Health and Wellbeing Board
Hertfordshire

AGENDA FOR A MEETING OF THE HEALTH AND WELLBEING BOARD AT THE FOCOLARE CENTRE FOR UNITY, 69 PARKWAY, WELWYN GARDEN CITY, AL8 6JG ON TUESDAY, 17 OCTOBER 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 Adult Care 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 14 June 2017.

2. PUBLIC QUESTIONS

3i. HERTFORDSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2016-2017
(report attached)

3ii. HERTFORDSHIRE SAFEGUARDING ADULT BOARD ANNUAL REPORT 2016-2017
(report attached)

4. HERTFORDSHIRE HEALTH & WELLBEING STRATEGY DASHBOARD UPDATE
(report attached)

5. UPDATE FROM HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP
(report attached)

6. BETTER CARE FUND PLAN 2017-19
(report attached)

7. SECTOR LED IMPROVEMENT – PEER CHALLENGE ON PREVENTION AND PUBLIC HEALTH
(report attached)

8. HERTS VALLEYS CLINICAL COMMISSIONING GROUP FINANCIAL TURNAROUND
(presentation to be received)

9. 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
14 JUNE 2017
M I N U T E S

ATTENDANCE

MEMBERS OF THE BOARD

J Coles, Director of Children's Services
M Downing, Healthwatch Hertfordshire
H Pathmanathan, N Small, Clinical Commissioning Group Representatives
T Heritage, County Councillor
D Lloyd, Hertfordshire Police and Crime Commissioner
I MacBeath, Director of Adult Care Services
J McManus, Director of Public Health
L Needham, District Council Representative
R Roberts, County Councillor
C Wyatt-Lowe, County Councillor (Chairman)

PART I ('OPEN') BUSINESS

ACTION

1. MINUTES

1.1 The minutes of the Health and Wellbeing Board meeting held on 2 March 2017 were confirmed as a correct record of the meeting.

2. PUBLIC QUESTIONS

2.1 There were no public questions.

3. HERTFORDSHIRE HOME IMPROVEMENT AGENCY
[Officer Contact: Alison Spalding, Project Manager, Hertfordshire County Council, Tel: 01992 588208]

3.1 The Board reviewed a report detailing the progress in setting up a Home Improvement Agency in Hertfordshire. The Board heard that the project had been a collaboration between the County Council and four District Councils, with the intention that further districts join the programme from April 2018. Members heard that other districts had been unable to join due to ongoing contracts.

3.2 Members noted that the aim of project was to create a streamline work process to enable residents to live independently in their own homes with the assistance of a single case worker. Members were advised that the programme was also seeking to go beyond means tested customers to allow residents to pay for Council services to help them live independently. It was noted that appendix 2 showed the number of areas where a single team could assist with revenue and benefits within a district and it was highlighted that a lot of people did not claim the benefits that they were entitled to.

3.3 Members noted that graph 4.4 showed North Herts to be a major spender but advised that the grant was enhanced by nearly 100% locally. The Board discussed the figures in 4.4 of the report and noted that whilst the variations did not appear to match the population size, the amount was set by Central Government using a relative needs formula and could be topped up by the districts.

3.4 Appendix 2 was discussed further and Members heard that funding for the model would come from residents that had to pay for services via means testing. Members heard that some residents would be more than happy to pay for a trusted service.

3.5 In response to a Member question, Members heard that it was hoped that the success of the programme would lead to more Local Districts joining the programme in the future. It was noted that the new team would need to work alongside staff of those districts that had not joined the programme.

3.6 Members heard that the shared service would have a governance structure with a Senior Officer from each authority involved to feedback on progress and an Executive Member steering group that would require an annual progress report.

3.7 Members discussed whether the Home Improvement Agency would guarantee speedier delivery of services and it was advised that the end to end process had been reviewed, with any duplicated work removed and a single case worker would be allocated to diminish delays. It was noted that there had not been any specific targets set to date and whilst baseline data was available, key performance indicators were being reviewd.

3.8 It was noted that a further progress report would return to the Health and Wellbeing board in March 2018.

Health and Wellbeing Board Manager / DSO

Conclusion:

3.9 The Board noted progress the made in setting up a Home Improvement Agency in Hertfordshire.

4. UPDATE ON THE CHILDREN'S COMMISSIONING PRIORITIES
[Officer Contact: Jenny Coles, Director of Children's Services, Tel: 01992 555755]

4.1 The Board received a report that gave an update on the Children's Commissioning Priorities. The report and a follow up presentation on the Child Adolescent Mental Health Service Transformation (CAMHS) can be viewed here: CAMHS presentation

4.2 Members noted that overall there had been considerable progress on the work streams with some areas having faced more challenges than others. The Board were given an overview on each of the three children's commissioning priority areas; Early Childhood Services, 0-25 years Special Education Needs and Disability (SEND) and Child Adolescent Mental Health Service Transformation (CAMHS).

4.3 In response to a Member question around funding for Baby Feeding schemes, it was advised that the elements highlighted within the report were funded.

4.4 The Board discussed the schools link project within CAMHS and what could be done collaboratively to ensure that the increasing demand for more complex needs could be met. Members acknowledged that historically children accessed services via the NHS and that it needed to be cascaded that schools could make referrals too. It was noted that school referrals were usually more robust and that where there was a need for specialist provision it would be better to be school based rather than clinical based.

4.5 Members acknowledged that whilst there had been good progress, especially with managing exam stress, waiting times for CAMHS services still required improvement to tackle too much avoidable illness amongst young people , drug and self-harm and too many young suicides across the county.

4.6 It was noted that for the first time in 15 years an early intervention service was underway but that the full impact of the service may not be seen for 4-5 years, for young people with moderate mental health needs. The Board noted that adults needed to guide young people where they could go for help.

4.7 The Board noted that a Development Day session to discuss shared resources would be useful. — Health and Wellbeing Board Manager

Conclusion:

4.8 The Board discussed (as above) and noted the progress of the

children's commissioning work programme under the Health & Wellbeing Board strategic priorities of Starting Well & Developing Well.

5. 2017-19 BETTER CARE FUND PLAN

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

5.1 Members received a report and presentation updating on the Better Care Fund Plan 2017-2019. The presentation can be viewed here: Better Care Fund Plan 2017-2019 Presentation

5.2 It was noted that the update to The Board had been postponed from the March 2017 meeting due to lack of NHS England guidance. Members heard that the guidance was still awaited, despite being imminent since December 2016.

5.3 Members noted the summary of the new plan, including the vision and priorities and acknowledged that they would receive a full copy of the plan once the NHS England guidance became available.

5.4 Members discussed the recommendations to change the performance metrics. It was noted that the metrics for 'Service User Engagement' and monitoring dementia diagnosis were locally chosen metrics that were not required to be reported on centrally. Members heard that the 'Service User Engagement' metric was not recorded anywhere else and that it was not providing any useful information locally; however Members were advised that the dementia diagnosis was relevant to continue.

5.5 In response to a query on why dementia diagnosis should be a metric given that it was not funded by the Better Care Fund and deemed unmeasurable, Members heard that it was an initial indicator set up when Health and Social Care budgets were pooled and were advised that a dementia dashboard could be created to measure the performance, to which Members agreed.

5.6 Members highlighted that the ongoing risks of pooled budgets had not been considered in the report and it was advised that there was more transparency of pooled funds and that the risk register should record this.

Conclusion:

5.7
- The Board provided comments on the 2017-19 BCF Plan from the information provided in the report and the accompanying presentation. A draft of the narrative plan would be sent to Health and Well Being Board Members for comment once final guidance

is received from NHS England.

5.8 • Formal sign off of the plan was delayed pending final guidance and further information discussed at a development day in September 2018.

5.9 • For the BCF 2017-19 locally defined performance metrics – the HWB agreed to:
- remove the local 'Service User Engagement' performance metric (based on the HCS Enablement Survey),as the survey was only continued for BCF monitoring purposes.
- continue to monitor dementia diagnosis, via a dashboard, as a useful measure of progress in this area, and a recognition of the importance of dementia services in integration plans.

6. HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION UPDATE

[Officer Contact: Tom Cahill, Chief Executive, Hertfordshire Partnership NHS FT, Tel: 01707 253851]

6.1 The Board received a report and a follow up presentation which gave an update on the Hertfordshire and West Essex Sustainability and Transformation Partnership. The presentation can be viewed here: Hertfordshire and West Essex Sustainability and Transformation Partnership Presentation

6.2 Members heard that £480 million would need to saved by the NHS in Hertfordshire if current funding levels were implemented over the next five years. The aim of the partnership was to save money and improve health and wellbeing and demand on services.

6.3 Members considered what role the Health and Wellbeing board played in saving money in the long term and what role it could play in communicating what the Sustainability and Transformation Partnership would like to achieve.

6.4 The Board acknowledged that it was good to be thinking about its priorities and communication and noted that there was not a shared communications department with the Clinical Commissioning Groups and discussed whether they had their own visions.

6.5 Members heard that there had been some subtle changes including the move from the 'Sustainability and Transformation Plan' to the 'Sustainability and Transformation Partnership' which created the general ethos of a shared problem.

6.6 The Board noted the need for national direction and noted that decisions may be placed upon Members of The Board. Members noted that it was a crucial time to be upfront with the public about the

decisions that needed to be made as there would not be a significant change to the budget and the decisions would be taken across a variation of bodies. It was acknowledged that the Health and Wellbeing Board provided the framework of partnership working and provided a forum to discuss decisions that would impact across The Board.

6.7 Members discussed the governance of the Sustainability and Transformation Partnership and requested that a paper is brought back to the Health and Wellbeing Board on the Sustainability and Transformation Partnership roles and the Health and Wellbeing Board.

Assistant Director Integrated Health / Democratic Services Officer

Conclusion:

6.6 The Board noted the status update.

7. ANY OTHER URGENT PART I BUSINESS

CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP REPRESENTATION AT THE HERTFORDSHIRE HEALTH AND WELLING BOARD
[Officer Contact: Stephanie Tarrant, Democratic Services Officer, Tel: 01992 555481]

7.1 Members received a report which detailed the request for Cambridgeshire and Peterborough Clinical Commissioning Group to be represented at the Hertfordshire Health and Wellbeing Board by East and North Herts Clinical Commissioning Group.

7.2 The Board welcomed the approach of a current Board Member understanding and relaying interests on behalf of Cambridgeshire and Peterborough Clinical Commissioning Group, as it was noted that a significant number of Hertfordshire residents were not being represented on the Board. However, The Board declined to support the formal representation request as this would transfer voting rights to East and North Herts Clinical Commissioning Group.

7.3 Members discussed why Cambridgeshire and Peterborough Clinical Commissioning Group were requesting representation now and it was noted that there had been a change in personnel and that they were looking to work more in partnership. The Board heard that there had not been any indication from GP practices based in Hertfordshire that they were wishing to return to a Hertfordshire Clinical Commissioning Group.

7.4 It was noted that the Constitution of the Health & Wellbeing Board needed to be updated to include Cambridgeshire and Peterborough Commissioning Group as a member (voting) of the Board.

Conclusion

7.5 The Board:-

(i) noted the changes to its Membership as set out in the report;
(ii) noted that the Board's Constitution would be amended as set out in the report; and
(iii) did not agree the request of Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) that East and North Herts Clinical Commissioning Group represent CPCCG at meetings of the Health & Well Being Board pursuant to s194(7) of the Health & Social Care Act 2012.

KATHRYN PETTITT
CHIEF LEGAL OFFICER **CHAIRMAN**_____

Health and Wellbeing Board
Hertfordshire

Agenda Item No.
3i

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
TUESDAY, 17 OCTOBER 2017 AT 10:00AM

HERTFORDSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2016-2017

Report of Director of Children's Services

Author: Nicky Pace, Independent Chair of HSCB and Caroline Aitken, Safeguarding Boards Manager and Mary Moroney HSCB Business Manager, Tel: 01992 556988

1. Purpose of report

1.1 The purpose of this report is to provide the members of the Health and Wellbeing Board with an update on the state of safeguarding children in Hertfordshire and of the work undertaken by the Hertfordshire Safeguarding Children Board (HSCB) during the period of April 2016 to March 2017.

2. Summary

2.1 The HSCB Annual report, as attached at Appendix A to this report, provides a Chair's summary of safeguarding issues for children in Hertfordshire. It also contains a summary of the work carried out by the Safeguarding Children Board and subgroups during 2016-17. The report also includes information on the progress made against the HSCB Business Plan 2015-16 and identifies the board priorities going forward.

3. Recommendation

3.1 That the Health and Wellbeing Board discuss and note the HSCB Annual Report, and take it into account in future discussions on improving the Health and Wellbeing of Children in Hertfordshire.

4. Background

4.1 The functions of Hertfordshire Safeguarding Children Board are set out in primary legislations (section 14 and 14(a) of the Children Act 2004) and statutory regulations (Local Safeguarding Children Regulations 2006).

4.2 Along with Hertfordshire, all local authorities are legally obliged to have a children's safeguarding board which has two statutory objectives and functions:
(a) To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
(b) To ensure the effectiveness of what is done by each such person or body for those purposes.
(Section 14 of the Children Act 2004)

4.3 Working Together to Safeguard Children 2015 requires the Local Safeguarding Children Board to produce and publish an annual report which reviews the 'effectiveness of child safeguarding and promoting the welfare of children in the local area'. The guidance also states that the report is to be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the health and well-being board. The report should considered in the future development of services for children and the Local Safeguarding Children Board should be involved in developing future plans for children in Hertfordshire.

4.4 In addition to the provision of this report to Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the health and well-being board, safeguarding input to planning is achieved through the chair of HSCB being an active participant in the Children and Young Persons Integrated Commissioning Executive. It is also achieved through the membership of the Director of Childrens Services, and directors and senior representatives from all statutory partners and others concerned with safeguarding children and the Lead Member for Childrens Services being a 'participating observer'.

Report signed off by	HSCB Strategic Board
Sponsoring HWB Member/s	Teresa Heritage and Jenny Coles
Hertfordshire HWB Strategy priorities supported by this report	All priorities relating to services to children
Needs assessment (activity taken) Not Applicable	
Consultation/public involvement (activity taken or planned) **Not Applicable**	
Equality and diversity implications	

The HSCB ensures that equality and diversity areas are an important part of the work undertaken.

The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equalities Act 2010 are: race, disability, gender reassignment, marriage and civil partnership age, sex, sexual orientation, religion or belief and pregnancy & maternity.

Acronyms or terms used. eg: Acronyms are explained when first used in the report.

HERTFORDSHIRE
safeguardingchildren
BOARD

Annual Report 2016-2017

Essential Information

Annual Report compiled in July 2017 on behalf of Hertfordshire Safeguarding Children Board by:

Caroline Aitken Safeguarding Boards Manager

Hertfordshire Safeguarding Children Board and Hertfordshire Safeguarding Adults Board

and

Mary Moroney

Business Manager Hertfordshire Safeguarding Children Board

Room 152,

County Hall / Postal point CHO 116

Pegs Lane Hertford SG13 8DQ

Tel: 01992 588757

Approved by the Strategic Board in September 2017

Available on HSCB web site: http://www.hertssafeguarding.org.uk

Contents

Forward: Nicky Pace – Chair of Hertfordshire Safeguarding Children Board

As the Independent Chair of the Hertfordshire Safeguarding Children Board (HSCB) I am pleased to present the annual report for the period April 2016 to March 2017. Local Safeguarding Children Boards (LSCBs) were established with the purpose of ensuring that agencies keep local children and young people safe and that where they have intervened they have made a positive difference in children's lives. The HSCB has a really important role in coordinating and ensuring the effectiveness of what is done by each and every person involved in protecting children and it carries statutory responsibilities for safeguarding children in Hertfordshire. It is made up of senior managers within organisations in Hertfordshire who hold responsibility for safeguarding children in their agencies, such as children's social care, police, health, schools and other services including voluntary bodies. The HSCB monitors how they all work together to provide services for children and ensure children are protected.

The national review into LSCBs has been published this year, the recommendations of which were accepted in full by Government. The changes to safeguarding boards and the functions they carry out will form part of the Children and Social Work Bill progressing through parliament. This will make significant changes to the organisation of the safeguarding partnerships and a number of functions that Boards currently fulfil. Our challenge over the next year will be to ensure that replacing LSCBs with something better will need to be done carefully and building on what we know works well. There will be key principles we must still adhere to when deciding the structure and form of local arrangements and agreement on the core functions of multi-agency partnership. The next year will be challenging for all agencies and we will need to ensure the focus and delivery of services to vulnerable children, young people and families is not adversely affected.

Lastly, I would like to thank all the Board staff, for their continued support in the smooth functioning and promotion of the HSCB. I would also like to thank members of the Board, from across the partnership of our voluntary, community and statutory services and all the frontline practitioners and managers for their commitment, hard work and effort in keeping children and young people safer in Hertfordshire.

Nicky Pace

HSCB Independent Chair

Local background and context for safeguarding children in Hertfordshire

Hertfordshire is located just to the north of London, covering an area of 634 square miles, with a population of around 1.1m making Hertfordshire one of the most densely populated shire counties in England. There are over 260,000 children and young people aged 0-18 in Hertfordshire, representing around 23% of the overall population. 13% of children living in Hertfordshire are classed as living in poverty.

The majority of people living in Hertfordshire are white British. There are some areas, particularly in Watford, where the proportion of non-white people is much higher than it is elsewhere in the county. Hertfordshire has recently experienced some migration from Eastern Europe, particularly Poland, although actual numbers remain small. Children and young people from minority ethnic groups account for 17% of all children living in the area, compared with 22% in the country as a whole; Asian and mixed ethnicity are the most common minority groups. Hertfordshire has the third largest traveller population in the Easter Region. There are 53 traveller sites in Hertfordshire. 11 County Council sites, 35 private sites with permission and 3 private sites without permission, the remaining 4 are showman's grounds.

Hertfordshire performs better than the national average in the majority of measures in the Public Health Child Health Profile. For example – infant mortality, childhood obesity, underage 18 conceptions, children living in poverty are all significantly better than the National Average.

There are ten district/borough council areas in the County. Watford and Stevenage are relatively densely populated wholly urban districts. East Hertfordshire and North Hertfordshire, outside their main urban towns, have large areas of rural countryside. The remaining districts of Broxbourne, Dacorum, Hertsmere, St Albans, Three Rivers and Welwyn Hatfield are more mixed. The 'Index of Multiple Deprivation' shows that Hertfordshire is consistently one of the least deprived areas of England; however, the general prosperity of the county is not evenly spread. All ten local authorities have pockets of considerable deprivation within their boundaries, including child poverty, overcrowding and dependence on welfare benefits.

Hertfordshire in Numbers[1]

[1] The format and system for early help assessments changed in the Autumn of 2016. The Families First Assessment replaced Family CAF (eCAF) as part of a wider change in how early help is delivered under the Families First brand. This has made it difficult to make direct comparisons between the data held for 2015-16 and 2016-17; however the figure of 4,863 children supported through some form of early help assessment in 2015-16 will be comparable to the number in 2016-17.

HSCB Structure and Governance

Statutory and legislative context for Safeguarding Children Boards

The functions of the Board are set out in primary legislation (sections 14 and 14(a) of the Children Act 2004) and statutory regulations (Local Safeguarding Children Regulations 2006). The work of the Board during the period covered in this report was governed by the statutory guidance in Working Together to Safeguard Children issued in March 2015.

Along with Hertfordshire, all local authorities are legally obliged to have a children's safeguarding board which has two statutory objectives and functions:
"(a) Coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
(b) Ensure the effectiveness of what is done by each such person or body for those purposes."

The HSCB seeks to achieve these functions by:

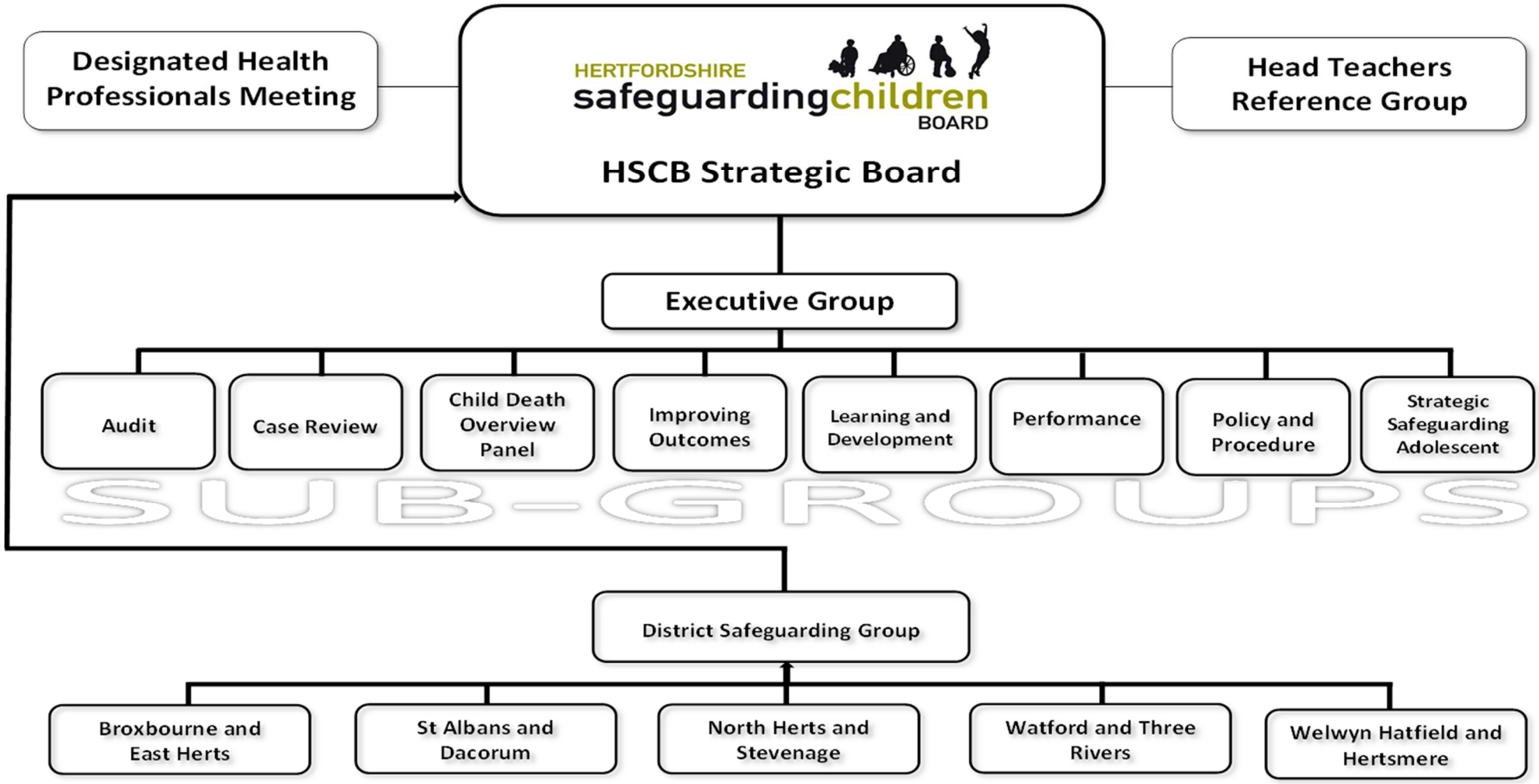
- monitoring the effectiveness of what is done to safeguard and promote the welfare of children
- establishing effective communication and information sharing across agencies undertaking reviews of individual cases, including 'Serious Case Reviews' collecting and analysing information about child deaths, and agreeing procedures to ensure a co-ordinated response to unexpected child deaths
- developing policies and procedures for safeguarding and promoting the welfare of children evaluating the effectiveness of agencies working together and advising on ways to improve these crucial relationships
- developing, coordinating and delivering relevant multi-agency training.

All partner agencies in Hertfordshire show their commitment to ensuring the effective operation of the HSCB through a formal compact document which sets out the relationship between partner agencies and HSCB. The Strategic Board meets four times during the year and has a membership made up of directors and senior representatives from all the statutory partners and others concerned with safeguarding children. In addition the Board held a 'Joint Board' meeting in March 2016 with members of the Adults Safeguarding Board. A Board development day was held in November 2016 when the Board reviewed its progress and agreed the aims and objectives for the coming year. The Board has developed a significant structure of sub-groups to achieve its work.

In December 2015, the Department for Education (DfE) asked Alan Wood CBE to lead a review of the role and functions of Local Safeguarding Children Boards (LSCBs) in England. As part of the review he also looked at Serious Case Reviews and Child Death Overview Panels. The DfE has published the Wood Review of the Role and Functions of Local Safeguarding Children Boards and the government has agreed the recommendations, which are being incorporated into the Children and Social Work Bill. HSCB partners have continued to work together within our current arrangements whilst revised legislation is awaited.

Membership

The key partners show considerable commitment to safeguarding by the level of representation at Strategic Board meetings. Across the sub-groups the statutory safeguarding partners are also well represented by managers and assistant directors. Please see Appendix 1 for a list of partnership members.


Designated Health Professionals Meeting
HERTFORDSHIRE safeguardingchildren BOARD
HSCB Strategic Board
Head Teachers Reference Group
Executive Group
Audit
Case Review
Child Death Overview Panel
Improving Outcomes
Learning and Development
Performance
Policy and Procedure
Strategic Safeguarding Adolescent
SUB-GROUPS
District Safeguarding Group
Broxbourne and East Herts
St Albans and Dacorum
North Herts and Stevenage
Watford and Three Rivers
Welwyn Hatfield and Hertsmere
LOCAL MULTI-AGENCY SAFEGUARDING FORUMS

Highlights of Sub-Group Work 2016-2017

Improving Outcomes Group

Improving inter-agency working to safeguard vulnerable children

- Received reports on work undertaken to raise awareness of and monitor private fostering arrangements across the county (bi-annual)
- Put into place arrangements to improve triage of domestic abuse incidents between DAISU and MASH, audited effectiveness (completed)
- Initiated multi-agency project to use virtual babies to strengthen pre-birth assessment and support to vulnerable parents to be to try and give baby the best chance of remaining safely within their family (ongoing)
- Developed FGM pathways guidance (completed)
- Received regular updates on DA strategy-escalated concerns about the new IDVA contract (ongoing)
- Overseen implementation of neglect strategy and received regular reports (ongoing)
- Overseen implementation of CiN multi-agency improvement plan, including training on roles, supervision and revision of protocol (ongoing)
- Received reports re self-harm, autism, ADHD and sexually harmful behaviours pathways development work (ongoing)

Scrutiny of operational arrangements

- Received report on peer review of 'front door' Children Services , MASH audit, MASH performance, inter-agency working, reviewed quality of referrals, progressing actions and plans to undertake joint assessments wherever possible with professional referrals, audited strategy discussions and developed action plans, audited quoracy at case conferences and developed action plans (ongoing)
- Received report on Families First Triage (ongoing)
- Organised training for social workers on working with schools (completed)

Protocols

- Review of pre-birth protocol and bruising protocols (ongoing)

Actions commencing in autumn

- Reviewing services to protect children from sexual abuse and sexually harmful behaviour
- Reviewing services for traveller children and young people and assembling a directory
- Reviewing how schools respond to self-harm and support for schools

Policy and Procedure Group

During 2016 to 2017 the Policy and Procedures sub group has continued to meet bi monthly and has had good representation from all partner agencies. The sub group considers new procedures necessary as a result of new or emerging /changed legislation, recommendations from Serious Case Reviews (SCR) as well as routinely reviewing existing procedures. During the course of the year 2016-2017 thirty five policies and/ or procedures were considered, and of these, twenty- three, were adopted. Examples of new policies adopted are:

- East of England Joint Protocol on Supervision Orders (following the recommendations of a SCR)
- Hertfordshire Safeguarding Trafficking Protocol
- Separate Bruising and Neglect Protocols

Examples of procedures updated are:

- Safeguarding Children Abused through Exploitation
- Disguised Compliance

During the course of 2017-2019 the sub group will continue to work on policies and procedures linked to the 2017-19 strategic priorities (page 45) and will report on these at the end of the 2017-2018 reporting period. The sub group will also be working on the draft of a multi-agency HSCB Children in Need Protocol and Procedures as well as continuing to develop the Bruising Protocol.

Strategic Safeguarding Adolescents Group (SSAG)

Significant progress has been made over the year to strengthen arrangements for responding to children and young people who go missing from home and local authority care.

The SSAG continues to achieve a high level of contribution and commitment from partner agencies, with responsibility for developing and leading priority areas in the work programme owned and shared by group members. The work programme is organised around the three themes of Prevent, Protect and Pursue.
Below is a list of the main pieces of work SSAG have been engaged in this year:

- Continued development of the Vulnerable Young Persons Dashboard
- Raising awareness at community level through campaigns and workforce development in education establishments
- District Councils engagement in assessing risk of CSE
- Oversight of Missing People service – conducting return home interviews for missing children/young people
- Discussions have taken place with the National Working Group for CSE and the also with the new Regional Prevention Officer for CSE to find any best practice or practical solution on identifying young people who go missing from education during the day. In the interim, the focus will be to continue to raise awareness of school based staff on the importance of identifying signs and patterns early by building this into staff briefings, safeguarding training and designated teacher briefings.

Case Review Group

The responsibility of the Case Review Group within the HSCB Business Plan 2016-17 is to 'ensure that issues relating to individual Serious Case Reviews and themes across all reviews in Hertfordshire are effectively followed through, that actions are completed and learning is embedded into practice'. The work of the group is largely focused on the conduct of reviews and the responsibility to monitor the implementation of learning is shared with the HSCB Chair, the Executive and the board.

Monitoring Recommendations

The Case Review Group monitors in detail the action to implement recommendations of Partnership Case Reviews and the actions required by individual agencies to implement individual actions from management reviews that are prepared as part of SCRs.

The Hertfordshire Safeguarding Children Board takes direct responsibility for the monitoring of recommendations that are agreed by the HSCB as part of the findings of SCR overview reports, and which are therefore, more strategic in their scope and objectives.

Coordination of the work of Hertfordshire agencies on SCRs, Domestic Homicide Reviews

Since November 2016 the Case Review Group has received an update at each meeting on the progress with and the learning from Domestic Homicide Reviews, though these are currently led by the 10 local Community Safety Partnerships and coordinated by Hertfordshire Police.

When a decision has been made to conduct a DHR where children are implicated the Case Review group considers the case. The overlapping statutory guidance in relation to SCRs, DHRs and Safeguarding Adult Reviews can mean that a number of circumstances might need to be considered under different guidance.

The Case Review Group has considered a draft protocol that would enable the local partnerships to deal with these potentially complex situations in a way which means that statutory requirements can be met without duplicating effort and activity. A revised protocol has been proposed for consideration by the HSCB executive.

Child Death Overview Panel

The Hertfordshire Child Death Overview Panel (CDOP) is an inter-agency group that meets to review the death of any child normally resident in Hertfordshire. The CDOP is accountable to the Hertfordshire Safeguarding Children Board and meets six times a year. The membership is made up of representatives from our Community NHS Trust, West Hertfordshire Hospital Trust, Clinical commissioning Groups, East and North Herts NHS Trust, Hertfordshire Constabulary, Public Health and the HSCB business unit. Between April 2016 and March 2017 the Hertfordshire CDOP met 6 times and reviewed 48 cases.

Compared to the England & Wales averages, the infant and child mortality rates in Hertfordshire are lower, and there are also downward trends. But we know that each child death is a tragedy and the CDOP is committed to learning from every death in order to identify whether there are actions that can be taken to reduce the number of child deaths in the future.

Of the 48 deaths reviewed in 2016/17 there was an equal ratio of expected to unexpected deaths.

The largest number of deaths occurred in children aged less than 1 year old. Causes of death in this age group included genetic diseases, congenital anomalies, Sudden Unexpected Death of an Infant (SUDI, previously referred to as cot death) and problems related to prematurity. The largest number of unexpected deaths was also in this age group, which is related to the number of babies being born prematurely. This is consistent with the national picture. Modifiable factors identified in this age group included co-sleeping and smoking in the household.

In the older age groups causes of death included malignancy, chronic diseases, infection, suicide and trauma.

Recommendations for the coming year

- CDOP will continue to support the promotion of the 'Safer Sleep for Babies' campaign and smoking cessation for parents
- A subgroup of the CDOP will continue their work to review children who self-harm and attend accident and emergency departments.
- The Wood report (Review of the Role and Functions of Local Safeguarding Children Boards 2016) recommended that the ownership arrangement for supporting CDOPs should move from the Department for Education to the Department of Health. The CDOP will continue in its current form until further guidance is released.

Performance Sub-Group

Performance management and quality assurance function of the Board includes taking action to ensure outcomes are better than they would otherwise be. Therefore, to know what action to take, performance has to be regularly and robustly monitored and scrutinised. To know how to consistently monitor performance, criteria have to be agreed (aims, objectives, targets and outcomes). To know how to assess performance against criteria, there has to be a method which requires systematic action and coordination.

The Performance sub-group meets quarterly, prior to each Strategic Board meeting to set the agenda. Performance indicators (PI's) represent a useful mechanism for monitoring trends and quantitative information across the partnership. PI's should be viewed as raising questions and issues requiring further interrogation and rarely provide an explanation for what is observed. The Sub group brings to the Board's attention areas for consideration.

The HSCB performance indicators have been selected and developed to underpin the business priorities that the board has selected for the current year.

This year the group has delivered reports on Private Fostering, Child Protection levels, Domestic Abuse incidents, missing children and Early Help. Data reports have also considered locations and demographics in Hertfordshire. The presentations at Board are now planned to coincide with the various themes that are part of each Boards' agenda.

Going forward into 2017-18 the performance sub-group will also be involved in the further development of the HSCB dashboard to incorporate new indicators to support the business plan for the coming two years.

Audit Sub-Group

The Audit Group's overall objectives are:

- To receive, analyse and challenge reports of single agency audits and identify issues that need to be monitored and raised to for the HSCB Board and to conduct multi-agency audits based on the HSCB Business Plan.
- To develop and monitor actions plans resulting from the multi-agency audits and oversee and monitor the audit component of the multi-agency Serious Case Review action plans, following up the difference made from the actions completed – 12 months after the plan is completed.

The Audit Sub-Group met quarterly from March 2016 to October 2016 increasing to bimonthly thereafter. It is made up of senior managers across the Partnership. The group takes forward the Board's Multi Agency Audits set out in its Business Plan or required to respond to issues which arise throughout the year.

The 2016-17 Business Plan identified the following themed multi-agency audits:

- Children in Need
- Neglect
- Child Sexual Exploitation
- Domestic Abuse

All audits include a proportionate number of disabled children cases.

The recommendations from the Audits are followed through by the development and implementation of an audit follow up action plan. Findings identified from the 2016-17 multi-agency audits are detailed on page 38.

The Board has recognised the need to strengthen the quality assurance functions of the HSCB through audit. The audit process has proved challenging over the past year for the HSCB, with personnel changes and oversight from the audit sub-group has been limited due to poor attendance. Proposed improvements from 2017-18 for the HSCB quality assurance functions are detailed on page 33.

Learning and Development Sub-Group

The Learning and Development sub group considers training needs against the business priorities, learning from serious case reviews and local requirements.

In early 2016 the NSPCC was commissioned to carry out a training needs analysis with input from key members of the subgroup to inform training requirements for 2017/18. An NSPCC trainer facilitated an event in to identify the multi-agency training requirements for multi-agency professionals working across Hertfordshire. Learning from serious case reviews alongside the HSCB business plan inform the training plan. Multi-agency partners also identify key topics.

Subsequently the L&D group held a planning day to further develop the training plan which was presented to the Board, which agreed to increase funding to facilitate provision of multi-agency training to a wider audience.

Development of Training

A focus group was held in September with the University of Hertfordshire to explore requirements for a course on Avoidant Families. This was well attended and provided the foundation for development of the course which was delivered later in the year with good evaluation. Further work is being carried out to deliver effective training on Child in Need and a course for managers

A Train the Trainers' course was delivered on the Graded Care Profile to increase use of this tool in assessment for Neglect. A number of trainers from Children's Centres attended the training and are now cascading the training to staff.

Training

Training is delivered using a number of methods such as e- learning, face to face events in multiple formats such as Lite Bites, half day to full day courses/conferences. A number of training events addressed the following topics:

- Safeguarding Children with Disabilities
- Familial Sexual Abuse
- Neglect
- Toxic trio (impact of parental mental health and substance misuse and Domestic Abuse)
- Graded care profile

Trainers

There has been a drive to recruit to our training pool -which is currently mostly represented by health colleagues- to provide a more multi agency approach to delivery of training. A meeting was held to discuss requirements with over 10 professionals who responded representing Children's Centres and Children's Social Care.

A commitment was made to provide new trainers with shadowing opportunities, training as required and to observe a training event prior to delivery, to ensure they feel supported. This provides the training pool with a richer source of expertise and experience that should contribute to the learner experience.

Good Practice

Professionals share good practice such as developments/tools '10 points of good practise within safeguarding children Training' and a training passport which other colleagues find useful. A task and finish group is planned to identify how the good practices can be disseminated within partner organisations.

Single agency training audit

An audit is underway to measure compliance with safeguarding children training within each agency. The CCG monitor all Health Providers against the Intercollegiate Document that sets out the levels of training required for each discipline and the competencies to be achieved. Most health Providers are compliant with safeguarding children training and those who are not yet fully compliant have plans to meet

compliance. Most other agencies provide different levels of training and the Board wishes to ensure consistency and quality of this training.

Next Steps

Further training will be delivered against the 2017/19 business priorities to address vulnerable children and young people, neglect, violence against women and girls and will include core facets to address culture, diversity, and supervision and escalation process alongside the subject matter.

Conferences planned for later in the year include a Parents' Conference, Vulnerable Groups Conference and Safeguarding for Housing Providers Conference in conjunction with the Safeguarding Adults Board.

District Safeguarding Group

The District Safeguarding Group has met on 4 occasions with good representation from most district councils and mixed attendance from the chairs of the Local Multi-Agency Safeguarding Forums.

The group is appreciative of the support provided by the Business Unit and for the attendance and input on a number of occasions of both Phil Picton and latterly Nicky Pace.

Support provided to Board Processes and Outcomes

During the last 12 months the District Safeguarding Group has discussed:

- shared safeguarding learning from the Shared Independent Audit Service(SIAS)
- the role and effectiveness of the MASH processes for District Council staff
- the Families First implementation roll out and the impact of Triage processes
- delivery and quality of safeguarding training and the E-learning
- working with BAME and Traveller Communities
- Honour Based Abuse and Forced Marriage
- the Neglect Strategy

Contributions to the Business Plan, delivering the Board's Priorities

Child Sexual Exploitation

All 10 district Councils completed CSE self-assessments in 2016 and they will be revisiting the self-assessment in summer 2017.

District Councils have been involved in rollout of the 'Say Something If You See Something' campaign to the public, licensed premises, hotels and taxi drivers. Some innovative initiatives were developed e.g. East Herts DC produced a training video for their night-time economy in conjunction with the Police.

Involvement and Support of Traveller Communities

The district councils completed a self-assessment audit of their involvement and Support of Traveller Communities and this was reported to the Board.

Contribution to Board Subgroups

The District Councils provide representation to 4 Board Subgroups; Learning and Development, Supervision Task and Finish Group, Honour BA/FM/FGM and Strategic Safeguarding Adolescent Group. Requests have

been made for representation on the Audit, Neglect and Communications and Engagement groups but at present no nominees have come forward.

Involvement of the district representative on the Learning and Development Sub Group has allowed key partners to be more aware of how districts councils operate and for the group to observe gaps in training e.g. the needs of staff in districts where the council does not manage housing stock. It has also enabled the representative to share relevant information with the district group e.g. training opportunities. The representative also helped audit the SCR Lite-bite session to support the groups' quality assurance work.

The district representative on the Honour BA/FM/FGM group has sought Councils' views by sharing a self-assessment and summarising the district stance at the subgroup meeting. This helped the group to stream-line government guidance to develop a county wide process for FM/HBA (yet to be published). Updates about this group have been shared with the District Safeguarding Group members so that they are familiar with the government guidance.

On the Strategic Safeguarding Adolescent Group the district representation is an active member who has led on a CSE audit of District Council's actions and takes a lead on the development of protocols and interventions.

Key issues escalated to the Board

In 2016/17 there have been two related issues sent to the Board for notification and guidance. They relate to families housed in temporary accommodation in Hertfordshire as a result of homelessness by local authorities outside of Hertfordshire and that district councils are not informed of this. This is particularly concerning when these families may have specific social, emotional and or financial needs.

- There needs to be a process in place where District Councils are generally informed about who these children are and what support they may require.
- Where District Councils are made aware it appears these families cannot get access to key services locally.

Going Forward Issues to be considered by DSG

- homeless families placed inside of Hertfordshire: access to safeguarding early help services
- case supervision processes for CIN and Families First cases
- clear processes for cases which are stepped up and step down
- autumn 2017 Section II Audit for District Councils outcomes and Action Planning
- Private Fostering: how housing colleagues can be engaged in identification and referral

The District Safeguarding Group will increase focus on Safeguarding adults as generally this is an area which requires further development and embedding in the districts, but hopefully not to the detriment of Safeguarding children work. The District Safeguarding Group will assist the Board with the delivery of the 2017-2019 Business Plan.

Hertfordshire Safeguarding Children Board Priorities 2016-2017

Strengthen the safeguarding of children with disabilities

Why is this priority?

Disabled children have the same human rights as non-disabled children to be protected from harm and abuse. However, in order to ensure that the welfare of disabled children is safeguarded and promoted, it needs to be recognised that additional action is required. This is because disabled children experience greater and created vulnerability as a result of negative attitudes and unequal access to services and resources and because they may have additional needs relating to physical, sensory, cognitive and/ or communication impairments.

A Serious Case Review in Hertfordshire involving a disabled child highlighted the importance of children with disabilities being a very vulnerable group and therefore the HSCB made this a key priority for 2016-17. The Board required assurances from partners that the safeguarding of disabled children is understood and supported across the local education, health and care partnership.

What have we done?

The Serious Case Review has contributed towards the development of new ways of working to ensure systems are better organised and safeguarding matters always take priority. Careful thought and consideration has been placed on the interface between safeguarding children, young people and young adults with disabilities and recognising that some young people will need care and protection throughout their lives. '0-25 Together' is a new specialist service in Hertfordshire that is designed to improve a range of outcomes for these groups.

Children's Services commissioned a single agency audit of Child Protection (s.47) delivered by 0-25 Together that took place during autumn/winter 2016. The audit identified that children were being safeguarded and that most protocols were being adhered to. Some issues remained such as evidence that the Children's voice had been consistently sought and that the perspective of health professionals was included in strategy discussions. The audit offered timely reassurance and reinforces the need for a clear and concise plan that enables continuous organisational learning and development. The Service also maintains a comprehensive data set, originally prepared for OFSTED which tracks performance over a range of themes and issues.

A report that demonstrated that all findings from the Serious Case Review had been followed up with marked progress being made was presented to HSCB on 9 December 2016. Following this report a workshop involving a range of multi-agency partners took place on 31 January 2017. The workshop reflected on the SCR findings, evaluated progress since 2014 and considered what our priorities are, moving forward. The group identified four "Be Safe" outcomes with associated evidence indicators, as follows:

- All professionals know how to communicate with disabled children and young people.

- Staff will have the skills to listen and communicate and will be confident in describing a child's wishes and feelings.
- Case records will reflect the uniqueness and diversity of each child and will capture their wishes and feelings whenever a decision is required or planning is taking place.
- We will be clearly communicating key messages and priorities across SEND workforce, supported by the Disabled Children's Charter and Hertfordshire SEND Professional Charter.
- All professionals know how to identify and label early signs of poor quality care and the meaning of risk to help keep disabled CYP safe.
- The Graded Care Profile will be utilised actively by all partners where there is potential for neglect in a household.
- Professionals will be reflective and aware of their potential to record "uncritical self-report" from parents. Healthy scepticism will be evident in practice across system.
- Staff training and raising awareness will clearly articulate a range of indicators surrounding the health, welfare and development, specific to the lived experience of Disabled Children.
- All plans for disabled CYP are outcome focused and SMART.
- Outcome Bee's will be well understood and will promote a 'one plan approach' to make sure that all partners are sharing responsibility to assist families to meet their outcomes.
- Partnership working with families and multi-disciplinary teams will increase to ensure all information is available when decisions need to be made.
- Staff will be confident in writing SMART targets across all agencies, wherever possible targets must be focussed towards preparation for adulthood outcomes and maximising independence.
- Non-resident parents / carers are identified in assessments and decision making.
- Staff will involve non-resident parent carers in the course of their work which will be described and evaluated in case records.
- Supervision and case direction will clearly address situations where non-resident parents and carers are not included in assessment process.
- All training will include specific examples of where non-resident parents / carers being excluded without healthy scepticism have led to poorer outcomes.

In order to ensure sustained progress the 0-25 service will need to employ a range of activities that remain under review. These activities include:

- Implementation of a 0-25 data set.
- An annual multi-disciplinary audit to take place to include providers of education, and health and care services across the County.
- An annual conference to promote the specific 'Be Safe' outcomes and ensure the 0-25 SEND workforce and leaders are continually reminded of the specialist needs of Disabled Children and Young People.
- A multi-disciplinary professional safeguarding network to be implemented to enable learning and reflection and support continuous improvement.

The HSCB Learning and Development sub-group continued to support the prioritisation of Safeguarding Children with disabilities during 2016-17 and delivered a multi-agency training programme for non-specialist front line staff whose work brings them into contact with children with disabilities, raising awareness of potential safeguarding risk indicators.

The sessions covered:

- Highlighting acceptance of unacceptable events and how to overcome this in practice.
- Approaching the safeguarding of children with disabilities the same as you would those without – not to use lower threshold.
- Recognising Neglect.

Feedback from Participants included:

"Extremely useful and timely for work. Plenty of opportunity for discussion. The trainer was obviously very experienced and knowledgeable."

"Case studies were really interesting."

"All of it a brilliant update, but with special reference to disabled children."

"Working with other professionals from different backgrounds and the activities."

"Recap on Child Protection – realising the barriers for disabled young people and their vulnerabilities."

The Board conducted a training needs analysis during 2016-17 and identified the continued need to prioritise training on safeguarding disabled children and other vulnerable groups. Further training has been commissioned for 2017-18 in this area.

All HSCB audits during 2016-17 contained a cohort of children with disabilities to ensure that practice in this area is consistent with those children who do not have a disability. Audits did not identify any specific areas of concern around support and intervention across agencies that had not already been picked up by the 0-25 service arrangements. The Board will continue to include children with disabilities in all audits going forward for 2017-18.

