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 WEDNESDAY 14 DECEMBER 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, C Ward Clinical Commissioning Groups,
J Coles, Director of Children's Services,
I MacBeath, Director of Health and Community Services,
M Downing, Healthwatch Hertfordshire,
L Haysey, L Needham, District Council representatives,
N Carver, NHS Provider representative
D Lloyd, Hertfordshire Police and Crime Commissioner

OBSERVER

T Cahill, NHS Provider Representative

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 6 October 2016.

2. PUBLIC QUESTIONS

3. SUSTAINABILITY AND TRANSFORMATION PLAN
(report attached)

4. BETTER CARE FUND PERFORMANCE UPDATE & DTOC OVERVIEW
(report attached)

5. MENTAL HEALTH STRATEGY
(report attached)

6. MENTAL HEALTH CRISIS CONCORDAT UPDATE
(report attached)

7. SYSTEMS INTEGRATION AND LOCAL DIGITAL ROADMAP
(report attached)

8. COLD WEATHER PLANNING
(report attached)

9. 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 Stephanie Tarrant, Democratic Services Officer, Democratic Services, on 01992 555481, or email stephanie.tarrant@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
6 OCTOBER 2016
M I N U T E S

ATTENDANCE

MEMBERS OF THE BOARD

B Flowers, N Small, H Pathmanathan Clinical Commissioning Group Representatives
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 Needham, District Council Representative
T Heritage, County Councillor
D Lloyd, Hertfordshire Police and Crime Commissioner
N Carver, NHS Provider Representative
R Roberts, County Councillor
C Wyatt-Lowe, County Councillor (Chairman)

OBSERVER

T Cahill, NHS Provider Representative

CHAIRMAN'S ANNOUNCEMENTS

The Chairman noted apologies from Linda Haysey and Cameron Ward.

With regard to West Herts Hospital Trust, it was noted that the decision on the future plans were nearing completion following extensive consultation on the various options. It was highlighted that the development of social care hubs would be very important.

In relation to STPs, it was noted that the common aim was to improve outcomes for delivery of sustainable services to help people live more sustainable lives independently. It was noted that an update regarding implementation would be provided to the Board after 23 October 2016.

PART I ('OPEN') BUSINESS

ACTION

1. MINUTES

1.1 The minutes of the Health and Wellbeing Board meeting held on 14 June 2016 were confirmed as a correct record of the meeting.

2. PUBLIC QUESTIONS

2.1 The following public question was received from Helen Payne:
"What are Hertfordshire doing about the large population of people with medically unexplained symptoms (MUS) for which there is no current appropriate service and who are extremely costly to the NHS?"
The response was sent to Helen Payne and is attached as appendix a.

3. THE PUBLIC HEALTH PARTNERSHIP FUND (THE DISTRICT OFFER)

[Officer Contact: Cicely Scarborough, Project Manager, Tel: 01992 588697]

3.1 The Board received a report providing an update on the Public Health District Offer and a presentation attached as appendix b. The presentations for each of the District and Boroughs end of Phase 1 presentations for the District Offer are published in the Health in Herts website at the link below. Please scroll down to 'The Public Health Partnership Fund (District Offer)' heading.
http://www.hertfordshire.gov.uk/services/healthsoc/healthherts/hihprof/

3.2 The Board welcomed the presentation, providing an update on successful projects being implemented by East Herts Council and Hertsmere Council. It was noted that the examples shown were a sample of the over 120 work streams covering a range of areas across the county.

3.3 Members discussed how districts made decisions on who to involve and support in their projects and it was noted that every district had a partnership board where the decision would be made based on officer advice and elected Members would be included in the discussion. The importance and value of local knowledge in order

to support specific needs in local areas was emphasised.

3.4 It was noted that the variation of projects across all ten districts was vast and the sharing and development of ideas over the next three years would be valuable.

3.5 Members welcomed the work done on the Parks App and commended the accessibility for children and adults.

Conclusion:

3.6 The Board noted the content of the report.

4. PROGRESSING MENTAL HEALTH IMPROVEMENT ACROSS THE POPULATION: A SYSTEMS APPROACH

[Officer Contact: Jim McManus, Director of Public Health and Piers Simey, Health Improvement 01438 844175]

4.1 The Board received a report setting out plans and progress in developing a population approach to mental health across Hertfordshire, taking a system-wide focus involving all key partners.

4.2 Members welcomed the focus on Mental Health and highlighted the lack of parity in terms of access to acute care in emergencies for treatment of mental health compared to physical health. It was noted that this was something the Board needed to continue to focus on.

4.3 With regard to mental health and parenting, the family safeguarding approach being implemented by Children's Centres was starting to show positive results. Feedback showed that mental health support was helping parents look after their children.

4.4 In relation to the issue around the number of section 136 admissions, paragraph 4.15 of the report, it was noted that there were significant variations across the county. It was reported that positive work was being done with the fire service but there was potential to roll out the positive work on a wider scale. Members suggested that an update on this should be provided for the Board in due course. J Sutterby

4.5 Members highlighted the fact that the Police were involved in dealing with mental health crisis situations too frequently and there

was not enough street triage available across the county. A Member of the Board suggested more investment in front line health professionals to attend Mental Health crisis situations rather than Police would also contribute towards destigmatising mental health issues. Members also highlighted the fact that Mental Health issues should not be automatically associated with violence as evidence did not support that assumption.

4.6 The Board agreed to hold a half-day conference to address the issue of Mental Health stigma and access and availability to treatment. It was highlighted that the focus should be on how to use existing resources better rather than increasing funding. Members also suggested a focus on work going on around the County in order to find good models to adapt more widely.

4.7 The importance of the use of social media and social movements was highlighted by Members of the Board.

4.8 In discussion, the suggestion that many issues could be best addressed within a community rather than always referred out was made.

Conclusion:

4.9 The Board noted the contents of the report and endorsed the current focus for system-wide working.

4.10 The Board considered how to build a whole system approach to mental health and made suggestions as recorded in the minutes above and in minute 4.12 below.

4.11 The Board asked to receive a periodic update on the progress of this work. — J Sutterby

4.12 The Board agreed to work on the lack of parity in crisis care for mental health compared to physical health and it was agreed that the key representatives from Public Health, Mental Health and Policing would meet to discuss this matter and establish a way to move forward in this area. — J McManus, D Lloyd, T Cahill

5. ANNUAL SAFEGUARDING REPORT

[Officer Contact: Sue Darker, Operations Director and Liz Hanlon 01992 588820]]

5.1 The Board received a report providing an update on the work of the Hertfordshire Safeguarding Adults Board (HSAB.)

5.2 In discussion Board Members suggested the addition of some text to state that due to the significant work on raising awareness, more referrals were now being received, in order to provide context. Officers agreed to include this information in the next report. S Darker

5.3 It was noted that this is the first year that an independent report had been received from each district and officers would be looking at differences in provision across the county in order to identify ways of improving. Members welcomed the fact that benchmarking would now be possible.

5.4 In response to a question from a Member, it was noted that all data including rises, differences, concerns and quality was considered by the performance sub-group and also the independent auditor.

5.5 A Member of the Board highlighted the fact that they had expected to see more on Domestic Abuse presented in this report and questioned the figures provided on page 15 of the report. It was noted that the figures showed the number of cases recorded, which did not always reflect the number of cases that had taken place. It was noted that training was currently taking place to improve recording of abuse. The Board also heard that the cases recorded only included people eligible for social care so the figures would be smaller. Officers agreed to include a note providing the context for the figures displayed on page 15 of the report and to ensure the context was clear in future reports. S Darker, L Hanlon

Conclusion:

5.6 The Board noted the report and progress made.

6. HEALTH AND WELLBEING BOARD CONSTITUTIONAL AMENDMENTS

[Officer Contact: Jamie Sutterby and Keir Mann Tel: 01992556735]

6.1 The Board received a report outlining proposed amendments deriving from the annual review of the Health and Wellbeing Board (HWB) Constitution.

6.2 The Board discussed the proposed governance structure chart, and understood that the Executive meetings referred to officer led decision making forums between the local authority and CCGs.

6.3 There was discussion around Board representation and it was suggested that developing communication with non-statutory agencies would be the best way forward, rather than increasing the Membership of the Board.

6.4 Members agreed that the role and expectations of portfolio holders (as suggested in paragraph 4.6 of the report) would need to be clearly defined. It was suggested that portfolio holders liaise with stakeholders regarding expectations. Officers agreed to work on clarifying and establishing the role of portfolio holders. Jamie Sutterby

6.5 In line with the above it was noted that the portfolios given as examples in paragraph 4.7 of the report were suggestions and that the portfolios should be reviewed on a regular basis to ensure they were based on need and relevance. The portfolio leads would be agreed by the Board and the portfolios would be as follows: Leads for those portfolios were identified as Housing, Pharmacy, Community and Voluntary Sector, Sustainability and Transformation Plan.

6.6 In response to a question from a Member relating to paragraph 4.3 of the report, it was noted that the Adult Commissioning Executive included the two clinical commissioning groups and the County Council and met quarterly to take decisions regarding commissioning.

Conclusion:

6.7 The Board endorsed the constitutional amendments and governance changes as suggested in the report and recommended that County Council agree the changes.

7. HERTFORDSHIRE SAFEGUARDING CHILDREN ANNUAL REPORT

7.1 The Board received a report providing Members with an update on the state of safeguarding children in Hertfordshire and the work undertaken by the Hertfordshire Safeguarding Children Board (HSCB) during the period of April 2015 to March 2016.

7.2 It was noted that the Ofsted visit had resulted in a ‘good’ judgement.

7.3 The fact that the number of domestic abuse cases remained constant was highlighted as a concern.

7.4 Delay in the flow of information coming out of case conferences was discussed and it was noted that work was ongoing around ways of enabling GPs to participate in case conferences and looking at how those not in the room are informed. It was noted that

all relevant parties should be informed within 48 hours if a child is put into care. Members highlighted the need to ensure this was consistent across the whole system.

7.5 There was discussion of the need to use the lay members of the strategic board within their sphere of knowledge. With regard to the further education representatives, it was noted that involvement at strategic level was a challenge although there was involvement at local forums.

7.6 Members highlighted the fact that involvement of districts in both boards is exemplary and not seen in all districts.

7.7 The Board offered their thanks to Phil Picton, Independent Chairman of the HSCB, who would be retiring from his work in Hertfordshire. Officers also thanked Liz Hanlon, Independent Chair of the HSAB, and recognised the valuable contribution of the Chairs of both boards.

Conclusion

7.8 The Board noted the HSCB Annual Report and agreed to take it into account in future discussions on improving the Health and Wellbeing of Children in Hertfordshire.

8. ANY OTHER URGENT BUSINESS

None.

KATHRYN PETTITT
CHIEF LEGAL OFFICER **CHAIRMAN**_____

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

3

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 DECEMBER 2016 AT 10.00 AM

HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PLAN

Report of:

Author: Tom Cahill Tel: 01707 253851
Chief Executive
Hertfordshire Partnership
NHS Foundation Trust

1. Purpose of report

1.1 A verbal report will be given to update the Board on the publication of the Hertfordshire and West Essex Sustainability and Transformation Plan (STP).

2. Summary

2.1 The Hertfordshire and West Essex STP was submitted as a draft to NHS England on 21 October 2016. Feedback has been received from NHS England, NHS Improvement and other regulatory bodies, and the STP is to be published on 12 December. Hard copies will be available at the meeting of the Health and Wellbeing Board on 14 December 2016 and a link to the document will be published in the minutes of the meeting, and members sent a link in advance of the meeting. The published STP will be made widely available to local people and organisations.

3. Recommendation

The Board is asked to note the publication of the Hertfordshire and West Essex STP.

4. Background

4.1 The Board will receive a verbal report to update on the publication and progress of the Hertfordshire and West Essex STP. Copies of the published STP will be available at the meeting, and a link to the document will be included in the minutes of the meeting.

4.2 The report will inform members of arrangements to engage with local people, organisations and stakeholders in taking the STP forward to achieve its aims of:

- Working with local communities to give people the choices to live healthier lives;
- Enabling people to stay as independent as possible when they have long-term conditions, and to receive care and treatment close to home by enhancing integrated primary care and community health, social and mental health services;
- When people attend or are admitted to hospital it is because they need the level of care and specialist treatment that can only be given in hospital, and once they no longer need that level of care and treatment, they can return to the community.

4.3 This new way of working with local people will enable the health and care system to manage the rising demand for its services from an increasing and older population, and continue to provide high quality and affordable services into the future.

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: E.g. Starting Well
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

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

4

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 DECEMBER 2016 AT 10:00AM

2016-17 BETTER CARE FUND PERFORMANCE UPDATE AND DTOC OVERVIEW

Report of:

Author: Jamie Sutterby Tel: 01992 588950

1. Purpose of report

1.1 To provide an overview to the Board of 2016-17 Better Care Fund performance in Hertfordshire to date.

2. Background

2.1 Hertfordshire's Better Care Fund (BCF) is a single pooled budget, initiated nationally to drive closer joint working between the NHS and social care. In line with the 2016-17 BCF Plan submitted last May, £304m of existing funding has been pooled between Hertfordshire County Council (HCC), Herts Valleys CCG (HVCCG), East & North Herts CCG (ENHCCG) and Cambridgeshire and Peterborough CCG (CPCCG).

2.2 Guidance on next year's BCF Plan is due to be published by NHS England in December. The next Plan however will be required to cover two financial years (2017-2019) and must set out Hertfordshire's intentions for health and social care integration over the period. The BCF Plan must include how integration will align with Hertfordshire's Sustainability & Transformation Plan (STP). The next BCF Plan will be submitted to the Health & Wellbeing Board in March next year for approval.

3. Performance

3.1 Performance metrics

3.2 Hertfordshire's BCF is measured by NHSE quarterly against 6 set performance metrics (see table 1). The latest performance information is as below (see appendix 1 for more detailed information):

Table 1: 2016-17 Performance against NHSE metric targets

National Metric	2016-17 Target	Q1	Q2
1. Non-elective admissions	Average of 26,862 NEAs per quarter (Q1 = **26,622**, Q2 = **26,857**)	26,463	26,634
2. Admissions to residential & nursing care	**610** admissions per 100, 000 population	533	392*
3. Effectiveness of reablement	**87.1%** of 65+ still at home 91 days after discharge into reablement/rehabilitation services	85.8%	84.7%
4. Delayed transfers of care	707.9 DToC per 100, 000 population (Q1 & Q2 = **709.6**)	1495	1553
5. Dementia diagnosis (locally agreed metric)	**67%** dementia diagnosis rate in line with national target	62.7%	64.5%
6. Service user engagement - HCS enablement survey	**90%** overall satisfaction rate in HCS enablement service survey	85.7%	86.8%

**A data lag means this figure is likely to increase by Q3 although still be on target (Green = met, Amber = nearly met, Red = not meeting)*

3.3 Hertfordshire continues to perform positively in relation to non-elective admissions, dementia diagnosis and admissions to care homes. However, key challenges remain regarding delayed transfers of care (DToC) with numbers of delayed bed days in 2016-17 exceeding both the target and 2015-16 figures. This reflects a national trend in areas not meeting baseline or Plan targets. In Hertfordshire, this is largely due to a lack of available ongoing capacity in the community, but also due to ongoing process, staffing and communication issues which are being tackled through the integration of Integrated Discharge Teams (IDTs) and a range of other improvement activity to help manage demand..

3.4 Other key performance commentary for quarter 1 and quarter 2 includes:

- 93,000 hours of **Specialist Care at Home** (SC@H) homecare have been delivered further to roll out in April this year. A recent review has shown:
  - A higher number of people are exiting the service with no ongoing homecare requirements (65%) than previous services
  - Better value for money with more care delivered than the previous services but for a smaller cost – in E&N transitional homecare is £4ph less expensive since implementation and in HV is £7ph less expensive
  - SC@H is accepting a higher proportion of clients

- Continuation of the E&N Vanguard, for example, introduction of the Trusted Assessor role, Red Bag initiative and expansion of the 'Complex Care' scheme to allow developing care homes care for complex residents
- Development of the Local Digital Roadmap aligning to Sustainability & Transformation Plans (STPs) – this outlines development of a digital integrated shared care record and plans for system connectivity and integration over the next 2-3 years.

- A Multi-Speciality Case Manager role has been introduced for all HV localities as part of the multi-speciality team (MST) approach.
- An agreement between London School of Economics and HCC means HVCCG's MST approach and the Complex Care Premium scheme will be fully evaluated and learning built into future preventative projects.
- Greater integration and co-location of health and social care teams at both Lister Hospital and Princess Alexander Hospital to improve patient flow.
- Establishment of an Operational Access Group on warm handovers that will reduce duplication and improve patient experience.
- HomeFirst rolled out to both Welwyn & Hatfield and Stevenage localities in November building on existing Rapid Response services.

3.5 A more in-depth summary of performance, including DToC, will be provided via a PowerPoint presentation at the HWB meeting. This includes further details for a 'Patient Satisfaction Dashboard' bringing together local and national health and social care patient experience information.

4. Risks

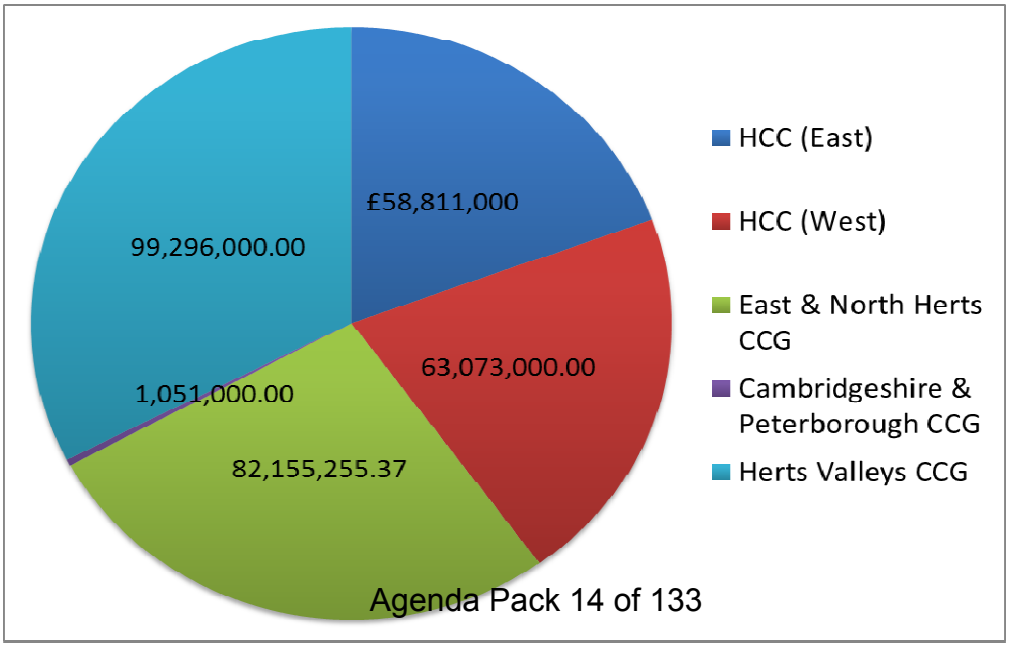
4.1 BCF risks continue to be monitored by the Chief Finance Officer Group and reported to the Planned & Primary Group and Joint Executive Group in accordance with BCF reporting structures and risk management strategy. Risks this quarter include health and social care market capacity and retention issues.

4.2 BCF governance has also been subjected to auditing by HVCCG and HCC audit services this year with resulting recommendations addressed and in place.

5. Finance

5.1 Previous reports have introduced 'big' and 'little' BCF budget categories. The 'big' BCF is the £304m countywide budget containing the budget lines for a range of community health and social care services.

Table 2: 2016-17 BCF Contribution by Organisation:



5.2 The 'little' BCF is the allocation that is transferred from the NHS to HCC "towards expenditure incurred by the authority in connection with the performance of any of the authority's functions which (a) have an effect on the health of any individuals; (b) have an effect on, or are affected by, any NHS functions; or (c) are connected with any NHS functions" (Section 256 of the NHS Act 2006). This recognises the system benefit of supporting social care, and is therefore significant to achieving the above outlined BCF metrics and national conditions (see appendix 2). The 'little BCF' is managed at officer level at Executive to Executive meetings or equivalent across both CCG areas.

5.3 The services and activities funded by the 'little BCF' generally fall into three categories:

- Commissioned care – e.g. intermediate care, Specialist Care at Home to support ongoing need and patient flow
- Additional staff to support integrated teams – e.g. hospital discharge teams, Rapid Response, Early Intervention Vehicle, Community Navigators
- Project initiatives or pilots – e.g. Carer Friendly Hospital, Medeanalytics licensing

5.4 Across the BCF as a whole, pressures have arisen within Funded Nursing Care, reflecting increased national rates, and Continuing Healthcare due to an increasing number of clients with complex conditions. Increased Patient and Carers' Direct Payments packages also represent a pressure on HCC budgets. The latter is being managed through a programme of active review to identify high cost payments and ensure consistency of provision across the county.

6. Recommendation

6.1 That the Board notes the key points of 2016-17 BCF performance, risks and finance to date

6.2 That the Board provides feedback on whether information provided meets their needs in terms of regular BCF reporting.

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 all four of the Health & Wellbeing priority areas: • Starting Well • Living and Working Well • Developing Well • Ageing Well
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.

