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 JUNE 2017 AT 10:00AM

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, K Magson, Clinical Commissioning Groups,
J Coles, Director of Children's Services,
I MacBeath, Director of Health and Community Services,
J McManus, Director of Public Health
M Downing, Healthwatch Hertfordshire,
L Haysey, L Needham, District Council representatives,
N Carver, NHS Provider 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.

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

Members are reminded that:

(1) if they consider that they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting they must declare that interest and must not participate in or vote on that matter unless a dispensation has been granted by the Standards Committee;

(2) if they consider that they have a Declarable Interest (as defined in paragraph 5.3 of the Code of Conduct for Members) in any matter to be considered at the meeting they must declare the existence and nature of that interest but they can speak and vote on the matter

CHAIRMAN'S ANNOUNCEMENTS

PART I (PUBLIC) AGENDA

1. MINUTES
To confirm the minutes of the last meeting of the Health and Wellbeing Board on 2 March 2017.

2. PUBLIC QUESTIONS

3. HERTFORDSHIRE HOME IMPROVEMENT AGENCY
(report attached)

4. UPDATE ON THE CHILDREN'S COMMISSIONING PRIORITIES
(report attached)

5. 2017-19 BETTER CARE FUND PLAN
(report attached – addendum to follow)

6. HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION UPDATE
(report attached)

7. ANY OTHER URGENT BUSINESS

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

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

There are no items of Part II (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 https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings.aspx

KATHRYN PETTITT
CHIEF LEGAL OFFICER

Minutes

To: All Members of the Health & Wellbeing Board

From: Legal, Democratic & Statutory Services
Ask for: Stephanie Tarrant
Ext: 25481

HEALTH AND WELLBEING BOARD
2 MARCH 2017
M I N U T E S

ATTENDANCE

MEMBERS OF THE BOARD

N Carver, NHS Provider Representative
J Coles, Director of Children's Services
M Downing, Healthwatch Hertfordshire
B Flowers, N Small, C Ward, Clinical Commissioning Group Representatives
D Lloyd, Hertfordshire Police and Crime Commissioner
I MacBeath, Director of Health and Community Services
Jim McManus, Director of Public Health
L Needham, District Council 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 Teresa Heritage, Hari Pathmanathan and Dominic Cox.

PART I ('OPEN') BUSINESS

ACTION

1. MINUTES

1.1 The minutes of the Health and Wellbeing Board meeting held on 6 October 2016 were confirmed as a correct record of the meeting.

2. PUBLIC QUESTIONS

2.1 There were no public questions.

3. LOCAL HEALTH RESILIENCE PARTNERSHIP
[Officer Contact: Jim McManus, Director of Public Heath, [Tel: 01992

556884]

3.1 The Board received a report detailing the function of the Local Health Resilience Partnerships (LHRP) and a statement of assurance on the work being undertaken. The LHRP considered business continuity and resilience within the NHS by national standards and was co-chaired by the Director of Public Health and the NHS England Locality Director.

3.2 Members acknowledged that Hertfordshire was a large area that had encountered numerous problems in the past and needed to be ready to manage incidents such as a flu pandemic or another incident similar to the Potters Bar rail accident.

3.3 It was noted that Hertfordshire fared well on most resilience challenges and that there had been sustained improvement in the way health agencies approached resilience. Members acknowledged that there had been an area of confusion when an incident required nursing intervention and vaccines and it was noted that agencies had to work together.

3.4 Members heard that the LHRP took into account the STP footprint but that the resilience planning was only in relation to Hertfordshire, because it was done to match Local Resilience Partnership footprint, and Essex had their own such Partnership. Members commented that 40% of patients to Princess Alexander Hospital in Essex were from Hertfordshire but it was noted that in terms of resilience, Essex had their own plans in operation.

3.5 In response to a Member's question on how prepared the partnership was for an incident and if there were any weaknesses, The Board were assured that there was good collaboration between agencies with good plans in place for a number of major incidents and a self-assessment took place on a yearly basis. Members heard that the county was well prepared for the management of infectious diseases with a fair share of cases already managed. Members heard that there was a possible gap with ensuring agencies were clear on their responsibilities during infectious disease outbreaks and that a detailed presentation on core standards could be provided at the Boards development day. The new Memorandum of Understanding was designed to cover this.

Conclusion:

3.6 Members of the Board noted the content of the report and acknowledged that there would be periodic updates on resilience and preparedness amongst NHS agencies in Hertfordshire.

4. HERTFORDSHIRE YOU CAN PILOT PROJECT (ADULTS WITH COMPLEX NEEDS)

[Officer Contact: Donald Graham, Chief Executive, Hertsmere Borough Council, Tel: 020 8207 7801]

4.1 The Board received a report and a follow up presentation that gave an overview of the progress with the Hertfordshire You Can Pilot Project. The presentation can be viewed here: Adults with Complex Needs Hertfordshire Presentation

4.2 Members heard that the pilot project had involved 55 participants from Hertsmere and Three Rivers and had looked to reduce costs by undertaking preventative work with adults with complex needs instead of providing reactive care.

4.3 The Board noted that the pilot had been conducted over a short period of time and that the partnership was looking at whether it should be extended to determine the true long-term savings. It was acknowledged that the pilot was showing positive results, with a reduction in the number of calls to the police and reduced A&E visits but that further analysis was still required.

4.4 Members noted that the project had been shortlisted for a Local Government Chronicle Award for Health and Social Care and in response to a Member question on who would take the decision to continue the pilot and whether it was to be extended to other parts of the county, Members heard that there was a Partnership Board that would take the decision subject to funding being available. It was noted that a bid had been submitted to the Department of Communities and Local Government (DCLG) to support the pilot extension.

4.5 Members discussed that the project appeared to be moving in the right direction but highlighted that it had been difficult to fill the full cohort and keep people on the programme long enough to see the benefits. Members heard that the lifestyle of the adults on the programme was very chaotic so it had been challenging sustaining their commitment but it was noted that similar projects had been illustrated to work in London and sustained over a longer period of time.

4.6 Members discussed whether the 55 people already involved in the pilot would need ongoing support if the pilot was to stop. It was advised that independent evaluators had seen the participants at the beginning of the project and were due to see them again to establish if their situations had improved. It was noted that there had been case studies of adults on the programme who had rebuilt relationships with their families. There was also a review which looked at community impact and the reduction of antisocial behaviour complaints. Case studies were available to be circulated to the Board.

Chief Executive, Hertsmere Borough Council

4.7 A discussion took place around the scheme not being a standalone service and it was acknowledged that evidence had been seen in Children's Services where pilot schemes had then been embedded into the work of the service. It was noted that the scheme needed to be proven sustainable in the long-term and operate as intervention to change participant's lives and move them on by using the right psychological and motivational techniques in order to get them to make positive changes.

Conclusion:

4.8 The Board noted the project update and the next steps being taken by the sponsor group to extend the pilot.

4.9 The Board asked for an update to be presented in six months, once clearer evaluation of the pilot scheme was available.

5. SELF-MANAGEMENT STRATEGY

[Officer Contact: Miranda Sutters, Consultant in Public Health/ Constance Wou, Registrar in Public Health, Tel: 01992 555042]

5.1 The Board received a report and a follow up presentation which provided an overview of Hertfordshire's Self-management Strategy 2017-2020. The presentation can be viewed here: Self-management Strategy Presentation

5.2 Members noted that the strategy was in support of the prevention agenda and provided members of the public the tools to manage their health conditions from home.

5.2 The aim and principals of the strategy were acknowledged and it was noted that the strategy was aligned to the Sustainability and Transformation Plan (STP).

5.3 Members commented on the excellent presentation of the report and discussed the challenges faced in communicating the information to the public and welcomed a strong campaign. The Board heard that all frontline staff would be given training so that they had knowledge of the strategy.

5.4 In discussion on the implementation of the strategy, it was noted that the language used should be clear when presented to the wider public, as the strategy needed to allow for people to manage their own health after being given a starting point from professionals.

5.5 It was noted that an online website was to be launched which would provide a brief overview on different conditions and enable members of the public to search for local services available to them.

5.6 The Board acknowledged that a culture change was required for the

strategy to be successful and noted that there was around 15,000 people with HIV in Hertfordshire that rarely used NHS resources, whereas around 50,000 diabetic patients used the service regularly. It was acknowledged that social prescribing needed to be increased with referrals made to self-management.

5.7 It was noted that there had been poor engagement with the acute trusts on the strategy implementation plan and that this would be readdressed. Consultant in Public Health

5.8 **Conclusion:**

The Board noted the report and endorsed the Self-Management Strategy 2017-2020.

6. STREET TRIAGE SCHEME

[Officer Contact: Dr Amie Birkhamshaw, Head of Criminal Justice, Police and Crime Commissioner's (PCC) office]

6.1 The Board received a report with an update on the work of the Street Triage Scheme in relation to S.136 and were asked to consider the next steps in evaluating the scheme.

6.2 Members acknowledged that custody was the worst place for a person in mental health crisis and that Hertfordshire was one of three Police Forces that did not currently use custody for people in mental health distress. It was advised that having the right support for people in mental health crisis was more effective than police support and that the update in the report was whether to consider a full cost benefit analysis to determine whether the scheme should be permanent.

6.3 It was noted that there had been a reduction in the number of A&E patients and that police officer time had been saved, however further assessment was required to determine if the scheme would lead to a continued reduction in S.136s. Members acknowledged that once a S.136 was issued it could not be rolled back and therefore it was brilliant to have a system to avoid it where possible and to empower people to get back on their feet.

6.4 The Board supported the need for a full cost benefit analysis, with a focus being on which models worked best to get people engaged and provided the best cost value.

6.5 Members discussed the reasons behind the West of the county having a higher level of demand for this type of intervention but it was noted that there had not been any evidence for an established link. It was however suggested that based on other research, being located closer to licensed premises had an impact, in terms of where alcohol related incidents occurred.

Conclusion:

6.6 The Board noted the content of the report and acknowledged that the Police and Crime Commissioner would commission a full-cost benefit analysis, which would inform a decision around whether the Street Triage Scheme should be made permanent.

7. 2017-19 BETTER CARE FUND PLAN

[Officer Contact: Jamie Sutterby, Assistant Director, Integrated Health/Edward Knowles, Assistant Director, Integrated Health, Tel: 01992 588950]

7.1 The Board heard that there had been a delay in further guidance being released and that it would not be available until the end of March 2017.

7.2 Given the delay in guidance it was noted that a session would be held at the development day with further discussion at the June 2017 Board Meeting when a decision would be made.

7.3 Members commented on the delays and it was agreed that a letter should be written to NHS England expressing the disappointment of the delays.

Conclusion

7.4 The Board noted that this item would be brought back to the June 2017 meeting and that a letter would be sent to NHS England with regards to the delays of producing guidance.

7.5 The following recommendation was deferred:

"The HWB agreed to delegate sign-off of the final 2017-19 BCF Plan to the HWB Chairman, in consultation with the Chief Executives/Accountable Officers of Herts Valleys, East & North Hertfordshire and Cambridgeshire and Peterborough CCGs, and the Director of Adult Social Care for Hertfordshire County Council."

8. HERTFORDSHIRE HEALTH AND WELLBEING STRATEGY UPDATE

[Officer Contact: David Conrad, CPH Evidence & Intelligence, Public Health, Tel: 01992 555391]

8.1 Members received a report which provided an update on the process in place to report performance on the delivery of the Health and Wellbeing Strategy 2016-20. Members were given a presentation that gave an overview of the new reporting tool which can be viewed here: Health and Wellbeing Strategy Presentation.

8.2 Members noted that the statistics for each of the four key life

strategies of the Health and Wellbeing Strategy were to be updated on a quarterly basis via a dashboard on a new website (www.healthevidence.org). This website would also be updated regularly to provide updates and store Public Health information. Members were given an overview of the user guide, which could be used to interpret the dashboard and provide clarity on the indicators.

8.3 It was proposed that a formal performance report would be made to the Board every six months with any interim updates, if required, provided at the Board's development days.

8.4 Members commented on the colour codes used on the dashboard and suggested that it would be useful to have a simpler breakdown for general consumption, with two/three colours which highlighted at a glance any trends and how Hertfordshire was performing against the benchmark.