The HSCB will continue to monitor and request assurances from all agencies on arrangements for Safeguarding Children with disabilities during 2017-18 to ensure they are being appropriately addressed.

Strengthen the safeguarding of children who are at risk of or are being sexually exploited or sexually abused

Why is this priority?

Child Sexual Exploitation is both a local and national priority. The HSCB felt this should be a priority for Hertfordshire in order to reduce the risk that children and young people will become victims of CSE and also to mitigate the impact of CSE. The Board also wished to be assured about actions taken against those people intent on abusing or exploiting children or young people.

Progress 2016-17

The Safeguarding Adolescents Group has completed the multi-agency action plan within their sub-group. Performance has been monitored through the vulnerable young person's dashboard, which considers information from partner agencies, around missing children and those at risk of CSE. Police data is also available and has enabled the partnership to monitor and challenge work around the HALO team. Links are established with District Councils to ensure they are engaged with raising awareness around CSE.

The Chelsea's Choice production ran in secondary schools in Hertfordshire which did not have a chance to see it in the previous year. Chelsea's Choice is a 40 minute long Applied Theatre Production that has proven highly successful in raising awareness amongst young people of the issues surrounding Child Sexual Exploitation. The play is followed by a 20 - 30 minute plenary session exploring the issues raised in the play.

The play has proven highly effective for young people by:

- Raising Awareness of Healthy Relationships.
- Promoting Safe Internet Use.
- Identifying Risky Situations.
- Raising Awareness of Child Sexual Exploitation and the differing forms that it can take.

For adult audiences it also:-

- Raises Awareness of 'The Warning Signs of CSE'.
- Raises Awareness of the journey that young people may have been on that has resulted in them being exploited – a journey that can all too easily make it seem as though they have 'made their own choices' and can leave them not seeing themselves as victims and fighting against any intervention.

There was also a day for professionals to come along and see the show prior to it being seen in schools.

The analysis of the production showed that it was most effective at improving the knowledge of young people on the causes and effects of CSE, the grooming process and the makeup of a healthy relationship. This was due to the way in which the information was presented. This improvement in knowledge was further reinforced with the specific examples used throughout the production alongside the descriptions of the consequences of CSE and grooming along with a discussion about healthy relationships throughout the plenary sessions.

A total of 2595 young people and 200 professionals saw the production in 2016. Over the past two years over 10,000 young people and 300 professionals have had the opportunity to see the production in Hertfordshire.

This year a video resource with supporting materials for schools and settings was made by HALO, YC Herts., young people and the Communications team in HCC. The video is based on real cases in Hertfordshire and tells the story of a 15 year old girl who is befriended on Facebook by someone she has never met and goes on to meet him alone. The video also tackles issues such as sexting and drugs and alcohol. It has been very well received by young people and professionals and is being used in schools. Additional communications activity using the film is planned for the final weeks of term to raise awareness of risks ahead of the long summer holidays.

Multi Agency Training courses continued to be run by the Board around CSE during 2016-17. Three courses were held with 64 participants. Evaluation of these courses noted:

- *The trainers had a wealth of knowledge which they shared which builds confidence with referrals.*
- *Good overview of signs and acknowledging difficulty of going down CP route.*
- *Clear that the professionals can ring MASH line to log concerns.*
- *Facilitators were superb. They were both extremely knowledgeable and delivered the training perfectly.*
- *Case studies are useful as discussion and so learning has a bigger impact. Specific and up-to-date.*

Significant progress has been made over the year to strengthen arrangements for responding to children and young people who go missing from home and local authority care.

The SSAG continues to achieve a high level of contribution and commitment from partner agencies, with responsibility for developing and leading priority areas in the work programme owned and shared by group members. The work programme is organised around the three themes of Prevent, Protect and Pursue.

A focus of the SSAG this year has been on continuing to develop and strengthen the multi-agency response to safeguarding vulnerable adolescents, reducing risks and vulnerability by raising awareness, and ensuring early intervention to help prevent exploitation.

Our understanding of the issues, information sharing across agencies and collation of data is becoming more sophisticated and the partnerships Vulnerable Young People dashboard provides monthly data to all partners to inform service responses and planning. This interactive tool monitors all aspects of missing and recording of CSE and vulnerable young people, in one portal on a monthly basis; the child level reports are also made available for further investigation. The tool continues to develop and will soon include data on care leavers who go missing.

Raising awareness at community level through campaigns, workforce development and through education programmes in schools and other settings on healthy relationships, on-line safety and resilience is ongoing and will remain a priority.

All District Councils have a self-assessment and action plan in place, which are currently being reviewed, one year on, regarding child sexual exploitation. There has been awareness raising, training and testing with hotels, fast food outlets and taxi drivers, which will continue over the coming year.

The latest available data shows that the total number of young people who go missing has reduced. The number of children looked after reported as missing has decreased, as has the number missing from home. A small number of young people who are CLA continue to be responsible for a significant proportion of the missing episodes. Risks are being well managed and the Police recording of CSE risk is being strengthened and the Problem Profile is currently being refreshed.

Discussions have taken place with the National Working Group for CSE and the also with the new Regional Prevention Officer for CSE to find any best practice or practical solution on identifying young people who go missing from education during the day. In the interim, the focus will be to continue to raise awareness of school based staff on the importance of identifying signs and patterns early by building this into staff briefings, safeguarding training and designated teacher briefings.

Funding was secured from Children's Services and the Police and Crime Commissioner to commission the national charity Missing People for an additional 12 months to conduct independent return home interviews for children following a missing episode. The charity has been asked to focus on the top 10 highest risk young people to maximise the impact they are able to have on hard to engage young people. Engagement rates continue to be higher than local authority services are able to achieve.

A new practice forum has been established to identify learning from feedback and casework with victims of CSE. This will be a priority strand of the action plan next year in strengthening the focus on perpetrators of CSE.

Conclusions and Next Steps

Additional priorities for SSAG for the coming year will be to continue to strengthen the alignment of the SSAG work programme with the activity taking place through the County Lines and Trafficking and Modern Slavery strands led by the Police Serious and Organised Crime Unit and other partnerships.

Strengthen our work in preventing, identifying and protecting children from neglect including the protection and support of children living with domestic abuse, substance abuse and adult mental health issues

Why was this priority?

Neglect is the most common form of child maltreatment in England. The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor health, educational and social outcomes and is potentially fatal. Lives are destroyed, children's abilities to make secure attachments are affected and their ability to attend and attain at school is reduced. Their emotional health and wellbeing is often compromised and this impacts on their success in adulthood and their ability to parent in the future. The early recognition of neglect and timely and effective responses to neglect is vital in providing families with the help they need.

Despite the prevalence and persistence of neglect as a form of child maltreatment it remains notoriously difficult to define. We know it often happens alongside other forms of abuse or adversity such as domestic abuse, substance misuse, mental illness and disability. Neglect is often marked by peaks and troughs in care giving which usually correspond with professional advance and retreat and this can make it difficult to take definitive action. As professionals we understand that neglect can be a product of acts of parental omission or commission but whatever the intent the impact on the child is likely to be significant.

Tackling Neglect is a continued priority for Hertfordshire Safeguarding Children Board. At the end of year 2016-2017, a significant proportion (60%) of child protection plans were made under the category of neglect and neglect has featured in serious case reviews.

No.	On CP Plan	No. due to neglect	% due to neglect
End of March 2013	578	326	56%
End of March 2014	1140	684	60%
End of March 2015	896	632	70%
End of March 2016	733	443	60%
End of March 2017	520	310	60%

The number of children subject to child protection plans under the category of neglect has decreased during 2016-17, as have the number of children protection plans.

What have we done?

In October 2016 the Neglect strategy was launched which sets out how the Hertfordshire Safeguarding Children Board will make a difference to children living with neglectful care giving. This strategy is ever evolving, in order to take into consideration and respond to any matter that may relate to other safeguarding concerns such as child sexual exploitation and radicalisation, where neglect could be a contributing factor.

At the event senior strategic staff were asked to make a pledge on behalf of their organisation, please see below. The pledge will be reviewed during the coming year to assure the Board that agencies are prioritising Neglect.

HERTFORDSHIRE PARTNERSHIP FOUNDATION TRUST

- Include shadowing Families First in the local induction for new staff
- Highlight 'Neglect' in the Safeguarding / Care Act Training
- The Neglect Strategy to be included as regular feature on monthly business meetings as an agenda item
- Neglect awareness/understanding to be checked in regular staff supervision
- Continued regular attendance at A&I meetings
- Ensure Trust wide communications link to Families First

HERTFORDSHIRE COMMUNITY NHS TRUST

- To share the Neglect Strategy with the HCT Board
- To scope who has not undertaken Graded Care Profile training and increase attendance to 100%
- Consider making HSCB Neglect training mandatory
- Continue to audit referrals to Children's Services when Neglect is a concern and where Graded Care Profiles should have been undertaken
- Reminders about Neglect in Team Meetings and Notice Boards
- Standard Operational Procedures on early detection of Potential signs of neglect.

HERTFORDSHIRE COUNTY COUNCIL

- Develop a practical common language with GP's and clarify referral pathways
- Work to successfully deliver the Families First Strategy including the establishment of local hubs and improve local needs data collection around neglect
- Raise awareness with schools through training / Head Teachers briefings/publications.
- Advise and support schools through the consultation service.
- Staff to access training – eLearning, Graded Care Profile, Face to Face
- Ensure training about the identification of Neglect is taken up by Early Years Providers e.g. day nurseries, pre-schools, childminders
- Children's Centres – ensure all providers have staff training for the identification of neglect and the use of the Graded Care Profile
- Set up peer support networks for Children Centre practitioners who are using Graded Care Profiles
- Monitor Children Centre involvement in Graded Care Profile's and any action resulting from them

EAST AND NORTH HERTS HOSPITAL NHS TRUST

'Neglect Clinic' to identify and initiate management of health concerns in neglected children (including development problems). This will need funding and commissioning

PLEDGE TO REDUCE NEGLECT

CLINICAL COMMISSIONING GROUPS

- Support provider partners to embed the Neglect Strategy into practice
- Ensure the strategy is reflected in care planning / services
- Support the utilization of the Graded Care Profile / Neglect assessment tool, ensuring appropriate use across services

HERTFORDSHIRE CONSTABULARY

- Wider roll out of training and awareness for front line officers on Neglect e.g. Scenes of Crimes Officers who are in and out of houses
- Find a way to convey the messages from the Neglect Strategy into something simple and useful for front line officers

WEST HERTS HOSPITAL NHS TRUST

- Continue to develop the 'Lavender Team' - specialist midwives who provide intensive targeted support to women with complex needs (mental health, alcohol, drugs, domestic abuse and teen mothers)
- Share the Neglect Strategy at Trust Safeguarding Panel to raise awareness with all clinical divisions in the hospital

PUBLIC HEALTH

- Ensure that some of our smaller commissioned services are fully briefed on 'neglect' and receive appropriate training to enable them to identify neglect, know how to support where appropriate and how to refer on not only to Children's Services but to the new Families First hubs
- Support Health Visitors and School Nurses in their role dealing with Neglect
- Brief Public Health Children and Young People's team on the Neglect Strategy

HERTFORDSHIRE SAFEGUARDING CHILDREN BOARD BUSINESS UNIT

- To ensure Neglect training is prioritised by the Board – particularly around Early Help
- To create a Neglect leaflet for practitioners to support the Neglect Strategy and Protocol
- To Drive the Neglect Strategy delivery plan forward

The Improving Outcomes Sub-group set up a working party which concentrated in the first instance in reviewing the old Neglect protocol and updating it to provide practitioners with clear guidance on what to look for – the early signs of neglect – how early help services can impact neglect cases and of course where cases reach threshold for statutory intervention. The Neglect delivery plan has several strands, one of which was the review of documentation.

During the year the group also spent time designing a front line practitioner leaflet for all partners giving an outline of what constitutes neglect, where to go for help i.e. access to early help or the Graded Care Profile assessment tool. The intention is to ensure all staff has access to this document and it can be used as an aide memoire.

The introduction of the Graded Care Profile(GCP) in Hertfordshire has been slow over the past few years. During 2016-17 the HSCB decided that it was important that such a comprehensive tool be fully embraced by partners. To this end the GCP was re-launched as part of the neglect strategy and in order to ensure more staff were trained, the Learning and Development Group ran a 'Train the Trainer' course for agencies so that the GCP could be cascaded quickly among organisations.

The numbers of GCP being instigated is increasing across Hertfordshire and many more staff have been trained due to the train the trainer programme. Numbers for 2016-17 stand at 89.

As part of a Training Needs analysis undertaken by the Board, Neglect remained a high priority among agencies. The Board commissioned Neglect courses training during 2016-17 and in November 2016 ran a full day conference on Tackling Neglect. The Conference was headlined by Professor David Shemmings, and workshops were held on domestic abuse, early help and think family, parents with drug and alcohol problems and neglect and sexual abuse.

The Learning and Development sub-group also developed a new course during 2016-17 on the Toxic Trio. This involved partners from domestic abuse, drugs and alcohol and mental health services coming together to deliver a course around the impact of these issues on children. This tied in with the priority of Neglect. The course is being further developed in 2017-18 with a greater emphasis on case study work. Work was also undertaken with the development of a course on disguised compliance with input from Hertfordshire University. The course was successfully piloted late in February 2017 and will run again in the new financial year. Both the Toxic Trio and Disguised Compliance courses have neglect as a key element of their learning.

In order to develop this further for 2017-18 the Learning and Development sub-group have re-commissioned further Neglect training with an emphasis on early help and spotting the signs. Graded Care Profile training also remains a priority for the coming year with courses being delivered across the partnership and by the HSCB.

A multi-agency audit into Neglect focusing on identification and agency intervention was conducted in 2016. The audit has shown evidence of good practice and positive outcomes for children who have been suffering from neglect. Joined up working, linking emerging themes around missed appointments, poor school attendance, hygiene issues etc., have improved because of the work conducted by professionals in Hertfordshire from all agencies across the spectrum (Early Help through to Safeguarding).

Further work needs to be done to embed the Graded Care Profile with staff and to raise awareness of the importance of the Voice of the Child in recordings, particularly for children with disabilities. Members of the early help workforce would benefit in some guidance from the partnership around this. The following recommendations were approved by the Board:

- HSCB to facilitate a forum for cascading the Graded Care Profile Training to partners.
- The use of the Graded Care Profile to be monitored via HSCB Improving Outcomes Group and updates provided as assurance to the Board.
- A promotion campaign to be coordinated by the HSCB for staff around the 'Voice of the Child – what is the child's lived experience' making particular reference to vulnerable groups.
- All partners to review training packages on children with disabilities to ensure that the 'Voice of the Child' is adequately covered.
- The Early Help Partnership to provide a guide to supervision for members of the early help workforce.

Work has already commenced on these recommendations which are being overseen by the HSCB Executive.

The HSCB will continue to deliver training on Neglect, with a focus on early help for 2017-18 and will manage the Neglect Work Stream, which these recommendations will complement.

The successful implementation of the Family Safeguarding model within Hertfordshire, which has developed multi-disciplinary safeguarding teams, using a unified model of practice and group supervision with a shared evaluation of risk, has contributed to an improved understanding and addressing of neglect within families.

Child protection plan numbers have reduced significantly as have care proceedings. The Ofsted inspectorate made particular reference to the model which has gone on to be piloted in other areas of the Country. The 'Think Family' approach adopted by Hertfordshire in the Family Safeguarding Model has been cited by the Department of Education as being extremely positive, in its evaluation report it states:

"The creation of multidisciplinary teams seems a very promising way of moving to better practice. Indeed, it may lead one to ask why child protection and family support should not be provided by multidisciplinary teams, when the issues dealt with involve complex adult, child and family elements."

The report goes on to state that the review has implications nationally:

"all local authorities should consider the potential that multidisciplinary working has for improving practice and outcomes in Children's Services. In Hertfordshire adult specialists have played a central part in creating more family focused assessment and intervention, and this has helped reduce the need for children to enter care, and contributed to other positive outcomes"

Conclusions and Next Steps

"Neglect can have serious and long-lasting effects. It can be anything from leaving a child home alone to the very worst cases where a child dies from malnutrition or being denied the care they need. In some cases it can cause permanent disabilities.

Neglect can be really difficult to identify, making it hard for professionals to take early action to protect a child." NSPCC

The HSCB have continued to keep Neglect as a priority for the coming two years. The Board will continue to seek assurances from all partners with regard to identifying and working with children and young people suffering from neglect. The Improving Outcomes group will lead this work on behalf of the Board and will focus additionally on older children, recognising neglect of adolescents, this year.

The HSCB will continue to monitor and commission training for Neglect, including the Graded Care Profile and ensure issues of neglect are identified and debated at other multi-agency courses such as Disguised Compliance and Toxic Trio. The Board will also take into account any learning from Serious Case Reviews/Domestic Homicide Reviews or Safeguarding Adults Reviews as appropriate and ensure learning is cascaded throughout the partnership.

The Board will continue to monitor the prevalence of neglect in Hertfordshire via the multi-agency data set and will oversee any recommendations from audits or case reviews.

Responses to specific safeguarding issues in Hertfordshire

Four specific local issues for 2016-17 detailed below were identified which were informed by:

- Feedback received from HSCB extended members during the planning day in November 2016.
- HSCB quality assurance activity and analysis of performance data.
- Learning from local and national Serious Case Reviews.
- The local needs identified in the Joint Strategic Needs Assessment.
- Review of 2015-16 Business Plan.

Learning from Serious Case Reviews

Hertfordshire Safeguarding Children Board takes direct responsibility for the monitoring of recommendations that are agreed by the HSCB as part of the findings of SCR overview reports, and which are therefore more strategic in their scope and objectives. Recent examples from the SCR 2014 G case include the implementation of the neglect strategy and the development of work with Traveller children.

The Case Review Group chair presented 2 hour briefing sessions on 'findings from recent SCRs' to 115 members of staff. Feedback and evaluation has been provided to the Learning and Development Subgroup. The presentation and discussion focused on 'recurring themes in SCRs' as follows: Assessment of risk and need; Responses to neglect; Supervision and management oversight; Plans and services for children in need; Safeguarding of disabled children; Working across adult and children's services; and Children of Traveller families.

The Case Review Group has considered the recently published triennial review of SCRs and will look at the equivalent Scottish report at a future meeting. Any new important learning from these documents will be incorporated into future training.

Safe and effective services for children within its traveller communities to further enhance services to other minority communities within Hertfordshire.

A scoping exercise took place led by the District Safeguarding Group. A questionnaire was formulated and distributed to all District Councils to provide the Board with an overview of what links and strategies had been developed in each district in their work with traveller communities. Further work is required by member agencies in order to determine what knowledge is held about the outcomes being achieved by Traveller children and this area is to be taken forward as a priority for the 2017-19 Business Plan. Training around cultural difficulties is being prioritised by the Learning and Development sub-group for the coming year and will be woven into current courses. A new course including traveller communities entitled 'Safeguarding Vulnerable Groups' has been scoped for commencement in 2017-18.

Recognition and early intervention and support for the management of self-harm behaviour in children and young people are improved

The national need to address the gaps in children's and young people's mental health and wellbeing provision and the whole system review of Hertfordshire's Children and Adolescent Mental Health Service (CAMHS) have provided the driving forces for the development of the CAMHS Transformation plan in Hertfordshire.

The CAMHS Transformation plan was presented to the HSCB which proposed a new approach to supporting the emotional and mental health of children, young people and families in Hertfordshire that moves away from the historical tiered model of interventions. The new approach places an emphasis on prevention and early intervention and the delivery of services and interventions that offer swift, evidence-based and flexible support that looks holistically at the needs of the child or young person rather than focusing on a diagnosis or thresholds. The aim of the plan is to empower the system, increase capacity across it and skill up children, young people, their families and professionals to be resilient, to be informed about support available and the choices they have and to understand what they can do to help themselves. The key priorities to improve services over the next five years are:

1. Focus on prevention and early intervention.
2. Improve access to psychological therapies.
3. Bring together education and mental health services with joint training.
4. Develop community eating disorder services.
5. Improve perinatal care, particularly for mums-to-be and new mother.

The Hertfordshire Safeguarding Children's Board has raised concerns regarding the commissioning arrangements and provision of inpatient beds for children and young people with complex and acute mental health needs to NHS England. The Board continues to monitor the situation.

Additional funds have been secured to provide the 'Spot The signs' campaign for Children and Young People. A multi-agency workshop was held to develop a suicide reduction plan for Hertfordshire. This will continue to be a priority in 2017-19. Work is continuing to ensure robust information is available to the HSCB for monitoring.

Early identification of and the response for children and young people at risk of radicalisation are in place.

Hertfordshire's PREVENT strategy aims to reduce the threat to the UK from extremism and terrorism by stopping people becoming terrorists or supporting terrorism / extremism. The most significant threats are currently those associated with organisations such as IS in Syria and Iraq, and Al Qaida associated groups. However, extremism associated with the far right also poses a continued threat with 'National Action' becoming the first far right group to be proscribed by the Government.

The multi-agency PREVENT Board, has an internal Board with representatives from all Directorates. This has resulted in the sharing of best practice and the championing of the safeguarding culture of the initiative.

Channel is part of the local PREVENT strategy and is a multi-agency approach to identify and provide support to individuals who are at risk of being drawn into terrorism or extremism. WRAP training has been

delivered and an online training package developed which has resulted in a number of cases referred to Channel.

Increase the effectiveness of the HSCB in co-ordinating and ensuring the effectiveness of the work of all agencies to safeguard and promote the welfare of children and young people

Four areas were identified to increase the effectiveness of the HSCB:

1. Strengthen the voice and impact of children and young people.
2. Respond to issues identified in the training Needs Analysis, including consideration to ensure an appropriate level of training on:
   - Children with disabilities
   - Child Sexual Exploitation
   - Neglect
   - Toxic Trio
   - Cultural Diversity
3. Further strengthen the quality assurance arrangements.
4. Respond positively to any recommendations from the National Review of LSCB's.

Strengthen the voice and impact of children and young people

The HSCB Annual Conference was held during Takeover Day 2016. The conference was opened by a young person and young people attended the workshop with their named professional chaperones and participated in discussions. All audits include 'Voice of Child' analysis. Audit findings have informed HSCB plans for 2017-18 which includes a professional's campaign on the 'Voice of the Child'.

A Communication and Engagement Subgroup will be launched in 2017-18 which aims to deliver activities to ensure that the HSCB engages with and seeks the views of children, young people and their families in the delivery of its functions and activities. The Communication and Engagement Subgroup aims to positively promote and raise awareness of activities, campaigns and local work to ensure children and young people are safe in Hertfordshire.

Respond to issues identified in the training Needs Analysis

The training needs analysis report conducted by the NSPCC identified several areas that the Board needs to consider for the needs of staff training across the partnership and beyond. These included looking at current oversubscribed courses to see if they could be increased in number, looking at online options and considering different mediums for delivering learning and training. The HSCB has agreed to double the number of courses for 2017-18, which will be funded out of the HSCB's underspend.

Further training will be delivered against the 2017-19 business priorities to address vulnerable children and young people, neglect, violence against women and girls and will include core facets to address culture, diversity, supervision, disguised compliance and escalation process alongside the subject matter.

Further strengthen the quality assurance arrangements

There has been an identified need to strengthen the quality assurance functions of the HSCB. The audit process has proved somewhat challenging over the past year for the HSCB, with personnel changes; oversight from the audit sub-group has been limited due to poor attendance. Performance analysis has seen considerable development and improvements, however more detailed analysis of performance indicators at the Board meetings with an emphasis on addressing the 'so what?' question is to be developed.

The audit and performance analysis function was performed by a specific post hosted within the HSCB Business Unit. The HSCB has identified that there is a greater need for quality multi-agency audits, therefore the Data and Performance Analyst Post has been removed and the cost for this post will fund future multi-agency audits for the HSCB. External auditors will be commissioned from 2017-18 to undertake multi-agency audits for the HSCB, giving the audit independence, strong practice base and the recommendations more strength.

A meeting with key staff around the HSCB audit function going forward for 2017-18 has taken place identifying key individuals. A move away from process based audits has been agreed. The HSCB will undertake two annual 'deep dive' audits. The approach will be based on members of the audit sub-group completing a joint case audit together as a group considering specific cases and identifying any practice issues and themes. This will then result in multi-agency recommendations for the Board. The outcomes of the audit will be presented to the Board by the Board sponsor for the audit. All agreed recommendations from Audits will be monitored at the Audit Sub-group which will provide a quarterly update to the HSCB Executive meeting.

Performance analysis has and will continue to develop over time. Further detailed analysis of performance indicators at the Board meetings with an emphasis on addressing the 'so what?' question is to be developed. The themes arising from the audit function will be linked into the regular reports to Board.

The S11 audit process for 2017-18 will be reviewed and a new process put in place which would include a questionnaire to be completed by as many staff in each organisation as possible through a tool such as Survey Monkey. This would move the S11 process to a more focussed frontline -evidenced based process rather than self-assessment. It is proposed that following this, each agency would carry out a self-assessment of the results of the questionnaire. Leading on from this, each agency which, as a result of the self-assessment, had identified areas for learning and improvement would be required to complete an action plan and audit analysis. The final part of the process would involve a peer review process of a sample of self-assessments with the view to identify gaps, strengths and areas for improvement in safeguarding. The agencies action plans would be scrutinised and monitored 6 months into the year with requests for updates. An overarching report will be produced following the analysis of results including an action plan. Repeating the process on an annual or biennial basis, will form provide a baseline and template to measure progress.

As part of the Board's learning and development function, the dissemination of learnings from Serious Cases and other reviews and audits requires more co-ordination along with cross board learning. As part of

the learning cycle the communication of HSCB findings and action plans requires more consistency. From 2017-18, the HSCB Business Managers will co-ordinate and oversee the communication plan for HSCB/HSAB publications. This will include newsletters, additions to the website, audit findings, review publication dates and any other campaigns and national priorities. It will also include an overarching Action plan bringing all the plans together in one document to aid monitoring.

Respond positively to any recommendations from the National Review of LSCB's

In December 2015, the Department for Education (DfE) asked Alan Wood CBE to lead a review of the role and functions of Local Safeguarding Children Boards (LSCBs) in England. As part of the review he also looked at serious case reviews and Child Death Overview Panels. The DfE has published the Wood Review of the Role and Functions of Local Safeguarding Children Boards and the government has agreed the recommendations , which are being incorporated into the Children and Social Work Bill. HSCB partners have continued to work together within our current arrangements whilst revised legislation has been awaited.

Statutory Functions

Learning and Improvement

The statutory guidance Working Together to Safeguard Children (HM Government 2015) requires the Local Safeguarding Children Board (LSCB) to have a local learning and improvement framework within which reviews and audits are carried out.

The Hertfordshire framework is set out in the Hertfordshire Safeguarding Procedures. Its aim is to identify improvements which are needed and to consolidate good practice through programmes of action which produce improvements and the prevention of death, serious injury or harm to children.

The framework covers the full range of single and multi-agency reviews and audits which aim to drive improvements to safeguard and promote the welfare of children.

Types of Reviews

The different types of review commissioned by the HSCB include:
• Serious Case Review for every case where abuse or neglect is known or suspected and either a child dies, or a child is seriously harmed and there are concerns about how organisations or professionals worked together to safeguard the child.
• Child death review; a review of all unexpected child deaths.
• Review of child protection incidents that fall below the threshold for an SCR (referred to in Hertfordshire as a partnership case review (PCR).
• Review or audit of practice or theme in one or more agencies.

Individual cases which may require a review are considered by the HSCB Case Review Group which is chaired by an independent person with experience in conducting reviews. This group makes recommendations to the independent chair of the HSCB. However, the decision on whether to conduct a serious case review rests with the independent chair of the HSCB. The HSCB oversees implementation of actions resulting from these reviews and reflects on progress.

Multi-agency audits are determined by the Business Plan or recommendations from case reviews.

Reviews in progress, published or commissioned in 2016-17

Child A – a disabled child who was injured by his mother's partner in 2013. The SCR was completed in September 2014 but publication was delayed due to the delays in the criminal trial. The review identified 7 areas of learning, which were in relation to ensuring the voice of the child is heard with children with different or complex communication needs; focused Child in Need Plans and clarity around child in need processes; defining neglect; importance of understanding the risk of non-attendance at health appointments; over reliance on self-reporting; common language; exclusion of non-resident parents.

SCR 2014 relates to a baby whose cause of death is unknown however the post mortem showed several non-accidental style fractures to the body. The review which is yet to be published identified 4

Recommendations: strategic approach to neglect; assessments of children in need; supervision and management oversight, and working with minority communities. The recommendations led to the development and launch of a new Neglect Strategy for Hertfordshire and the further development work around use of the Graded Care Profile. An audit of the effectiveness of Children in Need Plans was commissioned in 2016-17 which includes management oversight and voice of the child. The Learning and Development sub-group as part of their ongoing training plan are including working with minority communities as a priority for the coming year.

The Board is in the final stages of a review in relation to services provided to a young child who is alleged to have committed serious sexual offences.

Learning from SCRs and themes that have been repeated in more than one review

Reviews always provide learning which is specific to the case in question. Reviews often demonstrate that there have been a series of small errors which in combination and in the specific circumstances of the case have led to a child being seriously harmed. This can lead to changes in procedures and training in order to ensure that the same mistake is not repeated.

Often reviews highlight weaknesses in areas which are already the focus of activity by the Board and by individual agencies. The very nature of the activity to safeguard children – which must address unpredictable and complex aspects of behaviour – means that not all errors and risks can be eliminated completely. Reviews repeatedly return to the more difficult aspects of safeguarding services where there is a need for vigilance and alertness to the possibility of different errors occurring.

In Hertfordshire these have included:

Neglect

It is understood that '*Neglect can be difficult to define because most definitions are based on personal perceptions of neglect. These include what constitutes 'good enough' care and what a child's needs are'*.

It is difficult to estimate the prevalence of child neglect in Hertfordshire. However, we know that children suffering from neglect form the largest cohort of children on child protection plans and child in need plans. Almost 60% of children who are at the highest level of risk in the County are as a result of Neglect. It is important to highlight that to truly understand neglect we need to understand the basics of child development.

We found in one SCR that the focus was made on the poor home conditions and practical issues rather than improving parenting skills and outcomes for children. In the same case, it was only the Social Worker who named neglect.

Assessment of Risk and Need

Our SCRs found that male carers and fathers were not included in the assessment. In one case the mother's partner caused the injuries to the child.

In another case the foster carers raised concerns about the impact contact with father was having on the child. There was also an allegation that father had hit the child which resulted in no further action. There was a lack of multi-agency strategy discussion and the child proceeded to move to live with father and tragically three months later he murdered her. This case highlighted a number of shortcomings in the assessment, which was focused on the father and not taking into account a full understanding of the child's needs.

SCRs also found the lack of weight given to what the child was saying and child observations.

SCRs also found an over reliance on self-reporting and the lack of professional scepticism.

Identifying and responding to abuse of disabled children

Case reviews identified that where the primary focus for intervention remains the child's disability or health needs, indicators of abuse may be misinterpreted and the risk of significant harm go unrecognised. Also the significance of a parent or carer not taking a child to health appointments, particularly where the child is additionally vulnerable, should be an indicator that the child may be at risk. There was a pattern of uncritical acceptance of parental self-report by professionals.

There was an identified failure to use expertise within the professional network to hear the voice of child and a professional unwillingness to label the early signs of poor quality care provided to disabled children as Neglect.

Supervision of staff in all agencies

The SCRs highlighted that despite the differing processes in agencies, supervision must ensure that the rights of children are discussed, supervision is challenging and testing, focused on improvement and impact and not just focused on the completion of tasks and the effectiveness of supervision of less experienced staff and students.

Escalation of concerns within agencies

SCRs identified a need for the development of challenge between agencies when there are concerns about children or disagreements about how cases are being addressed.

Children in Need

It has been noted that it is more difficult to provide high levels of scrutiny and coordination when children are the subject of Child in Need Plans, rather than being children who need a Protection Plan. The judgements that lead to a child being treated as a Child in Need and the coordination of a plan for a Child in Need are therefore of particular importance.

Every review is completed by the development of a detailed Board response and action plan. The implementation of actions is overseen by the Safeguarding Board itself (for SCRs) and the Serious Case Review Group (for partnership reviews and other reviews). Each action is subject to immediate action and monitoring of practice to demonstrate that the action taken is having a positive effect on outcomes for children.

Learnings from reviews are developed as part of the Board's Learning and Improvement framework. For example, messages from reviews are also incorporated into the HSCB bulletins and disseminated via Local Multi-agency Safeguarding Forums, as well as being incorporated into HSCB and single agency training programmes.

Multi-Agency Audits

Neglect

The aim of the audit was to ensure Neglect was being identified and addressed across cases in Early Help, Children in Need and Children on a Child Protection Plan.

Findings:

The audit has provided evidence of good practice and positive outcomes for children who have been suffering from Neglect. Joined up working, linking emerging themes around missed appointments, poor school attendance, hygiene issues etc., have improved because of the work conducted by professionals in Hertfordshire from all agencies across the spectrum (Early Help through to Safeguarding).

Improvements have been identified to embed the Graded Care Profile with staff and to raise awareness of the importance of the Voice of the Child in recordings, particularly for children with disabilities.

The HSCB continue to deliver training on Neglect, with a focus on early help for 2017-18 onwards and will continue to progress the Neglect Strategy Delivery Plan launched in October 2016.

Child in Need Plans

The aim was to assure the Board that appropriate multi-agency Children in Need Plans are in place and all agencies are engaged in the Plan. The audit looked at whether appropriate agencies have been involved in individual children's cases and what their contributions were and whether this has made a difference.

Findings:

The audit highlighted the need for plans to be multi-agency and SMART which is key to documenting progress in cases, evidencing the desired outcome for the child and avoiding drift. There was clear evidence that reviews of cases were clearly taking place, however, it is not evident that the plan and work was shared by all relevant agencies.

The recommendations outlined the importance of shared ownership and that individuals should be proactively promoting services and interventions for children and young people.

Child Sexual Exploitation

The aim was to assure the Board that multi-agency work on cases of CSE is effective and young people are adequately safeguarded.

Findings:

The audit revealed as with other audit findings, case management and supervision was inconsistent amongst the multi-agency partnership, information sharing requires strengthening and capturing the voice of the child varied across the partnership.

Domestic Abuse

The HSCB multi-agency audit was de-commissioned as a peer review was undertaken in November 2016, which was targeted towards supporting the wider domestic abuse partnership to assess progress made against this vision, to date, and to make any recommendations that will help the partners in Hertfordshire to achieve their ambition for the children and vulnerable adults of the county. The review focused on the following key lines of enquiry:

- Overall Domestic Abuse strategy, partnerships and impact of improvement programme.
- Commissioning arrangements.
- Strategic responsibilities of partner agencies to support multi-agency working.
- Procedures and service pathways for responding to Domestic Abuse.
- Performance Management & Quality Assurance.
- Evidence of effectiveness of casework outcomes.

<u>Section 11 Assessments</u>

Section 11 of the Children Act places a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. Within Hertfordshire, partners assess themselves against 11 Standards.

The audit is aimed at enabling agencies to improve safeguarding practice in order to keep children safe from harm and improve earlier intervention. It is part of HSCB's responsibilities to monitor the effectiveness of agency practice in this area. The different partners of HSCB are scheduled on a 3 year rolling plan to be audited and in 2016-17 the below partners were asked to carry out an audit:

1. All Hertfordshire County Council Directorates – including Herts for Learning and Herts Catering
2. National Probation Service
3. BENCH

The results, which were discussed at the Audit Group showed good compliance overall across the Partners with some recommendations about raising awareness around Early Help.

The Health Providers in Hertfordshire are Section 11 audited on an annual basis by the two Clinical Commissioning Groups in Hertfordshire and the results and progress of any identified actions are reported back to the Board.

Allegations against Staff

Local Authority Designated Officer (LADO Working Together March 2015) states:

"Local authorities should put in place arrangements to provide advice and guidance on how to deal with allegations against people who work with children to employers and voluntary organisations. Local authorities should also ensure that there are appropriate arrangements in place to effectively liaise with the police and other agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process."

The scope of the role defines the framework for managing cases when it has been alleged that a person who works with children has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The procedures apply to situations when:

- There are suspicions or allegations of abuse by a person who works with children in either a paid or unpaid capacity - as a permanent, temporary or agency staff member, contract worker, consultant, volunteer, approved foster carer, child minder or approved adopter;
- It is discovered that an individual known to have been involved previously in child abuse, is or has been working with children.

Referrals

Year	July 2014 - June 2015	July 2015 – June 2016	July 2016-June 2017
Total Recorded Allegations	804	804	630
Allegations that reached child protection threshold	60	67	68

The number of allegations (630) received by the service was 12% lower than the previous year but the number of allegations reaching threshold (68) rose by 15%. This resulted in 83 Strategy/Joint Evaluation Meetings being held (a rise of 4%). All those allegations that do not reach child protection threshold are dealt with as a consultation, which means that the LADO still advises and supports the employer with the process. LADO involvement in these cases can range from a single contact and one-off provision of advice, to a significant number of contacts and meetings for more complex pieces of work.

Allegations (%) that reached threshold specific to agency:

July 2016 - June 2017

Education	58%
Social Care	7%
Health	1%
Police	2%
Private and Voluntary Sector	32%

Referrals from education establishments remain the largest percentage, those from Social care generally relate to either foster carers or residential settings (HCC and independent). The suitability of foster carers who are the subject of a substantiated allegation is independently reviewed by an Independent Reviewing Officer and their registration will be reviewed by the Fostering Panel. Substantiated allegations received from the private and voluntary sector primarily relate to early years settings and sporting organisations.

Private Fostering

We started the financial year 2016-2017 with one designated Private Fostering worker within the Family and Friends team but a further half time worker has been assigned from within the team. The current half time worker has however, been on maternity leave since December 2016.

In addition to the statutory visits and assessments, the private fostering worker has continued to undertake a programme of awareness raising activities throughout the year both internally within the Service and with partner agencies. These have included attendance at the Local Safeguarding forums, talks within various team meetings, contribution to safeguarding training to school DSPs and early years' settings, stands at the Multi Faith Forum Conference and the Early Years Conference, presentations to the Academy cohorts and University Social work students.

Quarterly meetings of the Private Fostering Development and Action Group have continued with the aim of knowledge/ideas being shared and for respective agencies who attend to contribute to the task of maintaining its profile within their services. The Group provides an overview of actions relating to Private Fostering development work and to review the effectiveness of the actions.

Notifications of Private Fostering arrangements remain low both nationally and locally and awareness of the meaning of Private Fostering and the requirement to notify the Local Authority remains variable. The task of raising awareness, especially amongst the general public is relentless and is hampered by the lack of a national campaign, a specified budget assigned for this purpose and often the limitations of resources to undertake this task. Maintaining the profile of Private Fostering and its significance to the safeguarding of children is a huge task and we are reliant on partner agencies to assist us in the identification and notification of these arrangements.

During the period April 16-March 2017, there were a total of 35 new Private Fostering Notifications, a total of 32 Private Fostering Assessments were completed, and we had 42 arrangements. Three notifications did not progress to Private Fostering arrangements. We continued to monitor enquiries and we had a total of 47 general enquiries, of which 27 were not Private Fostering arrangements, and 4 were referred onto other Local Authorities.

What's Next?

HSCB Strategic Priorities 2017-2019

In addition to the statutory requirement set out in Working Together to Safeguard Children 2015, Hertfordshire Safeguarding Children Board has identified four local strategic priorities over 2017-2019.

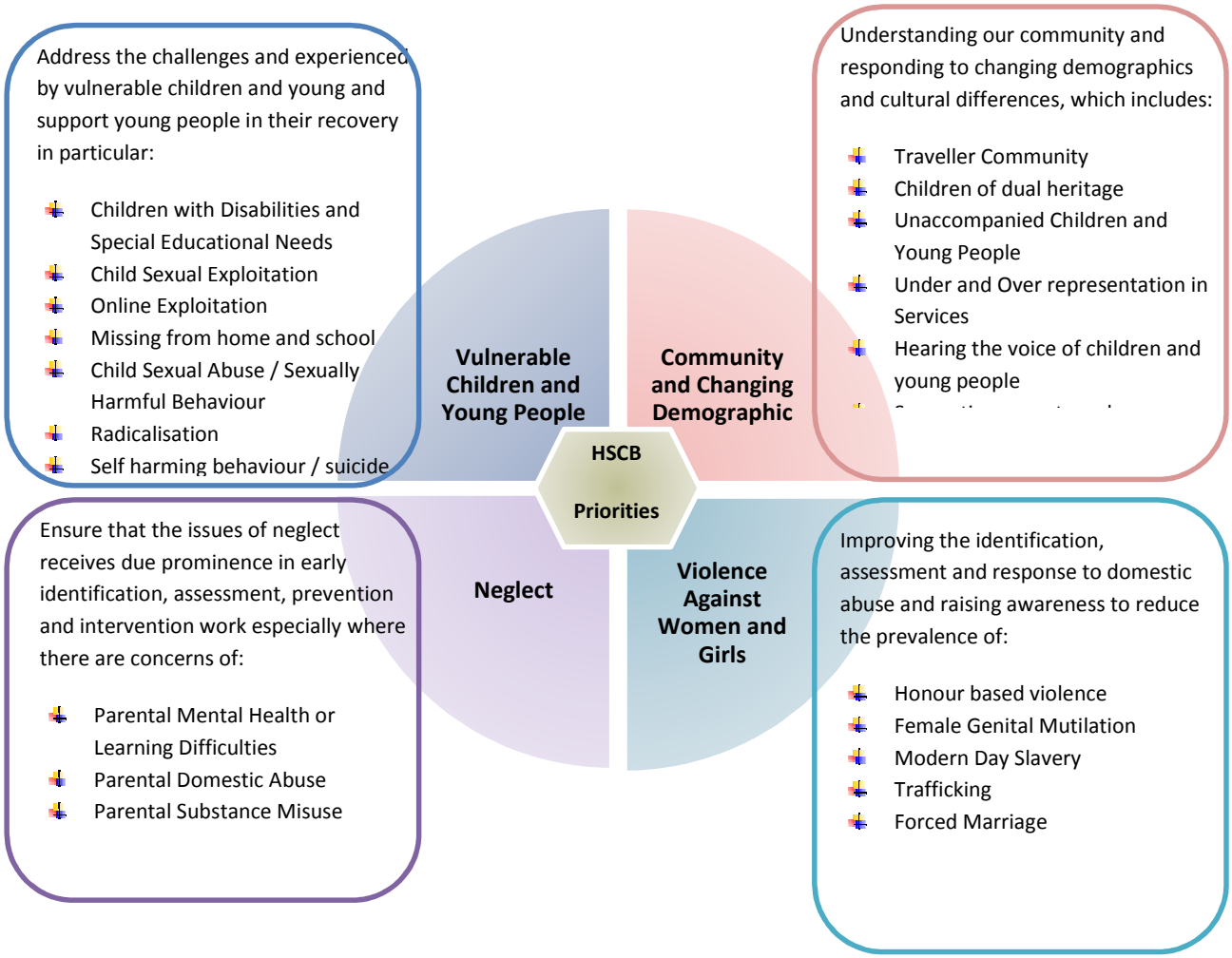
The priorities were informed by:

- Feedback received from HSCB extended members during the planning day in November 2016.
- HSCB quality assurance activity and analysis of performance data.
- Learning from local and national Serious Case Reviews.
- The local needs identifies in the Joint Strategic Needs Assessment.
- Review of 2016-17 Business Plan.

In deciding our priorities, the HSCB acknowledges that our core business of safeguarding children is ongoing which includes the early identification, assessment and provision of services and help to those children who need protection. In deciding the Board's improvement priorities, the HSCB considered how well priorities from the previous year were delivered and whether further work was needed. The HSCB has recognised that the priorities identified for the Board would require a two year work plan at least to make the necessary improvements.

Safeguarding children and young people is a key overarching priority for all partners working together in Hertfordshire. The HSCB brings together senior leaders to promote partnership working and co-operation, identify and promote a learning and development culture, whilst overseeing efforts to improve safeguarding services for children through active challenge and scrutiny.

HSCB Strategic Priorities 2017-2019



Hertfordshire Safeguarding Children Board Budget 2016-2017

2016-17 Partners contributions

Hertfordshire County Council	198,919
Herts PCC	16,800
Herts Valleys CCG	52,150
East &North Herts CCG	52,150
Community Rehabilitation Service	4,032
Herts Probation	2,688
TOTAL	326,736

The outturn for 2016/17 is £344,010, against a budget of £326,739.

£14,310 received from non-attendance at training courses and training fees for agencies who do not contribute to the HSCB budget.

Current carry forward to 2017-18 £121,394

Expenditure Budget 2017-18

Expenditure	2017-18
Staffing and Staffing Related	189,796
Board Services and Supplies	11,785
Case Reviews	30,000
Multi-Agency Audits	40,000
Independent Chair	35,700
Training	30,000
Annual Conference	6,095
Communication and Procedures	7,389
Launch of practitioner forums Trial of webinars Parent Conference	14,310

Appendix 1 – Members of the Hertfordshire Safeguarding Children Board Partnership

- District and Borough Councils
- Cafcass
- The two Hertfordshire Clinical Commissioning Groups
- NHS England
- NHS Trusts and Foundation Trusts – East & North Herts Hospitals
- Hertfordshire Community NHS Trust
- West Herts Hospitals NHS Trust
- Hertfordshire Partnership University NHS Foundation Trust
- NHS England - Hertfordshire and South Midland Local Area Team
- Hertfordshire Constabulary
- Hertfordshire County Council Children's Services - Education & Early Intervention
- Hertfordshire County Council Children's Services - Safeguarding & Specialist Services
- Hertfordshire County Council Public Health Service
- Hertfordshire National Probation Service
- BeNCH CRC (Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire Community Rehabilitation Company
- 3 Schools
- Further education institution representing four Hertfordshire colleges

Appendix 2 Attendance at Strategic Board meetings 2016-2017

Member / Agency / Organisation	Attendance
Independent Chair	4/4
Assistant Chief Constable, Hertfordshire Constabulary	4/4
Assistant Chief Legal Officer, Adult & Children's Law, HCC	3/4
Executive Director Quality & Safety, Hertfordshire Partnership NHS Foundation Trust (or representative)	3/4
Service Manager, CAFCASS	1/4
Designated Doctor for Child Protection & Consultant Paediatricians, NHS	4/4
Designated Nurse, Safeguarding Children & Children Looked After, E & N Herts CCG (or representative)	4/4
Director of Children's Services, HCC (or representative)	4/4
Director of Quality & Governance, Hertfordshire Community NHS Trust	4/4
Director of Quality & Patient Experience/Nursing, Hertfordshire & South Midlands NHS England* *No longer attending Board since May 2015 and are now represented by the CCG.	4/4
Director of Nursing & Quality, Herts Valley CCG	4/4
Director of Nursing & Quality East & North Herts CCG	3/4
Chief Nurse & DIPC, West Hertfordshire NHS Trust	4/4

Director of Family Safeguarding, HCC	2/4
Representatives of Primary, Secondary and Special Schools	4/4
Deputy Principal, Further Education	0/4
Chief Executive, District Councils (or nominated representative)	3/4
Lay Member #1	0/4
Lay Member #2	2/4
Executive Member, Children's Services	2/4
Head of Hertfordshire National Probation Service – National Probation Service	3/4
Head of Service, Children & Young People, Public Health	3/4
Operational Director, Herts BeNCH CRC	3/4
HSCB Business Manager	4/4
HSCB Development Manager	4/4
HSCB Data Analyst	3/4

Appendix 3 Training Course 2016-2017 – Attendance

The numbers of attendees below relate to Hertfordshire Safeguarding Children Board Multi-Agency courses only. All organisations have their own responsibility for providing other safeguarding training.

