the service they receive in this important area. Due to the

timelag, only Q1 and Q2 data is currently available, but, on average, Hertfordshire has so far achieved this target.

However, HCS will be using a refreshed Enablement survey that is slightly longer than that used for 15-16 although will still contain the same questions as used last year. As this may impact on the level of response, we have estimated the 2016-17 target to reflect a potentially lower response rate and will be maintaining a target satisfaction rate of 90%.

Appendix One: Breakdown of Project Milestones *(more detailed information is available in individual project plans)*

Scheme Name	Key Milestones	Date
Access improvement and coordination between services	• Review of access points across Hertfordshire • Recommendations for future access arrangements for locality based integrated teams • Rapid response coordination centre • HCT access point transformation plan • Urgent care re-procurement	May 16 July 16 July 16 Oct 16 Jun 17
Support for Carers, including Carer Friendly Hospitals**,** Carer Passports and improved signposting	See the 'Appendix 2 – Implementation Plan: Year 1' section, p. 14-17, of the 2015-18 Carers Strategy for Hertfordshire	
Clinical Navigators (Lister – partnership with ENHT)	• Extend service hours (currently 7 days a week, 7am-7pm)	Summer 16
Community Navigators	• Recruitment of 'Community Navigator plus' to work at Watford Hospital to prevent discharge of 'frequent attenders' (10 or more A&E admissions a year) • Locality stakeholder Feedback Events • Recruitment of an additional Navigator (GP Community Navigator) • Evaluation of current service	End June/early May 16 May-Oct 16 Summer 16 (subject to funding) Oct 16
Hertfordshire wide **commissioning integration development**	• King's Fund facilitated project concluded in a partnership workshop • Establishing a strategic programme of joint work on the redesign and commissioning of services for frail older people and children, including developing a joint vision and joint governance • Exploring the scope for pooled budgets in relation to the above • Mapping the existing physical health, mental health and social care services, and developing a **roadmap** towards full health and social care integration by 2020 • Developing a clearer strategy for creating joint community teams • Joining up assessments for those with complex needs	Mar 16 Timescales to be agreed

HVCCG and HCC commissioning strategy for improvements in care home services	• Implementation of new community bed model of care
	• GP practice/federation aligned to care homes:
	  • Ward round based service, proactive, patient-centred approach, regular reviews and holistic assessments
	  • Education for primary care on Advanced Care Planning
	• Wrap core community services around care homes and ensure access to crisis intervention/rapid response across all localities
	• Roll out Emergency Care Practitioner car across 4 localities
	• Roll out one care home pharmacist to each locality
	• Enhance care home improvement team across all localities
		Sept 16
		Mar 17
		
		(See **Integrated Case Management and models** in Herts Valleys)
		
		To be agreed

Mental Health & Dementia	• Recommissioning of AQP Counselling services • Refresh of the current Mental Health Strategy setting direction for next 5 years • Revisions to the dementia diagnosis pathway • Transfer of dementia care from EMDASS to GPs • Targeting GP practices with low diagnosis rates • For Crisis Care Concordat milestones, see the action plan:	Oct 2016 Dec 2016 To be agreed Jul 16 Ongoing

	http://www.crisiscareconcordat.org.uk/areas/hertfordshire/	
A collaborative model for use of **Disabled Facilities Grant** monies	• With partners, review the way DFG services are accessed and delivered across the county • Development of business case for 'Supported Independent Living' model including partner engagement (e.g. housing associations) • Implementation of Home Improvement agency and Procurement Framework	Apr 16 Sept 16 Apr 17
Developing **End of Life care**	• *Herts Valleys*: Implementation of EPaCCs, an electronic palliative care co-ordination centre • Implementation of a palliative care coordination centre to act as a single point of access for health care professionals • *E&NH*: Funding the deployment of SystmOne to E&NH's two main hospices • Restarting of the end of life ABC EoL training programme • Train the Trainer EoL training	Apr 16 To be agreed July 16 Sept 16 Jan 17
Development of interface geriatrician-led **Frailty Service** in E&NH Hertfordshire that supports frail and elderly patients in the community.	• Rapid access weekday acute comprehensive geriatric assessment • Monday to Friday 9-5 access to senior geriatric medical telephone advice • Geriatric Consultant interface to high risk nursing homes • Geriatric Consultant interface sessions via weekly MDM's to Intermediate Care Beds	Mar 16 Mar 16 July 16 To be agreed
Early Intervention Vehicle in E&NH – response by an occupational therapist and paramedic to urgent health professional referrals	• Go live in Welhat locality with one vehicle • Recruitment of permanent posts • Go live with second vehicle	Jun 16 May 16 Sept 16
Health and Social Care Data Integration	• Recruit dedicated Programme Manager to bring in new AGILE approach • Creation of a Resources & Governance Group • Further data sources and development of MedeAnalytcis person-level, integrated dataset • Implement 4 priorities (having been agreed by ICPB and YCYF) following development of a business case	May 16 May 16 Jul16-Mar 17 Mar 17
HomeFirst, E&NH Herts, community integrated care model that will offer discharge support, a rapid response service and virtual case management.	• Agreement of final delivery model and staffing with localities • Recruitment adverts for phase 2 go-live • Roll out of case management and supported discharge functions of HomeFirst	Apr 16 May 16 Nov 16
Integrated Case Management and models in Herts Valleys	• Roll out of Multi-speciality team approach to all localities in Herts Valleys: Dacorum, St Albans, Hertsmere • To review next steps for case management further to MST roll out (e.g. implementing multi-speciality case manager posts in Watford) • Roll out of rapid response to Dacorum locality • Review of joint care planning approach in Watford	Apr-Jun 16 Jun-Aug 16 Nov 16 Nov 16
Integrated Nursing Care, joining up the commissioning of all older people's nursing care beds in	• Developing 1 joint specification across all commissioners • Developing 1 joint contract across all commissioners • Commission two block contracts	May 16 Aug 16 To be agreed

Hertfordshire.		
MiDos	• All services from the NHS 111 directory of services coded against SNOMED codes and live on MiDoS • Social care and voluntary sector services added • Wider rollout including GPs	Mar 16 Mar 16 May 16
Expansion of **7 day working**	• Recruiting to weekend hospital social work replacing the current voluntary rota • Expanding weekend and evening availability of commissioned services, including all specialist homecare services, and developing plans to pilot weekend working in the equipment service • Expanding of 7 day rapid response teams to additional localities in both CCG areas • Developing plans for increasing 7 day admissions to short term care home beds	Apr 16 Apr 16 Oct 16 TBC
Specialist Care at Home – roll out of SC@H lead provider model	• Specialist care at home arrangements go live • Consideration of winter pressures provision to be delivered through SC@H • Review of impact and performance at the end of phase 1 • Roll out of rapid response services to Dacorum area • Roll out of full service to remaining E&NH localities • Development of new models of risk stratification with commissioners beyond existing unplanned admissions tool, e.g. condition specific model and a model for end of life.	Apr 16 Jun 16 Oct 16 Nov 16 To be agreed Winter 16
E&NH CCG and HCC **Vanguard Programme**	• Joining up care homes with wrap around services (e.g. rapid response, 111) and developing a 'clinical hub'. • Improving acute transfers by introducing the 'red bag' • Implementation of remote hub/telehealth • Understanding and developing a plan for the care home workforce • Training homecare providers in complex care (TBC).	Summer 16 May 16 Jun 16 Ongoing To be agreed
Complex Care Premium (Countywide, but part of E&NH Vanguard)	• Extension of CCP scheme to a further 20 homes • Roll out of the 'Complex Care Framework' in partnership with Herts Care Providers Association with the introduction of multi-tier schemes for care homes of difference performance: Complex Care Access, Complex Care Framework , CPD (number to be confirmed) • Creation of 'Complex Care Dashboard' to bring together care home data in one place	Jul 16 Summer 16 Apr-Dec 16 Apr 16

Appendix 2: Key Themes and High Level Budgets for 2016/17, including contracts to be retendered – Community Wellbeing

	Community Wellbeing Themes			
	Supporting Carers £2 million	**Promoting Mental Health & Emotional Wellbeing** £2 million	**Information, Advice & Advocacy** £2 million	**Keeping People out of Hospital** £500k
Contracts to be procured in2015/16	Carers breaks Carers Support	Complex Needs	Crisis Intervention	
Due to be procured in 2016/17	Specialist Carers support	Talking Therapies Day Activities	HertsHelp Advocacy Brokerage	Home & Hospital Discharge East & North Home & Hospital Discharge West
	Reducing Social Isolation & Maintaining Independent Living £1.6 million	**Staying Active & Physically Well** £200k	**Connecting & Developing Individuals & Communities** £500k	**Living Well with Long Term Conditions** £1 million
Contracts to be procured in 2015/16			VCS Infrastructure Volunteering Service	
Due to be procured in 2016/17	Befriending Lunch clubs Support Groups	Herts Sports Partnership	User Voice	• Community Dementia services • Sensory services • Support for Neurological Conditions

Appendix 3: BCF Risk Management Strategy

Better Care Fund Risk Management Strategy

January 2016

Version Information

Version Number	Author	Description of Changes
V0.1	Sarah Bowker	First Draft
V0.2	Sarah Bowker	Keir Mann amendments to Section 7
V0.3	Sarah Bowker	Section 6 and Section 7 – Breakdown risks by project, System risk and organisational risk.

Table of Contents

1. Introduction

1.1. The Better Care Fund (BCF) was set up following the June 2013 Spending Review to promote the integration of health and social care services.

1.2. Of the £3.8bn National Better Care Fund (BCF) monies, Hertfordshire was required to pool a minimum budget of £70.9million in 2015/16. However the Clinical Commissioning Groups (CCGs) and County Council (HCC) agreed an approach which pools a larger budget and allows for the joint commissioning of a wider range of health and social care services for older people. The Health and Wellbeing Board (HWB) agreed that approximately £230million would be pooled in 2015/16 to create integrated services which would:

- Deliver better care for patients and service users
- Reduce reliance and spend on acute services
- Meet national conditions to deliver against the metrics

- Release efficiencies for Hertfordshire County Council and both CCGs to help deliver against efficiency targets.

1.3. In January 2015 the Hertfordshire BCF plan was fully approved by NHS England. The plan evidenced how the Hertfordshire Health and Wellbeing Board would meet the six national conditions on the Fund, and deliver against the following national metrics:

National metrics to monitor the impact of the local Better Care Fund	National Conditions on the local Better Care Fund
1. Delayed transfers of care	1. '7 day working' in health and social care
2. Avoidable emergency admissions	2. Plans to be agreed jointly between the NHS and social care
3. Effectiveness of re-ablement	3. Better data sharing between NHS and social care
4. Admissions to residential and nursing care	4. Joint assessment and 'accountable professionals'
5. Patient and service user experience	5. Protection of social care services (not spending)
6. One locally agreed metric: Estimated diagnosis rate for people with dementia (NHS Outcomes Framework 2.6i)	6. Agreement on the consequential impact of changes in the acute sector

1.4. From 1 April 2015 the pooled health and care budgets between ENHCCG and HCC, and HVCCG and HCC were operational.

2. Purpose of the Risk Management Strategy

2.1. The purpose of the Better Care Fund Risk Management Strategy is to provide a framework for the identification, management and review of the BCF risks. This strategy sits under the Section75 agreement; which outlines the legal risk management and risk sharing arrangements for the pooled funds.

3. Risk and Risk Management

3.1. There are numerous definitions for both risk and risk management, many of which cover similar points, for example, definitions have been published, by the HM Treasury, CIPFA, Office of Government Commerce, the British Standards Institute, and the Australian and New Zealand Risk Management Standard, and many others.

3.2. However, the definitions that have been adopted for Integrated working between health and social care are as follows:

3.2.1. Risk - *"An uncertain event or set of events that, should it occur, will have an effect on the achievement of objectives. A risk is measured in terms of a combination of the likelihood of a perceived threat or the opportunity occurring and the magnitude of its impact on objectives"* Source: Office of Government Commerce - Management of Risk 2007

3.3. Risk Management - *"The culture, process and structures that are directed towards the effective management of potential opportunities and adverse effects"* Source: Australian/New Zealand Risk Management Standard 2001

3.4. Essentially risk management is the process by which risks are identified, evaluated, and controlled. It is about managing resources wisely, evaluating courses of action to support decision making, protecting clients from harm, safeguarding assets and the environment and protecting the organisation's public image.

4. Compliance and Assurance

4.1. The NHS Clinical Commissioning Groups and Local Authority have clear compliance frameworks within their organisations for how health and social care funding must be managed and spent. However integrated projects have shared risks. In order to identify risks which might threaten the delivery of project objectives and identify gaps in control/assurance, the Joint Executive Groups must have a comprehensive performance update when reviewing the integrated risk register.

4.2. The Local Authority Audit Committee, and /or auditors commissioned by CCGs, may request reports on the BCF Programme and associated risks at any time to review progress.