Conclusion

8.5 The Board noted the report and agreed the process for reporting of performance on the Health and Wellbeing Strategy 2016-2020.

9. MOTION REGARDING THE FUTURE OF COMMUNITY PHARMACY SERVICES IN HERTFORDSHIRE

9.1 Members discussed the Governments plans to reform and change funding for pharmacies after it was announced late in 2016 that changes were to go ahead. The Board noted a request by the Adult Care and Health Cabinet Panel, for the Chairman to write to NHS England outlining concerns of the reforms.

9.2 The Board noted that community pharmacies played an important part in self-management and that they could help reduce the pressure on primary care.

9.3 Members discussed that with the amount of new housing developments being built, that would not be of sufficient size to warrant a GP surgery, a high quality pharmacy would be a good resource.

9.4 The Chief Executive of ENHCCG advised the Board that they were part of the consultation and it was noted that the mechanism in the way in which pharmacies were funded was outdated and that the spread of them needed to reflect each areas pharmaceutical needs.

Conclusion

9.5 The Board agreed that the Chairman, in consultation with the Chief Executive of ENHCCG, would write to NHS England commissioners to highlight the importance of access to pharmacies and pharmacy

services throughout the County, especially in rural areas and the vital role local pharmacies had in supporting vulnerable people.

10. 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 JUNE 2017 AT 10:00AM

HERTFORDSHIRE HOME IMPROVEMENT AGENCY

Report of Chief Executive, East Herts Council

Author: Alison Spalding, Project Manager, Hertfordshire County Council (Tel: 01992 588208)

1 Purpose of report

1.1 The purpose of this report is to inform the Health and Wellbeing Board members of the new Hertfordshire Home Improvement Agency (HHIA) service which has been created to help older and vulnerable people, and adults and children with disabilities to live more independently and safely at home.

2 Summary

2.1 Disabled Facilities Grant (DFG) is a mandatory grant administered by the local housing authorities to enable people with disabilities to have adaptations and modifications made to their homes in order to make them more suitable for them. The grant is means tested, unless it is to meet the needs of a child under the age of 19, and is available to home owners, and private and social tenants.

2.2 In 2013, the central government DFG allocation moved from being directly paid to the district councils, to being paid through the Better Care Fund via the County Council. This shift underlined the role of appropriate housing in keeping people well at home and out of acute care settings.

2.3 **The current model**: The current process for applying for a DFG is clunky and bureaucratic. The basic model is that occupational therapists (OTs) specify the customer's functional and environmental requirements, and then pass the case to the DFG administrators to implement the specification. The OTs and administrators work for different organisations (county and district or borough) and the process can be slow and confusing for the customer.

2.4 **The new model:** The new service will bring together county OT services and district and borough housing services to deliver a more streamlined and effective delivery mechanism, providing a single approach to delivery across administrative boundaries, improving resilience of the service, and providing a faster and simplified 'one-stop-shop' approach for customers.

2.5 The service is due to go live in autumn 2017. It is intended that as the new service becomes established it will contribute to wider health and social care priorities.

3 Recommendation

3.1 To note progress made on setting up a Home Improvement Agency in Hertfordshire.

4 Background

4.1 Disabled Facilities Grant (DFG) is a capital grant paid directly from central government, intended to help people who live with disabilities use their homes more effectively. In recent years, there has been a clear steer from government that housing has a key role to play in keeping people safe and healthy, and in improving their well-being.

4.2 The Care Act 2014 specifies housing as a health related service, and in that year DFG Capital Grant was moved into the Better Care Fund (BCF) to assist with the integration programme. As a consequence, BCF plans now have to recognise the contribution housing makes to wellbeing, and top tier authorities need to show that they are working with their district colleagues to bring health, care and housing together. County Councils are required to ensure that the specified DFG allocation is paid to the housing authorities to deliver their statutory duty contained within the Housing Grants, Construction and Regeneration Act 1996.

4.3 The HHIA will be included in the Hertfordshire Better Care Plan for 2017–19.

4.4 The 2015 Autumn Spending Review increased the DFG capital grant significantly, with an expectation that flexibilities to use the grant more creatively to delay, reduce, and prevent health and care needs within the population would be fully explored. In the 2017/18 financial year, the DFG Capital Grant element for Hertfordshire is as follows:

Hertfordshire	**£6,200,645**
Broxbourne	£633,320

Dacorum	£740,866
East Hertfordshire	£580,561
Hertsmere	£589,129
North Hertfordshire	£716,159
St Albans	£581,902
Stevenage	£634,120
Three Rivers	£499,568
Watford	£574,590
Welwyn Hatfield	£650,431

5 The Hertfordshire Home Improvement Agency

5.1 In 2014, a review of the current way in which adaptations were carried out in Hertfordshire was undertaken by North Hertfordshire District Council on behalf of all the districts. It showed that the pathway for most people was slow, bureaucratic and difficult to navigate. A business case for a shared service was developed which would bring together all parts of the process into one end to end service. This was approved by the Hertfordshire Chief Executive Officers group and Hertfordshire Chief Finance Officers' group (HCFO) in July 2016.

5.2 Four local housing authorities, East Hertfordshire, North Hertfordshire, Broxbourne and Watford, have committed to joining the Partnership in autumn 2017, with Stevenage expected to join in April 2018. The remaining authorities will be able to join at a later date.

5.3 A key part of the model, and one that specifically addresses the need for integrated working, is that the HHIA will deliver a **single, seamless end to end service for the individual**. The County Council will host the HHIA, which will be governed by a legal Partnership Agreement and Partnership Board in which each of the Partners will be represented. A flow-chart setting out the new process is shown at Appendix 1.

5.4 Currently, a key concern of the Partnership is the number of applicants who are not able to be helped by the local authority as they have income or assets which mean they do not get grant assistance. However, these people may still need an adaptation and require assistance to get the work done. The HHIA, however, will be able to offer assistance to people who are able to fund works themselves, offering a project management service, access to approved and vetted contractors, and other forms of support and assistance. A fee will be charged for this work, but will still provide value to the customer as well reducing the risk of rogue traders or 'cowboy' builders going into

vulnerable people's homes. Research from other areas shows that customers value the trusted brand of the council.

5.5 Other assistance schemes that the HHIA is considering include handyperson services, specialist adaptations for, and advice on, dementia friendly homes, property based assistive technology, home from hospital adaptations including dying at home and palliative care, relocation grants and assistance, hoarding behaviour and decluttering, energy efficiency and extremes of temperature, and helping young adults with learning difficulties or physical disabilities transition into independent living by adapting their homes to suit their needs.

5.6 The HHIA model is being recognised as best practice within the sector, and was showcased at the Foundations DFG Roadshow in London earlier this month, as an example of how councils can work better together. A delegation from the Kent authorities has also visited to learn from our experiences, and we have been asked to contribute to a compendium of good practice being produced by the Association of Directors of Adult Social Services (ADASS).

5.7 The service has recently recruited to the Head of Service role, and will be advertising the other team roles within the next month.

6 Financial Implications

6.1 The HHIA will be funded primarily through a fee mechanism, based on the value of the work it undertakes. This is currently set at around 11.5% and will, for the most part, be met through the DFG grant award. This fee income will be recycled back through the HHIA to pay for services, thus reducing the revenue burden, and allowing more services to be delivered. Cost efficiencies are being realised by better use of staff skills and experience, and by employing caseworkers to undertake the important but time consuming tasks, such as progress chasing and paperwork verification, that can take OT and technical staff away from their core tasks. Although a single team, district allocations from central government will be ring-fenced to be spent within each district area.

6.2 As more innovative services are developed, funding arrangements will be agreed as part of their business case development. Any profits from private work will be ploughed back into the service to support continued expansion, with the overall goal being to enable vulnerable people and those with disabilities to live safely in their own homes.

7 Future Considerations

7.1 There is considerable research being undertaken relating to the social value and health benefits of help people maintain their independence through adaptations to their homes. In 2013, a study in Scotland found that adaptations generate savings and value for the government's health and social care budget, far in excess of the amount invested:

adaptations bring increased independence, confidence, health and autonomy for individuals; the average cost of a £2,800 adaptation leads to a potential £7,500 saving through reduced need for publicly funded care home provision, a potential £1,100 saving through increased safety and reduced hospitalisation of tenants, a potential £1,700 saving through reduced need for social care provision, a potential £4,700 saving through reduced need for self-funded care home provision, and substantial well-being benefits to tenants valued at £1,400. This amounted to a total return on investment of £5.50 to £6.00 for every £1 invested[1].

7.2 The Centre for Ageing Better has commissioned the University of the West of England to produce a research paper which is due to be published in July 2017, looking at the social value generated by adaptations in England. Home Improvement Agencies (HIAs) across the country report customers and their families and carers derive significant benefits from having adaptations done. Case studies referenced by Care and Repair England (Careandrepair-England.org.uk) and Foundations, the national body for HIAs (Foundations. .uk.com), show that people's quality of life improves, their social aspirations and activities increase, and families are able to engage more in family life or other hobbies which were constrained by caring responsibilities or domestic difficulties. Stress levels for carers are also significantly reduced.

7.3 Once established, the HHIA will be able to deliver a range of services to help people live a better quality of life at home, in addition to the traditional DFG, and it is recognised that the HHIA could help support other services that deliver care or health services within people's homes. A list of potential services is attached at Appendix 2.

Report signed off by	Liz Watts, CEO East Herts DC (Project Sponsor) Jamie Sutterby, Assistant Director Integrated Health, HCC (Project Lead)
Sponsoring HWB Member/s	Iain McBeath, Director of Health & Community Services, HCC
Hertfordshire HWB Strategy priorities supported by this report	Starting Well Developing Well Living and Working Well Ageing Well
Needs assessment (activity taken) The Business case has primarily been based on historical data from the District Councils and OT service. However, additional needs mapping is being undertaken using a range of information including ONS population projections, the JSNA and other Public Health sources.	

[1] http://www.jitscotland.org.uk/example-of-practice/social-return-on-investment-sroi-on-adaptations-and-very-sheltered-housing-bield-hanover-trust-housing-associations-and-envoy-partnership/

Consultation/public involvement (activity taken or planned)
Customer feedback from previous DFG applicants and their families has been used to inform the development of the scheme and shape the model.

Customer satisfaction, including quality of work, ease of use, and the effect that the adaptations have had on quality of life (including carers) will be gathered as part of the new service processes, and these will be reported on as part of the KPIs. These results will be used to target services, and drive innovation and improvement.

Equality and diversity implications
Positive –
The new service will streamline the adaptations service for all applicants making it more accessible and easier to navigate. DFG is available to all persons with a disability regardless of age, ethnicity, gender or tenure (although it is means tested, and cannot be used for council-owned housing).

The service will also bring together children's services OTs and housing specialists to help parents who care for children with disabilities improve their ability to care for them. It will also help disabled parents care for their children.

It is increasingly common for older people in couples to become carers for their spouses or partners when they become frail or disabled. By providing adaptations for these households, the stress of caring and physical strain will be reduced, and allow both carer and individual more dignity in their day to day life.