Agency	Total number of attendees per agency
Adult Care Services	52
Children's centre	140
Children's Services	351
Colleges	12
District Council	26
Drug and Alcohol Service	21
Education	3
Family Support Services	46
Health - East and North Herts NHS Trust	30
Health - Hertfordshire Community NHS Trust	160
Health - Herts NHS Foundation Trust	13
Health - NHS Hertfordshire	35
Health - West Herts Hospitals Trusts	24
Health - Other	14
Herts Constabulary	9
Hertfordshire County Council	22
Housing Provider	9
HSCB	1
Nursery	4
Other	14
Pre-school	14
Probation	3
School	2
Schools - designated senior person	108
Schools - non designated senior person	48
South West Partnership	7
Voluntary Sector	49
Total	**1,217**

Total number of attendees by course Apr 16 - Mar 17

Course Title	Total number of attendees	How many times the course ran
Safeguarding Disabled Children	48	3
Bruising Lite Bite	86	4
Child Sexual Exploitation Prevention, Protection and Investigation	65	3
Self-Harm Awareness Lite Bite	63	4
Understanding Neglect - a half day refresher	39	2
Safeguarding and Child Protection Multi-Agency course	254	11
FGM: Tackling Female Genital Mutilation Together	105	6
The Toxic Trio	107	4
Serious and Partnership Case Reviews and Audits Lite Bite	21	2
Graded Care Profile Lite Bite	62	3
Learning and Action from Recent Hertfordshire Serious Case Reviews	115	3
HSCB Annual Conference 2016 - Neglect	162	1
Disguised Compliance and Avoidant Families	20	1
FGM Learning Seminar and Workshop	52	2
Graded Care Profile - Train the Trainer	18	1
Total	**1,217**	

Appendix 4 Glossary

BeNCH	Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire Community Rehabilitation Company
CAF	Common Assessment Framework
CAFCASS	Child and Family Court Advisory Support Service
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CiN	Child in Need CP Child Protection
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
CYP	Child and Young People
DA	Domestic Abuse
DBS	Disclosure and Barring Service
DHR	Domestic Homicide Review
ENHT	East & North Hertfordshire Hospitals NHS Trust
FFA	Families First Assessment
FGM	Female Genital Mutilation
HCC	Hertfordshire County Council
HCNT	Hertfordshire Community NHS Trust
HMIC	Her Majesty's Inspectorate of Constabulary
HPFT	Hertfordshire Partnership Foundation NHS Trust
HSAB	Hertfordshire Safeguarding Adults Board
HSCB	Hertfordshire Safeguarding Children Board
LADO	Local Authority Designated Officer
LMASF	Local Multi-Agency Safeguarding Forum
MASH	Multi-Agency Safeguarding Hub
NPS	National Probation Service
PCR	Partnership case review
SCR	Serious Case review
WHHT	West Hertfordshire Hospitals NHS Trust

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
Priority 1	**Strengthen the safeguarding of children with disabilities**					
1.1	Deliver a multi-agency training programme for non-specialist front line staff whose work brings them into contact with children with disabilities, raising awareness of potential safeguarding risk indicators (including Child Sexual Exploitation)	Mary Emson Sheilagh Reavey	3 training events to be held by 31.03.2017	Feedback received from those attending and evaluation confirms effectiveness of the multi-agency training Audit confirms impact on practice Increased percentage of appropriate referrals to Children's Social Care Increase CAF activity for children with disabilities Number of attendees receiving training	Increase knowledge of staff Improved awareness of potential safeguarding risk indications to ensure the protection and support for children with disabilities	
1.2	Evaluation report to be presented to the HSCB Strategic Board on the quality of support and intervention across agencies for disabled children and the impact on protecting disabled children.	Marion Ingram Jenny Coles	Evaluation Report to be presented to the HSCB Strategic Board – March 2017	Evaluation report to include a clear identification of areas for improvement to improve outcomes for children, young people and families.	Multi-Agency Action Plan developed for areas of improvement identified.	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
					Assurance for strategic leaders that safeguarding issues for children with disabilities are being appropriately addressed	
Priority 2	**Strengthen the safeguarding of children who are at risk of or are being sexually exploited or sexually abused**					
2.1	Full delivery of the revised Child Sexual Exploitation Action Plan	Lindsay Edwards William Jephson	Implementation as set out in the action plan Progress Report to be presented to the HSCB Strategic Board – December 2016		Improved identification and support for young people subject to sexual exploitation Increased awareness on the part of the public, professionals and young people of the risks of sexual exploitation and how to combat it	
2.2	HSCB Strategic Board to receive an annual report evaluating the intervention and prevalence of missing children in Hertfordshire.	Lindsay Edwards Jenny Coles	Annual report to be presented to the HSCB Strategic Board in September 2017.	Number of missing children Number of children with repeat missing episodes	Reduction in the numbers and frequency of missing children Understanding from	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
			The report to include findings of audits conducted on return interview and risk assessments for children who go missing from home, care and school. The report to include an evaluation of early help services to reduce the risk of young people going missing go missing from home, care or school		professionals and agencies in the causes of missing children and their experience Assurance for strategic leaders that action to address safeguarding issues for missing children (and the risks of factors such as CSE etc) are being appropriately addressed	
2.3	Develop a plan for maintaining young people, parent and professional awareness of Child Sexual Exploitation	Lindsay Edwards William Jephson	Say Something if You See Something Campaign to be launched by September 2016 Say Something if You See Something Campaign to include raising awareness with local pharmacies	Referrals to the HALO Team Referrals to SEARCH Panel Referrals to Children's Services	Increased awareness on the part of the parents and young people of the risks and signs of sexual exploitation and how to combat it Increase of referrals to the HALO Team Increase of referrals to the SEARCH Panel	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
					Increase of referrals to Children's Services Improved identification and support for young people subject to sexual exploitation Increased awareness on the part of the public, professionals and young people of the risks of sexual exploitation and how to combat it	
2.4	HSCB dataset to include data on children missing from school.	Lindsay Edwards Jenny Coles	Communicate clearly with schools about the safeguarding issues relating to children who are missing or absent from schools; i) through Safeguarding Board – ensuring that school staff are receiving training, ii) schools to	Data on children missing from school included in the vulnerable young people dashboard	Reduction in missing episodes Improved targeting of actions and interventions to children missing from school. Data to be collated and	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
			communicate risks to parents, iii) head teachers briefings 3 x a year. Promote the use of intelligence available on school attendance to be included in case planning for all relevant children's services teams. Work with existing Missing Children Task & Finish group to review information feeds and consolidate information into a single accessible place and coordinate the information (missing from home, education and care) to identify patterns and act appropriately.		analysed to inform risk management and service planning, both for individual children and also strategically to inform disruption activities and service planning. Appropriate monitoring by SSAG of the level of 'missing from education' so that action to manage and reduce CSE can be appropriately planned	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
			Need to co-ordinate and define missing from education in order to get any useful data: Some authorities have compared: EWO caseloads with police missing data, persistent absentees (more than 15% absence), excluded, home educated children, PRU students, CIN. Cambridgeshire have been successful in pulling this together.			
2.5	HSCB to be assured that current arrangements in relation to the recognition, early intervention and support are in place to safeguard children from familial sexual abuse.	Mary Emson Sheilagh Reavey	Raise multi-agency awareness through the delivery of training and learning materials.	Feedback received from those attending and evaluation confirms effectiveness of the multi-agency training Survey confirms impact on practice	Professionals are confident in the identification, risk indicators and protections of children from familial sexual abuse.	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
Priority 3	**Strengthen our work in preventing, identifying and protecting children from neglect including the protection and support of children living with domestic abuse, substance abuse and adult mental health issues**					
3.1	Complete and implement the delivery plan for the HSCB Neglect Strategy	Sue Williams Jenny Coles	HSCB Neglect Strategy Delivery Plan to be agreed April 2016, date for progress report to be decided at the April 2016 Executive Group Meeting Implementation as set out in the delivery plan HSCB Annual Conference to be held on Neglect	Increased use of the graded care profile Numbers of children subject to child protection plans due to neglect Levels of awareness of neglect strategy	Improved analysis of neglect cases leading to better outcomes and services to young people and their families Better coordinated and targeted response to neglected children by the Children's Workforce across Hertfordshire	
3.2	Ensure targeted multi-agency training for front line professionals on the recognition of neglect, its impact on children and strategies for effective assessment and intervention	Mary Emson Sheilagh Reavey	2 training events to be held by 31.03.2017	Increased use of the graded care profile Numbers of children subject to child protection plans due to neglect Feedback received from those attending and evaluation	Improved awareness of potential safeguarding risk indications to ensure the protection and support for children from Neglect Better coordinated and targeted response to	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
				confirms effectiveness of the multi-agency training Audit confirms impact on practice	neglected children by the Children's Workforce across Hertfordshire	
3.3	Ensure targeted multi-agency training for front line professionals on the recognition of the toxic trio and the impact on children.	Mary Emson Sheilagh Reavey	4 full day training events to be held by 31.03.2017	Feedback received from those attending and evaluation confirms effectiveness of the multi-agency training Number of attendees receiving training Survey confirms impact on practice Increased percentage of appropriate referrals to Children's Social Care Increase CAF activity for children Increased use of the graded care profile	Improved awareness of potential safeguarding risk indications to ensure the protection and support for children from Neglect and the links to the toxic trio. Awareness of Children's workforce on the impact of individual aspects of the 'Toxic Trio' and the complexity of issues for children, family members and professionals when more than one 'Toxic' factor is present	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
3.4	Partner agencies to assure the board in relation to the use of the think family model in interventions to safeguard children.	Sue Williams Jenny Coles	Board event to be held in September 2016 on the Think Family Approach	Analysis and scrutiny of how the think family approach is adopted in agencies. Evidence of the use of the 'Think Family' model in audits and evaluation work – (including within the University of Bedfordshire evaluation of the Family Safeguarding project) Reduction of the number of children looked after (150 in the next three years)	Improved outcomes and services for children who are living in households where two or more of the toxic trio issues are present. Children are safeguarded where appropriate by addressing issues across the whole family – with the outcome that children are more able to remain safely within their community and family	
Priority 4	**Responses to specific safeguarding issues in Hertfordshire**					
4.1	Ensure that recommendations from Serious Case Reviews, other reviews and themes across all reviews in Hertfordshire are effectively followed through, that actions are completed and learning is	Keith Ibbetson Phil Picton	Implementation as set out in the audit and case review action plans	All HSCB Multi-Agency audits to include the evaluation of the voice of the child in case work, supervision and management oversight. Think	Professionals are increasingly aware of critical factors in improving safeguarding in Hertfordshire	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
	embedded into practice. In 2015-16 themes identified were voice of the child, supervision and management oversight of case work.			family approach and themes from case reviews Learning from reviews disseminated		
4.2	Partner agencies need to assure the Board that they are equipping their workforce to deliver safe and effective services for children within its traveller communities and to use the learning from the SCR on Child G (and the Children Services Audit on BME cases) to further enhance services to other minority communities within Hertfordshire.	Graeme Buck Steven Halls	Scoping exercise with all district community safety?, the local authority and health provider trust teams to ascertain what links and strategies have been developed in their work with traveller communities LMASF to support the partnership working with cultural based groups, raise awareness of local resources and identify service gaps within their local areas	Analysis of services specific to traveller communities Actions taken forward from discussions at LMASF Dissemination of work to address issues within traveller communities in a way which encourages learning more widely across the Children's workforce dealing with minority groups	Professionals are confident in working with families from minority ethnic groups. Children in traveller communities are better safeguarded Learning about improving safeguarding in traveller communities is used to address issues in other communities	
4.3	HSCB to be assured that the current arrangements in relation to recognition and early intervention and support for the management of self-harm behaviour in children and young people are improved.	Oliver Shanley	Action plan developed and monitored for areas for improvement identified in the multi-agency audit	Number of self-harm admissions at Accident and Emergency	Improved targeting of actions and interventions for young people who engage in self-harm behaviour.	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
			Update report on the CAMHS review approach to self-harm to be presented to the HSCB Strategic Board 4 training events to be held by 31.03.2017	Feedback received from those attending and evaluation confirms effectiveness of the multi-agency training Survey of those receiving training confirms impact on practice	Improved awareness of potential safeguarding risk indications to ensure the protection and support for children who self-harm. Strategic leaders are assured that services to support children at risk of self-harm (both in early stages and in serious cases) are effective	
4.4	HSCB to be assured that the current arrangements for the early identification of and the response for children and young people at risk of radicalisation are in place.	Andrew Simmons William Jephson	Evaluation Report to be presented to the HSCB Strategic Board – March 2017	Evaluation report to include clear identification of areas for improvement to improve outcomes for children, young people and families. Number of referrals to Chanel panel	Improved awareness and understanding of radicalisation and referral pathways	
Progress:						

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
Priority 5	**Increase the effectiveness of the HSCB in co-ordinating and ensuring the effectiveness of the work of all agencies to safeguard and promote the welfare of children and young people**					
5.1	Strengthen the voice and impact of children and young people in every aspect of the work of the HSCB.	Caroline Aitken Phil Picton	All reports presented to the HSCB Strategic Board to include evidence of communication, consultation and engagement with children and young people.	Reports prepared and presented to the HSCB Strategic Board and Subgroups to include evidence of communication, consultation and engagement with children and young people.	Young People consulted and involved in the delivery and evaluation of services. Strategic leaders will be assured that services to protect children are more fully taking into account the views and needs of children	
Progress:						
5.2	Respond to issues identified in the training Needs Analysis, including consideration to ensure an appropriate level of training on: - Children with disabilities - Child Sexual Exploitation - Neglect - Toxic Trio - Cultural Diversity	Mary Emson Sheilagh Reavey	Report on the findings of the Training Needs Analysis to be presented to the HSCB Strategic Board in June 2016	Comprehensive training needs analysis in place regarding multi-agency training provision Report completed and presented to the HSCB Strategic Board in June 2016 to discuss recommendations.	Analysis of the multi-agency training needs of safeguarding processionals in Hertfordshire. Safeguarding training will be provided to meet the needs of the	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
					partners and their workforce in an increasingly efficient and cost effective way	
Progress:						
5.3	Further strengthen the quality assurance arrangements through the continued development of the multi-agency audit programme, scrutiny of individual agency performance and the robust scrutiny and challenge of performance data	John Hughes Phil Picton	Three themed multi-agency audits to be completed by 31.03.2017 covering: - Child in Need Plans - Neglect - Child Sexual Exploitation - Domestic Abuse All audits to include a proportionate number of disabled children cases and the board sponsor will be decided at the HSCB Executive Group Multi-Agency audits to include the evaluation of supervision and management oversight, themes from case reviews	Audit confirms areas of effective practice and clearly identifies areas and plans for improvement All HSCB Multi-Agency audits to include the evaluation of the voice of the child in case work, supervision and management oversight and themes from case reviews Learning from audits disseminated	Professionals are increasingly aware of critical factors in improving safeguarding in Hertfordshire Safeguarding of children will continually improve and respond appropriately to new issues Strategic leaders are assured of the standard of safeguarding children min Hertfordshire and action needed to achieve improvement	

Appendix 5 Business Plan 2016-2017

Business Plan 2016-17

	Action	Lead Person Responsible and Board Lead	Target Timescale and Milestones	Measures	Outcomes	RAG
			and voice of the child Section 11 audits to be completed by Hertfordshire County Council Directorates, Herts for Learning and Herts Catering Review and progress against action plans in response to external scrutiny.			
5.4	Respond positively to any recommendations from the National Review of LSCB's (which reports in March 2016) and the planned central commissioning of some SCRs. The board and member agencies should continue to learn through different types of reviews	Caroline Aitken Phil Picton	Plan developed in response to the recommendations from the National Review.	To be decided once the result of the review has been announced	HSCB and its partners will be at least compliant with national requirements for safeguarding children.	

Health and Wellbeing Board
Hertfordshire

Agenda Item No.
3ii

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
TUESDAY, 17 OCTOBER 2017 AT 10:00AM

HERTFORDSHIRE SAFEGUARDING ADULT BOARD ANNUAL REPORT 2016-2017

Report of Director of Adult Care Services

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

1. Purpose of report

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

2. Summary

2.1 The HSAB Annual Report, as attached at Appendix A to this report, details the work completed by the HSAB and its subgroups during the financial year of 2016-17. The Annual report also details safeguarding activities and trends across the partnership and achievements of individual partner organisations.

3. Recommendation

3.1 That the Health and Wellbeing Board discuss and note the HSAB Annual Report, and take it into account in future discussions on safeguarding adults in Hertfordshire.

3.2 The HSAB welcome any feedback that could inform business planning or the content of next year's Annual Report.

4. Background

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

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

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

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

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

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

Report signed off by	HSAB Strategic Board
Sponsoring HWB Member/s	Colette Wyatt-Lowe, Sue Darker and Iain MacBeath
Hertfordshire HWB Strategy priorities supported by this report	Living and Working Well Ageing Well
Needs assessment (activity taken) Not Applicable	
Consultation/public involvement (activity taken or planned) **Not Applicable**	
Equality and diversity implications The HSAB ensures that equality and diversity areas are an important part of	

the work undertaken. The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equalities Act 2010 are: race, disability, gender reassignment, marriage and civil partnership age, sex, sexual orientation, religion or belief and pregnancy & maternity.
Acronyms or terms used. eg: Acronyms are explained when first used in the report.

Hertfordshire Safeguarding Adults Board

Annual Report 2016-2017

Hertfordshire
Safeguarding Adults Board

CONTINUE

Contents

Foreword from the Executive Member

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

As a partnership we have accomplished many things over the last year, including two multi- agency planning days to look at our business plans and priorities, and held another very successful annual safeguarding adults conference.
Two of our focuses over the last year have been on self neglect and hoarding, both very difficult areas to address. A pilot area was chosen to look specifically at hoarding; this has been so successful that we are now rolling this work out across the other districts and boroughs.

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

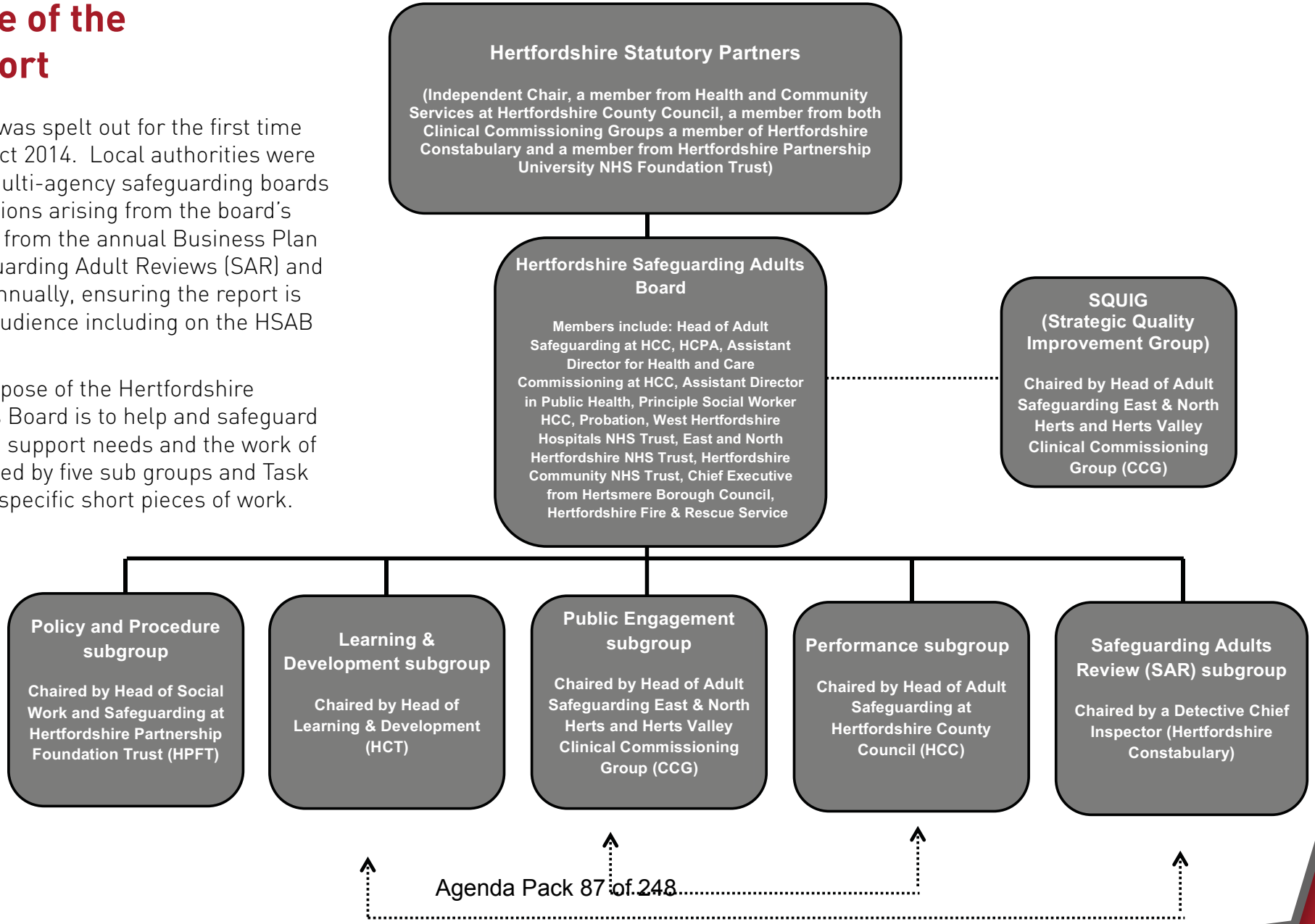
I have been very pleased to see another hugely successful year for both the partnership and the county council; however, as I say every year we know we must never become complacent, we continue to strive for excellence in order to meet the challenges we face in the coming years. We will continue to work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

Colette Wyatt-Lowe
Executive Member for Health and Community Services

The Purpose of the Annual Report

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

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



The Purpose of the Annual Report

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

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

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

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

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

Both our three year Business Plan for 2017-2020 and previous Annual Reports can be found here.

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

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

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

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

You can keep up to date with HSAB by following us on Twitter **@HertsSab**

HSAB Annual Safeguarding Conference 2016

The 2016 conference covered the then new categories of abuse:

Female GM
Modern Slavery
Self Neglect

Workshops included:

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

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

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

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

A : First Quarterly newsletter launched

Q : Can HSAB organize networking events?

A : Practitioner forums organised

Independent Chair's Report

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

Working with the Public

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

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

Self-Neglect & Hoarding

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

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

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

Self-Assessments

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

The joint HSAB/HSCB Business unit

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

Safeguarding Adult Reviews

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

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

Elizabeth Hanlon
Independent Chair March 2015 – Present

Board meeting attendance for April 2016 – March 2017

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

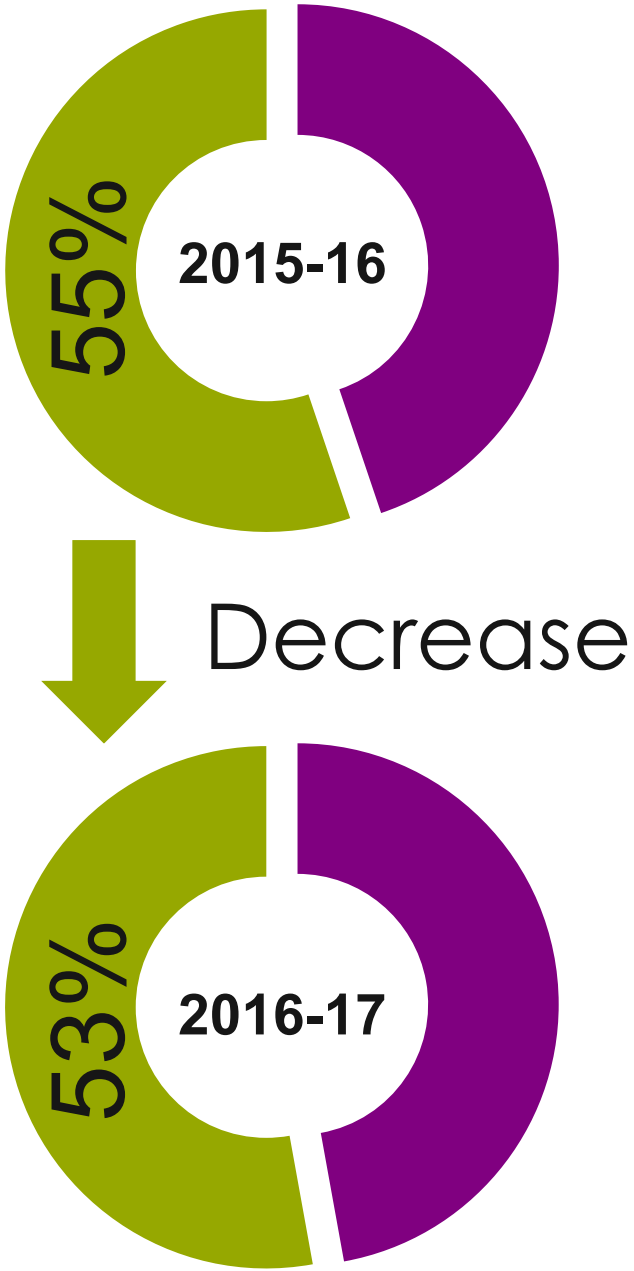
Concerns- **4403** Adults

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

S42 Enquiries-**1991** Adults.

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

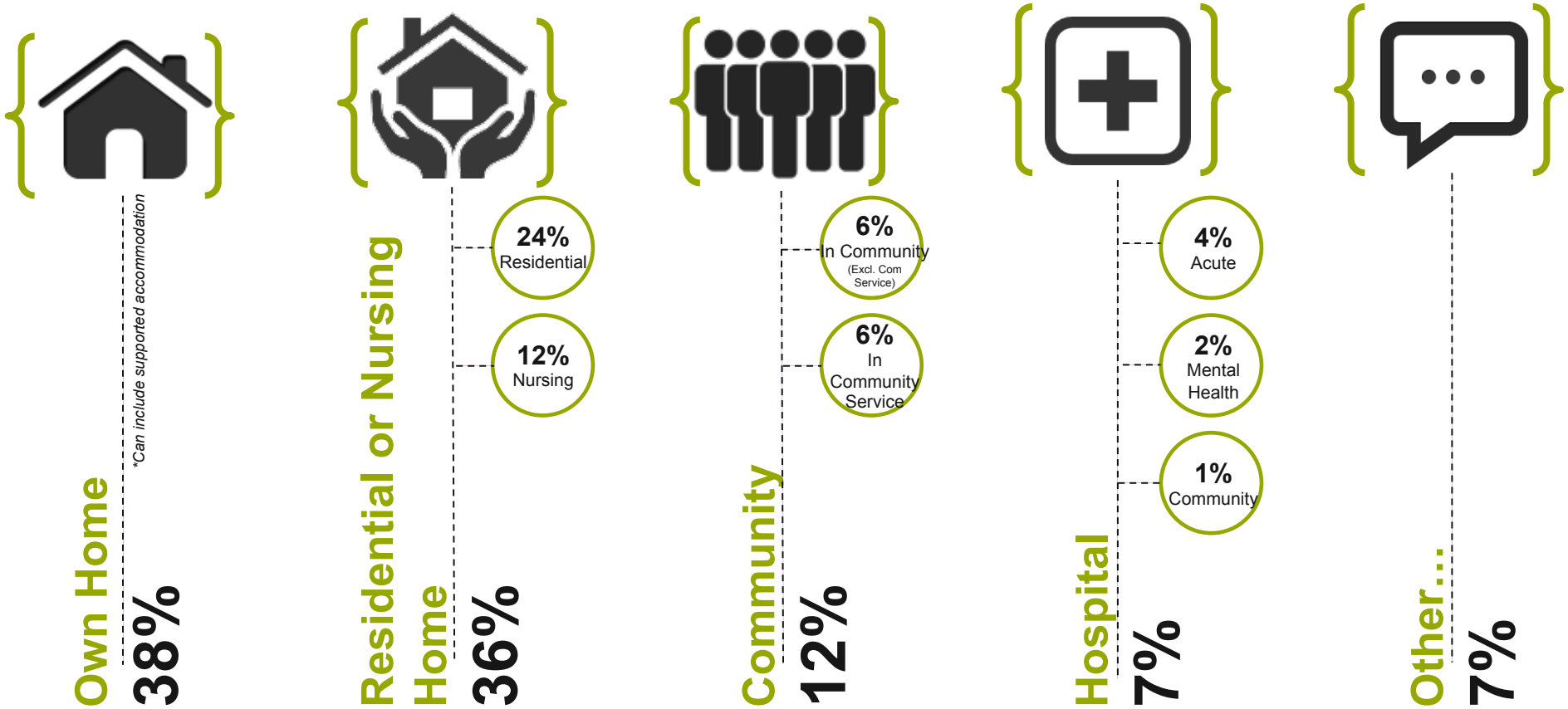
Concerns Progressing to Enquiry (S42 & Other)



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

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

% Split Location of Risk – Section 42 Enquiries

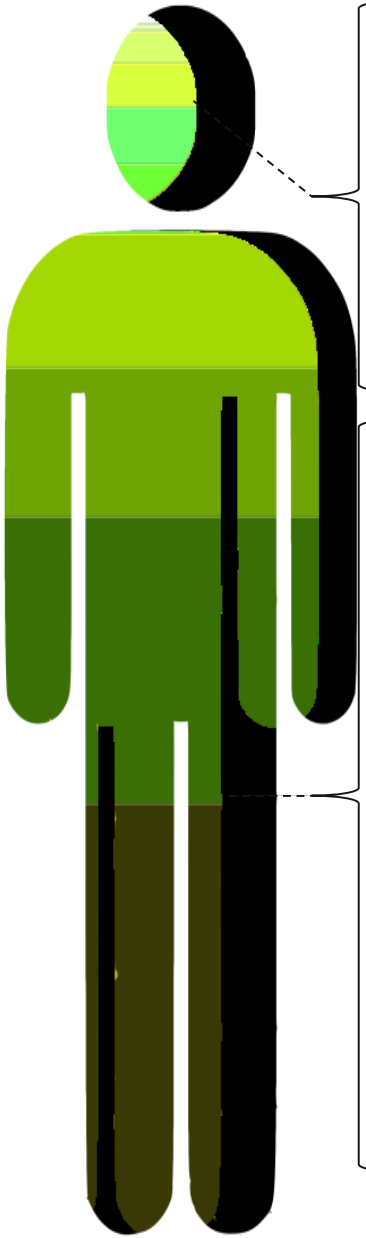


38% of the safeguarding enquiries reported in 2016-17 took place in the at risk persons own home with **36%** taking place in a residential or nursing setting.

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

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

% Split Type of Risk – Section 42 Enquiries



Modern Slavery **0.04%**
Sexual Exploitation **0.1%**
Discriminatory **0.5%**
Domestic **2%**
Self Neglect **3%**
Organisational **4%**
Sexual **5%**

Psychological **10%**

Financial & Material **11%**

Physical **22%**

Neglect & Omission **40%**

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

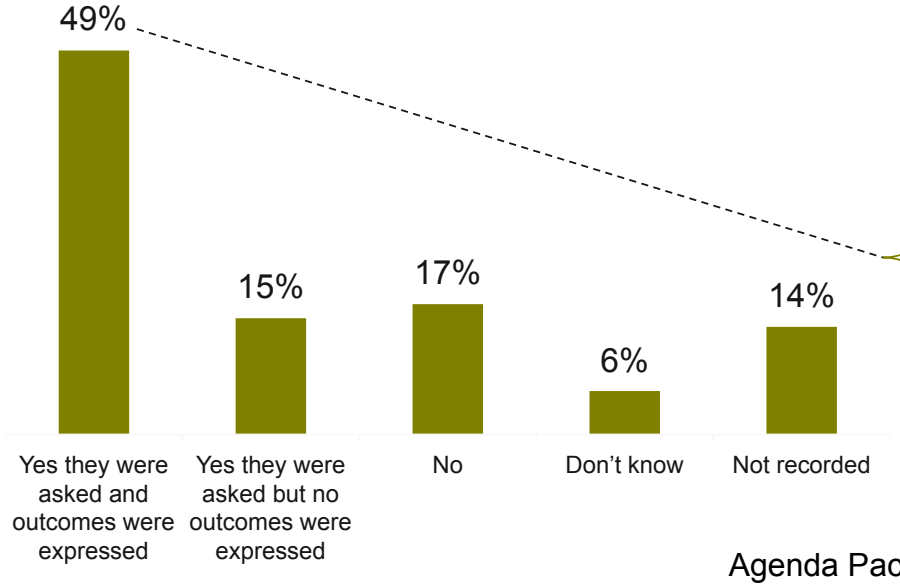
The number of domestic abuse cases reported under Safeguarding has increased with 58 cases reported for S42 enquiries in 2016-17 compared to 11 in 2015-16. This can be attributed to an increased awareness and improved recording process.

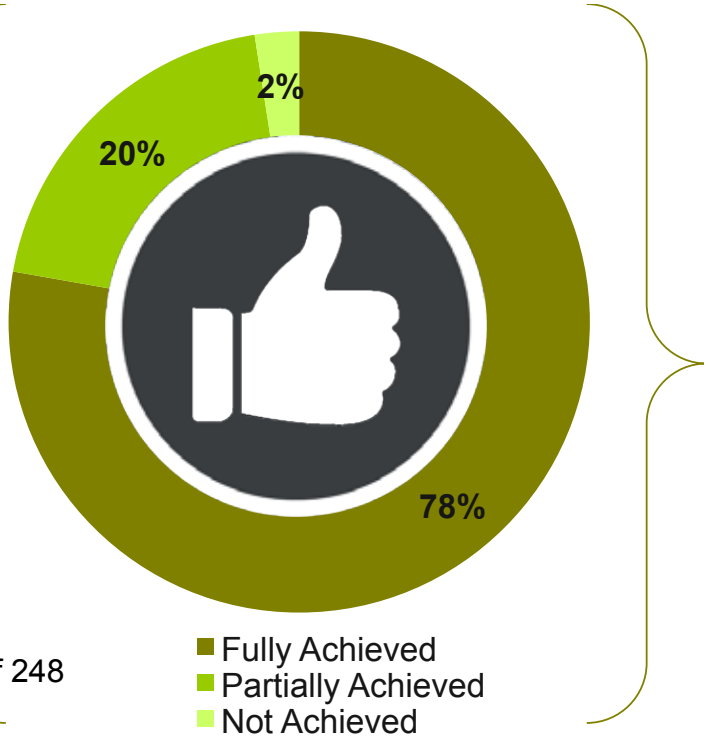
Making Safeguarding Personal

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

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

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





Reports from agencies

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

Hertfordshire County Council - Adult Care Services

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

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

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

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

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

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

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

Hertfordshire Constabulary

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

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

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

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

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

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

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

Assisting Unlawful Immigration into EU member State - 8 months imprisonment

Theft – 32 months imprisonment

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

Total – 32 months imprisonment

SAFA team

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

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

The SAFA management team also has responsibility for policies and partnerships relating to mental health. April 2016 saw the introduction of a 'Street Triage' pilot collaboration with HPFT to provide clinical support to front line officers dealing with people in mental health crisis. The scheme has gone from strength to strength resulting in a significant reduction in the number of people detained under S136 of the Mental Health Act. The addition of a paramedic to the team has further improved the level of care given to the service user, avoiding A&E attendance in many cases. Evaluation of the scheme is expected to be very positive and an expansion of the scheme to provide street Triage both day and night is planned. Close partnership working and the Kingsley Green health based 'place of safety' have ensured for a second year that no people subject to Section 136 have had to be detained in Hertfordshire police cells.

SAFA outcomes

From January 2016 – December 2016;

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

Following investigation;**

9 people were charged or summonsed to court
4 people were cautioned.

A total of 19 charges or cautions were administered

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

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

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

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

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

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

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

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

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

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

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

Reports from agencies

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

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

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

Three Rivers District Council

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

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

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

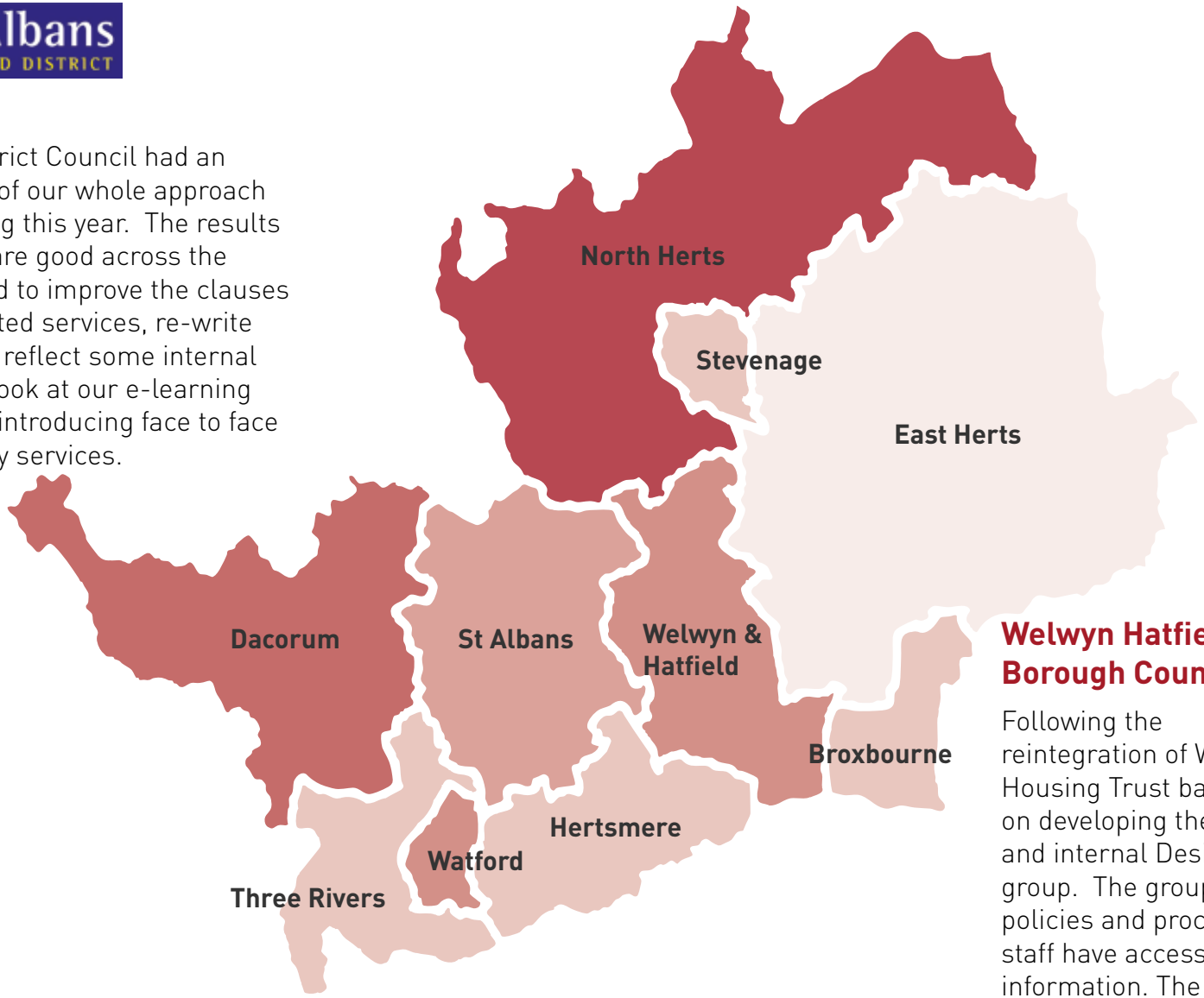
Through the "Community Safety Partnership" the Council has expanded investment in medium risk Domestic Abuse Casework through Herts MIND Network. This casework has highlighted a number of domestic abuse adult safeguarding, and early help issues, for the elderly, and adults with learning disabilities.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

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

Updates from the 10 District Councils

St Albans

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



Welwyn Hatfield Borough Council

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

Updates from the 10 District Councils

North Hertfordshire District Council

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

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

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

Watford Borough Council

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

During 2016/17 we have;

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

Stevenage Borough Council

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

Safeguarding training was delivered to 195 staff in total, 120 of these being staff identified as having regular contact with adults at risk, who were trained as a matter of priority in Q1 of 2016/17.
SBC commissioned specialist training in Prevent and Mental Capacity, alongside delivering 3 Workshops to Raise Awareness of Prevent (WRAP) to internal teams.

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

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

Planned work for Q4 of 2016/17 include:

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

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

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

Updates from the 10 District Councils

Dacorum Borough Council

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

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

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

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

Broxbourne Borough Council

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

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

Number of referrals to Designated officer

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

East Herts Council

During 2016/17, the council brought together its responsibilities for safeguarding under one lead officer, the newly created Head of Housing and Health. In addition, the Executive Member for Housing and Health now explicitly covers safeguarding within his remit.
The Council's Safeguarding Policy has been reviewed and updated. This work included briefing the Leadership Team on their specific roles and responsibilities and rolling this out to all officers. The revised policy makes reporting concerns more straightforward. In addition, PREVENT training has been delivered to 229 officers and is now embedded in the council's induction programme.

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

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

Hertsmere Borough Council

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

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

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

We are now running courses in prevent and internet abuse.

Healthwatch Hertfordshire's role in safeguarding

Healthwatch Hertfordshire's job is to shape and improve health and social care services across Hertfordshire.
We independently represent people in our local communities, are committed to ensuring that the views and experiences of people living in the county are represented, and use our influence with commissioners and people making decisions about health and social care service provision to help make change happen.

How do we assist the public?

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

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

Volunteers: our authorised representatives involved in our Enter and View visiting programme (our statutory powers to go into health and social care locations and monitor and report on our findings) receive Safeguarding training to support their role on visits and also in their community where they are often active.
We also promote the HSAB role and reporting potential abuse by using the posters and banners and giving out leaflets to the public and providers we visit.
This year 13 volunteers and staff undertook safeguarding adults training with a particular focus on care homes.

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

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

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

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

Carers in Herts

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

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

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

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

West Hertfordshire Hospital NHS Trust (WHHT)

Adult Safeguarding 2016

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

Key Indicators of Activity and achievement

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

West Hertfordshire Hospital NHS Trust (WHHT)

- The safeguarding team made progress with the safeguarding strategic work plan which is underpinned by the Trusts core values. The work plan is annual and allows for a monthly review that is RAG rated, so progress for objectives is clearly visible. The work plan was designed to ensure the Trust drives forward the safeguarding agenda across the organisation. Actions from audits and external reviews are added to the work plan and progress against these actions is reviewed bi-monthly. The work plan is monitored, reviewed and challenged by the Trust Safeguarding Panel.
- Bi - annual Safeguarding newsletter is produced by the safeguarding team. This is distributed to all Trust staff. It provides information on the safeguarding team, contact numbers and updates on key safeguarding issues
- Introduction of Hertfordshire wide MCA & DoLS competencies in Five care of the elderly/ medical clinical areas. Progress has been monitored by the safeguarding team. There is a plan to roll these out to other clinical areas.
- Trust documentation has been reviewed and now contains prompts for Mental Capacity assessments, there is a DoLS care plan on trial in 4 clinical areas
- Monthly dip dive audits are undertaken relating to safeguarding, these include MCA and DoLS, and learning disabilities
- Trust wide audit undertaken for MCA , DoLS and compliance with missing persons policy
- Five Trust staff completed Best Interest Assessor training
- Easy read patient information package has been purchased and these leaflets are available to all clinical staff who need to provide patient information in an easy read format
- Easy read signage has been implemented at the St Albans site for dental dept, x ray and blood clinic
- Following the Care Act 2014, Trust policies were reviewed to include changes within the new legislation. Training packages have been updated to reflect the changes. In addition key policies such as Chaperone policy, suicide prevention and the management of patient with Learning Disabilities and autism have been reviewed and updated
- Hertfordshire Safeguarding Adults Board has established a Safeguarding Adult Review sub group. The Trust Named Nurse for safeguarding adults is a member of this group. The Trust has contributed to a case and shared the action plan with the safeguarding panel members.
- The Trust completed an Internal Management Review to contribute to a Domestic Homicide Review (DHR).

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

East and North Hertfordshire NHS Trust

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

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

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

The Trust actively participates in the multi-agency work of the HSAB and has contributed to the work of the sub-groups including participation in the Policy Group, Learning and Development group, preparing for the annual safeguarding conference and the Mental Capacity Act forums. In addition, the Trust has participated in Safeguarding Adults Reviews (SAR) and Domestic Homicide Reviews (DHR). Along with these activities for the board the Adult Safeguarding Nurses regularly meet with the CCG Head of Adult Safeguarding.