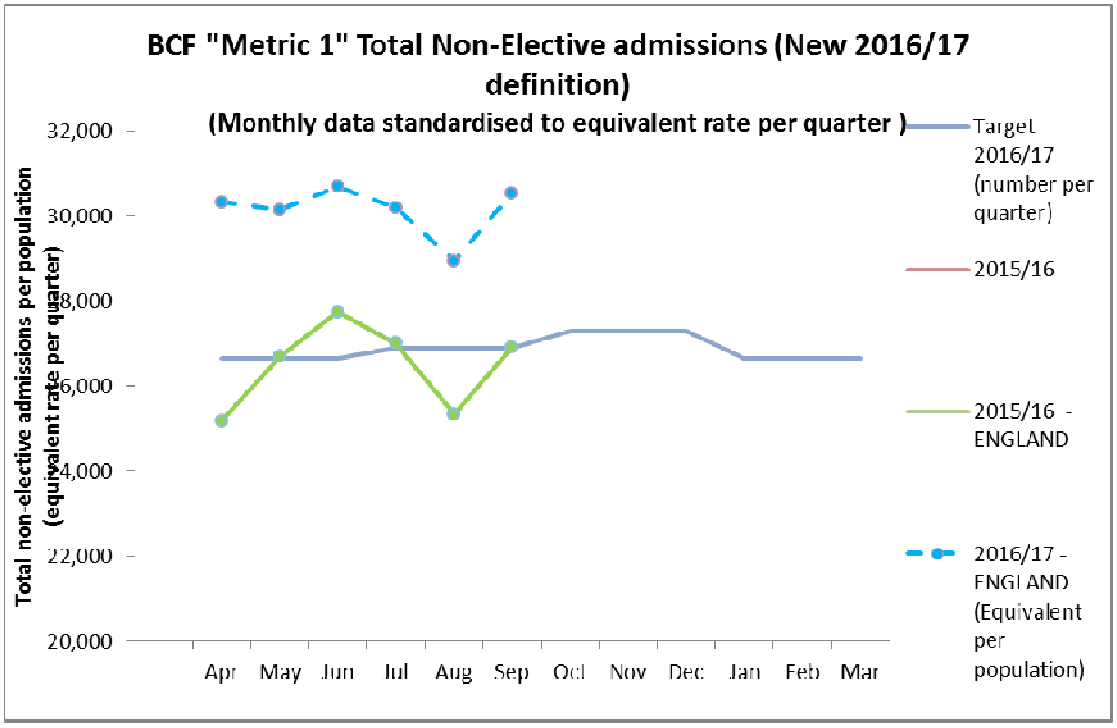
Equality and diversity implications

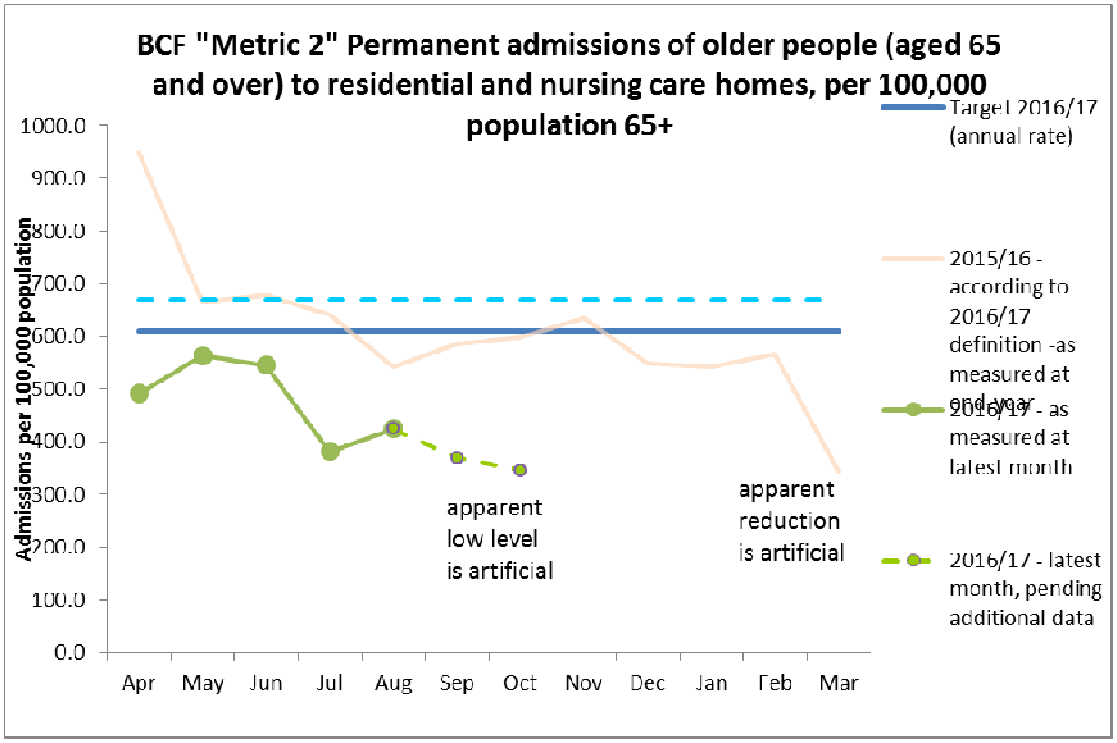
Each project that is delivered as part of the Better Care Fund work is subject to robust equality impact assessments, to ensure the impact on different groups is understood and where necessary mitigated against

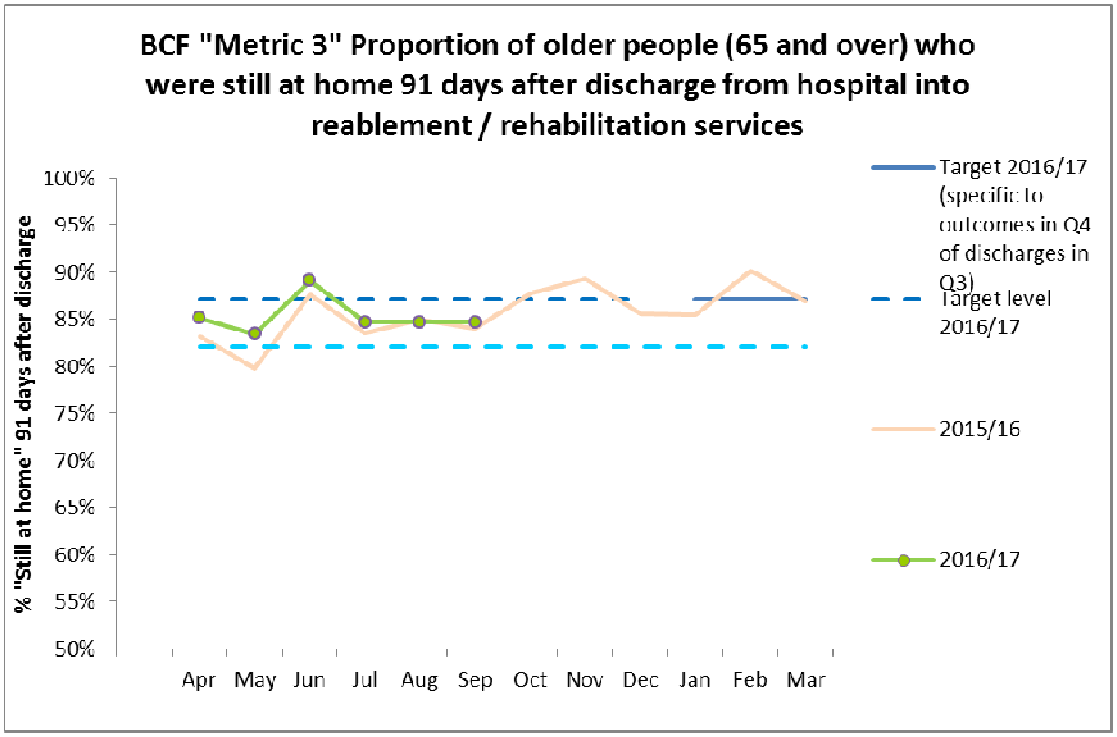
Acronyms or terms used. Eg:

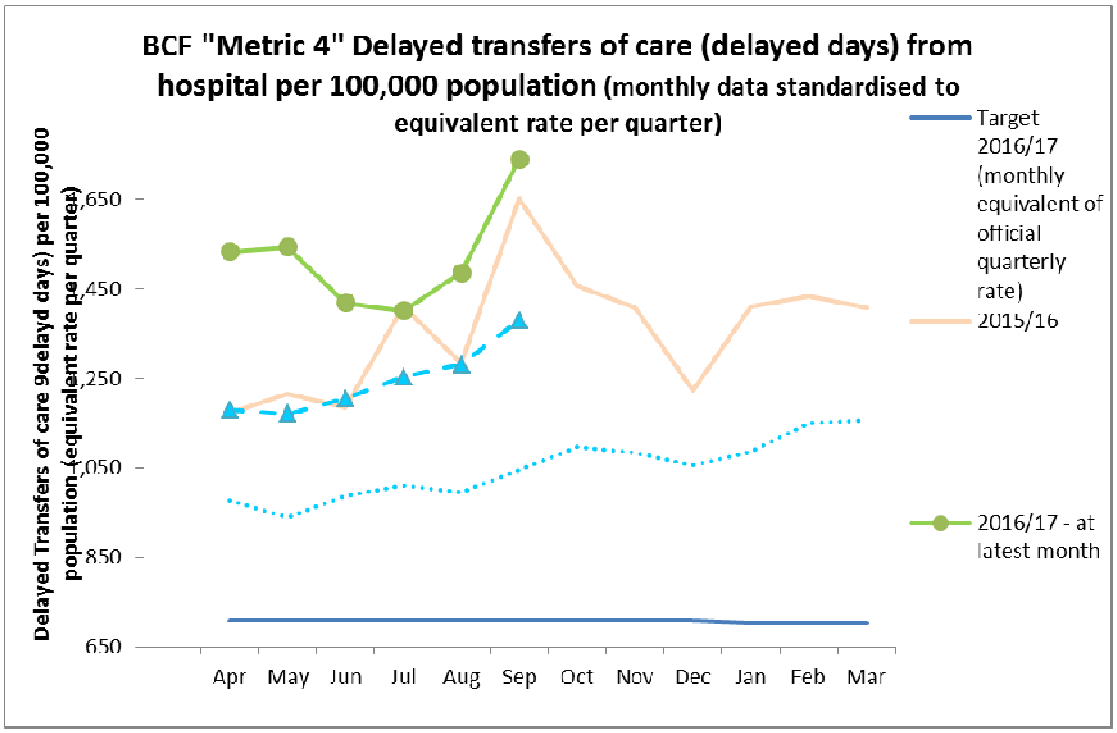
Initials	In full
BCF	Better Care Fund
CCG	Clinical Commissioning Group
CPCCG	Cambridgeshire & Peterborough Clinical Commissioning Group
DtoC	Delayed Transfer of Care
ENHCCG	East & North Herts Clinical Commissioning Group
HCC	Hertfordshire County Council
HCS	Health & Community Services
HWB	Health & Wellbeing Board
HVCCG	Herts Valleys Clinical Commissioning Group
IDT	Integrated Discharge Team
MST	Multi-Speciality Team
NHSE	NHS England

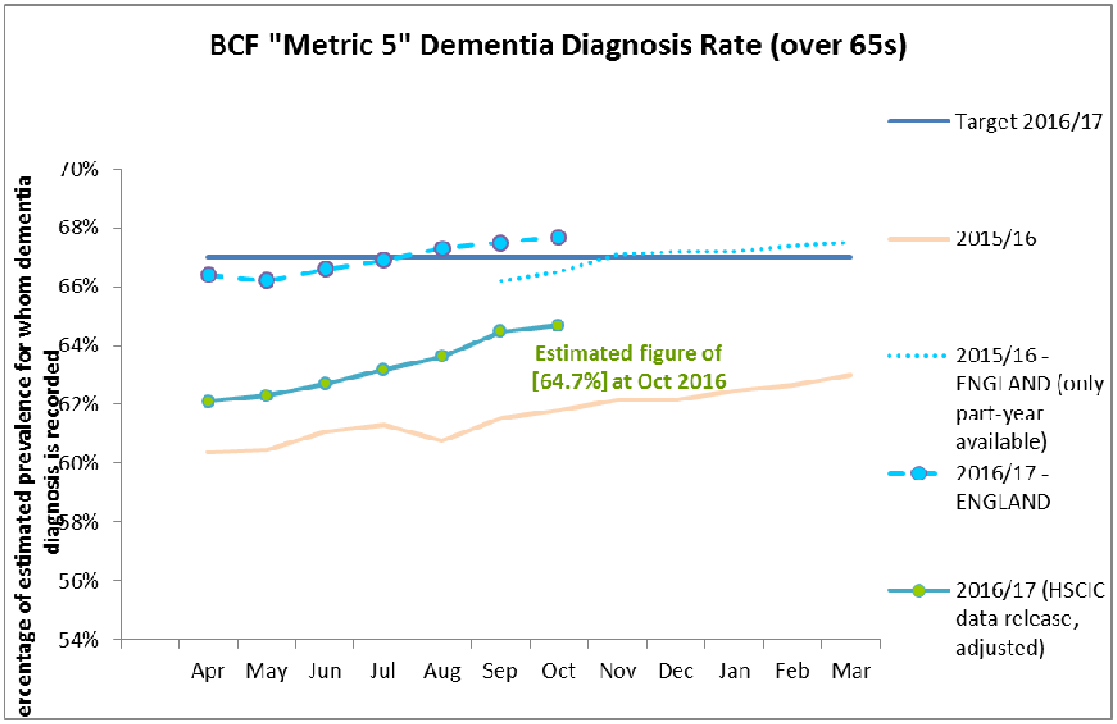
Appendix 1 - BCF Metric Performance (as on Q2 2016-17)

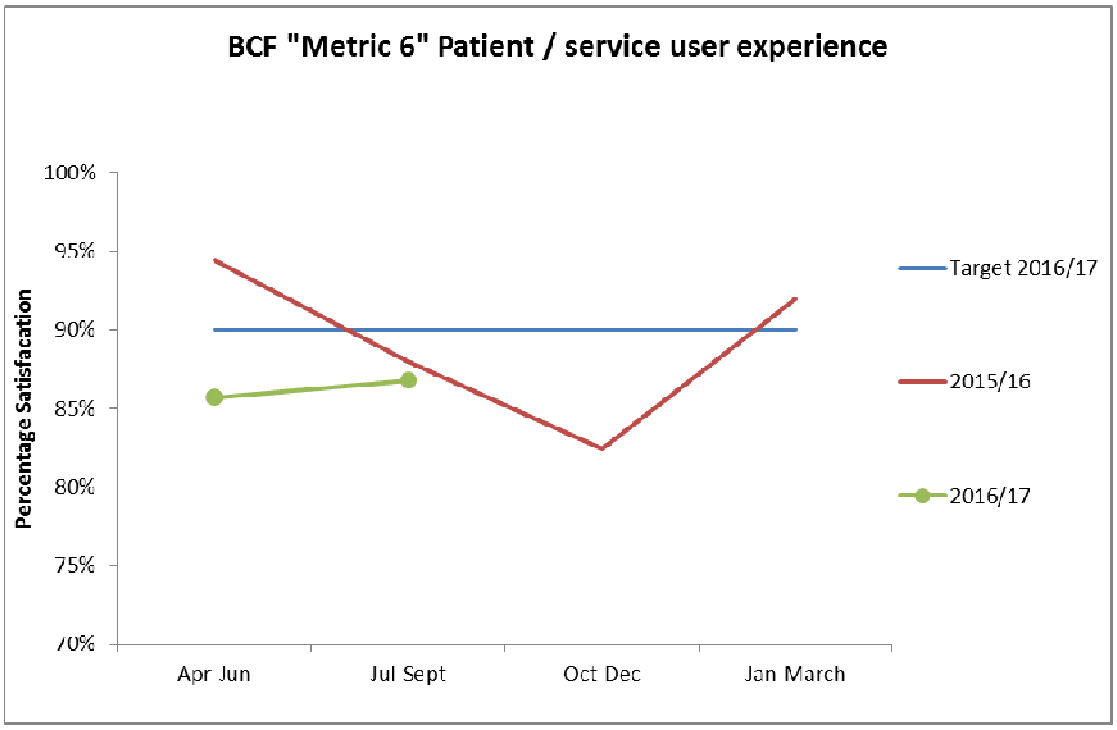





BCF "Metric 3" Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
% "Still at home" 91 days after discharge
100%
95%
90%
85%
80%
75%
70%
65%
60%
55%
50%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Target 2016/17 (specific to outcomes in Q4 of discharges in Q3)
Target level 2016/17
2015/16
2016/17


BCF "Metric 4" Delayed transfers of care (delayed days) from hospital per 100,000 population (monthly data standardised to equivalent rate per quarter)
Delayed Transfers of care 9delayd days) per 100,000 population (equivalent rate per quarter)
1,650
1,450
1,250
1,050
850
650
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Target 2016/17 (monthly equivalent of official quarterly rate)
2015/16
2016/17 - at latest month


BCF "Metric 5" Dementia Diagnosis Rate (over 65s)
Percentage of estimated prevalence for whom dementia diagnosis is recorded
70%
68%
66%
64%
62%
60%
58%
56%
54%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
Estimated figure of [64.7%] at Oct 2016
Target 2016/17
2015/16
2015/16 - ENGLAND (only part-year available)
2016/17 - ENGLAND
2016/17 (HSCIC data release, adjusted)


BCF "Metric 6" Patient / service user experience
Percentage Satisfacation
100%
95%
90%
85%
80%
75%
70%
Apr Jun
Jul Sept
Oct Dec
Jan March
Target 2016/17
2015/16
2016/17

Appendix 2 – BCF National Conditions

The 2016-17 BCF Plan is required to show 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

These are likely to be reduced to three national conditions in the next financial year – to be confirmed following publication of guidance by NHS England in December.

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

5

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 DECEMBER 2016 10:00AM

MENTAL HEALTH STRATEGY

Report of Iain MacBeath - Director of Health and Community Services

Author: Simon Pattison, Head of Service, Integrated Health and Care Commissioning Team / Helen Cavanagh, Commissioning Manager
Tel 01438 845319

1. Purpose of report

1.1 To request the sign off of the updated Mental Health Strategy and associated Action Plan for Hertfordshire 2016-2021.

2. Summary

2.1 This report provides an update on the Mental Health Strategy and action plan. The five year strategy builds on the work of the previous Mental Health Strategy.

2.2 The strategy has been developed between autumn 2015 and autumn 2016, through a period of public and stakeholder consultation including a full public consultation over the summer of 2016.

2.3 The Health and Wellbeing Board are being asked to review and sign off the finalised Mental Health Strategy and Action Plan 2016-2021.

3. Recommendation

3.1 It is recommended that the Health and Wellbeing Board endorse the Mental Health Strategy 2016-2021 and Action Plan.

4. Background

4.1 This report informs the Health and Wellbeing Board of the updated joint Mental Health Strategy for Hertfordshire 2016-2021.

4.2 This strategy document has been developed through an analysis of local need and listening to the views of service users, carers, stakeholders and partners. The initial Mental Health strategy development workshops commenced in October 2015 and three workshops were held in the autumn of 2015. These workshops allowed for the initial development of the draft strategy in advance of formal public consultation. From the workshop five themes emerged:

- Listening and responding service users and carers
- Early and fair access to diagnosis, treatment and support
- Preventing and responding to crisis
- From recovery to independence
- Valuing mental and physical health equally

4.3 A draft version of the strategy was presented to Hertfordshire County Council Health and Community Services (HCS) Management Board, East and North and Herts Valley Clinical Commissioning Groups (CCG), Executive Member and Adult Care and Health (AC&H) Panel, during April-June 2016. Following this, a wider public and stakeholder consultation exercise on the draft mental health strategy ran between 23 May – 31 July 2016.

4.4 During the consultation period, the engagement document (with questionnaire and easy read version) was circulated to 28 Hertfordshire stakeholder groups and services such as Guideposts, Carers Forums, Viewpoint, Herts Mind Network, Turning Point, Carers in Herts and others. Over 400 questionnaires were sent directly to various groups and each delegate at the Hertfordshire Wellbeing Conference in June 2016 received the questionnaire in their delegate pack. The opportunity for people to feedback through the Hertfordshire County Council consultation web portal was also widely disseminated. In total feedback was received from over 150 people. 12 people responded via email, 50 questionnaires were returned and 112 people fed back through meetings and workshops.

4.5 Overall people agreed with the aims and priorities within the strategy. It was felt the key themes and aims captured the main priorities. The largest response was from service users, followed by carers. 72% of the people that responded agreed with the overall aims and priorities within the strategy.

4.6 The Mental Health Strategy (Appendix A) has been revised to take into account the feedback received. The main changes that were made to the draft strategy document as a result of consultation are listed below:

- The "mental health prevalence and cost in Hertfordshire" section has been rewritten to include more up to date information.
- There are now links to other strategies e.g. Carers Strategy & Suicide Prevention Strategy.
- Within each of the 5 themes there is a section that includes the themes received from the consultation feedback.
- The Transition section has been enhanced to include more detail.
- Health inequalities now includes social determinants such as housing and living environment, work environment, access to health and social care services, unemployment and welfare as they can all have an impact on people's mental health.
- There is now a section on Health and Justice.

4.7 An action plan to accompany the strategy has been developed to ensure the outcomes of the strategy are followed through. The action plan is attached as Appendix B. The action plan will be a working document and will be updated quarterly during the lifetime of the strategy. The countywide Mental Health Planning and Partnership Group will act as the main monitoring group for the implementation of the action plan. This group includes service users and carers.

4.8 The full strategy and action plan has been taken through the Hertfordshire County Council political process alongside Herts Valley CCG and East and North CCG's Boards. All of these groups have signed off the strategy.

5. Recommendations

5.1 It is recommended that the Health and Wellbeing Board sign off the Mental Health Strategy 2016-2021 and Action Plan.

Report signed off by	HCC – Cabinet HCC - Adult Care and Health Panel East & North CCG – Governing Body Herts Valley CCG – Commissioning Executive
Sponsoring HWB Member/s	Iain MacBeath, Director of Health & Community Services, Hertfordshire County Council Dr Hari Pathmanathan, Chair of East & North Herts Clinical Commissioning Group Cameron Ward, Interim Accountable Officer, Herts Valleys Clinical

	Commissioning Group
Hertfordshire HWB Strategy priorities supported by this report	Improving mental health and emotional wellbeing
Needs assessment (activity taken)	
Consultation/public involvement (activity taken or planned) Consultation on the strategy ran from May – end of July 2016. Service users, Carers, County Councillors, District Council Leads, housing providers, voluntary and community sector, the wider public, CCG's, GP Leads and Patient Participation groups were all consulted through a range of media. This included an online survey, face to face at meetings and workshops, e-bulletins and social media	
Equality and diversity implications. A full equalities impact assessment has been completed- Minimal equality impacts have been identified Those with mental health issues have poorer outcomes when compared with the general population. The purpose of this strategy is to improve the overall outcomes for people with mental health outcomes, specifically those from a BME background as there is higher incident rate. The way that this will be done is through providing person centred services based on identified local need. The action plan will monitor the progress against the aims of the strategy, to ensure progress is made.	
Acronyms or terms used. eg:	
Initials	In full
CCG HCS AC&H HCC BME	Clinical Commissioning Group Health and Community Services Adult Care and Health Hertfordshire County Council Black Minority Ethnic

Appendix A

Hertfordshire Adult Mental Health Strategy 2016-2021

Foreword

Mental health is central to our quality of life, our economic achievement and interdependent with Hertfordshire's success in improving education, training and employment outcomes. It is also an important factor in tackling some of the persistent problems that challenge our society, from homelessness, violence and abuse, to drug use and crime.

At least one in four Hertfordshire residents will experience mental health problems at some point in their lives - often not diagnosed or requiring specialist services. Around half of people with lifetime mental illness experience their first symptoms by the age of fourteen. Promoting good mental health and intervening early we can help prevent mental illness from developing and support the mitigation of its effects when it does. Physical and mental health are closely linked – people with severe and prolonged mental illness are at risk of dying up to 20 years earlier than other people, this is one of the greatest health inequalities in England.

Mental health is everyone's business – individuals, families, employers, educators and communities all need to play their part to improve the mental health and well-being of Hertfordshire's population and keep residents well, by improving the outcomes for people with mental health problems.

We know that when mental health services are integrated with the local public, private and voluntary sector agencies and work collaboratively, they help people to overcome disadvantage and fulfil their true potential. It is estimated that mental ill health in England costs in the region of £105 billion each year and treatment costs are expected to double in the next 20 years. Hertfordshire spends over £100 million (financial year 2014-15) on mental health services across health and social care. At a time of increasing pressure on funding it is imperative to ensure that every pound spent is used efficiently. It is important that we focus resources on those who need support most whilst continuing to enable those with lower needs to improve or maintain their health, wellbeing and independence.

This strategy has been developed to communicate what we all need to do to ensure people in Hertfordshire can manage their own mental health and well-being, access treatment and help when they need it and recover, with support if required, and maximise the independence of Hertfordshire's residents.