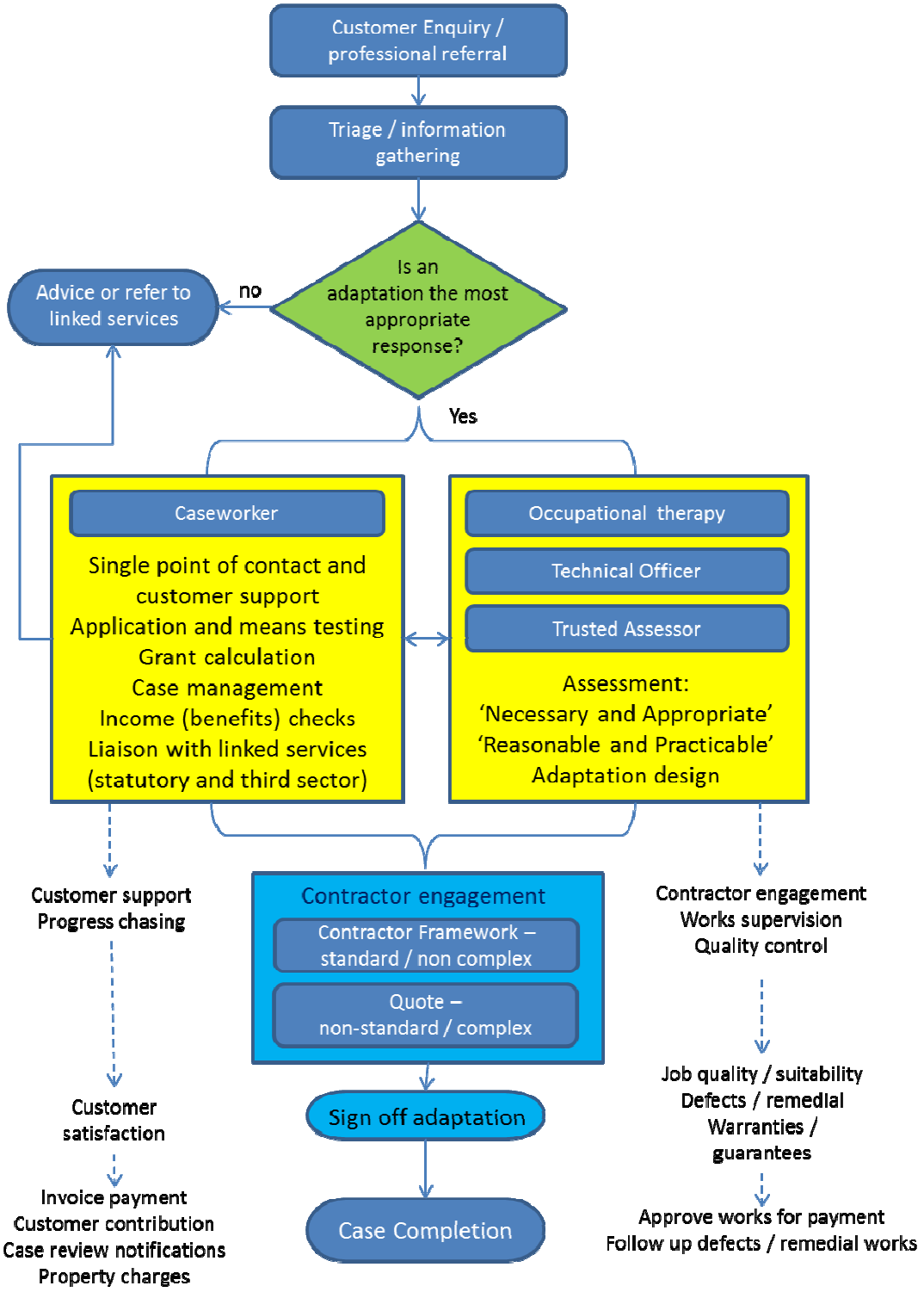
People of working age are generally less likely to qualify for a full DFG due to the means testing element. However, the service will help people find and apply for other sources of funding in order to make up any shortfall, wherever possible.

Acronyms or terms used. eg:

Initials	In full
ADASS	Association of Directors of Adult Social Services
BCF	Better Care Fund
DFG	Disabled Facilities Grant
HHIA	Hertfordshire Home Improvement Agency

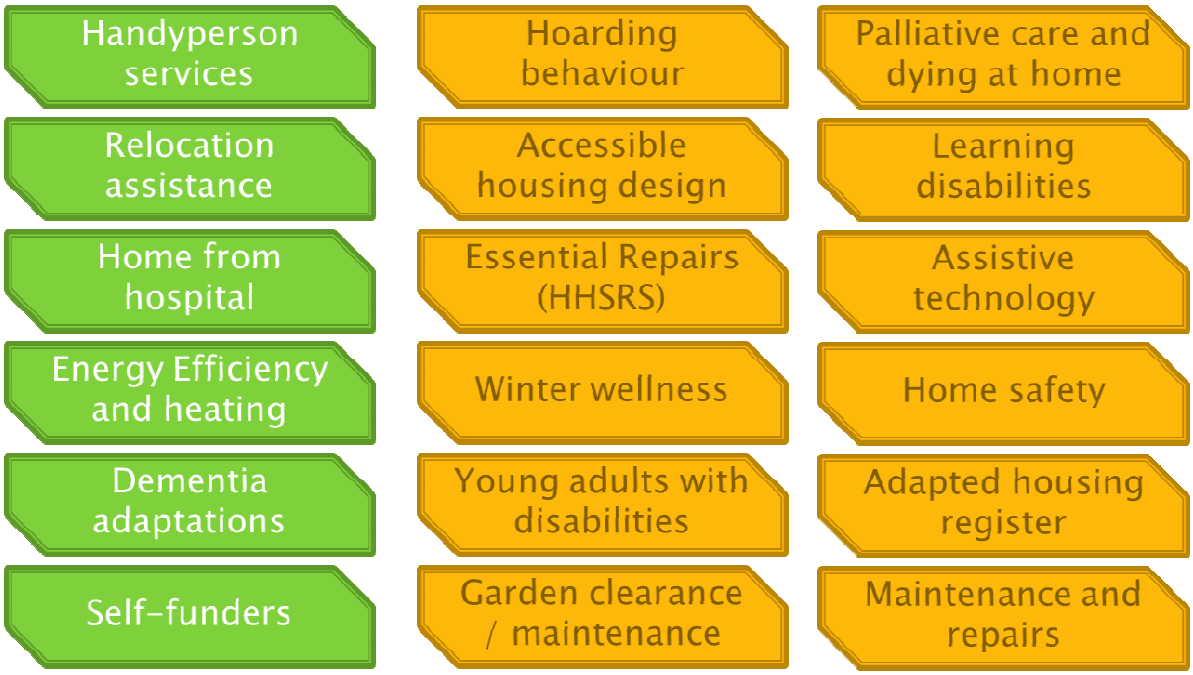
Appendix 1

New Process



Appendix 2

Hertfordshire HIA – Future Business Development



Health and Wellbeing Board
Hertfordshire

Agenda Item No.

4

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 JUNE 2017 AT 10:00AM

UPDATE ON THE CHILDREN'S COMMISSIONING PRIORITIES

Report of Children and Young People's Integrated Commissioning Executive

Author: Jenny Coles, Director of Children's Services
(Tel: 01992 555755)

1. Purpose of report

1.1 This report updates Board on the progress and highlights areas to celebrate and challenges of the three children's commissioning priority areas:

- 0-25 years SEND
- CAMHS transformation
- Early childhood services

2. Summary

2.1 Overall the work is progressing well with only slight slippages. Particular points to note under each priority are:

2.2 **0-25 years Special Education Needs & Disability (SEND)**

- Work is underway to bring together web and telephone systems into 'one truth, one gateway' for parents/carers
- Project plan gives direction and timeline for digitalisation and personalisation of information, advice and guidance
- Good progress has been made towards a single, multi-agency autistic spectrum condition pathway
- Review of residential and short breaks resources is underway

2.3 **Child Adolescent Mental Health Service Transformation (CAMHS)**

- The preventative work developed through the CAMHS Transformation Fund is progressing well.

- However the impact of this will take time, and there are still challenges with capacity for specialist CAMHS services, with increasing demand for more complex needs.
- A presentation of the Schools Link project will be given at the meeting.

2.4 **Early childhood services:**

- The commissioning project for the children's centres, school nursing and health visiting creating family based services is on track and the public consultation will be launched in July 2017.
- The new peri-natal mental service has been launched, funded by Health Education England and 100+ referrals a week are being received from GPs, health visitors and midwifery.
- The roll out of the 30 hour extended entitlement is on track with Hertfordshire commended by Her Majesty's Revenue and Customs (HMRC) for developing an online eligibility and application process.
- Hertfordshire Community Trust health visiting teams and the Children's Centre programme staff achieved Stage 3 of the UNICEF Baby Feeding Initiative in March.

3. Recommendation

3.1 For Board to discuss and note the progress of the children's commissioning work programme under the Health & Wellbeing Board strategic priorities of Starting Well & Developing Well

4. Background

4.1 Attached document at Appendix 1, give an over view of progress of commissioning work streams.

Report signed off by	Local Authority & Children & Young People's Commissioning Executive
Sponsoring HWB Member/s	Jenny Coles & Jim McManus
Hertfordshire HWB Strategy priorities supported by this report	Identify which priority/ies: Starting & Developing Well
Needs assessment (activity taken)	
Consultation/public involvement (activity taken or planned) **Public consultation on commissioning of Health Visitors, School Nurses and Children's Centres will take place in July**	
Equality and diversity implications **Equality & diversity implications are addressed throughout the commissioning programme**	
Acronyms or terms used. eg:	
Initials	In full
CAMHS	Child & Adolescent Mental Health

Early Childhood Progress on a Page	
Workstream: Early Childhood	**Workstream Lead: Sally Orr / Sue Beck**

Overall Progress Summary **Work strands are progressing well and commissioning priorities are being identified and addressed. Work is underway between Children's Services, Public Health and the Clinical Commissioning Groups (CCGs) to identify, align, integrate and deliver efficiencies to ensure collaborative and co-ordinated delivery of early childhood services.**	**Overall RAG** ***Red – Limited progress and/or significant concerns*** ***Amber – Some slippages but heading in right direction*** ***Green – On course / ahead of trajectory***	**AMBER**

Workstream	Main achievements from key activities identified in last meeting- what difference have we made?	Key activity and expected outcomes for next period	Issues and barriers to progress Decisions required from Board to progress work stream	How has the voice of the child/service user shaped this work?	What are the Performance Measures ?	Timescale for this work
Develop a co-ordinated ante-natal support offer across sectors to support parents in their transition to parenting	• My Baby's Brain (MBB) antenatal pilot up and running in the three pilot Children Centres • Excellent feedback received from the pilots and good results achieved • Antenatal Protective behaviours developed and about to start running in a pilot area to test.	• Evaluation by University of Hertfordshire MBB antenatal pilot underway. This will inform county wide roll out • Evaluation of PB antenatal programme to inform wider roll out • Work to begin with the 'maternity/early years' system to further embed and develop the ante-natal support offer to develop an integrated offer for families	• Engagement of community health services in the antenatal pathway	• Parents have been involved in the development of MBB antenatal programme. • Families are being engaged with by University of Hertfordhsire as part of the evaluation process and their feedback will support wider roll out. • As part of the review, focus groups were held with new parents at a range of children's centres across the County.	• In development TOPSE Ante-natal measure (parental efficacy) • Outcome star	• Evaluation work by October • Further system work ongoing
Embed UNICEF BFI accreditation and breastfeeding support across children's centres and Health	• County Council and Hertfordshire Community NHS Trust (HCT) achieved Stage 3 accreditation in March	• Joint action plan for CCs and HCT in response to reports from Stage 3accreditation • Plans underway to ensure sustainability of	• None identified	• Parents receiving information or support are asked for feedback- this will be formally assessed at Stage 3	• 93% of County Council staff trained • <80% correct audit responses returned (required Unicef	