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

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

Key findings from the review were:

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

Good Practice identified was:

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

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

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

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

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

HCPA (Hertfordshire Care Providers Association)

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

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

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

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

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

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

Open courses through Approved Training Providers

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

Hertfordshire Community NHS Trust (HCT)

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

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

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

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

Progress and key achievements for HCT:

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

Herts Partnership Foundation Trust HPFT

Hertfordshire Partnership NHS
University NHS Foundation Trust

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

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

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

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

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

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

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

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

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

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

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

Hertfordshire Community Protection Directorate and Fire and Rescue Service

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

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

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

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

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

Caring together

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

Partnership Working

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

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

Public Health

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

Sexual Health Services

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

Safeguarding Supervision

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

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

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

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

Safeguarding Training

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

Safeguarding Concerns

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

Drugs and Alcohol Services

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

Safeguarding Supervision

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

Safeguarding Training

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

Safeguarding Concerns

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

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

Hertfordshire Smoking Cessation Service

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

National Probation Service

Safeguarding Adults Policy Statement and Supporting Practice Guidance

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

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

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

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

In addition to established mandatory training in support of adult safeguarding principles, the recent policy and practice guidance will be embedded across the NPS staff group.
The NPS is responsible for delivery of the statutory victim contact scheme. All staff carrying out victim contact work are alert to adult safeguarding concerns.

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

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

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

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

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

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

We will also be concentrating on the issue of:

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

Making Safeguarding Personal Survey (January 2017 to October 2017)
Making Safeguarding Personal aims to shift emphasis from processes to commitment to improving outcomes for people at risk of harm. The key focus is on developing understanding of what people wish to achieve, recording their desired outcomes and then seeing how effectively these have been met.

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

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

Subgroup Reports

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

The Public Engagement Subgroup

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

Membership:

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

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

Hertfordshire Constabulary – Detective Sergeant

Health & Community Services – Head of Adult Safeguarding

West Hertfordshire Hospitals Trust – Deputy Chief Nurse

District Council Representative

East & North Clinical Commissioning Group – Public Engagement Manager

Hertfordshire Care Providers Association

Healthwatch

Supported by the HSAB Business Support Officer

Achievements in 2016-2017

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

Priorities for 2017 -2020

The sub group will:

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

Tracey Cooper
Chair of the Public Engagement Sub group
April 2017

The Learning and Development Subgroup

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

Membership

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

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

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

East & North Hertfordshire NHS Trust - Adult Safeguarding Lead

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

HCPA – Chief Executive

West Hertfordshire Hospitals NHS Trust – Consultant in Elderly Care

Hertfordshire Partnership Foundation Trust – Head of Social Care and Safeguarding

Hertfordshire Constabulary – SAFA Unit Detective Sergeant

National Probation Service – Senior Probation Officer

Hertfordshire County Council - Programme Manager Domestic Violence and Hate Crime

Hertfordshire Fire and Rescue Service – Risk Reduction Manager

District Council Representative

Supported by the HSAB Business Support Officer

Activities during 2016/17

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

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

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

Plans for 2017/18

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

Jane Trundle
Chair of Learning & Development sub group
April 2017

The Performance Subgroup

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

Membership:

Health and Community Services - Head of Adult Safeguarding (Chair)

Deputy Head of County Community Safety Hertfordshire County Council Community Protection (Vice chair)

Hertfordshire Partnership Foundation Trust - Head of Social Care and Safeguarding

West Hertfordshire Hospitals Trust – Adult Safeguarding Lead Nurse

Hertfordshire Community NHS Trust - Safeguarding Adults Specialist Nurse

Health and Community Services - Performance Information Officer

Hertfordshire Police - Detective Sergeant

Hertfordshire Partnership Foundation Trust – Safeguarding Nurse

POhWER – Regional Manager

Supported by the HSAB Business Support Officer

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

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

Progress:

The sub group aimed to fully embed the electronic dashboard in 2016/17 by replacing its quarterly paper reports to the HSAB with a live interactive electronic dashboard. Whilst progress has been made on the development of the dashboard it is yet to go live and the group continues to oversee its development.

Achievements:

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

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

Priorities 2017/18:

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

Keith Dodd
Chair of Performance Sub Group
April 2017

The Policy & Procedure Subgroup

Membership

Health and Community Services - Head of Adult Safeguarding (Chair)

Hertfordshire Partnership Foundation Trust – Safeguarding Nurse - (Vice chair)

Hertfordshire Community NHS Trust - Safeguarding Adults Specialist Nurse

West Hertfordshire Hospitals Trust – Adult Safeguarding Lead Nurse

Health and Community Services – Community Learning Disability Service – Deputy Head of Service

Health and Community Services – Older People and Physical Disability – Team Manager

CRI Spectrum – Senior Social Worker

East & North Hertfordshire and Herts Valley CCG - Head of Adult Safeguarding

East & North Hertfordshire NHS Trust – Lead Nurse Adult Safeguarding

Workforce Development, HCS - Senior Learning and Development Officer

Trading Standards - Principle Officer

HCPA – Forums Lead

Supported by the HSAB Business Support Officer

Achievements

Policy and Procedure Sub-Group

The policy and procedure sub-group met 3 times in 2016/17 as a whole group. There were various smaller task and finish groups that met throughout the year to undertake specific pieces of work in relation to the Hertfordshire Safeguarding Adult at Risk Policy.

Achievements

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

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

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

Objectives 2016/2017

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

Priorities for 2017/18

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

Safeguarding Adults Reviews Subgroup

Membership

Hertfordshire Constabulary – Detective Chief Inspector (Chair)

East & North Hertfordshire & Herts Valley CCG – Head of Adult Safeguarding (Vice Chair)

West Hertfordshire Hospital Trust – Adult Safeguarding Lead Nurse

Hertfordshire Community NHS Trust – Names Nurse for Adult Safeguarding &PREVENT lead

Hertfordshire County Council – Head of Adult Safeguarding
Hertfordshire County Council – Principle Lawyer Hertfordshire County Council - Head of Child Protection

Hertfordshire Partnership Foundation Trust – Head of Social Care and Safeguarding

County Community Safety Unit – Programme Manager, Domestic Abuse, Stalking and Harassment, and Hate Crime

National Probation Service - Head of Hertfordshire LDU Supported by the HSAB Business Support Officer

Objectives

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

Achievements

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

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

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

Ms A

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

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

Rachel

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

The review identified three main areas for recommendations:

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

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

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

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

Priorities

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

Tracey Cooper
Vice Chair of SAR Sub Group
April 2017

Tracy Pemberton
Chair Safeguarding Adults Review Sub Group

Glossary and acronyms

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

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

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

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

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

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

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

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

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

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

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

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

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

DSL (Designated Safeguarding Lead)

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

Glossary and acronyms

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

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

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

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

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

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

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

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

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

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

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

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

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

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

4

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
TUESDAY, 17 OCTOBER 2017 AT 10:00AM

HERTFORDSHIRE HEALTH & WELLBEING STRATEGY DASHBOARD UPDATE

Report of Director of Public Health

Author: David Conrad, Consultant in Public Health, Herts County Council, Tel: 01992 555391

1. Purpose of report

1.1 This update presents to the Board the most notable changes in the Hertfordshire Health & Wellbeing Strategy statistical dashboard indicators, as attached at Appendix A to this report, over the period from baseline to the second quarter of 2017/18.

1.2 Additional detail and contextual information focussed on the 'Starting Well' and 'Developing Well' life stages will be presented orally to inform the Board of the current work being undertaken locally to meet the objectives of the Health & Wellbeing Strategy in these areas. *(The 'Living & Working Well' and 'Ageing Well' life stages will be given a similar focus when the next dashboard update is presented to the Board.)*

2. Summary

2.1 The current round of new figures shows a mixed picture of change since the baseline was set for the Health & Wellbeing Strategy indicators, with some notable improvements in outcomes and how the County Council compared against a peer group of similar Local Authorities, as well as some areas in which outcomes themselves or the County Council's peer group ranking has worsened.

2.2 Inter-district inequalities have increased for some indicators and reduced for others.

2.3 At the moment, the picture is incomplete because new data has not yet been released for all of the indicators in the dashboards. Also, due to

time lags in the release of data, it will be a little longer before the service are able to assess how all outcomes have changed in the period since the 2016-2020 strategy went live.

3. Recommendation

3.1 That the Health and Wellbeing Board:

i) note the contents of the report.
ii) consider implications of the statistical changes described.

4. Background

4.1 A basket of statistical indicators has been selected for each of the four life stages covered by the Hertfordshire Health & Wellbeing Strategy.

4.2 The Public Health Evidence & Intelligence Team have created a set of data indicator dashboards (one for each life stage) to track changes in these indicators over the lifetime of the strategy. The dashboards can be accessed at: https://www.hertshealthevidence.org/data/hwb

4.3 The dashboards are updated quarterly with whatever new data are available at that time (new figures for most indicators are only available on an annual basis, although the release dates for new figures vary between indicators).

4.4 A summary of what the dashboards show will be reported to the Board twice a year for the duration of the Health & wellbeing Strategy.

Report signed off by	n/a
Sponsoring HWB Member/s	Jim McManus
Hertfordshire HWB Strategy priorities supported by this report	All
Needs assessment (activity taken) n/a	
Consultation/public involvement (activity taken or planned) n/a	
Equality and diversity implications n/a	

Health & Wellbeing Strategy dashboard update
Q1-2 2017/18

Key Messages

- There have been some notable improvements in outcomes and how we compare with our peer group of similar local authorities, as well as some areas in which outcomes themselves or our peer group ranking has worsened.
- Inter-district inequalities have increased for some indicators and reduced for others.
- New data have not yet been released for all of the indicators.

How are we measuring outcomes of the Health & Wellbeing Strategy?

A basket of statistical indicators has been selected for each of the four life stages covered by the strategy. The Public Health Evidence & Intelligence Team have created a set of data indicator dashboards (one for each life stage) to track changes in these indicators over the lifetime of the strategy. The dashboards are updated quarterly with whatever new data are available at that time (new figures for most indicators are only available on an annual basis, although the release dates for new figures vary between indicators). The dashboards can be accessed at: https://www.hertshealthevidence.org/data/hwb

About this update

This update highlights the most notable changes in the dashboard indicators since baseline, irrespective of whether they are positive or negative. Statistically significant* changes in figures or notable changes in peer group rankings are described, along with changes in the number of districts whose figures are statistically significantly different from the Hertfordshire average. For each life stage, a brief note from a member of the Health & Wellbeing Board adds context.

What do the latest figures show?

Starting Well

In the latest round of figures for this life stage there have been notable changes in:

- **% take up of free early education entitlement among 2 years olds** – this indicator showed statistically significant* improvements since baseline (Jan-March 2015) and from Jan-March 2016 to Jan-March 2017 (with Hertfordshire remaining 4th best out 11 in its peer group)

- **Year 1 pupils achieving the expected level in the phonics screening check** – this indicator showed a statistically significant* improvement between 2015 and 2016 (with Hertfordshire remaining at the top of its peer group)

- **Gap between free and non-free school meal children achieving a good level of development** – this indicator worsened between 2015 and 2016, although we don't have the

necessary data to calculate whether this change was statistically significant* (with Hertfordshire dropping from 5th to 7th best out of 11 in its peer group)

- **% children registered with a children's centre within 2 months of their date of birth** – this indicator showed a statistically significant* improvement from baseline (April-June 2016) to Jan-March 2017

District variations

Compared with baseline figures, there are greater numbers of statistically significant* variations between districts for:

- **% children registered with a children's centre within 2 months of their date of birth** (Watford has the lowest figure and East Hertfordshire has the highest)
- **Overweight and obesity in children aged 4-5** (St Albans has the lowest figure and Broxbourne has the highest)
- **Hospital admissions for accidental and deliberate injuries in children aged 0-4** (Dacorum has the lowest figure and Stevenage has the highest)

Compared with baseline figures, there are fewer statistically significant* variations between districts for:

- **% take up of free early education entitlement for 2 year olds**
- **% take up of free early education entitlement for 3 and 4 year olds**

Viewpoint

There has been a significant focus on take up of free early education and progress is being made. Narrowing the gap for disadvantaged children is a key priority for Hertfordshire and is a focus for all early years providers and nursery schools.

The transformation of the early childhood offer, with Family Centre procurement going live in autumn 2017, is designed to be more targeted to families' needs and will extend the offer to mums-to-be and children from before birth to age 19 in some circumstances.

Jenny Coles, Director of Children's Services, Hertfordshire County Council

Developing Well

In the latest round of figures for this life stage there have been notable changes in:

- **Family homelessness** – this indicator worsened between 2014/15 and 2015/16 (although this change was not statistically significant*, Hertfordshire dropped from 10th best out of 11 to bottom in its peer group)
- **Overweight and obesity in children aged 10-11** – this indicator worsened statistically significantly* between 2014/15 and 2015/16 (with Hertfordshire remaining 4th in its peer group)

- **First time entrants to the youth justice system** – there was a non-statistically significant improvement in this indicator between 2015 and 2016; however, Hertfordshire dropped from 7th to 9th best out of 11 in its peer group)

District variations

Compared with baseline figures, there is a greater number of statistically significant* variations between districts for:

- **Overweight and obesity in children aged 10-11** (East Hertfordshire has the lowest figure and Broxbourne has the highest)

There remain no statistically significant* variations between districts for:

- **Alcohol-specific hospital admissions in under 18s**

Viewpoint

Hertfordshire recently undertook a comprehensive questionnaire with children looked after as part of the Coram 'Bright Spots' research – 14 other authorities took part. The results are more up to date that the SDQ indicator here and have produced positive feedback on services and areas for improvement now in an action plan.

Family homelessness is being closely monitored, with District Councils and preventative actions being taken where possible. Intentionally homeless families have increased, although small in number, and families with no recourse to public funds have increased.

Jenny Coles, Director of Children's Services, Hertfordshire County Council

Living & Working Well

In the latest round of figures for this life stage there have been notable changes in:

- **People with a self-reported high anxiety score** – this indicator showed a statistically significant* improvement between 2014/15 and 2015/16 (with Hertfordshire moving from the bottom to the top of its peer group)

- **Participation in sport among adults** – this indicator worsened statistically significantly* between 2014/15 and 2015/16 (with Hertfordshire dropping from 4th to 6th best out of 11 in its peer group)

- **Statutory homelessness** – this indicator worsened between 2014/15 and 2015/16 (although this change was not statistically significant*, Hertfordshire dropped from 7th to 9th best out of 11 in its peer group)

District variations

Compared with baseline figures, there is a greater number of statistically significant* variations between districts for:

- **Statutory homelessness** (East Hertfordshire has the lowest figure and Broxbourne has the highest)

Compared with baseline figures, there are fewer statistically significant* variations between districts for:

- **Alcohol-related hospital admissions** (East Hertfordshire has the lowest figure and Watford has the highest)

Viewpoint

Hertfordshire has made some good progress on a range of indicators, but as always there remain persistent inequalities across the County. While there are some good areas of performance, this update shows that we still have more to do to reduce avoidable morbidity, disability and hence avoidable cost in the system.

We still have opportunities to improve outcomes while also saving cost, and early tackling of variations in care outcomes remains less than optimal.

Jim McManus, Director of Public Health, Hertfordshire County Council

Ageing Well

In the latest round of figures for this life stage there have been notable changes in:

- **Injuries due to falls in people aged 65+** – this indicator improved between 2014/15 and 2015/16 (although this change was not statistically significant*, Hertfordshire rose from 8th to 4th best out of 11 in its peer group)

- **Hip fractures in people aged 65+** – this indicator improved between 2014/15 and 2015/16 (although this change was not statistically significant*, Hertfordshire rose from 4th to 2nd best out of 11 in its peer group)

- **Adult social care users who have as much social contact as they would like** – this indicator improved between 2014/15 and 2015/16 (although this change was not statistically significant*, Hertfordshire rose from bottom to 7th best out of 11 in its peer group)

District variations

Compared with baseline figures, there is a greater number of statistically significant* variations between districts for:

- **Injuries due to falls in people aged 65+** (Broxbourne has the lowest figure and Stevenage has the highest)

Compared with baseline figures, there are fewer statistically significant variations between districts for:

- **Health related quality of life for older people** (as a result of this change there are now no statistically significant variations between districts for this indicator)

There remain no statistically significant* variations between districts for:

- **Hip fractures in people aged 65+**

Viewpoint

The Hertfordshire and West Essex Sustainability and Transformation Plan (STP) includes a workstream for 'frailty'; a full review of the preventative and reactive services available for older people who are assessed as being clinically frail and are therefore at risk of falls are being reviewed, with a view to minimising falls and preventing further accidents.

The Care Act 2014 provided an opportunity to review services available to older people and their carers in line with the county's agreed Ageing Well Strategy. People said they wanted something purposeful to do in the daytime and maintain their own local connections when they were assessed as having social care needs. All voluntary sector services have been reviewed to ensure they are targeted and ACS' new practice principles and assessment methodology promotes a 'Community First' approach to achieve this.

Iain MacBeath, Director of Adult Care Services, Hertfordshire County Council

What does this mean?

The current round of new figures shows a mixed picture of change since the baseline for the Health & Wellbeing Strategy indicators was set, with some notable improvements in outcomes and how we compare with our peer group of similar local authorities, as well as some areas in which outcomes themselves or our peer group ranking has worsened. Inter-district inequalities have increased for some indicators and reduced for others.

At the moment, the picture is incomplete because new data have not yet been released for all of the indicators in the dashboards. Also, due to time lags in the release of data, it will be a little longer before we are able to assess how all outcomes have changed in the period since the 2016-2020 strategy went live.

* A certain amount of variation in figures will occur due to chance, so simply looking at whether there is a difference between two figures can be misleading. In order to judge whether differences between two figures are statistically meaningful we calculate 95% confidence intervals for each. Where those confidence intervals do not overlap we say that the difference between the figures is statistically significant.

Hertfordshire Health & Wellbeing Strategy 2016-2020 – Starting Well indicators dashboard

Q2 2017/18

Click here for user guide

Overarching goal: Healthy mothers and healthy babies

Indicator (not all available at all geographies)	Baseline Herts. figure	Latest Herts. figure	Change from previous	Change from baseline	Baseline neighbours rank	Latest neighbours rank	Change from previous	Best/highest neighbour	Baseline district variation	Latest district variation	Inter-district range
Percentage of mothers smoking at time of delivery	7.81 % 2014/15	7.04 % 2015/16	○	●	2 /8	2 /8	○	5.85 % Surrey	- - -	0 9 0	5 equal districts 6.4 - 7.9 4 equal districts
Breastfeeding initiation	77.64 % 2014/15	- -	○	○	5 /10	- -	○	84.68 % Surrey	3 4 1	- - -	Stevenage 69.5 - 86.9 St Albans
% children registered with a children's centre within 2 months of their date of birth	77.86 % Apr 16 to Jun 16	82.73 % Jan 17 - Mar 17	●	●	- -	- -	○	- -	1 8 1	3 7 0	Broxbourne 73.6 - 87.8 Welwyn Hatfield
Domestic abuse incidents recorded by the Police where a child is present	16.87 per 1,000 children 2014/15	18.09 per 1,000 children 2016/17	●	●	- -	- -	○	- -	- - -	- - -	- - - - -

Overarching goal: Parenting for a bright future: All young children given a strong foundation

Indicator (not all available at all geographies)	Baseline Herts. figure	Latest Herts. figure	Change from previous	Change from baseline	Baseline neighbours rank	Latest neighbours rank	Change from previous	Best/highest neighbour	Baseline district variation	Latest district variation	Inter-district range
Year 1 pupils achieving the expected level in the phonics screening check	79.46 % 2014/15	82.56 % 2015/16	○	●	1 /11	1 /11	○	82.56 % Hertfordshire	- - -	- - -	- - - - -
Overweight and obesity in children aged 4-5	19.42 % 2014/15	19.11 % 2015/16	○	●	4 /11	4 /11	○	16.56 % Surrey	1 9 0	1 8 1	St Albans 16 - 22.5 Broxbourne
Hospital admissions for accidental and deliberate injuries in children aged 0-4	117.62 per 10,000 2014/15	106.26 per 10,000 2015/16	○	●	4 /11	2 /11	○	105.22 per 10,000 Cambridgeshire	1 9 0	0 8 2	Dacorum 72.2 - 141.9 Stevenage
% take up of free early education entitlement for 2 year olds	64.9 % Jan 15 - Mar 15	77.58 % Jan 17 - Mar 17	●	●	4 /11	4 /11	●	81 % Warwickshire	3 5 2	2 7 1	Hertsmere 62.6 - 87.2 Stevenage
% take up of free early education entitlement for 3 and 4 year olds	90.32 % Jan 15 - Mar 15	90.06 % Jan 17 - Mar 17	●	●	11 /11	11 /11	●	103 % Warwickshire	2 1 7	3 4 3	Three Rivers 80.7 - 94.2 Stevenage
Gap between free and non-free school meal children achieving a good level of development at ages 3-4	20.18 % 2015	22.55 % 2016	○	○	5 /11	7 /11	○	18 % Northamptonshire	- - -	- - -	Hertsmere 13.2 - 30.4 St Albans

Health and Wellbeing Board Hertfordshire

Hertfordshire Public Health Evidence & Intelligence

● Statistically significant improvement

● No statistically significant change

● Statistically significant worsening

● Statistically significant increase

● Statistically significant decrease

○ No data / no update

↑ Increase / improvement in ranking

● No change in ranking

↓ Decrease / worsening in ranking

Districts compared to Hertfordshire

- Statistically significantly worse
- Not statistically significantly different
- Statistically significantly better
- Statistically significantly lower
- Statistically significantly higher

Hertfordshire Health & Wellbeing Strategy 2016-2020 – Developing Well indicators dashboard

Q2 2017/18

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Overarching goal: Good mental health and wellbeing for children and young people

Indicator (not all available at all geographies)	Baseline Herts. figure	Latest Herts. figure	Change from previous	Change from baseline	Baseline neighbours rank	Latest neighbours rank	Change from previous	Best/highest neighbour	Baseline district variation	Latest district variation	Inter-district range
% of looked after children considered 'of concern' for emotional wellbeing	35.57 2015/16	- -	○	○	3 /10	- -	○	33.45 Surrey	- - -	- - -	- - -
Children and young people who have been bullied in the past two months (age 15)	55.6 % 2014/15	- -	○	○	4 /11	- -	○	54.2 % Buckinghamshire	- - -	- - -	- - -
Family homelessness	2.06 per 1000 2014/15	2.11 per 1000 2015/16	○	●	10 /11	11 /11	○	0.86 per 1000 Hampshire	- - -	- - -	- - -
Child protection cases (new and repeat)	794 2015/16	- -	○	○	- -	- -	○	- -	- - -	- - -	North Hertfordshire 36 - 145 Welwyn Hatfield
Rate of children looked after	25.2 per 10,000 31/03/2016	- -	○	○	- -	- -	○	- -	2 5 3	- - -	Hertsmere 14.2 - 48.9 Stevenage

Overarching goal: Parenting for a bright future: All young children given a strong foundation

Indicator (not all available at all geographies)	Baseline Herts. figure	Latest Herts. figure	Change from previous	Change from baseline	Baseline neighbours rank	Latest neighbours rank	Change from previous	Best/highest neighbour	Baseline district variation	Latest district variation	Inter-district range
Overweight and obesity in children aged 10-11	27.65 % 2014/15	29.38 % 2015/16	○	●	4 /11	4 /11	○	26.5 % Surrey	1 8 1	1 7 2	East Hertfordshire 23.9 - 36.6 Broxbourne
Smoking at age 15	6.61 % 2016	- -	○	○	- -	- -	○	- -	- - -	- - -	- - -
Alcohol-specific hospital admissions in under 18s	25.51 per 100,000 2012/13 - 14/15	26.01 per 100,000 2013/14 - 15/16	○	●	3 /11	3 /11	○	21.54 per 100,000 Buckinghamshire	0 10 0	0 10 0	St Albans 15.1 - 38.8 Three Rivers
Hospital admissions due to substance misuse in 15-24 year olds	64.83 per 100,000 2012/13 - 14/15	67.31 per 100,000 2013/14 - 15/16	○	●	3 /11	3 /11	○	46.1 per 100,000 Buckinghamshire	- - -	- - -	- - -
First time entrants to the youth justice system	314.56 per 100,000 2015	313.67 per 100,000 2016	○	●	7 /11	9 /11	○	97.52 per 100,000 Surrey	- - -	- - -	- - -
GCSE attainment for children looked after	10.5 % 2015	- -	○	○	8 /10	- -	○	23.9 % West Sussex	- - -	- - -	- - -
Care leavers not in education, employment or training (NEET)	40.54 % 31/03/2016	- -	○	○	- -	- -	○	- -	0 10 0	- - -	Dacorum 29.6 - 53.9 Hertsmere
Care leavers in suitable accommodation	95.26 % 31/03/2016	- -	○	○	- -	- -	○	- -	0 10 0	- - -	Watford 90.5 - 100 Welwyn Hatfield
People aged 16-25 who are physically inactive	16.6 % 2014	- -	○	○	4 /6	- -	○	10.5 % Essex	- - -	- - -	- - -
People aged 16-25 who are insufficiently physically active	14.6 % 2014	- -	○	○	1 /5	- -	○	14.6 % Hertfordshire	- - -	- - -	- - -

Health and Wellbeing Board Hertfordshire

Hertfordshire Public Health Evidence & Intelligence

● Statistically significant improvement
● Statistically significant increase
◐ Increase / improvement in ranking
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◐ No change in ranking
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○ No data / no update
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Hertfordshire Health & Wellbeing Strategy 2016-2020 – Living & Working Well indicators dashboard

Q2 2017/18

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Overarching goal: Good mental health and wellbeing for working age adults

Indicator (not all available at all geographies)	Baseline Herts. figure	Latest Herts. figure	Change from previous	Change from baseline	Baseline neighbours rank	Latest neighbours rank	Change from previous	Best/highest neighbour	Baseline district variation	Latest district variation	Inter-district range
Statutory homelessness	2.49 per 1000 2014/15	2.63 per 1000 2015/16	○	●	7 /9	9 /11	○	1.2 per 1000 Oxfordshire	2 5 3	3 3 4	East Hertfordshire 1.2 - 5.4 Broxbourne
People with a self-reported high anxiety score	21.28 % 2014/15	16.04 % 2015/16	○	●	11 /11	1 /11	○	16.04 % Hertfordshire	- - -	- - -	- - - - -
Suicide	6.57 per 100,000 2013 - 15	- -	○	○	1 /11	- -	○	6.57 per 100,000 Hertfordshire	0 3 0	- - -	St Albans 7 - 9.2 Welwyn Hatfield
% of the working age population in long-term unemployment	0.22 % Dec 2015	0.2 % Aug 2016	○	●	8 /11	8 /11	○	0.07 % Oxfordshire	- - -	- - -	- - - - -

Overarching goal: Healthy lifestyles for working age adults

Indicator (not all available at all geographies)	Baseline Herts. figure	Latest Herts. figure	Change from previous	Change from baseline	Baseline neighbours rank	Latest neighbours rank	Change from previous	Best/highest neighbour	Baseline district variation	Latest district variation	Inter-district range
Overweight and obesity in adults	62.83 % 2013 - 15	- -	○	○	4 /11	- -	○	60.32 % Oxfordshire	1 8 1	- - -	Welwyn Hatfield 59.3 - 68.7 Stevenage
Smoking among adults in routine and manual occupations	33.39 % 2015	28.89 % 2016	○	●	11 /11	9 /11	○	23.58 % Surrey	0 10 0	0 10 0	Watford 11 - 45.9 Three Rivers
Proportion of the population meeting the recommended '5-a-day'	55.3 % 2015	- -	○	○	7 /11	- -	○	59.95 % Buckinghamshire	0 9 1	- - -	Stevenage 48.7 - 62.5 Hertsmere
Alcohol-related hospital admissions	509.31 per 100,000 2014/15	500.33 per 100,000 2015/16	○	●	4 /11	4 /11	○	480.92 per 100,000 Hampshire	3 7 0	1 8 1	East Hertfordshire 438.5 - 613.8 Watford
Adults who are physically inactive	24.4 % 2014	- -	○	○	5 /11	- -	○	19.9 % Cambridgeshire	- - -	- - -	- - - - -
Adults who are insufficiently physically active	17.1 % 2014	- -	○	○	10 /11	- -	○	13.6 % Warwickshire	- - -	- - -	- - - - -
Participation in sport among adults	50.99 % 2014/15	49.91 % 2015/16	○	●	4 /11	6 /11	○	54.32 % Surrey	- - -	- - -	- - - - -

Health and Wellbeing Board Hertfordshire

Hertfordshire Public Health Evidence & Intelligence

● Statistically significant improvement
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↑ Increase / improvement in ranking
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Hertfordshire Health & Wellbeing Strategy 2016-2020 – Ageing Well indicators dashboard

Q2 2017/18

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Overarching goal: Older people remaining physically active and independent

Indicator (not all available at all geographies)	Baseline Herts. figure	Latest Herts. figure	Change from previous	Change from baseline	Baseline neighbours rank	Latest neighbours rank	Change from previous	Best/highest neighbour	Baseline district variation		Latest district variation		Inter-district range
People aged 65+ offered reablement services after discharge from hospital	2.19 % 2013/14	- -	○	○	9 /11	- -	○	9.85 % Warwickshire	- - -		- - -		- - -
Delayed transfers of care	12.9 per 100,000 2014/15	15.8 per 100,000 2015/16	○	●	7 /11	8 /11	○	8.7 per 100,000 Surrey	- - -		- - -		- - -
Injuries due to falls in people aged 65+	2212.94 per 100,000 2014/15	2124.3 per 100,000 2015/16	○	●	8 /11	4 /11	○	1952.72 per 100,000 Hampshire	- 2 6 2		- 3 5 2		Broxbourne 1657.4 - 2708.2 Stevenage
Hip fractures in people aged 65+	560.93 per 100,000 2014/15	538.37 per 100,000 2015/16	○	●	4 /11	2 /11	○	489.65 per 100,000 Hampshire	- 0 10 0		- 0 10 0		Welwyn Hatfield 473.2 - 631.6 Stevenage
Life expectancy at 65 (Female)	21.62 Years 2013 - 15	- -	○	○	7 /11	- -	○	22.35 Years Buckinghamshire	- 3 4 3		- - -		Stevenage 20.2 - 22.7 Broxbourne
Life expectancy at 65 (Male)	19.21 Years 2013 - 15	- -	○	○	7 /11	- -	○	19.8 Years Buckinghamshire	- 2 7 1		- - -		Watford 17.8 - 20.2 St Albans
Adults (65+) who are physically inactive	42 % 2014	- -	○	○	6 /11	- -	○	37.3 % Buckinghamshire	- - -		- - -		- - -
Adults (65+) who are insufficiently physically active	15.8 % 2014	- -	○	○	8 /11	- -	○	12.4 % Cambridgeshire	- - -		- - -		- - -

Overarching goal: Good support in older age and end of life

Indicator (not all available at all geographies)	Baseline Herts. figure	Latest Herts. figure	Change from previous	Change from baseline	Baseline neighbours rank	Latest neighbours rank	Change from previous	Best/highest neighbour	Baseline district variation		Latest district variation		Inter-district range
Dementia emergency admissions (aged 65+)	3251.85 per 100,000 2014/15	3135.87 per 100,000 2015/16	○	●	9 /11	6 /11	○	2429.69 per 100,000 Buckinghamshire	- - -		- - -		- - -
Excess winter deaths index	34.55 Aug 2014 - Jul 2015	- -	○	○	11 /11	- -	○	23.54 Oxfordshire	- 0 10 0		- - -		Broxbourne 17.6 - 50.5 North Hertfordshire
Health related quality of life for older people	0.76 2014/15	0.76 2015/16	○	●	7 /11	7 /11	○	0.77 Surrey	- 0 9 1		- 0 10 0		Three Rivers 0.7 - 0.8 East Hertfordshire
Overall satisfaction of people who use services with their care and support	63.4 % 2014/15	63.3 % 2015/16	○	●	6 /11	8 /11	○	67.6 % Northamptonshire	- - -		- - -		- - -
Adult social care users who have as much social contact as they would like	40.1 % 2014/15	46.2 % 2015/16	○	●	11 /11	7 /11	○	51.4 % Hampshire	- - -		- - -		- - -
Percentage of adult carers who have as much social contact as they would like	46.8 % 2014/15	- -	○	○	1 /11	- -	○	46.8 % Hertfordshire	- - -		- - -		- - -

Health and Wellbeing Board Hertfordshire

Hertfordshire Public Health Evidence & Intelligence

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Health and Wellbeing Board
Hertfordshire

Agenda Item No.

5

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
TUESDAY, 17 OCTOBER 2017 AT 10:00AM

UPDATE FROM HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

Author: Peter Cutler, Programme Director, Hertfordshire and West Essex STP.

1. Purpose of report

1.1 This report provides an update on the progress that the Hertfordshire and west Essex Sustainability and Transformation Partnership (STP) has made since the last report made to the Health and Wellbeing Board.

2. Summary

2.1 This report summarises activity across the STP over the past three months. It includes an update on the Programme Management Office work plan against objectives set previously.

2.2 Workstreams are generally progressing well and have been asked to set out further details of their plans, including projected activity and finance impacts, in a workbook to aid future reporting.

2.3 In July 2017, a national STP performance dashboard was published for the first time, giving an assessment of each STP, based on a number of factors. This is expected to be an annual process. The Hertfordshire and West Essex STP has been rated as – *'making progress'.*

2.4 The report also details the local discussions taking place regarding the way that health and social care organisations are structured, with particular reference to Accountable Care Systems (ACS).

2.5 The local NHS has made submissions for capital money to improve the West Hertfordshire Hospital NHS Trust and The Princess Alexandra NHS Trust estates. The bids are progressing positively.

2.6 Bids have also been submitted by the STP cancer workstream to the Cancer Alliance. Capital bids must meet the requirement of improving patient pathways for cancer treatment, for example by speeding

diagnosis and treatment times, as well as increasing capacity in the system.

3. Recommendation

3.1 To note the progress made and to continue to support improvements.

4. Background

4.1 NHSE Stocktake

Tom Cahill, STP Leader, Deborah Fielding, Chief Executive West Essex CCG and Peter Cutler, STP Programme Director attended a meeting with Dr Paul Watson and Elliott Howard-Jones at NHS England regional headquarters in Cambridge on 19 July 2017. The purpose of the meeting was for a general stocktake on progress to date and a discussion about further assistance that might be available from NHS England.

Key main points discussed:

- It was noted that good progress had been made with the STP subsequent to the external review, with a strong governance structure; workstreams focused on NHS national priorities, and a strengthened Programme Management Office;

- STP encouraged to focus efforts and resources on the priorities for healthcare set out in the Five Year Forward View (FYFV) – notably Urgent and Emergency Care; Planned Care; Cancer; Mental Health and achieving financial balance.

4.2 STP Dashboard

4.2.1 A league table of national STP performance was published on 21st July 2017. The 44 STPs have been ranked in four categories according to their performance across 17 health system indicators. The categories are: outstanding; advanced, making progress and needs most improvement. Our STP is ranked as “making progress,” an improvement on previous assessments.

4.2.2 The league table undertook the assessment by using metrics that are grouped into three areas: Hospital Performance; Patient focused change and Transformation. Examples of the metrics are: waiting times performance in Accident and Emergency departments; cancer patient experience; early intervention in psychosis; emergency admissions rate and financial position. This means that this assessment of the STP’s performance is based on an amalgamation of the performance of the STP’s individual organisation rather than on what the STP is achieving in its own right. NHS England has suggested that this model will be refined and updated in future.

4.2.3 The areas where it is clear that STP provider organisations are not meeting the required targets are: A&E waiting time performance; 62 day waits for cancer patients and financial control.

4.2.3 Workstream leads have been asked to ensure that their plans reflect regulatory performance requirements. These will be monitored on a monthly basis.

5. Accountable Care Systems

5.1 The development of Accountable Care Systems was discussed at the July STP leaders' event, when they were clearly signposted as the direction of travel. Further guidance has since been published concerning Accountable Care Systems (ACS) and Accountable Care Organisations (ACOs).

5.2 Further discussions have taken place amongst Hertfordshire organisations, including discussing the options for an ACO in Hertfordshire, noting the progress made in west Essex. It has been agreed to organise a further session on developing an ACS, this will be facilitated by an ACS expert.

5.3 On 20th September 2017, the local system hosted a workshop led by a team from Canterbury, New Zealand, which focused on:

- 'The Canterbury Story and Frailty Focus' led by Carolyn Gullery, CDHB, General Manager.
- Planning and funding, their approach to integrated care and how it has demonstrated measurable reductions in demand for hospital and long-term residential care services including their community falls programme which targets the over 75s.
- 'Engaging Clinicians with Data' led by a Medical Director.

5.4 The workshop took on board the lessons from Canterbury and also reflected on the need for rapid implementation compared to the speed of transformation in this example.

6. Capital update

6.1 The national allocation of capital resources against the 2017/18 'Tranche 1' funding has now been made. STP bids were submitted by West Herts Hospital Trust (WHHT) against this funding in April 2017, but these were ultimately unsuccessful.

6.2 Princess Alexandra Hospital (PAH) and WHHT also made submissions against 'Tranche 2' capital resources and the unsuccessful 'Tranche 1' schemes have also been resubmitted. Included in the 'Tranche 2' bids are the Strategic Outline Cases for the redevelopment of both Watford General/St Albans City Hospital and The Princess Alexandra NHS Trust. Approximately 300 bids have been submitted nationally and

NHS Improvement and NHS England are preparing their prioritisation of these against an anticipated release of capital funding via the 2017 Autumn Statement. The STP understands that our area's bids are progressively positively.

7. Workstream update

A summary of major workstream plans is provided at Appendix 1.

8. Update on Programme Management Office (PMO) Work plan

8.1 The PMO team continue to make progress in delivering the PMO work plan. Particular highlights are:

- Appointment of three programme managers, who started on 2 October 2017.
- Development and publication of workstream work book that provides templates for project monitoring and reporting
- Establishment of monthly reporting of STP wide finance and activity information
- Establishment of regular bulletins for stakeholders and staff
- Establishment of high level STP risk register
- Agreement of team objectives.
- Scheduling of Director and Senior Clinician engagement events.

8.2 Over the next weeks, the PMO team will be concentrating on ensuring that all workstreams complete the work book which will provide details of the milestones and KPIs that will be delivered, alongside the identification of any associated risks and plans to mitigate these. Where there are issues with the delivery of detailed plans this is being escalated for discussion at Gateway meetings. Work will also continue to implementation of Local Delivery Partnerships and the drafting of an updated STP plan.

9. Communications and Engagement

9.1 STP-wide public consultations on the NHS funding of local treatments, procedures and prescriptions took place for 10 weeks between July and September 2017. Following the consultation, detailed preparations are being made for a specially-convened Joint Commissioning Committee to be held in public in Welwyn Garden City on Thursday 12 October 2017.

9.2 It is expected that the committee's decisions will generate a significant degree of public and media interest. During the 10-week consultation process, more than 500 people attended meetings which explained the STP vision and challenges and more than 2,500 people submitted consultation responses.

9.3 The STP website, www.healthierfuture.org.uk , is continuing to receive a significant number of visitors, with 10,500 unique users visiting the website in the last quarter.

9.4 More than 2,000 people read the most recent edition of the STP newsletter and the new STP Leader's Update has been positively received.

9.5 An Easy Read version of the STP plan, 'A Healthier Future', designed be accessible to adults with learning difficulties or disabilities, has been produced and is available to read or download from the STP website.

9.6 In response to a request from NHS England, a proactive, STP-wide winter communications plan was produced in partnership with comms leads from across the STP. A more detailed action plan will now be developed.

10. Governance

10.1 At the STP Chairs' Oversight Board meeting held on 14 September 2017, a STP Memorandum of Understanding was approved. Each Chair was asked to present it to their Board for approval.

Appendix 1: Work stream Deliverables

Priority Work stream	Timescale for agreed milestones
Urgent and Emergency Care SRO: Katie Fisher Director Lead/ Programme Lead Sharn Elton Gateway Meeting: 22.9.17	• Clinical contact by NHS 111 (Herts already have) , West Essex compliant from March 2018 • Direct booking in hours into NHS 111, starting in Herts December 2017 • Direct booking out of hours into Herts up 70 % by December 2017. West Herts at 40% March 2018 • 95% A&E 4 hour target March 2018 • 100% of patients handed over within 15 mins by March 2018 • Co-location of GP streaming with A&E departments by December 2017. • CHC full assessment in acute setting down to 15% March 2018. • Review objectives against the newly published national specification. 15th October 2017.
Cancer SRO: Nick Carver Director Lead/ Programme Lead Kate Lancaster Gateway Meeting: 31.7.17	• Roll out HPV cervical screening March 2018 • FIT testing for Bowel screening March 2018 • Scoping of work needed to offer appointments in 7 days for patients on two week pathway. Dec 2017 • Implement agreed Inter Trust policy April 2018 • Ensure STP ready to be put forward as pilot site for FIT diagnostic and prostate pathway. March 2018 • Complete analysis of latest patient experience results, and share learning. Dec 2017
Priority Work stream	**Timescale for agreed milestones**
Primary Care SRO: Beverley Flowers Director Lead/ Programme Lead Denise Boardman Gateway Meeting: 8.8.17	• East and North Herts GP Extended Access at 50% by March 2018 • % pop coverage for weekend appointments in Herts 50% March 2018. • All practices participating in Care Navigation. Dec 2017.
Mental Health and Learning Disabilities SRO: Karen Taylor Director Lead/	• Evaluate effectiveness of IAPT LTC Early Implementer pilots and consider ongoing funding / roll out to E&N Herts. Dec 2017. • Evaluate impact of Hertfordshire perinatal mental health service launched service and consider roll out to West Essex. June 2018

Programme Lead Simon Pattison Gateway Meeting: 1.8.17	• Work with providers to implement revised models for Finalise pathways for both autism and ADHD. Dec 2017 • Pilot local management of CAMHS Tier 4 beds. Dec 2017 • Full STP cover of mental health services 24/7 in acute settings. March 2018.
Planned Care SRO: Deborah Fielding Director Lead/ Programme Lead Deborah McInerney Gateway Meeting: 31.7.17	• POLCE: Review the policy long list and identify further opportunities. March 2018 • Reduction in variation of referrals from Primary Care into secondary care through the implementation of pre- referral protocols, shared decision making, thresholds for referral and peer review. • Review current outsourced activity to understand scale of expenditure and implications on capacity and waiting times of ceasing outsourcing. March 2018. • Review outpatient efficiency in terms of new and follow up activity. • Refresh fragile services review to ascertain where there are opportunities within the STP for the three acute sites to collaborate to improve patient outcomes and sustainability. • Review MSK services; to agree primary care protocols, secondary care referral thresholds, diagnostic requirements in primary care before referral and secondary care to primary care discharge protocols, plus length of inpatient stay. • Implement shared decision making.
Frailty SRO: Kathryn Magson Director Lead/ Programme Lead Alex Green Gateway Meeting: 19.9.17	• Apply the “deciding right” approach to the development of a single plan. • Ensure use of a frailty index in primary care and other health and social care settings (e.g. Acute Trusts, Community Trusts, Voluntary Sector) – to ensure mild, moderate and severe frail patients are identified and targeted appropriately i.e. Case management of moderate frail, MDT management of severe frail. • Ensure STP wide access to the appropriate EoL medication at all times, through an appropriate process. Ensure as seamless process as possible for selecting medications for anticipatory and reactive prescribing. • Establishment of: a. Approach to integrated FALLS assessment;

	b. Common information and resources for falls c. Shared data and falls outcome indicator sets and monitoring of their effective implementation; Systems to facilitate falls self-assessment, self-management and self-care planning • Improve medicines management in the frail. • Work with care homes to apply STOPP/START tool to patients identified as frail to achieve improved medicines optimisation. Work stream connections to enable delivery: - *technology* WS with deciding right and data sharing - *primary care* WS with EFI and population risk stratification - *prevention* WS and falls - *mental health* link with dementia - *medicines optimisation*
Medicines Optimisation SRO: Lance McCarthy Director Lead/ Programme Lead Trevor Smith Deep Dive CEO Board 19.9.17	• Open the bag campaign. Jan 2018. • Roll out to Herts Valley and West Essex of care home pharmacists. • Ward stocktake and rationalisation of what is held. March 2018 • Introducing biosimilars where appropriate • Transfer pharmacy information electronically from acute trusts to community pharmacists • Implement community pharmacy proposal in three localities.

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
ACS	Accountable Care System
FYFV	Five Year Forward View
PMO	Programme Management Office
SOCs	Strategic Outline Cases
STP	Sustainability and Transformation Partnership

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

6

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
TUESDAY, 17 OCTOBER AT 10:00AM

BETTER CARE FUND PLAN 2017-19

Report of Director of Adult Care Services

Author: Edward Knowles, AD Integrated Health, Tel: 01992 588950

1. Purpose of report

1.1. To provide an overview of the Better Care Fund Plan 2017-19 for Health & Wellbeing Board review and approval.

2. Background

2.1 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.

3. Better Care Fund Plan 2017-19

3.1 As last year, Hertfordshire is required to submit an updated BCF Plan but covering two financial years from April 2017. The Plan consists of a high-level narrative and a Planning Template outlining financial spend and performance projections. An overview of the high-level narrative Plan is as follows:

3.2 **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. This has been used to create the below planning framework for Hertfordshire:

Figure 1: Hertfordshire's resident focused planning framework

3.3 **Priorities and Delivery Plan:** The above 'integration standards' have been matched against a set of joined up care priorities to be delivered by 2020 (see appendix 1 of the high-level narrative Plan). Delivery plans, developed in consultation with the STP and CCG Operational Plans, 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, expanding prevention, and better involvement of the voluntary sector in statutory services
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, expansion of integrated community teams and enhancing care in care homes

6. **Timely and safe discharges** – implementing all 8 areas of the High Impact Change Model, 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

3.4 **Performance Metrics:** The BCF Plan is expected to demonstrate compliance with four National Conditions and four performance metrics (see sections 4 and 6 of the high-level narrative Plan). This includes meeting targets for reducing delayed transfers of care (DToC). The County Council and the Clinical Commissioning Groups (CCGs) have rejected ambitious targets pre-set by NHS England in favour of achieving the mandated NHS target for 3.5% of acute and non-acute beds being accounted for by both health and social care attributable DToC.

