Health and Wellbeing Board
Hertfordshire

AGENDA FOR A MEETING OF THE HEALTH AND WELLBEING BOARD AT THE FOCOLARE CENTRE FOR UNITY, 69 PARKWAY, WELWYN GARDEN CITY, AL8 6JG ON WEDNESDAY, 13 DECEMBER 2017 AT 10:00AM

MEMBERS OF THE BOARD (16) - QUORUM 8

COUNTY COUNCILLORS (3)

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

NON COUNTY COUNCILLOR MEMBERS (13)

H Pathmanathan, N Small, B Flowers, K Magson, Vacancy, 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 17 October 2017.

2. PUBLIC QUESTIONS

3. REPORT OF PROGRESS WITH THE HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP)
(report attached)

4. 2017-19 BETTER CARE FUND UPDATE
(report attached)

5. STREET TRIAGE EVALUATION REPORT
(report attached)

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

7. CARE QUALITY COMMISSION (CQC) THEMED REVIEW OF CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES (CAMHS)
(report attached)

8. 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
17 OCTOBER 2017
M I N U T E S

ATTENDANCE

MEMBERS OF THE BOARD

J Coles, Director of Children's Services
B Flowers, K Magson, N Small, Clinical Commissioning Group Representatives
L Haysey, District Council Representative
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

In the absence of the Chairman, the meeting commenced with the Vice Chair.

1. MINUTES

1.1 The minutes of the Health and Wellbeing Board meeting held on 14 June 2017 were confirmed as a correct record of the meeting.

2. PUBLIC QUESTIONS

2.1 There were no public questions.

3i. HERTFORDSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2016-2017
[Officer Contact: Nicky Pace, Independent Chair of HSCB and Caroline Aitken, Safeguarding Boards Manager and Mary Moroney HSCB Business Manager, Tel: 01992 556988]

3.1 The Board reviewed Hertfordshire's Safeguarding Children Board

Annual Report, which reviewed the effectiveness of safeguarding children in Hertfordshire and ensured that outcomes for children were improved with partnership working. Recognition was recorded for all agencies that were working in partnership across Hertfordshire.

3.2 The Board noted the priorities for the coming year, with particular areas being targeted e.g. gangs coming into Hertfordshire from London. The future business plan was detailed in the report and aimed to address issues in order keep children in Hertfordshire safe.

3.3 Members heard that considerable changes were due to take place for the Children's Safeguarding Board as part of the Children and Social Work Bill. It was noted that the new legislation had put the responsibility on the Local Authority and Clinical Commissioning Groups to monitor safeguarding. A formal meeting was due to take place in November 2017 to discuss future partnership arrangements with a plan due to be submitted by March/April 2018. It was noted that this was a good time to review procedures and increase links with the Adults Safeguarding Board.

3.4 Members of the Board noted that it would be useful to have data sets presented graphically, so that headline figures could be easily reviewed. It was noted that this could be included as an appendix to future reports. — Nicky Pace, HSCB Independent Chair

3.5 The Board discussed the challenges with the change in demography and the resources available going forward and noted that the concerns over coming years may be in relation to under lying issues, such as mental health or drug and alcohol issues. It was noted that year on year, there had been fewer serious referrals and fewer children on a child protection plans and therefore the service was moving in the right direction.

3.6 During discussion it was noted that children with special educational needs (SEN) needed to be considered in future plans and that funding should be used to support children and their families.

3.7 Whilst a more joint approach was supported it was noted that a single arrangement for both children and adults would not be supported. It was acknowledged that there were a number of priorities cut across both children and adults and that there was a lot of scope to work more in partnership.

3.8 Members commented on the reporting of domestic abuse and the need to continue to report on it for those aged 16-18. It was noted that domestic abuse figures for children aged 16+ were recorded and could be provided if required.

3.9 It was noted that on page 41 of the report the figures for the total recorded allegations listed was the same for 2014/15 and 2015/16 — Nicky Pace, HSCB

and it was noted that these figures would be checked for accuracy.

Independent Chair

3ii. HERTFORDSHIRE SAFEGUARDING ADULT BOARD ANNUAL REPORT 2016-2017

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

3.1 The Board received a copy of Hertfordshire's Safeguarding Adult Board Annual Report, which was presented to the Panel as part of the sign off process before being placed on the County Council's website. The report considered whether the arrangements and practices locally were user focussed and that agencies were working collaboratively to ensure continuous improvements for adults in Hertfordshire.

3.2 Members noted the significant developments for the service as detailed on page 5 of the annual report.

3.3 It was noted that a newly appointed Quality Management Practitioner was working to obtain feedback from service users, with 98% of respondents being satisfied with their outcomes. Data was being reviewed to assist with the business plan for the 2018/2019.

3.4 The Board commented that the report was encouraging compared to the previous years, especially in terms of recognition of domestic abuse.

3.5 The Board discussed the under reporting of modern slavery and it was noted that this was an area that was difficult to uncover, however with a multiagency approach modern slavery was being addressed. It was noted that Hertfordshire Police were recognised as directing a good amount of resources to modern slavery.

3.6 It was noted that whilst drug related deaths were not included in the report, they were subject to a scrutiny process and report to and dealt with by the drugs and alcohol board. Members noted that the prevention strategy for suicide needed to encompass both adults and children.

3.7 Members discussed that the overall % increase in the number of referrals that were converted to enquiry stage was consistent and sought assurance that the increase was reflective of better reporting opposed to an increase in safeguarding issues. It was noted that these figures were monitored on a quarterly basis and that the service were comfortable with the increase reported.