Visitors.	• UNICEF positive about the support provided and pathways between health visiting and children's centres • Parent feedback about the support received from children's centres very positive	good practice			standard) • Breastfeeding rate 6-8 weeks to continue to improve (currently Qrtr 1 16-17 51%)	
Develop a peri-natal mental health support offer across the continuum of need	• Community Perinatal Team (CPT) went live on 20th March 17 • CPT pathways established, wider system has 'bought in' to the new team. Very welcomed by all services. • Referrals to CPT being received. • CPT clinics running out of Children Centre settings to ensure community feel for parents • 2nd Infant Mental Health Online (IMHOL) cohort near completion • Excellent feedback from practitioners who have completed IMHOL • Perinatal Outcome star 1st workshop completed - excellent progress and welcomed by partners • 2nd Perinatal conference taken place.	• Next workshop for Perinatal outcome star (multi-agency) • Impact of CPT • Impact of IMHOL • Identify further training needs • Start work on Phase 2 bidding for CPT.	• Engagement of community health services in the perinatal agenda.	• Attendance at the Maternity Service Liaison Committees to ensure service users are aware and can comment on perinatal pathways/proposed service delivery • Feedback gathered from Thumbswood Mother and Baby Unit service users (NB; not necessarily Herts mothers) • Infant Mental Health Online (IMHOL) training will allow practitioners to be aware of infant metal health	• Accessible perinatal offer for families • No of hits to perinatal directory (in development) • Workforce better skilled to support families with emerging anxiety/ depression to alleviate pressures on higher cost, specialist services • 120 practitioners completing/completed IMHOL training • A number of case studies being collated from families	• Outcome Star- Dec 17 • Phase 2 Bid Sept 17
Deliver an integrated approach for health visiting, school nursing and children's centre services	• Staff and public engagement completed and feedback included in the development of the specification • Health visiting	• Agreement to the specification, service model and offer • Statutory consultation undertaken	• Agreement on alignment of services • Awaiting children's centre consultation (DfE)	• Services users will be engaged with throughout the process through consultation forums and other media to enable them to give views. (parents/carers/young	• In development	• May - Sept 2017

	mandation assessments confirmed by PHE • Phase 2 of the Project Initiation Document (PID) on track to be completed by June • Workstreams progressing well	• Phase 3 PID completed and underway • Tender documents completed		people and children)		
Addressing attainment gap between Free School Meals (FSM) and non FSM Early Years Foundation Stage (EYFS) pupils	• Multi-stakeholder performance clinic held in December • Schools HfL quality visits focused on EYFSP outcomes • Group met in May • Multiagency project to start in B'wood in June • Transitions pack distributed to all early years providers to promote positive conversations between providers • Cross sector moderation panels planned for summer term in 6 targeted areas	• Narrowing the Gap Strategy and Action plan in development • Developing an application to the EY Life Chances fund • Researching the issue of children being offered reduced hours due to behavioural issues	• Changes to the EYFS assessment process could affect data collection	• Maintained and Private, Voluntary and Independent (PVI) providers part of the stakeholder group and have shaped the action plan	• Attainment gap between FSM and non-FSM is reduced – in development pending EYFS assessment process.	• Ongoing
Roll out of 30hrs childcare offer across the county	• Trial successful – target exceeded • Enhanced the EY portal to confirm eligibility • Parents now able to apply online, Hertfordshire have the second highest number of successful applications processed • Currently approximately 60% of providers will be delivering the new entitlement	• Assessing supply and demand across the county • Working with providers to expand their offer • Stakeholder events to discuss business and quality • Updated childcare directory mapping tool to include all schools • County wide comms planned after June 6th • Enhanced supply and demand data compiled • Updated early years handbook published	• Provider engagement • Ensuring that providers continue to offer places for eligible 2yr olds	• National and local parental and provider surveys undertaken	• 470 places accessed • 18 children with Special Educational Needs and Disabilities (SEND) accessing additional hours • 3 parents supported into employment	• Jan – April 2017

		• Non maintained providers to agree to new provider agreement outlining key terms and conditions of all free entitlement schemes				

CYPICE Progress on a Page	
Workstream: 0-25 Integration Programme	**Workstream Lead: Marion Ingram (Programme Lead) /Katie Edwards (Programme Manager)**

Overall Progress Summary	**Overall RAG** ***Red – Limited progress and/or significant concerns*** ***Amber – Some slippages but heading in right direction*** ***Green – On course / ahead of trajectory***	**Amber**

Workstream	Main achievements from key activities identified in last meeting- what difference have we made?	Key activity and expcted outcomes for next period	Issues and barriers to progress Decisions required from Board to progress work stream	How has the voice of the child/service user shaped this work?	What are the Performance Measures ?	Timescale for this work
Information, Advice and Guidance (IAG)	• Results from online survey for parents/carers and young people now evaluated. • Interviews completed. • Options Paper written and tabled at Children's Services (CS) Core Board • CS Core Board chose IAG Option 2, key points are: ➢ Dedicated single phone number for Special Educational Needs and Disabilities (SEND) ➢ SEND Local Offer website as "one truth" ➢ Maximised digital delivery e.g. register for SEND updates, Hertfordshire Additional Needs Database (HAND) card, Short Breaks Local Offer (SBLO) online ➢ Improve face to face offer	• Hold a Project Group meeting to go through the proposals. • Produce action plan following Children's Services Core Board consideration and recommendations of the report. • Co-produce and implement new IAG model over the next 12 to 18 months	• The ability to sign up to HAND, SEND information updates and SBLO via the local offer.	• Parents and carers have been involved in the development of the Project Initiation Document (PID) • Parents and carers and are key members of the project working group to ensure that the project continues to keep the needs of parents, carers and young people at the forefront of the work • Young people were invited to respond to the questionnaire	• Delivery Plan has been developed including key milestones and timescales to implement the new IAG model over the next 12-18 months.	Timescales: • Co-producing and implementing new IAG model over the next 12 to 18 months

SEND Commissioning –	**Recommissioning of Overnight Short Breaks (OSB)** Review undertaken and joint priorities outlined in 0 – 25 commissioning strategy. • Joint agreement on the development of an integrated health and social care model. The model is looking at efficient use of resources and will align the referral and decision making process. • Communications Strategy co-produced with CCGs. • Market Engagement event held with providers to seek their views and contribute to the development of the service specification and delivery model. • Completion of parent/carer consultation for OSB services, which has been fed into the review **Due to resource implications the parameters of OSB joint commissioning have now changed.** **WynchlandsCrescent** • Property adaptions undertaken • Tender preparation has begun and outline specification drafted to inform Invitation to Tender (ITT) and scoring matrix. • Issues have arisen regarding spot/block purchasing of beds. **Divots Place**	• Next steps will need to be re-considered in light of changed circumstances. Commitment towards developing an integrated offer needs to be revisited • Revenue funding arrangement to be reviewed. Need to confirm whether sufficient funding is available to continue to progress the scheme • Complete procurement. • Complete capital works at site.	• Resources and joined up decision making are potential barriers • Resource 'envelope' to be confirmed and, if scheme progresses, Memorandum of Understanding (MOU) between partners to be updated accordingly.	• Young Commissioners have been involved in developing the service specification and tender documents. . • Hertfordshire Parent Carer Involvement (HPCI) and children and young people have been consulted. • Young commissioners involved in the tendering process.	• Key Performance Indicators (KPIs) have been developed for the new service model. These will be subject to review once new 'offer' confirmed. • KPIs have been developed for the new service model and will be included in the tender specification as appropriate	• Similarly, timescales to be reviewed • Procurement timescales in place with Strategic Procurement Group (SPG) however to be revised in line with resource considerations

	• Initial scoping with Adult Care Services (ACS) for revenue funding of support and agree needs profile of support. • Work with property to develop an approach to occupancy and tenancy with the Private Finance Initiative (PFI) Landlord	• Final agreement with landlord about tenancy options for occupancy. • Make adjustments to building to make it fit for purpose as necessary. • Finalise needs profiles, support levels and anticipated revenue budget for support. • Draft tender specification and scoring matrix and begin procurement process for tender.	• Agree broad profile of need that we will offer support for and identify revenue funding with ACS and potential users.	• Parents/Carers and Young People will be consulted	• KPIs are being developed for the new service model and will be included in the tender specification	• Service mobilised September 2018
	Speech and Language Therapy (SALT) Integrated Service Specification and Contract • Relevant CCGs Boards and SEND Executive including School Forum have agreed to support an integrated SALT Contract across education and health. • First phase of Special Educational Needs (SEN) Strategy: Speech, language and communication needs (SLCN) education review completed. • PID completed and signed off by Project Sponsors (both CCGs and CS) • Project Group agreed with Terms of Reference and Delivery Plan including Governance arrangements for agreeing Service Specification and funding from CCGs and Education.	• Specification to be co-produced with Education and health. • CCGs provide performance data on the health component of SALT delivery. • First Service Specification draft end of June. • Establish a reference group. • Explore examples of good practice from other areas.	• Proposed Service Specification and funding model gaining approval by SEND Executive and both CCGs Governance Boards.	• Parents/carers will be consulted through the reference group	• KPIs will be developed as part of the Service Specification	• New Service Specification implemented from September 2018

Health and Wellbeing Board
Hertfordshire

Agenda Item No.
5

HERTFORDSHIRE COUNTY COUNCIL

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

2017-19 BETTER CARE FUND PLAN

Report of:

Author: Jamie Sutterby, Assistant Director - Integrated Health and
Edward Knowles, Assistant Director - Integrated Health
Tel: 01992 588950

1.0 Purpose of report

1.1. To provide an overview and obtain comments on the proposed vision, principles and priorities in the 2017-19 BCF plan in preparation for submission to NHS England (NHSE) once dates have been confirmed.

2.1 Background

2.1.1 The Better Care Fund (BCF) was announced by the Government in June 2013, and a local plan agreed in Hertfordshire between Hertfordshire County Council (HCC), East & North Clinical Commissioning Group (EHNCCG), Herts Valleys Clinical Commissioning Group (HVCCG) and Cambridgeshire & Peterborough Clinical Commissioning Group (CPCCG) in April 2014. The national policy requires the establishment of a single pooled budget (the BCF) to enable delivery of the local BCF plan to integrate health and social care services.

2.2 2017-19 Better Care Fund

2.2.1 **Planning Guidance**: In line with last year, Hertfordshire is required to submit an updated BCF Plan but covering the next two financial years from April 2017. As well as outlining spend, it must:

- Set out Hertfordshire's vision for further integration of health and social care by 2020
- Detail an evidence-based and jointly approached plan
- Demonstrate compliance with four National Conditions (see appendix 1).

- Outline how the BCF will meet its performance metrics, including admissions to hospitals, care homes and delayed transfers of care from hospital (see appendix 1)
- Have clear accountability and governance arrangements between Local Authority and NHS partners
- Involve partners in developing the Plan including housing
- Alignment with Sustainability and Transformation Plans (STPs), which are also encouraging greater coordination of local services to meet future financial pressures in the NHS

2.2.2 Although 2017-19 Better Care Fund Policy Framework was released in March, national delays publishing remaining guidance has meant that some aspects of the Plan – including financial contributions and BCF performance metric targets – cannot yet be confirmed. The 2017-19 BCF will remain in draft form until guidance is released and submission dates have been confirmed.

2.2.3 Final sign-off of the Plan must be undertaken by the Health and Wellbeing Board. A paper submitted to March's Board asked that this role be delegated to the Health & Wellbeing Board Chair in consultation with Hertfordshire County Council and CCG Chief Executive and Accountable Officers given that submission was unlikely to coincide with scheduled meetings.

2.2.4 **2017-19 BCF Plan**:

2.2.5 **Vision and delivery plan:** The top-level vision for health and social care integration, as in previous years, remains 'a system that delivers the right care and support at the right time and in the right place'. Hertfordshire's 2017-19 BCF Plan therefore focuses its priorities and actions around the person-centred 'Integration Standard', developed by NHSE to show what an integrated health and social care system looks like (see appendix 2). Hertfordshire's BCF vision diagram is included in appendix 3. Delivery plans, which have been developed in consultation with other plans including the STP, have been broken down with examples as follows:

1. **Electronic record & data sharing** – digital shared care record, linked datasets, networking care homes
2. **Early identification –** wider use of risk stratification to prevent admissions and other service escalations and expanding prevention
3. **Value for money** – developing collaborative commissioning, roll out of the Home Improvement Agency, joint data analysis
4. **Assessment & care planning** – roll out of the locality-based approach, shared assessment infrastructures, integrated personal commissioning and continuation of the multi-speciality approach

5. **Integrated community care** – improved shared leadership, better involvement of the voluntary sector in statutory services, continuation of and mainstreaming of the Vanguard Programme
6. **Timely and safe discharges** – implementing all 8 areas of the High Impact Change Model (see appendix 1), 7 day working, live urgent care dashboard
7. **Integrated Urgent Care** – greater use of multi-disciplinary teams, continued rapid response functions within integrated community teams, improved out-of-hours service

2.2.6 **Finances**: Although amounts are awaiting confirmation, minimum CCG contributions are likely be similar to last year's £69m. As in last year, the BCF pool will extend more widely that this, including the majority of CCG and Hertfordshire County Council older people out-of-hospital budgets meaning a similar total figure to that of last year's £304m.

2.2.7 The wider BCF also includes the Improved BCF (iBCF), a new social care grant allocation to provide stability and extra capacity in local systems as well as support delivery of the High Impact Change model to reduce transfer delays. It totals £13m in 2017-18 and 11.6m in 2018-19. Use of the iBCF has been agreed between Hertfordshire County Council and CCGs with spend supporting at least one of the following areas: stabilising the market, meeting current needs, reducing NHS pressures and supporting discharge.