3.5 **Planning Template:** As well as outlining metric targets, the Planning Template part of the Plan outlines BCF expenditure which is similar to last year's £304m. Hertfordshire's BCF consists of the majority of out-of-county older people budgets. This is made up from:

- **CCG Minimum Contributions**: Nationally-defined amounts of CCG monies with spend providing both a health and social care benefit. Includes 'maintenance of social care' monies, which must be spent on adult social care services that have a health benefit.
- **Improved BCF (iBCF):** a new social care grant allocation intended to provide stability and capacity to local systems to support among other things management of DToCs. iBCF spend and performance is collected by NHSE separately.
- **Disabled Facilities Grant:** Allocated via the BCF and distributed to district councils to meet their statutory duty to provide home adaptations
- Additional contributions: **Jointly agreed additional funding from the CCG and HCC to aid collaboration.**

Table 2: BCF Financial Breakdown

Organisation / Pot	**2017-18 Total (£000)**
East & North Herts CCG	£82,991 (£33,544 = min contribution)
Herts Valleys CCG	£96,508 (£35,377 = min contribution)
Cambridgeshire & Peterborough CCG	£1,070 (£1,070 = min contribution)
Hertfordshire County Council	£80,098
DFG Allocation	£6,201
iBCF	£13,071
TOTAL FUND	**£279,938**

4. Submission and Approval

4.1 Following County Council and CCG approval, the BCF Plan was submitted to NHS England on their required deadline of 11th September 2017. This was with the understanding that it had not yet gone to the Health and Wellbeing Board for formal sign-off and would do so in October 2017. Areas will be notified if their plans are 'approved', 'approved with conditions' or 'not approved' by early to mid-October 2017. If 'approved with conditions', areas will still be able to use BCF monies but will need to submit updated plans by the end of October 2017. The Health and Wellbeing Board will be notified of the outcome, if available, at the October 2017 meeting.

4.2 Pooled arrangements between health and social care are underpinned by the Section 75 Agreement which provides the legal framework for the BCF and other pooled monies. The section 75 agreement is currently under review to be updated by November this year.

5. Recommendation

5.1 That the Board note the above and give their approval for the Better Care Fund Plan 2017-19.

Report signed off by	Colette Wyatt-Lowe, HWB Chair
Sponsoring HWB Member/s	Iain MacBeath, Beverley Flowers, Kathryn Magson
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
- Prevention

Consultation/public involvement (activity taken or planned)
See National Condition 1 of the BCF Plan for notes on consultation which included joint agreement between HCC and the CCGs with input from providers and other stakeholders
Also previous BCF Plans, which form the base of current version, were developed in relation 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 is subject to robust equality impact assessments to ensure the impact on different groups is understood and where necessary mitigated against. An EQIA was also created for the 'Joined Up Care Framework' forming the basis of this year's BCF Plan and which identified that the BCF actively creates opportunities to promote equality.

Acronyms or terms used. eg:

Initials	In full
ACS	Adult Care Services
BCF	Better Care Fund

CCG	Clinical Commissioning Group
DToC	Delayed transfers of care
HCC	Hertfordshire County Council
HWB	Health & Wellbeing Board
NHSE	NHS England

Hertfordshire: 2017-19 Better Care Fund Plan

High Level Narrative

Cambridgeshire & Peterborough Clinical Commissioning Group

East & North Herts Clinical Commissioning Group

Hertfordshire County Council

Herts Valleys Clinical Commissioning Group

Key References & Related Documentation

Key Document or Information Title	Content
2015-16 Better Care Fund Plan; 2016-17 Better Care Fund Plan	Outlines Better Care Fund plans for the last two years, used as basis for the 2017-19 BCF Plan
CCG Operational Plans	Outlines CCG priorities for the coming year
Health & Wellbeing Board Strategy 2016-19	The Strategy sets out Health & Wellbeing Board priorities for a healthier and happier Hertfordshire
Sustainability & Transformation Plan, 'A Healthier Future'	How local services will evolve over the next 5 years over the STP footprint (Hertfordshire & West Essex)
Ageing Well Strategy 2014-19	Led by the County Council, this has been developed by the multi-agency *Older People and Dementia Strategic Commissioning Group* that includes providers, carers, service users and Healthwatch Hertfordshire
Carers' Strategy 2015-18	Outlines joint priorities and actions in relation to carers over the next 3 years – due to be reviewed in 2017
Dementia Strategy 2015-19	Outlines joint priorities, approaches and actions in relation to dementia care over the next four years
Joint Market Position Statements	A series of Joint Health and Social Care Market Position Statements summarising commissioning intentions to support current and potential providers develop the right services for residents – these cover mental health, learning disabilities, carers, older people and physical disabilities
Joint Strategic Needs Assessment (JSNA)	Web-based resource with data and intelligence designed to inform commissioning decisions
Mental Health Strategy 2016-21	Outlines joint priorities, approaches and actions in relation to mental health over the next four years
Mental Health Crisis Care Concordat	Deliver of a Hertfordshire-wide action plan to bring together a range of agencies involved in the care and support of those in mental health crisis
East & North Herts Vanguard Programme Value Proposition	Shows development plans for the Vanguard Programme over 4 years from 2015
Your Care, Your Future	HVCCG'S Transformation Programme - http://www.yourcareyourfuture.org.uk/

Contents

List of Appendices:

Glossary

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

Acronym	Title
MST	Multi-speciality team
NEA / NEL	Non-elective admission / Non-elective
OOH	Out of hours
PAH	Princess Alexandra Hospital
QIPP	Quality, Innovation, Productivity & Prevention
SCN	Strategic Clinical Network
SEND	Special educational needs and disabilities
SLG	System Leaders Group
SRG	System Resilience Group
STP	Sustainability & Transformation Plan
S75	Section 75
VCS	Voluntary & Community Services
WECCG	West Essex Clinical Commissioning Group
WHHT	West Hertfordshire Hospitals NHS Trust
YCYF	Your Care, Your Future

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

1.1 Our Shared Vision

Hertfordshire's **vision** for health and social care integration remains:

> "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"

Improved joint working between health and social care has been a long-term strategic priority for Hertfordshire, resulting in the introduction of a range of integrated care solutions that have improved outcomes for people using those services. Over the last year, three such services – HomeFirst, Community Navigators and the Complex Care Premium - have been recognised by winning national awards.[1] In 2016/17, we continued our track record of implementing innovative integrated care models, as summarised in section 2, and retained productive and focused working relationships between partners in the face of challenging financial and demand-led operational pressures.

In this plan, we aim to combine our consistent, long-term vision for integration in health and social care with a number of new areas of focus to take the delivery of our vision into the next phase, and contribute to the achievement of system-wide financial and activity targets set out in the Hertfordshire and West Essex Sustainability and Transformation Plan (STP).

We have also aligned our priorities more closely to citizen focused 'I statements' (SCIE, 2017) to demonstrate the impact of our achievements and objectives for our residents, and remind ourselves that integration is not an end in itself, but is a way of shifting health and care service focus to improving public health and meeting the holistic needs of individuals, of drawing together all services across a place for greatest benefit, and of investing in services which maximise wellbeing throughout life (Stepping up to the Place, LGA 2016).

[1] HomeFirst won the Local Government Chronicle magazine's 'Health and Social Care' project of the year (2016), Community Navigators received a highly commended HSJ Value in Healthcare Award (May 2016), Complex Care Premium received the 2017 HSJ Workforce Efficiency Award (May 2017)

Figure 1: Hertfordshire's resident focused planning framework

National Voices definition

"I can plan my care with people who work together to understand me and my carers, allow me control, and bring together services to achieve the outcomes important to me"

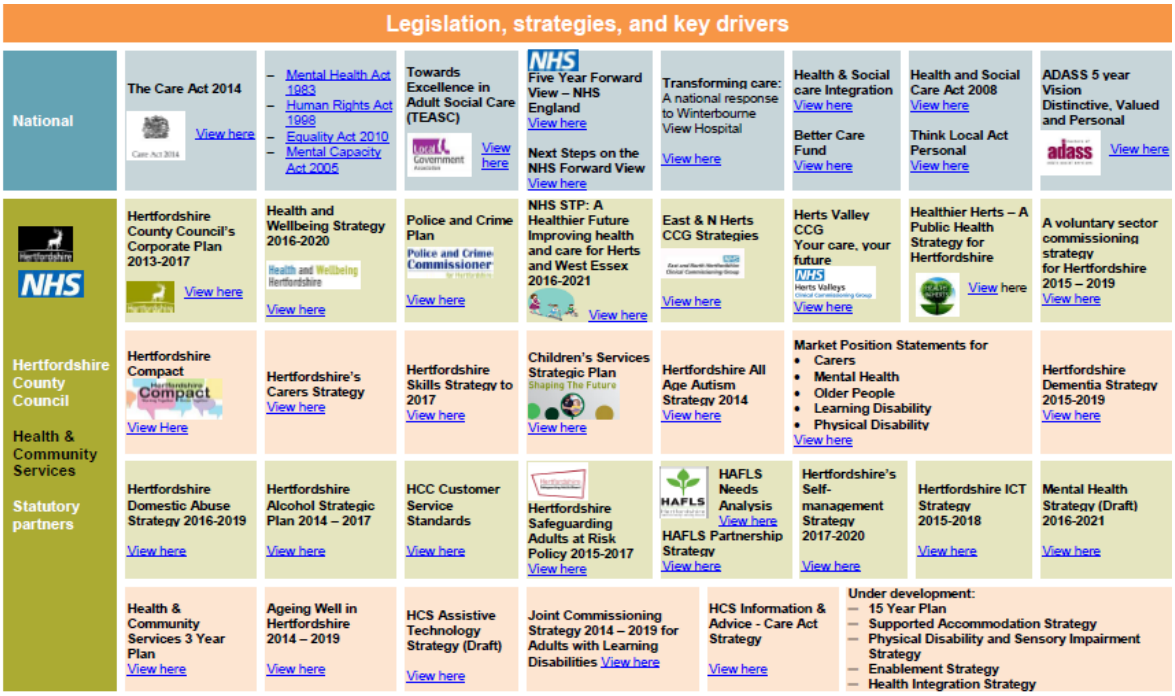
SCIE Integration standard - I Statements

1. '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).'
2. '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 the money spent on my care.'
3. 'I receive the best possible level of care from the NHS and my local authority.'
4. '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.'
5. 'I receive more care in or near my home, and haven't been to hospital for ages.'
   '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.'
   'Areas use multidisciplinary 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.'
6. 'If I go into hospital, health and social care professionals work together to make sure I'm not here for any longer than I need.'
7. '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'

1.2 Alignment to other system plans

Hertfordshire's plan for health and social care integration draws from national guidance and brings together a number of local strategies where health and social care integration is necessary for service transformation and outcomes:

Figure 2: Hertfordshire's linked local strategies[2]



The following sections outline the recent developments in national and local planning, and how the BCF plan will align in the future.

1.2.1 Health and Wellbeing Board Strategy

The Health and Wellbeing Board (HWB) brings together the NHS, public health, adult social care and children's services including elected representatives and Hertfordshire Healthwatch, to plan how best to meet the needs of Hertfordshire's population and tackle local inequalities in health.

Underpinning this is the HWB's Strategy, ***Healthier People, Healthier Communities*** which was refreshed in June 2016 and provides the foundation of Hertfordshire's approach to integration. Its vision is "with all partners working together we aim to reduce health inequalities and improve the health and wellbeing of people in Hertfordshire".[3]

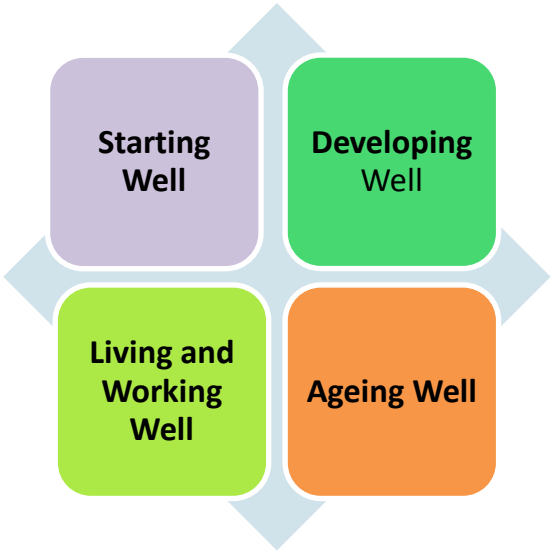
[2] To view, visit https://www.hertfordshire.gov.uk/about-the-council/freedom-of-information-and-council-data/open-data-statistics-about-hertfordshire/our-policies-and-procedures/market-position-statements/market-position-statements.aspx and select 'strategy map'.

[3] To view the Strategy, visit https://www.hertfordshire.gov.uk/about-the-council/how-the-council-works/partnerships/health-and-wellbeing-board.aspx

The refreshed Strategy is divided into 4 sections, each related to 1 of 4 major life stages:

- Starting Well – babies and very young children including maternity
- Developing Well – children and young people aged 6-25 years
- Living & Working Well – working age adults
- Ageing Well – people aged 65 years and above

Figure 3: Health & Wellbeing Strategy Life Stages



Each life stage has been accorded priorities that meet the following 6 principles:

- **Encourage opportunities to integrate services to improve outcomes**
- Keeping people safe and reducing inequalities in health, attainment and wellbeing outcomes
- Use public health evidence, other comparison information and Hertfordshire citizen's views to focus on the most significant needs
- Centring strategies on people, their families and carers, providing services universally but focusing on the most vulnerable
- Focus on preventative approaches and helping communities to support each other
- Consider what can be done better together by focusing efforts on adding values as partners to maximise benefits to the public

The priorities for 2016- 2020 include:

Starting Well	**Developing Well**	**Living Well, Working Well**	**Ageing Well**
Reducing incidents of smoking during pregnancy	Improved mental health and wellbeing in children (CAMHS)	Improving mental health prevention and resilience	Improving activity and reducing frailty levels in older people
Supporting new mothers	Better support for young carers	Better support for unpaid carers	Reducing preventable winter deaths
Perinatal mental health	Encouraging healthy lifestyles	Tackling homelessness and housing issues	Improving support for those with dementia
Reduce variation in school readiness	Improving life chances of the most vulnerable	Reducing preventable disability and supporting	Reducing social isolation

		those with learning disabilities	
Reduce young child obesity	Improving looked after children outcomes	Improving levels of physical activity	Improving people's ability to live independently

1.2.2 NHS Strategic Priorities

Hertfordshire is making good progress in implementing the 5 Year Forward View where integration is essential to the delivery of the following priorities:

- Delivery of new models of care and moves towards an accountable care system
- Primary care – enhanced access and multidisciplinary teams
- Enhanced support for care homes
- Achieving the priorities of the metal health five year forward view, including expansion of Improving Access to Psychological Therapies.
- Implementing the High Impact changes to reduce delayed transfers of care and free up acute hospital beds
- Improved patient flow
- Implementation of 10 point efficiency plan
- Expansion of NHS 111 services

1.2.3 ENHCCG Strategic Ambitions

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

Working together for healthier communities, ENHCCG's Strategic Plan 2014-2019 outlines the following priorities:[4]

- Caring for people at home when it is the best option
- 24 hour medical advice on getting the best health care for people's needs
- Caring as much for a person's mental health as their physical wellbeing
- Helping people to be as healthy as they can throughout their lives
- Putting the right support in place to help people when they need it
- Giving a person and their families the care and compassion they need at the end of their lives
- Modern, high quality facilities at QEII and Lister Hospital to meet changing needs

1.2.4 HVCCG Strategic Ambitions

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

[4] For the Strategic Plan, please visit the E&NHCCG website: http://www.enhertsccg.nhs.uk/strategies

Developed in consultation with local people, including patients, carers and clinicians, the **Your Care Your Future** (YCYF) transformation programme is delivering more personalised, and proactive care developed and delivered in partnership. YCYF is based on the following principles:

- Prevention & Self-Management (addressing growth in activity)
- Joined up care (e.g. extended care)
- Locality based delivery closer to home
- Managing stability and escalation
- Efficient and effective specialist care[5]

It is addressing these by delivering the following:

- Addressing STP priorities for prevention, self-care, patient empowerment and pathway redesign
- Expanding local services – enabling more people to access the care and support they need in their own community which means more care at home and building on existing community and voluntary services
- Health and Wellbeing Hubs – improving connections between health, social care and other parts of the community creating a network of joined up services closer to home
- Improving quality of services in West Hertfordshire
- Healthy living to prevent the development and escalation of conditions in the first place
- Future hospital care – improving quality of acute care while enabling more people to be cared for in the community

1.2.5 Hertfordshire County Council Strategic Ambitions

We want Hertfordshire to remain a county where people have the opportunity to live healthy, fulfilling lives in thriving, prosperous communities. (County of Opportunity, HCCs Corporate Plan 2013-17)

The Hertfordshire Adult Care Services 3 year plan provides the strategic direction for adult social care and health, supporting people with learning disabilities, physical disabilities, those with mental health problems, older people and family carers. This includes implementation of the Care Act 2014, integration with NHS services through Hertfordshire's Better Care Fund, and using new technology and modernising services to meet people's changing expectations.

The next 3 year plan, to be in place next year, will form the first delivery plan that will sit within a new '15 Year Plan with Strategic Ambitions for Adult Social Care in Hertfordshire,

[5] For detailed plans, visit http://www.yourcareyourfuture.org.uk/vision-for-the-future/

2018-2033'. This 15 year plan is to be agreed in October but will contain 4 strategic ambition areas. These are (currently in draft):

1. **Information and advice** – communicating well and providing good information and advice to enable and support people to look after themselves and each other
2. **Community first** – recognising that we depend on each other and need to build supporting relationships and strong communities
3. **Valuing independence** – services that prevent future need, help people get back on track after an illness and support disabled people to be independent and live purposeful lives
4. **Caring Well** – developing personalised, good quality services that addresses people's wellbeing and keeps them safe and resilient

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

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

Implementation of the Care Act will continue to be embedded in 2017-19, including additional staff training around making safeguarding personal, new quality assurance processes, issuing of Market Position Statements and continuation of the ACS Coproduction Board (see below).[6]

1.2.6 'A Healthier Future' – Hertfordshire & West Essex Sustainability & Transformation Plan [7]

Hertfordshire's BCF vision incorporates the 'challenges' of the Sustainability and Transformation Plan, which will improve care delivery for Hertfordshire residents over the next five years. The STP focuses on four key challenges:

1. Living well and preventing ill-health
2. Transforming primary and community services

[6] See section 4.2 of the 2016-17 BCF Plan
[7] For more information, visit the local STP website: http://www.healthierfuture.org.uk/

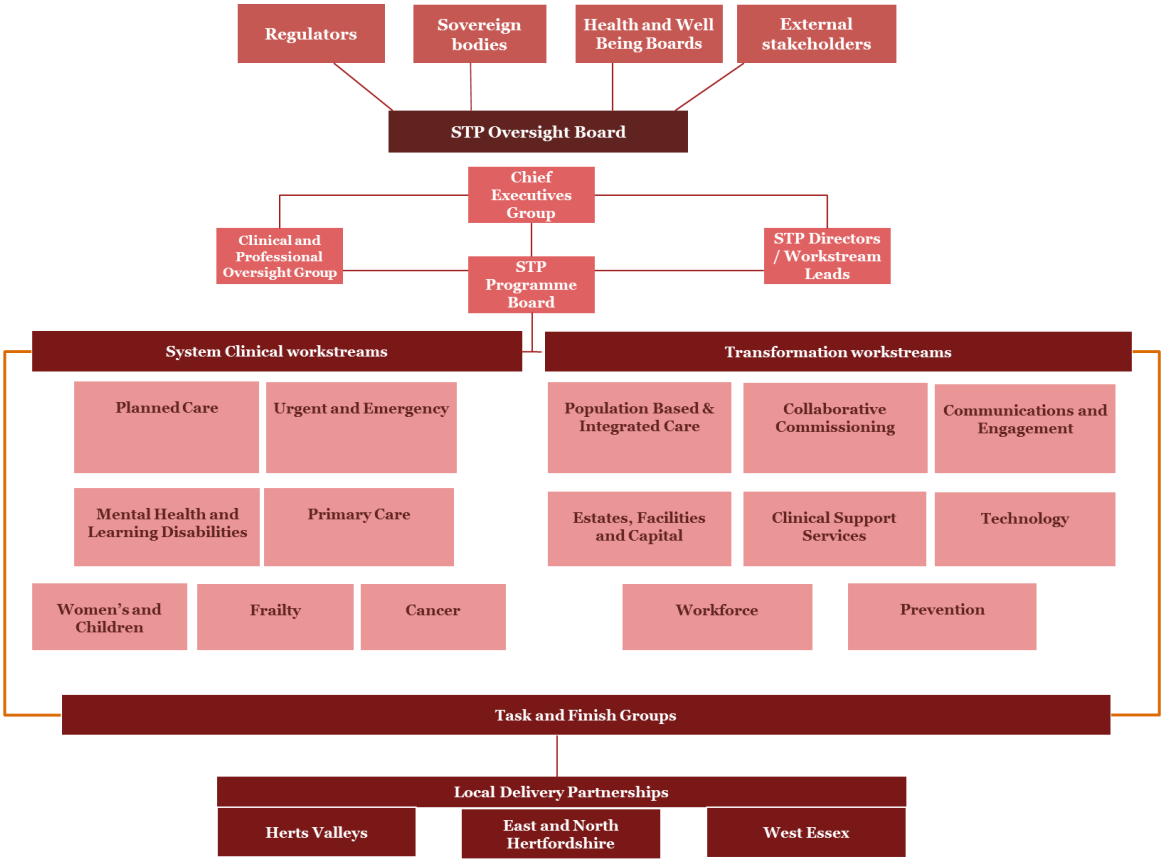
3. Improving urgent and hospital services
4. Providing health and care more efficiently and effectively

At the centre of *A Healthier Future,* as with the BCF plan, is a collaborative obligation for partners to work together across primary care, social care, community health, acute services and mental health to make our system more citizen-focused and fit for the future**.** Integration across health and social care is recognised as a key means of meeting the challenges outlined above, and specific focus has been given in recent months to the alignment of the planning and implementation in the following areas:

- An integrated strategy for, and approach to, self-management
- Wider use of community and voluntary sector assets through social prescribing and Hertfordshire's *Community First* approach
- Risk stratification identifying people at risk of preventable illnesses or ill-health
- Shared care planning and assessment
- Delivery of care closer to people's homes and out of hospitals, including in newly created local health and wellbeing 'hubs' to cater for local people's physical, social and mental health needs
- Alignment of health and social care services within the redesign of end-to-end clinical pathways, including Stroke, Diabetes, End of life and Frailty
- Simplification of the urgent care system
- Extending support to care homes through various in-reach models
- Opportunities for collaborative commissioning
- The development of 'place-based' models of care and integration of community and primary care teams, locally designed and driven by STP-wide locality governance arrangements in accordance with local need. This includes the alignment of services around 'neighbourhoods' of around 30,000-50,000 people.

In 2016-17, major elements of the BCF programme delivery framework were subsumed within STP governance infrastructure to ensure co-ordination of plans and reduce duplication. This includes the evolution of provider-led Integrated Care Programme Boards, which had been providing a systems leadership role in the development of integrated community teams, into the STPs Place-Based and Integrated Care workstream (see STP governance diagram below).

Figure 4: STP Governance Diagram



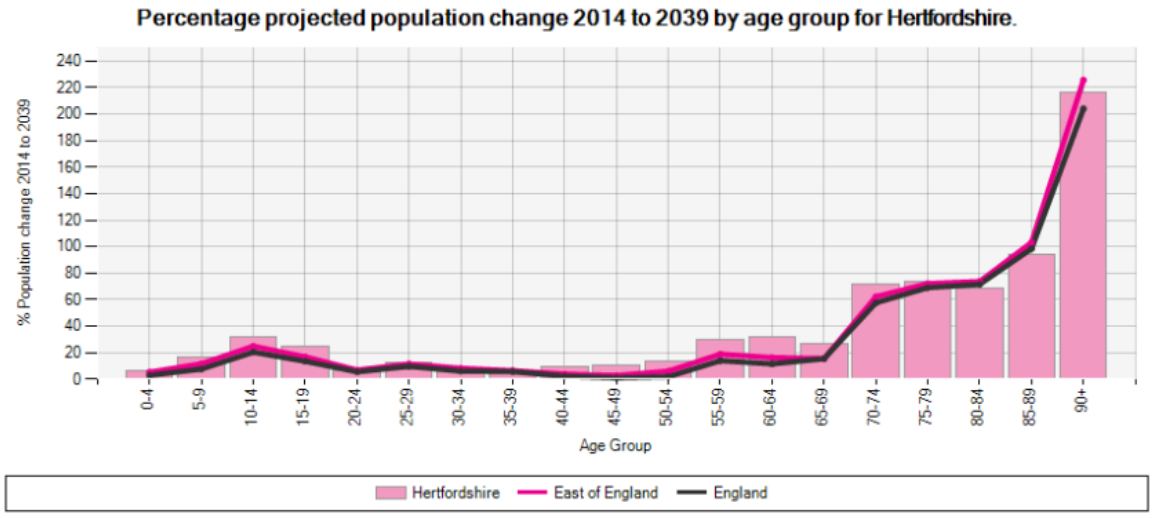
2. The Hertfordshire Context & Progress to Date

2.1 The Hertfordshire Context - Current & Future Challenges

Hertfordshire faces significant current and future challenges within our health and social care system, forming a backdrop to all integration planning and are outlined in the previous two BCF Plans. Hertfordshire and West Essex's STP estimates a combined NHS and social care deficit of £548m (£397m attributed to the NHS and £151m to social care) by the end of 2020-21 if no action is taken. Drawing together information from across health and social care planning and in particular the STP, considerations towards this include:

- **Demographic pressures** as a result of Hertfordshire's ageing population rising above the English average - this includes a projected overall population increase of 24% and an 82% increase in over 85s between 2014-39

Figure 5: Hertfordshire Projected Population Change, 2014-39



Source: Office for National Statistics, 2014-based population projections. Crown copyright.

- **Service pressures** as a result of a rising number of people with long-term conditions, some of the most intensive users of the most expensive services - by 2030, 67,089 residents aged 65 and over will be living with a long-term condition compared to 46, 396 currently, an increase of 36%.[8] There is also predicted to be a 63% increase in those with dementia by 2030.
- An increasing demand in **mental health services.** The wider social costs of mental health are estimated to be about £2.2 billion for Hertfordshire, of which around £636 million is work-related.
- A projected 'tipping point' where the number of older people needing care will outstrip the number of **unpaid carers**
- A need for a larger health and social care **workforce** as a result of rising demand and complexity of required care services as well as recruitment and retention issues

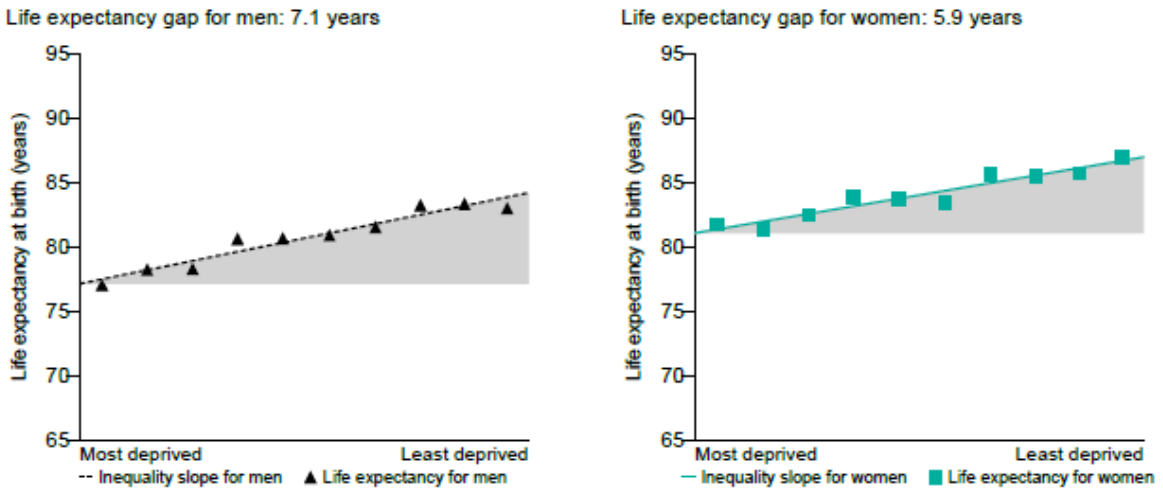
[8] http://www.poppi.org.uk/index.php?pageNo=331&PHPSESSID=5vls42bae333ufssmphblmo8v6&sc=1&loc=8262&np=1

- A high use of **urgent care** services putting additional pressure on the local system and making it more difficult to meet national targets including reducing non-elective admissions (NEA) and delayed transfers of care (DToC)
- **Housing –** a decent house, suitable to current need and in a safe neighbourhood is a fundamental right and has a direct impact on health and independence at all ages. This is not always the reality in Hertfordshire and this contributes to increased acute activity, DToCs, permanent admissions to care homes, homelessness and social and community issues. Hertfordshire's high housing costs and demand can also make living well more difficult for those on lower income, as well as cause problems recruiting and retaining key workers.

Health Inequalities

Although collectively one of the 20% least deprived counties in England, Hertfordshire has significant pockets of deprivation. As an example, the difference in life expectancy is 7.1 years lower for men and 5.9 years lower for women between the most and least deprived areas of Hertfordshire as shown in the diagram below. Lifestyle factors, as well as other wider determinants of health, are a key contributor towards these differences and should be considered alongside prevention and equal access to services when addressing system pressures. It is known for example that Hertfordshire's smoking rate is higher than the national average among lower-paid occupations who therefore have a higher risk of developing a long-term condition – tackling this issue will involve considering employment, education, healthy places and communities as well as health and care services. Hertfordshire's Public Health is a key partner in advising, developing and reviewing strategies to address these wider causes.

Figure 6: Life Expectancy in Hertfordshire[9]



[9] For more information, see Hertfordshire Health Profile 2016, Public Health England and Herts Insight which draws together information and statistics about Hertfordshire and its local communities

Protected Groups

Health outcomes can vary between different groups. For example, Hertfordshire has a consistently lower life expectancy rate for men than women (at its greatest, a difference of 13 years), higher smoking rates among certain ethnic groups and higher levels of obesity among those with disability. The importance of addressing these issues as well as not disadvantaging one particular group when delivering integrated services is acknowledged, with the majority of individual programmes and projects having equality impact assessments and plans in place. An equality impact assessment of the BCF as a whole suggests that joined up care also provides significant openings to advance equality of opportunity and foster good relations among protected groups due to improved care and closer working with existing strategies including the STP.[10] Population statistics – which includes information produced by the JSNA – continues to be developed by the Public Health Data & Intelligence team to act as a useful source of intelligence for future joint strategy review and development.

[10] Available on request.

2.2 Performance to Date - Where are we on our integration journey

Better Care Fund Performance 2014-2017

Last year's BCF focused on progressing the below areas to achieve greater integration:

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

Summary of Achievements 2016-17

Hertfordshire continues to make progress against its health and social care integration ambitions, with the BCF enhancing already strong relationships between partners. Key successes for last year's BCF include:

- A total BCF of £304m, encompassing an additional £230m of community care budgets than minimally required to enable joint commissioning of a wider range of services
- Gradual sustained roll-out of integrated community teams which includes Rapid Response and Homefirst services and multi-speciality teams
- New models of support for care homes including Vanguard projects
- Development of the Integrated Discharge Teams based in acute settings
- Establishing a collaborative Home Improvement Agency model for innovative use of Disabled Facilities Grant monies
- Business cases agreed or in development for greater digital integrations, in particular for a shared care record and a Live Urgent Care Dashboard, paving the way for system-wide improvements in communications, joint working and patient outcomes
- Embedded and improved partnership governance processes

The following section sets out this progress in greater detail.

Area 1: Electronic Record & Data Sharing

Key Achievements
Hertfordshire health and social care data integration work development: • Mapping existing physical health, mental health and social care services, resulting in a STP local digital roadmap towards health and social care integration by 2020 • Joint approach to ICT opportunities and challenges via the STP Technology Board, now merged into delivery of the STP Technology workstream • Sharing of organisational in-house dashboards to understand current data and access needs in preparation for a joint 'urgent care dashboard' currently at outline Business Case stage • An updated partnership information sharing agreement, reviewed late in 2016, to ensure

compliance with and appropriate controls for information governance and STP-wide data sharing guidance for all staff
- Approval of the NHS IG Toolkit submission, version 13, in April 2016.

Development of **Shared Care Planning:**
- Trialling of 'My Plan' in Herts Valleys with learning used for an E&NH roll-out as part of E&NH's development towards a professional shared care plan.
- An agreed vision and implementation plan for E&NH's 'Personalised Professional Care Plan' to be used alongside 'My Plan'
- Planning by Herts Partnership Foundation Trust to introduce a co-produced, patient owned Crisis Care Plan for high risk patients – this includes sharing arrangements with other agencies, such as the Police and Housing Associations, with patient consent
- Planning for a shared care record accessible by both health and social care professionals is at business case stage – this is being managed by the STP interoperability data integration workstream

Area 2: Early Intervention

Key Achievements

Improving **access and coordination** between services:
- A **countywide review** of HCC, CCGs, HPFT, HCT, HUC and primary care access points around older people with long-term conditions both for patients and onward referrals – this has resulted in the creation of recommendations and options for future development
- Launch of **MiDos** in E&NH, an integrated directory of services capable of smart searches and collecting valuable commissioning intelligence, with plans in place for further roll-out and mainstreaming of the service

Improving the use of **risk stratification** for prevention and to target key groups:
- Using Medeanalytics to risk stratify and case manage Homefirst patients for hospital avoidance – this followed a period of training and procedures with GP practices to identify their 'at risk' patients (those in danger of acute admittance within 6 months) and post-clinical review to refer suitable patients to the multi specialist team. Utilising collaboration networks to analyse cross-system intelligence.
- Using the local linked data sets held within Medeanalytics for business intelligence purposes having established Information Governance compliant monthly data flows from hospital trusts, social care, the community, mental health and continuing healthcare data. Examples include in-depth study of the services touched by those experiencing a Broken Neck of Femur, evaluations of the Rapid Response and care home services effectiveness, and measuring and monitoring the effectiveness of the Care Home Vanguard initiative.
- Agreement from E&NHCCG and West Essex CCG to promote GP practice data flow into Medeanalytics to link with the other data sets in order to improve the effectiveness of the Risk Stratification algorithm and the targeting of prevention services, and allowing details of the patient's needs, journey and outcomes and care gaps to be more fully understood.
- Utilising collaboration networks to perform analysis and gain cross-system in-sights. Business Analysists from across the local Health and Social Care system have been working together to build their own competencies and understanding of the Medeanalytics tool and the use and interpretation of the information available to them from the multiple datasets for service

improvement purposes.

Development of the HV **Community Navigator** scheme:

- With over 2000 referrals last year and 50% of 2015-16 referrals coming from GPs, the seven Navigators based around 5 localities with a 100k population each will be an important part of the STP's preventative and social prescribing agenda going forwards. The navigators also sit on local MSTs and have helped join up the voluntary and statutory inputs
- Scheme was highly commended in the HSJ Value in Healthcare Awards, May 2016
- The introduction of a part-time navigator at Parkfield Medical Centre to test the Navigator approach within a GP surgery
- Trialling the navigator approach in a hospital setting by reviewing attendees with more than 10 A&E admissions a year with a non-clinical HRG code

Area 3: Value for Money

Key Achievements
Integrated Commissioning: • Using agreed priorities developed jointly in 2015-16 to continue discussions around areas of joint commissioning • STP partners have agreed to work together to review their Data Services for Commissioners Regional Officers (DSCROs) contracts and Business Intelligence needs. • **Continuing Healthcare**: Developing a collaborative approach to Continuing Healthcare across Hertfordshire. An approach is being put in place whereby HCC will contract for care on behalf of the CCGs, leading to more effective contracts and improved management of the care market. Arrangements for closer working have been put in place, including shared desk space and staff workshops. Reviews of assessment processes have also taken place. Developing a **joint commissioning strategy** between HCC and CCGs for improvements in **care home** services: • Care Home improvements were given prioritisation in 2016-17 BCF plan resulting in the implementation of a wide number of new services. • Additional training opportunities for staff – as well as enhanced training via the Complex Care Premium, care homes in E&NH were also offered End of Life ABC training delivered by a local hospice. These have helped both upskill and empower staff to enable residents to die in their preferred place of care. • Care home had access to the integrated rapid response services across all localities • Co-ordination of commissioning for short-term rehabilitative services • Residential community flexi bed model of care with wraparound nursing and therapy • Planned integration of nursing care commissioning linked to new CHC approach • Planning for pilot MDT 'wrap around' service from core community teams around care homes in Herts Valleys for a 2017-18 start. **Disabled Facilities Grant** (DFG) review project, now known as the Hertfordshire Home Improvement Agency: • Joint working with a range of partners – including district and borough councils – to develop a more strategic and collaborative approach to the use of Disabled Facilities Grant monies that

will improve outcomes across health, social care and housing, particularly against a context of rising need.

- As a joint project, HCC (responsible for ensuring people's homes are suitable for meeting their needs), District and Borough councils (statutorily responsible for delivering adaptation grants in their areas) and other stakeholders, 2016-17 has seen development of plans to create a Shared Home Improvement Agency function inclusive of the DFG service and integrated Occupational Therapy. With the Home Improvement Agency due to launch in Autumn 2017, progress to date includes:
  - Development of a shared service model between four housing authorities and HCC, with a further authority expected to join in year 2
  - Creation of a legal partnership agreement to set up the service and delegate functions to HCC in order to authorise DFG spend on behalf of district and borough partners
  - Recruitment of a new Head of Service has been recruited, to take up their post in the summer
  - The new HIA Board to oversee HIA's operation and strategic direction, came into shadow form in April 2017
  - Procurement of the contractor framework to undertake standard adaptations underway
  - Service pathways mapped and refined
  - Modelling on demand and capacity
  - A team area co-located with the Occupational Therapy service identified and secured

Area 4: Assessment and Care Planning

Key Achievements
• A successful bid in late 2016 by HCC, ENHCCG and HVCCG to join the **Integrated Personal Commissioning early adaptors programme** on the strength of existing partnership working. • Introduction of the E&NH Vanguard's **Impartial Assessors** (IA) – these are assessors independent of the NHS working at Lister Hospital to assess care home places on behalf of care providers. As of the summer, over 245 assessments resulting in 393 fewer beds days in hospital have been made. The Impartial Assessor model will now be introduced into Watford General Hospital and Princess Alexandra Hospital. • Capturing and sharing learning for the Impartial Assessor – the model is based on an existing model from North Lincolnshire which, using their lessons learnt, was adapted by Hertfordshire. Hertfordshire has since actively promoted the IA through conferences and events including June's High Impact Change Event and a publically-accessible YouTube animation created to demonstrate how the model works. Work with NHSE has also taken place to develop generic FAQ's on the scheme and the service is being promoted in the national guidance around trusted assessor models. In addition, project leads spoke to multiple CCGs, local authorities and trusts about the model and will continue to do so over the next 2 years.

Area 5: Integrated and Community Care

Key Achievements
Development of **community integrated care models** including case management: • Roll out of health and social care teams in HVCCG to rapidly respond to crisis within 60 minutes • Shortlisting of the St Albans & Harpenden rapid response team for the Community Health

Service Redesign HSJ award.

- Roll out of **Homefirst –** effective discharge support and/or case management integrated with rapid response services - from two ENHCCG localities to area-wide coverage
- External evaluation of the Homefirst and rapid response models across both CCGs with learning fed into the next stage of development. ENHCCG have also reviewed the three elements of Homefirst model (case management, rapid response and supported discharge from hospital) to look at cost effectiveness and outcomes.
- The **multi-speciality team** approach has been rolled-out to all localities in Herts Valleys. This means professionals from different organisations across West Hertfordshire working together for assessment, coordination and development of shared care plans, using weekly MST meetings to share information, plan and keep the person at the centre of their care. An MST locality-coordinator post has been recruited in each locality to work across organisations and proactively reach into GP practices. Over 200 referrals for complex patients have been holistically assessed through the MST approach which is now influencing mainstream activity including through improved working relationships. A MST Members workshop in November 2016 reported improved relationships, better understanding between agencies, and staff reporting greater empowerment and motivation.

Continuation of **the E&NH Enhanced Care in Care Home Vanguard:**
Hertfordshire's 'Enhanced Care in Care Homes' Vanguard started in 2015, selected by NHSE from 269 bids as being particularly innovative.[11] As a partnership between ENHCCG, HCC and Herts Care Providers Association, the Vanguard has been working to four themes: 1) training staff to upskill them to do low-level observations of residents; 2) Multi-disciplinary teams; 3) Rapid response; and 4) data and technology including increase use of videoconferencing. All 92 care homes in E&NH are involved in the Programme and intended outcomes are fewer 999 calls, acute activity and delayed transfers of care, as well as people living healthier lives in care homes, more calls to NHS 111 and staff choosing to stay working in care homes. This is now being translated into long-term transformation of care home care and services.

Impact of the Programme to date – because of IG reasons ENHCCG has not tracked individual patient journeys but has used an aggregated data dashboard to measure the impact on overall patient outcomes. This has shown:

- Roll-out of the **Complex Care Framework**,[12] which offers tailored training via Complex Care Access (14 care homes), Complex Care Foundation (6 care homes) and continuation of the **Complex Care Premium** (CCP - 18 care homes in E&NH plus 9 care homes in Herts Valleys). Rolled out in stages, to date 44% of care homes (214 staff) have been trained
- The CCP has resulted in staff trained in complex care ('Champions') with homes incentivised via a paid 'premium' to take on those with more complex needs. Analysis of the first wave of 8 E&NH CCP homes, or 48 staff, showed a 45% reduction in hospital admissions, with lower admissions continuing to maintain themselves over the past year. The CCP was also winner of the **2017 HSJ Award for Workforce Efficiency**.
- Roll out of two **Early Intervention Vehicles** – see area 7.
- **Targeted support for care homes** for those with particularly high hospital activity rates.
- **Medicines Optimisation** involving a 'deep-dive' and changes to resident medication (on

[11] For more information, visit www.enhertsvanguard.uk
[12] See figure 7 of the 2016-17 BCF Plan

average each resident was using 7 medicines per day) has resulted in a 12% reduction in medicines, including those linked to falls, 35 care homes visited and more than 4000 recommendations for changes to medicine.

- Piloting of the '**Red Bag**' initiative ready for roll-out in 2017. This was trialled between Jan-March 2017 in 10 care homes to ensure that relevant information, medication and personal effects are transferred with the resident between locations reducing delays. Learning has been used to inform scaling up of the scheme which has been rolled out to 60 homes in E&NH and to all care homes in HV.
- **Aligned GPs** offering support to all older people care homes in E&NH, for example, by undertaking weekly ward rounds and proactive care.
- **Impartial Assessor** – see area 4.
- Development of the **Vanguard Dashboard** to capture Programme impact. This includes a front-page of latest activity and individual project dashboards – see https://www.hertfordshire.gov.uk/statweb/infostore/VP/VE.html

Area 6: Timely and Safe Discharges

Key Achievements

Acute Frailty Service to support frail and older patients in the community**:**

- Enhancement of the existing frailty service in E&NH for better outreach to care homes – this includes agreement of a service expansion model with possible future expansion to the other STP-footprint areas.

Development of discharge services:

- Using a whole-pathway approach to provide an end-to-end Stroke Early Supported Discharge service with integrated community resources.
- Mobilisation of the **Specialist Care at Home** lead provider model which aligned a number of disparate transitional pathways, including rapid response and enablement, into a single service to deliver an up to four week package of enabling care. Taking referrals from the community and acute, it has supported individuals to return or remain at home, regain independent, and improve their long-term outcomes, prevent future hospital admissions and support discharge. Over 2016-17, Specialist Care at Home:
  - Introduced a new and joined up way of working from April 2016 with a more comprehensive enablement offer and even provision
  - Enabled care extended to higher acuity service users, with focus on enhanced training for care workers with a particular emphasis on dementia specialism
  - Delivered 178,000 hours of enabling homecare, with 86% of those discharged from hospital still in their own home 91 days later
  - Over 50% of service users required no ongoing care following receipt of the service
- **Delirium Recovery Programme** (previously known as the Delirium Pathway), or a specialist homecare service in Herts Valleys that supports individuals with delirium enabling them to stay at home – over the last year, the Programme has helped 26 patients, 92% of who were able to stay at home. The next year will see a review of the patient identification process and specialist delirium and enablement training for live-in carers.
- Process mapping between partners in preparation for roll-out of Discharge to Assess where medically fit patients will be discharged to a home setting for assessment of ongoing care

needs.

- Expansion and embedding of the **Integrated Discharge Teams**, or fully integrated health and social care teams, at Lister, Watford and Princess Alexandra Hospitals. This introduced joint processes from admission to discharge helping to reduce lengths of stay and increase patient flow. At Watford for example, in addition to the existing Discharge Coordinator, Planning Nurses, Adult Social Care and Voluntary Sector workers, there are now Hertfordshire Community Trust (HCT) in-reach workers supporting transition into HCT community rehabilitation beds to significantly improve flow into this resource. Earlier utilisation of the Choice Policy has also had an impact.

Area 7: Integrated Urgent Care

Key Achievements
• Development of **out-of-hours services** - Procurement and contract mobilisation for Integrated Urgent Care (formally 111 and Out-of Hours) for out-of-hours service provision. • Roll out of two **Early Intervention Vehicles**. Hosted by the East of England Ambulance Service, this provides 7-day immediate response to any care home in E&NH via screened 999 calls. It has seen a fall in the proportion of people taken to hospital from an average of 50% to 28%. The vehicle has made over 1097 visits since service began of which 72% visited were kept out of hospital.

Partnership Working:

In addition, **partnership working** has been able to develop under Better Care Fund governance including:

- **Continuation of one of the largest BCF pooled budget in the country** incorporating out of hospital service budgets totalling £328m in 2015-16 and £304m in 2016-17.
- **Strengthening of existing governance arrangements for partnership working** with a system-wide approach sustained and refined over 2016-17 – this included joint CCG-HCC Executive Boards continuing to work together to evaluate opportunities, assess risk and align strategic priorities, shared risk management approaches, and an increasing number of operational teams co-locating and working closer together to provider responsive, coordinated care in the community.
- In 2016-17, the CCGs and HCC conducted BCF audits, which validated the overall approach to partnership governance and made recommendations – since implemented in full - for further improving joint processes for monitoring, reporting and informing future strategy.
- Development of a collaborative approach between providers and commissioners towards the design and implementation of integrated care models, led by Integrated Care Programme Boards (ICPBs) covering East and North Herts and West Herts.
- The ICPBs focused particularly on delivering services together that improved the care, independence and health of older people with complex needs and patients with long-term chronic physical and mental health conditions. They were responsible for overseeing delivery of a number of the projects and services listed above.
- **Launch of new strategies / governance arrangements** - various joint strategies to facilitate and direct integrated working have been launched or worked on including

CAMHS (Children & Young People's Mental Health Service) Strategy, the Hertfordshire Dementia Strategy, Hertfordshire Carer's Strategy and the Mental Health Strategy and Public Health Prevention Strategy.