4.3. Hertfordshire NHS and social care organisations promote a fair and open culture within the workplace and employees will not be adversely impacted by highlighting new risks or raising concerns over existing risks on projects. All employees will be treated with respect, to promote a culture of honestly and openness to report any concerns.

5. BCF Risk sharing

5.1. The Risk Sharing arrangements for the BCF are outlined clearly in Clause 12 of the Section75 Agreement (Referencing Appendix 3) and specifically for the BCF, in Clause 8 and Clause 15 of Schedule 1 Part 1.1 and Part 1.2.

6. The Better Care Fund Risk Register

6.1. The Better Care Fund Risk Register was first agreed in November 2014 between CCG Chief Finance Officers, the Principal Accountant of Health and Community Services (HCC), and the Assistant Directors for Integration for the East and West of the county. This Risk Register was formally approved by NHS England in January 2015.

6.2. The BCF Risk register highlights three risk types:

- **Project risk,** - owned and manage by project governance arrangements
- **BCF system risks** – 5 or 6 system-wide risks, owned and monitored by Joint Executive Meetings. The Joint Exec may delegate responsibly and accountability of monitoring certain risks to relevant programme Boards or the Chief Finance Officer meeting.
- **BCF organisational risks -** Significant BCF risks which are escalated to organisational corporate risk registers, in a coordinated way, and managed / owned by organisational governance.

7. Monitoring and Review

7.1. **Project risks -** Each BCF Project group is responsible for carrying out individual Equality Impact Assessments, Privacy Impact Assessments, and maintaining Risk Registers as required by the Project Sponsor and organisational project framework. The assessment, rating and monitoring of risks will be in accordance with the risk management strategy of the organisation leading the project (either ENHCCG, HVCCG or HCC risk management policy).

7.2. **BCF System Risks –** The Integrated Care Programme Team will work alongside CCG colleagues to review the BCF Risk register quarterly. By this process, five or six system-wide risks will be escalated (where relevant) to Joint Executive Groups on a quarterly basis.

7.2.1. When risks need to be monitored more closely, the Joint Executive Groups will appoint either Health and Community Services Management Board (HCSMB), Planned and Primary Programme Group (HVCCG) or Joint Commissioning and Partnerships Board (ENHCCG), or the Chief Finance Officer (CFO) meeting to monitor a risk or project on a monthly basis.

7.2.2. The Joint Executive Groups are able to request reasonable evidence to conclude that risk controls or mitigating actions have been undertaken or have been successful in controlling risks. Where there is insufficient evidence to provide assurance that the risk is being managed effectively, the Joint Executive can request further or different assurance to ensure satisfactory risk control.

7.3. **BCF Organisational Risks –** The CCGs and Local Authority have all recognised the BCF Programme represents a corporate risk given the scale and extent of the work and changes. At present, these corporate risks relating to the BCF are not consistent or managed in a coordinated way since they are managed via internal organisational risk management processes. Over 2016/17 it is intended that the corporate risk registered are reviewed to ensure the corporate risks presented by the BCF are consistent across the county.

7.4. **Escalation Process**

7.4.1. **Review by the Joint Executive Groups-**

The BCF Risk Register will be reviewed by the Integrated Care Programme Team (ICPT) prior to the quarterly review by the Joint Executive Board. This will include a review of whether change in one project risk score has a direct or indirect impact on other projects. The ICPT will recommend the Joint Executive Groups monitor risks according to the following criteria:

- Risks that are current score 'severe'
- Risks that have an increased risk score as compared to the previous quarter
- Risks which are deemed to be of particular interest to, or requested by, the Joint Executive Group

Health and Community Services Management Board (HCSMB), Planned and Primary Programme Group (HVCCG) or Joint Commissioning and Partnerships Board (ENHCCG) may also use their discretion to escalate risks to the Joint Executive Groups as required.

7.4.2. **Review by HCSMB, P&P Programme Group or JCP Board -**

7.4.3. The Joint Executive team may request monthly monitoring of relevant risks by Health and Community Services Management Board (HCSMB), Planned and Primary Programme Group

(HVCCG), Joint Commissioning and Partnerships Board (ENHCCG) and/or the Chief Finance Officers (CFOs). The criteria for monitoring risks on a monthly basis by these boards includes:

- Risks relevant to respective Boards that are current score 'severe' or 'significant'
- Risks that have an increased risk score as compared to the previous quarter
- Risks which are deemed to be of particular interest to the respective Boards
- Risks that the Joint Executive Group has requested the respective Boards to monitor.

7.4.4. See **Error! Reference source not found.** for a diagram summarising the monitoring process.

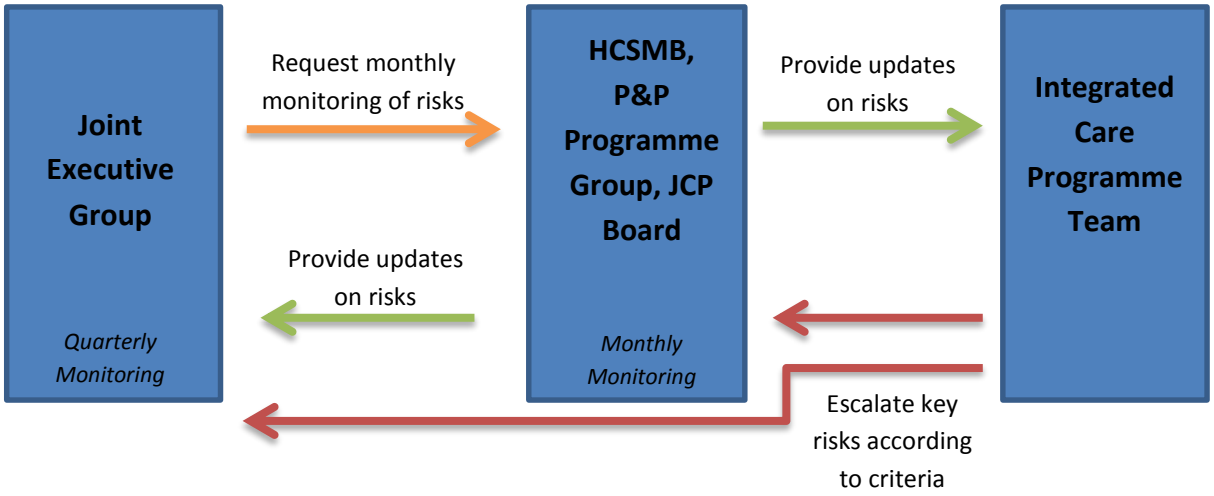


Figure 1 Diagram to show the reporting and escalation process for monitoring risks noted in the BCF register

8. Accountability and Responsibility Arrangements

Role	Their Responsibilities are:
Health and Wellbeing Board	HWB are key stakeholders in reviewing performance of the BCF, providing strategic direction for the BCF, the delivery of integrated care, and future work as part of their statutory duty to encourage integrated working between commissioners.
CCG Accountable Officer **HCC's Director for Health and Community Services**	Have overall responsibility for risk management. Has delegated this responsibility to the Assistant Directors for Health Integration for the East and West of the County.
The Assistant Directors for Health Integration (East and West of the County)	Are responsible for identifying high level Better Care Fund risks, the management and reporting of risks, the evaluation of mitigating actions, and smooth functioning of this risk management process. Are responsible for providing updates on the risk management to the Joint Executive Groups in the East and West of the County. Will be supported in their role by the teams they manage and in particular, the Integrated Care Programme Team; who will be responsible for the day-to-day management of the risk register and risk management documentation.

Chief Finance Officers	At the request of the Joint Exeuctive Groups, may monitor specific BCF risks when relevant. The Chief Finance Officers may support the Assistant Directors in this role of reporting and ensuring the development and progress of risk management, particularly in relation to financial risks.
Project Managers of BCF projects	They are responsible for identifying project-specific risks and escalated to the Assistant Directors when necessary.

8.1. For further details on the governance of the BCF refer to Schedule 2 of the Section 75 agreement 2015/16.

9. Signatories

Post Holder Responsible for Policy	Assistant Director for Integration
Directorate Responsible for Policy	Health and Community Services
Contact Details	Jamie.Sutterby@hertfordshire.gov.uk
Date Written	October 2015
Date Revised	January 2016
Approved by	ENH-HCS Joint Executive Group HV-HCS Joint Executive Group (See Signatories below)
Next Due for Revision	March 2017

This agreement should be signed by the relevant Chief Officers. Please return signed copy to Integrated Care Programme.

Appendix 4: BCF Risk Log – outlining key risks associated with delivery of the BCF workstreams and performance metric targets

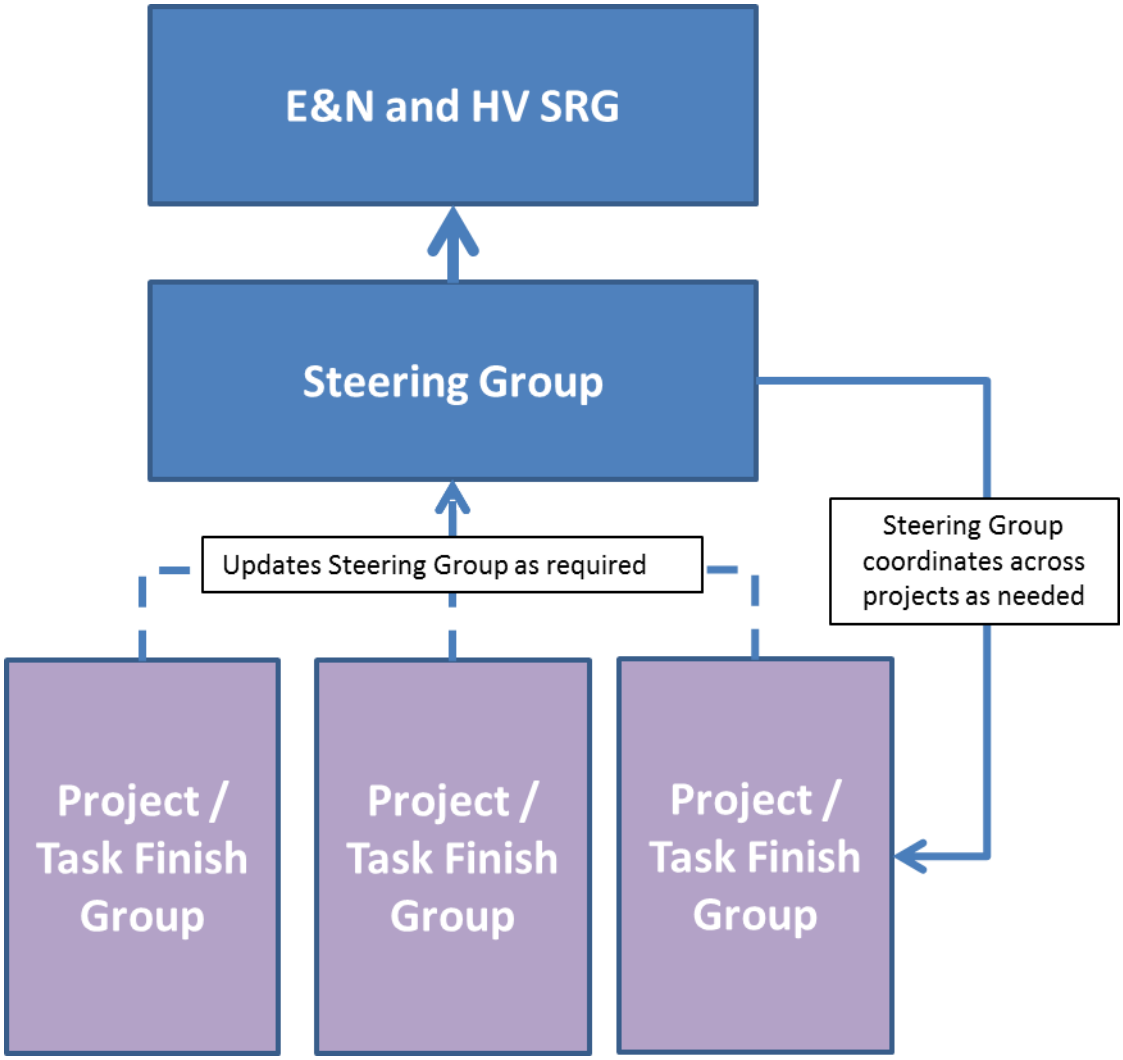
BCF Risk Register - April 2016.xlsx

Appendix 5: Delayed Transfers of Care (DToC) Action Plan

Target

Milestones		Timeframe
1.	Existing analysis around delays and patient flow collated and analysed by information leads	2 May
2.	Representatives from HCC and CCGs to draft target DTOC rate per 100,000 population based on analysis and CCG Operational Plan Targets	11 May
3.	Draft target discussed with provider trusts and reviewed if necessary	12-19 May
4.	Target agreed by all commissioner and provider organisations	27 May
5.	System wide DTOC target submitted to NHSE	30 May
6.	Target to be regularly monitored and reported at SRG	Ongoing