2.2.8 The Disabled Facilities Grant (DFG) is allocated through the BCF to encourage areas to think jointly and more strategically about the use of home adaptations. Hertfordshire's Home Improvement Agency, to launch in the autumn of 2017, will introduce a more collaborative model for the DFG. The agency is bringing together the housing authorities, who have statutory duty to deliver adaptation grants to people with disabilities, and Hertfordshire County Council, who have responsibility for ensuring people's homes are suitable to meet their needs, in the delivery of an end-to-end service.

2.2.9 Pooled arrangements between health and social care continues to be underpinned by the Section 75 Agreement which provides the legal framework for the BCF and other pooled funds, and which will be reviewed and updated in June.

2.2.10 **Performance**: Although 2017-19 performance metric targets cannot be confirmed prior to the publication of further guidance, they will tie into existing work across Hertfordshire County Council and CCGs. Although the BCF is still required to report on the top four metrics (non-elective admissions, delayed transfers of care, permanent admissions to care homes, effectiveness of reablement), the two local metric (service user engagement, dementia diagnosis) will no longer be monitored centrally.

3.1 **Recommendation**

3.1 That the Board :

- provide **comments** on the 2017-19 BCF Plan from the information provided in this document and the accompanying presentation. A draft of the narrative plan will also be sent to HWB members for comment once final guidance is received from NHS England.

- **formally sign-off** the proposed vision, principles and priorities in the 2017-19 BCF plan ahead of the submission to NHS England (as this is likely to be the last time that HWB meets before the Plan is submitted by the Chairperson).

3,2 For the BCF 2017-19 locally defined performance metrics – that the HWB agree to:

- remove the local 'Service User Engagement' performance metric (based on the HCS Enablement Survey),as this survey is only being continued for BCF monitoring purposes.
- continue monitoring dementia diagnosis as a useful measure of progress in this area, and a recognition of the importance of dementia services in integration plans.

Report signed off by	Colette Wyatt-Lowe, HWB Chair
Sponsoring HWB Member/s	Iain MacBeath, Beverley Flowers, Nicolas Small
Hertfordshire HWB Strategy priorities supported by this report	The Better Care Fund proposals relate to all 4 Health & Wellbeing Strategy priority areas

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 elderly populations
- Long term conditions
- Dementia

Consultation/public involvement (activity taken or planned)
The 2015-16 BCF Plan, which forms 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. Individual integration projects have also often carried out their own consultation and engagement exercises.

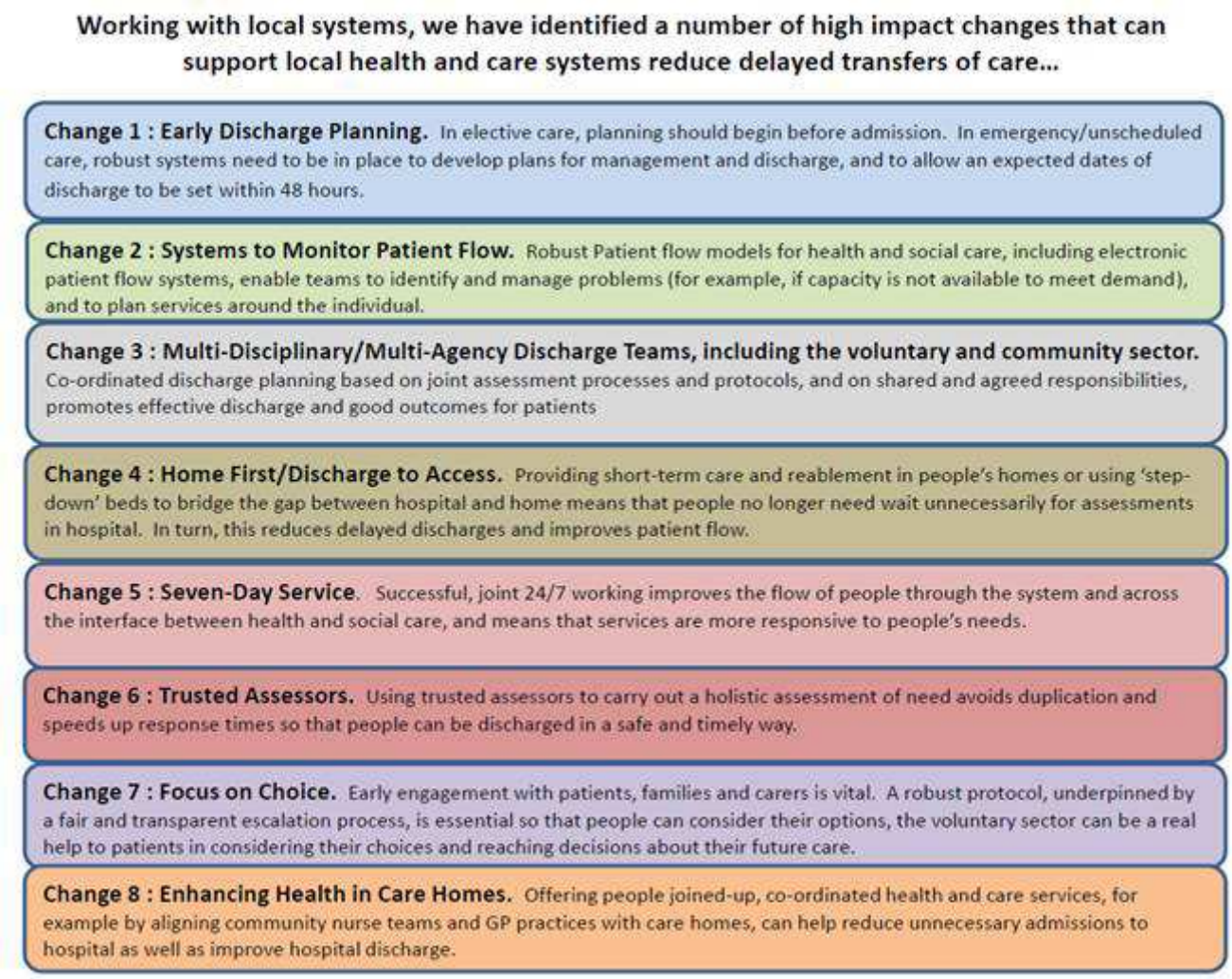
Equality and diversity implications
Each project that is delivered as part of the Better Care Fund work will be subject to robust equality impact assessments, to ensure the impact on different groups is understood and where necessary mitigated against.

Acronyms or terms used. eg:

Initials	In full
BCF	Better Care Fund
CCG	Clinical Commissioning Group
HCC	Hertfordshire County Council
HCS	Health and Community Services
HWB	Health & Wellbeing Board
NHSE	NHS England

Appendix 1 – BCF National Conditions

Condition 1: Plans to be jointly agreed, signed off by the HWB
Condition 2: NHS contribution to adult social care is maintained in line with inflation
Condition 3: Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care – this includes agreeing how Hertfordshire will use its share of the £1,018bn in 2017-18 and £1,037bn in 2018-19 previously used for the payment for performance fund in 2015-16, with appropriate risk shares
Condition 4: Managing transfers of care – this includes implementation of the below 'High Impact Change Model'



<u>BCF Metrics (to be confirmed)</u>

1. A reduction in non-elective admissions.
2. A reduction in delayed transfers of care.
3. A reduction in permanent admissions to residential or nursing homes.
4. An increase in the effectiveness of reablement (an increase in the number of 65+ discharged from hospital into a reablement or rehabilitation service).

5. *Service user engagement (locally agreed metric) – an increase in satisfaction rates for the Health & Community Services enablement survey – not monitored centrally.*
6. *An increase in the dementia diagnosis rate (locally agreed metric) – not monitored centrally.*

Appendix 2 – Integration Standard (under review by Social Care Institute for Excellence [SCIE])

	Objective	Improvement to person's experience	System change needed to deliver this objective
1	**Digital inter-operability**	"I have access to a Digital Integrated Care Record that moves with me throughout the health and care system. All professionals involved in my care have access to this record (with the appropriate safeguards in place to protect my personal data)"	• Areas reach **digital maturity**, including universal use of the NHS number as the primary identifier and fully interoperable IT across providers and commissioners.
2	**Resource targeted at key cohorts to prevent crises and maintain wellbeing**	"If I am at risk of emergency hospital admission, I will receive the right care at the right time to help me to manage my condition and to keep me out of hospital." "If it would benefit me, I will be able to access a personal budget, giving me greater control over money spent on my care."	• Areas use health and social care data to **risk stratify** their populations, identifying those most at risk of unplanned admissions and allocating resources according to need. • Areas will allow greater access to **Integrated Personal Commissioning**, for identified groups who could benefit. • Areas use **capitated budgets** where appropriate
3	**Value for money**	"I receive the best possible level of care from the NHS and my Local Authority."	• Areas deliver against a **clear plan for making efficiencies** across health and care, through integration.
4	**Single assessment and care plans**	"If I have complex health and care needs, the NHS and social care work together to assess my care needs and agree a single plan to cover all aspects of my care."	• Areas use **multi-disciplinary integrated teams** and make use of professional networks to ensure high-quality joined-up care is delivered in the most appropriate place seven days a week.
5	**Integrated community care**	"My GP and my social worker or carer work with me to decide what level of care I need, and work with all of the appropriate professionals to make sure I receive it."	
6	**Timely and safe discharges**	"If I go into hospital, health and social care professionals work together to make sure I'm not there for any longer than I need to be."	
7	**Social care embedded in urgent and emergency care**	"If I have to make use of any part of the urgent and emergency care system, there are both health and social care professionals on hand when I need them".	

Joined Up Care 2020 – vision and priorities

	Vision for Service User	Current Position and Achievements	2020 Targets
Electronic record and data sharing	"I and all professionals involved in my care can access my digital shared care plan – this means I only need to tell my story once"	• Limited sharing of information between integrated health & social care teams to improve coordinator in community and hospital settings • Prioritisation & resource of a business case on development of a shared care record between health & care organisations.	• A **digital shared care record** accessible by health and social care professionals • Adapting the health and social care data systems for integrated care • Increasing **data sharing** between health & social care, including hospitals & GPs • **Networking the care home** market to enable the use of enhanced technology
Early identification	"I receive the right care, in the right place to prevent escalation in my care needs" "I, my family or carer know where to go for support to manage my care needs"	• Limited use of risk stratification to identify people at high risk of admission to hospital within 6-12 months • Services in place across Herts to jointly plan and co-ordinate care for people with multiple or complex needs • Limited adoption of integrated points of access and 'named professionals' representing health and social care services	• Wider use of **risk stratification** to target specific groups • A **preventative approach** to care co-ordination and not just crisis interventions • Streamlined **points of access** to care services • Smooth transitions between adult and children's services
Value for money	"I receive the best possible level of care from the NHS and local authority" "The quality of my care does not change if I move between different services"	• Most community services funded through pooled budgets • Joint commissioning of mental health and learning disabilities services, and some intermediate care beds • Improved use of the Disabled Facilities Grant through plans for a shared Home Improvement Agency • MedeAnalytics tools developed to inform commissioning	• **Joint commissioning** for shared contracts, market stimulation and budgets • A joint approach to **Continuing Healthcare** services • Commissioning decisions supported by more powerful tools for **joint analysis** of health and social care needs / demands of local populations • An operational **Home Improvement Agency**
Assessment and care planning	"The NHS and social care work together to assess my care needs and agree a single care plan to cover all of the different aspects of my care"	• Joint care planning used by integrated community services e.g. HomeFirst and Multi-Specialty Teams. Trials of 'My Plan' – a national shared care plan template. • Limited piloting of joint assessment forms and triage for integrated services	• A **shared infrastructure** and culture of outcomes-based planning • **Integrated personal commissioning** of direct payments and individual budgets • **Trusted assessment** between health and social care professionals for a range of services
Integrated community care	"My GP, social worker or carer work with me to decide what level of care I need, and make sure I receive it" "I only need to approach one point of contact to get my care needs met"	• Integrated community service models developed around the needs of those with complex care needs • Improved coordination between health and social care services and the voluntary and community sector • Support to care homes improved through the Vanguard programme	• More colocation, single lines of reporting, and shared leadership • Greater joint working with **primary care** • Greater understanding and use of the **voluntary sector** and community assets • Rolling out **enhanced care in care homes** developed by the Vanguard
Timely and safe discharges	"If I go into hospital, health and social care professionals work together to make sure I'm not there for any longer than I need to be, even if waiting for an assessment"	• Ongoing integration of discharge teams in hospitals • Specialist Care at Home service commissioned • Limited use of discharge to assess models to short-term care home placements; trialling of enabling models of bed based care	• Further adoption of **integrated tools & working structures** e.g. live urgent care dashboards to track the movement of patients between services • Shared **enablement** approach across health and social care partners minimising dependency across the area
Integrated urgent care	"If I have to make use of any part of the urgent and emergency care system, there are both health and social care professionals on hand when I need them"	• Joint rapid response services provided to prevent admissions to hospital • Successful piloting of early intervention vehicle • Link social care workers in A&E to prevent admissions • Health and social care workers in hospitals able to carry out certain elements of each others' roles	• Use of **multi-disciplinary teams** in all areas • **Rapid response** functions joined up with integrated community teams • Wider roll-out of **early intervention vehicle** and other integrated models • Improved co-ordination of out of hours services including NHS 111 .