- **Transition to STP governance structures** - From September 2016, established collaborative governance arrangements including Integrated Care Programme Board portfolios were transitioned into new governance STP structures.

Case Studies

Case Study 1: Multi-Speciality Team Approach

A Community Psychiatric Nurse (CPN) working in mental health services for many years remarked on the difference the MST approach has made to her way of working. Having never worked with the Community Matrons, since introducing MST in her locality 9 months ago she has since participated in at least 6 joint visits with them co-ordinated through the MST meeting or as a result of understanding who else is involved in someone's care and understanding the benefits of joint assessment and co-ordinating their care planning approach.

Another CPN reflected on the difference improved relations in a locality have made - on visiting an elderly couple who were expecting the visit, the CPN found no-one answering the door. Previous to MST in the locality, the CPN would have called the police to break down the door for fear of something having happened to the couple. However, knowing the Social Worker also involved in their care, the CPN called her, where it transpired the couple had been taken into Respite Care at the weekend. The CPN was able to feel assured about her patients, update her records to reflect their whereabouts, saved her time and effort that afternoon and no police time was called upon

Case Study 2: Early Intervention Vehicle, E&NH Vanguard

An ambulance was called by the family of a 96-year-old lady who were concerned she was not eating or drinking properly and about her deteriorating state of health. 999 call centre operators despatched the EiV team which, after medical and functional assessments, ascertained that the lady was dehydrated but not in need of hospitalisation. Their main concern was that the family was not coping well with their mother/grandmother's deteriorating health.

The lady herself was accepting of the fact that she was coming towards the end of her life, and wanted to stay in her own home, but the family needed support to help her achieve this. The team contacted the lady's GP and rapid response services who were able to assess her needs and put in place a care package and practical aids to help maintain her hydration and wellbeing. Altogether the team was with the patient for two hours but was able to help her achieve her wishes and ease the burden on her family – a rewarding outcome for everyone.

Case Study 3: Impartial Assessor, E&NH Vanguard

The Impartial Assessor (IA) was contacted by the Lister hospital's discharge team about a lady who had been identified as medically fit for discharge several days previously but the care home had not been able to assess her. The IA assessment took just over an hour, involving reading through the patient's notes, talking to her and carrying out a visual assessment. She relayed her findings to the home which was amazed at the level of detail provided and agreed to accept the patient. The ward fast-tracked her transport and medications and the whole process took four hours.

Julie Hutchins, Registered Manager at Honister care home, Hatfield, said first impressions of the new Impartial Assessor service were good: *"The IA contacted me a few weeks ago and came for a visit. We ran through some of the questions that I thought were important when assessing a patient for discharge. I thought the process and communication were very good and our resident's discharge went well…Most of my staff live locally and do not drive so cannot pick up this task if I am not around. Lister Hospital is a 30 mile round trip from here, so there is often a time issue on busy days. We look forward to working with the IA again in future."*

Case Study 4: Community Navigators, referred by a GP Surgery

Mr Smith was being treated clinically by the GP for diabetes and dementia but the GP felt there was more that could be done to support Mr Smith's needs and that of his wife, Mrs Smith, his main carer who was finding it increasingly hard to cope.

The Community Navigator spoke to Mr and Mrs Smith on what they felt they needed – Mrs Smith wanted a break from her caring role as well as more support and a local social activity for Mr Smith. Referrals were made to Carers in Hertfordshire (for ongoing carer support for Mrs Smith), Age UK day-centre (allowing Mr Smith to be more socially active), Alzheimer's Society (to help Mr & Mrs Smith better understand their situation), local lunch club (allowing Mrs Smith a break) and IAPT service (Mrs Smith received CBT to develop coping strategies).

"*I now feel that I can cope and I now feel like I have a reason to live. Before I met the Community Navigator I was in an awful place. I feel so much better now I am getting a break, knowing that he [husband] is getting the support and stimulation that he needs as well."* **– Mrs Smith**

3. Delivering Joined Up Care

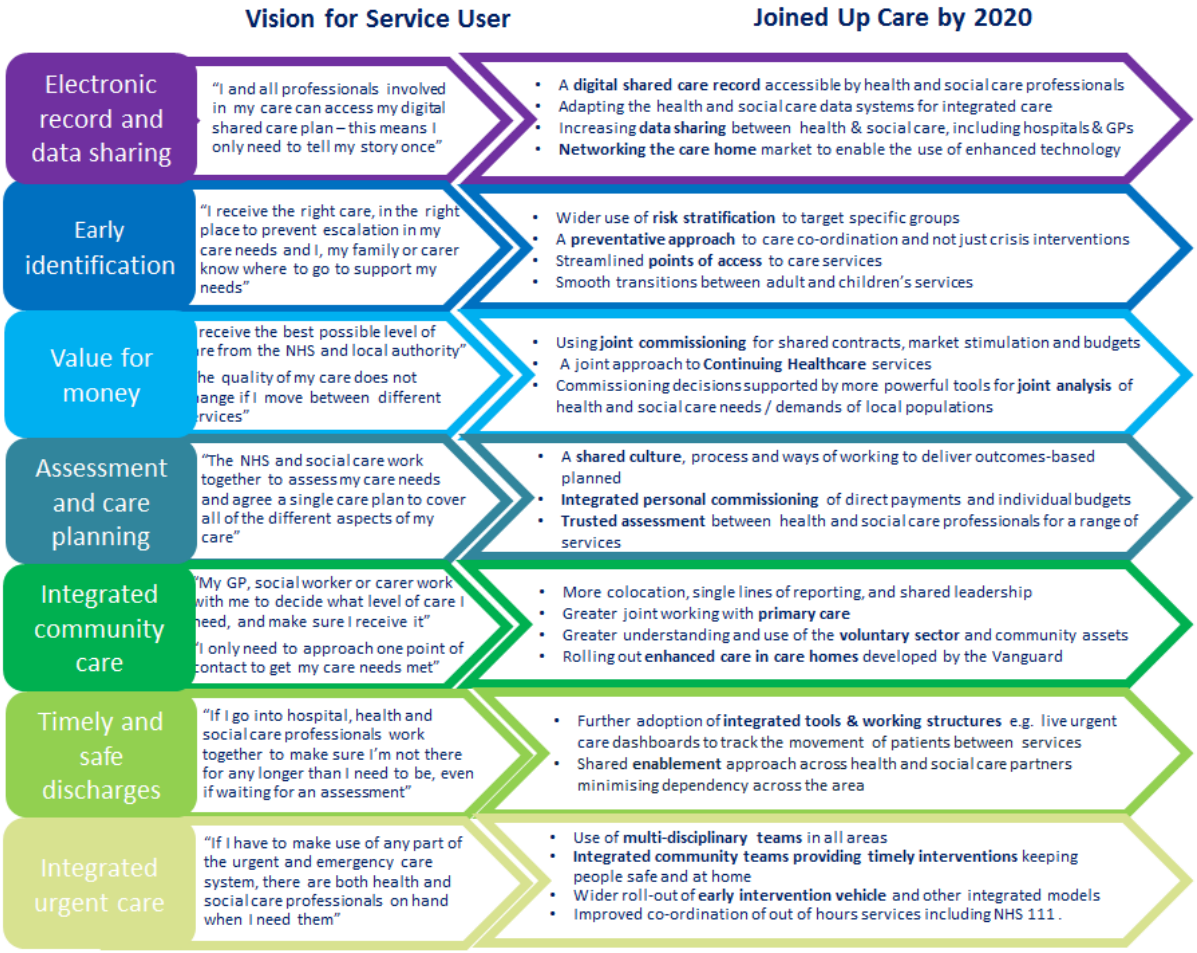
Hertfordshire's plans for integration over 2017-19 are outlined in the section below. By signing off this plan, partners have signalled a continued joint commitment to the shared purpose, leadership and accountability of delivering joined up care by 2020. They have also agreed to work together to address the following priority areas, many of which have been identified from joint working in previous years:

- Evidencing the combined impact of health and social care integration schemes against increasing demand and activity as a result of demographics
- Mainstreaming health and social care integration pilots into core services
- Developing the workforce, including introducing a greater number of integrated roles, to deliver integrated models of care that meet rising levels of care
- Incorporating preventative approaches throughout joint working
- Driving transformation in the context of continued operational and financial constraints
- Showing strong system leadership
- Capturing and sharing learning regionally and nationally – Hertfordshire has already led on transforming services and introducing new models of care, for example, the Impartial Assessor role (see area 4 above). Hertfordshire will continue to do so while also using learning acquired elsewhere, for example through HCC membership of the Association of Directors of Adult Social Services (ADASS), to shape model development.

In line with our vision, Hertfordshire's priorities for 2017-19 have been designed around the 'I' Statements for person-centred, coordinated care which demonstrates our local commitment to person centred planning.[13]

[13] 'I' Statements have developed and recommended bn bby Social Care Institute of Excellence

Figure 7: Delivery of Joined Up Care by 2020 ***(abbreviated version – for full version, see appendix 1)***



3.1 Projects and Programmes of Work

Statement 1: Electronic Record and Data Sharing

Our vision:

> **"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"**

Hertfordshire is making good strides towards better sharing of information between health and social care teams and other partners. This will culminate in development of shared care plans accessible to all that need them and which empower the patient. Key milestones by 2020 are:

- 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

How we will achieve this:

Through joint planning, Hertfordshire's health and social care partners have identified four key strategic priorities across organisations to maximise patient care and empowerment. These are:

1. **Designing and implementing interoperability**, to share live patient information between health and social care partners across the STP footprint – a central part of this is development of a **digital shared care plan** which will allow relevant health and social care professionals and potentially patients read-only access to the same care plan. Joint agreement of an outline business case has already been achieved, with a full business case and preparatory technological improvements to be carried out by the end of 2017 and implementation over the following 2 years. Other plans include implementing an automated route of information exchange between social care and Lister Hospital following a feasibility study last year with NHS Digital.
2. **Live Urgent Care Dashboard**, to give a live view of system flow across the STP footprint to all who need it, including hospitals, NHS 111, the Ambulance Service, and social care. This will enable identification as well as anticipation of system pressures, and the quick establishment of joint mitigation measures. For example, this can be pre-programmed to send early warning to named leads should activity indicate impending pressures in certain areas. Following a strategic development session between partners, a business case is currently in development with roll-out planned for winter 2017-18.
3. **Shared Intelligence**, to inform system-wide decision making across all organisations, whether a commissioning, performance monitoring or patient risk stratification decision. To date, aggregated data analysis has been used to better understand individual themes, for example falls, but over 2017-19 will be expanded to cover a range of system-wide, population health issues. This includes defining what is required from a system-wide risk stratification tool and workforce then making sure this is implemented.
4. **Technology & Infrastructure**, to enable sufficient resourcing and expertise to allow the above. Plans include establishing a collaborative platform for document and other information sharing, reducing fax use, reviewing cyber security, and 'federating' wifi, for example, allowing internet access across Hertfordshire and West Essex GP surgeries.

Hertfordshire's **Digital Integrated Care Programme** is responsible for delivering the ICT elements of the BCF Plan and Hertfordshire and West Essex's STP (or local digital roadmap). As part of the transition into STP governance, the Digital Integrated Care Programme has taken on the leadership role of the **Health & Social Care Data Integration Board,** including a new clinical reference group. This group provides a critical eye to review, sense-check and approve proposals, as well as identify potential future opportunities. .

The Integrated Digital workstream is also supporting the emerging priorities of integration projects that are targeting and achieving more efficient working through better use of technology and data sharing. For example, a current project is reviewing opportunities to improve networking with care homes through the **'Technology in Care Homes'** project. Currently residential and nursing homes are unable to access or receive patient identifiable information for clinical professionals. Potential solutions to be reviewed and tested include the use of Systm1 or other care planning systems and using telehealth in urgent care cases. Plans are also in place to deploy the nhs.net email to all care homes by the end of 2017-18 which requires completion of the IG Toolkit. The workstream will also be looking at Assistive Technology across the STP area, reviewing learning and rationalising existing strategies to develop clinically-led solutions across the system.

Information Governance: The Integrated Digital programme also includes a cross cutting commitment to information governance, with a Programme Information Governance Group overseeing the development of our joint approach. Hertfordshire continues to have in place the cross-organisational Data Sharing Agreement, reviewed annually (next review due late 2017), to ensure the Caldicott guidance and duty to share data appropriately are fully met. This includes the over-arching Fair Processing Notice published on the Council's website. This means respecting patient information confidentiality and that their right to object to their data being shared is respected. Hertfordshire's last successful submission of the NHS IG Toolkit (Version 14) was in April 2016, assessed at Level 2. [14]

The Digital Integrated Care Programme has recently developed the 'Information Sharing Every Day in Health and Social Care' booklet, a set of STP-wide data sharing principles and guidance that draws on a number of central guides to assist health and social care staff in understanding and practicing safe information sharing. [15] A sub-group, in partnership with Hertfordshire Healthwatch and service users, will be used to test as well as potentially co-produce data sharing solutions.

Hertfordshire has also responded to the National Data Guardian's consultation on the proposed 10 data security standards and new consent and opt-outs model for data sharing in the NHS and social care and is awaiting publication later this year.

Medeanalytics, the single integrated data platform for health and social care data, ensures the information used for service planning across West Essex and Hertfordshire is flowed in psuedonymised from and joined and stored securely with appropriate access controls in place to ensure it can be accessed and used in line with the agreed purpose, and benefits whilst minimising any risk of inappropriate re-identification.

[14] For more information, see the information governance section of the 2016-17 BCF Plan
[15] Available on request

Statement 2: Early Intervention

Our vision:

> **"I receive the right care, in the right place to prevent escalation in my care needs and I, my family or carers know where to go to support my needs"**

Early intervention seeks to both prevent escalation of need and ensure that patients, their families and carers have access to the care, information and advice needed to improve or maintain their health and wellbeing. Accelerating progress in this area will be a crucial response to the demographic pressures outlined in section 2 and improving care outcomes. Key milestones by 2020 are:

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

How we will achieve this:

Developing **risk stratification** or population health management in a move from reactive to proactive care. This means implementing appropriate interventions and aligning resources according to the level of risk for that individual as below:

- Intensive case management for very high-risk patients
- Early intervention/care management for patients at rising/moderate risk
- Supported self-care interventions for moderate risk patients
- Prevention and wellness promotion for low-risk patients

It has been agreed to pilot a number of different approaches across the STP so that learning can be shared between partners. West Essex CCG will be trialling two different approaches:

- Part 1 Risk stratification of the over 18 patient population using eFI (SystmOne) or QAdmissions (EMIS).
- Part 2 GOLD classification of a practice's COPD population with specific interventions according to tier and support review for patients with COPD.

ENHCCG will focus on the Population Health data accumulated in their Lower Lea Valley locality and held within MedeAnalytics to:

- Refine the Risk of Unplanned Admission algorithm to utilise elements of the newly linked GP data to improve its accuracy and action ability
- To introduce the eFI (frailty) classification into the Medeanalytics tool
- To allow the extent and patterns of Long Term Conditions and multi-morbidity to be identified and their impact on the individuals patient's risk to be quantified. This will

have a particular focus on Diabetes and reducing Variability in Care/identifying Gaps in Care.

- To segment the practice population using the Primary Care Home population health model to identify homogenous/actionable segments. This will inform commissioning decisions as well as traditional risk stratification with a clinical and prevention-of-admission focus using demographic data, Long Term Conditions and cost.

Making the most of Hertfordshire's **voluntary and community assets,** which includes embedding preventative infrastructure in local communities as well as the health and social care system within STP governance structures. Priorities include:

- To maximise the use of **'social prescribing'**, a model of support using a social intervention usually via a third sector organisation, to reduce, delay or prevent the need for further health and social care intervention. This is in recognition of the growing body of national evidence, as well as findings from the Community Navigator project in West Herts, that non-clinical interventions that reduce isolation, provide information, practical help and emotional support can reduce, delay and prevent ill health as well as better coordinate care. To this end, Hertfordshire is assisting the **National Social Prescribing Network** to develop the national social prescribing strategy as well as developing a local approach. This will include development of a Prevention Strategy as part of STP delivery.
- A refreshed **Self-Management Programme 2017-20** for Hertfordshire[16] aims to embed the principles of self-management across the health and social care system helping people take ownership for their own health and wellbeing in collaboration with health and social care professionals, the community, carers and families. It will do so using principles of sustainable support to build resilience, make better use of technology, train groups to be self-sustaining, and encourage preventative messages
- Developing community networks through the **Community First** strategy. The strategy, illustrated below, recognises the vital role of existing networks between third sector organisations and the wider health and social care system. It aims to embed the following principles:

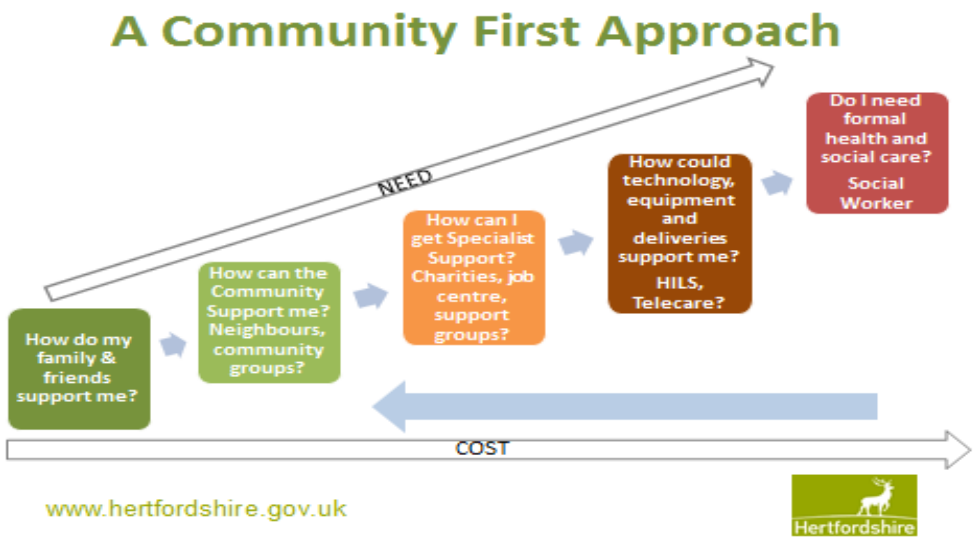
    - Communities are able to take responsibility for their health and wellbeing
    - People can receive and provide support outside formal frameworks
    - Communities are seen through their assets, not their problems
    - Professionals use care resources more intelligently
    - Networks are simple to navigate and well managed, via Herts Help[17]

    The principles acknowledge that community-based assets, resources and services are often able to bring more appropriate and innovative solutions to complex support needs and can lead to better individual outcomes as well as better use of system resources. A series of 'Community Conversation' events held in each district area earlier this year have already begun the implementation process.

[16] Available on request

[17] HertHelp is a free, independent and confidential service to anyone who lives in Hertfordshire offering a single point of contact for local information, advice and support. Funded by Hertfordshire County Council and NHS partners, it is delivered by local community organisations. **https://www.hertshelp.net/hertshelp.aspx**

Figure 8: The Community First Approach



- **Building on existing services**: Plans are in development for the countywide roll-out of community navigator scheme (see below) and hospital discharge services. This will result in every locality having a dedicated resource to proactively use social prescribing to reduce, prevent or delay the need for formal health and social care services.

- **Community Navigators** – With a total of 7 navigators based across 5 local authority areas, this Herts Valleys' service will continue to support local people who would benefit from additional community support to access statutory or voluntary services. With over 2000 referrals last year and 50% of 2015-16 referrals coming from GPs, the Navigators will be an important part of the STP's preventative and social prescribing agenda. The navigators also sit on local MSTs, helping join up the voluntary and statutory inputs. Plans for 2017-19 include:

    - Working with GP surgery Patient Participation Groups (PPG) and the community and voluntary sector (CVS) to see if a volunteer led programme, under the supervision of the PPG, could assist with low level navigation to the voluntary sector. This is starting with the Maltings GP Surgery in St Albans which has had 12 volunteers since Feb 2017 and has been running a 'social prescribing / navigator' clinic in the surgery.
    - Scaling up the use of volunteers – this includes GP surgeries based in areas of deprivation where the Navigator approach can be used in support of the wider determinants of health and the reduction of health inequalities.
    - Refining the cost model to determine scheme savings to the health and social care system and impact on the voluntary sector (e.g. through reduced GP appointments, prevention of admissions, or saving social worker time) now that greater evidence is available – the provisional net figure using the current conservative methodology suggests £646k savings to the NHS.
    - Developing a model to measure service impact on wellbeing and self-management of long-term conditions

- Introducing a more targeted approach to service user feedback, including investigating the use of the Impact Assessment App.

Streamlining **points of access** for patients and professionals making onwards referrals:

- Following a review of all major health and social care access points, a joint Access Review Group will be developing a new model of access. This will seek to reduce the number of contact points for both professionals and patients leading to simplified pathways, improved customer experience and appropriate handovers between services. The proposed models will take account of the split between access at a countywide scale and access at a locality level.

Smoother transitions between adult and children's service: The 0-25 Integration Programme is looking at how children's social care, adults' social care, education and health services can work more effectively together to better support families with children and young people that have additional needs, as well as prepare them for adulthood and greater independence. This means joining up service delivery and commissioning for improved outcomes for children and young people as they enter adulthood. Actions include developing workforce and Hertfordshire's SEND offer and reviewing customer experience and existing services to ensure smooth transition from children's to adults' services, as well as developing a commissioning strategy and commissioning delivery unit.

Programme outcomes include a Hertfordshire where:

- Resources are used fairly and effectively with preventative investment so people get the right support at the right time
- Parents have a real choice over their child's education and the opportunity for direct control over support for their family
- Systems are clear so that professionals from different services and the voluntary and community sector can work together
- Children, young people, their families and communities have much more influence over local services

Statement 3: Value for Money

Our Vision

"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"

Integrated working presents considerable opportunities for more streamlined and efficient ways of working that at the same time directly benefit patients through better quality services. Hertfordshire already has examples of shared resourcing and analysis but intends to pursue these to a much greater level. Key milestones by 2020 are:

- Using **joint commissioning** for shared contracts, market stimulation and budgets
- A joint approach to continuing healthcare
- Commissioning decisions that are supported by more powerful tools for joint analysis
- An operational **Home Improvement Agency**

How we will achieve this:

Further development of joint or integrated commissioning arrangements means better patient care and no change in quality if using different services as well as enhancing the value for money of what is spent.

- Using joint approaches for shared contracts, market stimulation and budgets
- Introducing a joint approach to **continuing healthcare**:
    - Operating teams using shared office space
    - Working up detail and implementing the E&NH commissioning model for integrated contracting processes, to be in place by April 2018
    - To facilitate a CHC conference to raise awareness of CHC, assessment processes and user experiences. Anticipated outcome is improved engagement with CHC processes by professionals.
    - In HV, there will be shared learning with the E&NH project and progressing identified areas which is likely to include joint contracting, transition from children's CHC, mental health CHC.

Home Improvement Agency: Hertfordshire has been working together with stakeholders since 2016 to think more strategically about the use of Disabled Facilities Grant monies in the county, as well as the role of home adaptations and housing in general. This collaborative approach involved consulting directly with District and Borough councils, statutorily responsible for delivering adaptation grants in their areas, and HCC, responsible for ensuring people's homes are suitable for meeting their needs. Following a period of development, it was agreed to create a Shared Home Improvement Agency function inclusive of the DFG service and integrated Occupational Therapy. This uses economies of scale to maximise income generation, efficiency and value as well as sharing of skills and knowledge between authorities and increased user satisfaction.

The Home Improvement Agency will be launched in Autumn 2017. The model includes:

- Four local district authorities with further potential additions in 2018-19
- Introduction of a shared service model delivering end-to-end service
- A Head of Service, HIA team and HIA Board to ensure strategic direction
- Procurement of a contractor framework to undertake standard adaptations
- Potential future developments to cover a range of housing issues

Introducing the HIA will mean:

- Individuals who need housing adaptations to support independent living have access to an appropriate, timely, accessible, equitable and fit for purpose service to address rising demographic pressures

- Delivering a fully standardised service that enhances operational efficiency, customer satisfaction, and value for money
- Implementation of robust monitoring arrangements to measure impact
- Improved service resilience through joined up working, adopting a common methodology and service standards, sharing staff knowledge, skills and expertise
- Opening up future opportunities to expand into private sector adaptations and align to wider Clinical Commissioning Group activity that will help maximise income generation, efficiency and value and impact of the DFG

Linked datasets: Significant work has been undertaken in the past year, which will continue during 2017-19, to link datasets with the NHS number so it is used as the prime identifier for health and social care services. The direct link established early last year between the adult social care system ACSIS and the NHS spine means around 94% of records now have an NHS number. This includes implementing the Personal Demographic Messaging Service enabling approved social care staff access to NHS numbers in accordance to jointly established governance and collaboration protocols. This has already improved the ability to share more meaningful information across multiple datasets. Planned developments for 2017-19 include:

- Establishing an appropriate digital approach with NHS Digital that will widen current access to NHS numbers beyond the existing card reader method to a larger number of approved social care users
- Reducing the number of remaining social care records without an NHS number with a target of 99% having a NHS number by 2018

Tools for joint analysis of health and social care needs / demands of local populations:
The STP partners have agreed to scope and jointly procure the required business intelligence tools for joint analysis of health and social care needs / demands of local populations in order to identify efficiencies. Within West Essex and Hertfordshire the three CCG's have been collecting and linking patient level data in an IG compliant way over the previous two years, with data flowed on a monthly basis. By holding hospital, community, mental health, primary care and social care data sets relating to local populations, it is starting to become possible to track patient journeys across the whole of the local health and social care system.

Starting in April 2016 a small group of 'Super-Users' including analysts from each of the three CCGs but also from the other health and social care providers and Public Health agreed to come together to understand the data available, and use this to provide an evidence base for improved efficiency and to build their skills and tools for linked data use. However, as the importance of population health management and linked data's role in providing an evidence base for system development to the STP partners is recognised, agreement has now been reached that the scale and pace of this work needs to be increased. An audit of analysts working in the STP have identified almost 100 individuals in Hertfordshire alone who could assist with this work if they were engaged appropriately. Therefore the creation of a virtual team across health and social care organizations with the ability to deliver integrated insights across multiple services and ensuring effective IG has been agreed as a priority. The development of an integrated in-house training programme,

which provides opportunities to build skills and capacity across the STP footprint is proposed.

Statement 4: Assessment and Care Planning

Our vision:

"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"

Integration means developing a shared system culture that encourages an outcomes-based viewpoint and approach across partners. It also means viewing the patient as a key partner in their care. Key milestones by 2020 are:

- A **shared culture,** process and ways of working to deliver 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

How we will achieve this:

Integrated Personal Commissioning (IPC): Late in 2016, HCC, ENHCCG and HVCCG were successful in their bid to join the IPC early adaptors programme on their strength of existing partnership working. This ambitious programme seeks to systematically harness the potential of people needing support and their families, to be active co-producers of that support, and members of their community to help keep them independent and well. Working across health, local government and the voluntary sector, it pulls together resources and works with users to understand and plan how best to use these. IPC requires a different approach to planning and commissioning community, social care and other services to deliver person-centred, coordinated care at scale for target population.

Hertfordshire proposes to deliver these ambitions through a programme which will develop the local personal assistant market, develop an integrated personal budget support service and maximise community potential. It will start by focusing on people with multiple long-term conditions, using this cohort as a learning platform to roll out IPC to the remaining three cohorts: people with complex mental health needs, people with learning disabilities with complex needs, and children with complex needs. Hertfordshire's IPC will also support the major expansion of personal health budgets as detailed in CCG local offers, also leading to adoption of a countywide approach.

Hertfordshire will perform against ambitious national and local targets, including:

- Having appropriate programme and governance arrangements in place with alignment to partnership programmes by quarter one of 2017-18
- Supporting 50 people through the IPC personalised care and support planning process by quarter one of 2017-18

- 1% of the national population to have person-centred support by March 2018, and that IPC will be the main model of care for around 5% of Hertfordshire's population
- Work with the local voluntary and community sector to coproduce the programme and make IPC sustainable
- Expanding use of a shared care plan between services

To date, an all-age Personalisation Steering Group with representation from across commissioning organisations has been established to lead on IPC development and oversee system-wide outcome delivery. The programme will look to expand to the remaining area of the STP-footprint in 2018-19.

Trusted Assessment between health and social care professionals for a range of services where quick access is required for system flow**.**

- The **Impartial Assessor**, introduced in 2016 as part of the E&NH Vanguard and independent from the NHS, will continue operating at Lister Hospital – to date it has achieved faster, trusted discharges between hospital and care homes by assessing on behalf of care homes. This has increased bed flow, reduced miscommunications and freed up valuable resources for care staff. HCPA have also been able to support care home engagement. With 245 assessments already conducted and an estimated 393 bed days saved, a recently recruited second Assessor means the service will be extended to cover 6 days a week, Monday-Saturday. Other plans include:
  - Introducing the Trusted Assessor model at Watford General Hospital and Princess Alexandra Hospital
  - Identifying, monitoring and helping to resolve potential issues between hospital and care homes transfers, and encouraging a joint understanding of equipment, weekend transfers and communication links between care homes and IDTs.
  - Ensuring the Impartial Assessor role is in line with plans for Discharge to Assess
  - Introducing a pilot role at Lister Hospital to support self-funders and their families who are moving into a care home to make an informed decision.

Statement 5: Integrated & Community Care

Our vision:

"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"

Hertfordshire's moves towards more locality-based planning and service delivery is an important next step in ensuring the patient, their family and carers, get the most appropriate support tailored to their care needs. Key milestones by 2020 are:

- More colocation of community teams with 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**

How we will achieve this:

Integrated Community Teams: As part of Hertfordshire's developing locality-based approach to planning and service delivery (see STP section), we are piloting approaches to the integration of community services to further ensure services are delivered in accordance to individual, and local population, need. A number of localities are already implementing plans which include greater colocation and shared team leadership. Much of this activity represents the natural next step from highly regarded integrated case management and care coordination services, including rapid response, Homefirst (E&N Herts CCG area) and Multi-Speciality Team (MST) approach.

To support greater autonomy in localities, changes to the commissioning approach (E&N HCCG area) will distribute an equalised resource in each locality to support Frail patients. An overarching Outcomes Framework, referenced by partners' existing contracts, will support and motivate partnership approaches to delivering outcomes with best use of resource. This approach will be overseen locally by Locality Delivery Groups, featuring membership from all STP partners. Whilst providing assurance to the CCG and maintaining quality, the Outcomes Framework will support localities to work together, developing and reviewing locally agreed models of care which best suit the needs of the local population. Over the next two years integrated services will be mainstreamed and organised around neighbourhood service 'hubs'. There will be a greater focus on integrated care planning and proactive support of self-management through personalised care planning, empowering patients and their carers to contribute to their plan for care.

HVCCG are currently in the process of redistributing and redesigning core community nursing and therapy services as well as undertaking a number of pathway specific reviews and recommissioning exercises such as in diabetes and stroke services. An overarching principle of this commissioning approach has been the for partner organisations to jointly plan and implement integrated service models to better meet the needs of target populations. As in E&N Herts, locality delivery groups established by STP partners are leading the development of place based models of primary and community care around local clusters or neighbourhoods of 30-70k.

Enhancing Care in Care Homes to deliver an enhanced model of health and social care to support frail elderly patients, and those with multiple complex long-term conditions in the community in a planned, proactive and preventative way. See appendix 4 for milestone breakdown, but plans include:

- **Complex Care Framework,** including **Complex Care Premium**
  - Continuation of scheme, with support and learning network continuing for participating care homes
  - Analysis of activity data, including evaluation of the service by the London School of Economics who will use this to draw lessons for other preventative-aimed services
  - Potential development of model into other areas, for example, homecare provision

- **End of Life ABC Training**
  - Training has been delivered to 44 care homes – to be rolled out to remaining homes.
  - Developing impact assessment measures with hospices.
  - To be built into E&NH's End of Life Strategy being developed this year

- **Enhanced Primary Care Support**
  - Developing the robust service-level agreement and delivery model that meets both care home and GP needs
  - Working with CCG commissioning to adapt a place-based approach to delivering the service – this includes Governing Body GPs working within their localities to develop ideas for a new model of care in which to deliver the specification

- **Medicines Optimisation**
  - Continuing to deliver this person-centred approach to safe and effective medicines use so that residents obtain the best possible outcomes from their medicines – this includes a deep-dive into resident medication and recommendations made to a care home's aligned GP
  - Pharmacy technician to start in June 2017
  - To work with in-patient pharmacists
  - Review options of scalability

- **Red Bag**
  - Reviewing lessons from the project pilot across 10 care homes between January and March earlier this year
  - Roll-out to all older-people care homes in the Lister Hospital and Watford Hospital footprint over this year
  - To consider options for roll-out to Princess Alexandra Hospital footprint

- **Targeted Support**
  - To work with 10 care homes – identified to have particularly high acute activity – to offer targeted support in the form of small interventions to pilot their effectiveness as well as gather intelligence on key themes around care homes and admissions. This is with the aim of reducing admissions by 10%.
  - To particularly focus on care home retention, recruitment and leadership issues, with delivery of a workforce analysis
  - Case review with 5 care homes to better understand why patients are being admitted to hospital – this will inform a wrap-around support approach for these care homes. If successful, to be rolled out wider.

Last year's Vanguard programme was designed to be an early adopter for trialling new models of care within care homes and beyond. Learning has been fed into care home development plans. Currently an exemplar site for Impartial Assessor, enhancement in care home services will continue working towards achievement of all 8 aspects of NHSE's 'Enhanced Care in Care Home Framework'. This means working with care homes to provide

joined up primary, community and secondary, social care to residents of care and nursing homes, via a range of in reach services.[18]

- See statement 1 for information on the **Technology in Care Homes**
- See statement 2 for **Community Navigators**
- See statement 4 for information on the **Impartial Assessor**
- See statement 7 for **Early Intervention Vehicle**

Statement 6: Timely and Safe Discharges

Our Vision:

"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"

An integrated health and social care system is important to managing patient flow and providing the best possible care. Working together to improve discharges is a key goal of High Impact Change Model with partnership working helping to expand or implement various schemes and ways of working. Key milestones by 2020 are:

- Further adoption of **integrated tools and working structures**
- **Shared enablement approach** across health and social care partners minimising dependency across the area

How we will achieve this:

Hertfordshire is committed to ensuring the timely and safe discharge of patients from acute and non-acute facilities into their long term place of residence as quickly as possible. This is both to alleviate pressure on the urgent care system, but also to help assess for and put in place the most appropriate long term care and support for the individual which helps to best enable and maximise their independence for as long as possible.

As shown in the previous section and appendix 6 (Hertfordshire's progress against the 8 High Impact Changes framework), partners in Hertfordshire have worked together to deliver the main building blocks of an effective discharge system. This includes jointly managed integrated teams, jointly commissioned enablement and intermediate care service models, voluntary sector discharge schemes, trusted assessment processes, seven day working and other specialist pathways and services such as Dementia and Stroke. However, Hertfordshire remains challenged by a high rate of delayed transfers of care in both acute and non-acute beds, with a particularly high number of delays at Watford Hospital and in physical and mental health units for adults and older people. There are a number of

[18] For more information see https://www.england.nhs.uk/ourwork/new-care-models/vanguards/care-models/care-homes-sites/

schemes and initiatives that Hertfordshire will implement or expand over the next 2 years, which include:

Developing Discharge to Assess Capacity:
Building upon our successful and jointly commissioned bed based discharge to assess model, we will be looking to develop further discharge to assess capacity across our system, including:

- Further development of our enabling domiciliary care discharge model 'Specialist Care at Home' (SC@H). Procured collaboratively under the BCF, last year saw the successful mobilisation of this service which drew together multiple transitional pathways into a more efficient and joined up single service delivering 178,000 hours of care over 2016-17. Over the next 2 years the service aims to deliver more capacity supported by iBCF monies (£213,000 in 2017-18). This will be aided by changes to HCC social care ICT system in 2016-17, which will allow social care providers direct access to a person's assessment information and care planning outcomes
- Implementing **First** (Facilitating Integrated Reablement to Support Transition)[19], a discharge to assess scheme in Herts Valleys to provide support for up to 50 people in their own homes after hospital that are medically fit for discharge. Social care and homecare support will be provided for up to 6 weeks. This is working in arrangement with WHHT to increase its capacity to support people in their own homes in response to the need to reduce community hospital bed numbers, reduce delays and keep the flow going (e.g. stop waiting in emergency).
- Delivery of 'discharge flats', a model developed in collaboration with housing associations to enable patients to be assessed and rehabilitated in a familiar domiciliary setting.
- Expansion and improvement of existing voluntary sector discharge schemes, including the commissioning of a countywide service model which integrates discharge pathways with the nationally recognised community navigator service.
- Building on the success of SC@H working alongside community services to develop improved home to assess models of discharge allowing enablement, rehabilitation, assessment and care to help improve patient flow and maximise patient independence.
- Working to develop further our jointly commissioned bed based discharge and intermediate care models to enable maximum efficiency and effective identification of patients with potential for rehabilitation and enablement.

Improving Multi-disciplinary discharge arrangements at acute sites
Having successfully put in place joint Heads of Integrated Discharge teams at Watford and Lister Hospitals, work will continue to develop multi-disciplinary working between all professionals involved in discharge planning for complex patients. The social care capacity in integrated discharge teams will also be enhanced, including supporting a recently introduced seven day working rota in which all staff are expected to work for one in every eight weekends.

[19] https://www.hct.nhs.uk/news-and-events/hertfordshire-community-nhs-trust-first-for-innovation/

Developing Trusted Assessment
Building on a successful pilot of the 'Impartial Assessor service' at the Lister Hospital, rolling out this model across all main acute sites used by Hertfordshire residents to improve patient experience, discharge process and trust between hospitals and care homes.

Strengthening reporting and monitoring of discharge
Building upon effective existing daily and weekly monitors of patient flow, our system will look to move further towards real time reporting and oversight of patient flow through both acute and non-acute facilities, improving our ability to better match capacity with demand. This will include:

- Extending the use of our nationally recognised 'Bed Finder' system which allows for daily monitoring of care home capacity.
- Working with NHSD to implement the 'adaptor' product which will stream line information flows between acute trusts and social care, improving accuracy and timeliness of information to practitioners.
- Developing our focus on supporting non-acute patient flow, working with both our community and mental health trusts through the local delivery boards

This will:

- Identify stranded patients sooner in their acute stay and work closely with ward discharges planners to plan and prepare for discharge as soon as possible, improving patient flow
- Enable better 7 day coverage of discharge planning and patient flow.
- Maximise any enablement and rehabilitation potential of patients to improve independence and ensure that long term care needs are assessed and met most appropriately

Medicines in Transition: This STP-wide projects aims to reduce discharge delays from hospital as a result of changing medicine prescriptions. It will bring together chief pharmacists from the community, acute and CCGs to improve the current medicines pathway. This will not only mean a better use of resources but will result in better patient outcomes. Evidence suggests this will result in both a reduction in costs and a rise in patient experience satisfaction levels.

Flexicare accommodation models for older people will be developed further. Additional investment into this accommodation is planned following a review of services, demand and locality provision undertaken earlier this year. An outcome of this will be future models of flexible older people's accommodation will be aligned to changes in the residential and nursing markets as outlined in sections above. Flexible accommodation schemes will be taken forward in close partnership with district and borough councils taking in account local strategic housing plans.

- See statement 1 for information on the **Live Urgent Care Dashboard**
- See also National Condition 4, **'Managing Transfer of Care'**
- **See appendix 6 for the High Impact Change DTOC plan**

Statement 7: Integrated Urgent Care

Our Vision:

"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"

Recognising its value in improving a joined up health and social care system, Hertfordshire has developed joint working between emergency and community teams and will continue to do so over the next few years. Key milestones by 2020 are:

- Use of **multi-disciplinary teams** in all areas
- **Integrated community teams** able to provide **timely interventions** keeping people safe and at home
- Wider roll-out of **early intervention vehicle** and other integrated models
- Improved coordination of out-of-hours services including NHS 111

How we will achieve this:

Use of multi-disciplinary teams in hospitals and in the community, including having rapid response functions fully joined up with integrated community teams.

Mobilisation of the **enhanced NHS 111 service** providing out-of-hours service provision from the end of June this year. Also known as Integrated Urgent Care, the new service commissioned by ENHCCG and HVCCG will be provided by Herts Urgent Care, who provides the current 111 service. Available 24 hours a day, 365 days a year, the enhanced 111 service gives individuals direct access to a wider variety of healthcare professionals including GPs, nurses, dentists, prescribing pharmacists and mental health professionals. Depending on circumstances, an individual can also be given self-care advice by a health advisor supported by a clinical advisor or be put to through to a GP or nurse and an over-the-phone consultation.

Early Intervention Vehicle (EIV)

- Continuation of the EIV, dedicated ambulances staffed by a paramedic or emergency care practitioners and a health and social care professional. These respond to triaged 999 calls around, for example, falls, dehydration, UTIs, acute decline in function and mobility – with health and social care working together, this service is not limited to care homes and is helping to reduce pressures on the East of England Ambulance Service, reduce residential placements and helping people stay independent at home
- Subject to a service review, operational hours of the 7-day service will be increased from 80 to 147 a week
- Reviewing project scalability to expand the number of vehicles in operation

Frailty service: The E&N Hertfordshire Trust Interface Geriatrician service supports the Lister frailty unit, primary care advice line, frailty clinic and outreach to nursing homes. A service

model for this frailty service has been agreed and will be implemented over the coming year. This will include increasing resource to consolidate and enhance the work in care homes alongside HCT locality teams. By 2018-19, an assessment for frailty should be established as a routine part of all relevant medical interventions at GP level, ambulance, on arrival at hospital or in a care home.

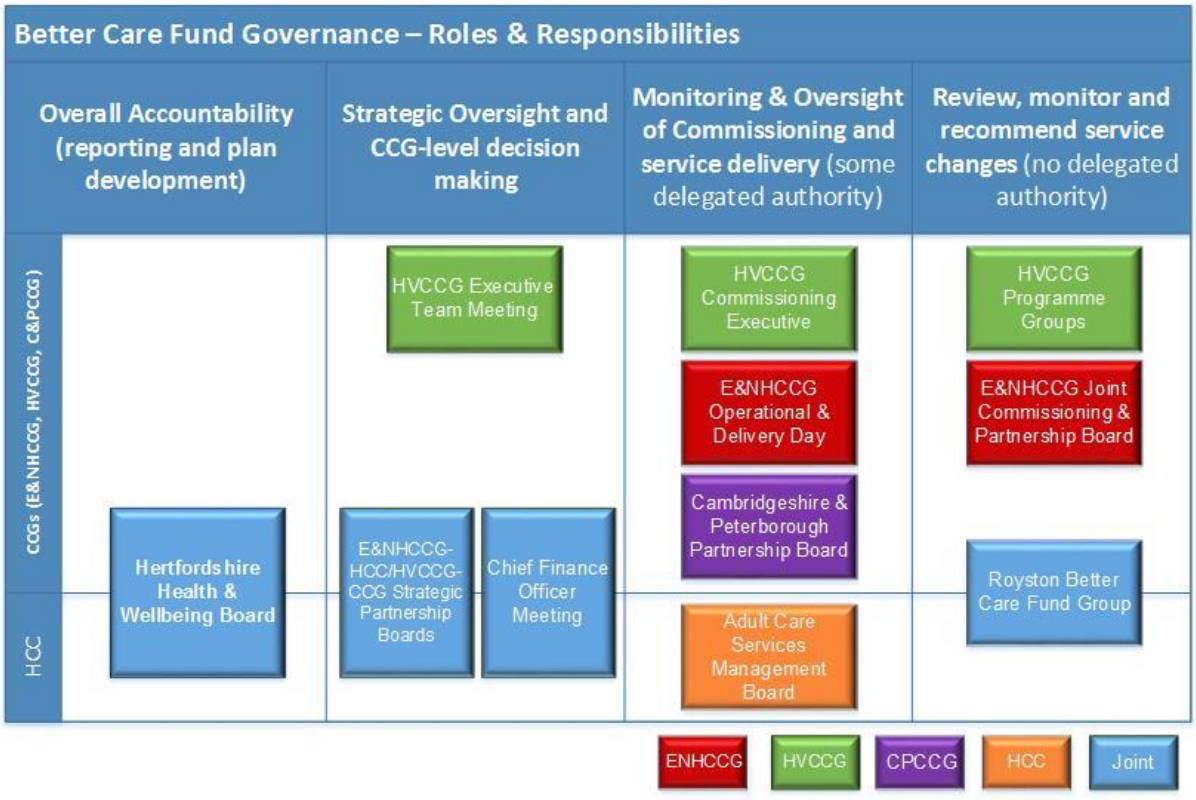
For Key Project Milestones of all projects listed above, see appendix 2.

3.3 Governance & Management Structures

Governance of the BCF

Governance of the BCF for 2017-19 will use the same mechanisms developed for the previous Plan (see below diagram) with some minor updates. As previously, performance of individual projects is monitored within respective project groups which in turn report into relevant CCG programme boards and / or the Adult Care Services Management Board. This is also the escalation procedure for identifying and addressing underperforming schemes. If required, performance monitoring of significant decisions regarding service design or operation may be escalated to CCG-HCC Strategic Partnership Boards (previously known as Joint Executive Boards).

Figure 9: Better Care Fund Governance



Reporting Arrangements: Better Care Fund reporting operates within existing organisational partnership structures.

- **E&NHCCG**: As the first stage of governance, the Joint Commissioning Partnership Board is responsible for monitoring and overseeing the commissioning and delivery of services for the population of East & North Hertfordshire. The JCPB reports both internally (Operational & Performance Day and Governing Body), and to the ENHCCG-HCC Strategic Partnership Board when related to joint areas of activity.
- **HVCCG**: As the first stage of governance, the HVCCG Programme Boards are responsible for monitoring and overseeing the commissioning and delivery of services for the population of West Hertfordshire. The Programme Boards report both internally (HVCCG Executive Meeting and Governing Body), and to the HVCCG-HCC Strategic Partnership Board when related to joint areas of activity.
- **C&PCCG**: This bi-annual group reviews and monitors service changes to the commissioning and delivery of health and social care services in the Royston area and makes recommendations to HCC's Adult Care Services Management Board and Cambridgeshire & Peterborough's Older People & Adults Wellbeing & Transformation Board.

The bi-monthly CCG-HCC **Strategic Partnership Boards** lead the integrated health and social care agenda and are accountable to the Health and Wellbeing Board as well as internal governance. The **Health and Wellbeing Board** has overall accountability and decision-making for all matters relating to the Better Care Fund Plan development (and Section 75 Agreement) and monitoring as part of their statutory duty to encourage integrated working between commissioners. The HWB will agree the BCF Plan and receive subsequent reports on its overall delivery and performance.