Hertfordshire County Council, East and North Clinical Commissioning Group and Herts Valleys Clinical Commissioning Group and the partners represented at Hertfordshire Health and Wellbeing Board have agreed this five year strategy, which builds on recent good practice developments and focuses on 5 key areas for improvement. We are committed to working together to achieve its aims and would encourage you to join us in meeting the challenges by understanding our strategy and working with us to deliver it. We want to thank the many contributors to this strategy and in particular those who have shared their personal experiences to help improve services and outcomes for others.

1. Introduction

The Hertfordshire Adult Mental Health Strategy for 2016-2021 has been agreed by Hertfordshire County Council, East and North Hertfordshire Clinical Commissioning Group, Herts Valleys Clinical Commissioning Group and the Hertfordshire Health and Wellbeing Board.

This refreshed strategy builds on our 2010-15 strategy achievements and explains how our joint approach will ensure people who experience mental health problems, their carers and families are able to live and stay well in Hertfordshire. We know the health and social care landscape will change over the next five years, so we aim to make this Strategy a living document which sets out the current ambitions, but also acknowledge we must also be flexible to tackle new challenges as they emerge.

The strategy will provide an overview of what Hertfordshire has done in the last four years to improve mental health service provision and provide a clear direction of travel for improvements in planning and service delivery over the next five years.

The strategy includes an action plan (Appendix 3), which will be closely monitored to ensure that positive actions are being taken to improve the provision of mental health services.

2. The National and local context

Hertfordshire's strategy to improve the mental health of adults living in the County has been developed in the context of both national and local priorities. Recommendations from the national documents[1] shaping mental health service provision have focussed on a number of key areas for delivery:

1. A 7 day NHS – right care, right time, right quality
2. An integrated mental and physical health care approach to improve quality of life
3. Promoting good mental health, preventing poor mental health and supporting recovery
4. People will have positive experiences of good quality care and support services
5. Prevention of avoidable harm

[1] Five Year Forward View for Mental Health
No Health without Mental Health
Closing the Gap – Priorities for essential change in Mental Health
Mental Health Crisis Care Concordat

Reform in these areas will be underpinned by a set of 8 principles

1. Decisions must be locally led
2. Care must be based on the best available evidence
3. Services must be designed in partnership with people who have mental health problems and with carers
4. Inequalities must be reduced to ensure all needs/outcomes are met, across all ages
5. Care must be integrated – spanning people's physical, mental and social needs
6. Prevention and early intervention must be prioritised
7. Care must be safe, effective and personal, and delivered in the least restrictive setting
8. The right data must be collected and used to drive and evaluate progress

This strategy links into key strategic documents and other strategies will support and inform

3. Mental Health prevalence and cost in Hertfordshire

3.1 Prevalence of common mental health conditions

In 2014/15, it was estimated that around 17% of people aged 16-74 in Hertfordshire were experiencing some form of common mental health disorder. [2]

The percentage of GP patients diagnosed with a mental health condition in Hertfordshire has seen a small but steady increase from 0.69% in 2010/11 to 0.75% in 2014/15, mirroring a rise in England as a whole (Fig. A).

In 2014/15, 7.0% of adult GP patients in Hertfordshire had a diagnosis of depression.[2]

By 2021, it is estimated* that in Hertfordshire there will be:

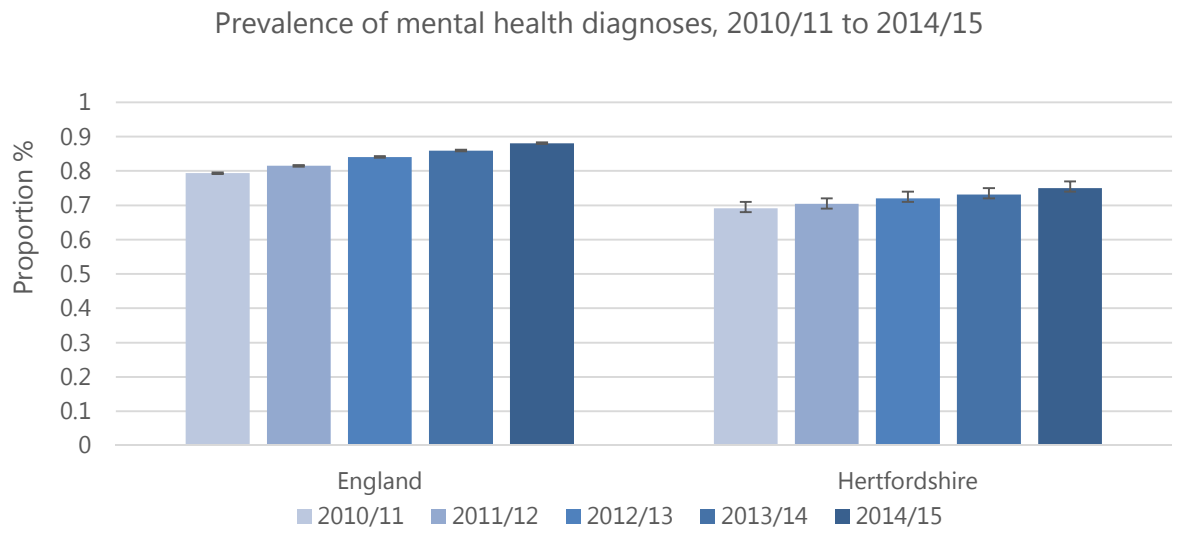
- 90,577 people aged 16-74 with mixed anxiety and depressive disorder
- 34,251 people aged 16-74 with generalised anxiety disorder
- 25,660people aged 16-74 with depressive episodes
- 14,737 people aged 16-74 with a phobia
- 9,974 people aged 16-74 with obsessive compulsive disorder
- 9,198 people aged 16-74 with panic disorder

[2] Source: Public Health England http://fingertips.phe.org.uk/

The recorded prevalence of mental health conditions is expected to increase over the next ten years, driven by a number of factors including:

- Early diagnosis of young people and transition to adult services;
- Increased awareness of mental health conditions and Community lead reduction in stigma attached to mental health (building on the success of campaigns like Time To Change).
- Depression and anxiety are much more commonly diagnosed in women than men,[3] although the extent to which this reflects genuine differences in prevalence rather than underreporting in men is unclear.

Fig. A. Prevalence of mental health diagnoses among GP registered patients (all ages)



Source: QOF

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Improving Access to Psychological Therapies

Improving the mental health of the general population and reducing the impact of common mental health conditions is supported by a national programme - Increasing Access to Psychological Therapies (IAPT) to make evidence based psychological therapies more widely available in the NHS.

For individuals experiencing common mental health conditions, psychological therapies are an important element of the package of care and for many the IAPT service may be the only type of mental healthcare they need. Hertfordshire's Improving Access to Psychological Therapies, known locally as the Wellbeing Service, is meeting the nationally set 15% access rate (equates to 23351 people entered treatment in 2015-16) with over 50% (10176people) completing treatment and recovering).

In December 2015, the average waiting time to enter treatment was 16.6 days for patients in NHS Herts Valleys CCG and 22.6 days in NHS East & North Herts CCG, compared with an England average of 25.1 days. [2]

[3] http://www.who.int/mental_health/prevention/genderwomen/en/

3.2 Prevalence of severe mental illness

Approximately 2% of the adult population overall have severe mental health conditions.

The proportion of Hertfordshire GP patients on the mental health register (people diagnosed with schizophrenia, bipolar disorder or other psychoses or on lithium therapy) was 0.76% in NHS Herts Valleys CCG and 0.75% in NHS East & North Herts CCG in 2014/15, compared with an England average of 0.88%.[2]

In 2015, it was estimated that around 2,800 people in Hertfordshire aged 18-64 had a psychotic disorder. This figure is estimated to increase to around 3,000 by 2025. Psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions (see Table 1). Schizophrenia is one type of psychotic disorder. People with bipolar disorder may also have psychotic symptoms.

There are no marked gender differences in the rates of severe mental disorders such as schizophrenia and bipolar disorder, although men are more than three times more likely to be diagnosed with antisocial personality disorder than women.

Table 1. Hertfordshire population projections (ages 18-64) by type of mental disorder 2015-2030

	Common mental disorder	Borderline Personality Disorder	Antisocial Personality Disorder	Psychotic Disorder	Two or more psychiatric disorders
2015	113,487	3,176	2,438	2,821	50,636
2020	117,103	3,278	2,514	2,910	52,243
2025	119,850	3,354	2,576	2,979	53,480
2030	122,174	3,418	2,633	3,036	54,546

Source: www.pansi.org.uk

3.1 Prevalence of dementia

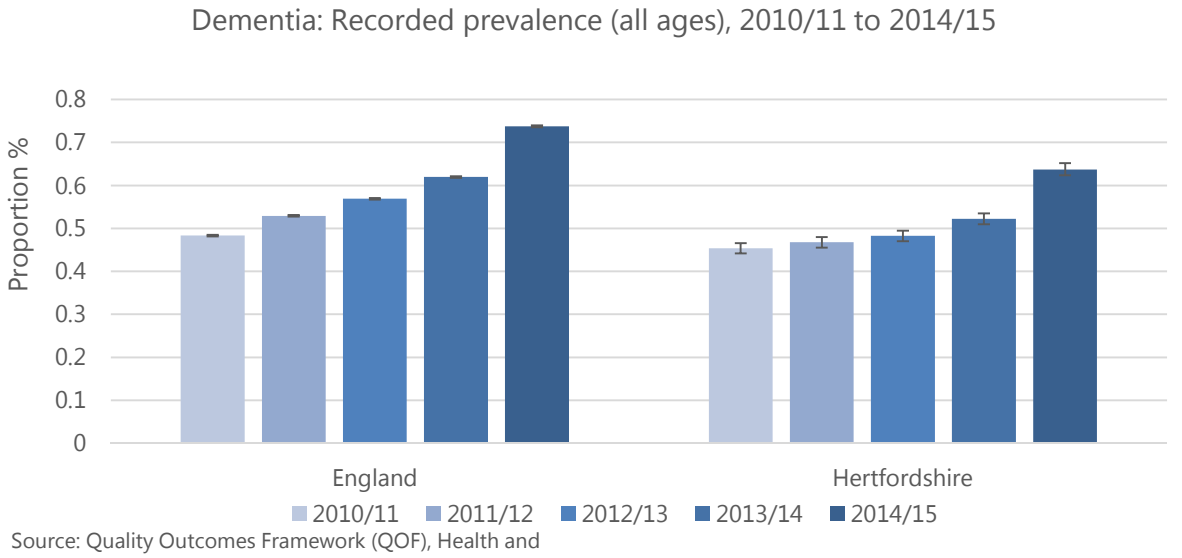
Dementia is a group of symptoms that can include problems with memory, thinking or language. The symptoms occur when the brain is damaged by disease. The most common causes of dementia are:

- Alzheimer's disease (accounting for approximately 62% of dementia cases)
- Vascular dementia resulting from problems in the supply of blood to the brain (approximately 17% of cases)
- Mixed dementia, which includes features of more than one type of dementia (approximately 10% of cases)

In September 2015, 8,069 people aged 65+ in Hertfordshire were known to be living with a diagnosis of dementia. This equates to a recorded prevalence of 4.03% among GP patients in this age group. [2]

Dementia diagnosis has been steadily increasing in Hertfordshire since 2010/11 (Fig. B), when 5,319 people (from all age groups) were known to be living with the condition. This increase reflects the trend in England as a whole, driven by improvements in the diagnosis rate (the number of people diagnosed with dementia as a percentage of the estimated number of people with dementia). In 2013/14, it was estimated that 52.5% of people in England who were living with dementia had been diagnosed, compared with 37.0% in 2007/08.

Fig. B. Recorded prevalence of dementia among GP registered patients (all ages)



Source: Quality Outcomes Framework (QOF), Health and Social Care Information Centre (HSCIC)

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3.4 Cost of Mental Health services in Hertfordshire

NHS England has estimated that "Poor mental health carries an economic and social cost of £105 billion a year in England. Analysis found that the national cost of dedicated mental health support and services across government departments in England totals £34 billion each year, excluding dementia and substance use" In 2014/15 Hertfordshire spent over £21 million on mental health social care services

Table 2 Hertfordshire spend on mental health aged 18-64 2014-15

Mental Health Services	Expenditure 2014/15 £
Social Care	
Assessment and Care Management	£5,051,389
Social Care Placements / Personal Budgets	£11,615,260
Housing Related Support	£1,319,042
Voluntary, Community & Independent Sector Services	£3,044,821
Total Social Care Expenditure 2014/15	**£21,030,512**
NHS	
Psychological Therapies (IAPT)	£7,905,128
Community Mental Health Services	£35,346,985
RAID (mental health support in acute hospital settings)	£2,483,183
External Placements outside HPFT	£9,355,511
Inpatient Beds and Rehabilitation Services	£25,111,561
Total	**£80,202,369**

3.5 Financial Challenges

Both the NHS and social care face significant financial challenges over the next few years. Overall spending in local government has reduced significantly over the past five years and is projected to continue to decline in real terms. The NHS Five Year Forward View sets out a "mismatch between resources and patient needs of nearly £30 billion a year by 2020/21" with an expectation that action will be required on three fronts – demand, efficiency and funding. All commissioners recognise the importance of good mental health services and will continue to focus on all three areas of managing demand, improving efficiency and providing funding where possible.

3.6 Community

We recognise the importance of access to preventative mental health support in the community, which are often provided by the voluntary and community sector. MINDS nationally have produced a briefing document highlighting research into the importance and impact of such services.[4] Locally, we have conducted a literature review of evidence for different community-based mental health interventions, which we will use to inform our future commissioning and will publish on the Hertfordshire Joint Strategic Needs Assessment website.[5]

The County Council and both NHS Clinical Commissioning Groups jointly commission and monitor a range of preventative and support based services in the community. In total, the team manages over 85 contracts and £9-10 million of expenditure.

These are grouped across the following 8 theme areas:

Services are commissioned across the county and examples of the services available are: counselling, recovery focussed day services, befriending, peer support.
Some services are commissioned to work alongside staff on inpatient wards to support those people who may be at risk of homelessness on admission and to support people to increase confidence when they have a planned discharge date.

[4] http://mind.org.uk/media/4158991/mind-life-support-briefing.pdf
[5] http://jsna.hertslis.org/

Within the Promoting Mental Health and Emotional Wellbeing theme, expenditure (as at 2014/15) was as follows:

Voluntary, Community & Independent Sector Services for Mental Health	**% of 2014/15 expenditure**
Complex Needs	16%
Counselling & Talking Therapies	8%
Crisis Service	2%
Day Activities	16%
Day Services	10%
Info Advice & Advocacy	13%
Recovery	12%
Reducing Social Isolation	2%
Specialist Carers	11%
Training	5%
User Voice	5%

The outcomes being achieved by these services include:

- That people who use the service feel they are managing their health and wellbeing better and more safely.
- That people who use the service have been supported in a way that has reduced their feelings of social isolation.
- That people who use the service have been supported in a way that has improved their feeling of self-worth & mental wellbeing.
- These are measured with a variety of tools, including GAD7 and PHQ 9 measures. Commissioners work closely with services to ensure they are delivering support which achieves good outcomes, is safe and provides value for money

Hertfordshire Mental Health Fact File†

67,149	adults were known to have depression in 2014/15*
9,105	GP patients were known to have a serious mental illness in 2014/15*
51.6%	of adult social care users in 2013-14 reported feeling moderately or extremely anxious or depressed
1,768	women per year may require support for mental health problems during pregnancy and/or the postnatal period
3.1%	of people aged 16+ are estimated to have post-traumatic stress disorder
7.0%	of people aged 16+ are estimated to have an eating disorder

Public Health Evidence & Intelligence

† Source: Public Health England, Public Health Profiles http://fingertips.phe.org.uk

* Figure includes patients registered with GP practices in NHS Herts Valleys CCG and NHS East & North Herts CCG

Hertfordshire County Council Public Health Evidence & Intelligence
ph.intelligence@hertfordshire.gov.uk

4. Developing the Strategy

The initial Mental Health strategy development workshops commenced in October 2015 and three workshops were held in the autumn of 2015. These workshops allowed for the initial development of the draft mental health strategy in advance of formal public consultation.. The workshops involved people with lived experience, their carers and families, the wider public and organisations who deliver support to people with mental health problems.

The consultation period for the draft mental health strategy ran from 23 May – 31 July 2016. The draft strategy engagement document with questionnaire and easy read documents were circulated to 28 Hertfordshire stakeholder groups and services such as Guideposts, Carers Forums, Viewpoint, Herts Mind Network, Turning Point, Carers in Herts and others.

Over 400 questionnaires were sent directly to various groups and each delegate at the Hertfordshire Wellbeing Conference in June 2016 received the questionnaire in their delegate pack. The opportunity for people to feedback through the Hertfordshire County Council consultation web portal was also widely disseminated. In total feedback from over 150 people were received. 12 people responded via email, 50 questionnaires were returned and 112 people fed back through meetings and workshops.

These workshops focussed on understanding the experiences of service users and carers using mental health services - what is good right now and what are the key areas for improvement that are most important to service users, carers and wider stakeholders

The picture outlines a summary of what people want from Hertfordshire's mental health strategy

5 Themes were developed

- Listening and responding to service users and carers
- Easy, early and fair access
- Preventing and responding to crisis
- Recovery & independence
- Valuing mental and physical health equally

A draft strategy was developed which was widely consulted using the themes from the workshops. This was widely consulted on through on line consultation, postal questionnaires, emails and meeting attended with service users, carers and stakeholders

4.1 Consultation feedback

Overall people agreed with the aims and priorities within the strategy and felt the key themes and aims captured and covered a wide range of need. The largest response was from service users, followed by carers. 400 questionnaires were sent out and 50 returned. 12.5% return of the questionnaires

4.2 Areas for improvement in the future

Five key themes emerged from the initial workshops. During the consultation feedback a number of groups and meetings were attended. From the discussions at the meetings/workshops and comments from the questionnaires a number of reoccurring comments were made. Some of the areas raised are not within the remit of the strategy but will be raised through other appropriate channels.

4.3 Moving Forward

The Hertfordshire Health & Wellbeing Board declared the period between its annual conferences July 2015 and July 2016 the Hertfordshire Year of Mental Health. (hertfordshire.gov.uk Hertfordshire Year of Mental Health)

Hertfordshire Year of Mental Health aimed to inspire and motivate people from across the county to take a few simple steps to help challenge mental health discrimination, and to improve the lives of those of us with mental health problems. Everyone in Hertfordshire can help create a society where mental health problems are not hidden. The more people involved, the more notice will be taken to help break the silence around mental health. This Strategy aims to be a part of the legacy of the Hertfordshire Year of Mental Health.

Some of the highlights from the Hertfordshire Year of Mental Health include:

- Themed activities for each month with focused activity: Veteran Mental Health GP engagement, Suicide Prevention Training and Youth Mental Health Training
- Legacy of the Year of Mental Health through a Mental Health Directory and Network
- Member Champion Mental Health Bite Size Briefing
- Year of Mental Health newsletter (monthly release)
- Year of Mental Health engagement with a range of events including: 'Feel Good February, Health and Wellbeing Board Stakeholder Events, Hertfordshire Dementia Conference, Carers in Herts Community Events.
- Dementia Film Screening of 'Inside Out of Mind' to 170 delegates including practitioners and community representatives.

The Joint Commissioning Strategy 2012-15 and Hertfordshire Year of Mental Health have provided a firm foundation for Hertfordshire to move forward to change the way mental health services are provided. Our local aims have been reflected in the national Five Year Forward View[6] document and we have an opportunity build on the momentum to further improve mental health care in the County alongside integration with physical healthcare provision.

This will be a challenging 5 years but Hertfordshire's local themes and associated action plan will help the county to raise to the task of reforming mental health services in line with national recommendations

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[6] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

5 Listening and responding to service users and carers

Hertfordshire continues its commitment to listen and respond to service users, their families and carers and goes further in this strategy by committing to embed co-production and co-commissioning principles.

5.1 Co-production

Whether we are looking to commission new or existing services, we commit to ensure that people with lived experience of mental illness, their families and carers are able to effectively influence and shape the development, planning, commissioning, mobilisation, monitoring and delivery of services (co-production).

Co –produced services have been shown to deliver:

- An improved sense of belonging to local groups and networks
- Reduced stigma
- Increased skills and employability
- Reduced need for emergency health care
- Improving physical and mental well-being.

Working with our commissioned partner organisations and other stakeholders, we will ensure that the voices of people with lived experience and carers are present in all of the key conversations throughout the commissioning process and continue to be heard through the contract monitoring and review processes.

There are some excellent examples of how people with lived experience and carers are involved in developing, influencing and co-producing services within Hertfordshire.

- Viewpoint, a user involvement led charity in Hertfordshire, who provide a voice for people using mental health and drug and alcohol services in Hertfordshire.
- Health watch Hertfordshire the voice for service users and their carers of publicly-funded health and social care services.
- The Community and Wellbeing Commissioning Team intend to commission a new user voice network
- Carers in Hertfordshire provide a Carer Involvement Service, commissioned by the County Council and both CCGs. This service supports carers to have a voice and give their views about services, such as by responding to consultations, through focus groups and forums, and by sitting on interview panels

Hertfordshire Partnership University NHS Foundation Trust (HPFT) who have an established User Council and also a Carers Council who meet to help improve the services that are delivered by the Trust. A 'wellbeing college' is currently being developed with the third sector, mental health providers, people with lived experience and their carers. The wellbeing college will be delivered though a consortium made up of organisations including service users and carers.

The shared expertise in the consortium will contribute towards supporting people towards greater wellbeing. In addition, courses on both mental and physical health are being developed alongside service users and carers, as one approach to the challenge of integrating mental and physical health services more effectively.

5.2 Personalisation

Personalisation means recognising and respecting us as individual citizens, family members and members of our community with the informal networks that provide most of our support, most of the time. It cannot be achieved without an energetic and effective partnership approach between and beyond health and social care. To ensure personalisation we must: people maximum control of our own lives, including control of our own health and health care and are supported to live independently, stay healthy and recover quickly. People need to have choice and control so that any support they may need fits the way they wish to live our lives

With Hertfordshire's adoption of the Think Local Act Personal principles, (which ensure people have greater independence and choice over their wellbeing,) alongside the personalisation agenda, service users and carers are firmly placed at the heart of decision making and planning their care. The uses of personal budgets have given people more independence to exercise choice and control over where, when and how they receive care and support.

The local offers for personal health budgets for both Hertfordshire Clinical Commissioning Groups are being developed in collaboration with stakeholders and will detail how the CCGs intend to expand provision of personal health budgets in the next 5 years.

In 2016/17 work will continue to provide personal health budgets to people eligible for Continuing Health Care. A phased approach is being taken to expand provision to other patient groups and will include the delivery of pilot projects to people with learning disabilities, those with neurological conditions and diabetes and mental health.

There is no new money for personal health budgets and this will have to be identified within existing contracts including service redesign and de-commissioning of services that are not working. This shall involve holding discussions with CCGs service providers, to discuss quality and agree to disaggregate funding to support personal health budgets, testing new initiatives and co-production in collaboration with people.