Conclusion:

3.8 • The Health and Wellbeing Board discussed and noted the HSAB Annual Report, and will take it into account in future discussions on safeguarding adults in Hertfordshire.

3.9 • The HSAB welcomed feedback, as detailed above, that could inform business planning or the content of next year's Annual Report.

The Chairman had joined the meeting and chaired the remaining items on the agenda.

4. HERTFORDSHIRE HEALTH & WELLBEING STRATEGY DASHBOARD UPDATE

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

4.1 Members received a report and presentation which provided a dashboard update on the Health and Wellbeing Strategy. The presentation can be viewed here: Health and Wellbeing Strategy dashboard presentation

4.2 The Board noted that the dashboard showed the County Council's changes from baseline and previous reports, along with how it ranked against statistical neighbours. Members noted that the update was a mixed picture and discussed the indicators reported on.

4.3 It was acknowledged that the % take up of free early education entitlement was likely to improve a child's GCSE grades by one grade, yet Hertfordshire struggled with the % take up. The Board heard that research had found that very affluent residents were using private school and nannies and those less affluent were choosing not to take up offer, in addition to those with complex medical needs who found it difficult to access a provision. It was noted that areas were being visited to promote the impact of early education.

4.4 The Board noted that the indicator for overweight and obesity in children aged 4-5 and noted that the statistical area covered changed from year to year and was therefore harder to measure. It was noted that there had been a focus on improving their health of young children and that local authorities were working alongside the clinical commissioning groups.

4.5 The Board discussed the worsening position of participation in sports amongst adults. It was noted that with all the investment from Sports England this figure should be improving.

4.6 Members noted that none of the indicators had targets shown and it was agreed that these could be introduced if required.

4.7 The Board noted that it would be useful to have a Development Day session to discuss the requirements of the dashboard, in order to ensure the aims of the Health and Wellbeing Strategy were being met and address where more focus was required.

Wendy Tooke, Health and Wellbeing Board Manager

Conclusion:

4.8 The Health and Wellbeing Board:

i) noted the contents of the report.
ii) Considered the implications of the statistical changes described.

5. UPDATE FROM HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP
[Officer Contact: Peter Cutler, Programme Director, Hertfordshire and West Essex STP]

5.1 The Board received a report which gave an update on the Hertfordshire and West Essex Sustainability and Transformation Partnership.

5.2 It was noted that in July 2017 a national STP performance dashboard was published for the first time and the Hertfordshire and West Essex STP was rated as 'making progress'.

5.3 Members heard that areas that needed improving were around hospital improvement, with two hospitals still in special measures. It was noted that accident and emergency waiting time performance, 62 day waits for cancer patients and financial control were areas where targets were not being met. It was noted that the work plan was moving forward to deliver on performance and quality.

5.4 The board discussed the development of Accountable Care Systems and the need to address the options available for Hertfordshire going forward.

5.5 Members commented on the work streams and noted that other one line on CAHMS there was not anything in the report on children or prevention and it was noted that the report only detailed updates and that there was a prevention work stream and a mental health and children work stream with work ongoing being undertaken.

Conclusion:

5.6 The Board noted the progress made and continue to support improvements.

6. BETTER CARE FUND PLAN 2017-19
[Officer Contact: Edward Knowles, AD Integrated Health, Tel: 01992 588950]

6.1 The Board reviewed a report which provided an overview on the Better Care Fund Plan 2017-19. Members noted that at the June 2017, guidance was still outstanding from NHS England. It was advised that the guidance had been received and the plan was submitted to NHS England on their deadline of 11 September 2017 on the understanding that the plan would be approved by the Health and Wellbeing Board at its October 2017 meeting.

6.2 The Board discussed the focus of the plan and noted the priorities for the next two years as detailed at 3.3 of the report.

6.3 Members commented that it was welcoming to see the transition from childhood to adulthood included in the plan and noted that healthcare needed to be considered across a whole life course.

6.4 The Board discussed early identification and the need for greater sharing across organisations and more engagement with the voluntary sector in order to fulfil the plan.

6.5 The Board heard that there had been a query to NHS England over the ambitious mandated delayed transfer of care (DToC) figures. This had led to the Council being one of 18 in national escalation for the delay in completing the plan. It was advised that the plan was submitted with the figures set by NHS England with an explanation awaited and confirmation that the Council was not in national escalation.

6.6 Member's discussed the importance of continuing work on preventing the need to use health services and reducing variations in primary. It was agreed that this would be discussed further at the next development day to keep a focus on what the plan was aiming to achieve.

Wendy Tooke, Health and Wellbeing Board Manager

Conclusion

6.7 The Board noted the report and gave their approval for the Better Care Fund Plan 2017-19.

7. SECTOR LED IMPROVEMENT – PEER CHALLENGE ON PREVENTION AND PUBLIC HEALTH
[Officer Contact: Jim McManus, Director of Public Health, Tel: 01992 556884]

7.1 The Board welcomed Cllr Sue Woolley, Chair of the Lincolnshire Health and Wellbeing Board, to the meeting. Cllr Sue Woolley provided the Board with an overview on the Sector Led Improvement

Peer Challenge on Prevention and Public Health.

7.2 The Board heard that around sixty interviews were due to take to determine if the Local Authority was moving in the right direction for Hertfordshire. It was advised that all interviews would be conducted under Chatham House Rule so that the message could be fed back anonymously.

7.3 Members discussed that they felt that the board was made up of the right membership and noted that changes had been reflected to the make-up of the board as required. It was noted that pharmacy and volunteer representatives would be useful contributors, as well as the NHS England representative attending.