4. National Conditions

4.1 National Condition 1: Plans to be Jointly Agreed

Hertfordshire is required to commit a minimum pooled Fund of £70m (£71m in 2018-19). As in previous years however we have collectively agreed to pool a much larger amount in line with last year's £304m with plans to do the same in 2018-19. This will encompass the majority of out-of-hospital monies relating to older people's care. The size of Hertfordshire's fund reiterates HCC and CCG continued commitment to joint working for better patient outcomes. This, along with the BCF Plan priorities, has been developed:

- With a shared vision and understanding of progress to date to aid joint delivery of joined up care by 2020, as outlined in the above sections
- Alongside the STP's 'A Healthier Future' and other related plans, which will continue to work together through shared governance and delivery networks throughout the BCF delivery period
- With a view to demonstrating an agreed impact of the BCF in relation to BCF metric and other performance, particularly in the face of rising demographics
- With arrangements in place for continued financial and risk monitoring and review of joint spending plans between partners

As outlined in the Planning Template, there is also a shared understanding in place for the use of DFG monies, some of which will be go directly to the Hertfordshire Home Improvement Agency during 2017-19. This has been agreed with participating districts (for more information, see the Planning Template and HHIA section above).

Partnership Working & Engagement

- **Commissioners and Providers**: The BCF Plan has been jointly developed by HCC, ENHCCG, HVCCG and CPCCG in conjunction with providers. Although it has been reviewed by Health and Wellbeing Board members, due to scheduling, it will not go to a formal Board for sign-off until its next meeting in October. Alongside more informal engagement which included 1 to 1 sessions with HWB members and Chief Executives, the BCF Plan was also formally presented at the following:

Table 10: Key meeting dates for Plan Engagement

Group	Organisation	Date
Adult Supported Accommodation Strategic Board	Joint (ACS, district housing, Public Health, NHS)	11 April
Operational & Performance Delivery Day	E&NHCCG	1 May
HV Board	HVCCG	29 June
Finance & Performance Committee	HVCCG	6 July
HV-HCC Strategic Partnership Board	Joint (HVCCG, HCC)	10 Aug

Adult Care Services Management Board	HCC	16 Aug
Chief Finance Officer Meeting	Joint (ENHCCG, HVCCG, HCC)	31 August
Executive Team Meeting	E&NHCCG	5 Sept
Public Health Board	Joint (HCC, NHS, districts, voluntary sector)	5 Sept
Finance & Performance Committee (followed by HV Board on 14 Sept)	HVCCG	7 Sept

- The Plan has been reviewed by STP governance via the **STP Delivery Boards**, with links between the STP and BCF further strengthened by the STP programme leader also being a member of the HWB and Chief Executive of Herts Partnership Foundation Trust (HPFT). Input has also been sought from Hertfordshire's main acute Trusts, East & North Hertfordshire NHS Trust, West Hertfordshire Hospitals NHS Trust and Princess Alexandra Hospital NHS Trust, as well as by key community providers Herts Community Trust and HPFT. Hertfordshire continues its commitment to a collaborative approach with both providers and commissioners having membership of the HWB.
- **Housing and District Councils**: The Home Improvement Agency project and use of the DFG is one example of engagement with **district councils**, responsible for statutory housing duties in their areas. In recognition of housing being a key partner in 2020 integration plans, the BCF Plan has also been taken to the Adult Supported Accommodation Strategic Board (ASASB). Created in 2016, the ASASB jointly considers plans for health and social care accommodation needs and feeds into newly established District Accommodation Boards responsible for local implementation. The district councillor members of the HWB also report to district councils at the Herts Leaders Group.
- **Community and Voluntary sector:** The CVS are present at various Boards where the Plan has been reviewed, such as the Public Health Board, and will be an increasingly important stakeholder as BCF plans are delivered. CVS engagement has formed an integral part of Hertfordshire's move towards building stronger communities – for more information, please see Community First.
- **Patients and carers**: Keeping the patient at the centre of everything Hertfordshire does is reflective of the person-centred joined up care framework that forms this Plan's vision. Priorities have been shaped by BCF engagement events used to inform previous BCF Plans, as well as existing health and care plan based on their own patient and carer engagement such as the STP, HV's Your Care Your Future, and the Health and Wellbeing Board Strategy. Hertfordshire Heathwatch is also a key member of the HWB.
- Integrated projects have and will continue to proactively engage with patients, their family and carers. Building on lessons informed by the 2015-16 Neurological Coproduction project,[20] coproduction is increasingly recognised and used as a way of reviewing and improving care services. For example, the adult social care **Strategic Coproduction Board –** created last year - brings together equal representation and a

[20] For more information, see the 2016-17 BCF Plan, p. 16

variety of experience and expertise from services users, carers, community organisations and council management board members. The Board has already reviewed proposed spend and savings in adult social care services, areas of transport, and have recently started a disability friendly county group. The first of its kind in the country, the Board will focus on various other areas over 2017-19, using learning to improve engagement in other groups and services and producing a guide intended for use by other coproduction groups.[21]

Improved Better Care Fund

Hertfordshire's share of the improved Better Care Fund (iBCF), a new adult social care grant allocation to support local care capacity, amounts to around £13m in 2017-18 and £12m in 2018-19. This non-recurrent funding will be pooled into the BCF providing additional stability for Hertfordshire's care system and supporting delivery of the High-Impact Change Model and to address the key requirements of the fund:

- Stabilising the social care market
- Meeting adult social care needs
- Reducing pressures on the NHS

The areas of spend of the iBCF monies were agreed between the local authority and CCGs in April 2017, and endorsed through A&E Local Delivery Boards shortly afterwards. It has not been offset against the contribution from the CCG minimum. The breakdown of funding is as follows:

Figure 11: Breakdown of iBCF spend

Table One: Agreed spend on HCC £2bn share	Herts Valleys CCG			E&N Herts CCG			Total
	17/18	18/19	19/20	17/18	18/19	19/20	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1 Smooth impact of reducing CCG funding	4,000	4,500	2,490	3,700	3,700	2,303	
2 Inflationary uplift for homecare (71p pay rise)	350	450	450	466	589	589	
3 Discharge to Assess Programme	1,000	650	0	1000	1000	0	
4 Social work team capacity and OTs	290	290	0	290	290	0	
5 Admission prevention schemes (one-off training)	450	0	0	450	200	0	
6 Voluntary sector discharge schemes & project resource	500	0	0	550	0	0	

[21] For more information, see http://www.hertfordshire.gov/coproduction and TLAP & Co-production: all about the Ladder of Participation - YouTube.

Total cost of schemes	6,590	5,890	2,940	6,456	5,779	2,892	30,547
Total annual allocations	6,598	5,884	2,938	6,473	5,772	2,882	30,547

Figure 12: Description of iBCF spend

Funding will have the following anticipated impacts to the health and social care system: Investment Area	**Description**	**Impact and benefit**	**Funding Requirements Covered**
1 Smooth impact of reducing CCG funding	Managing transition of CCG funding previously allocated to older people community budgets (homecare, direct payments and carer support)	Maintaining existing levels of care provision across the county in the face of reduced funding	Meeting adult social care needs
2 Inflationary uplift for homecare (71p pay rise)	Supporting the homecare workforce through an enhancement to hourly wage rates with the intention of bolstering recruitment and retention	Improve the level of homecare capacity through better workforce recruitment and retention and improve market resilience, allowing flow of service users out of hospital	Stabilising the social care market
3 Discharge to Assess Programme	Providing funds for short-term care and reablement in people's homes or for 'step-down' facilities to bridge the gap between hospital and home.	Reductions in delayed transfer of care and stranded patients in acute ad non-acute beds	Support the NHS
4 Social work team capacity and OTs	Investment in enhanced professional staffing levels to enable full staff cover to be sustained during the week following the recent adoption of 7-day services, allow teams can support a higher number of discharges and undertake more comprehensive embedding of enabling and independence-sustaining assessment approaches.	Improved 7 day working Managing demand for ongoing care needs	Support the NHS Meet Adult Social Care Needs
5 Admission prevention schemes (one-off training)	An array of schemes to support more proactive and targeted assistance to vulnerable adults and carers, to prevent crises, including managing falls and enhanced training for domiciliary care workers	Preventing unnecessary or avoidable crises	Support the NHS

6 Voluntary sector discharge schemes & project resource	Using voluntary sector organisations to assist in hospital discharge and to help residents better navigate and access preventative services	Reductions in delayed transfer of care and stranded patients in acute ad non-acute beds Preventing unnecessary or avoidable crises	Support the NHS Meet Adult Social Care Needs

Hertfordshire County Council and the three CCGs will be working together to assess the impact of iBCF funding against the three key requirements of the fund. The County Council is developing measures that will allow the Hertfordshire health and social care system to assess how effective the fund has been in responding to immediate pressures as well as supporting sustainable medium and long term initiatives to support the sustainability of the system. It will also allow the Hertfordshire system to evaluate the effectiveness of the funding where it is being used to support more innovative approaches. This will support Hertfordshire's health and social care system to make sustainable investment decisions in future years.

4.2 National Condition 2: Maintain provision of adult social care services

Hertfordshire health and social care partners recognise the importance of protecting social care services to ensure that those who require it continue to receive the support they need in a time of growing demand and budgetary pressures. This allows for Hertfordshire, among other things, to maintain its current eligibility criteria for social care while developing more personalised care commissioned and delivered in an integrated way.

As outlined in the Planning Template, the CCG contribution to adult social care has been agreed jointly as the CCG minimum in line with the annual inflationary increase. Spending profiles, all of which have a health benefit, have been approved by HCC and the CCGs in line with governance structures outlined in a previous section. Each aligns with at least one 'I' statement in the joined up care framework (see appendix 1) towards greater integration and a stronger and stable care system. This spend was considered as part of the review of associated BCF risks and issues with mitigations built into the BCF risk log (see appendix 5). Each scheme also has a Partnership Agreement outlining agreed objectives, benefits, roles and responsibilities and risk to enable ongoing monitoring of impact and outcomes. Other developments, for example, joint action on data integration (see statement 1) will allow for a greater joint oversight of system performance.

In line with last year, Hertfordshire's BCF also includes significant additional contributions from the CCGs and HCC although maintenance of adult social care services will continue to be a key part of the BCF strategy.

4.3 National Condition 3: NHS Commissioned Out of Hospital Services

The BCF funding from CCGs to be used for out of hospital commissioned services includes CCG minimum contributions of £69,990,526 in 2017-18 and £71,320,346 in 2018-19. In addition to this, additional contributions from both the CCGs and HCC means Hertfordshire's BCF encompasses the majority of out-of-hospital monies relating to older people's care. Spend has been jointly agreed as outlined in the BCF Planning Template.

In line with last year, it has been jointly agreed that none of the above amount will be ring-fenced or placed into a risk-sharing agreement dependent on meeting additional non-elective admission (NEA) targets, but will be used to invest in out of hospital services. This is because CCG plans on which original NEA targets have been based already take into account integration plans. This position also continues to reflect Hertfordshire's decision to be jointly accountable for a much larger pooled budget of local authority and CCG monies.

4.4 National Condition 4: Managing Transfers of Care / High Impact Change Model

Building on last year's DToC Action Plan, Hertfordshire's summary of actions to managing transfers of care is set out in the 'High Impact Change Model implementation plan' - see appendix 6 for Hertfordshire's progress against the 8 High Impact Changes framework as well as the Statements, particularly Statement 6, for further detail on individual projects. The HICM encompasses organisational and system-wide priorities that seek to increase quality of care, improve patient experience and increase service efficiency. The HICM has been agreed for this submission between partners but, intended to demonstrate headline actions, will remain a fluid document to be regularly updated and reviewed in conjunction with partners and other DToC plans. These include the Winter Plan and Urgent Emergency Care highlight report, submitted earlier this year, which contain information on DToC actions in much greater detail.[22] Progress against the HICM will be monitored via an ongoing action tracker currently in development.

4.5 Enablers

4.5.1 Better Data Sharing between health and social care, based on the NHS number

Data sharing is being driven by the Digital Integrated Care Programme responsible for delivering the ICT elements of Hertfordshire and West Essex's STP including health and social care integration – for information on action plans, see Statement 1: Electronic Record and Data Sharing and Statement 3: Value for Money.

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

Proactive planning and managing care between other health and social care professionals is a key driver for health and social care integration.[23] Plans are outlined in the Statement sections above, but include:

- Pursuing interoperability, including a digital shared care plan, so that relevant professionals from both health and social care are able to efficiently and safely access information

[22] Available on request
[23] For more information, see the 2016-17 BCF Plan, National Condition 5

- Continuing the Multi-Speciality Team approach in Herts Valleys, with a range of relevant professionals across health and social care working together to organise the most appropriate and person-centred care for complex individuals
- The use of multi-disciplinary teams with accountable lead professionals and joint assessment processes to deliver proactive and reactive care, including the integrated community teams and the acute-based Integrated Discharge Teams
- Joining up services in-reaching into care homes
- Greater use of the community and voluntary sector when planning and delivering care

4.5.3 Seven Day Working

Over 2016-17, CCGs, social care and Acute Trusts continued working towards the seven day working national condition areas to reduce variation in and improve mortality rates, reduce non-elective admissions and reduce delayed transfer of care. This includes the four priority Clinical Standards, but also 5 priority areas chosen by each CCG area:

E&N Herts Trust / CCG	**West Herts Trust / Herts Valleys CCG**
2. Time to First Consultant Review	2. Time to First Consultant Review
4. Shift Handovers	4. Shift Handovers
6. Intervention / Key Services	5. Diagnostics
7. Mental Health	7. Mental Health
9. Transfer to community, primary and social care	9. Transfer to community, primary and social care

Progress has been demonstrated in acute seven day service returns and benchmarking exercises, including WHHT compliance against the four priority Clinical Standards and ENHT to be compliant by March 2018. All milestones for the expansion of seven day services outlined in BCF 2016-17 plan have also been achieved, including:

- Establishment of more robust seven day staffing for hospital based integrated discharge teams – this includes 7 day working implemented and having a positive impact at Watford Hospital and Lister Hospital
- Implementation of seven day service specification for specialist homecare services that support hospital discharges
- Expansion of short term care home beds available at weekends
- Aligning job plans with organisations priorities – for example, at Watford Hospital which now has 7 day in-house consultant-led service provision for key specialities such as stroke, cardiology and intensive care. Along with introduction of a senior decision maker 24/7, this has resulted in significantly reduced turnaround times for investigations and imaging with all patients screened within 15 minutes of arrival.

Over the next two years, Hertfordshire's health and social care system will continue to give high priority to the four priority Clinical Standards in line with ambitions to roll out to 100% of the population by 2020. Hertfordshire hospital trusts have recently undertaken the latest biannual NHS Improvement survey on 7 day working, the results of which will be used to establish a baseline of remaining requirements and refreshed action plan (see also Area 5 of

the High Impact Change Model, appendix 6). This includes ENHT working with NHS Improvement on a diagnostic of remaining requirements for 7-day working. Plans also include strengthening existing 7 day working arrangements, for example, expanding consultant presence to cover a full range of specialities at Watford Hospital.

4.5.4 Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans

The BCF Plan has been reviewed by Hertfordshire's main acute Trusts, East & North Herts Hospital Trust, West Herts Hospital Trust and Princess Alexandra Hospital Trust, as well as our key community providers Herts Community Trust (HCT) and Herts Partnership Foundation Trust (HPFT).

Achieving health and social care integration, or the 'right care and support at the right time and in the right place', means organisations working together to ensure people are treated where it is most appropriate, including shifting activity from the acute to the community and increasing prevention and access to advice and support. It also means that, if a patient does have to make use of the urgent or emergency care system, there are 'both health and social care professionals on hand when needed'. Please see the 2016-17 BCF Plan for more information on planned impact on the acute sector, which includes:[24]

- Improving integrated discharge services to improve patient flow from hospitals (see Statement 6 and High Impact Change Model)
- Continuation of integrated community schemes aimed at prevention of admissions, including Community Navigators, Vanguard schemes (e.g. Early Intervention Vehicle) and integrated community teams
- Establishing or extending use of multi-disciplinary teams in hospitals and in the community
- Improving interoperability between organisations
- Roll out of the STP prevention strategy with greater use of existing community assets via Community First
- Improved coordination of out-of-hours services, including NHS 111

In addition, the evolution of the Integrated Care Programme Boards into the STP Place-Based and Integrated Care workstream provides a forum for joint conversations and agreements between commissioners and community and acute providers.

[24] See 2016-17 BCF Plan, National Condition 6.

5. Risk

5.1 Our Approach to Risk Sharing

Risk management of the BCF is set out in the **Better Care Fund Risk Management Strategy** (see appendix 4) which provides a framework for the identification, management and review of the BCF risks. This strategy remains under the Section75 (S75) agreement which outlines the legal risk management and risk sharing arrangements for the pooled funds. The S75 agreements have been reviewed so that they reflect recent developments in Hertfordshire's pooled budget arrangements. Further amendments to the S75 agreement will be added in 2017 in the form of 'Partnership Agreements'; these are designed to record the specific terms of agreement between Hertfordshire County Council and NHS partners in the commissioning, implementation, delivery, monitoring and evaluation of projects involving joint working / integrated care. These aim to bring greater rigour to the joint schemes already underway by presenting areas covered by the agreement, aims and objectives, key milestones, information sharing, roles and responsibilities, evaluation and risks as well as financials. While the Partnership Agreements in themselves are not legally binding they are intended to provide clarity over roles and responsibilities. Any amendments will be signed-off by the Strategic Partnership Boards.

It remains a key priority of the BCF that HCC, the CCGs and other partners' progress risk sharing arrangements. To reflect Hertfordshire's long-term vision and ambitions and to incorporate more of the overall BCF budget into pooled budgets and risk sharing arrangements, over the next two years work will continue to determine joint priority areas and the best method for achieving these. Introducing more robust scheme-specific risks for those areas jointly funded has been progressed in two areas – proposals for integrated commissioning through 'Continuing Health Care' and the establishment of a 'partnership agreement' and 'delegation of functions' underpinning the introduction of the new 'Hertfordshire Home Improvement Agency'. These are explored further below. Other key areas to be considered will likely include the funding for Intermediate Care beds.

Moving forward the risk sharing agreements will be further developed by identifying high-level system risks linked to minimum contributions for better management of overall BCF performance. For example: higher than estimated acute costs, services not achieving projected savings or other outcomes, and overspend. It will be a priority to establish the current baseline and to assess operationally how each partner is able to mitigate and lead the risk arrangements at project, organisation or system level.

5.2 Joint schemes and contract risks

From 2017 the Hertfordshire Better Care Fund will be introducing more robust scheme-specific risks for those areas jointly funded. This has been progressed in two areas – these are integrated commissioning through 'Continuing Health Care' and the establishment of a 'partnership agreement', and 'delegation of functions' underpinning the introduction of the new 'Hertfordshire Home Improvement Agency'. Each scheme has a different and tailored approach to joint funding and risk sharing demonstrated as follows:

5.2.1 Continuing Health Care (CHC)

During 2016-17 the Better Care Fund looked to develop a collaborative approach to Continuing Healthcare, including co-locating operational teams and developing integrated financial and commissioning processes. Through this approach, agreement has been reached by the then named Health and Community Services Management Board (now Adult Care Services Management Board) and E&NHCCG Organisation Performance and Delivery to proceed with detail around delegation of contracting for care from ENHCCG to HCC. A similar agreement is now being sought from HVCCG. A governance agreement is in development and the partners have agreed to set up a 'test fund' (Care Discharge Fund) for the provision of care. Progress has also been made in strengthening relationships between teams and providing shared space for joint working.

5.2.2 Hertfordshire Home Improvement Agency (HHIA)

During 2017 key partners from district and borough and the county council joined up to develop a shared Hertfordshire Home Improvement Agency (HHIA) and participate in a Shared Service for the purposes of providing home adaptations and associated services. This includes the discharge of duties relating to the provision and administration of Disabled Facilities Grants under the 1996 Act, the Care Act 2014, and the Better Care Fund requirements to disabled and vulnerable people residing within the districts of East Hertfordshire and North Hertfordshire, and the boroughs of Broxbourne and Watford.

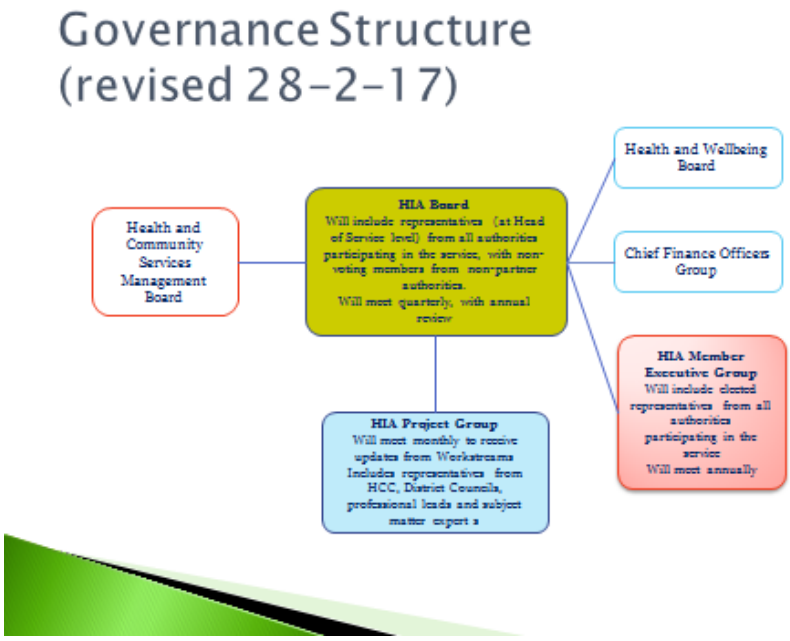
The HHIA has been developed in recognition that appropriate housing is key to keeping people well and independent and there is an alignment of DFG to BCF priorities. With the DFG Capital Grant moving into the BCF in 2014 this agency aims to create greater resilience and efficiency gains and will aim to measure its success through the increased spend of the DFG and increased reach to new people needing assistance. A number of small changes, such as those supported by the DFG, could have a big impact to the lives of our residents.

All parties have been working together to agree a contractual ‘Partnership Agreement’ and through achieving this have established a willingness to share risk and create arrangements which provide the incentive to make the system changes required. The Partnership Agreement has been designed to demonstrate the commitment of each party and the District Partner Authorities have individually and jointly consented to HCC annually transferring their financial allocations for the DFG within the Better Care Fund award made by central government each year to the HHIA.

In the first year of operation, fee income generated by the HHIA will be distributed among the Partner Authorities until each Partner Authority has reached a revenue neutral position as agreed. This entails each District Partner Authority being asked to contribute no more than their 2016-17 revenue budget for DFG. Any other surpluses will then be retained for joint investment in the service. There are many opportunities to engage with health, housing providers and third sector partners on future developments. These new schemes and opportunities for growth will be areas for further risk and incentive sharing between HHIA partners and new partners as they join in the coming years.

The financial commitment has been agreed by all partners for an initial three year period to mitigate risk to the service establishing and any partner authority acknowledges and confirms that it will remain liable for and will make any payments that are due in respect of its membership of the HHIA if they do not wish to be party to the agreement for the full period. Other authorities are encouraged to join the partnership and shared costs are anticipated to be paid to ensure all partners have made an equal investment in the HHIA.

Figure 13: Hertfordshire Home Improvement Agency Governance Structure



5.3 Our Approach to Managing Risk

As in previous years there is an agreed risk management approach adopted to manage and mitigate risks from the BCF organisation, BCF system and programme level and the project level. This approach is defined in the Better Care Fund Risk Management Strategy (see appendix 4) which has been reviewed and its main purpose is to provide a framework for the identification, management and review of the BCF risks. This strategy sits under the Section 75 agreement which outlines the legal risk management and risk sharing arrangements for the pooled funds.

The monitoring and reviewing of risks and the escalation process remains at the three levels set out in the strategy, i.e. at a project, system and organisational level. The establishment of the Strategic Partnership Boards (previously known as Joint Executive Meetings) for HV and ENH will continue and the terms of reference will be refreshed during 2017.

5.4 Risk Accountability & Responsibility Arrangements

The following roles and responsibilities for key personnel accountable for managing and monitoring the BCF plan have been reviewed for 2017 and remain consistent.

Table 14: Risk Management – Roles and Responsibilities

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

5.5 Risk Register

The Better Care Fund Risk Register was first agreed in November 2014 between CCG Chief Finance Officers, the Principal Accountant, and the Assistant Directors for Integration for the East and West of the county. This Risk Register was formally approved by NHS England in January 2015 and has been updated prior to submission of the 2017-19 Plan (see appendix 5). Additionally, two of the three key barriers identified in the National Audit Office (NAO) report on Health and Social Care Integration (February 2017) have been reflected in existing risks in the risk register around:

- Workforce challenges – from case studies, differences in working culture, professional entrenchment and different terms and conditions across health and

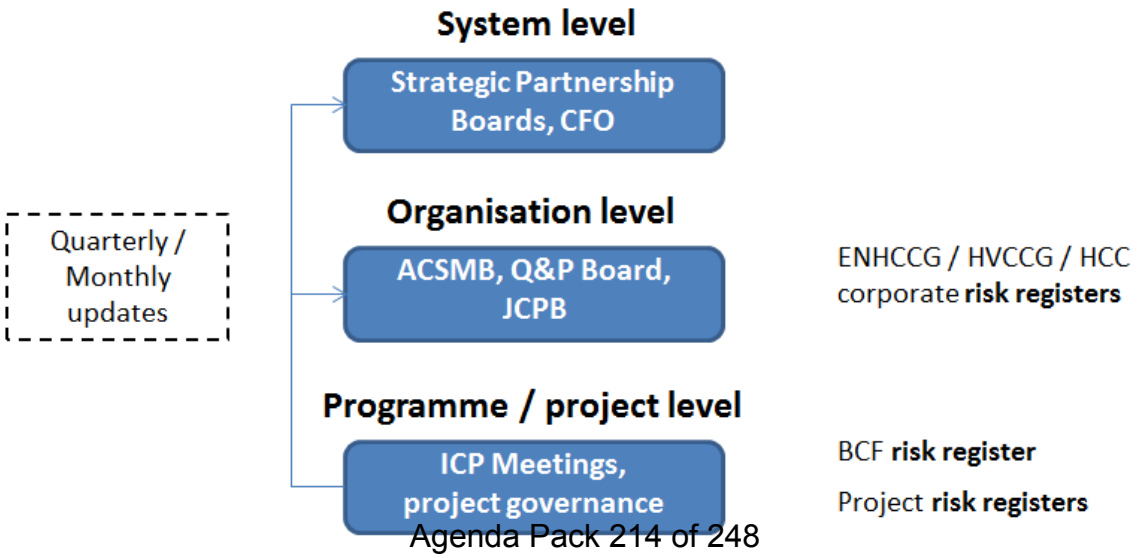
local government sectors remain barriers to integration and developing workforce. As well as recruitment and retention of staff in domiciliary care and residential care.

- Information-sharing – from case studies found that local bodies were still unsure of the legal requirements for data-sharing as a barrier and difficult to track patients through different care settings.

Identification of high-level BCF financial and delivery risks – for a list of current BCF risks and steps for mitigation, please see appendix 5. Key risks (marked 'severe' in the register) to be managed include:

Risk No	Risk Description
1	As a result of **continued system pressures** there is a risk that, despite benefits achieved as a result of the BCF, demand remains unchecked, the health and social care system becomes unsustainable and/or capacity to instigate change is curtailed
2	As a result of **poor management** there is a risk that contracts and projects fail to deliver agreed outputs or work cohesively together, which may lead to a failure to deliver the BCF vision, service user improvements and required efficiencies
5	As a result of continued **market capacity and retention issues** there is a risk that roles and services required for BCF plans are not recruited to or recruited with the appropriate skills, which may lead to failure to deliver key priorities, services and functions
7	As a result of not employing **effective data-sharing** there is a risk of not obtaining sufficient data or doing so through incorrect protocols, which may lead to an information governance breach and fine or being unable to monitor, deliver and assess integrated contracts and projects
8	As a result of **limited financial system resources** there is a risk of inadequate investment in BCF delivery, which may lead to failure to implement new and existing services and functions that result in more integrated care

Figure 14: Diagram to show the reporting and escalation process for monitoring risks noted in the BCF risk strategy



6. National Metrics

Taking learning from last year, Hertfordshire has developed jointly agreed targets and reporting frameworks for the BCF performance metrics. These were agreed following a review of activity trends to date and other relevant local performance indicators, and taking into account plans for the following two years including the High Impact Change Model. [25] Risks related to targets have been considered for each metric and incorporated into the BCF Risk Log – for a list of these and their steps for mitigation, please see the BCF risk log (appendix 5). As outlined in the Planning Template, targets are as below.

The Performance Metrics

1. **Target total number of specific acute non-elective spells per 100,000 population –** The level of non-elective admission (NEA) activity Hertfordshire seeks to avoid is based on CCG targeted reductions as outlined in their Operational Plans and then inputted into the BCF Planning Template. These use county population projections over the next 2 years, and understand that effective prevention and risk management through integrated out-of-hospital services is key to avoiding preventable acute interventions. As CCG plans take account of integration plans, Hertfordshire does not plan on any additional reductions and therefore will not be putting in place a local contingency fund agreement on non-elective admissions.

Table 15: Non-Elective Admission Plan Totals

	Q1	Q2	Q3	Q4	Total
NEA target 2017-18	27,074	27,401	27,928	27,280	**109,683**
NEA target 2018-19	27,438	27,784	28,335	28,746	**112,304**

2. Long-term support needs of older people (65+) met by admission to residential and nursing care homes per 100,000 population –
A number of aspects were considered when agreeing this measure including previous year's performance, national and regional benchmarking against other authorities, and planned improvement and changes being made to next year's services. Performance for 2016-17 was 570 against a target of 610. Despite growing demand for social care as well as rising complexity of care required for older people, it has been decided to aim for a similar target of **575** in 2017-18 and, subject to review, in 2018-19. This reflects expectations set out in the Adult Social Care Outcomes Framework as well as planned work detailed in the below metric.

3. Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services – In 2016-17 the Council achieved an overall metric performance of 86%. The Council's strategy, for all demographics but particularly for Older People over the coming years, is centred on reducing the reliance on bed based care and increasing the ability for people to remain in their own homes and

[25] The process for this was the same as last year – see the 2016-17 BCF Plan, p. 59 for further details.

receive enabling care to manage down their long term needs where possible. Therefore it is anticipated that the new Specialist Care at Home Service will continue to provide reablement services to clients with wider ranging and, in certain circumstances, more intensive care needs than has previously been delivered.

As a result it is unlikely that there will be a significant increase on 2016-17 performance for this indicator. However, performance is expected to remain strong due to a number of pieces of work to improve the Specialist Care at Home pathway, including: integration of Enablement Occupational Therapists within Specialist Care at Home, improved access to community resources and equipment, a more discharge to assess and trusted assessor approach from Acute hospitals and improved social work practice around reviews. Last March also saw the development of adult social care 'Practice Principles'[26] – these will be used to help ensure partners, including providers, share a commitment to supporting individuals in regaining and maintaining their independence as well as living healthy and purposeful lives.

Performance for 2017-18 therefore has been set at **84.9%** to maintain the high performance of 2016-17 and take into account increasing service user need and increasing focus on delivering care in the community and managing down complex needs. Performance for 2018-19 has been set at **85.1%.**

4. <u>Delayed transfers of care (delayed days) from hospital per 100,000 population (18+)</u>
Hertfordshire's commitment to maintaining patient flow has resulted in ever closer joint working between partners over a number of years. For 2017-19, Hertfordshire will continue building on these strong operational relationships and the many current good examples of multi-disciplinary working we have in urgent care. This will ensure timely and appropriate transfers, particularly focusing on good and efficient process, strong communication and transparency.

However, we recognise that some of the underpinning factors affecting patient flow are systemic and long-term such as the availability of homecare, the fragility of the care sector and increasing demand. While we will continue to work as a partnership to manage systemic pressure by developing longer-term solutions, these issues will undermine our ability to meet the recent short-term targets set nationally through the BCF performance framework. HCC, the CCGs and other partners share the view that the BCF metric expectations are not realistic or achievable within such a short timeframe. Therefore, our focus will be on the achievement, by the end of March 2018, and future maintenance of, the mandated NHS target for 3.5% of acute and non-acute beds being accounted for by both health and social care attributable delayed transfers of care. In accordance with NHS guidance, we have used a rate of 9.4 bed days per 100,000 of the population to translate the 3.5% of bed base target into the BCF planning template. While we are setting this target at health and wellbeing board level, individual organisations will also aspire to the 3.5% target within their bed bases. However, the targets do not change Hertfordshire's existing course of action in terms of doing what is right across the system for our residents, patients and the sustainability of services in managing patient flow.

[26] Available on request

Performance Monitoring

Over 2017-19, metric performance including against national averages, will be tracked using the monthly Better Care Fund Performance Dashboard and used for governance reporting.[27] Each integrated programme or project has their own set of measures which will be summarised in a Partnership Agreement outlining agreed objectives, benefits, roles and responsibilities and risk for ongoing monitoring of impact and outcomes. It is intended to bring these together alongside existing organisational and area measures into a performance monitoring framework aligned against the 7 statements. An example of what this might look like is included below.

Table 16: Proposed Performance Monitoring Framework to be developed over 2017-18

Measure
1. Electronic record and data sharing
• Proportion of 65+ with shared care records in place accessible by all care manager teams
2. Early Identification
• Emergency admissions (65+) per 100,000 of 65+ population (BCF metric) • Number of people with a personal health budget / integrated personal budget per 100k population • Proportion of people using social care who receive self-directed support, and those receiving direct payments • Number of admissions due to a long-term conditions per 100k population • Social care service users / clients who find it easy to get information • Proportion of people who use social care services who report that they had as much social contact as they would like
3. Value for Money
• Number of new social care clients receiving short-term support to maximise independence • Number of social care clients who require no further services after short-term support • The average length of stay for clients in intermediate care • Permanent admissions to residential and nursing care homes per 100,000 population (BCF metric) • Number of social care records with an NHS number
4. Assessment & Care Planning
• Social care clients state that "I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date" • Social care clients state that "I have the information and support I need in order to remain as independent as possible"
5. Integrated Community Care
• Proportion of older people (65 and over) who were still at home 91 days after discharge (BCF metric) • Number of clients assisted by a rapid response service • Number of clients whose stay in enablement is more than 42 days • Permanent admissions of older people (aged 65 and over) to residential and nursing homes, per 100,000 population 65+ (BCF Metric)

[27] Available on request.

6. Timely and Safe Discharges
• Delayed transfers of care from hospital per 100k population (BCF metric) – by health and social care • Number of people supported by HCC to leave hospital
7. Integrated Urgent Care
• Integrated care teams in place and operating in an acute and non-acute setting • 90th percentile of length of stay for emergency admissions (65+) • Proportion of older people (65 and over) who are discharged from hospital who receive reablement/rehabilitation • Proportion of discharges (following emergency admissions) which occur at the weekend

Appendix 1 - Joined Up Care 2020 – vision, benefits and priorities

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

Developing a culture of prevention - to improve the health of the population and help our residents to avoid preventable health and social problems

	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 coordination 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 with 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	• 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 • 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 culture,** process and ways of working to deliver 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 acute 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 other's' roles	• Use of **multi-disciplinary teams** in all areas • **Integrated community teams providing timely interventions** keeping people safe & at home • Wider roll-out of **early intervention vehicle** and other integrated models • Improved co-ordination of out of hours services including NHS 111 .

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

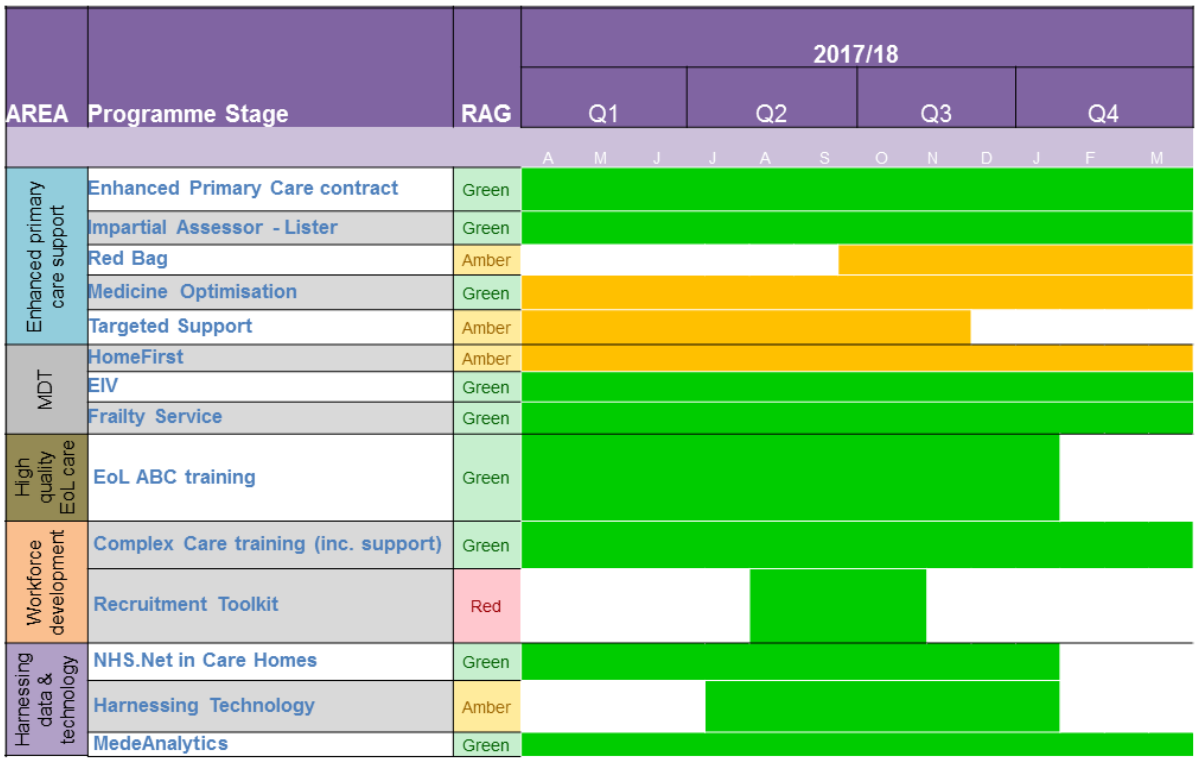
Scheme Name	Key Milestones	Date
Access to services for service users and services making onward referrals	• Workshop to scope workplan following review of all major health and social care access points • Development of options by the Joint Access Review Group, including alignment with locality approach • Agreement and implementation of preferred option • Continued alignment with out of hours service provision	Complete Oct 2017 April 2018
Community First	• Continuation of 'Community Conversations' across localities, enabling a social action approach • Development of a Community First Strategy that links to STP prevention workstream • Support roll-out of new community-focused assessment process with front-line teams • Working in partnership with Public Health to demonstrate impact and value or preventative approach	Complete Complete Nov 2017 Dec 2017
Community Navigators	• Review of the 'social prescribing / navigator' clinic at Maltings GP surgery with potential to expand to other surgeries • Scaling up use of volunteers, including at GP surgeries in areas of deprivation • Refining the cost model to determine impact • Developing a model to measure impact on wellbeing and management of long-term conditions • Participating as part of Hertfordshire's contribution to the National Social Prescribing Network	Complete Ongoing
Complex Care Framework, including **Complex Care Premium** to deliver training to care homes in complex care (Vanguard & HV)	• Improvement in data collection and analysis via the Vanguard Dashboard • London School of Economics evaluation on the preventative impact of the CCP scheme • CCP contract review • General review of CC Foundation scheme models in preparation mainstreaming services • Review of Complex Care model development into other areas, for example, homecare provision	Complete Complete Autumn 2017 Autumn 2017 Autumn 2017
Continuing Healthcare, developing a collaborative approach to CHC in E&NH and HV	• Shared office space for E&NH operating teams • CHC Conference to raise professional awareness and understanding of the CHC process • Working up E&NH commissioning model for integrated contracting processes • Working up HV commissioning model for integrated contracting processes • Implementation of the developed model with new contracts in place, held and monitored by HCC	Complete Oct 2017 April 2018 April 2018 April 2018
Discharge to Assess, with medically fit patients discharged to a home setting for assessment of ongoing needs	• Finalisation of process mapping • D2A model signed-off • Initial model proof work completed and upscaling of project to wider geography • D2A normal procedure to follow for medically fit patients	Complete Complete 2018

Early Intervention Vehicle (Vanguard)	• Continuation of E&NH EIVs staffed by a paramedic or emergency care practitioner • Increased operational hours of the 7 day service from 80 to 147 hours a week • Reviewing project scalability to expand the number of vehicles • Reviewing potential to expand to other parts of STP (HV and West Essex) •	Complete Mar 2018 (subject to external review)
End of Life ABC Training (Vanguard)	• Developing impact assessment measures with hospices • To build into E&NH's End of Life Strategy	Nov 2017
Enhanced Primary Care Support (Vanguard)	• Developing the current service level agreement to meet both GP and care home needs • Adapting to a place-based approach to delivery, including closer working of GPs with their localities	Oct 2017 Autumn 2017
Frailty Service, supporting the care of frail residents in hospital and the community	• Implementation of the frailty model • Assessment for frailty established as a routine part of relevant medical interventions	Complete Ongoing
Home Improvement Agency, using DFG more collaboratively	• HIA Steering Group meeting in shadow form • Appointment and starting of HIA head of service • Contractor framework in place • HIA team in place • HIA service launch • Potential for additional partners to join	Complete Complete Autumn 2017 2018
Impartial Assessor, to speed up discharges from hospital to care homes (Vanguard)	• Roll out of 6-day service with a second Assessor starting at Lister Hospital • Review of Lister Contract • Introducing Impartial Assessor at Watford General Hospital • Introducing Impartial Assessor into Princess Alexandra Hospital (West Essex)	Complete Oct 2017 Autumn 2017 Autumn 2017
Integrated Personal Budgets	• Programme and governance arrangement in place with alignment to corporate programmes with All-Age Personalisation Steering Group set up • Personalised care and support planning and personal health budgets for 50 people with LTCs, and evidence of mainstreaming PHBs for CHC patients • Financial plan in place for releasing NHS funding beyond CHC • Linked dataset for first cohort across NHS, social care and education (and appropriate) at person level • Established peer support network and operationalised community capacity strategy • Extended IPC to include at least two more cohorts • Linked datasets for the second cohort across NHS, social care and education (and appropriate) at person level • Minimum of 1 in 1000 of the population will have a PHB • 1% of population or 50% of the first identified cohort to have person-centred planning support (1200 people), and available for 20% of the second	Complete Sept 2017 Sept 2017 Dec 2017 Dec 2017 March 2018 March 2018 March 2018 March 2018
Integrated Discharge Teams, with fully	• At Lister, establishing the existing integrated hospital team with joint processes at all stages A&E to discharge	

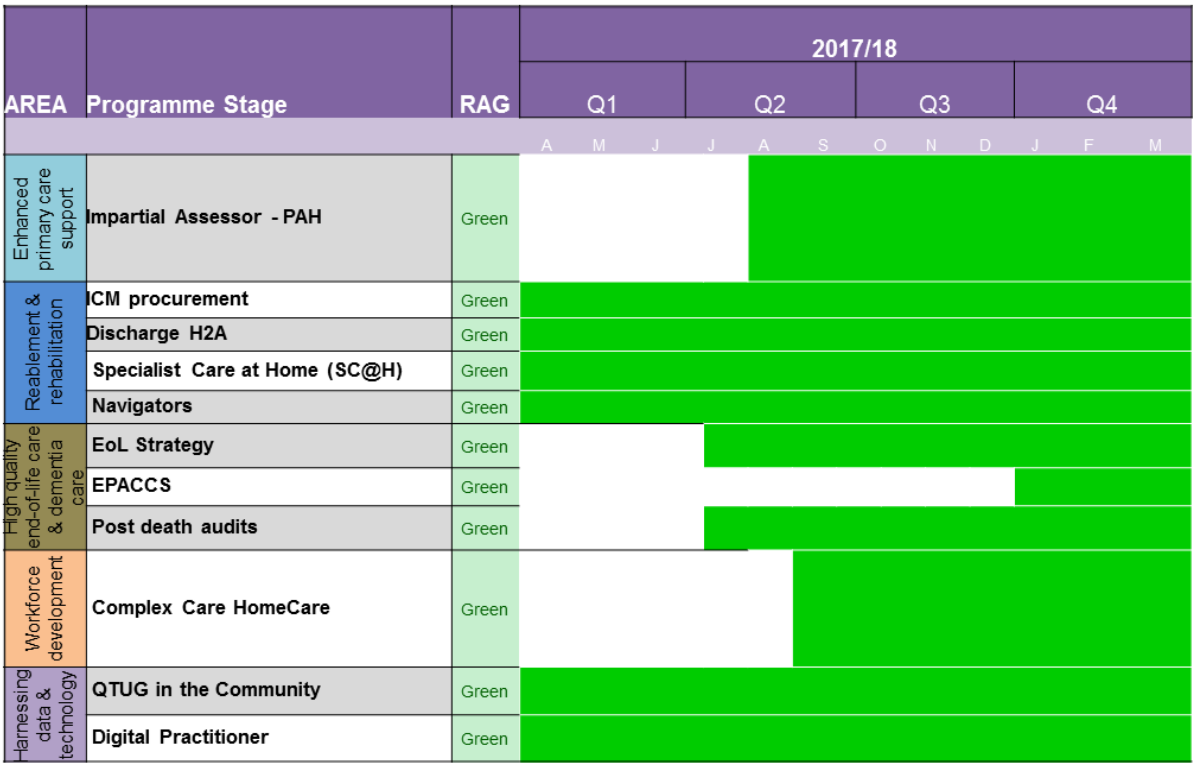
integrated health and social care teams	• Review of wider patient flow, particularly IDT interfaces with community resource • Colocation of health and social care teams and harmonised working practices • Baseline metrics established for tracking and reporting against progress • Fully integrated discharge team working harmoniously with discharge to assess and 7-day working	From April 2017
Locality Provider Delivery Boards	• Locality Boards formed and meeting using newly developed governance arrangements • Engagement for public and staff • Local Team development plans • Health pathway implementation plan in place	Complete Ongoing Mar 18 Mar 18
Medicines in Transition	• Approval and implementation of workstreams identified in STP proposition document	
Multi-Speciality Teams, working across professionals for coordinated care	• Review of MST and adaptation requirements for wider roll-out • Alignment of the MST to the locality approach, including local ownership	
Out of Hours 111 Service	• New contract awards • Beginning of new service	Complete
Red Bag to improve transitions between care homes and hospital	• Review of lessons from Jan-Mar 2017 pilot, including communications • Review of model and roll out to 60 E&N care homes and all HV care homes	Complete Complete
Risk Stratification, for early identification, case management and business intelligence	• Additional GP data flows from across ENCCG and WECCG localities • Improve the Risk of unplanned hospital admission (the Homefirst case management) algorithm • Reformatting data so patient pathway is viewable along a timeline • Upskilling 'super users' across health and social care • Developing models of population health segmentation	Complete Nov 17 Dec 17 Mar 18 Jan 18
Specialist Care at Home	• Reconfiguration of staff roles and responsibilities • Recruitment of enablement occupational therapists • Action plan to grow service capacity and improve service resilience for remainder of contract • Involvement in development of Discharge to Assess model • Creation of refined data following new ACSIS process • New multiagency governance to be set up to improve the service's practice and process	Ongoing Complete Nov 2017 / ongoing Nov 2018 Date to be confirmed
Targeted Support in Care Homes (Vanguard)	• To work with 10 care homes identified as having higher than expected number of hospital admissions to implement small-scale interventions • Assess impact of above interventions with a view to wider adaptation • Case review 5 care homes to better understand why patients are being admitted to hospital – to inform wrap-around support approach	Ongoing Ongoing Oct 2017
Technology in Care Homes (Vanguard)	• Deploying nhs.net email to all care homes • Engaging care homes to understand issues that technology could assist with • Top 3 technological solutions to be planned, tested and evaluated • Implementation (dependent on the above)	Mar 2018

Appendix Three: E&NH Enhanced Care in Care Homes Milestone Plan

5.1 – Current delivery plan



5.1 – Current delivery plan cont. – non Vanguard projects



Appendix Four: BCF Risk Management Strategy

Better Care Fund Risk Management Strategy

June 2017

Version Information

Table of Contents

1. Introduction

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

1.2. Of the £3.8bn National Better Care Fund (BCF) monies, Hertfordshire was required to pool a minimum budget of £70.9million in 2015/16. However the Clinical Commissioning Groups (CCGs) and County Council (HCC) agreed an approach which pooled a larger budget and allowed for the joint commissioning of a wider range of health and social care services for older people. This remains the case in 2017/19 with the majority of CCG and HCC older people out-of-hospital budgets pooled. With minimum CCG minimum contributions of £69million the total BCF figure is £280million in 2017-18. This is to deliver a health and social care system that 'delivers the right care and support at the right time and in the right place for individuals, their families and their carers'. This is to:

- Deliver better care for patients and service users
- Reduce reliance and spend on acute services
- Meet national conditions to deliver against the metrics
- Release efficiencies for Hertfordshire County Council and both CCGs to help deliver against efficiency targets.