5.3 Carers

Carers make an invaluable contribution to health and social care and to wider society by providing care for their loved ones. Without carers, the health and social care system would not be able to function. However, carers are at greater risk of poorer health, wellbeing and other outcomes.[7] In terms of mental health, we know that 69% of carers report that they cannot get a good night's sleep, 73% feel anxious, 82% feel stressed while 50% describe themselves as being depressed.[8]

[7] Carers Strategy, 2015 http://www.hertsdirect.org/services/healthsoc/carersupport/
[8] Carers UK, State of Caring Survey 2014 (n=4,924 current carers)

The focus for this mental health strategy is how health and wellbeing services can support carers to stay healthy and well, both mentally and physically, and also how we can support carers to continue to care for their loved one if they wish to do so.

Access to voluntary sector preventative services including information and advice, training, peer support and counselling which fit into their caring schedules are crucial to enabling carers to continue caring. It is vital that all services proactively identify carers and offer them referrals to sources of support such as Carers in Hertfordshire.

Carers often tell us that effective communication about the person they care for and being kept informed is very important to them. Whilst we recognise the challenges related to patient confidentiality, we also recognise the importance of effective communication with carers, where the person with care needs gives us consent to do so.

The Care Act 2014 and Children and Families Act 2014 introduced new rights for carers (including parent carers and young carers under the Children and Families Act 2014) to have an assessment of their needs. In Hertfordshire, HPFT are commissioned to deliver carers assessments on behalf of HCS for any carer of someone eligible to receive an HPFT service, where the home address falls within HCS's responsibility. This covers adults or children of someone with a functional mental health need.[9] We are also piloting assessments of parents of someone in the CAMHS service, following carer feedback that this is a gap in assessment provision. As part of this work, HPFT are launching a new Carers Pathway in autumn 2016.

This strategy should be read in conjunction with the Carers Strategy for Hertfordshire 2015-18:

http://www.hertfordshire.gov.uk/docs/pdf/c/carstrat2015.pdf

5.4 User Voice Network

The Council currently has a number of contracts in place for services to give service users and carers a voice in relation to services, policy changes, new strategies etc. The council are progressing with a procurement of a new user voice network with a view of this being in place in 2017/2018.

5.5 Changing Services Together

The Changing Services Together (CST) programme is looking at provision of day activities and support across the county and across different client groups. We have worked with the National Development Team for Inclusion (NDTi) to engage with over 300 people about what matters to them and what makes a good life. Based on this, we are developing a commissioning framework for this area of activity and will be holding Community

[9] Assessment for carers of someone with dementia, a learning disability or young carers which are provided by HCC.

Conversations with partners in localities across the county. These Conversations will discuss the services and activities already in place and what people in different areas value locally. We currently commission a variety of mental health day activities and will work with providers and service users as part of this process.

What we have been doing

- *Embedding co-production and focusing on outcomes for all new mental health service provision*
- *Promotion of personal budgets and self-direct support*
- *Personal health budgets for people receiving continuing care.*
- *Co-producing areas of focus for personal health budgets in Hertfordshire*
- *People with personal budgets are offered the option of having a broker work with them to identify community resources that will meet their social care needs*
- *Brokers use a person centred approach to design and implement a support plan with the individual*
- *Consult and engage with stakeholder through mental health planning and performance group, GP leads, health watch meetings*
- *Carers for someone with Mental Health problems have been involved in the development of services and specification*

Consultation feedback

Our aims

- People with lived experience of mental illness, their families and carers are able to effectively influence and shape the development, planning, commissioning, mobilisation and monitoring of mental health services across Hertfordshire
- We want to have meaningful involvement and collaboration in service improvement with people who use the services
- People have more independence to exercise choice and control over where, when and how they receive care and support.
- Work with statutory, voluntary and independent partners to implement the Making it Real principles (appendix 2)
- Work with carers and our partners in the statutory, voluntary and independent sectors to deliver on our Joint Strategy for Carers[10]
- Commission a new user voice network

[10] Carers Strategy, 2015 http://www.hertsdirect.org/services/healthsoc/carersupport/

6 Early and Fair Access to Diagnosis, Treatment and Support

Over the life of this strategy commissioners in Hertfordshire will focus on ensuring that people experiencing mental health issues, regardless of the severity, will be able to access advice, guidance, education, treatment and support to enable their recovery and maximise their independence and mental health and wellbeing.

6.1 Children and adolescent mental health services

To be able to reduce the burden on adult mental health services, Hertfordshire has committed over £2million extra into Child and Adolescent mental health services on a recurrent basis. We know half of people with lifetime mental illness experience their first symptoms by the age of fourteen. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent)[11]. Hertfordshire's 0-14 years population (census 2012) is estimated at 219,300, projected to rise between 20-30% by 2037 to over 285,000. This increase will have wide ranging implications on children and adolescent mental health services and subsequently adult mental health services. The Five Year Forward view calls for partners to resource and implement Future in Mind[12], which articulated a clear consensus about the way in which we can make it easier for children and young people to access high quality mental health care when they need it. Hertfordshire's local Transformation Plans will support the wider system transformation of the local mental health services for children and young people.

6.2 Transitions

Transitions between services are a key concern for service users and carers. One major transition is between Child and Adolescent Mental Health Service (CAMHS) and adult services which usually occurs at age 18. Other transitions may be between specialist services and more local services, or between adult and older person's services. Improving planning, better information and preparation for users and carers, and joint working between services are all areas where users and carers tell us that can be improved. This will be an area of focus for services as these are redesigned over the lifetime of the strategy.

Transition should ensure effective liaison with adult services to provide a smooth transfer of services for children and young people in CAMHS provision.

There needs be specific and appropriate CAMHS transition planning to include close collaboration with CAMHS services in relation to young people who are likely to require on-going help from Adult services. Good transition planning will include working in partnership with CAMHS and the facilitation of earlier alerts from CAMHS to adult community services. Good transition planning will work to principles that agree realistic timescales for the transition and will ensure that there is personalised transition planning which fully involves the Young Person, their carers and other organisations where involved.

[11] Five Year Forward Plan
[12] https://www.england.nhs.uk/2015/03/martin-mcshane-14/

Services will establish robust links with CAMHS to ensure an effective transition protocol is in place for young people entering adult mental health services to ensure:

- Transition planning
- Care pathways include key partnerships/liaisons; transitions and interfaces between services and agencies.

Close working with:

- Local Authority Children's Services including social care teams, youth offending teams, pre and post adoption teams, targeted youth support service, Children looked after teams, and the Multi-agency Safeguarding Hub (MASH)
- Adult mental health services to facilitate transition as per transition policy
  - Transition: Moving on well (DH 2008)
  - A Transition Guide for all Services (DH 2007)

6.3 Prevention Services

There are major prevention opportunities across Hertfordshire, both in improving population wellbeing and in ensuring better access to preventative services for people with mental health problems. The impact of lifestyle changes on reducing early deaths and disability is well established and there is a synergistic link between mental wellbeing and health enhancing behaviours - low mental wellbeing can stop people initiating and maintaining behaviour changes, while lifestyle changes to smoking, physical inactivity, poor diet and alcohol consumption can all improve mental wellbeing. Hertfordshire's Sustainability and Transformation Plan is seeking a step change in prevention across the health and social care system, by ensuring that all agencies play their part and by ensuring that the needs of individuals are more holistically.

We will continue to work with the voluntary and community sector to innovate and support organisations which offer preventive services to enable people to stay in their own homes, stay independent for longer, access services and groups in their communities, retain local connections, stay active, to consider the options and make informed decisions. These organisations have the flexibility and customer focus to be able to offer a 7 day support offer alongside reducing social isolation and vital connections that can assist people to overcome the crises that can lead to losing homes and family or relationship breakdown.

6.4 7 day NHS

People should be able to access good quality mental health care 7 days a week, 24 hours a day in the same way that they are able to access urgent physical health care. Hertfordshire continues to make good progress towards a 7 day NHS which provides the right care at the right time and of right quality. Community mental health services are available longer hours than before, and whilst there is still some way to go to have where there is a demand a full mainstream 24/7 mental health service, Hertfordshire's crisis services are available 24/7 through accident and emergency services or via a dedicated crisis telephone helpline.

Hertfordshire's response to national crisis recommendation forms part of the wider Crisis Care Concordat work which is outlined in Section 7 – Preventing and responding to crisis.

Additional funding has been identified and invested locally in the Early Intervention in Psychosis service to support the delivery of the national target that 50% of people experiencing a first episode of psychosis have access to a NICE approved care package within 14 days of referral. This target will rise to at least 60% by 2021.

Dementia diagnosis in Hertfordshire has improved considerably (Fig B) and our strategic commitments to ensure Hertfordshire is a place where people with dementia and their carers can thrive are outlined in the Hertfordshire Dementia strategy[13]. The scale of the dementia diagnosis challenge is beginning to emerge and we continue to work with statutory partners to increase diagnosis and assessment through the Early Memory Diagnosis and Support Service (EMDASS)

6.5 Improving Access to Psychological Therapies

Hertfordshire will respond to NHS England's recommendation to increase access to evidence-based psychological therapies (IAPT) for common mental health problem such as anxiety and depression. For many access to psychological therapies might be the only intervention they might need and can be viewed as a preventative / early intervention. The national ambition is to reach 25% of need – nationally this means at least 600,000 more adults with anxiety and depression can access care (and 350,000 complete treatment) each year by 2020/21. The current 15% target means locally 9,545 people access treatment each year in East and North Herts and 10,806 in Herts Valleys CCG and over 50% entering treatment recover.

The recommendations go on to suggest that there should be a focus on helping people who are either living with long-term physical health conditions or who are unemployed to support their mental wellbeing through use of psychological therapies. There is a call to identify investment to increase access to psychological therapies for people (circa 9,000 in Hertfordshire) with psychosis, bipolar disorder and personality disorder.

Hertfordshire County Council, Herts Valleys CCG and East and North Herts CCG have committed to review the psychological therapies provision over the next three years to be able to develop the local market and realise benefits regarding referral pathways, quality control, and patient choice.

Efforts will be made to increase referrals and attendance in mental health treatment services. Increased visibility of mental health specialists in primary care is crucial in building strong working relationships between primary care and mental health specialists, allowing the use of increased shared care and, in return, ensuring capacity to deliver swift advice and early interventions.

[13] Hertfordshire Dementia Strategy 2015-19

6.6 Integration of health and social care

The Better Care Fund means that by pooling resources and money with across health (Clinical Commissioning Groups) and social care (County Council) Hertfordshire will be getting the very best value for each pound spent in Hertfordshire.

On the ground it means Hertfordshire's residents will see a more 'joined up' service between GPs, social workers, nurses, physiotherapists, voluntary support groups, and many more, all aimed at treating people as individuals, and keeping them out of hospital and in their own home. Joint initiatives, designed to be 'preventative' such as the roll out of the enhanced community teams approach to deliver rapid response in the community, with rapid access to social care, physical and mental health specialists, will support people with mental health problems and aims to help people be as healthy and independent as possible.

It is envisaged across all the funded initiatives will show improvements in:

- Fewer avoidable hospital admissions
- Less time in hospital when people do need to be admitted
- Better reablement so people can be independent more quickly
- Support individuals to live in their own home for as long as possible instead of a residential care setting"
- Improving the patient experience of health and social care.
- Improved and appropriate sharing of information, and joint assessments between agencies
- Moving towards a 7 day health and social care system

What we have been doing

- *An increase in people accessing psychological therapies (IAPT) – 15% of prevalence*
- *Achieving the national waiting time standards for IAPT*
- *Significant work continues to review psychological therapies provision.*
- *Invested additional funding in the Early Intervention in Psychosis service to support the delivery of the new national target that 50% of people are seen within 14 days and then receive a NICE compliant package of care.*
- *A review of the single point of access in light of other changes such as out NHS 111 tender during 2016. Response times have improved*
- *The majority of mental health funding in Hertfordshire is currently spent on providing integrated health and social care through a contract with Hertfordshire Partnership Foundation Trust. A new contract with HPFT has been negotiated on behalf of the partners for April 2016*
- *Roll out of enhanced community teams approach to deliver rapid response in the community, with rapid access to social care, physical and mental health specialists.*

Consultation feedback

Our aims:

- People experiencing a first episode of psychosis will have access to an approved care package within 2 weeks of referral
- Increase access to evidence based psychological therapies so that 25% of people with anxiety and depression in Hertfordshire can access care by 2020/21
- Increase access to psychological therapies for people with psychosis, bipolar and personality disorder
- Ensure new pathways/services commissioned incorporate the relevant physical health care interventions and principles of co-produced care planning.
- Optimise the use of digital channels to communicate key messages and make services more readily available online, where appropriate drawing on user insight.
- Review data collected to identify unnecessary collection and how the data is used to improve services for users and carers
- Establish mental health champions in each community to contribute towards improving attitudes to mental health
- Review and expand where possible community based services for people with severe mental health problem who need support to live safely and as close to home as possible
- Develop a Prevention Concordat programme that supports health and wellbeing

7 Valuing Mental and Physical Health Equally

"Making physical and mental health care equally important means that someone with a disability or health problem won't just have that treated, they will also be offered advice and help to ensure their recovery is as smooth as possible, or in the case of physical illness a person cannot recover from, more should be done for their mental wellbeing as this is a huge part of learning to cope or manage a physical illness."
Five Year Forward View – Mental Health Taskforce, 2016.

7.1 Health inequalities

Social determinants such as housing and living environment, work environment, access to health and social care services unemployment and welfare can all have an impact on people's mental health

7.1.1 Mental Health and Smoking

Although mental health conditions vary widely, there is much evidence that smoking prevalence is substantially higher across most mental health conditions, and increases with the severity of the condition. Smoking rates are approximately 60-70% in people at the more severe end of the spectrum (Action on Smoking and Health, 2016[14])

We know people with severe and prolonged mental illness are at risk of dying up to 20 years earlier than other people. Two thirds of these deaths are from avoidable physical illnesses, including heart disease, respiratory disease and cancer, many caused by smoking. McManus et al (2010) found that 42% of total tobacco consumption in England is by those with a mental disorder. Smoking is the single largest cause of disability and reduced life expectancy, yet rates of smoking in people with mental health conditions have barely changed over the last 20 years, whereas smoking in the general population is at an all-time low.

People with a mental health condition are just as likely to want to stop smoking as other smokers but they face more barriers to quitting and are more likely to be heavily addicted to tobacco, so need intensive behavioural support to be able to quit successfully.

Quitting smoking does not exacerbate poor mental health; in fact the positive impact of smoking cessation on anxiety and depression appears to be at least as large as antidepressants and people taking anti-psychotic medication often need much lower doses once they quit smoking which is an additional benefit[4]).

A whole systems' approach is needed that involves staff across mental health, physical health and social care to reduce these inequalities.

[14] Action on Smoking and Health (2016) the Stolen Years: http://www.ash.org.uk/stolenyears
https://www.sps.nhs.uk/articles/which-medicines-need-dose-adjustment-when-a-patient-stops-smoking
https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0

Specialist stop smoking services should be promoted and made available to people with mental health conditions and access to nicotine replacement therapy (NRT) and other treatments should be streamlined. Smokers who are not able or ready to quit smoking should be encouraged to adopt harm reduction approaches such NRT for longer term use and swapping to electronic cigarettes which are only a small fraction of risk compared to smoking tobacco .

People with a long term physical health condition are two to three times more likely to experience mental health problems. It is estimated treating people with long term conditions that have co-existing mental health problems costs the NHS in the region of £8–13 billion per annum. Poor mental health problems complicate physical health conditions. This leads to more time spent in hospital, poorer clinical outcomes, lower quality of life and a need for more intensive support from health services.

In addition individuals with mental health problems are twice as likely to experience a long term physical health illness or disability. NHS England information suggests the proportion receiving an annual physical health check ranges from 62% to 82% and basic risk assessments for long term conditions are not being carried out, for example less than a third of people with schizophrenia in hospital received the recommended assessment of cardiovascular risk in the previous 12 months. The side effects of medication and the impact on physical health (such as weight gain) must not be overlooked particularly for those with severe mental illness.

Mental Health must have equal priority with physical health. It is essential that mental health training becomes standard for all NHS physical health workers and GPs. It is paramount that assessment and care planning is focused on both mental and physical health, particularly for those with any severe mental or physical health illness. Addressing lifestyle issues is a priority for the whole NHS. Care planning will need to include efforts to reduce or stop tobacco use and alcohol consumption whilst promoting healthy eating and exercise. Commissioners will also work with public health and across CCG's to look at how health improvement can be delivered in primary care.

7.2 Dual Diagnosis

There is a clear need to demonstrate that services for people experiencing co-morbid mental health and substance misuse problems are integrated to deliver assessment, evidence based interventions and support which result in positive outcomes for in tackling the individuals' substance use and mental health wellbeing. People with severe mental illnesses may self-medicate to relieve a specific set of symptoms and to deal with undiagnosed but self-declared Mental Health problems. This can mean people fall through the gaps between services. With the application of "no wrong door" principles, Hertfordshire should be commissioning services for the whole person, integrating the substance misuse and mental health pathways and evidence outcomes based interventions.

7.3 Inequity of access

Hertfordshire needs to facilitate access to services for vulnerable groups to tackle health inequalities It has been recognised at national level that there has been no improvement in race inequalities relating to mental health care since the end of the 5-year Delivering Race Equality programme in 2010.
Inequalities in access to early intervention and crisis care, rates of detentions under the Mental Health Act 1983 and lengths of stay in secure services continue.

With Hertfordshire becoming an increasingly diverse county, equity of access to mental health services for individuals from black minority and ethnic race (BME) communities lesbian, gay, bisexual and transgender people, and people with multiple needs to be addressed. Data show us that there is an over representation of individuals from BME communities accessing mental health services and being detained, with an under representation from other groups that are currently poorly served by mental health services.

With many people looking to their communities for support, Hertfordshire needs to acknowledging, understand and respect cultural diversity and community identities. We need to reduce stigmatisation by services and professionals which might arise as a result of an individual's health symptoms or cultural or ethnic background and help professionals and individuals to embrace the strengths of culture and identity as contributing factors to recovery. We know peer support is highly valued, especially by under-represented and BME groups, and wish to develop peers as a core part of care team.

7.4 Older People

We must ensure services meet the needs of older people: while there is an understanding that mental health services are available to all adults regardless of age, in practice older people are less likely to access services that will help them recover from mental ill health and distress. There is a growing cohort of older people with mental health issues (not dementia due to the growing ageing population. Yet there can be lower referral rates and engagement in treatment for depression and anxiety in the older population. However, we know that when older people do engage with psychological therapies, their outcomes and recovery rates are as good as the rest of the population. This strategy should be read in conjunction with the Ageing well Strategy (http://www.hertsdirect.org/yourcouncil/hcc/healthcomservices/oppd/)and Hertfordshire's Dementia Strategy (http://www.hertsdirect.org/yourcouncil/consult/careforelderlyconsult/dementiastrat/)

7.5 Learning disabilities & autism

We need to ensure services meet the needs of people with learning disabilities.& autism People living with a learning disability & autism must be able to access mental health services. Learning from the Greenlight Toolkit audits now needs to be implemented and become business as usual for mental health services. The toolkit focusses on mental health service providers checking and then making the reasonable adjustments required to enable people with learning disabilities and people with autism to make best use of mainstream mental health services.

Hertfordshire has a countywide Transforming Care Partnership, this is part of the national all age Transforming Care Programme This essentially means that the way we commission and deliver services has to change in line with this national direction, so that more people with learning disabilities, and/or autism, with behaviour that may challenge and/or mental health support needs, can live in the community, closer to home, reducing the numbers of people admitted to inpatient and secure services. As part of this work Hertfordshire has developed its "Transforming Care Plan", which outlines the key projects needed in order to achieve the outcomes set by NHS England.

www.hertsdirect.org/services/healthsoc/supportforadults/learningdis/ldpbmain/

7.6 Perinatal

Healthcare professionals and people in the general community have highlighted the huge impact of mental health problems during and after the time of childbirth. A significant number of women will first become depressed in pregnancy. The most common mental health problem is postnatal depression.

Hertfordshire is working to increase support for perinatal mental health and support people-to-be showing signs of problems like depression or anxiety. Perinatal mental health illness is common. Between 10% and 20% of women will develop a mental illness during pregnancy or within the first year after having a baby. The impact can be devastating for both mother and baby, as well as their families - one of the major causes of maternal death is from suicide.

Most women experiencing perinatal mental ill health will have a mild to moderate illness, including depression, anxiety and Post-traumatic stress disorder (PTSD), but some will have severe depression, PTSD or pre-existing serious illness like schizophrenia or bipolar disorder or they may develop postpartum psychosis with no previous history.

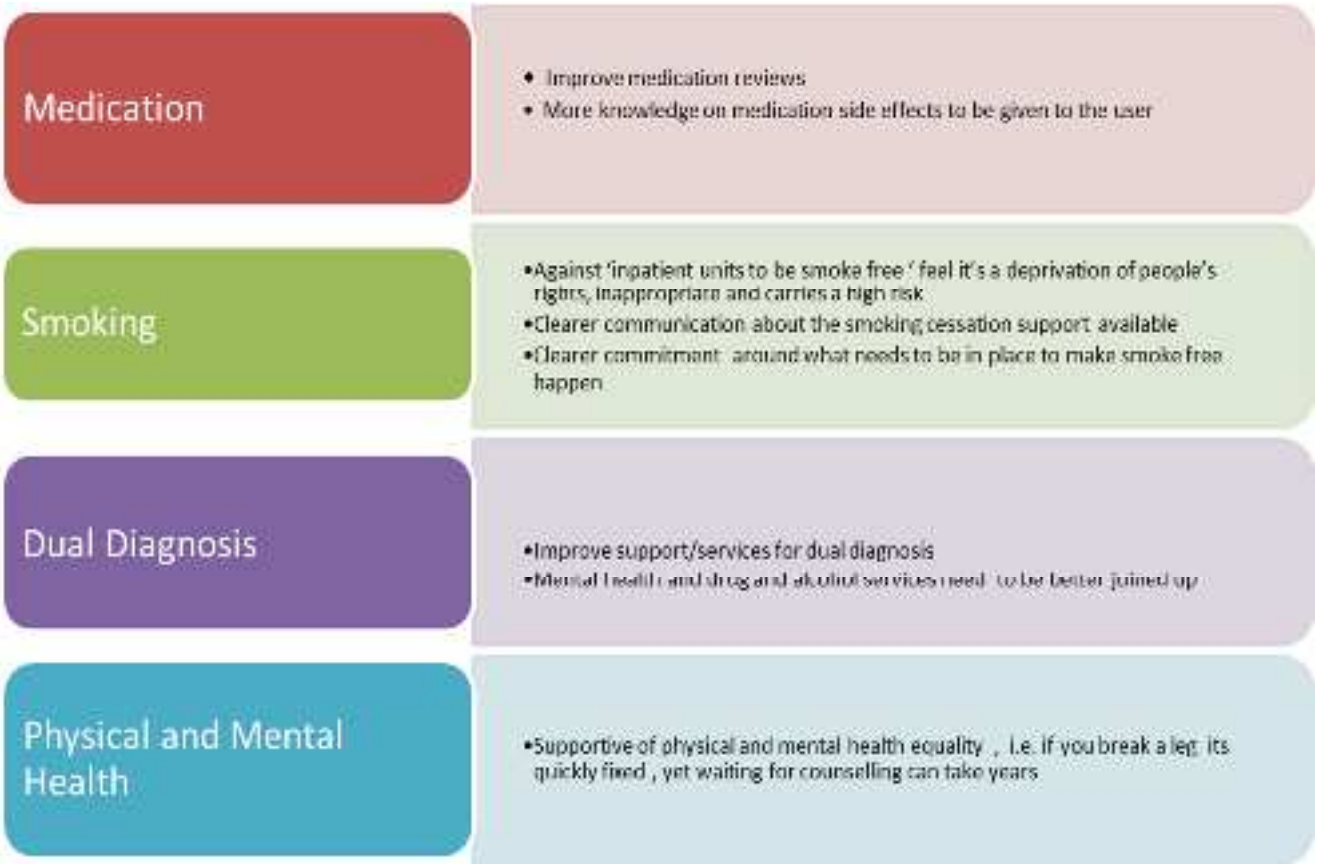
By 2020/21, nationally the NHS has committed to supporting at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period. This should include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high-quality services are in place across England.