Governance

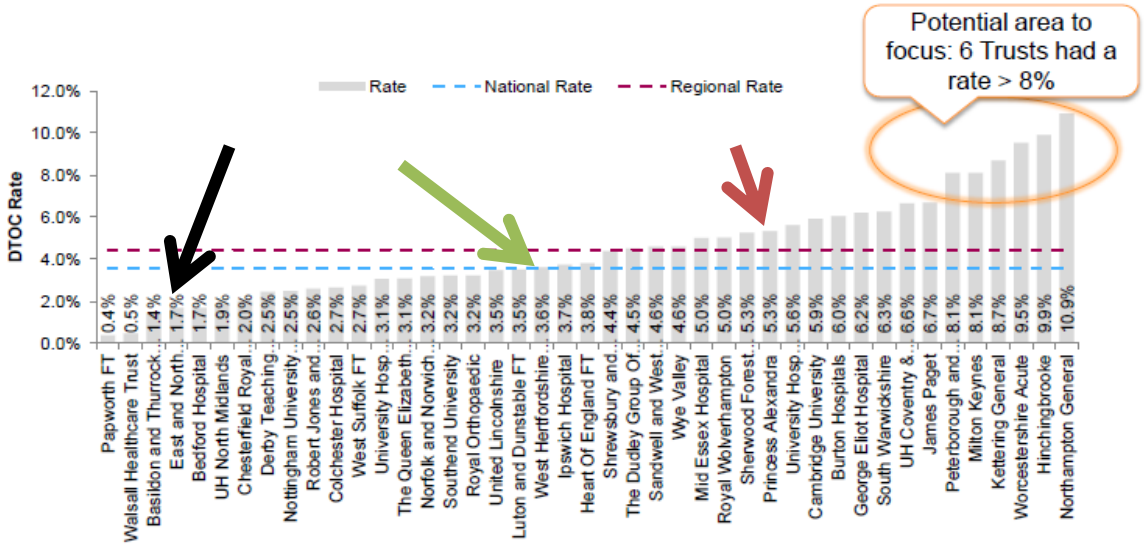


Situational Analysis

Analysis around patient flow and delays have highlighted priority areas of activity and informed the Action Plan below.

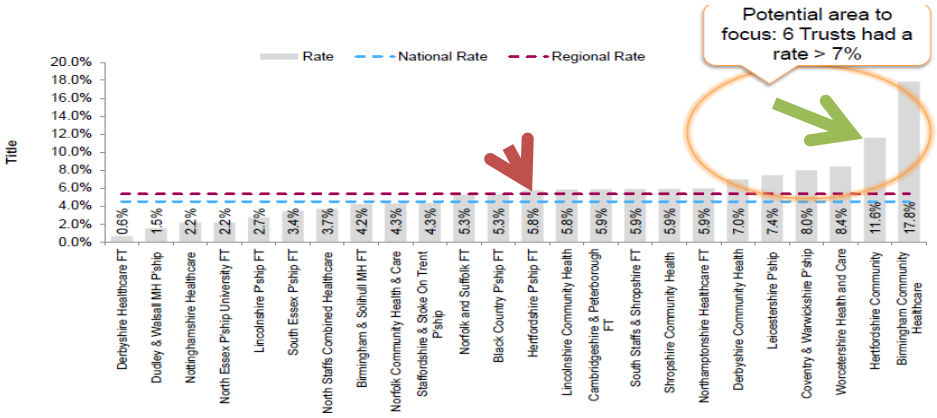
Benchmarking

Acute rates of DTOC against regional comparators



- The above graph published in November 2015 (Unify data from September 2014 – 2015) shows that Acute DTOC performance in Hertfordshire is generally in line with or better than regional comparator. However, there are clear opportunities to reduce delays as outlined by the Emergency Care Improvement Programme work at WHHT.

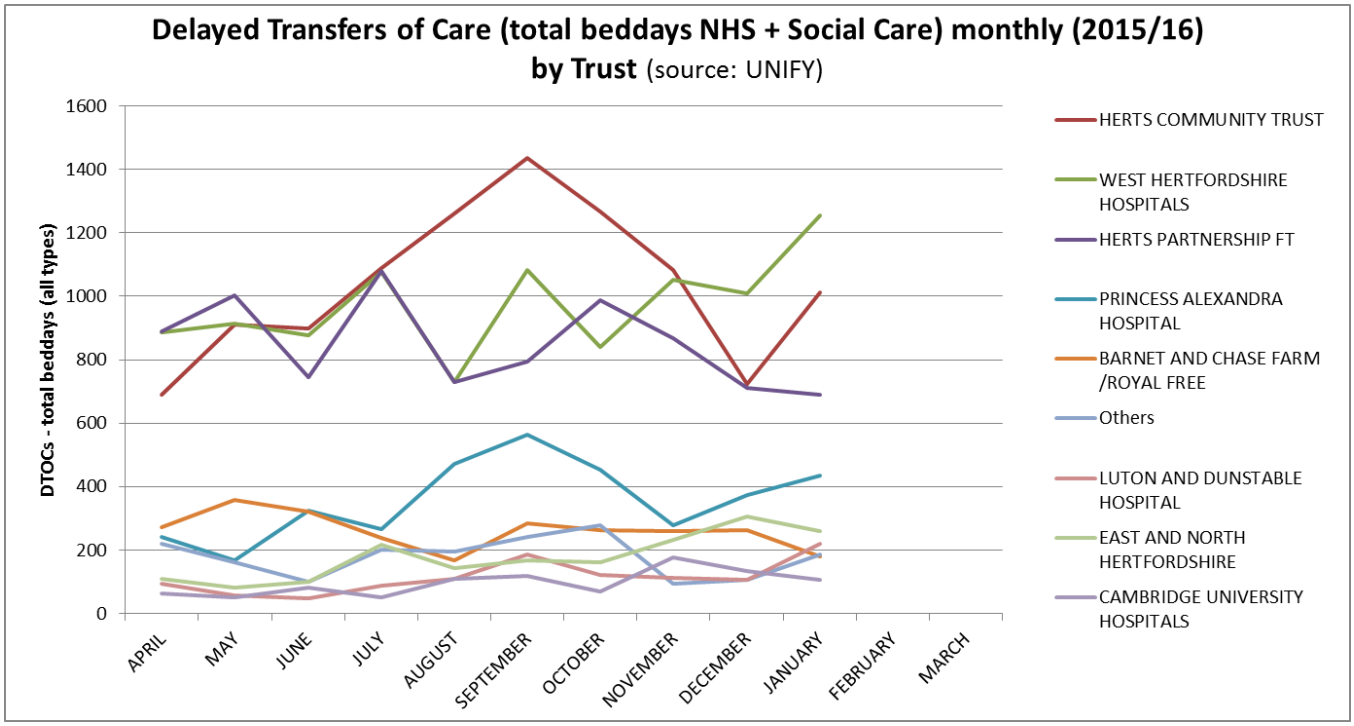
Non-Acute DTOC position against regional comparators



- Hertfordshire Non Acute Trusts perform worse against regional comparators than Acute Trusts. In particular, delays for patients in Hertfordshire Community NHS Trust beds in were identified as a priority area for improvement activity by NHSE.

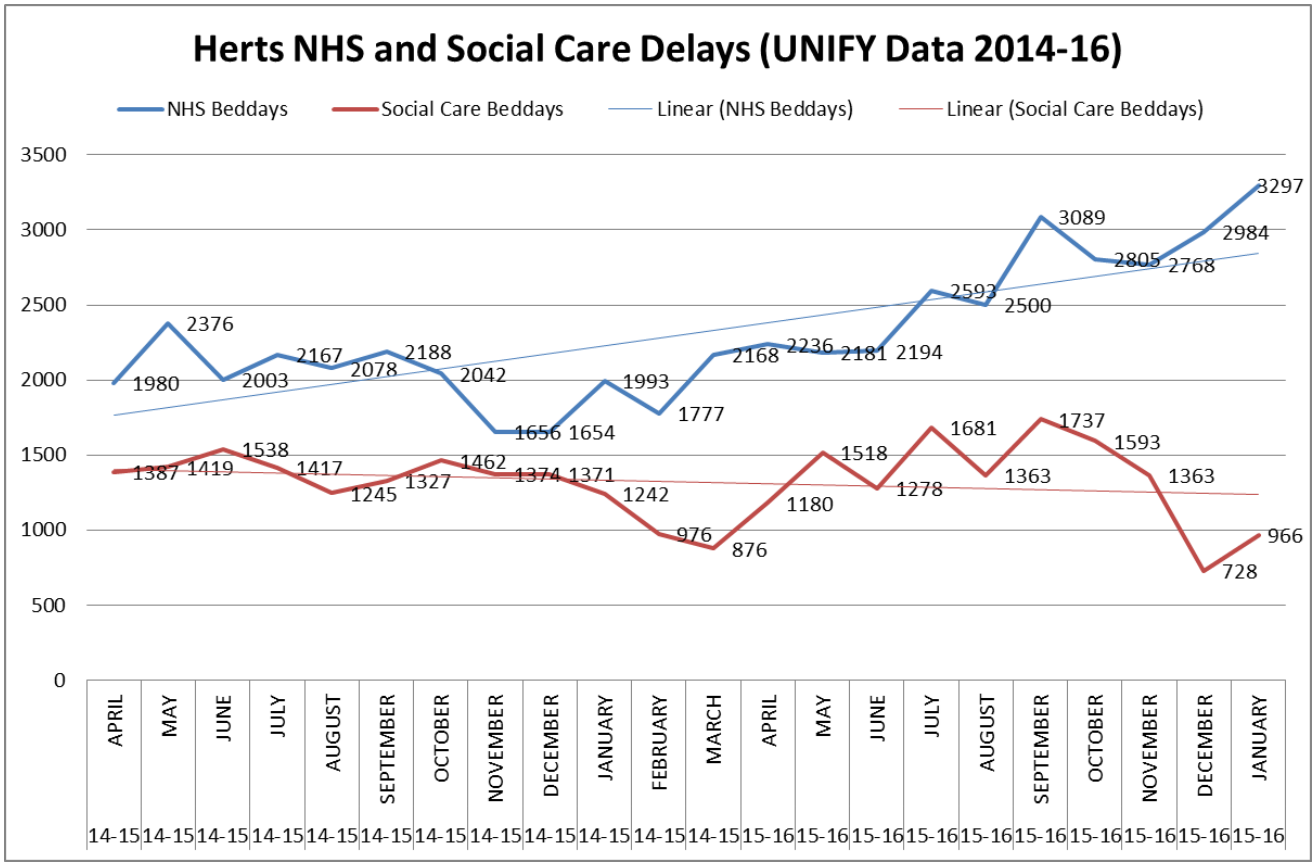
Current Performance and Delays

All Hertfordshire Delays 2015/16



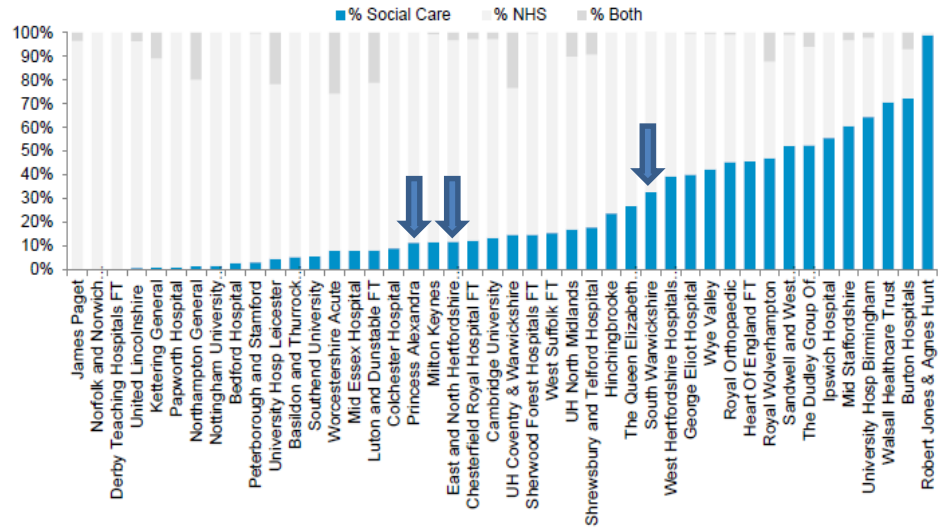
- The above graph outlines current DTOC performance for Hertfordshire
- Non-acute delays for Hertfordshire trusts both appear to have reduced from September 2015 however, it is predicted that some of this reduction, particularly from Herts Community Trust can be attributed to improved recording practices between organisations.
- Delays from West Hertfordshire Hospital Trust have generally increased over 2015/16 but the peaks and troughs of activity make definitively identifying a trend challenging. East and North Hertfordshire NHS Trust has generally had very few delays but its delays have increased during 2015/16.
- From the above it is clear that there is geographic disparity in DTOCs between East and West Hertfordshire and disparities between different Trusts.