7.4 Members of the Board were asked to think about how the Board fed into the Sustainability and Transformation Plan and the Health and Wellbeing Strategy prior to interview. Members not due to be interviewed were advised that they could arrange an interview via the Public Health team.

Conclusions

7.5 The board noted the report and endorsed the Peer Challenge.

7.6 The board will receive a further report in December 2017 on the outcomes of the Peer Challenge.

8. HERTS VALLEYS CLINICAL COMMISSIONING GROUP FINANCIAL TURNAROUND

[Officer Contact: Stephanie Tarrant, Democratic Services Officer, Tel: 01992 555481]

8.1 The Board received a presentation from Kathryn Magson, HVCCG Chief Executive, which provided an update on Herts Valleys Clinical Commissioning Group Financial Turnaround. It was noted that an update would be provided on a quarterly basis. The presentation can be viewed here: Herts Valleys CCG Presentation

8.2 Members heard that whilst Herts Valleys Clinical Commissioning Group (CCG) was still in a difficult place, they were making progress with their savings. It was advised that whilst the CCG was not actually in deficit, it had an underlying deficit which meant the money would eventually run out.

8.3 It was advised that the CCG were planning on making savings of £38 million this year, with a further £30 million to be saved next year.

8.4 The Board noted the 'Let's Talk' public consultation process and acknowledged that there was public support from the 2500 responses received on most of the proposals, other than for IVF treatment. It

was noted that that 'Let's Talk 2' public consultation would look deeper in to health services. It was acknowledged that the issues arising from withdrawing treatments/medications would still be a problem despite some buy-in from respondents during the consultation process. Members were advised that the changes would not affect those who were socially and economically disadvantaged more than others, as services were not means tested. It was noted that prevention activity e.g. Sports England bids, would be focussed in these areas in order to achieve maximum benefits. Members commented on the reduction in funding for prevention services and discussed a more joint up approach in order to make savings and share the benefits.

8.5 Members of the Board were advised that the CCG's budget setting had been completed and subject to an external review. Members heard that the CCG were comfortable that the budget plan was deliverable and transformational. It was noted that monitoring of services would continue, with people encouraged to make lifestyle changes and given the confidence to succeed.

Conclusion

8.6 That the Health and Wellbeing Board note the status update.

9. ANY OTHER URGENT PART I BUSINESS

9.1 There was no other urgent Part I business.

KATHRYN PETTITT
CHIEF LEGAL OFFICER **CHAIRMAN**_____

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

3

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 13 DECEMBER 2017 AT 10:00AM

REPORT OF PROGRESS WITH THE HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP)

Author: Peter Cutler, STP Programme Director

1. Purpose of report

1.1 The Health and Wellbeing Board (HWB) has previously been informed of the strategic aims and specific plans of the Sustainability and Transformation Partnership (STP), including its governance and administrative structure. This report updates the Board on progress with:

- workstream deliverables;
- clinical engagement;
- engagement with District Councils to improve place-based care;
- plans to deliver an Accountable Care System (ACS).

2. Summary of recent activity

2.1 The system remains financially challenged but is taking positive steps to reduce its current deficit, being delivered through current organisational savings programmes, enhanced by workstream plans;

2.2 Clinical transformation workstreams have been established in accordance with NHS national priorities. These include:

- Urgent and Emergency Care
- Cancer
- Frailty
- Primary care
- Planned care
- Mental Health and Learning Disabilities
- Womens' and children's services

2.3 Additionally, enabling transformation workstreams and Task & Finish groups have been established. These include:

- Prevention of ill-health
- Place-based care
- Clinical support services
- Technology
- Estates, facilities and capital
- Procurement/Back office
- Collaborative commissioning
- Workforce development
- Agency staffing

Appendix 1 details the workstream management structure.

2.4 All of the above workstreams are supported by the STP Programme Management Office (PMO). Detailed plans, objectives, KPIs and financial investment and/or savings targets are identified in project workbooks that are updated monthly to track progress.

2.5 Clinical engagement and support for transformation has been strengthened by the appointment of the three Clinical Commissioning Group (CCG) Chairs as clinical leads to the STP. This shared appointment will bring additional clinical resources and oversight to the workstreams to help resolve issues and speed up the process of introducing new models of care.

2.6 Place-based care is being enhanced by improving connections to District Councils, the STP has met recently with Stevenage Borough Council and East Hertfordshire District Council to encourage closer links.

2.7 The STP is now planning its transition to an Accountable Care System (ACS). This includes revised governance arrangements and the development of a new contracting mechanism to incentivise collaboration rather than competition between organisations within the health and social care system.

3. Recommendation

3.1 Members of the Board are requested to note the progress with delivering the Sustainability and Transformation Partnership plan as set out in this report.

3.2 Health and Wellbeing Board stakeholders are requested to identify activities within the transformational workstreams that could benefit from additional inputs and resources that are available to support the STP priorities.

4. Background - Progress with Workstreams

4.1 Urgent and Emergency Care (UEC)

There is already a strong performance management structure in place to achieve national targets. This is directly managed by NHS England through local delivery boards in three localities, centred on the acute hospitals: West Hertfordshire Hospital Trust (WHHT), East and North Herts Trust (ENHT) and Princess Alexandra Hospital (PAH).

The UEC workstream aims to add value over and above the existing arrangements. It is focused on developing:

- Improved clinical engagement to improve performance within and between providers;
- Development of seven-day working;
- Additional capacity and expertise in Discharge to Assess arrangements;
- Rapid transmission of learning and best practice across the STP.

A further initiative currently under consideration is the introduction of an IT enabled dashboard which gives system participants access to real-time information across the whole system, to help manage capacity and to escalate issues in good time.