Hertfordshire County Council, East and North Herts CCG and Herts Valleys CCG are committed to establishing parity of esteem between physical and mental health. We aim to commission comprehensive services that will fulfil the mental health needs of our residents with the same high quality and access as we expect from physical health services.

What we have been doing

- *Substance misuse and mental health services work closely as partner organisations to support individuals and local organisations in a number of areas, such as crisis resolution and Section 136 issues.*
- *Agreement from East & North and Herts Valley CCGs to pilot a recovery college that includes physical and mental health courses*
- *HPFT have implemented SmokeFree across all its sites in Hertfordshire.*
- *Hertfordshire was nominated by NHS England as a "Fast Track" pilot site for Learning Disability Transforming Care*

Consultation feedback



Our Aims:

- People with mental health problems who are at greater risk of poor physical health will get access to prevention and screening programmes.
- Ensure more people living with severe mental illness have their physical health needs met by increasing early detection and expanding access to evidence based physical care assessment and interventions
- People with Mental Health issues will be support to stop smoking
- Reduce stigma around mental ill health by supporting local communities build a grass roots social movement to raise awareness of good physical and mental health and support people to seek help when they need it. Support women who experience mental health problems in pregnancy and during the first year following the birth of their child to access evidence based specialist mental care
- Promoting good mental health and wellbeing across the population

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8 Preventing and Responding to Crisis

Mental health services have traditionally focused on responding to the needs of people as they develop. Hertfordshire wants to shift its focus to commission services targeted at prevention and avoiding harm to vulnerable people wherever possible to reduce the use of crisis services and emergency inpatient care. It aims to do this by maximising the benefits of early intervention and preventative initiatives; building on individual assets and life skills, preventing the onset of ill mental and physical health and working to build resilient communities which can help people live independently and healthily for longer (see section 6.3).

8.1 Supporting Crisis

When someone is facing a crisis they need to be able to access help quickly when they need it and in a way that helps them to overcome the crisis they are experiencing. The ability to respond swiftly to requests for help is key in ensuring that people can be seen early enough to prevent any further deterioration of their mental health; it can also open up options for people to access different kinds of support and intervention rather than using emergency services and/or inpatient admission or assessment under Section 136 of the Mental Health Act. Experience shows that simply listening to people describe the issues affecting them and giving them advice and signposting them to support or reminding them of their care plans is sufficient to help manage a crisis in the short term. When further intervention is required, being able to see people in safe comfortable environments is crucial.

8.2 Co-ordinated response

The response to crisis needs requires a co-ordinated approach across statutory, voluntary and community organisations. In Hertfordshire, 24 organisations ranging from NHS, county council, police, fire, ambulance, voluntary and community sector are signatories to the Crisis Care Concordat Action Plan. The plan is a commitment to implement the principles of the national Mental Health Crisis Care Concordat, to improve the care and support available to people in mental health crisis, so that they are kept safe and receive the most effective interventions swiftly. The commitment is to work together to help people find the help they need, whatever the circumstances, regardless of which service they turn to first and accept our responsibility to reduce the likelihood of future crisis and to support people's recovery and wellbeing.

The Department of Health has recognised the Crisis Care Concordat approach as an example model of integrated local commissioning. However further work will be required by 2020/21, such as 24/7 community-based mental health crisis response should be available in all local areas across England and that services are adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission.

Our local Crisis Care Concordat action plan[15] covers the period to 2017; this means that the content, funding and delivery will be subject to local prioritisation, change and further development over the timeframe of this strategy

[15] http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/03/Hertfordshire-Crisis-Care-Concordat-Action-Plan.pdf

This strategy will also link into the Suicide Prevention Plan for Hertfordshire that is being developed by Hertfordshire's Public Health along with other stakeholders and service providers

8.3 Health and justice

High numbers of offenders in the youth justice and criminal justice systems have mental health needs and vulnerabilities that go unidentified and unmet. There is a significant over-representation of people with one or more mental health diagnoses within secure and detained settings. A substantial part of the time in the courts and prisons relates to common mental disorders, and developing services to in this area is critical.

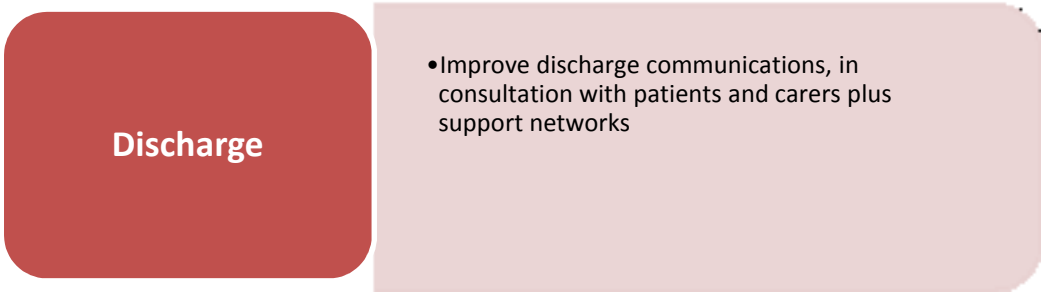
8.4 Community Resilience

We know that people are increasingly turning to their communities for support and care needs. Hertfordshire wants to empower people and communities to build resilience in the face of the mental health challenges. Hertfordshire Year of Mental Health has made a huge impact on reducing stigma and raising awareness of mental health. We also need to take a step further to embed mental health champions within communities.

What we have been doing

- *Hertfordshire's Crisis Care Concordat declaration has been signed by all statutory agencies in the County, together with a range of voluntary organisations working in mental health and/or substance misuse.*
- *The Crisis Care Concordat signatories have agreed and started working on an Action Plan which is available on the Crisis Concordat website (www.crisiscareconcordat.org.uk)*
- *Improved psychiatric liaison services*
- *Extended the opening hours of the RAID service at Lister Hospital*
- *Ensuring the effective use of S136 suite (place of safety) and implementing strategies to reduce inappropriate use eg introduction of chief bags*
- *Housing – supporting people with mental health problems to access and maintain appropriate accommodation*
- *Roll out of Spot the Signs (suicide prevention training) to all GPs and community providers.*

Consultation feedback



Our aims:

- Continue to meet the national Mental Health Crisis Care Concordat
- Develop a multi-agency suicide prevention strategy and action plan which will be reviewed annually
- Expansion of the RAID (Rapid Assessment Discharge) programme to provide a 24/7 all age response.
- Review the community based mental health crisis response to offer intensive home treatment as an alternatives to an acute inpatient admissions 24/7
- Work with partners organisations to reduce premature mortality among people with severe mental illness
- Develop all age mental health liaison services in emergency departments and inpatient wards

9 From Recovery to Independence

Hertfordshire should have services available that help people recover and cope with the mental ill health they are experiencing. Recovery can and does mean different things to different people, but for the purposes of this document we are focusing on the idea that following treatment for mental ill health people may require ongoing support to sustain wellbeing, maximise independence and have the opportunity to thrive in Hertfordshire.

9.1 Commissioning recovery focussed services

The priority is for services to engage people with mental health problems in treatment, therapy and activities that help them build and regain resilience, while also maintaining their place in family, community and employment; and to help them develop the skills to recognise when things are starting to go wrong as well as the expertise to manage their own treatment. For this to be achievable there needs to be a comprehensive range of (NICE evidence-based) treatments in Hertfordshire that will help people to recover from their illness and a range of supports that will help people maintain their wellbeing and avoid relapse or crisis. Supporting individuals needs as they move through recovery to independence, will mean different levels of support at different times.

We need to ensure that there is a step down of intensity of service as people move from recovery to independence, coupled with encouragement and guidance for people to access the kind of support that will help keep them well in their communities without the need for medication and/or therapy.

9.2 Personalisation – choice and control

One of the emerging themes from this strategy is enabling personalisation, giving individuals choice and control over their support arrangements as their needs change and outcomes are met. To enable this to happen there needs to be improved information and advice on what care and support is available in Hertfordshire for individuals and their families. There is a need to develop the market for personal assistants and understand what kind of preventive services to reduce or delays people's need for care and the promotion of independence and self-reliance are needed within the County. This is part of the wider Community Wellbeing review.

9.3 Peer Support

One of the key opportunities is the use of peer support – support which is led and provided by users for people with mental health issues to aid relapse prevention, self-management, choice and facilitate partnership with other services. Peer support can operate at all levels of need, the key focus is on it being mutual, reciprocal, non-directional and recovery focused (Repper et al, Peer Support: Theory and Practice, ImROC, 2013). Hertfordshire has an opportunity to use peers to support people's mental health alongside their other needs, including physical health, employment, housing and social care.

Other needs such as housing and employment play significant factors in good mental health and vice versa - Stable housing and employment are significant factors contributing to someone being able to maintain good mental health. Both of these are important outcome indicators for recovery for people who have developed a mental health problem.

9.4 Accommodation

Hertfordshire County Council is responsible for accommodation which provides care and support. The Care Act 2014 emphasises that "integrated services built around an individual's needs are often best delivered through the home. The suitability of living accommodation is a core component of an individual's wellbeing and when developing integrated services. Local authorities are responsible for housing and as part of the Care Act should consider the central role of housing within integration, with associated formal arrangements with housing and other partner organisations." **Care Act Guidance 4.90.**

Hertfordshire County Council have established a governance board with the local authorities in order to align accommodation with support and care and the role which housing plays in building the right service

Hertfordshire want to work with housing and accommodation providers to support those who are at risk of losing stable housing to prevent mental health deterioration. We will seek to review the accommodation pathway for people with mental health problems and start conversations thorough our market position statements to stimulate the market to encourage more properties suitable for people with a mental health condition focusing on the recovery model; this includes accommodation settings for rehabilitation, residential settings. A major aim of recovery will be to enable people to move on from these settings to supported living or independent housing. Data show us that in Hertfordshire housing has an impact on delayed transfer of care (DTOC) from inpatient/residential mental health settings:

Hertfordshire Partnership University NHS Foundation Trust[16] (HPFT) – from December 2014 – December 2015 29% of all delayed working age adults were waiting for housing (28 of 95 delayed people Dec 2014-2015 HPFT Data).

Hertfordshire County Council have acknowledged that there needs to be a system wide approach to tackle the scale of the housing problem. Our key aims are to focus on, improving choice, improving quality and ensuring good housing/accommodation supply. The particular demand across the county for accommodation is for one bedroom flats/studios or self-contained provision.

Hertfordshire County Council is well placed in understanding the property conditions. In 2015 the council carried out property reviews of all HCC owned accommodation. The review identified that 21 properties were registered as supported living accommodation for people with mental health conditions.

[16] HPFT - Provide mental health services on behalf of Hertfordshire County Council and East and North Herts and Herts Valley CCGs

Part of the property review is to ascertain how we could make best use of the council's assets. We also seek support and review by our NHS partners to review their assets and ensure best use of their capital stock. We are keen to work with our partners to consider alternative models of housing support and care which would maximise making best use of the collective assets and enhance individuals opportunities on where they can chose to live. We will be working closely with NHS partners and public health led by the Integrated Accommodation Commissioning team[17] to ensure housing/accommodation needs are addressed across the County.

NHS partners will be undertaking a wide scale review of the supported living placements to ensure that those affected by poor mental health are receiving recovery-orientated care packages and living in an accommodation setting that best meets their needs. As part of our commitment to co-production, we will involve users of services and carers in reviews of services and aim to develop a recovery model that supports the transition of individuals stepping down from supported living, where appropriate.

There are challenges to meeting the wider agenda for accommodation provisions across the county, due to the lack of housing options, in particular move on accommodation is a key area for the council and its partners to explore.

9.5 Employment

Employment and health form a virtuous circle: suitable work can be good for your health, and good health means that you are more likely to be employed. However, 43 per cent of all people with mental health problems are in employment, compared to 74 per cent of the general population and 65 per cent of people with other health conditions. Hertfordshire's approach to employment support for people with mental health is to assist people to:

- retain employment
- gain employment
- gain skills for employment through volunteering, education, training and work experience.

National data shows of people with 'mental and behavioural disorders' supported by the Work Programme, only 9.5 per cent have been supported into employment, a lower proportion than for some proven programmes. There is a 65 per cent point gap between the employment rates of people being supported by specialist mental health services who have more severe health problems and the general population. The ambition is that by 2020/21, each year up to 29,000 nationally more people living with mental health problems should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and expanding access to Individual Placement and Support (IPS).

[17] The Iintegrated Accommodation Commissioning Team commissions a range of accommodation including supported accommodation for people with learning disabilities.

9.6 Secondary (specialist) Commissioning

The Five Year Forward View Mental Health Taskforce sets out its position on specialist commissioning by welcoming the invitation set out in NHS England Planning Guidance 2016/17 – 2020/21 for providers of secondary mental health services to manage budgets for tertiary (specialised) services. The rationale being to reduce fragmented commissioning and improves care pathways. This might be a significant change for some areas, but is an approach which Hertfordshire has already adopted for secondary (specialist) mental health residential commissioning. The Taskforce suggests the programme (of development – via Vanguard) should focus on ensuring adequate inpatient resource is maintained while preparations are made to support people who are ready to transition into community based services. Hertfordshire has the opportunity to strengthen and review its secondary commissioning arrangements with HPFT as the secondary mental health provider in line with the taskforce recommendations and any subsequent published guidelines.

9.7 Adults with Complex Needs Service and Pilot

We recommissioned a county wide Complex Needs service from the voluntary sector that can support the whole person in their recovery from crisis, providing support and expertise on a wide range of issues including accommodation issues and substance misuse, but we continue to develop our thinking around responding to or preventing crisis in the first place. The new service commenced in April 2016.

We are also running a pilot of enhanced support for adults with the most complex needs in Hertsmere and Three Rivers. This pilot is working with those adults with the highest levels of complexity and is evaluating whether intensive interventions can improve outcomes for the individuals and save money in the longer term. Learning from this pilot will be used to inform future commissioning arrangements for complex needs provision.

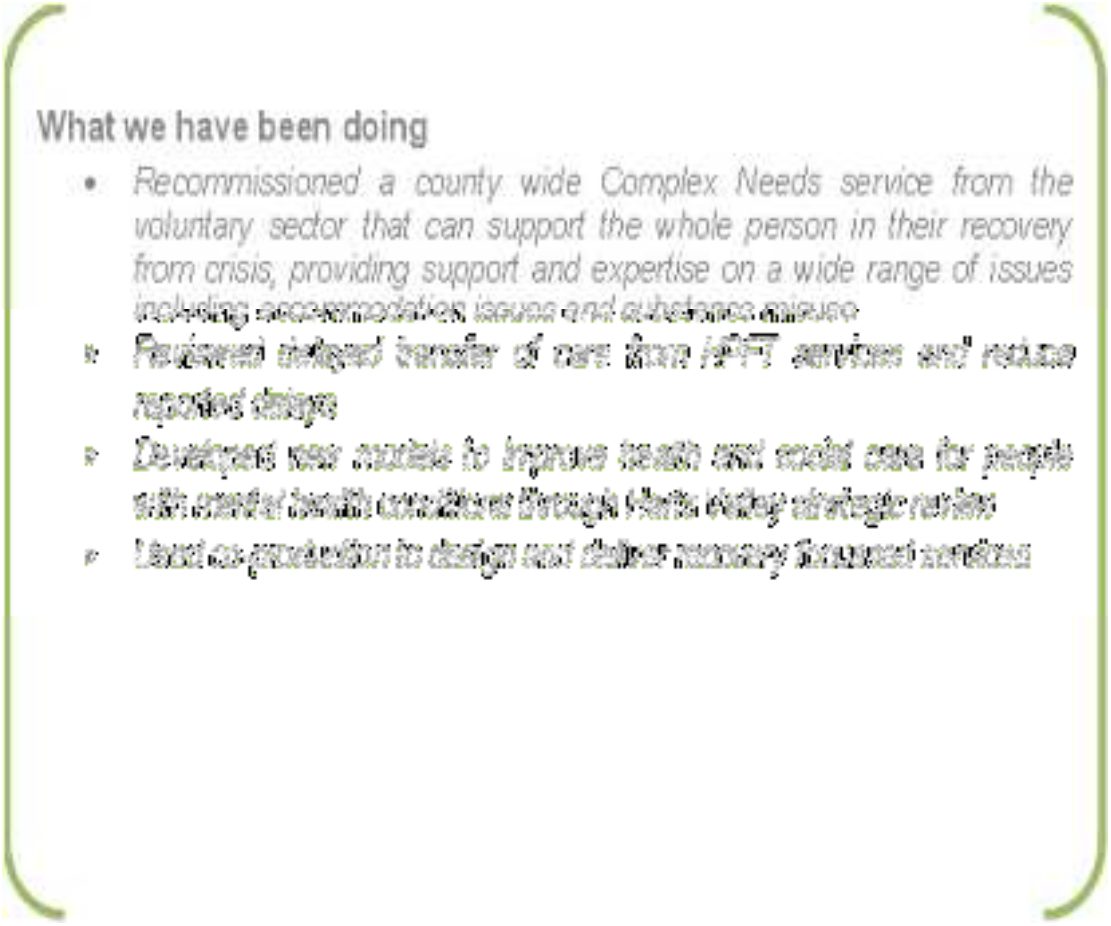
9.8 Changing Services Together

The Changing Services Together (CST) programme is looking at provision of day activities and support across the county and across different client groups. We have worked with the National Development Team for Inclusion (NDTi) to engage with over 300 people about what matters to them and what makes a good life. Based on this, we are developing a commissioning framework for this area of activity and will be holding Community Conversations with partners in localities across the county. These Conversations will discuss the services and activities already in place and what people in different areas value locally. We currently commission a variety of mental health day activities and will work with providers and service users as part of this process.

9.9 HertsHelp and Community First

HertsHelp is an information and advice service commissioned by HCC and the CCGs. It provides people who want to use services and staff with relevant information about local services, including those that support recovery.[18] With significant pressures on statutory services, it is vital that we work effectively and appropriately with partners in the voluntary and community sector. However, we recognise the challenge for busy professionals to be aware of and up to date with the different local community groups. HertsHelp therefore provides a single point of contact to find out this information. We are promoting a simple message to the public and professionals: if you don't know what support is available, think HertsHelp.

As part of this work, we are working across partners to develop a new Community First strategy that sets out how we will work in partnership with local community groups to support people.



[18] http://www.hertfordshire.gov.uk/your-community/ihertshelp/

Consultation Feedback

Our Aims:

- Evaluate the pilot of a Wellbeing college that included mental and physical health courses with a view of commissioning the service
- Look at the options of providing navigators or peers by experience to people who need specialist care from diagnosis onwards to guide them through options for their care and ensure they receive appropriate support to move from recovery to independence
- People living with mental health problems should be supported to find or stay in work through increasing access to psychological therapies for common mental health problems and expanding access to Individual Placement and Support
- Work with providers to develop schemes to improve mental health and employment outcomes
- Focus on people with long term physical health conditions and supporting people into employment
- Opportunity to strengthen and review its secondary (specialist) commissioning arrangements with HPFT as the secondary mental health provider in line with the taskforce recommendations and any subsequent published guidelines.

Conclusion

This mental health strategy has been developed through an analysis of local need, and listening to the views of service users, carers, stakeholders and partners. This strategy sets out our plans for the future delivery of mental health services in Hertfordshire. There will be a detailed action plan that will be developed once the Strategy is published. This will be monitored by through the Joint Commissioning Boards at CCG levels, overseen by the countywide Mental Health Planning and Performance Group. This strategy is a commitment to achieving high quality outcome driven services, parity of esteem and enhancing recovery.

Action Plan

Appendix 3 is the action plan that accompanies the strategy. This gives details of the work streams and actions to take this strategy forward to ensure high quality outcomes for mental health services in Hertfordshire. The action plan will be monitored through the Mental Health Planning and Performance Group.

Appendix 1 – summary of national and local strategy recommendations

The five year forward view mental health taskforce report

The five year forward view sets out how national bodies will work together between now and 2021 to help people have good mental health and make sure they can access evidence-based treatment rapidly when they need it. The taskforce's recommendation have highlighted three priority areas:

- A 7 day NHS – right care, right time, right quality
- An integrated mental and physical health approach
- Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens

No Health without Mental Health

No Health without Mental Health is a national strategy that defines the outcomes that health and social care organisations must achieve. This strategy says organisations should:

- More people with have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Closing the gap: priorities for essential change in mental health

This document is produced by The Department of Health and it states their priorities for making sure mental health has equal importance with physical health:

- Increase access to mental health services
- Integrate physical and mental health care
- Starting early to promote mental wellbeing and prevent mental health problems
- Improve the quality of life of people with mental health problems

Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in care and support of people in crisis. It sets out how organisations will work together to make sure people get the help they need when they are having a mental health crisis

The Local content

Hertfordshire mental health crisis care concordat

Hertfordshire County Council has worked with partner organisations to implement the principles of the national Mental Health Crisis Care Concordat. The aim is to improve the

care support available to people in crisis because of their mental health condition, so that they are kept safe and receive the most effective interventions swiftly. This group have developed an action plan to ensure working together on the implementation of the following principles:

- Ensuring a consistent response to people in mental health in crisis
- Support before Crisis
- Urgent and emergency access to crisis services
- Quality of treatment in crisis
- Recovery

Health and Wellbeing Strategy hertsdirect.org Health & Wellbeing Strategy

This strategy outlines Hertfordshire's approach, principles, roles and responsibilities for tackling health inequalities and promoting the health and wellbeing of everyone who lives or works in Hertfordshire. The focus of the Strategy is on:

- Healthy living
- Promoting independence
- Flourishing Communities

Hertfordshire County Council Corporate Plan 2013-17

hertsdirect.org Hertfordshire's Corporate Plan 2013-2017

We have a legitimate interest in everything that affects the wellbeing of Hertfordshire and its residents. The corporate plan sets out our key priorities for the county and how we intend to deliver our vision for Hertfordshire, County of Opportunity; where residents have the opportunity to:

- Thrive
  We want every Hertfordshire resident to have the opportunity to maximise their potential and live full lives as confident citizens.

- Prosper
  We want Hertfordshire's economy to be strong, with resilient and successful businesses that offer employment opportunities to residents, helping them to maintain a high standard of living.

- Be healthy and safe
  We want Hertfordshire residents to have the opportunity to live as healthy lives as possible and to live safely in their communities.