Herts Attribution of Delays 2014-16



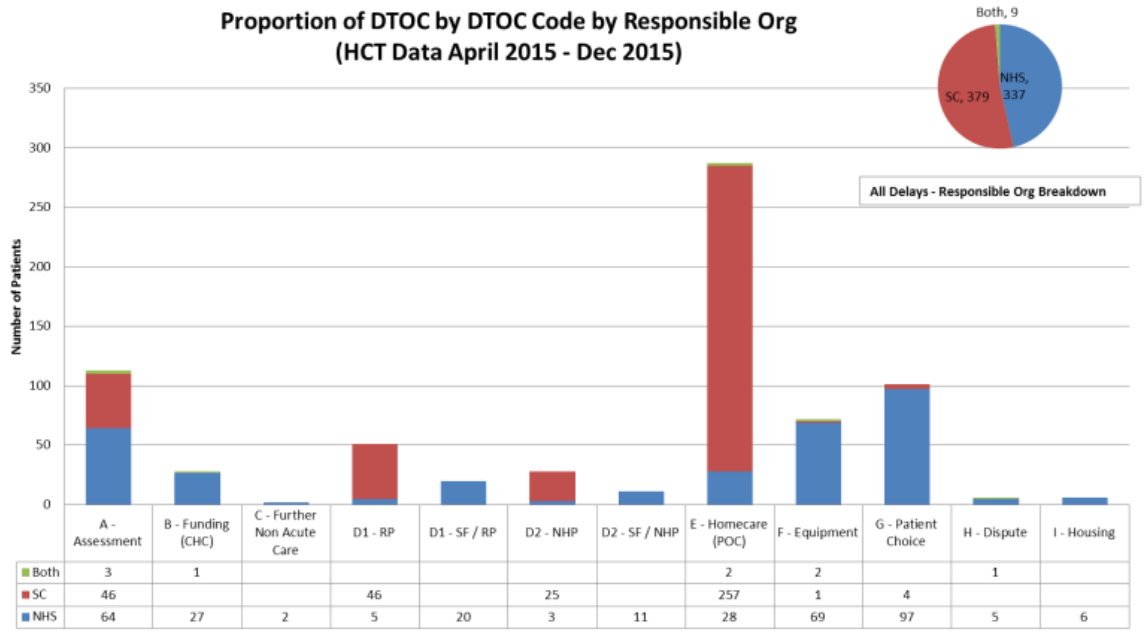
- Delays attributed to the NHS over the last 2 years have generally increased fairly steadily while delays attributed to Social Care have stayed fairly stable albeit with notable peaks and troughs.

Attribution of DTOC against regional comparators (Jan – Nov 2015 UNIFY)



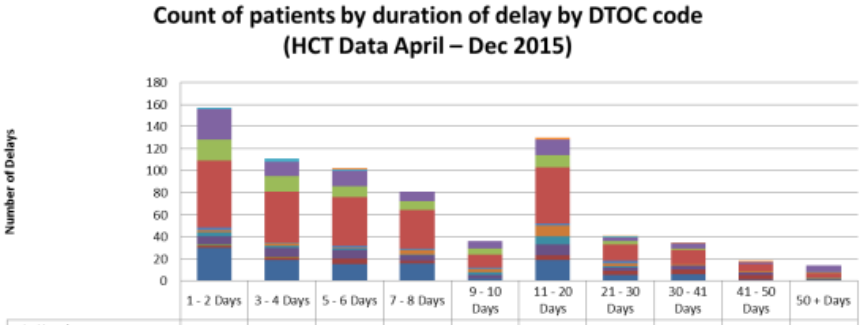
- This chart shows that Social Care delays form a more significant proportion of West Hertfordshire Hospital Trust delays but a far smaller proportion of delays for Princess Alexandra or East and North Hertfordshire NHS Trust

Hertfordshire Community NHS Trust DTOC codes



- Homecare, Assessment and Patient Choice delays are the most prevalent. To ensure better flow therefore there is a need to address system capacity and policies and process around assessment and patient choice policy.

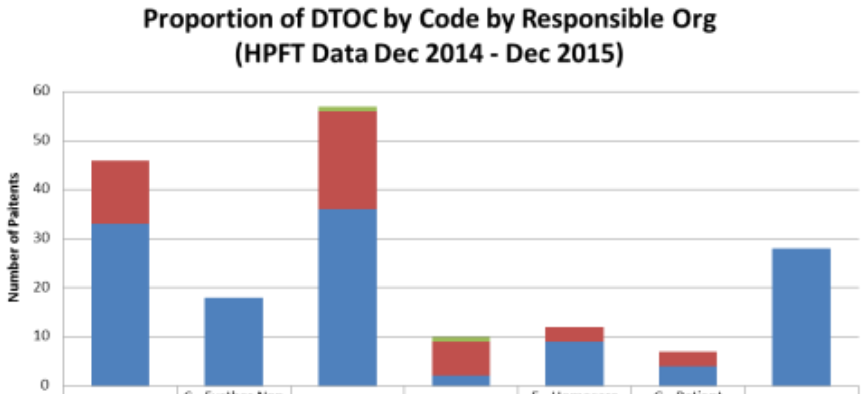
Hertfordshire Community NHS Trust Duration of Delay



	1 - 2 Days	3 - 4 Days	5 - 6 Days	7 - 8 Days	9 - 10 Days	11 - 20 Days	21 - 30 Days	30 - 41 Days	41 - 50 Days	50 + Days
I - Housing			1			2	1	1	1	
H - Dispute	1	3	1		0		1			
G - Patient Choice	28	13	14	9	7	14	3	5	2	6
F - Equipment	19	14	10	8	5	11	3	1		1
E - Homecare (POC)	61	46	44	35	12	51	15	13	6	4
D2 - SF / NHP	2	1	2	1	1	2	2			
D2 - NHP	2	2	1	4	3	10	3	1	1	1
D1 - RP / SF	4	2	1	1	3	7	1			1
D1 - RP	7	8	8	5	3	10	3	4	3	0
C - Further Non Acute Care	1	1								
B - Funding (CHC)	2	2	5	2		4	4	4	4	1
A - Assessment	30	19	15	16	2	19	5	6	1	

- A majority of delays are under 10 days in duration. This suggests that although longer delays can be explained by capacity issues and acuity of need there are many delays which can more readily be reduced through changes to process and practice such as earlier discharge planning.

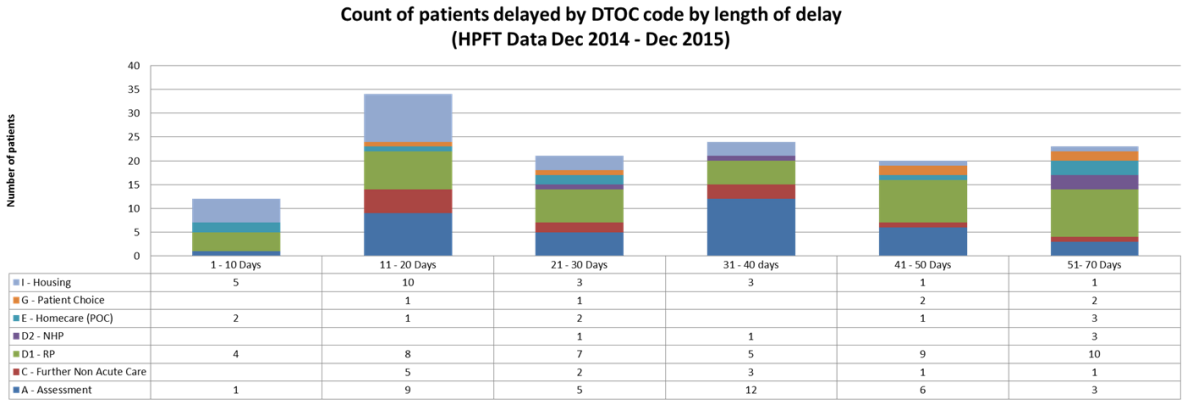
Herts Partnership Foundation Trust DTOC Codes



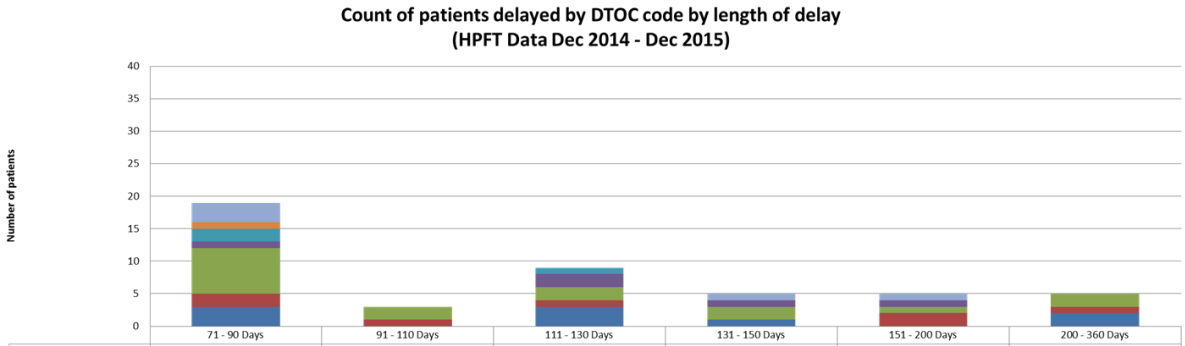
	A - Assessment	C - Further Non Acute Care	D1 - RP	D2 - NHP	E - Homecare (POC)	G - Patient Choice	I - Housing
Both			1	1			
SC	13		20	7	3	3	
NHS	33	18	36	2	9	4	28

- Delays are primarily assessment delays as well as an inability to find housing for working age adults and residential placements for older people.

Herts Partnership Foundation Trust Duration of Delay



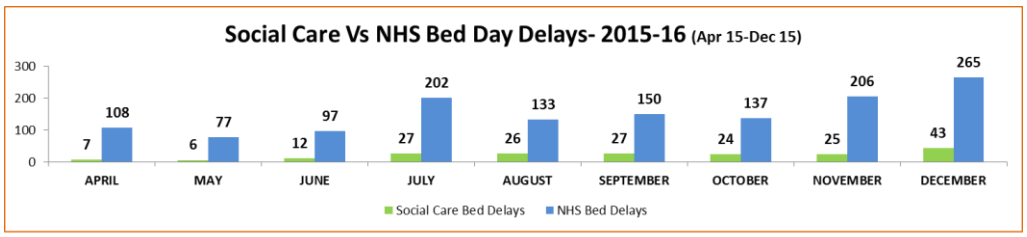
	1 - 10 Days	11 - 20 Days	21 - 30 Days	31 - 40 days	41 - 50 Days	51- 70 Days
I - Housing	5	10	3	3	1	1
G - Patient Choice		1	1		2	2
E - Homecare (POC)	2	1	2		1	3
D2 - NHP			1	1		3
D1 - RP	4	8	7	5	9	10
C - Further Non Acute Care		5	2	3	1	1
A - Assessment	1	9	5	12	6	3

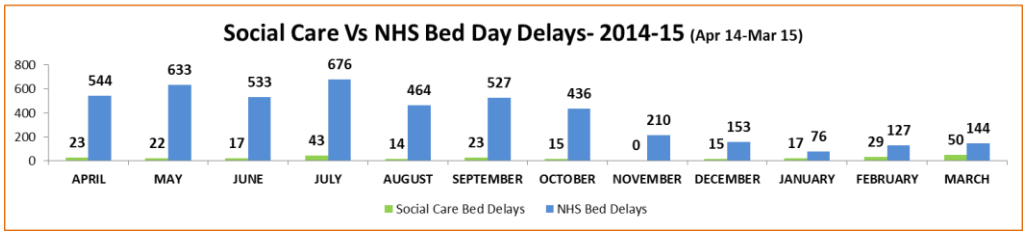


	71 - 90 Days	91 - 110 Days	111 - 130 Days	131 - 150 Days	151 - 200 Days	200 - 360 Days
I - Housing	3			1	1	
G - Patient Choice	1					
E - Homecare (POC)	2		1			
D2 - NHP	1		2	1	1	
D1 - RP	7	2	2	2	1	2
C - Further Non Acute Care	2	1	1		2	1
A - Assessment	3		3	1		2

- The vast majority of delays are in excess of 10 days suggesting issues predominantly around capacity and lack of suitable outward pathways.