The STP has also developed a whole-system winter operational plan and a winter communications plan.

Current performance is variable across all three systems, and it is still challenging to achieve the 4-hour waiting time target.

4.2 Cancer

The workstream has produced a work plan in accordance with the requirements of NHS England, which has been well-received. The focus now is on delivering the plan. Current activities are delivered through five sub-work streams:

1. ***Prevention:*** Support the National CQUIN Stop Smoking Initiative with Acute Trusts;

2. ***Early diagnosis***: early diagnosis auditing delivery of the two week wait standard. The audit will include Direct Access and Straight to Test. The workstream is developing a business case in preparation for the release of funding to support implementation of FIT testing in primary care for suspected lower gastro intestinal (GI) cancers and redesign of the Prostate pathway;

3. ***Treatment:*** NHS Improvement (NHSI) has undertaken positive Rapid Response reviews within PAH (Oct 2017) and WHHT (Nov 2017) where learning has been identified for sharing best practice across the STP. ENHT are working with NHSI to implement their improvement plan for the 62 Day wait target with a trajectory for achieving 85% in January 2018. Best practice pathway workshops are being set up within ENHT which will further support achievement of the 62 Day wait target.

4. ***Living with and beyond Cancer:*** a Task and Finish Group has been established with a national survey recently undertaken within all Trusts for Recovery Package and Risk Stratified Pathways. The T&F Group will conduct a gap analysis on survey results to provide a baseline for a Business Case for Transformation Funding;

5. ***Patient experience***: a Task and Finish Group has been established and a discussion paper produced for the STP improvement plan in response to results in National Cancer Patient Experience Survey. Key areas of focus include workforce, training & education, verbal/written patient information and psychological support following discharge. Funding is being sought from Macmillan for three patient engagement events to ensure that the Cancer Improvement Plan is co-produced with patients.

4.3 Frailty

Activity in the frailty workstream is focused on prevention of hospital admissions and support for frail people at home and in localities. Specific targets include:

- A single care plan to be used across the whole system: drafted and out for consultation, to be implemented by 1st March 2018;
- A single approach to risk stratification, to ensure that the target population is identified efficiently;
- A redesigned falls pathway with an emphasis on prevention and ensuring that unnecessary hospital admissions are avoided.

The impact of the proposals is now being modelled through a Vanguard channel shift model which includes the workforce impact and the future skill requirements.

The outcomes expected from the frailty workstream include:

- Improvement in person-centred and co-ordinated care;

- A consistent and collective focus on an improvement in proactive and planned care;
- A sustainable reduction in urgent care demand on primary care, community services, hospitals and social care services;
- An efficient and consistent approach to care planning which reduces duplication;
- Improved and measurable clinical outcomes for patients.

4.4 Primary Care

The Primary care workstream is tasked with delivering the national targets identified in the General Practice Forward View (GPFV). Delivery boards have been established to oversee activities in the three CCG localities, and are closely monitored by NHS England.

The GPFV sets out a five-year programme covering five key areas:

1. Improving models of care
2. Improving access to GPs
3. Workforce development
4. Workload management
5. Practice infrastructure development, including an investment programme

Progress to date includes:

- Extended access hours to GP services, including weekend working, targeting 100% of the Hertfordshire population by March 2019;
- All practices targeted to participate in active signposting by January 2018;
- Delivery of a detailed workforce development plan to NHSE in October 2017, including international recruitment and training the enhanced primary care workforce.

Further work is underway to develop co-commissioning in East & North Herts.

NHS England reviewed STP progress against the GPFV targets on 10th October. Their review was broadly favourable, and highlighted the following:

- Commissioning of primary care services is fragmented across the STP, and could be better co-ordinated;
- Both Hertfordshire CCGs are meeting trajectories for extended GP access, but there are cost pressures associated with IT support;
- Workforce data is comprehensive currently but there are challenges in developing the new skill mix required;
- Transformational funds are being directed appropriately to develop primary and place-based care.

4.5 Place Based Care

The primary care workstream is very closely allied to the Place-based enabling transformation workstream, as the place based care model has been developing across the STP footprint over the past several years and is described as: “people and their carers will be able to manage their health and wellbeing in the places they live for as long as possible”. This means supporting individuals and their families to manage their own health and wellbeing providing the information and advice they need to do this.

Place based care is delivered in localities and these areas include:

- A population size of approximately 30-50,000
- HPFT / HCT / social care locality teams
- Care homes
- GP practices
- Community pharmacies
- Voluntary services
- Public sector estate for health and care -community hospital/hubs
- District councils

There are three established place based care delivery boards across the STP footprint driving the transformation work forward and these comprise senior health and care local provider and commissioning leaders. An integrated operational infrastructure is established underneath the delivery boards to mobilise the work within localities and neighbourhoods.

The focus has been on:

- establishing strong local networks of support delivering integrated proactive flexible care, supporting wellbeing and prevention;
- a single care plan that will be readily shared in real time between professionals which is person centred and owned by the individual;
- primary care models where community services and the wider primary care services work together with GP practices to enable people to live in their own homes (primary care home);
- “teams without walls” that involve multiagency working with single systems, clinical processes and single trusted assessments;
- risk stratification of the population identifying: urgent care, planned care and high needs of care;
- social prescribing within communities;
- integrated pharmaceutical care – pharmacy led prevention and care;
- access and connectivity to specialist advice;
- joint training and support for the workforce across organisations to develop staff skills and to enable the primary care, community and mental health care workforce to work together;
- collaborative information sharing and business intelligence.