- Take part

We want to enable all Hertfordshire residents to make a more active contribution to their local areas, working with elected representatives and other community activists to tackle local issues and ensure that council services are more responsive to their priorities and ambitions.

East and North Herts Clinical Commissioning Group (CCG) - Planning for Patients Strategic Plan 2014/19

www.enhertsccg.nhs.uk/strategies

The CCG aims to make a positive contribution to the people of East and North Hertfordshire by empowering them to live well and as healthily as possible. The aim is to engage the public and health and social care colleagues to design person-centred services that all are proud to deliver and pleased to receive.

Working together to develop commission and evaluate services; making best use of resources. The major elements of the plan build on work that has been underway in Hertfordshire since 2007 and has strong foundations. The plan seeks to focus on care groups and needs, rather than around facilities and staff. Successfully delivering

Herts Valley Clinical Commissioning Group - Your Care Your Future

www.yourcareyourfuture.org.uk

The vision for Herts Valley CCG 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. The vision is a result of months of engagement with local people:, service users, carers, clinicians and other stakeholders. Key themes from the engagement include:

- support for the need to change local services
- the need for a greater focus on preventing ill health
- better coordination to join up different elements of local services to improve the experience that people and service users experience
- reducing unnecessary journeys to hospital by providing more care closer to people's homes

Appendix **2**

Making it Real - Markers for change

Information and Advice. Having the information I need, when I need it.

- I have the information and support I need in order to remain as independent as possible.
- I have access to easy to understand information about care and support which is consistent, accurate, accessible and up to date.
- I can speak to people who know something about care and support and can make things happen.
- I have help to make informed choices if I need and want it.
- I know where to get information about what is going on in my community.

Active and supportive communities. Keeping friends, family and place

- I have access to a range of support that helps me to live the life I want and remain a contributing member of my community.
- I have a network of people who support me - carers, family, friends, community and if needed paid support staff.
- I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities.
- I feel welcomed and included in my local community.
- I feel valued for the contribution that I can make to my community.

Flexible integrated care and support. My support my own way

- I am in control of planning my care and support.
- I have care and support that is directed by me and responsive to my needs.
- My support is coordinated, co-operative and works well together and I know who to contact to get things changed.

Workforce. My support staff

- I have good information and advice on the range of options for choosing my support staff.
- I have considerate support delivered by competent people.
- I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers.
- I am supported by people who help me to make links in my local community.

Risk enablement. Feeling in control and safe

- I can plan ahead and keep control in a crisis.
- I feel safe, I can live the life I want and I am supported to manage any risks.
- I feel that my community is a safe place to live and local people look out for me and each other.
- I have systems in place so that I can get help at an early stage to avoid a crisis.

Personal budgets and self-funding. My money

- I can decide the kind of support I need and when, where and how to receive it.
- I know the amount of money available to me for care and support needs, and I can determine how this is used (whether its my own money, direct payment, or a council managed personal budget).
- I can get access to the money quickly without having to go through over-complicated procedures
- I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this.

Mental Health Strategy Action plan

Year 1 2017-18

Mental Health Strategy key aims:

1. Listening and responding to service users and carers
2. Early and Fair Access to Diagnosis, Treatment and Support
3. Valuing Mental and Physical Health Equally Valuing Mental and Physical Health Equally
4. Preventing and Responding to Crisis
5. From Recovery to Independence

RAG Rating

Red – Severe delay against timescale
Amber –Delays but progress being made
Green – On target to completion within timescale

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To embed co-production and co-commissioning principles in services and service development.	Year 1	Community Wellbeing (CWB) Team Health & Community Services.	• User voice network commissioned and reviewed.	1,4,5		

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To reaffirm their commitment to working in partnership with carers, health and social care providers and other agencies to support carers wellbeing and help carers to carry on caring.	Ongoing Ongoing Year 1 Year 1 Year 1	Community Wellbeing Health Team & Community Services	• Commissioning of carers GP champions. • Commissioning of carers support via HPFT by the development of a new HPFT carers pathway to be launched and a CAMHS parent carers assessments. • Development of a Community First strategy - sign off April 2017. • Further development of the Changing Services Together (CST) programme. • Continuation and conclusion of the YouCan pilot supporting adults with complex needs in Hertsmere and Three Rivers, including learning from these pilots to inform future complex needs commissioning.	1,2,3,4,5	Carers strategy	

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To develop effective liaison with adult services to provide a smooth transfer of services for children and young people in CAMHS provision.	Year 1 Year 1 Year 1	Integrated Health Care Commissioning Team (IHCCT)/CAMHS	• Audit and survey in March 2018 to assess planning and outcomes for transitions out of Children and Young People's Mental Health Services. • Deliver more high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People IAPT by 2018. • Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine case; and one week for urgent cases. • Invest in our local provision for Eating Disorder services to increase their capacity to meet the national waiting time targets.	1,2,3,4,5,	Children's services and CAMHS	

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
Where appropriate develop 7 day services.	Year 1	IHCCT	• Work towards 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals (Operating Plan commitment).	1,2,4	Crisis Care concordat	
	Year 1		• Submit bid for national funding in autumn 2016 funding round for Core 24 psychiatric liaison model in acute hospitals. Evaluate current crisis services in the community as a starting point for considering future service changes.			
	Year 1		• To deliver a 24/7 crisis response and intensive home treatment as an alternative to acute in-patient admissions.			
	Year 1	IHCCT/CAMHS	• Work towards 24/7 community crisis for Children and Young People services to support the ambition for Core 24 all age psychiatric liaison services.			

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To deliver the national targets for early Intervention in Psychosis.	Year 1 Year 1	IHCCT	• To deliver the national target that 53% of people experiencing a first episode of psychosis have access to a NICE approved care package within 14 days of referral. This target will rise to at least 60% by 2021. • Work with HPFT to agree a funding model that moves towards full NICE compliance over the 2017/18 and 2018/19 financial years, whilst continuing the deliver the two week target for referral.	1,2,3		

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To Improve access to Psychological Therapies (IAPT).	Year 1 Year 1		• Pilot IAPT in Long Term Conditions pathways in Herts Valleys ○ Learn from Herts Valleys IAPT Early Implementer pilot in 2017/18 to consider further expansion in 2018/19. • The use of psychological therapies to help people who are living with long-term physical health conditions or who are unemployed to support their mental wellbeing.	1,2,3,5		

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To Improve access to Psychological Therapies (IAPT) (Continued).	Year 1 Year 1		• Psychological therapies reviewed to develop the local market and realise benefits regarding referral pathways, quality control, and patient choice. • Meeting existing access & recovery standards so that 75% of people access treatment within six weeks, 95% within 18 weeks; and at least 50% achieve recovery across the adult age group.	1,2,3 5		

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
Primary and Secondary Prevention delivered more consistently and effectively in primary care, community, and acute settings – to promote wellbeing across our population, and specifically for those with mental health conditions.	Commence Year 1 Year 1	IHCCT Public Health	• Increase access to individual placement support for severe MH illness in secondary care services by 25% by 2019 against 2017/18 baseline. Baseline current support levels in 2017/18 as the first stage to evaluating the best way to deliver this commitment. • Mental Health inpatient services are smoke free & focus is extended into community contacts.	1,2,3,4,5	Smoking Cessation & HPFT	

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
Continue to develop and improve crisis response.	Year 1 Year 1 Year 1 Year 1 Year 1	HPFT Public Health HPFT	• 20% reduction in A&E attendances of the cohort of top 0.25% most frequent attenders to A&E in 2016/17 (CQUIN). • Ensuring the effective use of S136 suites (places of safety) and implementing strategies to reduce inappropriate use e.g. introduction of street triage. • Street Triage model being trialled and will be evaluated for ongoing support. Other actions set out in Crisis Care Concordat action plan. • Develop a multi-agency suicide prevention strategy and action plan. • Continue to develop the 'Spot the signs' programme led by HPFT. Other priorities to be identified through the Public Health led suicide prevention strategy.	1, 4	Crisis care concordat	

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG

Improved equity of access.	Year 1 Year 1	HPFT and Hertfordshire Tobacco Control Board	• Evaluate effectiveness of bed reduction initiatives funded in 2015/16 and 2016/17 to assess the most effective way of delivering this commitment • A harm reduction approach is adopted for people not ready to stop smoking, which includes swapping to electronic cigarettes. o HPFT is supported to remain Smokefree and inpatients have rapid access to behavioural support and medication.	1,3	Hertfordshire Stop Smoking Service	

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
Increase support for perinatal mental health and support parents-to-be and new parents showing signs of problems like depression or anxiety.	Year 1 Year 1	IHCCT	• Support for women who experience mental health problems in pregnancy and during the first year following the birth of their child to access evidence based specialist mental care. • Increase support for women who experience MH problems to access evidence based specialist mental health care: successful bid submitted for additional national funding to support this ambition.	1,2,4,5		
Commissioning recovery focussed services.	Year 1	IHCCT	• Expansion of the Wellbeing College.	1,3,5,		

Action plan from 2018

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To embed co-production and co-commissioning principles in services and service development.	Throughout the life of the Strategy	Community Wellbeing Team Health & Community Services	• Improved user and carer involvement. • People with lived experience of mental illness, their families and carers are able to effectively influence and shape the development, planning, commissioning, mobilisation and monitoring of mental health services across Hertfordshire. • Meaningful involvement and collaboration in service improvement with people who use the services. • Embedding co-production and focusing on outcomes for all new mental health service provision.	1,4,5		

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To increase the provision of personal health budgets to patients eligible.	Throughout the life of the Strategy	CCGs Personal Health Budget Leads	• People have more independence to exercise choice and control over where, when and how they receive care and support. • Further development of local offers for personal health budgets for East and North Herts CCG and Herts Valleys CCG. • The implementation of the Making it Real principles Working with statutory, voluntary and independent partners to implement. • More awareness of personal budgets and self-direct support.	1,2,3,4,5		

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To reaffirm our commitment to working in partnership with carers, health and social care providers and other agencies to support carers wellbeing and help carers to carry on caring.	Year 3 Throughout the life of the Strategy	Community Wellbeing Team, Health & Community Services	• Review of specialist carers provision, which includes several tranches of MH carers support. • To ensure services for carers fit into caring schedules for access to physical activities, psychological therapies and voluntary sector preventative wellbeing services such as counselling and peer support. • Build carer identification into all commissioned MH services. • Delivery on the Joint Strategy for Carers.	1.3	Carers strategy	

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To develop effective liaison with adult services to provide a smooth transfer of services for children and young people in CAMHS provision.	Throughout the life of the strategy	IHCCT/CAMHS	• Audit and survey in September 2018 to assess planning and outcomes for transitions out of CYPMHS during the period March to September 2018. • Audit and survey in March 2019 to assess planning and outcomes for transitions out of CYPMHS during the period September 2018 to March 2019. • Deliver priorities agreed in the Hertfordshire CAMHS Transformation Plan, including improvements in CAMHS crisis services, the development of the i-Thrive model, and improvements in perinatal mental health. • Reduce usage of Tier 4 CAMHS beds: We will continue discussions with NHS England about taking over local control of tier 4 CAMHS services and budgets to allow us to develop a seamless pathway for Children and Young People and improve community support to reduce admissions.	1,2,3,4,5,	Children's services and CAMHS	

Where appropriate develop 7 day services.	Throughout the life of the strategy	IHCCT	• Expansion of the RAID (Rapid Assessment Discharge) programme to provide a 24/7 all age response.			

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To improve access to Psychological Therapies (IAPT).	Year 2 Year 3 Throughout the life of the strategy	IHCCT	• Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment in 2018/19, with the majority of the increase from the baseline of 15% to be integrated with primary care. • Additional 2020 Goal that a further 3,000 therapists to be co-located in primary care nationally by 2020. • Increase access to evidence based psychological therapies so that 25% of people with anxiety and depression in Hertfordshire can access care by 2020/21. • Increase access to psychological therapies for people with psychosis, bipolar and personality disorder.	1,2,3,5		

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To Improve access to Psychological Therapies (IAPT) (Continued).	Throughout the life of the strategy	IHCCT	• The roll out of the enhanced community teams approach to deliver rapid response in the community, with rapid access to social care, physical and mental health specialists, will support people with mental health problems and aims to help people be as healthy and independent as possible.	1,2,3,5		
To develop a Prevention Concordat programme that supports health and wellbeing.	Throughout the life of the strategy	Public Health/IHCCT	• Where possible community based services for people with severe mental health problem who need support to live safely and as close to home as possible. • New pathways/services commissioned incorporate the relevant physical health care interventions and principles of co-produced care planning. • Digital channels optimise of to communicate key messages and make services more readily available online, where appropriate drawing on user insight.			

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To develop a Prevention Concordat programme that supports health and wellbeing (Continued).	Throughout the life of the strategy		• Data collected is used to improve services for users and carers. • Mental health champions establish in each community to contribute towards improving attitudes to mental health. • Embed mental health champions within communities.	1,2,3,4,5		
Commissioned mental health providers will have armed forces champions and a specific named clinician with an expertise in military trauma.	Throughout the life of the strategy	IHCCT	• The development of a network of specialist collaborative providers that have been co-commissioned with CCGs to provide accessible bespoke care for the armed forces community. This will include accessible services for complex post-traumatic stress disorder and other complex presentations that are bespoke for the armed forces community.	2,4,5		

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
Primary and Secondary Prevention delivered more consistently and effectively in primary care, community, and acute settings – to promote wellbeing across our population, and specifically for those with mental health conditions.	Throughout the life of the strategy	Public Health HPFT	• Whole system approach to prevention developed through the Sustainability & Transformation Plan (STP). • HPFT Physical Health Strategy & Action Plan implemented, including approach to Making Every Contact Count. • Improved access for people with mental health conditions to existing prevention and screening programmes. • GPs have more training, awareness and understanding of mental health. • Continuity planning and recruitment campaigns build patient trust. • Commissioners will work with public health and across CCG's to look at how primary and secondary prevention can be delivered more effectively across the county.	1,2,3,4,5	All agencies NHS England Public Health Primary Care, CCGs HCC CCGs Public Health STP	

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
To demonstrate services for patients experiencing co-morbid mental health and substance misuse problems are integrated to deliver assessment, evidence based interventions and support which result in positive outcomes for in tackling the individuals' substance use and mental health wellbeing	Throughout the life of the Strategy	Public Health/IHCCT	• Commissioning of services for the whole person, integrating the substance misuse and mental health pathways and evidence outcomes based interventions • Effective arrangements and pathways and for joint assessment and care management between mental health and substance misuse services. • Joint development and resourcing of specific care packages for service users who need more intensive support • Promotion of a shared understanding and vision of co-existing mental health and substance misuse and associated service offers	1,2,3,4,5	Crisis care concordat Public Health Drug & alcohol strategy	

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
Continue to develop and improve crisis response.	Throughout the life of the Strategy	Crisis Care Concordat Steering Group	• For those affected by mental ill health and substance misuse, develop a 'safe place to sober up' until appropriate assessments and referrals can take place. • Continue to meet the national Mental Health Crisis Care Concordat. • A reduction of premature mortality among people with severe mental illness. • Develop all age mental health liaison services in emergency departments and inpatient wards. • Improvement in mental health care pathways across the secure and detained settings within the criminal justice system. • No increase in number of A&E attendances of top 0.25% most frequent attenders to A&E in 2017/18. • 20% reduction in all A&E attendances of people with a primary or secondary mental health diagnoses (when comparing Q4 2017/18 to Q4 2018/19).	1, 4	Crisis care concordat	

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
Improved equity of access.	Throughout the life of the Strategy	IHCCT IHCT/HPFT	• Development of peer support especially by under-represented and BME groups, and develop peers as a core part of care team Reduced stigma around mental ill health by supporting local communities build a grass roots social movement to raise awareness of good physical and mental health and support people to seek help when they need it. • Explore options for Mental Health Continuing Health Care.	1,2,3,4,5		
Better engagement with growing cohort of older people with mental health issues (not dementia due to the growing ageing population.	Throughout the life of the Strategy	IHCCT	• Increase in referral rates and engagement in treatment for depression and anxiety in the older population. • Social prescribing initiatives piloted and rolled out where effective.	1,2,3,4,5		

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
Commissioning recovery focussed services.	Throughout the life of the Strategy	IHCCT	• The development of supporting individuals needs as they move through recovery to independence, (this will mean different levels of support at different times). • Development of options to provide navigators or peers by experience to people who need specialist care from diagnosis onwards to guide them through options for their care and ensure they receive appropriate support to move from recovery to independence.	1,5		

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
The development of employment support.	Throughout the life of the Strategy	IHCCT	• People supported to find or stay in work through increasing access to psychological therapies for common mental health problems and expanding access to Individual Placement and Support (IPS). • Work with providers to develop schemes to improve mental health and employment outcomes. • A focus on people with long term physical health conditions and supporting them into employment. • Further develop mental health action in the workplace, across all employers in Herts, and by building on 2016/17 Health and Wellbeing Plans in our 4 NHS Trusts.	1,5	NHS, Local Authority, Private Sector, and Voluntary Sector Employers	

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG
More support with housing and accommodation.	Throughout the life of the Strategy	Accommodation Commissioning Team	• A system wide and multi-agency approach to tackle the scale of the housing problem for those with mental ill health and co-existing conditions.	1,4,5	Accommodation strategy	
Promote good mental health and wellbeing across the population.	Throughout the life of the Strategy	Public Health	• Develop the promotion of me good mental health and wellbeing across the population. • Reduce inequitable life expectancy caused by smoking o All agencies that work with mental health service users promote smokefree lifestyles with staff, the public and service users. • Smoking is no longer accepted as a social norm in people with mental health conditions. o Mental and physical health improves. o Smoking prevalence in people with mental health conditions declines at pace to levels found in general population.			

Action	Timescale	Led By	Outcomes	Aim(s)	Key Links (if any)	RAG

Promote good mental health and wellbeing across the population (Continued).	Throughout the life of the Strategy		• Smokers with mental health conditions get rapid access to intensive behavioural support and medication to reduce smoking.
			  ○ Everyone with a mental health condition will be given every opportunity to quit smoking.
			  ○ A harm reduction approach is offered to smokers not ready to quit smoking.
			• A harm reduction approach is adopted for people not ready to stop smoking, which includes swapping to electronic cigarettes.
			  ○ Anti-psychotic medication is reduced for people who stop smoking.			

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

6

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 DECEMBER 2016 AT 10:00AM

MENTAL HEALHT CRISIS CONCORDAT UPDATE

Report of Beverley Flowers, Chief Executive East and North Hertfordshire Clinical Commissioning Group and Chair of the Crisis Care Concordat Partnership

Author: Anna Hall Tel: 01438 843043

1. Purpose of report

1.1 To provide the Health and Wellbeing Board with an update on the work of the Crisis Care Concordat Partnership.

2. Summary

2.1 Progress has been made in a number of areas on the current published action plan.

2.2 The Hertfordshire Crisis Care Concordat Partnership has reviewed the priorities for 2016-18 and agreed to focus on three areas: Section 136 (S.136); Data Sharing and Housing and Accommodation Support.

2.3 A refreshed action plan is due for sign off at the December 2016 Partnership Steering Group.

2.4 Further detail about the priority areas is set out in the report.

2.5 National secretariat support for the Concordat has ceased and the Department of Health, the Home Office and NHS England will progress the Concordat going forward.

3. Recommendation

3.1 That the report be noted.

4 Background

4.1 The national Crisis Care Concordat (2014) has four main aims:

- Access to support before crisis point.
- Urgent and emergency access to crisis care.
- Quality of treatment and care when in crisis.
- Recovery and staying well / preventing future crises.

4.2 The Concordat was introduced in order to improve outcomes for people with mental health needs in crisis, and required local partnership across the country to publish declarations and action plans. Hertfordshire partners' declaration and current action plan can be viewed here: http://www.crisiscareconcordat.org.uk/areas/hertfordshire/

4.3 The Hertfordshire Mental Health Crisis Care Concordat declaration, signed in 2014, brings together more than 20 organisations from all sectors across the county, to work in partnership to secure better care for those people suffering a mental health crisis, by delivering an agreed programme of work. Partners continue to sign up to the declaration, the most recent being Cygnet Hospital in Stevenage.

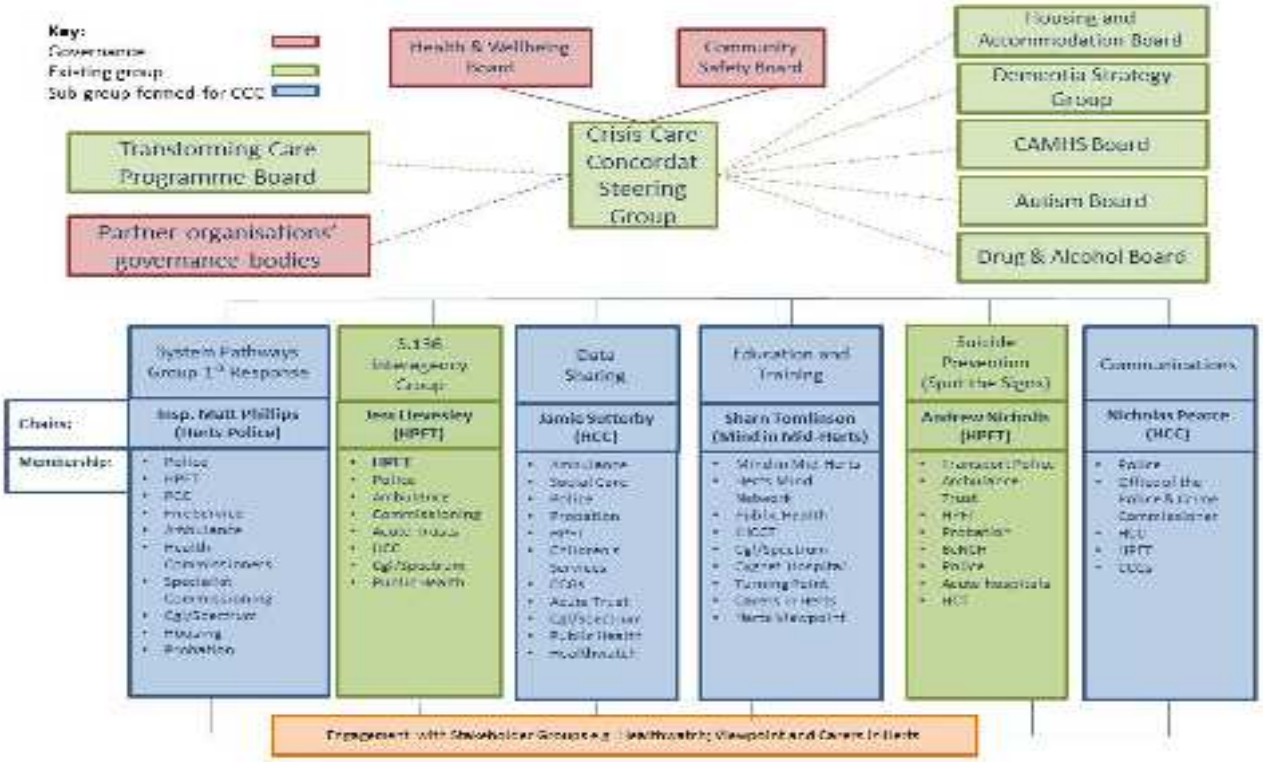
4.4 The partnership is governed by a Steering Group, chaired by Beverley Flowers (East and North Herts CCG Chief Executive) with six sub-groups:

- Education and Training
- Data Sharing
- Section 136 (S.136) Operational Group
- System Pathways: First Responders
- Spot the Signs: Suicide Prevention; and
- Communications.