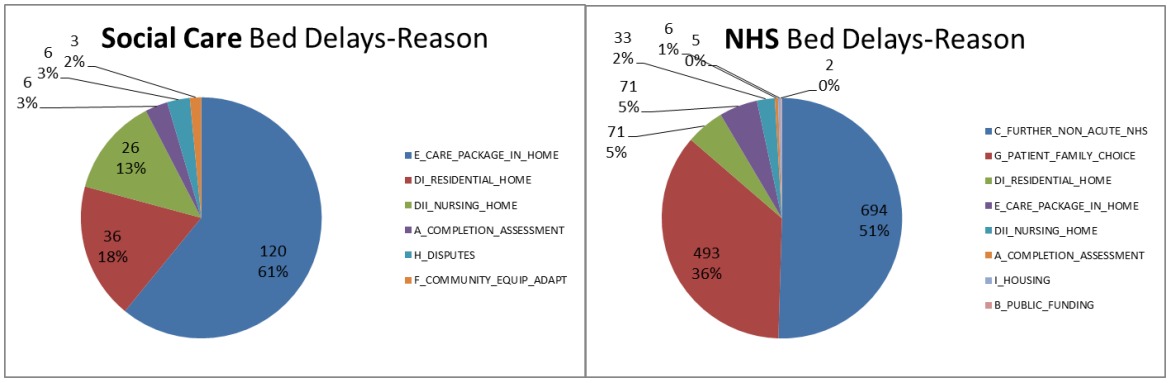
East and North Hertfordshire NHS Trust April 2014-December 2015





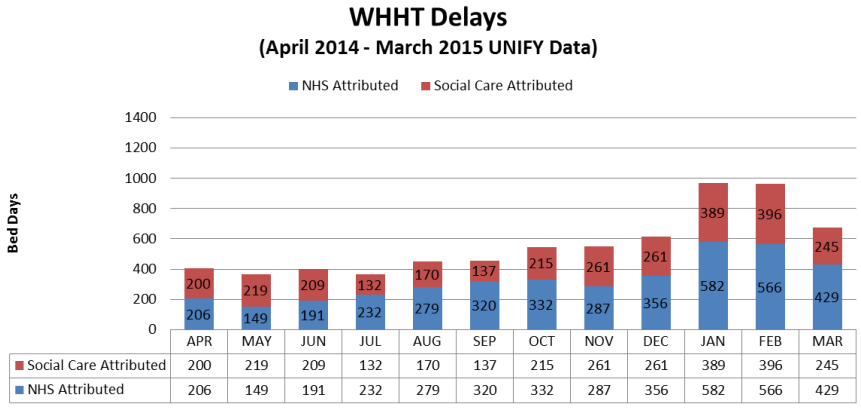
- ENHT performs well against other trusts regionally but as can be seen by the increases in delayed bed days from the start of 2015/16 onwards show there are opportunities to improve the DTOC position.

East and North Hertfordshire NHS Trust DTOC Codes

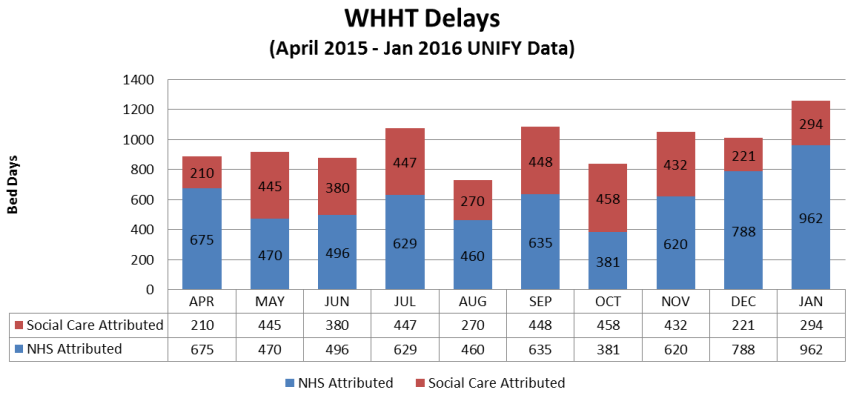


- The highest numbers of delays are around Care Packages, Further Non-Acute NHS care and Patient Choice. This will require an exploration of how capacity can be better used through more coordinated and earlier planning and appropriate staffing levels as well as how processes around certain issues such as patient choice are implemented.

West Hertfordshire Hospital NHS Trust (WHHT) Bed Days Delayed



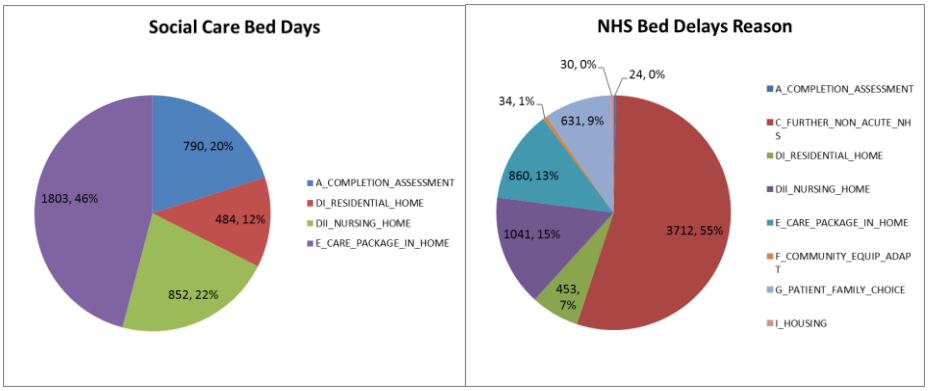
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Social Care Attributed	200	219	209	132	170	137	215	261	261	389	396	245
NHS Attributed	206	149	191	232	279	320	332	287	356	582	566	429



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Social Care Attributed	210	445	380	447	270	448	458	432	221	294
NHS Attributed	675	470	496	629	460	635	381	620	788	962

- WHHT's DTOC position has fluctuated over time and DTOCs generally increased between 2014 and 2016. Over 2015-16 the DTOC position generally held fairly stable. The reduction of Social Care attributed delays such as assessments have seen a corresponding increase in NHS attributed delays such as patient choice. Thus to improve the overall picture of patient flow there is a need to resolve system issues and take a multiagency and system wide approach.

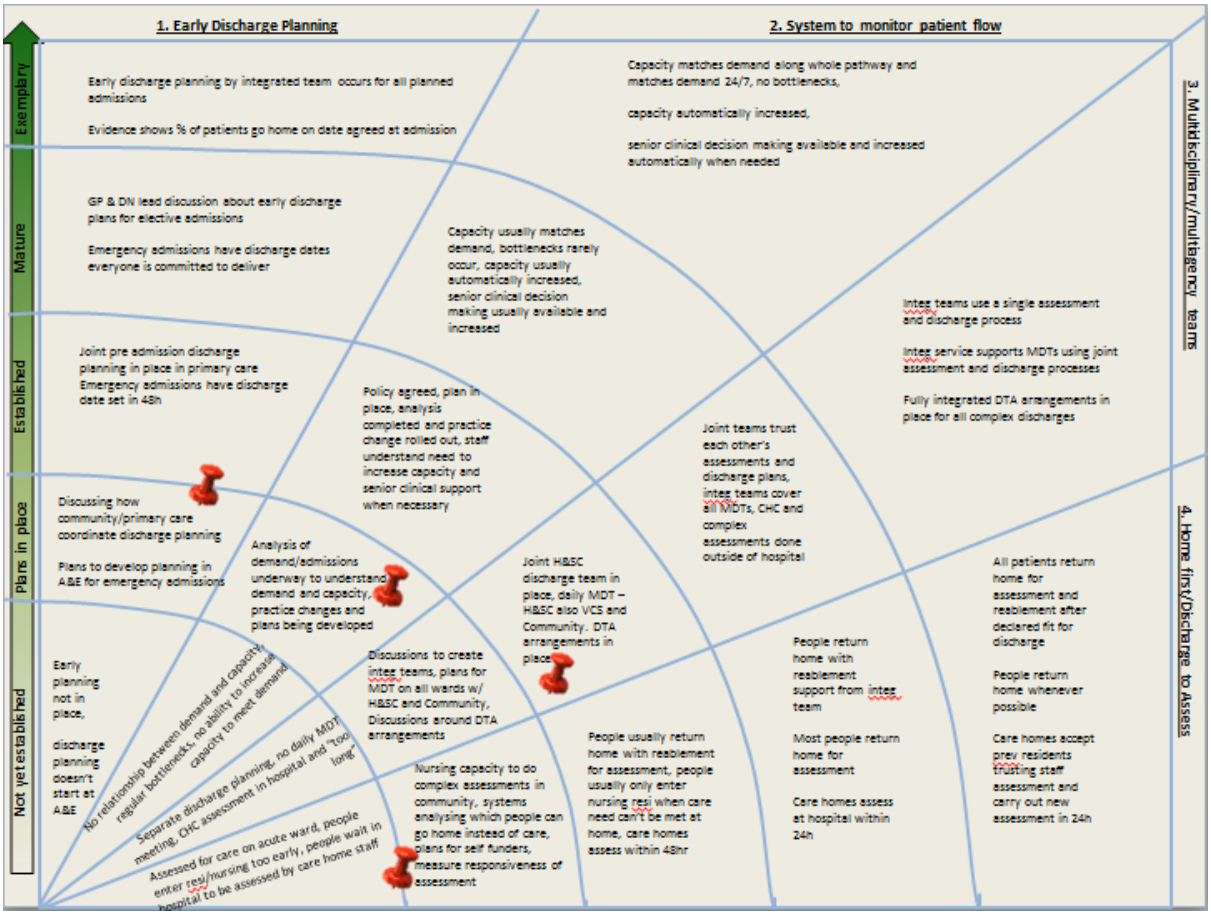
West Hertfordshire Hospital NHS Trust DTOC Codes

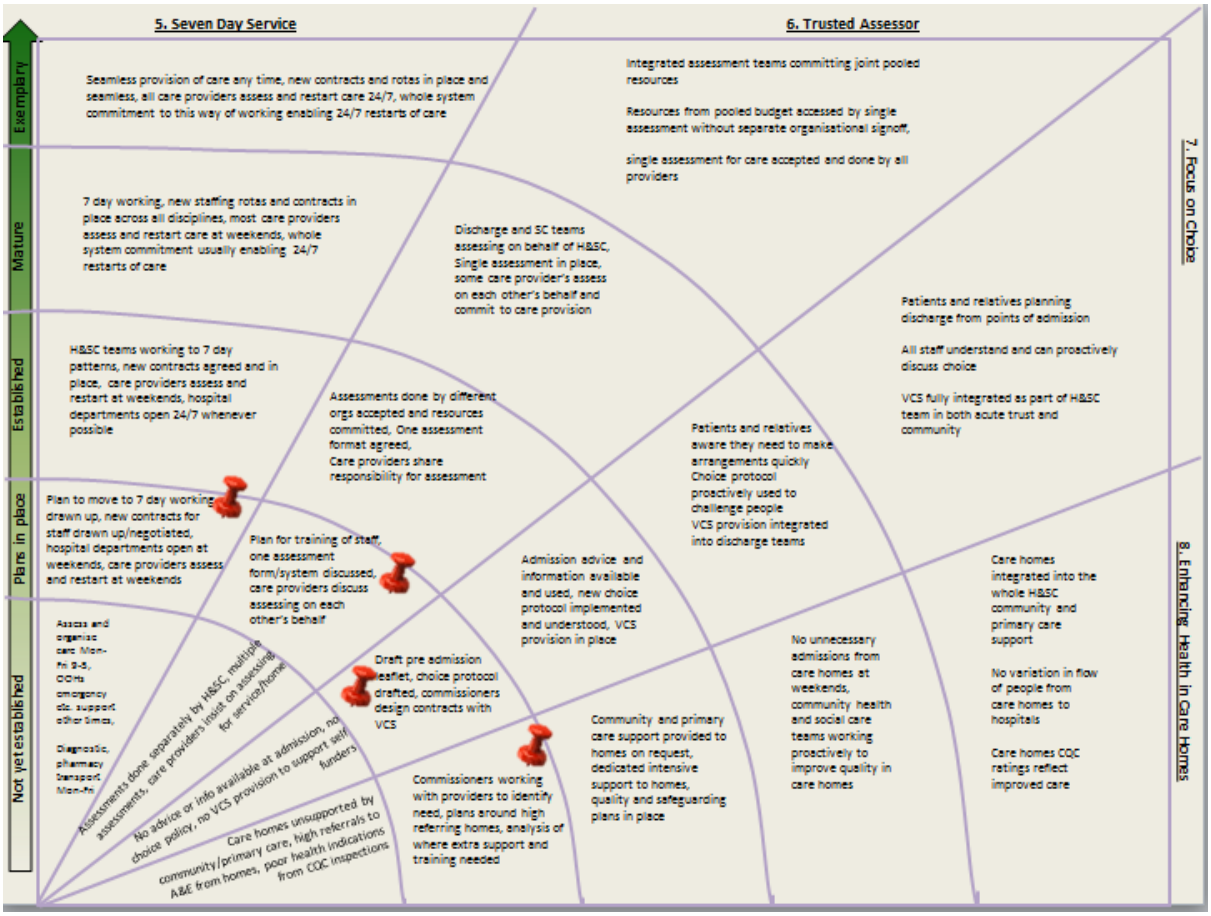


- In 2015-16 the highest numbers of delays were centred on Further Non Acute Delays, Packages of Care and Nursing Home Placements. These equate to 77% of total delays and highlight clear priority areas of activity in the action plan such as trusted assessors, reviews of pathways and efforts to improve capacity.

Current Activity

Existing System Maturity Mapped Against High Impact Actions





This analysis of system maturity offers a system wide view showing that for most 'High Impact Actions' plans are in place as seen by the below Action Plan and Hertfordshire is moving towards an 'established' position.