A recent audit of the functionality of Place-based care across the STP has been completed for East and North Herts and will be completed for Herts Valleys in January 2018. The audit maps the level of understanding and ownership of six place-based care priorities and progress to date with implementation. The priorities are:

1. Shared leadership
2. Common populations
3. Organisational development
4. Workforce skills
5. Shared delegated resources
6. System levers – information sharing, enabling policies.

A paper will be presented to the Place based care work stream on 6th December providing recommendations to enable sustainable implementation within localities and neighbourhoods based on local progress to date and comparison to national good practice against the place based care priorities.

4.6 Planned Care

The planned care workstream encompasses a wide range of elective care specialties. Clinical engagement in this workstream has improved markedly in the last few months and this has led to a recommendation to initially focus on three key symptom-based clinical pathways:

- Palpitations – cardiovascular
- Breathlessness – pulmonary
- Digestive problems – upper gastro-intestinal

Each of these pathways is due to implement the 100-day improvement methodology supported by NHS England, beginning in the New Year.

The workstream is also tasked with reviewing fragile services across the STP, building upon the success of the vascular services rationalisation programme.

4.7 Mental Health and Learning Disabilities

There are four sub-workstreams making up the bulk of activity and below are the key tasks undertaken currently to improve performance and patient experience:

1. **IAPT Long term Conditions Integration:** Expand Improving Access to Psychological Therapies into Long Term Conditions pathways. Evaluate the effectiveness of these pilots and, develop a business case for continuation from local funding and cost effective expansion into East and North Herts CCG;

2. **Primary Care Mental Health:** Develop options and pilot programmes to reduce demand for secondary mental health services by improving

support available in the community through Primary Care Plus models and crisis cafes;

3. **Core 24:** Implement expansion of existing Rapid Access Interface Discharge psychiatric liaison services to meet Core 24 requirements at Lister and Watford Hospitals. Evaluate the effectiveness of these pilots and, if appropriate, develop a business case for continuation from local funding and cost effective expansion at PAH.

4. **Child and Adolescent Mental health Services:** Increase access for children and young people to evidence-based mental health interventions; Reduce the number of children and young people placed in inpatient beds by taking on local commissioning of tier 4 beds, implement new pathways to improve access to autism and ADHD diagnosis with significantly shorter waiting times.

The STP is working closely with the Mental Health Clinical network. On 17th October the STP Mental Health leads met with NHSE, the Mental Health Clinical Network, PHE, and the Right Care Team. This meeting explored local mental health issues and how NHSE, the Clinical Network and PHE can support the achievement of targets locally. The meeting was positive and it was agreed along with other actions that a Right Care analyst will work with the MHLD workstream to interrogate the data and identify priorities for improvement across the STP.

NHSE has offered additional funding which will to support workstream programme management and for clinical leadership until March 2019.

4.8 Womens' and Children's Services

Executive Commissioning leads from Hertfordshire and Essex County Councils and from the three CCGs now meet on a quarterly basis to align their commissioning plans and programmes of work, and to enable efficient co-working. Examples include reviews of urgent care pathways and community children's' nursing services.

The Herts & west Essex Local Maternity System Transformation plan was submitted to NHS England on 31st October as per the required schedule. The plan provides details of how the national strategy Better Births, Improving Outcomes of Maternity Services in England, will be implemented across Hertfordshire & West Essex. Feedback about the plan is expected shortly and will be incorporated in the next iteration, prior to implementation of the plan.

The work stream received useful feedback from at the STP Director and Clinical Engagement event held on 31st October at The Colonnades. Two key areas for development emerged, first, the need to engage clinicians across the STP area in discussions about variations in outcomes and performance from children's' services. It was felt by clinical colleagues that this would drive up quality and improve outcomes. The second was the engagement of

providers in service re-design and the workstream leads agreed to ensure that they had the most appropriate clinicians and management support present at future meetings

4.9 Prevention

Prevention of ill-health is a broad agenda for the STP that impacts all of the clinical transformation workstreams. This is becoming increasingly apparent as clinical pathways are developed and additional disease prevention activities are planned. Apart from the well-established existing campaigns to promote exercise, healthy eating and smoking cessation, the workstream is currently focusing on several key deliverables as follows:

Cardiovascular disease (CVD)

The STP Prevention workstream is championing reduction in CVD and will support a bid for British Heart Foundation (BHF) money to enable an improvement in early identification of cases of hypertension. Deadline for the submission is March 2018. All three CCGs aware and the submission is being developed.

It was agreed that a focus on the variation in the identification and management of CVD in primary care would be a work stream priority alongside the Primary care work stream. The workstream will review for impact some of the approaches currently being taken in the CCGs, and then make recommendations.

Self-Management

This work stream will be relaunching the programme of work in December 2017 to support wider provider engagement and a standardised approach to delivery.

The Self-Management workstream has identified important links with the Frailty Workstream for Care Plan development, which will include agreement to self-management actions.

Social Prescribing

Community navigators are now in post and the social prescribing model is being adapted and applied according to local needs in the communities. Communications and engagement with the primary care system are being improved to ensure that a consistent approach is being adopted.

Community Pharmacy

The STP Medicines Optimisation workstream have agreed a Community Pharmacy Proposal led from Herts and west Essex Local Pharmaceutical Committees (LPC). This was presented to the prevention workstream and the proposal was supported with recognition that community pharmacies are key

services to promote and develop the prevention agenda over and above existing work. The pharmacy lead to help clarify what can be done immediately to support prevention.

Colleagues from Public Health England (PHE) recently gave a presentation outlining the tools and resources that are available to support the STP. Their social marketing lead is working with the STP communications workstream to discuss how they can support campaigns promoting the prevention agenda.