Better Care Fund Planning 2017-19

Health & Wellbeing Board

Wednesday 14th June

Edward Knowles & Jamie Sutterby,
Health Integration (East & West)

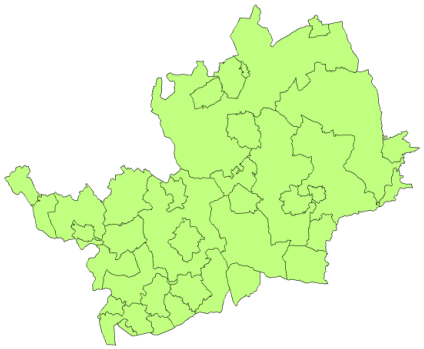
What is the Better Care Fund?

*"The Better Care Fund is a **single pooled budget** to support health and social care services to work more closely together in local areas…".*

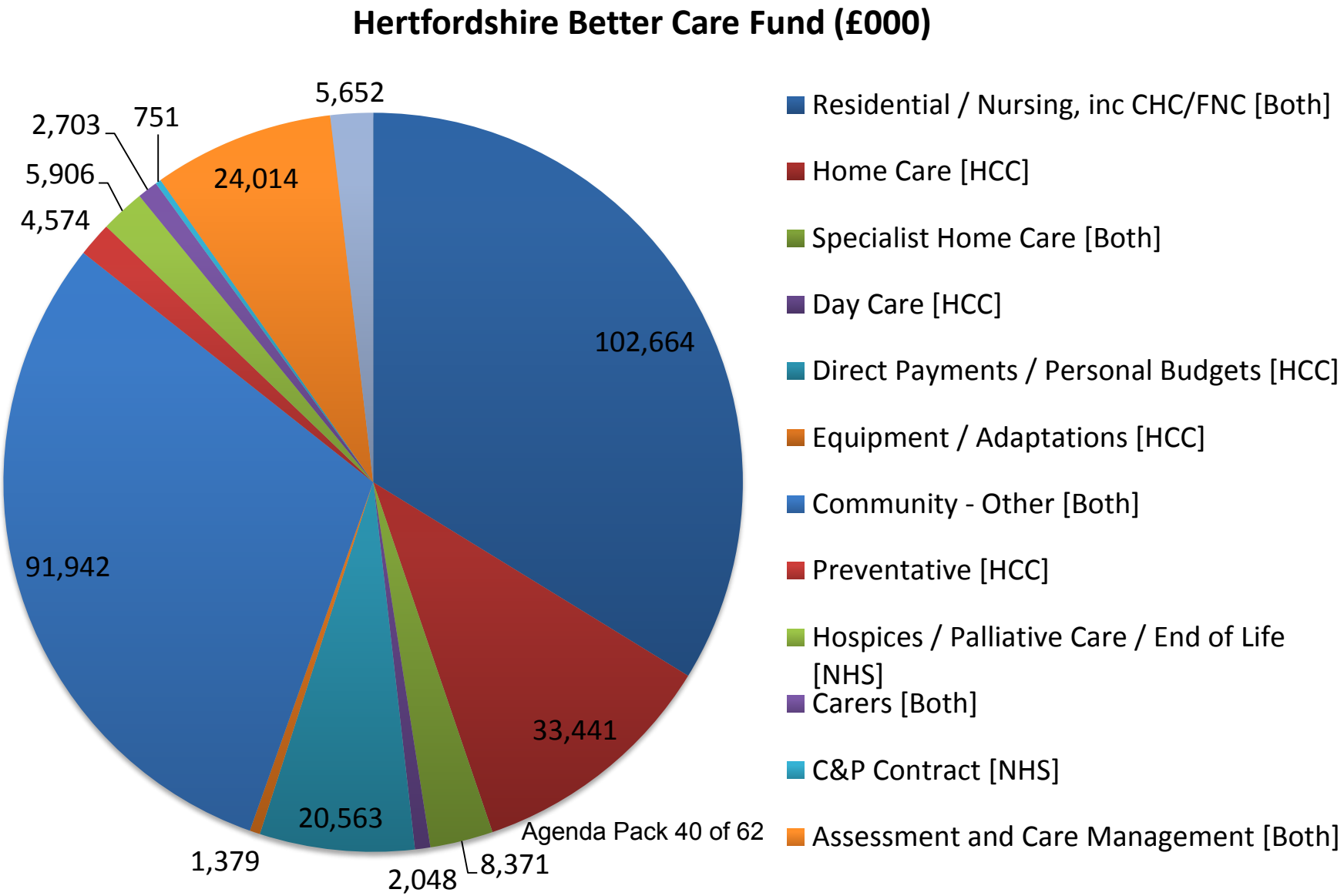
NHS Planning Guidance, December 2013

Hertfordshire BCF in 2016-17:

- ✓ **£304m** pooled budget between HCC & CCGs
- ✓ Brought together existing activity and newly agreed priorities into a single plan
- ✓ Includes Disabled Facilities Grant (**£5.6m**)



BCF Plan 2016-17 – Local Spend

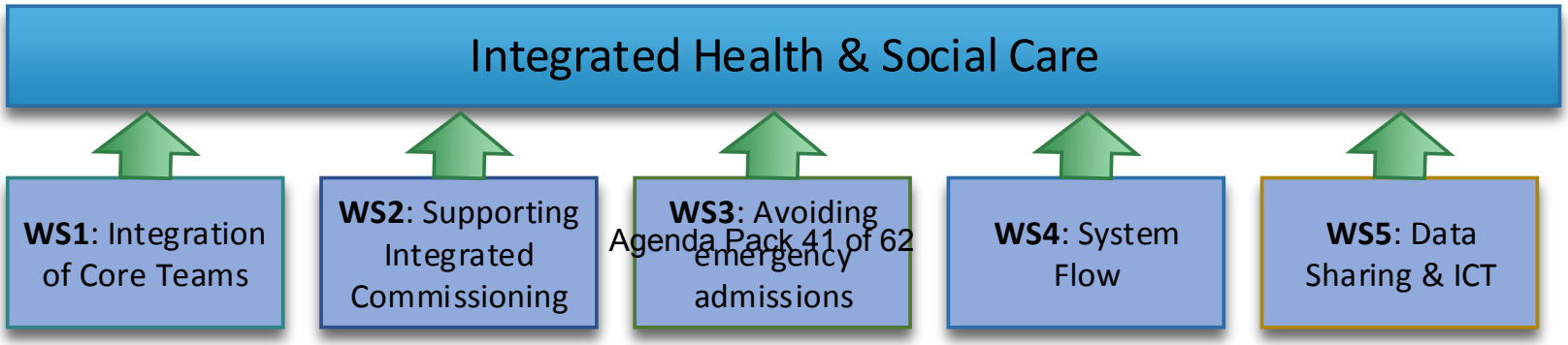


Hertfordshire's Approach 2016-17

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

- ✓ Simple ways of accessing and understanding services
- ✓ Better coordination to reduce duplication
- ✓ Addressing needs early
- ✓ Sharing intelligence
- ✓ An appropriately skilled workforce

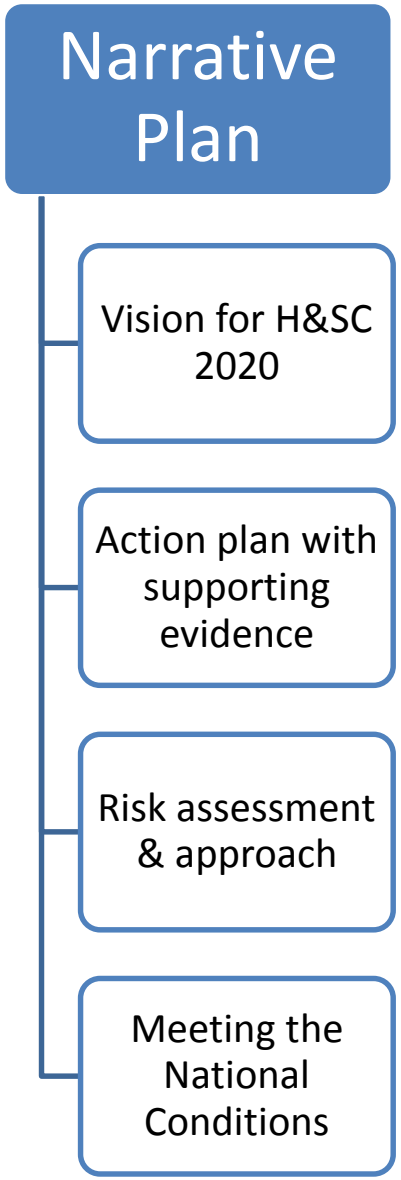
Delivery of the Vision:



Better Care Fund Planning - 2017-19

2017-19 – Guidance:

- 2 year plan – how <u>we will achieve integration by 2020</u>
  - Local vision with patient focus
  - Alignment with STP & local plans
  - Compliance with national conditions
  - A plan of action
  - Use of the iBCF
  - Engagement with a range of partners, including **housing**



Better Care Fund 2017-19

National Conditions

- **Plans to be agreed jointly**
- **Maintain provision of social care**
- **Investment in NHS commissioned out-of-hospital services**
- **Managing transfers of care**

Enablers:

- Agreed delivery of 7 day services
- Better data sharing
- Joint approach to assessment & care planning
- Agreed impact on providers

Performance Metrics

1. Reduce **non-elective admissions**
2. Reduce permanent **care home admissions**
3. Increased effectiveness of **reablement**
4. Reduced **delayed transfers of care**
5. Increased **service user** experience (HCS enablement survey)
6. Increased **dementia diagnosis** rate

(Metrics 5 & 6 not centrally recorded)

Improved BCF (iBCF) quarterly reporting

The metrics apply to the BCF plan and the monies associated with its delivery. When we monitor against these metrics we need to consider how total BCF spend is helping to improve performance.