BCF DTOC Action Plan

Workstream	Area	Key Outputs/Outcomes	Projects	Timescale	Organisations	Future Aspiration
Monitoring data and analysis	**Better understand delays and agree trajectories and targets**	Initial work to establish this programme Improve intelligence to better benchmark and measure system wide performance and develop understanding Identify priority wards or units to inform for operational improvement to place To give operational staff an improved understanding of system wide patient flow and cause and effect of certain decisions	Non Acute Deep Dive DTOC Analysis	March/April 2016	HCT, HPFT, Commissioned Pathways	To build on this understanding through patient flow and capacity analysis
			Acute Deep Dive DTOC Analysis	April 2016	ENHT, WHHT	
			Workshops with operational staff to explore opportunities for improvement work	May 2016	ENHCCG, ENHHT, HVCCG, WHHT, HCC, HCT, HPFT (All)	
	More accurate and Less Manual Reporting and Increase information flow to frontline staff	Helping frontline staff better understand the system use intelligence for planning/ongoing improvement Better data quality Better real time data Standardise recording Ability to better quantify impact of improvement activity/commissioning decisions	Care Home Finder	First phase launch – April 2016	HCC, Care Providers	More data sources drawn together Increased automation More real time data Care Home Finder - more will be added to the system over the year. Ultimate aim is to allow public to purchase from it directly (likely not 2016/17)
			Procure IT solution to enable real time data flows from Lister Hospital to Social Care	(TBC)	ENHT HCC	
			Development of existing dashboards to improve quality, timeliness and value of monitoring e.g. Urgent Care Dashboard and Live Social Care DTC dashboard	(TBC)	HCC, ENHCCG, HVCCG – with involvement of trusts	
Monitoring data and analysis	**Establish Governance for this system wide plan**	Clear ownership of patient flow allowing work to be better coordinated across the system and avoid duplication	Relevant existing boards/project structures will be used to monitor and coordinate projects with SRGs having ultimate oversight	May 2016	All	Governance of patient flow improvement work will be continue beyond 2016/17

Workstream	Area	Key Outputs/Outcomes	Projects	Timescale	Organisations	Future Aspiration
	Patient flow and capacity analysis/ modelling	Reviews of specific parts of the system to ensure that resources are effective and suited to patient/service user need Identification of problems, good practice and opportunities. Allows improvement work to be more effectively prioritised Jointly owned reporting and monitoring – analysing existing joined up datasets and	Review of Nursing Home Discharge to Assess Resources	(TBC)	HCC	Use shared intelligence to develop predictive analysis allowing capacity to be flexed Joint intelligence capacity is being developed as part of the Hertfordshire Health and Social Care Data Integration Programme
			Review of Non-Weight Bearing and Discharge to Assess Beds	(TBC)	HCT	
			Review Commissioning of Community Beds	From April 2016	HVCCG & HCC	
			Capacity Planning to monitor availability of homecare against targets	Ongoing	HCC	
			Develop Joint Intelligence capacity and analysis of system capacity	Scoping ongoing to begin in May 2016	All	
Shared Standards and Processes **Shared Standards and Processes**	**Implementation of transfer of care standards across all partners**	Clear standards around the management of transfers of care both within and between organisations More integrated working allowing the process to speed up and inappropriate referrals to be reduced Improved culture and working relationships both between teams and within multiagency teams More uniform patient flow within different wards, units or intermediate pathways Patients having a greater understanding and ownership of their own recovery	SAFER Patient Flow Bundle and Stranded Patient Metric Implemented at WHHT & ENNHHT	(WHHT) Introduced on some wards March – April 2016 (ENHHT) March 2016	WHHT, ENHHT and HCT, HCC, HPFT	Integrated teams use a single assessment and discharge process in most cases
			Review of Non-Acute DTOC recording Process to establish an agreed picture of delays	March 2016	HCC, HPFT, HCC	
			Firm checking and agreement of lists and clear escalation procedures for all delays	(TBC)	All	
			Review of Stroke Pathway to facilitate discharge from community beds	April 2016	HVCCG, WHHT, HPFT, HCC	
			Reduced length of stay and reduction in DTOC HPFT Discharge Coordinator appointed to improve patient flow	Ongoing	HPFT, HCC, HCT	
			Weekly conference calls across service lines and senior management scrutiny of delays	Ongoing	HPFT	
			Identified worker to effectively discharge for individuals identified as homeless/dual diagnosis	Piloted 2014/15 – now will be mainstreamed	HPFT and VCS	

Workstream	Area	Key Outputs/Outcomes	Projects	Timescale	Organisations	Future Aspiration
Shared Standards and Processes			Watford General Hospital – develop and implement joint care planning approach	November 2016	WHHT HCT HCC HPFT and Providers	
			Joint assessment processes and protocols	(TBC)	All	
			Shared Care Planning – improvements to planning across organisational boundaries	(TBC)	All	
	Out of Area Referrals/ Discharges	To help prevent Out of County Patients becoming delayed through a set of shared policies and processes and improve partnership working Trusts adjacent to Hertfordshire	Review of Discharge arrangements with Royal Free London NHS Trust	(TBC)	HCC, RFLT, WHHT	Improved working across county boundaries to ensure effective patient flow
			'Progress Chaser' Appointed at Princess Alexandra Hospital NHS Trust	March 2016	ENHHT, HCC, PAH	
	Self-Funders and Patient Choice	Improved Patient/Service user experience, faster effective transfers of care and reduction in self-funder and patient choice delays Empowering patients and service users County-wide charter and standard process for patient expectation Individuals flagged early and supported by VCS so patients, service users and carers understand options and have clear expectations	Review of VCS involvement in discharges from Acute	(TBC)	ENHHT, HCC, WHHT, VCS	Patients and relatives involved in discharge planning from admission – VCS fully integrated in Health and Social Care Team
			Rigorous/Consistent application of choice policy in West Herts	From Mar '16 – will be monitored as part of ECIP programme	WHHT, HCC, HCT, HPFT, HVCG	
	Trusted Assessor	Develop process and policy around trusted care home assessor to improve patient flow Speeding up response time, reducing duplication, making more effective use of staff capacity	Care Home Trusted Assessor Project	(TBC)	ENHHT, WHHT, HCC, Care Providers	Single assessment for care carried out and accepted by all providers

Workstream	Area	Key Outputs/Outcomes	Projects	Timescale	Organisations	Future Aspiration
Planning and Assessment	**Discharge Planning and Early Notification**	Reduction in Length of Stay and delayed transfers, reduced likelihood of frail elderly patients deteriorating More tightly coordinated discharge planning between organisations Patients can be discharged more effectively and are independent as quickly as possible Patients have better understanding of their care and are more empowered	Rehabilitation Discharge Pathway project in East and North Herts – process redesigned and coordinator appointed	June 2016 coordinator in post Dec 2016 Review of changes	HCT ENHHT Care Homes	Early discharge planning for all planned admissions Move towards a 24/7 model
			Process improvement for AM discharges and Community Navigator assigned to Community Hospitals	March 2016 – monitoring ongoing Navigator TBC	HCC, HCT, WHHT	
			Lister Hospital Clinical Navigators 7 day working	Summer 2016	ENHHT	
	Assessment – Short Term Care and Reablement at Home	Fewer assessments on wards Reducing delays and allowing the system to make better use on capacity (dependent on investment in the care/support to enable this)	Specialist Care at Home commissioned – a service pulling together multiple pathways including Rapid Response and Enablement	Contract to be awarded in April 2016 Mobilisation (TBC)	All	Patients return home wherever possible as the default location Discharge to Assess arrangements in place for complex discharges Development of new models of risk stratification ready for winter 2016
			Explore required investment and commissioning required for a home as default policy – will be led by the new Hertfordshire Integrated Commissioning Board	(TBC)	All	
Planning and						

Workstream	Area	Key Outputs/Outcomes	Projects	Timescale	Organisations	Future Aspiration
Assessment	**Enhancing health offering in homes**	Better joint working between primary care, nurses and care homes Better planning of admissions and discharges to and from Homes Prevention of avoidable acute admission Better health outcomes for those in residential locations particularly those with LTCs	East and North Herts Vanguard - Rapid Response - Increased training for care Home Staff - GP Engagement with Care Homes - Multidisciplinary Teams Geriatric Consultant interface with high risk nursing homes	From April 2015 – 2017 Winter 2016	ENHCCG, ENHHT, HCC, HCT, HPFT & Care Providers, Herts Care Providers Association (HCPA), VCS + GPs	Even closer integration of care homes into community and primary care support
			Integrated Nursing care – countywide commissioning for older persons' nursing beds in Herts and jointly developing contract	August 2016	All	
			West Herts Commissioning Strategy Care Home Services - New community bed model - GP practice aligned to care homes	New model Sept 2015 GPs March 2017	HVCCG, HCC, HCT, HPFT, WHHT & GPs, HCPA	
Staffing and System Capacity	**Increased use of system capacity**	Linking in with recruitment and retention strategies of all partner organisations Ensure adequate staffing is in place to improve patient flow e.g. increased decision making capacity Increased resilience, better practice and working relationships and reduction of	Recruitment of hospital staff e.g. social care staff to enable Seven Day Working and 24/7 Specialist Nurses at ENHT	From March 2016 onwards	HCC and Acute Trusts	System to monitor patient flow – allowing capacity and demand to be effectively matched Senior clinical decision making available when
			Development of frailty service to reduce length of hospital stays and reduce admissions – Frailty Unit at Watford General and HCT beds at Langley House	Mobilising from April 2016	HVCCG, WHHT, HCT, HCC	

Workstream	Area	Key Outputs/Outcomes	Projects	Timescale	Organisations	Future Aspiration
Staffing and System Capacity		internal delays as well as DTOC Staffing to allow Seven Day Working and ensure more uniform patient flow throughout the week	Rollout and Development of Rapid Response and HomeFirst which will provide effective discharge support	November 2016	ENHCCG HCC HCT	required
			Herts Valleys – roll out of multi-speciality teams to all HV localities	June 2016	HVCCG HCC HCT HPFT	
	Further integration of hospital discharge teams	Improved relationships between staff, multi-skilled staff and improved communication within teams helping reduce delays and improve patient experience	Review of Lister Hospital IDT	February/ March 2016	All + VCS	Fully integrated IDT teams featuring more developed care provider and VCS involvement
			Health and Social Care Colleagues to work in clusters & undertake daily case management at Watford General Hospital	From March 2016	WHHT, HCC	
			Watford General IDT - Co-location, ensure IT access is available, new inclusive team meetings	From March 2016		
	Homecare	Reduce timescales in offering and accepting Packages of Care Better use of existing homecare capacity Work closely with Care Providers to improve market share and availability of homecare	Direct Provisioning pilot in St Albans and Watford to support flow, reducing timescales of offering and accepting packages of care – HCC and Providers	Ongoing	HCC and Care Providers	Ability for all patients to return home for assessment and reablement when fit for discharge Improved homecare capacity
			Lead Providers for Support at Home: Revised targets for increasing market share across Herts	June 2016	HCC, Care Providers	
			Commission Team 24 for 6 month to target over stayers on transitional pathways and improve capacity	April 2016	WHHT, HCC, HVCCG	

Workstream	Area	Key Outputs/Outcomes	Projects	Timescale	Organisations	Future Aspiration
Staffing and System Capacity			Spot Accreditation Process: - To accredit providers through a tender process to support Lead Providers. Offer of guaranteed hours to increase market share	Ongoing	HCC, Care Providers	

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

4

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
14 JUNE 2016 AT 10.00 a.m.

HERTFORDSHIRE HEALTH AND WELLBEING STRATEGY 2016-2020

Report of Jacqui Bunce, Associate Director - East and North Hertfordshire Clinical Commissioning Group

1.0 Purpose of report

1.1 To request final sign off from Hertfordshire Health and Wellbeing Board of the refreshed Hertfordshire Health and Wellbeing Strategy 2016 – 2020.

2.0 Summary

2.1 At the 14 March 2016 meeting the Board welcomed the outline of the draft strategy. It was agreed that the full draft strategy would be circulated to the Board for comment before going out to public consultation until 30 May, with final sign off at its 14 June meeting following a presentation outlining the final document.

3.0 Recommendation

3.1 The Health and Wellbeing Board is asked to endorse and provide final sign-off for the Strategy.

4.0 Background

4.1 The Health and Wellbeing Board has received regular briefings and given feedback at its public meetings and development events at each stage of the development, engagement and consultation of the strategy since summer 2015.

Report signed off by	
Sponsoring HWB Member/s	
Hertfordshire HWB Strategy priorities supported by this report	All priorities
Needs assessment Hertfordshire's Joint Strategic Needs Assessment has been taken into consideration during the refresh process of the strategy.	
Consultation/public involvement A countywide engagement and consultation process has taken place with stakeholders.	
Equality and diversity implications The strategy is subject to an equality impact assessment.	
Acronyms or terms used - none	

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

5

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
14 JUNE 2016 AT 10.00 a.m.