4.10 Clinical Support Services

The main focus of this workstream currently is Medicines Optimisation. The NHS spends £274 million annually on drugs across the STP. The Chief pharmacists of the CCG and provider organisations have come together to find ways of working more efficiently and to reduce unnecessary waste. Current priorities include:

- Clinical transfers
- "Open the bag" project – reduce unnecessary prescribing
- Bio-similars replacing more expensive drugs
- Stoma care – investing to save unnecessary prescribing.

The savings target for 2017/18 is £13.8m, of which more than £4 million is additional above CCG and Trust existing savings plans.

The STP approach has been recognised by NHS England as one of the most advanced nationally, and discussions are underway to develop the plans further and to disseminate experience and lessons learned to other systems.

Another activity carried out by this workstream is to oversee the current proposal by NHS Improvement to develop pathology networks in each of the three sub-systems of the STP. This is in accordance with the Carter principles of improving clinical quality and reducing costs.

4.11 Technology

This workstream focuses on delivering a digital roadmap so that technology will support both the clinical transformation and enabling transformation workstreams. It also seeks to promote cost-effective innovation and to integrate health and social care services. Five key projects are included in the programme:

1. Shared care record and interoperability – direct record sharing across the STP by September 2018;

2. Joint business intelligence capability – creation of a virtual team across health and social care and developing a central data warehousing capability, to enable detailed population-based analysis to inform effective commissioning, service design and performance monitoring;

3. Urgent care dashboards – creating a live, updated whole system information facility to support whole system flow, reduce delayed transfers of care and increase efficiency;

4. Collaborative working environment – enable practitioners to easily connect to employer networks across the health and social care estate, sharing documents, calendars and patient records in a secure environment;

5. Assistive technology – support workstreams implementing new models of care to improve care at home.

Shared care records have been successfully implemented in west Essex and are now being rolled out in East and North Hertfordshire. The Urgent Care dashboards are currently being reviewed in each of the three localities of the urgent care system. Assistive technology will be reviewed across the STP to determine the availability and cost-effectiveness of current systems, and the preferred way forward for introducing improvements.

4.12 Estates, Facilities and Capital

This workstream is focusing on the completion of a five-year strategic plan for the effective deployment of STP estates resources to support the new models of care emerging from the clinical transformation workstreams. An initial draft of the plan has been completed and is now being refined with detailed data. The revised plan will be presented and discussed with the STP CEO board in early February 2018.

Key features of the plan include:

- A detailed review of estate condition and investment requirements;
- Mapping of underutilised resources;
- A disposals plan which will reduce running costs and release assets for re-investment;
- Proposals for reducing estates running costs and improving facilities management.

The investment proposals balance the need to improve and refurbish large facilities within acute hospitals with the delivery of community and primary care facilities that enable improved clinical pathways and care closer to home.

4.13 Procurement/Back Office

The procurement Task & Finish Group has made good progress in bringing together procurement professionals from the STP organisations, with the intention of maximising value for money across the whole system. A business case has been produced that recommends moving towards one procurement function among NHS organisations within the STP. In order to drive early savings, a firm of advisers associated with the national Carter efficiency programme has been retained to audit spending and identify savings

opportunities across the three acute hospital trusts as an initial task. The group includes representatives of the two County councils to ensure that opportunities for wider collaboration across the STP are considered.

Further work is now underway to produce a business case for rationalising corporate services, considering the options for improving service performance and reducing costs by adopting a whole-system approach and collaborating across organisations where practical and cost-effective to do so.

4.14 Improved Clinical Engagement

The STP has taken steps to improve clinical engagement and co-production of new models of care emerging from the workstream activity. The three CCG Chairs have agreed to devote 2-days a week collectively to supporting the workstreams and the Clinical Oversight Group, to ensure that clinical input to the development, planning and execution of new models of care and related enabling activities is sufficient. It is expected that the work of the Clinical Leads will be augmented by the recruitment of a senior acute hospital clinician in due course.

4.15 Engagement with District Councils

The STP has taken steps to improve engagement with District Councils, notably in linking with place based care and prevention activities in localities. An example is working with Stevenage Borough Council (SBC) to explore how the STP transformation programme could be developed and effectively engaged and consulted upon at a local level. This is being progressed with SBC's Deputy Chief Executive, the Council's Community Select Committee and the local Health and Wellbeing Partnership forum.

Additionally SBC are organising a Stevenage focused Health Summit to take place on the 7th December and at which an STP Place Based Care related workshop will take place. The Health Summit will test emerging themes and priorities being considered for inclusion within a locally focused Health & Wellbeing strategy recognising the specific challenges that Stevenage has to improve the health of local people.

In general, the STP is keen to develop closer links between District Councils and Place-based care delivery infrastructure. On 28th September, the STP Programme Director made a presentation to East Hertfordshire District Council to introduce the STP, with a particular focus on workstream activity and practical ways in which EHDC could engage with the STP, including help with prevention of illness in localities and with improving engagement and outcomes of planning improved health and social care infrastructure, notably improved access to primary and community care for the local population.

4.16 Developing an Accountable Care System (ACS)

The STP has been encouraged by NHS England to progress with developing an Accountable Care System (ACS). This will emphasise collaboration rather

than competition between STP member organisations and when completed will be comprised of the ACS as a strategic commissioner of health and social care services, contracting with Accountable Care Organisations (ACOs) to deliver services. ACOs will be made up of several providers and/or local commissioners and their configuration across the STP has yet to be determined.