4.5 Countywide, there is a wider range of bodies that have an influence on the Concordat and a lead for specific client groups. Figure 1 shows the extended governance arrangements for the Concordat.

4.6 In agreeing the governance arrangements, the Steering Group did not wish to duplicate effort, while also wanting to ensure that activity was mainstreamed through existing bodies' workplans.

Figure 1: Governance of the Mental Health Crisis Care Concordat



5. Progress to date

5.1 Highlights of progress against the published Hertfordshire's Action Plan[i]:

- Countywide street triage (live from August 2016)
- Public Health – Mental Health First Aid.(Training and awareness)
- Improved system working between Police and Ambulance Service, particularly for S.136 detentions.
- Extensive training undertaken by Spot the Signs (suicide prevention) including 29% of GPs across the county and 140 non-clinical practice staff and 160 of the community/voluntary sector workforce (end Sept 2016).
- Hertfordshire wide Suicide Prevention event in November 2016 attended by around 100 people to agree a local strategy.
- Updated Joint Strategic Needs Assessment.
- Improved focus on crisis care pathway in HPFT contract.
- Review of crisis care pathways for adults and children & young people, with recommendations for change.
- Development by Police and other Criminal Justice agencies of Safety Net database, focusing on vulnerable people.
- Led successful bid for development of a dedicated young peoples 136 facility for Hertfordshire.

5.2 At the June 2016 meeting, the steering group decided to prioritise three key areas for focus 2016-18:

- S.136
- Data sharing

- Housing and accommodation

5.3 Hertfordshire's action plan is currently being refreshed to reflect these priority areas (Appendix A) and is due to be signed off at the December 2016 Steering Group meeting. More detail about the priority areas is set out below.

5.4 Section 136 Detentions

5.4.1 There has been a marked increase over time in the number of S.136 detentions in Hertfordshire, complicated by closure of the S.136 suite at Lister Hospital. The focus of this work, overseen by the S.136 Interagency Sub-Group is to:

- reduce S.136 detention;
- understand trends and causes of increased detentions;
- identify improvements to crisis services to support people;
- identify alternatives to detention (e.g. 25% of those detained have drug & alcohol issues, not MH; only c.30% of detentions require admission).

5.4.2 The innovative countywide Police Force Control Room (FCR) project and Street Triage initiative in East and North Hertfordshire have been reviewed, reconfigured and expanded. The initial one car Street Triage pilot has now (August 2016) been extended to two vehicles countywide, with a police officer and mental health clinician providing street-level support seven days a week from 5pm to 4am.

5.4.3 Moving the mental health clinicians working within the police force control room to supporting officers to make informed decisions regarding S.136 detention "on the ground" through Street Triage has helped to, where possible, reduce the number of people detained by ensuring that the action taken at the scene is the best pathway for them. This might be identifying alternative avenues of support or treatment for the person, for example through drug and alcohol services and the mental health crisis support services (statutory crisis teams and voluntary sector services). The mental health clinicians continue to be available to help give advice to other officers countywide through dedicated mobile phone numbers.

5.4.4 Hertfordshire is one of 27 CCG's areas that will benefit from the second wave of Department of Health capital funding to improve provision of mental health places of safety. In the second wave of bids, totalling £8.4 million, Hertfordshire's Crisis Care Concordat Partnership was awarded £590,000 to build a dedicated place of safety for children and young people. This new facility will be situated on the Hertfordshire Partnership University NHS Foundation Trust (HPFT) Kingsley Green, Radlett site, adjacent to the Forest House Adolescent Unit. The unit will be fully operational December 2017.

5.5 Data Sharing

5.5.1 The data sharing sub-group has been focussing on how to improve data sharing across the system, to drive improved responsive care for people in crisis and risk stratify the most vulnerable people in Hertfordshire likely to experience crisis episodes. Organisations involved include statutory agencies for health, social care, and criminal justice, plus third sector providers and community support providers. The group is considering the information governance requirements, confidentiality and consent issues and what training and tools are required to support data sharing by all people involved in responding to crisis.

5.6 Housing and accommodation

5.6.1 The landscape of housing and accommodation support across the county is complex. The focus through the action plan is to support and encourage closer working with housing and accommodation partners to ensure people at risk of mental health crisis have access to appropriate housing and accommodation support. This involves discussions with 10 District Councils, all with competing pressures and locality housing demand issues. Hertfordshire County Council Integrated Accommodation Commissioning Team (IACT) is closely involved with developing ideas and representatives attend the Sub-group Chairs meeting (there is no specific housing sub-group as there are existing housing forums).

6. National Concordat secretariat and direction going forward

6.1 In 2014, Mind was tasked with the national secretariat support for the Concordat. As planned, this role ceased 28 October 2016 and the Department of Health, the Home Office and NHS England will progress the Concordat going forward.

6.2 The Department of Health, Home Office and NHS England have reiterated their shared determination and commitment to the Concordat aims and principles to improve the outcomes of those who experience a mental health crisis. Improving crisis care is central to the successful delivery of transformation in two NHS priority areas: Mental health and urgent and emergency care.

6.3 In particular, NHS England is looking to Crisis Concordat partnerships to provide a central role in implementing the evidence based urgent and emergency mental health care pathways and will look to establish a bespoke national quality assessment and improvement scheme from spring 2017.

Report signed off by	Beverley Flowers, Chief Executive East and North Clinical Commissioning Group (CCG)
Sponsoring HWB Member/s	Beverley Flowers, Chief Executive East

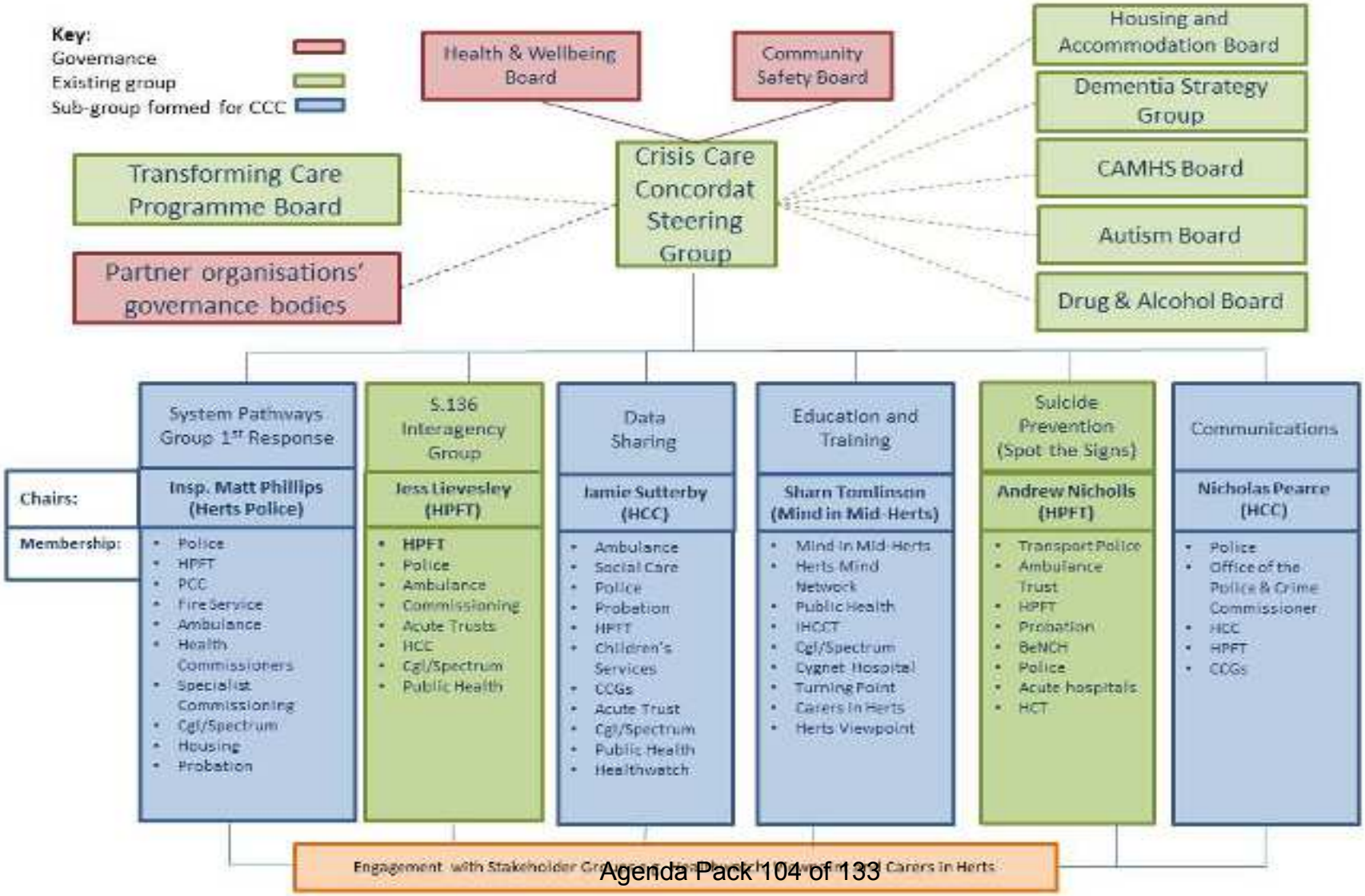
	and North Clinical Commissioning Group (CCG)
Hertfordshire HWB Strategy priorities supported by this report	Identify which priority/ies: Improving mental health and emotional wellbeing
Needs assessment (activity taken) n/a	
Consultation/public involvement (activity taken or planned) n/a	
Equality and diversity implications none	
Acronyms or terms used. eg:	
Initials	In full
S.136	Section 136 of the Mental Health Act
NHS	National Health Service
CCG	Clinical Commissioning Group
HCC	Hertfordshire County Council
HPFT	Hertfordshire Partnership University NHS Foundation Trust
IACT	Integrated Accommodation Commissioning Team
FCR	Force Control Room
MH	Mental Health

HERTFORDSHIRE CRISIS CARE CONCORDAT ACTION PLAN - 2016/17

Hertfordshire Mental Health Crisis Care Concordat Declaration

We, as partner organisations, will work together to implement the principles of the national Mental Health Crisis Care Concordat and improve the care and support available to people in crisis because of a mental health condition, so that they are kept safe and receive the most effective interventions swiftly. We will work together to help people find the help they need – whatever the circumstances – from whichever of our services they turn to first and accept our responsibilities to reduce the likelihood of future crisis and to support people's recovery and wellbeing.
This action plan has been produced by the signatories of Hertfordshire's Mental Health Crisis Care Concordat with the overall aim of working together to make changes to systems and processes that reduce the numbers of people who experience crisis and to improve the outcomes for people who do use services.
We believe that this is most effectively done through partnership working and joint responsibility. At the heart of Hertfordshire's declaration and action plan is the principle that we will all work together to improve individuals' experience (professionals, people who use crisis care services, and carers) and reduce the likelihood of harm to the health and wellbeing of patients, carers and professionals

Given the scope of the Concordat, the action plan covers the period to 2017; this means that the content, funding and delivery are subject to prioritisation, change and further development over this timeframe.


Key:
Governance
Existing group
Sub-group formed for CCC
Health & Wellbeing Board
Community Safety Board
Housing and Accommodation Board
Dementia Strategy Group
CAMHS Board
Autism Board
Drug & Alcohol Board
Transforming Care Programme Board
Partner organisations' governance bodies
Crisis Care Concordat Steering Group
Chairs:
Membership:
System Pathways Group 1st Response
Insp. Matt Phillips (Herts Police)
Police
HPFT
PCC
Fire Service
Ambulance
Health Commissioners
Specialist Commissioning
Cgl/Spectrum
Housing
Probation
S.136 Interagency Group
Jess Lievesley (HPFT)
HPFT
Police
Ambulance
Commissioning
Acute Trusts
HCC
Cgl/Spectrum
Public Health
Data Sharing
Jamie Sutterby (HCC)
Ambulance
Social Care
Police
Probation
HPFT
Children's Services
CCGs
Acute Trust
Cgl/Spectrum
Public Health
Healthwatch
Education and Training
Sharn Tomlinson (Mind in Mid-Herts)
Mind in Mid-Herts
Herts Mind Network
Public Health
IHCCT
Cgl/Spectrum
Cygnet Hospital
Turning Point
Carers in Herts
Herts Viewpoint
Suicide Prevention (Spot the Signs)
Andrew Nicholls (HPFT)
Transport Police
Ambulance Trust
HPFT
Probation
BeNCH
Police
Acute hospitals
HCT
Communications
Nicholas Pearce (HCC)
Police
Office of the Police & Crime Commissioner
HCC
HPFT
CCGs
Engagement with Stakeholder Groups including Carers in Herts

Concordat key aims: -

1. Access to support before crisis
2. Urgent and emergency access to crisis services
3. Quality of treatment and care when in crisis
4. Recovery and staying well / preventing future crises

RAG Key: -
Red – Severe delay against timescale
Amber –Delays but progress being made
Green – On target to completion within timescale

- • **Hertfordshire Partnership priorities – 2016/17**

No.	Action	Timescale	Led By	Outcomes	Aim(s)	RAG
	Section 136 Detentions					
1.1	Street Triage to operate across the county and evaluated to develop the evidence base for mainstream funding.	September, 2016	Sub-group: S.136 interagency group Commissioning: IHCCT Ops: HPFT, Police, EAAST	• Reduction in number of S.136 detentions • Right care, right time for service users • Reduction in Police time allocated to S.136 • Reduction in Ambulance call-outs for S.136 • Increased awareness by frontline Police officers of mental health	2,3	A
1.2	Reduction in inappropriate S.136 detentions through: (a) drug & alcohol services more responsive, working with street triage service (b) training for frontline Police – mental health,	End 2017	Sub-group: S.136 interagency group Commissioning: IHCCT (MH); Public Health (D&A) Ops: HPFT, Police,	• Reduction in number/percentage of people detained who do not have a mental health need • Reduction in in-patient detox at HPFT	1, 2, 3, 4	A

	dementia, drug & alcohol awareness (c) Trailing the development of a 3 way Police/Ambulance/HPFT Street Triage service in West Herts.		Spectrum Co-dependencies: First Responders; Education & Training sub-groups	• Police officers more confident that alternatives to S.136 are available		
1.3	Identify and analyse: • system costs of S.136 detention • system pathway for S.136	End September 2016	Sub-group: S.136 interagency group Led by: IHCCT	• Economic model enables better understanding of costs to organisations and to the system • Enables cost/benefit analysis of alternatives to S.136 • Enables organisations to identify where savings can be made and re-invested into better methods of supporting service users	1, 2, 3,4	A
1.4	Develop alternative crisis support to prevent S.136 detention (a) Introducing Overnight Community responding Crisis Assessment & Treatment staff (b) Replacing and Enhancing	Scoping: end 2016 Implementation: 2017	Sub-group: S.136 interagency group	Mitigation of unnecessary section 136 detentions	1, 2, 3,4	A

	HPFT MH helpline to form part of a 24/7 SPA function					
1.5	HPFT crisis CQUIN 2016-17 : analyse data from all points of entry into crisis services to: • Pathways into/through crisis services • Analysis of people who repeatedly access crisis services from different entry points and improve support to those people • Improve business planning and risk stratification • Share findings with Concordat members	Quarterly milestones CQUIN ends March 2017	Sub-group: S.136 interagency group HPFT - delivery IHCCT – commissioning Co-dependency: Data sharing sub-group	• Improved understanding of crisis patterns and behaviour • Improved cross-agency working to support people in crisis • Reduction in repeat crisis, due to improved circles of support • Improved business planning for HPFT and other agencies • Improved risk stratification, enabling better support for people at risk of crisis From 2017-19 to be replaced with National CQUIN Improving services for people with mental health needs presenting to A&E	1, 2, 3,4	A
1.6	Changes to S.136 legislation: • raise awareness across the Concordat partnership of changes and how they will affect operations • develop a briefing for	March 2017	Sub-group: S.136 interagency group Co-dependencies: First Responders sub-group; Communications sub-group	• Improved understanding of legislation affecting people in crisis • Raise awareness of the Concordat with the general public	2, 3	A

	stakeholders • send press release and publish on the website					
1.7	DH Health Based Place of Safety Capital bid – dedicated place of safety for children and young people Funding approved October 2016	Dec 2017	Sub-group: S.136 interagency group Monitoring progress of capital development – SDIP	• Improved service user experience • Release capacity in Adult PoS • Impact on A&E and wider system efficiencies • Continuity between PoS and inpatient environment	2, 3	A
Data Sharing						
No.	**Action**	**Timescale**	**Led By**	**Outcome**	**Aim(s)**	**RAG**
1.8	Develop data sharing protocols to support advance directives for MH/crisis support plans	January 2017	Data Sharing sub-group HPFT (crisis plans) IHCCT (advance directive)	• Service users are confident that their decisions about sharing their advance directive or crisis plan are respected and confidentiality maintained • Carers are able to better support people in crisis and identify emerging crisis • Professionals are able to better support people in crisis and identify emerging crisis	1, 2, 3, 4	A
1.9	Review and formalise the Information Governance arrangements to support the multi-agency case	March 2017	Trudi Mount, Herts Valley CCG	• Ensure information sharing arrangements are IG compliant • Staff are able to confidently communicate to service users and	1, 2, 3, 4	A

	management arrangements for people identified at high risk of a mental health crisis or with multiple and complex needs. • Using best practice from current and emerging projects e.g. Adults with Complex Needs, Named Worker, Homefirst, MARACs) • Details communicated to staff to allow them to gain user consent and feel in confident sharing data appropriately			carers the importance of sharing data to ensure those responsible for delivering services and support when they are in or approaching crisis are aware of their advance decisions and preferences, and the steps taken to protect the data • More effective joint planning for prevention and early intervention • Less duplication and waste		
1.10	Secure appropriate access and use of Safety Net and PARIS systems. • Review and agree how they are to be used to record, store and view information about people's care plans and or details of a person's 'vulnerability' • Ensure that IG processes are in place allow lawful	August 2016	Michael Nadasdy, CCSU and Nikki Whiter, HPFT	• Access to advanced decisions made by a person about their care will help services and support organisations to identify when that person is at risk of crisis or, if in crisis, reduce of prevent escalation • To enable services to provide a joined-up approach to care and support for someone in crisis • Service users are confident that their decisions about sharing their advance directive or crisis plan are respected and confidentiality	1, 2, 3, 4	**A**

	access to the required data to effectively support these individuals			maintained		
1.11	Implement information sharing agreement between CGL-Spectrum and HPFT	September 2016	Data sharing sub-group Operations: HPFT; CGL [currently with HPFT for sign-off]	• Service users feel that their needs are better met • Improved support to service users through joint working	1, 2, 3, 4	A
			Housing & Accommodation			
No.	**Action**	**Timescale**	**Led By**	**Outcome**		**RAG**
1.12	Map housing/homelessness processes for each district		Heads of Housing Group	• HPFT staff understand correct procedure for each district, reducing delays in processing applications and dealing with tenancy issues • Reduction in delayed transfer of care due to housing-related needs	1, 2, 4	R
1.13	Consider use of Individual Budgets for rent deposits and tenancy support		Heads of Housing Group	• Reduction in delayed transfer of care due to housing-related needs • Service users are able to access appropriate housing accommodation post-crisis	1, 4	R
1.14	All front line staff within housing advice/options and homelessness and housing management to receive basic training on recognising and understanding mental health issues	December 2016	Heads of Housing Group Co-dependency: Education & Training sub-group	• Reduction in rejected claims for people with mental health needs • People with mental health needs are able to access appropriate housing • Increased support for tenants with mental health needs, to maintain their tenancies	1, 2, 4	R

1.15	Each Housing Authority to review the advice and information it or its agent provides on its website and in its publications to better support people with mental health needs, learning disabilities and Autistic Spectrum Disorders	December 2016	Heads of Housing Group Co-dependency: Education & Training sub-group	• Service users receive the correct information about how to access housing and homelessness • Service users feel supported by housing authorities • Professionals feel better able to support service users	1, 2, 4	R
1.16	All housing advice/options/homeless-ness services will hold appropriate information about mental health support services that they can sign post customers to where a possible support need is identified	December 2016	Heads of Housing Group Co-dependency: Education & Training sub-group	• Service users receive the correct information about how to access housing and homelessness • Service users feel supported by housing authorities • Professionals feel better able to support service users	1,2	R
1.17	Review of floating support services for people with a mental health issue (tenancy support), to identify levels of provision across the county; identify gaps in provision	March 2017	Integrated Accommodation Board	• Levels of provisions are identified • Levels of impact on individuals and organisations are identified • Existing services are like din to support service users and professionals • Professionals are supported to signpost services users to existing services	4	A

1.18	Review of supported accommodation provision for people with mental health issues , to identify gaps in provision	March 2017	Integrated Accommodation Board	• Levels of provisions are identified • Levels of impact on individuals and organisations are identified • Existing services are like din to support service users and professionals • Professionals are supported to signpost services users to existing services	4	A

2. Education & Training Sub-group						
MAPPING MENTAL HEALTH TRAINING & EDUCATION						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Aim(s)**	**RAG**
2.1	Map training and education in Hertfordshire to identify good practice and resources, and undertake a gap analysis	Aug 2016 to Feb 2017	Sharn Tomlinson	• Identify levels of mental health training and education, by a range of organisations • Identify good practice, particularly resources that can be shared • Identify gaps across the system • Work with the Concordat partners to bridge gaps and share resources	1, 2, 3, 4	G
DEVELOPING A VIRTUAL HUB						
2.2	Create a virtual Hub of mental health resources and information, linked to a	Feb 2017 to Aug 2017	Tbc Co-dependencies:	• People in Herts are able to find comprehensive information and support around mental health and	1, 4	G

	website		Data Sharing sub-group Communications sub-group	wellbeing • People in Herts are able to find training courses and educational opportunities in relation to mental health • Good practice co-production is further embedded in Hertfordshire • The Hub is easily updated and scaled • The Hub links to other Herts resources, such as New Leaf – the Wellbeing College, and Herts Directory		

3. System Pathways First Responders Sub-group						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Aim(s)**	**RAG**
3.1	"Spot the Signs" Suicide Prevention Training in Police FCR	March 2017	Ruth McRoy, Hertfordshire Police Co-dependencies: Spot the Signs Sub–Group	For all police FCR staff to be able to identify those persons approaching and already in crisis and be able to provide support over the phone pending the arrival of Police / EEAS resources. Consideration of this training to be given to EEAS and Fire call centres should it be found to be beneficial.	1, 2, 3	A
3.2	Consideration of the	March 2017	DI Philips	Understanding of the Vulnerability	1	G

	Vulnerability Assessment Framework trial in Met Police			Assessment Framework and potential benefits of a similar scheme in Hertfordshire		
3.3	Closer working with Turning Point's Nightlight	Jan 2017	DI Philips Co-dependencies: Data Sharing sub-group; HPFT	To allow Police / EEAS / Fire to refer people approaching crisis who they come into contact with through daily duties, into the service with the aim of providing support and preventing crisis altogether.	1, 2, 4	G