PROGRESS REPORT ON THE TRANSFORMATION OF HEALTH AND SOCIAL CARE IN HERTFORDSHIRE – 'YOUR CARE YOUR FUTURE' IN HERTFORDSHIRE VALLEYS, AND THE HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PLAN

Author: Beverley Flowers Tel: 01707 369465
Cameron Ward 01442 898868

1.0 Purpose of report

1.1 This report updates the Health and Wellbeing Board on progress with the development of the 5-year Sustainability and Transformation Plan (STP) for health and care services in Hertfordshire and West Essex, including developments to the 'Your Care Your Future' programme in Hertfordshire Valleys Clinical Commissioning Group (CCG.)

1.2 The report will set out progress to date on the emerging priorities of the STP, progress with the 'Your Care Your Future' programme, and the next steps for taking both forward in a co-ordinated way.

2.0 Summary

2.1 In October 2014 NHS England published the 'Five Year Forward View', which set out a strategy to develop a health and care system fit to meet the demands of the 21st century in a financially sustainable way.

2.2 Guidance on the local delivery of the Forward View published in February 2016 asked that NHS and social care organisations group themselves into operationally sensible 'footprints' to develop local 5 year plans to deliver the strategy. There are 44 STP footprints across England. The two Hertfordshire CCG areas along with West Essex CCG form one footprint; the rationale for West Essex being included with Hertfordshire is that there is significant use of the Princess Alexandra Hospital in Harlow by the population of East and North Hertfordshire. The aim of the STP is to deliver better health, better patient care and improved NHS efficiency. A national

sustainability and transformation fund (STF) has been established to support the health service implement the content of the plans.

2.3 There has been a strong collaborative approach taken across the STP footprint, and particularly in Hertfordshire between the County Council and all NHS organisations, reflected in both the governance and operational input into the development of the plan.

2.4 Analysis of the key themes of the Five Year Forward View, and significant strategic developments that have already taken place or are underway across Hertfordshire and West Essex has resulted in five priorities that the plan will focus on:

- The configuration and sustainability of Acute hospital services, particularly focused on the existing work in in West Hertfordshire and West Essex
- Service Level sustainability including those that could potentially be affected by decisions taken elsewhere (e.g. specialist services, impact from other STPs)
- A new Integrated way of providing services to people in communities
- A health improvement strategy focused on the local population's priorities and prevention of ill-health
- Better productivity in the way organisations and services are managed.

2.5 Since November 2014, 'Your Care Your Future' has been engaging the NHS and County Council, along with local people, to improve the health and care services for the population served by Herts Valleys CCG by providing more in and close to people's homes, and integrating services around the needs of individuals and communities.

2.6 The principles and goals of 'Your Care Your Future' are fully consistent with the STP; it will be incorporated into the Plan and will become the key vehicle for delivering the STP for Hertfordshire Valleys residents.

3.0 Recommendation

3.1 The board is asked to note progress with 'Your Care Your Future', and the progress on development of the Sustainability and Transformation Plan to date.

4.0 Background

4.1 The Five Year Forward View sets out a strategy for health and social care across England to 2020, and focuses on the forecast of a £22billion deficit in the NHS if nothing is done by 2020. It sets out a range of options for organisational and service delivery models (without being prescriptive) to improve the way health and care are delivered, and calls for a stronger emphasis on integrated services, prevention of ill-health and engagement of

communities to improve the management of long-term conditions. All of these initiatives reducing the demand on acute hospital services and contributing significantly to reducing the forecast deficit.

4.2 The guidance published in February 2016 introduced geographical footprints as the basis for delivering the strategy. The guiding principle is that each of the footprints is strategically and operationally coherent, and will produce locally relevant solutions to the distinct issues they face.

4.3 In Hertfordshire and West Essex, the make-up of the footprint is not straightforward. West Essex will look towards Essex for much of its strategy – to develop plans for preventing ill-health and for developing integrated health and social care services, for example – but is included in a footprint with Hertfordshire because the need to find a solution for the sustainable future of the Princess Alexandra Hospital is fundamental to the future direction of the health system there, and this will have direct implications to the 20% of east and north Hertfordshire residents who use the hospital.

4.4 Hertfordshire has a sound foundation to build the STP on, based on strategic programmes already completed (e.g. acute hospital services in east and north Hertfordshire) or taking place (e.g. 'Your Care Your Future', the Home First scheme in east and north Hertfordshire, and the specific service-based integrated care programmes across the county), and a strong structure for integrated working on which to base the governance arrangements.

4.5 Through 2015, 'Your Care Your Future' engaged local people, patients and organisations across west Hertfordshire in addressing the following questions:

- How effectively do current services meet people's needs?
- What are the opportunities to meet the future health needs of the west Hertfordshire population?
- What is the best way to configure services to realise these opportunities?
- What forms of organisation and commissioning/contracting models will best support the delivery of the preferred configuration of services?

This exercise resulted in the publication of three documents – the Case for Change, Vision for the Future, and Strategic Outline Case – which included three key priorities:

- A much stronger emphasis on the prevention of ill-health.
- Improved integration to make services less complicated for people who use the services of multiple organisations.
- More care delivered at home or closer to where people live.

4.6 Recently work has begun to develop work programmes that will convert the vision into reality. Again, there has been a full programme of engagement with key local stakeholders in the following initiatives:

- Improving current services – e.g. expanding the rapid response service for older people to St Albans and Dacorum, and bringing new community cardiology and gynaecology services on stream in the coming months.
- Redevelopment work programme – improving existing buildings in South Oxhey, Hemel Hempstead, Elstree Way and Harpenden to support the development of integrated services.
- Models of care work programme – looking to develop improvements to dermatology, musculoskeletal, community, ear nose and throat, stroke, ophthalmology, older people's, gynaecology, diabetes, cardiology and urgent care services.

This work will be developed into a year-by-year delivery programme which will form part of the STP delivery process.

4.7 The 'Your Care Your Future' programme is now in a position to do detailed appraisals of three options for the future of hospital services for west Hertfordshire. The options are:

- Consolidate all acute services on a new hospital site (a variant of this option proposed by the Dacorum Hospital Action Group is also being considered).
- Consolidate all acute services on the Watford site.
- Acute, emergency and specialised services at Watford, day surgery and complex diagnostics at St Albans.

The results of the appraisals will be published, and local residents, patients, clinicians and community groups will be asked for their views. A strategic outline case for the future of hospital services in west Hertfordshire will then be published in late 2016 or early 2017.

4.8 The work being carried out for 'Your Care Your Future' is entirely consistent with the emerging priorities of the STP. These are:

- To develop secure long-term clinical and financial futures for acute hospital services in west Hertfordshire and west Essex, following from the reconfiguration of services in east and north Hertfordshire.
- Identify, and work to ensure the future stability of, services that may be affected by decisions taken by other organisations, for example changes in services in a neighbouring area that might result in increased demand on local services, or a change to regionally provided specialised services.
- Developing effective services provided to defined populations in communities, integrating social care, community health and primary care services around the needs of individual consumers of service and communities.
- A strategy for promoting well-being and preventing ill-health focused on the priorities for the Hertfordshire population.

- Improving the efficiency of the way services are delivered by better integration, a focus on procurement following the Carter review, and ensuring that the demand for acute care is moderated by delivering timely care in the most appropriate setting.

4.9 The STP will carry out a financial analysis of the above priorities, to ensure the overall affordability of the plan.

4.10 The scale of the changes to the way services will be delivered in future in order to resolve the issues facing health and care services in the medium-to-long term is significant, and we have identified several major challenges that will need to be tackled to achieve the levels of sustainability we are looking for. These include:

- Workforce constraints across health and social care.
- The ability of data systems to work seamlessly across different agencies to support more integrated ways of working.
- Engagement and support to communities and individuals to promote an effective culture of self-care, for example for people with long-term conditions.
- Introducing new ways of working (e.g. across different organisations) and models of commissioning and contracting to support this.

4.10 The first version of the STP will be submitted to NHS England at the end of June. It is envisaged that NHS England's feedback will be incorporated into a more detailed, delivery-focused plan later in 2016.

Report signed off by	Eg Exec/Board of CCG, Local Authority Board meeting etc
Sponsoring HWB Member/s	Identify Board member(s)
Hertfordshire HWB Strategy priorities supported by this report	Identify which priority/ies: Eg Reducing the harm from tobacco
Needs assessment (activity taken)	
Consultation/public involvement (activity taken or planned)	
Equality and diversity implications	
Acronyms or terms used. eg:	
Initials	In full
STP	Sustainability and Transformation Plan
CCG	Clinical Commissioning Group

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

6

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
14 JUNE 2016 AT 10.00 a.m.

COMPACT AGREEMENT BETWEEN THE STATUTORY, VOLUNTARY AND COMMUNITY SECTOR TO WORK IN PARTNERSHIP TO ACHIEVE COMMON AIMS AND OBJECTIVES

Report of the Director of Health and Community Services

Author: Ruth Harrington Tel: 01438 845843

1.0 Purpose of report

1.1 For the Health and Wellbeing Board to note and comment on the attached draft Hertfordshire Compact.

2.0 Summary

2.1 The Compact is a voluntary agreement between statutory organisations (SOs) and the voluntary and community sector (VCS) in a geographical location. The aims of the agreement are: to foster strong, effective partnerships between public bodies and voluntary organisations beneficial to both sectors, to establish a framework for good partnership working, to achieve common goals and outcomes for the benefit of communities and citizens in the area.

2.2 The Hertfordshire Compact was last updated in 2005, and work to refresh the Hertfordshire Compact since 2015 has been undertaken by a working group that includes representatives from both sectors.

2.3 The Health and Wellbeing Board in December 2015 noted the work carried out to refresh the Hertfordshire Compact, and the consultation process for the document.

2.4 The consultation process for the draft Compact was targeted at stakeholders and also open to the public. It commenced 15 October 2015 and was open for at least twelve weeks, in line with consultation best practice, until Friday 15 January 2016.

2.5 The Compact steering group were pleased to receive 39 responses and have considered and responded to each comment given. Results are currently available on HertsDirect. The Draft Compact has been amended accordingly and can be seen at Appendix A.

3.0 Recommendation

3.1 The Board is invited to note and comment on the attached draft Hertfordshire Compact.

4.0 Background

4.1 The Hertfordshire Compact is a written understanding between the voluntary and community sector and statutory sectors about how they will co-operate and continue to develop positive working relationships for the benefit of Hertfordshire's communities. The Compact process is one of learning, development and dialogue.

4.2 A number of Hertfordshire's District and Borough Councils have their own local Compacts. Some of these have been recently refreshed; others are still used for reference, while others had fallen into disuse. It is recognised that any Hertfordshire Compact would sit alongside local agreements as it would co-exist with the National Compact.

4.3 The Hertfordshire Compact was last updated in 2005, and the requirement to refresh the document was recognised by both SOs and the VCS. The SO and VCS considered a new Compact would provide a firm foundation for more sophisticated partnership arrangements.

4.4 The work to refresh the Hertfordshire Compact, since March 2015, has been undertaken by a working group that includes representatives from HCC, District and Borough Councils, both Hertfordshire Clinical Commissioning Groups (CCGs), the Police and Crime Commissioner's

Office (PCC) and an equal number of representatives from the VCS. The VCS representatives were selected by a network of Hertfordshire voluntary sector Chief Executive Officers established early 2015.

4.5 The Steering Group agreed a draft Compact for wider consultation open from October 2015 to January 2016. The consultation was targeted at stakeholders and also open to the public on HertsDirect and on VCS websites.

4.6 Thirty-nine responses were received and the steering group considered and responded to each comment given. Consultation results are currently available on HertsDirect. The Draft Compact has been amended accordingly and can be seen at Appendix A.

4.7 It is proposed to publish and launch the final version of the Compact in July 2016 once the document has been through the governance processes at all organisations represented at the steering group. Organisations will be invited to a launch event at the Focolare centre in Welwyn Garden City on 20 July to publicly 'sign up' to the principles of the Hertfordshire Compact.

4.8 The steering group plan to continue working together to implement and embed the Hertfordshire Compact, to evaluate the effectiveness of the document and to work together to manage any disputes or disagreements that may arise. The intention is to review, and refresh if applicable, the Hertfordshire Compact annually.

Report signed off by	Director of Health & Community Services
Sponsoring HWB Member/s	Director of Health & Community Services, Hertfordshire County Council - Iain MacBeath
Hertfordshire HWB Strategy priorities supported by this report	The Compact will strengthen and grow the relationship between statutory organisations and the voluntary and community sector and consequently enable stronger partnership working in the priorities of the H&Wb strategy.