1.3. The 2017/19 Hertfordshire BCF plan is awaiting confirmation of approval from NHS England. As in previous years, the current plan evidences how the Hertfordshire Health and Wellbeing Board aims to meet BCF national conditions, and deliver against the following national metrics (from April 2017, the dementia diagnosis is not monitored centrally) :

National metrics to monitor the impact of the local Better Care Fund	**National Conditions on the local Better Care Fund**
1. A reduction in non-elective admissions	**Condition 1:** Plans to be jointly agreed, signed off by the HWB
2. A reduction in permanent admissions to residential or nursing homes	**Condition 2:** NHS contribution to adult social care is maintained in line with inflation
3. An increase in the effectiveness of reablement (an increase in the number of 65+ discharged from hospital into an reablement or rehabilitation service)	**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
4. A reduction in delayed transfers of care	**Condition 4:** Managing transfers of care – this includes implementation of the below 'High Impact Change Model'

2. Purpose of the Risk Management Strategy

2.1. The purpose of the Better Care Fund Risk Management Strategy is to provide a framework for the identification, management and review of the BCF risks. This strategy sits under the Section 75 Agreement which outlines the legal risk management and risk sharing arrangements for the pooled funds.

3. Risk and Risk Management

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

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

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

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

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

4. Compliance and Assurance

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

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

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

5. BCF Risk sharing

5.1. The Risk Sharing arrangements for the BCF are outlined clearly in Clause 12 of the Section75 Agreement (Referencing Appendix 3) and specifically for the BCF, in Clause 8 and Clause 15 of Schedule 1 Part 1.1 and Part 1.2.[28]

6. The Better Care Fund Risk Register

6.1. The Better Care Fund Risk Register was first agreed in November 2014 between CCG Chief Finance Officers, the Principal Accountant of Adult Care Services (HCC), and the Assistant Directors for Integration for the East and West of the county. This Risk Register was formally approved by NHS England in January 2015 and has been updated as part of the 2017-19 BCF Plan submission.

6.2. The BCF Risk register highlights three risk types:

- **Project risks** - owned and managed by project governance arrangements
- **BCF system risks** – owned and monitored by Strategic Partnership Boards who may delegate responsibly and accountability of monitoring certain risks to other programme Boards or the Chief Finance Officer meeting.
- **BCF organisational risks -** Significant BCF risks which are escalated to organisational corporate risk registers, in a coordinated way, and managed / owned by organisational governance.

7. Monitoring and Review

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

7.2. **BCF System Risks –** BCF Programme or project risks deemed appropriate will be escalated according to the process outlined in 7.4.1 to the Strategic Partnership Boards on a quarterly basis. System-level oversight will take place at Strategic Partnership Boards quarterly. The Chief Finance Officer meeting will also monitor risks with direct financial considerations quarterly.

7.2.1. When risks need to be monitored more closely, the relevant group will appoint Adult Care Services Management Board (ACSMB), Quality and Performance Programme Group (HVCCG) or Joint Commissioning and Partnerships Board (ENHCCG) to monitor a risk or project on a monthly basis.

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

7.3. **BCF Organisational Risks –** The CCGs and Local Authority have all recognised the BCF Programme represents a corporate risk given the scale and extent of the work and changes. In 2015/16 the corporate risks relating to the BCF were not consistent or managed in a coordinated way, since they are managed via internal organisational risk management processes. The Strategic Partnership Boards between ENH and HV began the process of monitoring risks in a coordinated way across the county. Over 2017/18 it is intended

[28] May change subject to final agreement of the Section 75 this November 2017

that the corporate risk registers are reviewed and compared between partners to ensure the corporate risks presented by the BCF is consistent.

7.4. **Escalation Process**

7.4.1. **Review by the Strategic Partnership Boards and Chief Executive Officer Group -**

The BCF programme Risk Register will be reviewed by the Integrated Care Programme Team (ICPT) prior to the quarterly review by the Strategic Partnership Boards. This will include a review of whether change in one project risk score has a direct or indirect impact on other projects. Individual projects may also flag risks with system-wide implications for escalation. The ICPT will recommend the Strategic Partnership Boards and Chief Executive Officer Group (if financial) monitor programme risks according to the following criteria:

- Risks that currently score 'severe'
- Risks that have an increased risk score as compared to the previous quarter
- Risks which are deemed to be of particular interest to, or requested by, the Strategic Partnership Boards

Hertfordshire Adult Care Services Management Board (ACSMB), Quality & Performance Programme Group (HVCCG) or Joint Commissioning and Partnerships Board (ENHCCG) may also use their discretion to escalate risks to the Strategic Partnership Boards as required.

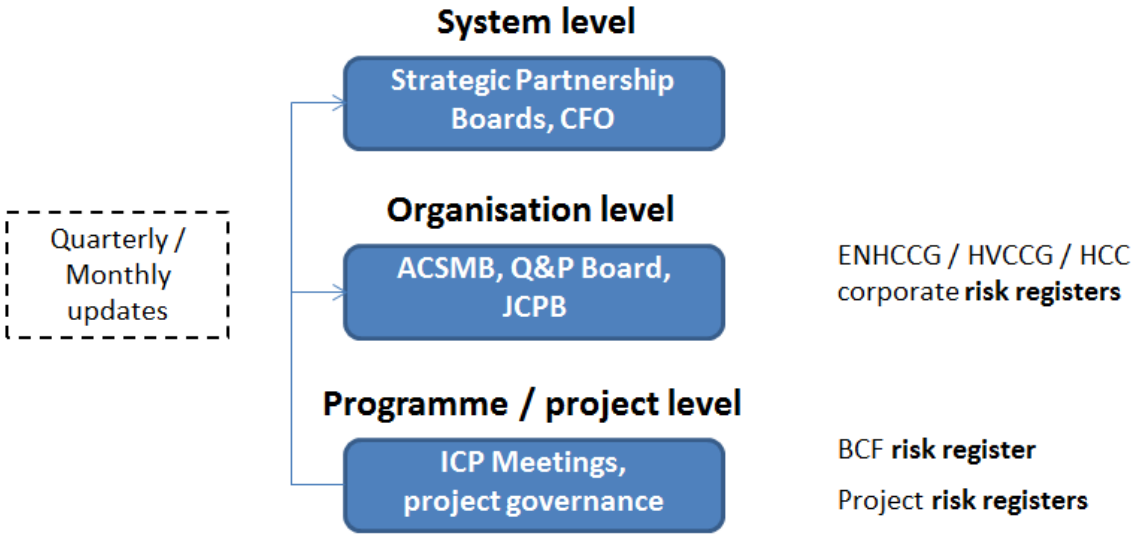
7.4.2. **Review by ACSMB, Q&P Board or JCP Board -**

7.4.3. The ICPT will recommend the ACSMB, Q&P Board or JCP Board monitor risks according to the below criteria. Individual projects may also flag risks with organisational implications for escalation.

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

7.4.4. The Strategic Partnership Boards or the Chief Finance Officers (CFOs) may request monthly monitoring of relevant risks by Adult Care Services Management Board (ACSMB), Quality & Performance Board (HVCCG, meets only quarterly), Joint Commissioning and Partnerships Board (ENHCCG).

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



8. Accountability and Responsibility Arrangements

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

8.1. For further details on the governance of the BCF refer to Schedule 2 of the Section 75 agreement 2016/17.

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

BCF Risk Register - 2017-19 Draft v2.xls

Appendix Six: High Impact Change Model Implementation Plan

Change	Change Descriptor	Rating	What is Working Well	Key Challenges	What Needs to Happen
1	**Early Discharge Planning** (EDP) 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 date of discharge to be set within 48 hours.	Plans in place	• Early discharge planning is taking place with, for example, a daily focus on stranded patients rather than DToC discussed by all relevant parties on a daily teleconference resulting in reduced lengths of stay (LOS) • Pilot rollout of red and green days and 'Safer' model • A health and social care professional from the Integrated Discharge Team (IDT) is on every board round on every ward in East & North (E&N) and on most in Herts Valleys (HV) • In E&N, A&E-based social work team and ring-fenced care is in place to assist prevention of ward admissions. To date, this has had a 90%+ success rate • Joint working around initial light touch assessment is robust • MDT update is happening every day at 11:00 and conference call at 15:00 • Integrated team meetings with the MDT are in place to facilitate early discharge planning	• Consistently setting expected discharge dates within 48h of admission • Ensuring accuracy of planning and appropriate review • Managing EDP with changing estimated dates of discharge (EDD) due to medical reasons • Visibility of changing circumstances for EDDs • Gathering discharge information for complex cases in a timely manner • Multiple conversations and improving information available to professionals on patients preparing for discharge • Embedding cultural change in multi-disciplinary discharge teams	• Understand the patient's needs earlier for early planning through closer working between integrated discharge teams and the ward staff • Improved ownership of administrative paperwork e.g. IDT issuing discharge notifications going forward • Strong system leadership to embed discharge planning and widespread understanding of roles and responsibilities for early discharge across staff in all teams • Further development of the IDT including greater trusted assessment and complete cohabitation • Maintaining good communications between health and social care within the IDT • In HV, appraisal of West Herts Hospital Trust (WHHT) performance in terms of success of early discharge notification
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.	Plans in place	• Daily acute and weekly non-acute dashboard being produced to agreed key system metrics to manage daily flow • Monthly dashboard discussed at System Resilience Group (SRG) showing critical KPIs with information used to agree and manage system escalation • Social care DToC dashboard moving close to live reporting • Engagement with stakeholders across the system including local authority, commissioners and providers as part of STP technology and data work stream • Business case for integrated urgent care dashboard has been approved by STP technology board ready to go to urgent and emergency work-stream for sign off – this will enable development of full business case and implementation • Local analysis of patient flow issues has been undertaken, along with ECIP stranded patient audits in acute and non-acute settings in 2017 • Digital shared care record from interoperability work-stream that would allow relevant health and social care access is at business case stage and likely to progress • Linked health and social care datasets with NHS number acting as the prime identifier – e.g. to date 94% of social care records have an NHS number	• Availability / accessibility of live data from native systems • Daily data flows occurring between organisations that rely heavily on manual processes and data entry • Data not used systematically to help predict flow and capacity requirements • Still some inconsistency of metrics across different partners Non acute DToC challenges include: • Focus on manual, isolated work rather than that which is holistic and system-based • Inconsistency of data from providers and lack of joined up datasets	• Working with NHS Digital to implement the adaptor product to help automate Assessment / Discharge / Withdrawal notices to improve real time data flows from heath to social care, reduce the administrative burden and improve accuracy to assist operational decision making • Creation of integrated urgent care dashboard to give a live view of system flow across partners (hospitals, 111, ambulance service, social care) – to be rolled out winter 2017-18. • Opportunity to use linked data sets and data analysis to develop improved capacity management and planning • Finalisation of digital shared care plan business case in preparation for roll-out within the next 2 years • 99% of social care records to have an NHS number by 2018 • Social care dashboard developed to show live reporting • Federated wi-fi to be rolled out across the patch allowing acute and non-acute professionals universal internet access across Hertfordshire and West Essex GP surgeries

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	Established	• IDT team in place at all main acute sites under a single leadership role of an MDT, including social workers, nurses and therapy assessors and navigators, care home impartial assessors, care providers and the voluntary sector. Teams offer consistency of assessment of needs and access to various step down resources • Strong and developing voluntary sector hospital discharge services, jointly commissioned under the BCF, in place to complement the Herts Help navigation system. • 85% of the voluntary sector hospital discharge service do not get readmitted to hospital within three months	• Inconsistencies in the voluntary and community sector offer between hospital discharge and community based services in terms of ensuring ongoing support and consistent navigation across the county • Limited access to health and social care systems for voluntary sector organisations	• Ongoing development of IDT arrangements on each site, to include further cohabitation, mutual access to systems and data, and single forms of leadership and oversight to ensure system ownership of discharge and patient flow. • Development of a more complete and countywide voluntary sector discharge and navigation service, bringing together various commissioning arrangements and developing with iBCF monies to be implemented from November • Performance monitoring and evaluation of pilot services after 18 months in preparation for mainstreaming services – this will involve using Public Health expertise to monitor activity
4	**Home First/Discharge to Assess (DTA)** Providing short-term care and re-ablement in people's homes or using 'stepdown' 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.	Plans in place	East & North Herts – in place is: • BCF jointly commissioned intermediate care (IMC) and DTA bed based model in place in private sector beds totalling 59 beds, as well as community trust stroke and IMC beds, all gate kept by the IDT and Community Bed Bureau. Strong and multi-organisational arrangements in place to monitor performance and share best practice • Enabling homecare service implemented under the BCF to discharge service users, enable and then complete full assessment of needs • A successful model of 10 virtual 'supported discharge' beds in North Herts locality, offering rehabilitation and enabling care • Two Discharge/Enablement flats in place with housing associations to allow discharge and assessment Herts Valleys: • Moving from traditional homecare model to DTA and enabling homecare via Supported Care at Home (SC@H) to enable rapid discharge of patient • Effective identification of three pathways for DTA model based on ECIP framework – this includes Discharge Home to Assess (DHTA), bed based services, and care home beds for complex cases • Model aligned to supporting the mandated 95% assessment outside of hospital for medically optimised patients • DTA team construction is underway • Additional health care assistant (HCA) capacity available through HCT 'First' model • Early Supported Discharge community team working with stroke patients county-wide to enable faster discharge and rehabilitation and reablement preceding assessment	East & North Herts: • More developed bed based model of discharge and IMC (pathway two and three), but more needs to be done in pathway one • Private sector care home market not mature or stable enough to offer affordable and consistent models of intermediate care and discharge to assess. Development work to be undertaken. Herts Valleys: • Difficulty implementing DTA model at scale and pace given operational pressures • Dealing with capacity issues • Effective identification of people with lower level needs • Agreeing assessment documentation • Managing family expectations from an early stage Additionally: • Ensuring a consistent approach to multidisciplinary care planning for effective preventative work • Embedding culture change to enable staff to take positive risks around DTA	East & North Herts: • Development of a fuller and multi-organisational Discharge Home To Assess model under 'Pathway One' building upon the success of the supported discharge model in North Herts, with strong alignment to the acute frailty service • Capacity planning to be undertaken to understand longer term need for which patients require beds vs home • Continued staff engagement with acute and non-acute providers to maximise buy-in to discharge to assess culture and taking positive risks • Development of more consistent and effective monitoring and tracking of patient flow through all discharge pathways • Development of a fuller Discharge Flat model as an alternative to use of care home capacity Herts Valleys: • Reviewing pilots to select a final model option • Communications around the model and system to be clearly understood, including by patient and family • Improvement of assessment documentation • Development of culture and public expectation around provision of care and supporting people moving on • Exploit opportunities for integration of supported discharge pathways through the redesign of core community services, and other pathway based service redesign projects (e.g. Diabetes).
5	**Seven-Day Service (7DS)** Successful, joint 24/7 working	Established	• CCGs, social care and acute trusts working towards 7DS national condition areas and clinical standards • IDTs at all major sites have 7DS with some	• The reduction in staff working on Monday to Friday as a result of weekend working may lead to 'thin spread' pressures from rota arrangements, for example covering	• Resolve cross-organisational terms and conditions issues • Establishing processes for starting new packages of care

	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		commissioned services also operating a 7DS e.g. Age UK discharge service and some short-term care home beds • Senior manager presence and 'familiarity / frequency' working balance is settling into a pattern • Consultation with provider organisation staff for 7DS has started • Weekend working enables assessments on Saturday and Sunday, ready for discharge on Monday/Tuesday and discharge at the weekend • Community rehab units have 'meet and greet' checklist, see people within 24 hours and 'mini teams' • Improvement in relationships between organisations arising from consistent staff presence at weekend	assessments from all wards on duty rota basis • Maintaining a good level of staff morale can be challenging with social care proximity to health colleagues on weekend working •	and domiciliary care at weekends • Review rota practice periodically to ensure efficiency and effectiveness of staff resources • Embedding of all clinical standards in all areas • Team building across health and social care to continue to develop and maintain staff morale across the whole week
6	**Trusted Assessor** Using trusted assessors to carry out a holistic assessment of need avoids duplication and speed up response times so that people can be discharged in a safe and timely way	Established	• An impartial Assessor model is established at the Lister Hospital to manage assessment between the acute and E&NH care homes, operating Mon-Sat 8:00 - 16:00 • Herts Care Providers Association hosts the service and assists with care home engagement with a majority of care homes using the service • Access to NHS systems through use of honorary contract has been valuable • Trusted Assessment is taking place more widely in other forms and is a key aspect of IDTs and other MDT arrangements • IDTs host Care Provider 'acute facilitator' roles which help to ensure trusted assessment and more streamlined discharge	For the Impartial Assessor service in relation to hospital discharge and care homes: • Recruitment of nurses to the service to ensure the quality of the assessments remain high • Developing the Impartial Assessor model to the STP footprint. Assessors need access to multiple systems due to multiple organisations being involved in the project • Examples within the Urgent Care system remain of unnecessary professional or administrative assessment or triage which slows down discharge process	• Work is underway to implement the Impartial Assessor service in Princess Alexandra Hospital (PAH) and Watford Hospital Development of the impartial assessor role to include self-funders, helping families to make the correct decisions about placement in a care home • Working across providers to ensure the removal of any unnecessary assessment or triage process
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.	Established	• Robust patient choice policy is in place at acute trusts and under continual review.	• Policy in place in acute trusts but not always in place or as robustly applied in non-acute and private sector discharge capacity	East & North Herts: • Close working between social care, community trust and mental health trust to ensure that choice policy is in place and applied consistently across all urgent care system • In HV, a target of achieving consistently been established over next three months • Working more closely with partners to ensure coherent responses for patients • Clarity on resource issues and availability to enable more consistent application of policy • Judgement of 'reasonability' regarding, for example, geographic provision of a bed outside of easy public transport access
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	Established	• East and North Herts is a Care Home Vanguard, therefore over the last year different projects and programmes have been aligned to the framework. In HV, the Care Home Improvement Team has also been working to enhance acre. • Training programme via the Complex Care Premium has helped raise staff awareness in complex care (2017 HSJ Value in Health awards	• Ensuring that all providers, including care homes, are bought into the E&N Vanguard programme or the work of the Care Home Improvement Team and have the commitment to try new ways of working • Capturing and sharing learning countywide • Collecting accurate and usable data to demonstrate impact of projects and overarching programmes • Recruitment to new posts that are temporary but also	• Transition of pilots projects to long-term, more mainstream services and ensuring learning is captured effectively • Impartial assessor rollout to Princess Alexandra Hospital and Watford Hospital • Early Intervention Vehicle service extension • NHS.net rollout to all care homes with Information Governance toolkit

	as well as improve hospital discharge.		winner for Workforce Efficiency) • GP surgeries are aligned to care homes in East and North Hertfordshire and complete weekly ward rounds and proactive care • East and North Herts CCG care home pharmacist team visit care homes to review resident's medication and the care home's system and processes. Since Dec 2015 1,381 residents and 12,956 medicines have been reviewed of which 16% have been stopped. The Early Intervention Vehicle (7 day service) in East and North Hertfordshire is also making improvements by reducing ambulance conveyances. • The Red Bag has been rolled out across all Older People Care Homes in Hertfordshire who admit into Lister Hospital or Watford Hospital	where there are already skills shortages e.g nurses, IG's • Scalability at pace of new models by end of year 2017/18	• Reviewing the current E&N model for primary care support into care homes to develop a more sustainable model with providers working together • Piloting MDT care home support models through the HV community services redesign process

Health and Wellbeing Board
Hertfordshire

Agenda Item No.
7

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
TUESDAY, 17 OCTOBER 2017 AT 10:00AM

SECTOR LED IMPROVEMENT – PEER CHALLENGE ON PREVENTION AND PUBLIC HEALTH

Report of the Director of Public Health and the Local Government Association's Sector Led Improvement Programme

Author: Jim McManus, Director of Public Health, Tel: 01992 556884

1. Purpose of report

1.1 To report on the process of the Sector Led Improvement Peer Challenge of Public Health and Prevention

2. Summary

2.1 As part of its improvement work, the County Council has invited an external peer challenge, undertaken by the Local Government Association (LGA), over three days 18th – 20th October 2017. This challenge will look at public health, and also at how well the County Council and its partners are set up to achieve ambitions on prevention. A team of peers – known as 'the peer challenge team' - are invited by a system or 'place' to spend up to 3 days 'holding up the mirror' to the opportunities and challenges that the system is facing. They are given extensive briefings including documents and visits to the Council before the three day challenge starts. They talk to a range of people internally and externally (around 60 people in Hertfordshire's case) and highlight things that could be improved. Interviews are confidential as nothing is attributed to individual contributions.

2.2 The peer team will be headed by Chris Williams, ex Chief Executive of Buckinghamshire County Council. Cllr Sue Woolley, Chair of the Lincolnshire Health and Wellbeing Board is the elected member peer on the team.

2.3 Cllr Woolley will provide a brief presentation on the peer challenge to the Board at its meeting on 17th October 2017, and there will be a report of the outcomes of the Challenge at the Board's December meeting.

2.4 Details of the brief for the Challenge are at Appendix 1.

2.5 This exercise is undertaken at no cost to the County Council, since it is funded by the Department of Health as part of the Care & Health Improvement Programme through the Local Government Association.

3. Recommendation

3.1 That the board note the report and endorse the Peer Challenge

3.2 That the board receive a further report in December 2017 on the outcomes of the Peer Challenge

4. Sector Led Improvement

4.1 Sector-led improvement (SLI) is the approach to self-regulation and improvement put in place by local authorities and the Local Government Association (LGA) alongside the abolition of the previous national performance framework. The LGA's approach aims to help councils and their partners strengthen local accountability and revolutionise the way they evaluate and improve services.

4.2 Sector Led Improvement support for public health and prevention is developed by the Local Government Association, Public Health England and the Association of Directors of Public Health.

4.3 SLI activity can range from benchmarking to joint problem solving and there is a programme of SLI activity for Adult Social Care, Childrens' Services and Public Health in East of England run by the respective Professional Directors' bodies (Association of Directors of Adult Social Services, Association of Directors of Childrens' Services and Association of Directors of Public Health.) The Public Health framework for SLI summary is attached at Appendix 2.

4.4 A peer challenge is where a team of peers from outside the authority spend up to three days in the authority (with pre visits and a detailed briefing) learning about the authority and its work, and providing challenge and suggestions for improvement. Further information is at https://www.local.gov.uk/our-support/peer-challenges

4.5 The peer team feedback the themes from what they heard, seen and read during the peer challenge process. They also triangulate messages to ensure their validity, using examples wherever possible to bring relevance to the feedback.

4.6 Peer champions challenge local areas but also recognise excellence and the achievements of places they are invited in to. **This is not an inspection.**

4.7 Through peer challenge, the Council is taking responsibility for its own improvement. The peer team are visiting as 'critical friends' and 'trusted advisors', enabling an open and honest exchange to drive improvements forward that are owned locally. Peer challenge is voluntary in in nature, is a proven tool for improvement and can be used in a variety of ways. It is forward looking and tailored to meet the requirements and challenges at that time. The purpose of the peer challenge is to help system leaders with locally driven improvement and is tailored to the specific needs of the system. It is part of an approach to quality and performance improvement called Sector Led Improvement.

4.8 The peer challenge has been co-designed with national and local health and local government representatives as part of the (LGA) improvement offer to care and health systems. Peers are recruited, selected and trained in being a peer for the work they do, before being accredited to be part of peer teams.

4.9 This will be the second peer challenge in Hertfordshire. The first was at the invitation of the Fire Service (Community Protection Directorate). This peer review is at the invitation of the Leader of the Council, the Executive Member for Public Health, Prevention and Performance, the Chief Executive and the Director of Public Health.

5. Peers and the schedule

5.1 Approximately sixty stakeholders from within the County Council and a range of external stakeholders including District and Borough Councils, Healthwatch, NHS bodies and voluntary and community sector bodies will be included in the challenge through a mixture of interviews, focus groups and telephone calls between 18th and 20th October 2017.

5.2 On the afternoon of the 20th October 2017 there will be a presentation providing the conclusions of the challenge, and a workshop on priorities. This will be followed up by a written report. All stakeholders are invited to attend.

5.3 The peers undertaking the challenge will be as follows

Name	**Background**
Cllr Sue Woolley (Elected Member Peer)	Sue has taken part in a number of peer reviews as the Conservative Councillor lead member. She is Chairman of the Lincolnshire Health & Wellbeing Board and is also Chair of the Chairs of Health & Wellbeing Boards for the East Midlands. She is a member of all four NHS CCG governing bodies in Lincolnshire and in turn sits on their relevant Primary Care Co-Commissioning Governing Boards.

Chris Williams (Lead Peer)	Formerly Chief Executive of Buckinghamshire County Council and now an LGA Associate. Has experience of a number of peer challenges.
Jo Lancaster	Jo Lancaster is Managing Director of Huntingdonshire DC, a post she has held since 2013. Prior to this role she was Assistant Chief Executive at Wolverhampton City Council.
Prof Rod Thomson	Rod is Director of Public Health for both Shropshire and Herefordshire Councils and a nurse and nurse educator by background. He is a past Chair of the Royal College of Nursing Congress.
Chris Ashman	Chris has over 25 years' experience in place development in the public and private sector. Chris is Director of Regeneration at Isle of Wight council and is leading the shaping and delivery of a £350m regeneration programme involving commercial development, housing, infrastructure and community led area regeneration.
Martin Phillips	Martin has been an NHS Commissioner since 1993 and has been Chief Officer of both a Primary Care Trust and a Clinical Commissioning Group. He is now an LGA Associate
Kay Burkett Local Government Association (Peer Challenge Manager)	Kay Burkett is the LGA programme manager and has a background in Adult Social Care, Housing, Transformation and HR.
Dr Paul Brand ***Risk Solutions Ltd*** (attending on final day as part of the evaluation of the peer challenge process)	Dr Paul Brand is leading the evaluation of the Peer Challenge work for the LGA. He is a certified professional facilitator and has a significant range of evaluation experience.

Report signed off by	Director of Public Health
Sponsoring HWB Member/s	Richard Roberts, Executive Member, Public Health, Prevention and Performance

	Jim McManus, Director of Public Health
Hertfordshire HWB Strategy priorities supported by this report	Identify which priority/ies: Prevention Healthier Lives
Needs assessment (activity taken)	
Consultation/public involvement (activity taken or planned) This exercise will engage a range of stakeholders in conducting it	
Equality and diversity implications There are no equality and diversity implications in this report.	

Acronyms or terms used. eg:	
Initials	In full
LGA	Local Government Association
SLI	Sector Led Improvement

Appendix 1: Peer Challenge Brief

Hertfordshire County Council Peer Review of Public Health and Prevention

Jim McManus
Director of Public Health
Jim.mcmanus@hertfordshire.gov.uk

1. Summary

1.1 To propose a peer review of

i) Hertfordshire County Council's Public Health function
ii)what value Public Health brings to the council,
iii) the extent to which the County Council is becoming an organisation which uses effectively the insights and tools of public health to add value to its core business,
iv) what future prospects for getting more value out of this exist?
v) What needs to be done to enhance and improve the impact of the developing corporate Prevention programme

1.2 The key thing for this review is not the public health core and mandated services, it is how well does the public health service and Council interact - in particular, how well is Hertfordshire County Council doing in moving from "safe" to "embedded" in the four domains in the Public Health Sector Led Improvement Framework attached at Appendix 2. The proposed questions for the Review are shown in the Table at section 5 below.

2. Arrangements

2.1 The arrangements are that a peer review team will come in on 18th October and will work through a formal peer review until a feedback meeting, and then ideally a workshop where we all work through issues for future implementation, on 20th October afternoon. We will use a format similar to the fire service review in logistics terms.

2.2 Before that we will have a pre meet with Kay Burkett from LGA to plan and we have offered three days for one or more members of the review team to come in for a soft briefing before they start, and an ability to observe and look around before the formal review.

2.2 The proposal for the team is

- A local authority CEO
- An elected member
- A strategic Director of People
- A strategic Director of Place
- A Director of Public Health

2.3 Public Health England will be invited to be interviewed as one stakeholder. They will not form part of the peer review team. This is an exercise undertaken to inform and support the County Council.

Dates	Work	Needed
18th July or 30th August	Pre visit by Kay Burkett to work through planning	Jim, Joanne D, Joel
5th Sept 20th and 21st Sept 26th Sept	Potential pre-visit "soft visit" by one of the Peer Team to help them get their bearings and have a soft briefing for visit (5 Sept has PH Board, 20 Sept prevention workshop, 21st Sept has PHPP Panel, 26 Sept STP Prevention, so the peer visitor could observe these)	Jim, Joanne D, Joel
18, 19,20 Oct	The Peer Review Team will be in and will need to interview and meet a range of people including SMB, Leader, Richard R, key cabinet members, officers and partners, scrutiny.	Programme manager to support them. logistics requirements being worked up
20 October Afternoon	Feedback meeting followed by workshop to take forward	SMB, , Richard R, key cabinet members, officers (partners?), scrutiny.

3. Background

3.1 The transition of Public Health into the County Council was generally recognised as well managed and handled and the Department performs generally well, with high levels of staff morale and commitment. A series of non public health staff have been brought into the Dept across four years which have resulted in providing opportunities for non PH staff into a previously closed area of specialism, and development of hybrid specialties like project managers. HCC business processes like commissioning have been adopted with positive impacts on the business. The Council's. The Council has an ambition to become an organisation which makes best use of Public Health value for the population, and also becomes a prevention focused organisation as part of ensuring public services are sustainable for the future.

4. Existing Scrutiny, review and assurance

4.1 Three internal County Council scrutiny exercises have been conducted on Public Health which have specifically looked at its work, and one specifically looked at the extent to which Public Health. The Scrutinies have consistently given high levels of assurance and have always identified further improvement work. Scrutiny have indicated they will assist.

4.2 A programme of four years of internal audit has given substantial or full assurance on key business processes and metrics. Internal Audit are very happy to collaborate and provide and explain their work programmes.

4.3 Sector Led Improvement , Quality and Clinical Governance work in Public Health are all existing programmes of work designed to ensure greatest efficiency. There is no national programme of clinical governance audit and we would welcome some assurance on this area.

4.4 A range of pieces of corporate and inter-dept work are underway and these are governed by programme management arrangements or Memoranda of Understanding for commissioning relationships. Depts have all said they are keen to participate.

4.5 The Community Protection Directorate of the County Council incorporating Fire and Rescue and Trading Standards have had a Peer Review and as part of this how the Directorate works with Public Health.

5. Moving towards being a Prevention focused Council

5.1 The idea of preventing or reducing demand for public services has been a concept of growing interest in local authorities across the whole spectrum of council commissioned services and activities. The combined challenges of getting a clear narrative about what we're trying to do and why, finding useful evidence of what can be done, fitting it into existing priorities and getting traction on ensuring we reap population and business benefits from prevention is an ambition of the Leader of the Council.

5.2 In the context of our Smart Working Programme a Prevention and Demand Management Programme has been established to support Directorates in achieving this shift from response focussed activity to a culture of prevention first, which will bring benefits for both our citizens and for the council.

5.3 Recognising the challenges that come with moving towards a prevention first approach, the Smart Prevention team from Public Health, will be working closely with Directorates over the coming months to support with:

1. Identifying preventive interventions or programmes which may lead to reductions in need for services and justifying investment in them.
2. Being clear on the logic model, story and desired outcomes for this.
3. Identifying activities which do not led to reductions in need or which do not deliver the outcomes we need going forward and justifying disinvestment to these to enable a shift in resources to preventive activities
4. Considering suitable approaches to identifying prevention opportunities, using methods such as 'lean' and upskilling 'champions' across the organisation.
5. Ensuring we understand and build on the links between prevention tools and business improvement tools and methods.

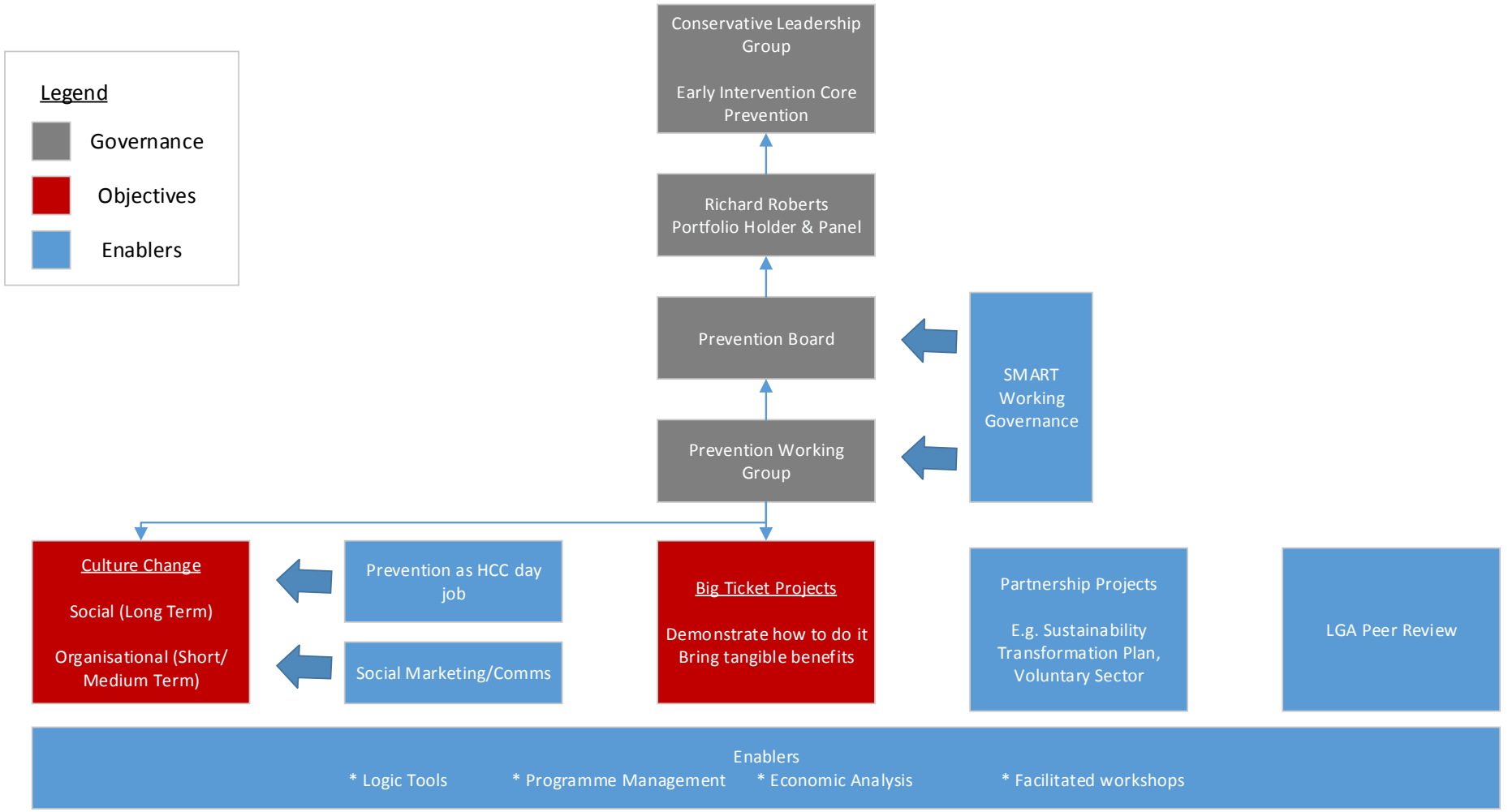
5.4 We are keen that the review consider this work and identify both for the public health service and the council opportunities, challenges, risks and dependencies in making this work.

6. Requested domains of the review

6.1 The domains we ask the reviewers to focus on are set out below.

1: Assuring the basics	2: Influencing across and between	3: Embedding Value and future prospects for value	4: A Prevention focused council
• Do we have the right processes in place in order to assure ourselves we deliver and mandated services and relationships? • Is the strategy coherent and appropriate? • What are the key values (knowledge, skills, tools, human capital) PH brings to the Council	• How is public health impacting across the rest of the Council and its services • How is public health impacting across the rest of the partnership landscape • How are PH contributing to the key strategic agendas for local government in and through austerity • How is Public Health being influenced by and absorbing good practice from the rest of the Council • How are other departments embracing and using what Public Health has to offer	• To what extent are other parts of the County Council understanding, using and integrating the value PH can bring to influence their core business? • What more can be done to do this, and to capitalise on and embed existing value? • What areas not being addressed currently bring opportunities to realise value for the Council? • How well set up is the Council for its ambitions to be a prevention focused organisation? • What work needs to be done to become a prevention focused council?	• Does the council have a clear vision for prevention? • How well set up is the Council for its ambitions to be a prevention focused organisation? • What work needs to be done to become a prevention focused council?

Hertfordshire Prevention and Demand Management Programme



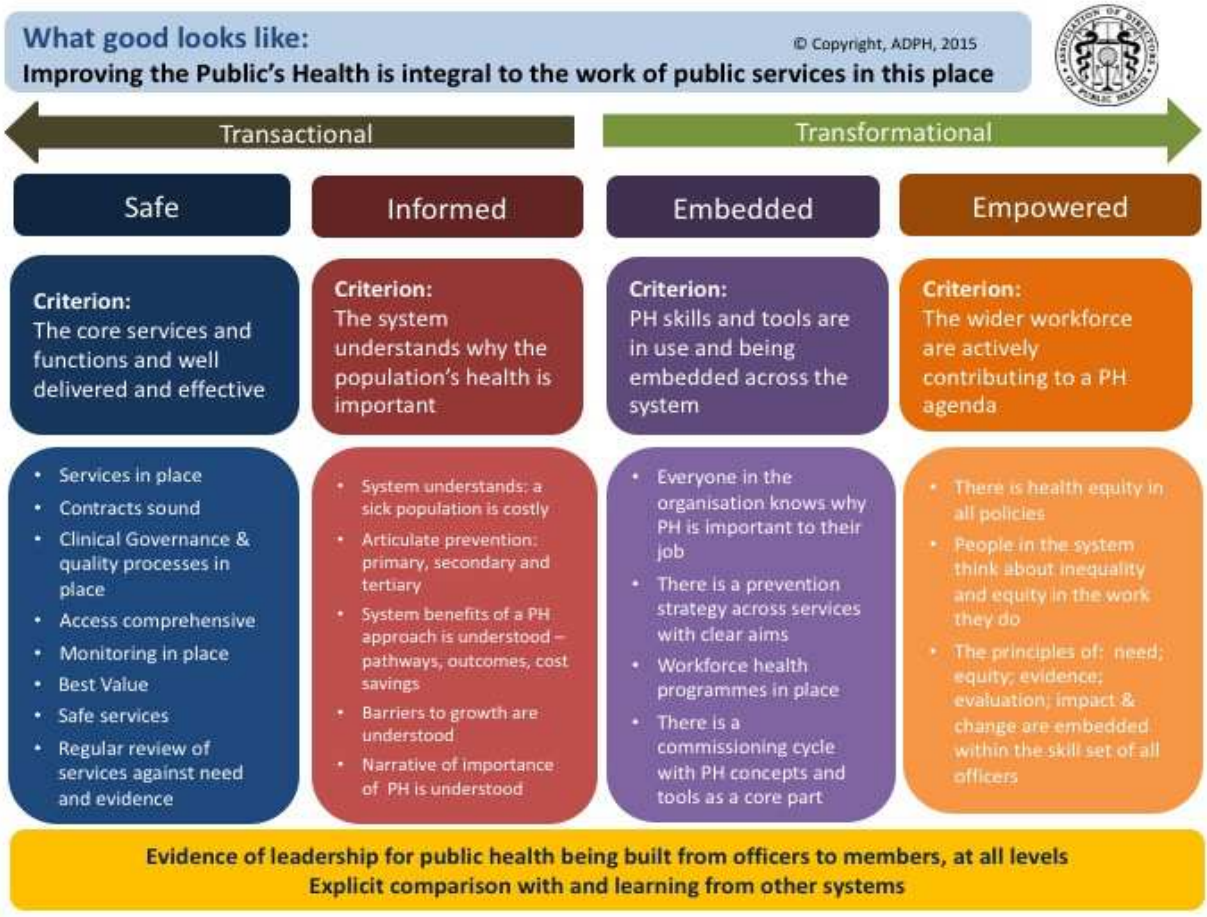
Appendix 2

PUBLIC HEALTH SECTOR LED IMPROVEMENT FRAMEWORK SUMMARY

What is the purpose of SLI?

At its best SLI should provide assurance to both internal and external stakeholders and the public as well as demonstrate continuous improvement to PH practice. In this way it will improve health outcomes and avoid top-down inspection regimes. It should therefore provide demonstrable evaluation, challenge and measurement of improvement not merely increased learning and knowledge.

What does good look like?



SLI for DsPH and their teams

SLI is essentially leadership for improvement. It is not principally about personal or professional development (CPD) but about improvement in outcomes and performance by improving PH. For DsPH the focus is how the DPH exercises leadership to drive improvement in health outcomes.

This can be thought of as three levels of leadership each with its context, environment and stakeholders.

- Functional leadership: the PH functions that are undertaken to deliver improved population health outcomes. SLI is about improving how these are delivered.
- Corporate leadership: improving how PH enables the organisation to deliver its responsibilities to protect and improve health.

- System leadership: improving how PH influences the health system and wider partners to maximise the impact on population health.

What methodologies could be used?

How SLI is undertaken is primarily a decision for those involved but methodologies can be broadly characterised under three headings:

- Challenge: including peer challenges; self-assessment; evaluation approaches;
- Problem-solving: including collaborative workshops to tackle wicked issues ('hack' days); advice surgeries;
- Sharing: including best practice workshops; sharing innovation; learning together.
- Evaluation and measurement of improvement should be included in all activities.

What are the distinctive roles of ADPH; the Programme Board; LGA; PHE?

ADPH SLI Programme Board:

- provides a national focus and leadership for SLI in PH;
- stimulates and supports network activities;
- provides quality assurance, challenge and feedback to network programmes;
- provides a framework; standards, tools etc to provide consistency across networks;
- celebrates and disseminates what is done well;
- ensures stakeholders understand the role and importance of SLI in PH.

ADPH:

- supports the creation of necessary conditions for SLI;
- brings non-geographic networks together;
- facilitates learning across networks.

LGA:

- develops and delivers the national offer of peer challenge;
- develops and offers supportive tools and publications;
- provides understanding of and learning from wider local government SLI programmes.

PHE:

- provides wider context of national public health programmes for improvement;
- provides knowledge, evidence, supportive tools, publications and other resources
- provides support to regional networks through PHE Centres.

Other potential partners – nationally and locally

By definition SLI is always led and primarily undertaken by 'the sector'. However it is clear that improvement in public health cannot be achieved in isolation. There are often opportunities and sometimes the necessity to work together with others. When dealing with a particular topic it makes sense to seek collaborative work with those in the wider system who have a key interest eg DsCS with children; DsASS with elderly; CCGs with primary care issues etc.

Nationally it is important that other stakeholders understand the importance of SLI and that relevant tools and standards are co-created.

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

8

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
TUESDAY, 17 OCTOBER 2017 AT 10:00AM

HERTS VALLEYS CLINICAL COMMISSIONING GROUP FINANCIAL TURNAROUND

Report of the Director of Resources

Author: Stephanie Tarrant, Democratic Services Officer,
Tel: 01992 555481

1. Summary

1.1 The Health and Wellbeing Board will receive an update from Kathryn Magson, Chief Executive of Herts Valleys Clinical Commission Group (CCG) on the Herts Valleys CCG financial turnaround.

2. Recommendation

2.1 That the Health and Wellbeing Board note the status update.