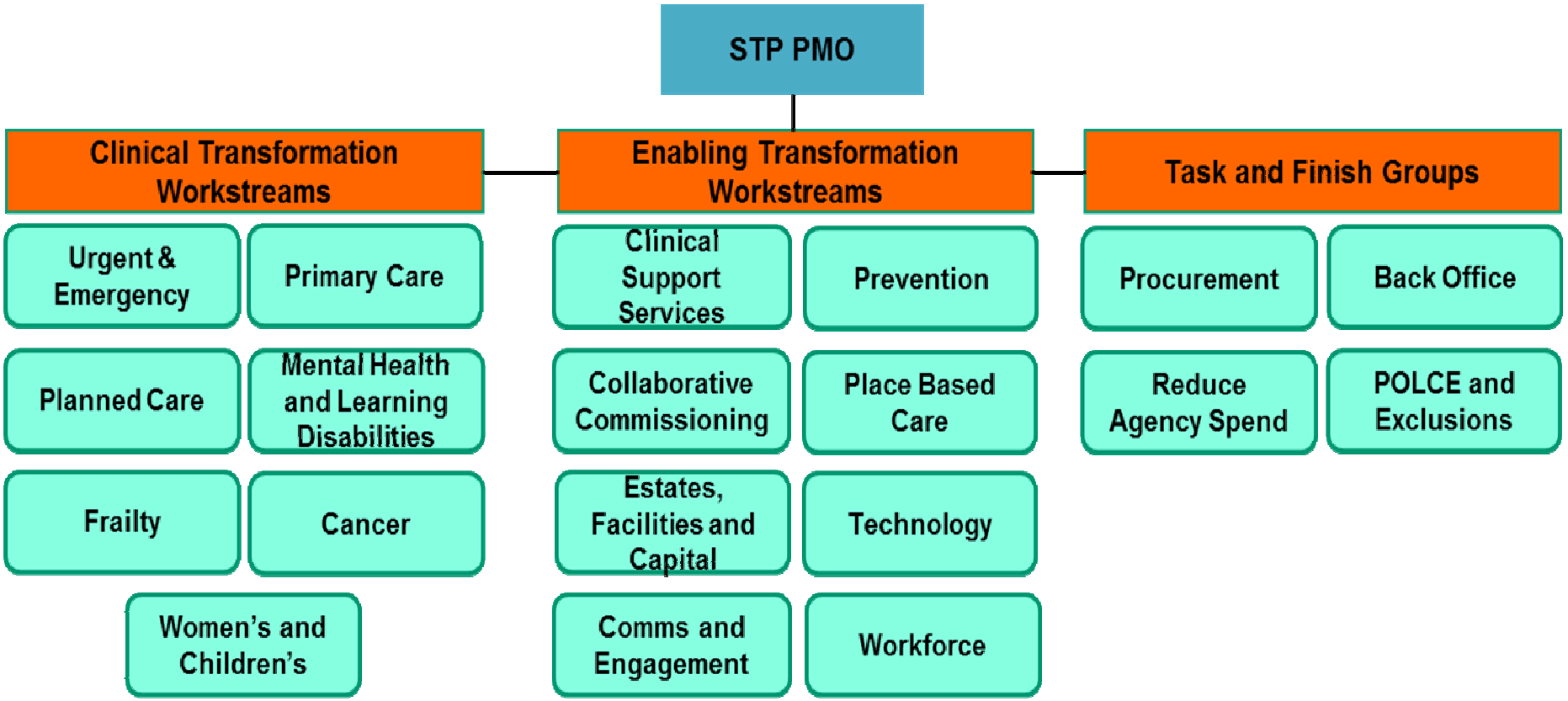
The STP is now planning the delivery of the ACS, to include the following:

- Delivery of service transformation through priority workstreams;
- Performance improvement across the STP system;
- Strategic commissioning and detailed planning based on population health analytics;
- System governance and assurance;
- Establishment of Accountable Care Organisations;
- Delivery of place-based care and support;
- System-wide agreement of a single financial control total and incentives for compliance, including risk-sharing;
- Comprehensive workforce and Organisational Development strategies;
- A singe estates, facilities and capital investment strategy based on the concept of one public estate and effective use of technology;
- Robust communications and engagement processes and systems.

Report signed off by	Tom Cahill, STP Leader
Sponsoring HWB Member/s	
Hertfordshire HWB Strategy priorities supported by this report	Starting Well Developing Well Living and Working Well Ageing Well
Needs assessment (activity taken)	
Consultation/public involvement (activity taken or planned)	
Equality and diversity implications	
Acronyms or terms used	
Initials	In full
ACS	Accountable Care System
ACO	Accountable Care Organisation
IAPT	Improving Access to Psychological Therapies
FIT	Faecal Immunological Testing
LPC	Local Pharmaceutical Committee
MHLD	Mental Health and Learning Disabilities
STP	Sustainability and Transformation Partnership
UEC	Urgent and Emergency Care

Appendix 1

STP System Leadership Arrangements



Health and Wellbeing Board
Hertfordshire

Agenda Item No.

4

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD DEVELOPMENT DAY
WEDNESDAY, 13 DECEMBER 2017 AT 10:00AM

2017-19 BETTER CARE FUND UPDATE

Report of Director of Adult Care Services

Author: Edward Knowles, Assistant Director Integrated Health
(Tel: 01992 588950)

1. Purpose of report

1.1. To provide an overview of 2017-18 Better Care Fund performance in Hertfordshire to date.

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.

2.2 Hertfordshire's latest Better Care Fund Plan outlines health and social care integration plans for 2017-19. These are centred around the resident-focused 'Integration Framework' of what joined up care should look like by 2020 and summarised in the below vision diagram (figure 1). This approach has been showcased as good practice by the Social Care Institute of Excellence. In line with last year, Hertfordshire continues to pool the majority of HCC and CCG out-of-hospital older people budgets to a total of £280m.