4. Communications Sub-group						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Aim(s)**	**RAG**
4.1	Develop web pages for Concordat on Herts County Council website, including: • Blogs • Achievements • Action plans • Minutes of meetings • People's stories • Information	End October 2016	Nick Pearce	• Raise awareness of the Concordat with the public • Signpost people to more information and support • Link to the resource Hub	N/A	G

4.2	Create regular stakeholder newsletters for distribution across the partnership	End Sept 2016	Nick Pearce/IHCCT	• Raise awareness of the Concordat with stakeholders • Evidence progress against Concordat aims and Hertfordshire partnership action plan • Enable member organisations to tell people what they are doing to improve crisis care and support	N/A	G

5. Spot the Signs (Save a Life) Sub-group						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Aim(s)**	**RAG**
5.1	Understand spread and coverage of GP awareness training across Herts and plan to ensure that any and all areas of low take-up are reviewed and rectified.	Oct 2016	AN	Parity of impact across GPs in Herts	1	G
5.2	Undertake scoping exercise with the largest employers in Herts and assess the viability of providing training	Dec 2016	AN	Deepening community impact and suicide prevention	1	A

	commercially.					
5.3	Conduct further scoping exercise around high-risk groups in the population, e.g. the LGBT community, the Veterinary College etc.	Dec 2016	Spot the Signs Team	Targeted impact on known high-risk group	1	R
5.4	Consider wider reach into the everyday community with more accessible advertising (buses, bus stops etc) and community-based awareness sessions. Cost a potential initiative.	Dec 2016	Spot the Signs Team	Further in-reach into Herts Community, especially beyond healthcare settings were majority of suicides occur.	1	R
5.5	Connect Spot the Signs with the soon to be re-launched Public Health Suicide Prevention Initiative.	Oct 2016	AN Piers Simey	Provide a leading edge to this initiative and a focus for on-going suicide prevention work.	1	A
5.6	Launch Children and Young Persons Spot the Signs, tie this in firmly with existing Adult initiative and ensure close strategic connection with voluntary sector initiatives such as Hector's House and OLLIE i) Recruit Young Persons' Co-ordinator ii) Develop Resource Pack	Into April 2017	AN Spot the Signs Team To be employed project co-ordinator	To work in integration across the system to continue the education and awareness raising aspect of the project, deliver further training in suicide prevention, and develop a bespoke approach to suicide prevention and self- harm for young people.	1	R

	iii) Co-ordinate a multi-agency working group including those in charitable sector iv) Develop bespoke media resource: website and educational material tailored to young people across the county, develop online resource pack v) Develop and evaluate focussed peer-led support programme for young people in secondary schools vi) Develop self-harm pathway for 0 – 25 in full collaboration with young people's representatives, parents and carers.					
5.7	Develop strategic position for both these strands of work within the Herts-wide Suicide Prevention Work Stream	From Oct 2016	All involved	This is an important caveat in considering all of the above actions.	1	R

6. Children & Young People						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Aim(s)**	**RAG**
6.1	RAID teams to assess 16-18 year olds presenting in A&E (when C-CATT are not available)	ASAP	Adult & Children Mental Health Crisis Pathway Group	[Recommendation from Resolving Chaos crisis review]	2, 3	A
6.2	Review of the crisis pathway in CAMHS	Completed October 2016	Integrated Health and Care Commissioning Team- CAMHS Commissioners	[Recommendations from report of Child & Adolescent Crisis Pathway Audit of Lister Hospital] • Fewer children & young people attend A&E in a crisis • Children & young people at risk of crisis are more effectively supported in the community • Children & young people in crisis are more effectively supported in the community •	1, 2, 3, 4	G
6.3	Establish joint working group to between CYP crisis team and acute hospitals, including: • C-CATT to have a daily presence on the Paediatric Ward	Commenced	Adult & Children Mental Health Crisis Pathway Group Operational: HPFT/ENHT/WHHT Monitoring: THCCT	[Recommendations from report of Child & Adolescent Crisis Pathway Audit of Lister Hospital] • Children & young people in acute wards receive support when in crisis or at risk of crisis • Children & young people in A&E	1, 2, 3	A

	• C-CATT to be based in the ED and A&E departments with access to both PARIS and EPR (ENHT) • Access to patient records (PARIS and EPR) for C-CATT and Acute/Paediatric staff		Co-dependency: Data Sharing sub-group	receive support when in crisis or at risk of crisis		
6.4	• Formalise and evidence Mental Health Training to be delivered by C-CATT to Acute/Paediatric staff	Ongoing	IHCCT & Adult & Children Mental Health Crisis Pathway Group Operational: HPFT/ENHT/WHHT Monitoring: IHCCT Co-dependency: Data Sharing sub-group	[Recommendations from report of Child & Adolescent Crisis Pathway Audit of Lister Hospital]	1, 2, 3	A

7. Other Client Groups						
No.	**Action**	**Timescale**	**Led By**	**Outcomes**	**Aim(s)**	**RAG**

7.1	Crisis pathway, care and crisis plan for those with a dual diagnosis (mental health with co-existing substance misuse issues) should be reviewed to prevent further crisis and to consider how processes of assessment, care planning and interventions can be better coordinated for people with a dual diagnosis needs to support long term recovery.	March 2017	Integrated Substance Misuse and Mental health Governance Group	Care for those with a dual diagnosis will be of an equal standard to care for those without substance misuse needs. Reinvigorating the quadrant based HPFT and CGL joint meetings to include; • Requirement for CATT representation • Increase frequency of the meetings particularly in Watford and Stevenage where high numbers of Section 136 and Frequent attenders reside. • In line with NICE guidance, joint assessments and Case discussions for any new cases coming in from street triage via SPA or CGL 0800 (especially identified FA's) that need joint input- • Joint discussions and agreed plans in place for Service users already known to either HPFT or CGL that need a joint working	1, 2	A

				approach • Re-invigorating Stevenage quadrant and other quadrants that are not well established Services to have access to each other's case management systems to enable proactive approaches to the provision of best care		
7.2	To review the number of those who have received the offer of post diagnostic support and an advance care plan in place including crisis care planning to increase the level of support to those who have a Dementia Diagnosis	2017-2018	Dementia Strategy Group	Gaining commitment from key organisations to deliver the priorities of the strategy and updating the Dementia Action Plan to reflect these commitments. Monitoring progress on the implementation of the strategy through the Dementia Strategy Action Plan	1, 2, 3, 4	A
	Develop clear and consistent pathways for diagnosis, and for assessment of needs, including offers of support, support in crisis: the right support at the right time	2017-2018	All Age Autism Board	To provide clear pathways of care from Diagnosis, crisis care planning and crisis support for families	1, 2, 3, 4	A
7.3	Work across health, social care and criminal justice services to ensure a good understanding of offenders with an LD and access and	April 2016 - 2018	Offending Behaviour Intervention Service monitored via Transforming Care Board	• Appropriate reporting to police of criminal activity by service users. • Probation and other criminal justice staff have skills in working with service users with a learning	1, 3, 4	**A**

	involvement of appropriate services.			disability. • Agencies work together to reduce risk of offending and thus promote safety of service users, staff and the public. • Offense specific interventions available to service users with a learning disability. • Consultation advice readily available to professionals in mental health services, other health services, and the criminal justice service, to enable effective and appropriate work with service users with a learning disability.		
7.4	Develop a proof of concept crisis prevention and response service to prevent placement breakdown / hospital admission for people with a learning disability and / or autism and behaviour that challenges. This will involve developing a Shared Lives Service as an alternative option for service provision; b) developing outreach services using	Phased implementation reflecting different aspects of service commencing Dec 16. 1 year proof of concept project.	IHCCT	• Prevention of crisis and placement breakdown leading to increase in numbers of people with behaviour that challenges living safely in the community. • Improved quality of life for service users and their paid / unpaid carers. • Prevention of and reduction in admission to specialist Learning Disability and Mental Health	1,2,3	R

	independent local practitioners skilled in supporting individuals with complex needs and their paid /unpaid carers; c) proactive use of CTR contingency fund in service provision; d) providing creative options to support the service user or their family to move to a temporary location to prevent / resolve a crisis. Governance via Transforming Care Partnership Board.			hospitals. • Contribution to achieving the 9 principles of Building the Right Support.		

Health and Wellbeing Board
Hertfordshire

Agenda Item No.
7

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 DECEMBER AT 10:00 AM

HEALTH AND SOCIAL CARE DIGITAL INTEGRATION AND LOCAL DIGITAL ROADMAP (LDR)

Report of:

Author: Gareth Hillier (Tel: 01438 844339)
Presenter: Stuart Campbell
Lead Officer: Jamie Sutterby

1. Purpose of report

1.1 To provide members with an overview of digital integration in Hertfordshire (and West Essex)

1.2 To update members on the Local Digital Roadmap (LDR)

2. Summary

2.1 Herts Digital Integration and STP-wide systems interoperability

2.11 The Health and Social Care Data Integration (HSCDI) has been in existence for just under two years. During this time, there has been good progress, namely:

- Data sharing agreements - *the development and adoption of a countywide, cross-partner data sharing agreement (paving the way for projects requiring the legal sharing of data).*
- Linked data sets – *cross-partner, countywide aggregated data collation with linking functionality through NHS number. This is pre-eminent technology in Health and Social Care and enables, for example, risk stratification against population demographics and conditions.*
- Technological support of pilot activity – *providing technological enablement to localised integration initiatives (for example getting appropriate IT into HomeFirst initiative from both Health and Social Care perspective).*

2.12 In April 2016, the group identified four strategic work streams of activity to focus on:

- **WS1: System interoperability**
  Interoperability in action enables cross-system connectivity to allow social workers and health clinicians a view of current (appropriate) patient information (e.g. social care package, recent hospital visits, GP visits, test results).
  This has been shown to improve patient experience (telling 'one story'), expedite patient flow, reduce unnecessary paperwork, save time on unnecessary cross-partner communication, promote paperless working, encourages 'joined up' delivery of care
- **WS2: Live Urgent Care Dashboards**
  Dashboards (local and STP-wide) showing critical, real-time data relating to capacity and patient flow can be linked to surge and escalation plans (managed by SRGs). This would enable early warning of issues and breaches: system redirections can happen quickly and contingency plans can be triggered (e.g. A&E 4-hour breach, ambulance redirections, care home bed availability, care package availability, DTOC blockages)
- **WS3: Shared Intelligence**
  Utilising assembled cross-partner teams, technological developments and the procurement of specialist tools means extending and refining the progress made with aggregated data sets.
  Using linked, aggregated data enables deep-dive analysis of patient chronology, risk stratification (of demographics and condition) and trend examination
- **WS4: Technology and Infrastructure**
  Mapping existing and then procuring and provisioning the hardware and architecture to make joined up health and social care a reality. The assembled group present technological proposals to improve use and offer cost saving initiatives

2.13 To support and coordinate this new programme of activity, a programme manager was recruited using BCF funding (see point 4.01). The core board narrowed its membership to enable a more focussed approach to programme development and decision-making. In addition, a board representative has been selected to lead each work stream of activity.

2.14 The work streams have assembled groups of representatives from all partner organisations to meet and lead on development within their remit. The output of these groups in the first stage will be business case proposals for consideration and greater opportunities to share thoughts and resources. Any 'quick wins' will be identified and taken to the Board for action accordingly. An example of this is an agreed wi-fi standard to enable staff from all organisations to work from any site.

2.15 The programme has forged a link with the county- (STP-) wide Information Governance group to work collaboratively on breaking down barriers to effective digital integration.

2.16 Within the system interoperability work stream, an allocation of £50k has been made available from partner contributions in order to comprehensively scope the landscape. This will enable a targeted and fit for purpose business case to be presented that reflects and compliments existing digital maturity and needs.

2.17 In line with the [as defined] STP boundary, all programme activity is engaged with West Essex and the focus is evolving to ensure ambitions of all partners are properly aligned.

2.18 The timescale for production of a business case is approximately six months. The timescale for implementation is much harder to define at present as it depends on which proposal is taken forwards. The likelihood is that – dependent on complexity – this could take between 8 months and two years.

2.2 Local Digital Roadmap

2.21 The Sustainability and Transformation Plan for Hertfordshire and West Essex (the "STP") is now in its final draft stages, for submission to NHS England. The digital aspirations of this plan are contained in a closely-aligned document: the Local Digital Roadmap (LDR).

2.22 The LDR represents the digital requirements in order to achieve the ambitions set out in the STP. The Herts Digital Integrated Care Programme Board is responsible for overseeing the delivery and implementation of this vision as an enabler of STP activity.

2.23 The LDR represents a number of considerable digital challenges across the STP – challenges which, if unmet, will have significant impact on the successful delivery of transformational change across the footprint.

2.24 The resourcing implications of delivering digital integration are likely to be profoundly transformational and capital-intensive. Business cases will need to be explicit about change timescales, costs, benefits and risks. These will need strict and effective management and governance.

2.25 Some of the significant challenges (or barriers) to completing this programme of work are:

- Funding – substantial capital funding will be required. This may come through grants (e.g. NHSE) or through "investment to save" rationale in strong business cases. Likely investment levels required have been aligned in both the LDR and STP.

- Appetite – many partners have localised priorities and issues that need attention. Senior officers will need to lead and champion the transformation to ensure their organisations maintain a strategic focus on STP/LDR activity.
- Commitment – the programme will require sizeable resourcing – mostly staff resources which will likely need to be found from existing structures.
- Data sharing – anxiety around sharing (or not sharing) data will need to be addressed on an STP level and agreement reached on a "level playing field" so that data sharing / protection is consistent and proportionate within the law and best practise. We have established an Information Governance group across all partners to deliver this work.
- Maturity – partners across the county are at very different levels of technological maturity. Solutions must be targeted to meet all levels of maturity to ensure parity across the board; expanding on exemplars where appropriate

2.26 The governance structure pertaining to the LDR is as follows. It is expected that Katie Fisher will replace Stuart Campbell as chair of the HDICP at our December meeting…

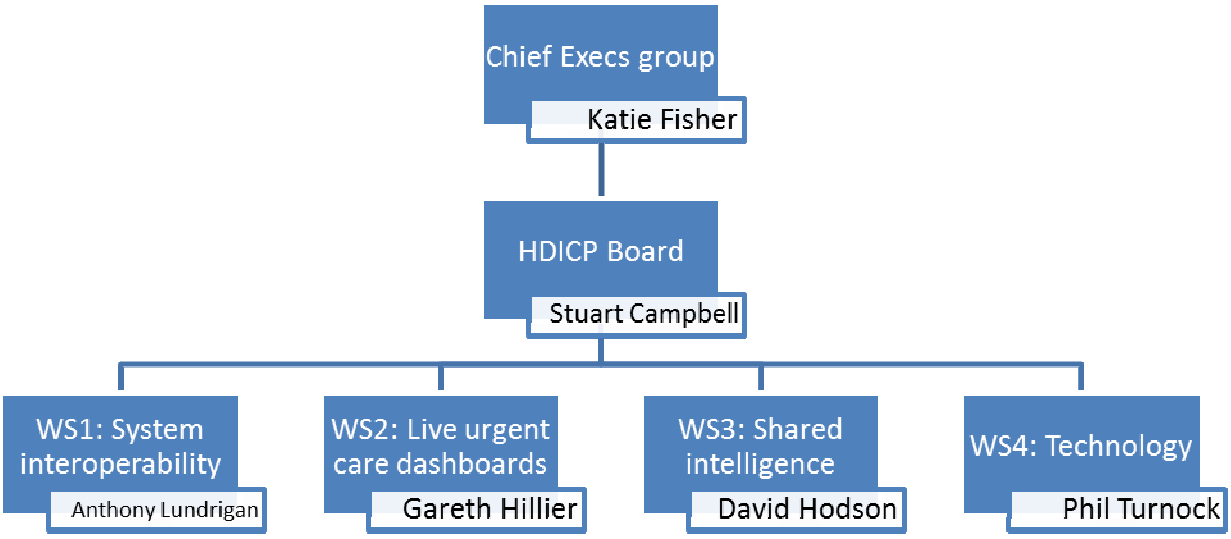


Fig 1. Governance structure showing HDICP Board and lead officers (Chairs)

3. Recommendation

3.1 The report is for information and noting

4. Background

4.1 A condition of the Better Care Fund is “Better data sharing between health and social care, based on the NHS number” and this programme aligns closely to this ambition

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 Starting Well*
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*
LDR	*Local Digital Roadmap*
HDICP	*Herts Digital Integrated Care Programme (Board)*
BCF	*Better Care Fund*
NHSE	*NHS England*

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

8

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY 14 DECEMBER 2016 AT 10.00 AM

COLD WEATHER PLANNING

Report of:

Authors: Owen Tomlinson, Local Resilience Forum Manager
(01992 555959)
Gill Goodlad, AD CPH Health Protection & Resilience
(01438 845901)

1. Purpose of report

1.1 To provide the Board with reassurance that the County Council has undertaken the necessary cold weather planning in the run up to winter 2016/17 and has robust resilience arrangements in place.

2. Summary

2.1 The County Council has well developed and robust resilience arrangements in place that would be used to manage any service disruption due to cold weather.

2.2 The County Council's overarching incident response plan and department/service business continuity plans mean there is no requirement for a specific cold weather plan.

2.3 The County Council receives detailed cold weather warnings and alerts which enables it to take informed and proportionate actions in the event of cold weather.

2.4 Cold weather planning is considered a key part of the County Council's day-to-day business during the winter period.

2.5 The Cold Weather Plan for England provides a framework for closer working across the health and social care sector and identifies the appropriate actions to be undertaken at the different alert levels.

3. Recommendation

3.1 The Board is asked to note the County Council's approach to cold weather planning.

4. Background

4.1 Resilience structures

4.1.1 In line with the Civil Contingencies Act 2004 the County Council has well developed and robust arrangements in place to respond to an external major incident and/or to manage major disruption to the organisation.

4.1.2 Day-to-day resilience arrangements are overseen by the Resilience Board. Within each department a designated Resilience Champion and Resilience Group are responsible for co-ordinating and ensuring delivery of the department's resilience arrangements.

4.1.3 In the event of a major incident and/or major disruption an Incident Management Team would be established to co-ordinate the County Council's response and to share information, as appropriate.

4.1.4 A key strength of the County Council's resilience arrangements is their integration into day-to-day business. This helps ensure that incident response plans and business continuity plans are in place that managers and staff are familiar with.

4.1.5 The Resilience Team within the Community Protection Directorate also plays a key role in providing professional advice and support.

4.2 Resilience plans

4.2.1 The County Council has an overarching incident response plan which sets the strategy and direction for the response to any external major incident and/or major disruption to the organisation.

4.2.2 Business continuity plans are also in place to cope with disruption to service delivery at the County Council's main sites and within each department. These plans detail roles, responsibilities and key actions which staff will take to manage and minimise disruption.

4.3 Cold weather alerts and warnings

4.3.1 County Council departments and services receive advance warnings of ice and snow through the Met Office National Severe Weather Warning Service. The Resilience Team also receives more detailed information directly from Met Office advisers.

4.3.2 The Met Office in association with Public Health England provides a cold weather health watch system from 1 November to 31 March every year. County Council departments and services are signed up to receive cold weather alerts.

4.4 Cold weather planning as part of day-to-day business

4.4.1 Another key strength of the County Council's resilience arrangements is the fact that cold weather planning over the years has become part of a department's day-to-day business during the winter period.

4.4.2 This winter sees a new schools closure notification system go live. The system enables real time updates to be sent directly to parents/carers.

4.4.3 The gritting fleet based in the County Council's four depots have already been out and salt barns are fully stocked in the run up to the high risk period. Winter self-help preparations are in progress for bagged salt to be distributed to qualifying schools, resident associations and Parish/Town Councils. Salt will also be delivered to District/Borough Councils that have requested it and liaison is taking place with emergency services and neighbouring authorities.

4.4.4 Arrangements are once again in place to obtain the use of 4x4 vehicles to help with the delivery of any essential 'life and limb' social care services in the event of snow disruption.

4.4.5 A severe weather tab is available on the County Council website throughout the winter. The webpage includes useful information and links relating to a range of subjects such as the weather, warnings, school closures, road and transport disruption, salting routes and practical advice and help for residents.

4.5 Cold Weather Plan for England

4.5.1 First published in 2011 the Cold Weather Plan for England provides a framework for protecting the population from harm to their health. Its focus is on improving the ability of the health and social care sector to deal with significant periods of cold weather.

4.5.2 The plan identifies five alert levels (Levels 0-4), from year round planning for cold weather, through winter and severe cold weather action, to a major national emergency.

4.5.3 Each alert level is intended to trigger a series of appropriate actions. These include communicating public health messages, communicating alerts to staff, ensuring managers of care, residential and nursing homes are aware of the alerts and can access advice, activating business continuity arrangements and emergency plans as required and considering how to make best use of available capacity.

4.5.4 Meeting the requirements of the plan has become a key part of the HCS and Public Health winter preparedness arrangements.

4.5.5 The plan ensures that the County Council is effectively tied into the wider system and ensures that all stakeholders take appropriate actions in line with the alert level in place and their professional judgement. The County Council also participates in any cold weather teleconferences held by the two Clinical Commissioning Groups.

4.5.6 The plan also outlines key public health messages to protect health in cold weather, which ensures a consistent and joined up approach across the health and social care sector.

Report signed off by	Local Resilience Forum Public Health Management Board
Sponsoring HWB Member/s	Jim McManus Director of Public Health
Hertfordshire HWB Strategy priorities supported by this report	Identify which priority/ies: Seek to reduce preventable winter deaths in people aged 65+.
Needs assessment The Joint Strategic Needs Assessment covers this issue as well as strategic assessments of readiness for cold weather undertaken by Public Health, NHS and County Council Resilience functions.	
Consultation/public involvement none required this is a required function	
Equality and diversity implications protecting vulnerable people from avoidable death due to cold weather	
Acronyms or terms used. eg:	
Initials	In full
COPD	Chronic Obstructive Pulmonary Disease

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

9

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 DECEMBER 2016 AT 10.00 AM

HERTS VALLEYS FINANCIAL TURNAROUND AND DECISION MAKING

Report of the Director, Health and Community Services

Author:- Jamie Sutterby, Assistant Director, Integrated Health (Tel: 01992 556300)

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

1. Purpose of report

1.1 To provide the Board with an update on the financial status of Herts Valleys Clinical Commissioning Group (HVCCG).

2. Summary and Background

2.1 Details of the potential changes in funding arrangements as a consequence of the difficult financial situation of HVCCG were only made available between statutory bodies in early December 2016 and are likely to have a significant and far reaching effect upon Health and Social Care partners and their service users. Decisions are being made in anticipation of the 2017/18 financial year and, with the next Health and Wellbeing Board meeting not scheduled until March 2017, the Chairman has agreed that this matter be considered by the Board as urgent business.

2.2 Representatives of the Board, as invited by the Chairman, will provide the Board with an oral report on the current financial concerns of the CGG, likely or taken decisions and their respective governance arrangements; providing an opportunity for the Board to discuss and understand the potential impact upon the health and social care system and residents, and to enable the Board to provide a steer on the effects of such decisions.

3. Recommendation

3.1 The Board is invited to note the financial context, likely consequences and to comment accordingly.