BCF 2017-19 – High-Level Narrative

	Section	Content
1.	**Vision**	• **Vision** – what we mean by integration by 2020 ('I' Statements) • Alignment with existing plans: Sustainability & Transformation Plan, HWB Strategy, CCG Operational and A&E Delivery Plans
2.	**Integration Progress to Date**	• The Hertfordshire context – current & future challenges • Our progress so far (2014-17)
3.	**Our 2017-19 Approach**	• Our **integration Action Plan** • Meeting the **national conditions** and **enablers** • Implementing the **High Impact Change Model** for reducing DToCs • Updates on mental health, Care Act implementation, reablement and carers
4.	**Performance Metrics**	• BCF metric targets for 2017-19 • The BCF contribution to achieving this
5.	**Risk Approach**	• **Risk share** approach & arrangements • Risk management strategy, including contract and scheme risks • **Governance** • Updated Section 75

Progress to Date

Multi-Specialty Team (MST)	• Multi-disciplinary case management approach rolled out to all localities in west Herts • Reviewed and coordinated the care of over 200 patients with complex needs in the last year
Rapid Response and HomeFirst	• Integrated teams respond within 60 minutes to older people at risk of an emergency admission •E&NH-wide coverage of Homefirst service • St Albans and Harpenden RR team has been shortlisted for a HSJ Value in Healthcare Award
East and North Herts Vanguard	• Includes Impartial Assessor, Early Intervention Vehicle, Medicines Optimisation etc. • Complex Care Framework training has demonstrated a 45% reduction in A&E attendances •Complex Care Premium winner of the 2017 HSJ Workforce Efficiency award
Integrated Community Respiratory Service	• Proactively targets people with respiratory diseases who have frequent A&E attendances • Assesses extra support needs and works with local teams to prevent emergency admissions
Neurology Co-production	• Worked with people who have lived experience of progressive neurological diseases to assess the range and effectiveness of support available and co-produce a series of recommendations •Learning used towards Strategic Coproduction Board, looking at adult social care
Improved discharge Services	• Rollout of Specialist Care at Home lead provider model aligning existing pathways • Embedding of Integrated Discharge teams with integrated health and social care in hospitals
Access Review	• Reviewed all major health and social care access points across the county • Suggested medium term improvements and long-term recommendations for better access
Integrated Care Programme Board (ICPB) and STP Workstream	• Provided programme management to the governance framework for an integrated provider-led forum in partnership with the CCG and other stakeholders across the health and social care • Providing transformational support to develop ENH & HV Delivery Boards to place based care

2016-17 BCF Performance

Metric	2016-17	Target Reached?
1. Non-Elective Admissions	26,879 per 100k	Near target (26,900)
2. Delayed Transfers of Care	713 per 100k	Target not met (1519)
3. Admissions to residential & nursing care	610 per 100k	Target Met (538 per 100k)
4. Effectiveness of reablement	Maintain 87% rate	Near target (85%)
5. Service User Experience	90% satisfaction rate	Target not met (85%)
6. Dementia Diagnosis	67% diagnosis rate	Target not met (64%)

BCF 2017-19: Vision

2017-19 Plan of Action

Section 3: Our 2017-19 Approach

Electronic record & data sharing

- A **digital shared care record** accessible by health and social care professionals
- Adapting the health and social care data systems for integrated care
- Increasing **data sharing** between health & social care, including hospitals & GPs
- **Networking the care home** market to enable the use of enhanced technology

Early identification

- Wider use of **risk stratification** to target specific groups
- A **preventative approach** to care co-ordination and not just crisis interventions
- Streamlined **points of access** to care services
- Smooth transitions between adult and children's services

Value for money

- Using **joint commissioning** for shared contracts, market stimulation and budgets
- A joint approach to **Continuing Healthcare** services
- Commissioning decisions supported by more powerful tools for **joint analysis** of health and social care needs / demands of local populations

Assessment and care planning

- A **shared infrastructure** and culture of outcomes-based planning
- **Integrated personal commissioning** of direct payments and individual budgets
- **Trusted assessment** between health and social care professionals for a range of services

2017-19 Plan of Action

Section 3: Our 2017-19 Approach

Integrated community care

- More colocation, single lines of reporting, and shared leadership
- Greater joint working with **primary care**
- Greater understanding and use of the **voluntary sector** and community assets
- Rolling out **enhanced care in care homes** developed by the Vanguard

Timely and safe discharges

- Further adoption of **integrated tools & working structures** e.g. live urgent care dashboards to track the movement of patients between services
- Shared **enablement** approach across health and social care partners minimising dependency across the area

Integrated urgent care

- Use of **multi-disciplinary teams** in all areas
- **Rapid response** functions joined up with integrated community teams
- Wider roll-out of **early intervention vehicle** and other integrated models
- Improved co-ordination of out of hours services including NHS 111 .

BCF 2017-19: Managing Transfers of Care

'High Impact Change Model' – to support systems reduce DToC:

Change 1 : Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

Change 2 : Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Change 4 : Home First/Discharge to Access. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5 : Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

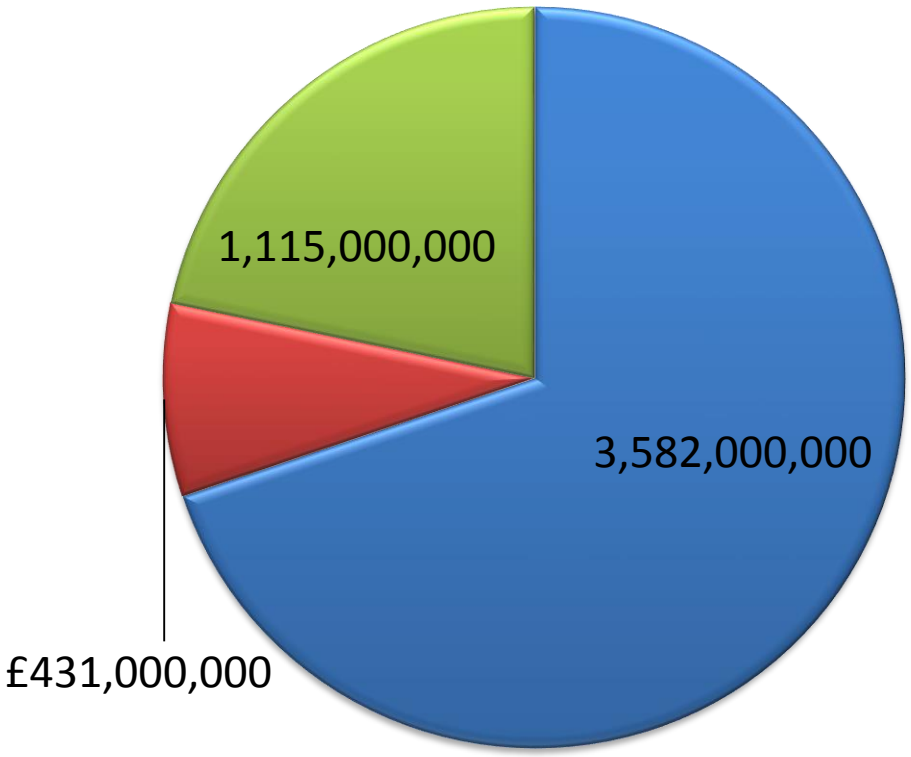
Change 6 : Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Change 7 : Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Change 8 : Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

BCF Plan 2017-18 – National Monies

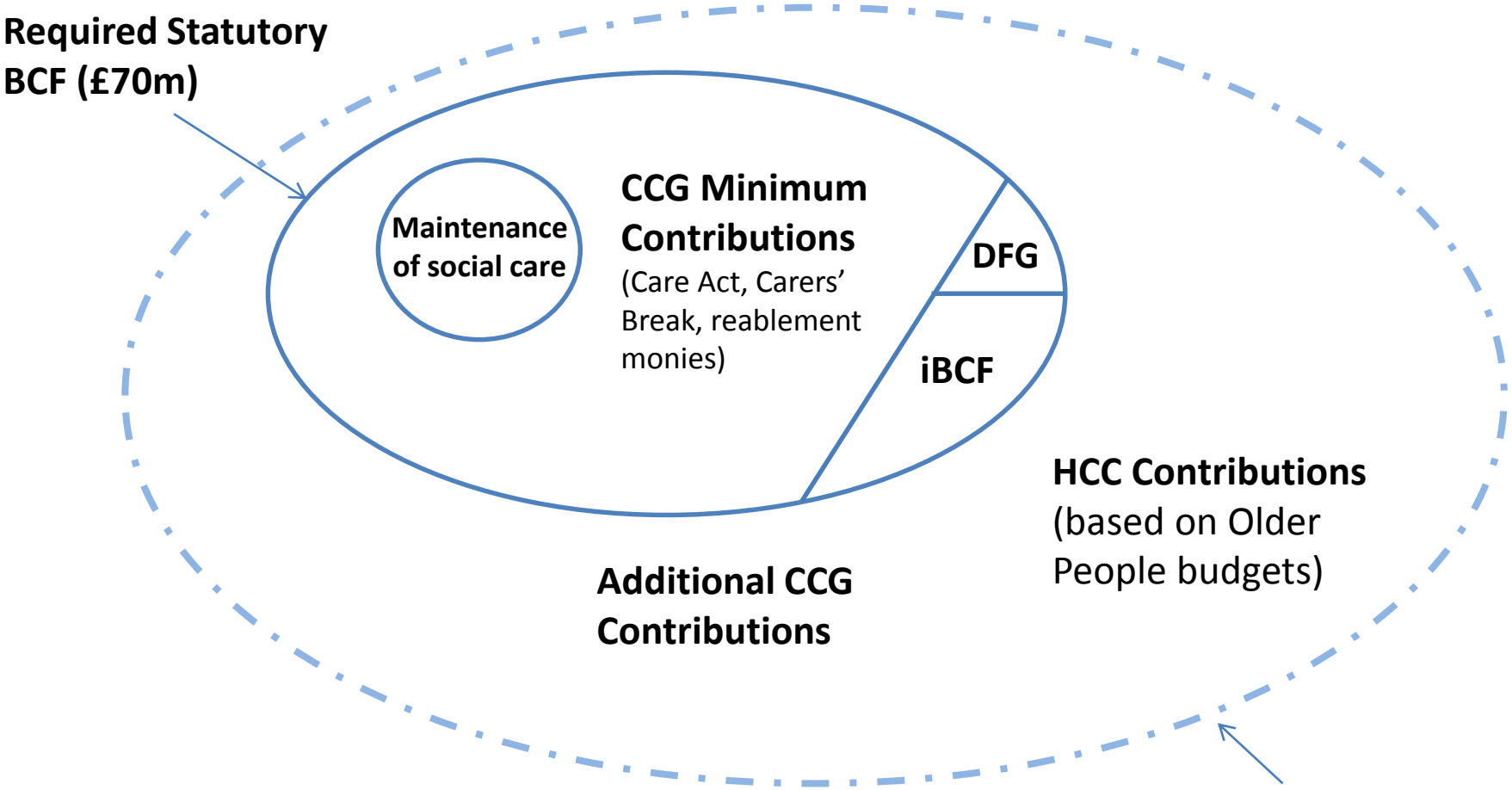
National BCF 2017-18 = £5,128 bn



- Minimum NHS ring-fenced from CCG allocation
- Disabled Facilities Grant
- Additional funding paid to local authorities for adult social care (IBCF)

BCF 2017-19 - Hertfordshire's Approach

Hertfordshire BCF Fund in 2017-19



Principles:

- Wider BCF to include all out-of-hospital **older people** budgets including community wellbeing
- **Defined minimum contribution** with breakdown
- Accountability of all parts to delivering BCF objectives

Improved BCF (iBCF)

- ✓ New non-recurrent social care grant allocation
- ✓ To be used for:
  - Stabilising the social care market
  - Meeting adult social care needs
  - Reducing pressures on NHS
  - Meeting High Impact Change model
- ✓ Must be pooled into BCF - **£13m** (£11.5m 2018-19)
- ✓ Working with CCGs and providers
- ✓ Quarterly reporting to the government

Quarterly Reports:

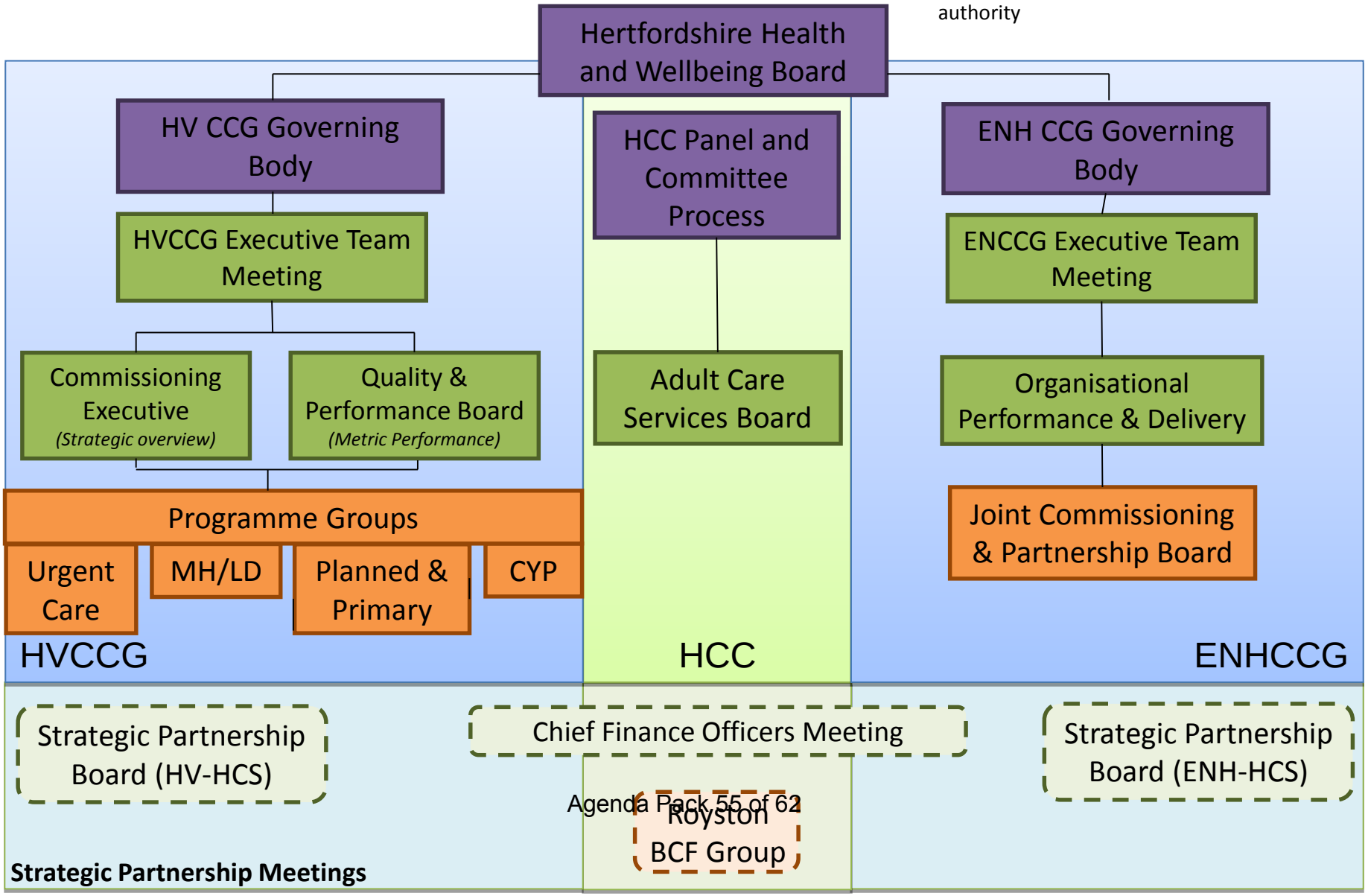
- Project/initiatives progress update
- HICM progress (LA perspective)
- Other metrics
- Impact on:
  - Number of care packages
  - Hours of homecare provided
  - Number of care home placements

Improved BCF (iBCF)

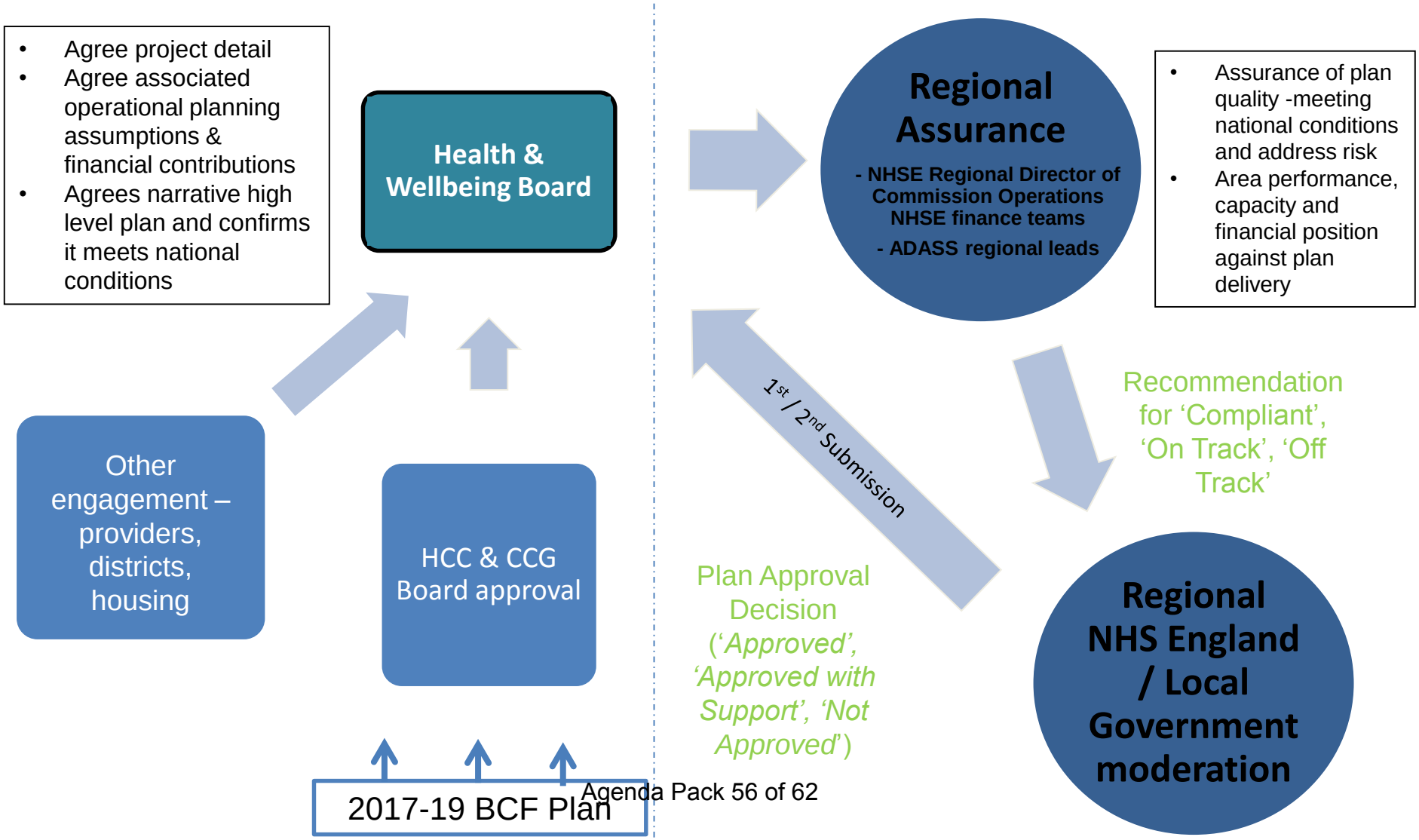
Proposed spend on HCC £2bn share ('new' iBCF)	Herts Valleys CCG			E&N Herts CCG			HCC		
	17/18	18/19	19/20	17/18	18/19	19/20	17/18	18/19	19/20
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Smooth impact of reducing CCG funding	4,000	4,400	2,216	3,250	3,250	1,293	7,250	7,650	3,509
Inflationary uplift for homecare (71p pay rise)	333	421	421	466	589	589	799	1,010	1,010
Discharge to Assess Programme	1,000	650	0	1,000	1,000	0	2,000	1,650	0
Social work team capacity and OTs	390	390	300	390	390	300	780	780	600
Admission prevention schemes (one-off training)	450	0	0	450	200	0	900	200	0
Voluntary sector discharge schemes & project resource	400	0	0	450	0	0	850	0	0
Additional homecare capacity	25	23		467	343	700	492	366	700
Total cost of schemes	6,598	5,884	2,937	6,473	5,772	2,882	12,482	8,821	9,410
Total annual allocations	6,598	5,884	2,937	6,473	5,772	2,882	13,071	11,656	5,819
'Old' Improved BCF									
Built into Integrated Plan to fund National Living Wage pressures							0	4,727	12,909
Total 'Old' and 'New' Improved BCF							13,071	16,383	18,728

BCF Governance Commissioning

Key
Purple – Strategic Decision, Horizon-scanning
Green- Decision-making
Orange – Recommendation or delegated authority



2017-18 BCF Approval Process



Next Steps

- HWB agreement of BCF Plan vision, principles & priorities
- Plan development with CCGs, HCC and NHS Providers following release of guidance
- Final version of the Plan sent to HWB – HWB Chair to submit in absence of scheduled HWB meeting.

Feedback and…

…Questions?

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

6

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 JUNE 2017 AT 10:00AM

HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION UPDATE

Report of Chief Executive, Hertfordshire Partnership NHS FT

Author: Tom Cahill, Chief Executive, Hertfordshire Partnership NHS FT
(Tel: 01707 253851)

1. Purpose of report

1.1 A presentation will be made to update the Board on progress of the Hertfordshire and West Essex Sustainability and Transformation Partnership (STP).

2. Summary

2.1 Following feedback from NHS England and NHS Improvement in January 2017, and consultation with PricewaterhouseCoopers in March 2017, a governance structure and programme management arrangements have been agreed to drive STP delivery for 2017-19. STP leadership was recently reviewed and confirmed Tom Cahill as the STP leader. Priority workstreams have been identified to deliver NHS and Social Care services transformation in accordance with the Five Year Forward View. Clinical, Senior Responsible Owner and programme support leads have been appointed and workstreams are preparing detailed transformation plans. A recent stocktake meeting with NHS England and NHS Improvement has reviewed progress made, and has requested further details of the STP vision and plans for delivery.

3. Recommendation

3.1 The Board is asked to note the status update.

4. Background

4.1 The presentation will inform Members of the STP arrangements to engage with the public; public sector organisations and other stakeholders in the delivery of its aims to:

- *Improve the Health and Wellbeing of the population*
- *Improve the quality of the services provided*
- *Provide efficient and affordable care*

4.2 Improved service quality and reduction in variations of service delivery are being delivered through priority workstreams, including: Urgent and Emergency Care, Planned Care; Primary Care; Frailty; Cancer and Mental Health.

4.3 A deficit reduction plan is making significant progress and the STP has established a series of "task and finish" groups to deliver further cost-savings initiatives to supplement individual organisational plans.

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
COPD	Chronic Obstructive Pulmonary Disease

Health and Wellbeing Board
Hertfordshire

Agenda Item No. **7**

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 14 JUNE 2017 AT 10:00 AM

CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP REPRESENTATION AT THE HERTFORDSHIRE HEALTH AND WELLING BOARD

Report of the Chief Legal Officer

Author:- Stephanie Tarrant, Democratic Services Officer, (Tel: 01992 555481)

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

1. Purpose of report

1.1 To enable the Board to consider a request from Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) that it be represented by East and North Herts Clinical Commissioning Group (ENHCCG) at Hertfordshire Health and Wellbeing Board meetings.

1.2 This request will be considered at the Board's meeting on 14 June 2017 under 'other urgent part 1 business' on the basis that CPCCG's request was not received in sufficient time to have published a report earlier and that the matter of its representation at Board meeting needs to be resolved prior to the next Board meeting.

2. Summary and Background

2.1 Under the relevant provisions in the Health and Social Care Act 2012 (the '2012 Act') any "relevant clinical commissioning group" ("relevant" being defined in the regulations as a "clinical commissioning group whose area coincides with or falls wholly or partly within the area of the local authority") should be a member of the Health and Wellbeing Board for that area. The CPCCG includes GP practices in Royston, so should formally be a member of the Health and Wellbeing Board. The Council's Constitution will be amended to reflect this.

2.2 Under the 2012 Act, as a member of the Board, CPCCG can request "another person" to represent it at the Board, with the Board's consent. In this case CPCCG has requested that ENHCCG represent it and ENHCCG has indicated that it is happy with this approach; therefore the Board will need to agree this arrangement.

2.3 At the current time East and North Herts CCG and Herts Valley CCG, in addition to their mandatory membership of the Board, each have an additional Board member. It is proposed that CPCCG will have mandatory membership of the Board only.

3. Recommendation

3.1 That the Board:-

(i) notes the changes to its Membership as set out in the report;
(ii) notes that the Board's Constitution will be amended as set out in the report; and
(iii) agrees the request of Cambridgeshire and Peterborough Clinical Commissioning Group that it be represented at Hertfordshire Health and Wellbeing Board meetings by East and North Herts Clinical Commissioning Group.

Background Information

None.