Needs assessment The Voluntary Sector Commissioning Strategy 2015-2019 identifies the need to refresh the Hertfordshire Compact as it was last updated in 2005.
Consultation/public involvement As outlined in the report
Equality and diversity implications An Equalities Impact Assessment of the Compact has been prepared and implications are considered to be positive. The Compact makes specific commitments to reduce barriers to involvement in the design of programmes, policies and services, to consider and mitigate impacts on service users when funding come to an end, to understand the needs and views of people specifically protected by legislation and other under-represented and disadvantaged groups, and to take practical action to eliminate unlawful discrimination, advance equality and to ensure a voice for under-represented and disadvantaged groups. An 'easy read' version of the Compact is planned so it is accessible for people with learning disabilities.
Acronyms or terms used. eg:

Initials	In full
COPD	Chronic Obstructive Pulmonary Disease

Hertfordshire Compact
Working Together Better Together

Introduction

The Hertfordshire Compact is a written understanding between the voluntary and community sector and statutory sectors about how they will co-operate and continue to develop positive working relationships for the benefit of Hertfordshire's communities. The Compact process is one of learning, development and dialogue.

The agreement has been developed by the Hertfordshire Compact steering group, a multi-agency group responsible for leading on the implementation, monitoring and championing of the Hertfordshire Compact. The group includes representation from a number of Hertfordshire's statutory and voluntary and community sector agencies.

The main aims of the Hertfordshire Compact are to build on existing partnerships, develop a range of shared principles and undertakings and develop the relationship between the sectors through mutual respect and trust, so that better public services can be provided across Hertfordshire. This agreement reflects the Hertfordshire Voluntary Sector Commissioning strategy and will operate in conjunction with the Procurement regulations of all the statutory organisations involved. Although this Compact is not legally binding, the intention is that it should be followed to promote good quality working relationships between voluntary and community sector organisations and statutory organisations across Hertfordshire.

An effective partnership between the statutory sector and voluntary and community sector will help achieve the following outcomes:

- A strong, diverse and independent voluntary and community sector
- Effective and transparent design and development of policies, programmes and public services
- Responsive and high-quality programmes and services
- Clear arrangements for managing changes to programmes and services
- An equal and fair society

A strong, diverse and independent voluntary and community sector

Undertakings by Statutory Organisations (SO):

1.1 Respect and uphold the independence of Voluntary and Community Sector organisations (VCS) to deliver their mission including their right to campaign regardless of any relationship financial or otherwise which may exist.

1.2 Ensure VCS are supported and resourced in a reasonable and fair manner where they are commissioned or funded by SOs to fulfil their aims.

1.3 Ensure that SO's collectively recognise the need to resource, in a range of ways, local support and development organisations in order to assist VCS with their capacity to deliver positive outcomes.

An example:

In order to carry out Disclosure and Barring Service (DBS) checks as an organisation registered directly there needs to be a minimum of 100 checks per year; this precludes the overwhelming majority of voluntary sector organisations. The ability to access this service as part of the County Council at cost is very helpful, more so as it is backed up with access to telephone advice about checks.

1.4 Ensure greater transparency by making data and information more accessible; helping VCS to make appropriate challenges and allowing them to access new and existing markets of service provision.

An example:

Hertfordshire Community Foundation, who make grants to local charities and voluntary groups, are collaborating with Hertfordshire County Council's Public Health Evidence & Intelligence Team and Community Information & Intelligence Unit to produce an evidence base for their work. Drawing on advice and support from HCC intelligence specialists, their 'Hertfordshire Matters' report will bring together key data on local needs to inform the allocation of grants and provide an evidence-based rationale for setting funding priorities. By working together to ensure that their own data report reflects the information sources in Hertfordshire's Joint Strategic Needs Assessment, HCF's potential donors can also be assured that their money will be spent in ways which will have the greatest impact on improving people's lives within the county.

1.5 Consider ways to facilitate greater VCS access to SO premises and resources where this will produce public benefits.

1.6 Create a transparent and open commissioning environment to foster good relations, encourage co-operation and partnership.

1.6 is an additional undertaking following the consultation

Undertakings by Voluntary and Community Sector:
1.7 When campaigning or advocating ensure that robust evidence is provided including information about the source and range of people and communities represented.

1.8 Ensure independence is upheld focusing on the cause represented regardless of any relationship they have with the SO financial or otherwise.

1.9 Monitor and evaluate activities that are undertaken to ensure they achieve the organisations mission.

1.9 is an additional undertaking following the consultation

Joint Undertakings:
1.10 Encourage, facilitate and support volunteer engagement in the development and delivery of public services

Undertaking 1.10 has been amended to include 'and support' following the consultation

1.11 When working jointly with another organisation, respect each other's organisational processes and use established procedures to address any concerns or queries that arise.

Undertaking 1.11 has been amended including to replace 'when raising queries or concerns' with 'when working jointly' following the consultation

1.12 Prior to initiating contact with the press, using social media, or making public announcements, adopt a "no surprises" approach so that no organisation is unfairly or unnecessarily deprived of information or reasonable notice.

Undertaking 1.12 has been amended to replace 'When' with 'Prior to' following the consultation

1.13 Take advantage of opportunities to promote the COMPACT as the agreed basis for effective partnership working.

Effective and transparent design and development of policies, programmes and public services

Undertakings by Statutory Organisations:
2.1 Ensure that social, environmental and economic value forms a standard part of designing, developing and delivering policies programmes and services. All policy decisions are subject to the Equalities Impact Assessment process.

2.2 Consider the social impact that may result from policy and programme development and in particular consider how these would impact local efforts to inspire and encourage social action and to empower communities.

2.3 Work with VCS from the earliest possible stage to design policies, programmes and services. Ensure those likely to have a view are involved and remove barriers that may prevent organisations contributing.

2.4 Give notice of forthcoming consultations relevant to the VCS, allowing where possible enough time for VCS to involve their service users, beneficiaries, members, volunteers and trustees in preparing responses. Where it is appropriate, and enables meaningful engagement, conduct 12-week formal written consultations, with clear explanations and rationale for shorter time frames or a more informal approach.

2.5 Provide feedback, where appropriate, to explain how respondents including those who felt there may be barriers, have influenced the design and development of policies programmes and public services including where respondents' views have not been acted upon.

Undertaking 2.5 has been amended and added to; 'including those who felt there may be barriers' following the consultation

Undertakings by Voluntary and Community Sector:

2.6 Engage with SOs as they develop policies, programmes and services that affect local communities and VCS services.

Undertaking 2.6 has been amended and extended from 'Promote and respond to SO consultations where appropriate' following the consultation

2.7 Be clear, when making representation, who is being represented in what capacity and on what basis that representation is being made.

2.8 When putting forward ideas, focus on evidence based solutions, with clear proposals for positive outcomes.

Joint Undertakings:

2.09 Encourage and facilitate engagement in both development and delivery of services.

2.09 is an additional undertaking following the consultation

2.10 Seek, and take on board, the views of service users, clients, beneficiaries and wider members of the public in the design and development of programmes and services, including the use of data that is available. Aim to find solutions that are evidence-based and clearly able to demonstrate positive outcomes.

2.11 Work in partnership to assess implications of new policies, legislation and guidance aiming to reduce the bureaucratic burden particularly on small organisations.

Undertaking 2.11 has been amended to replace 'Assess the implications for the sector' with 'Support the VCS to assess implications' and include 'work in partnership' following the consultation

Responsive and high-quality programmes and services

Undertakings by Statutory Organisations:
3.1 Enable the VCS to have a greater role and more opportunities in delivering public services in line with the Hertfordshire statutory organisations commissioning strategies. Comply with the requirement in the Public Services (Social Value) Act 2012 to consider the economic, environmental and social benefits of all procurement practice.

An example:
As commissioners of health and social care, public sector organisations are committed to addressing the fundamental challenge of moving investment into preventative services and we recognise the opportunity of working in partnership with many of our voluntary and community sector partners in this pursuit. The Voluntary Sector Commissioning Strategy for Hertfordshire 2015-2019 sets out expectations of the future of this relationship and the characteristics, values and behaviours that we will be looking for in our partners. The document outlines a consistent commissioning framework to improve communication and ensure a shared vision of how we will work together in the future.

3.2 Consider a range of ways to fund and support VCS where they are delivering SO aims and objectives including grants, contracts, sub-contracting and use of resources and premises. Work to remove barriers that may prevent VCS accessing SO funding thereby enabling smaller organisations to become involved in delivering services where they are best placed to achieve the desired outcomes.

3.3 Ensure transparency by providing a clear rationale for relevant funding decisions.

3.4 Commit to multi-year funding, where appropriate, and where it adds value for money. The funding term should reflect the time it will take to deliver the outcome. If multi-year funding is not considered to be the best way of delivering the objective, explain the reasons for the decision.

3.5 Ensure well managed and transparent application and tendering processes which are proportionate to the desired objectives and outcomes of programmes.

3.6 Agree with VCSs how outcomes, including those of social, environmental or economic value, will be monitored before a contract or funding agreement is made. Ensure that monitoring and reporting is relevant and proportionate to the nature and size of the opportunity. Be clear about what information is being asked for and why and how it will be used.

3.7 Ensure equal treatment across sectors including reporting and monitoring arrangements when tendering for contracts.

3.8 Recognise that when VCS apply for funding they can include appropriate and relevant overheads including the costs associated with items such as collaboration with other organisations and training and volunteer involvement.

3.9 Discuss and allocate risks to the organisation(s) best equipped to manage them. Where prime contractors are used ensure they adhere to the principles of this COMPACT in allocating risk. Ensure delivery terms and risks are proportionate to the nature and value of the opportunity.

3.10 Ensure that the widest possible range of organisations can be involved in the provision of services through appropriate funding and financing models, for example outcome based payments and payment in advance of expenditure. Payment in advance of expenditure should be considered on a case-by-case basis where this represents value for money.

3.11 Ensure all bodies distributing funds on the SO's behalf adhere to the commitments in this COMPACT. This includes the relationship between prime contractors and their supply chains. Demonstrate how funding arrangements and financial support can allow smaller and specialist providers to play a greater part.

Undertakings by Voluntary and Community Sector:
3.12 Ensure eligibility for funding before applying and be explicit about how outcomes will be achieved.

3.13 Ensure robust governance arrangements so that organisations can best manage any risk associated with service delivery and financing models including giving funders early notice of significant changes in circumstances.

3.14 Be open and transparent about reporting, recognising that monitoring (whether internal or external) is an aspect of good management practice.

3.15 Demonstrate the social, environmental or economic value of the programmes and services provided, where appropriate.

3.16 Help facilitate feedback from users and communities to the SO to help improve delivery of programmes and services.

3.17 Recognise that SO can legitimately expect VCS to give public recognition of its funding.

Joint Undertakings:
3.18 In order to apply COMPACT principles in the distribution of European funding we will work together to engage managing authorities, opt in partners and successful bidders with the undertakings of Hertfordshire COMPACT. Where conflicts arise we will discuss the potential effects and agree solutions together.

3.19 Encourage feedback through an annual survey from a range of sources on the effectiveness of the SO/ VCS partnership and how successful it has been in delivering shared objectives. Place this feedback in the public domain.

Clear arrangements for managing changes to programmes and services

Undertakings by Statutory Organisations:
4.1 If a programme or service is encountering problems agree with the VCS a timetable of actions to improve performance before making a decision to end a financial relationship.

4.2 Assess the impact on beneficiaries, service users and volunteers before deciding to reduce or end funding. Assess the need to re-allocate funds to another organisation serving the same group.

4.3 Where there are restrictions or changes to future resources discuss with VCSs the potential implications as early as possible, give organisations the opportunity to respond and consider the response, fully respecting sector expertise before making a final decision.

4.4 Give a minimum of three months' notice in writing when changing or ending a funding relationship or other support apart from in exceptional circumstances and provide a clear rationale for why the decision has been taken.

Undertakings by Voluntary and Community Sector:
4.5 Plan for the end of funding to reduce any potential negative impact on beneficiaries and the organisation.

4.6 Contribute positively to reviews of programmes and funding practice.

4.7 Advise SOs on the social, environmental or economic impact of funding changes and on ways to minimise their effects on people in vulnerable situations.

Joint Undertaking:
4.8 Jointly plan for the end of contracts and funding to minimise negative impacts on beneficiaries and services.

An equal and fair society

Undertakings by Statutory Organisations:
5.1 Work with VCS that represent, support or provide services to people specifically protected by legislation and other under-represented and disadvantaged groups. Understand the specific needs of these groups by actively seeking the views of service users and clients. Take these views into account, including assessing impact, when designing and implementing policies, programmes and services.

5.2 Acknowledge that organisations representing specific disadvantaged or under-represented group(s) can help promote social and community cohesion and should have fair access to state funding.

Undertakings by Voluntary and Community Sector:
5.3 If receiving funding from a SO, show how the value of the work can help that body deliver its public sector duties on promoting equality and tackling discrimination.

5.4 Take practical action, such as through funding bids, to eliminate unlawful discrimination, advance equality of opportunity and build stronger communities.

Joint Undertaking:
5.5 Take practical action to foster good relations, eliminate unlawful discrimination, advance equality and to ensure a voice for under-represented and disadvantaged groups.

Undertaking 5.5 has been amended to include 'foster good relations' following the consultation

Contact details

To contact the Hertfordshire Compact steering group please email corporate.policyteam@hertfordshire.gov.uk