2.3 The Plan was submitted to NHS England in September this year. Although it has been recommended for approval, final confirmation is expected imminently.

Figure 1: Hertfordshire's resident focused planning framework

3. Performance

3.1 Performance Metrics

3.2 Hertfordshire's BCF is measured by NHSE quarterly against 4 set performance metrics (see table 1). The latest performance information is as below (see appendix 1 for more detailed information):

Table 1: 2017-18 Performance against NHSE metric targets

National Metric	2017-18 Target	Latest Performance
1. Non-elective admissions	27,401 (Q2 figure – varies each quarter)	27,427 – not meeting target
2. Admissions to residential & nursing care	**575** admissions per 100, 000 population	388* - meet target
3. Effectiveness of reablement	**85%** of 65+ still at home 91 days after discharge into reablement/rehabilitation services	87% - meeting target
4. Delayed transfers of care	1228 delayed days from hospital – rate per 100, 000 population (Q2 figure – varies each quarter)	1299 – not meeting target

**Overall admissions figure likely to rise due to report lag although still predicted to be meeting the target.*

3.3 Hertfordshire continues to perform positively in relation to admissions to care homes and effectiveness of reablement. As well as improved recording, consistent performance in the face of rising client numbers is attributed in part to the Specialist Care At Home (SCAH) model successfully managing down client need enabling them to remain at home.

3.4 A key challenge is meeting ambitious delayed transfers of care (DToC) targets set by NHS England. Although not meeting the target this quarter, performance is much improved on the same period last year. This is attributable to spending against the Improved BCF (iBCF) social care grant monies. This includes increases in social work staffing to support assessment activity, increases in SCAH capacity and an enhancement to the pay of front line homecare workers leading to better recruitment and retention. Plans for the next quarter, such as the roll-out of Discharge to Assess, should also assist.

3.5 Other key performance commentary for the latest quarter includes:

- Agreement between Adult Care Services (ACS) and E&NHCCG to join contracts for Continuing Healthcare – planning is now underway
- A '100 day challenge' is taking place in 2 localities, Upper Lee Valley and St Albans and Harpenden, to pilot new ways of integrated working in specific areas, e.g. case management and dementia care
- Further development of place-based care with each locality now having agreed local priorities in place
- The Hertfordshire Home Improvement Agency managing Disabled Facilities Grant monies nominally went live on 1 October this year
- Plans in place for roll-out next quarter: Discharge to Assess enabling medically fit patients to be assessed out-of-hospital, Impartial Assessor – working with care homes and hospital teams to discharge care homes residents – in Watford and Princess Alexandra Hospitals, development of interoperability and other electronic data sharing plans.

3.6 A performance framework is also in development. This will measure progress against each of the 7 'I statements' featured on the Integration Framework and Hertfordshire's advancement to integration by 2020.

4.0 Risks

4.1 BCF risks continue to be monitored by the Chief Finance Officer Group and reported to the HV Planned & Primary Group, E&N Joint Commissioning Partnership Board and the Strategic Partnership Boards in accordance with BCF reporting structures and risk

management strategy. Risks this quarter include health and social care market capacity and retention issues.

5.0 Recommendation

5.1 That the Board notes the key points of 2017-18 BCF performance to date.

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.

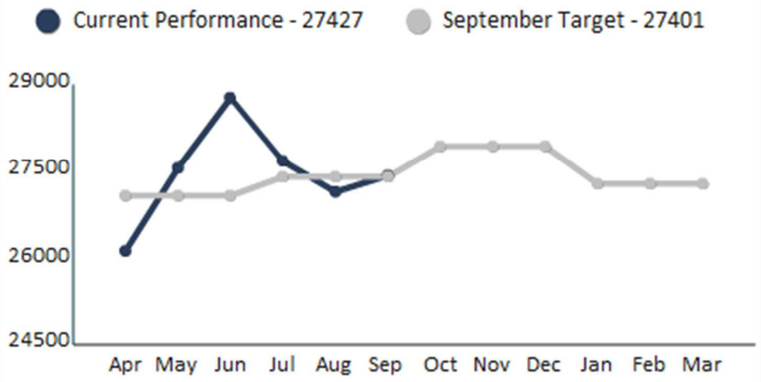
Acronyms or terms used. eg:

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
SCAH	Specialist Care at Home

Better Care Fund Dashboard - 2017/18

Metrics 1-3

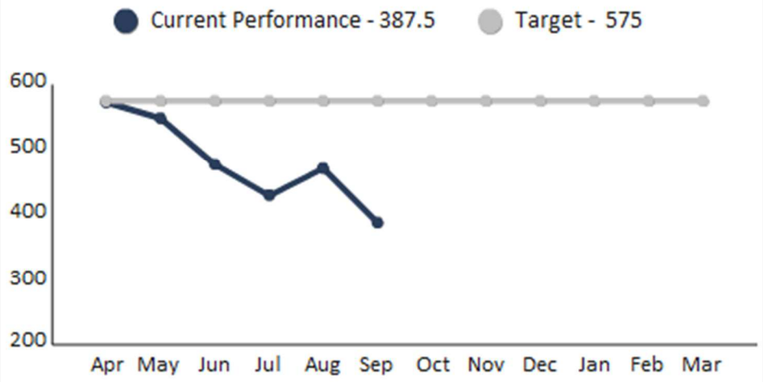
Non - Elective admissions (general & acute) (Count of Admissions)



Account of Current Performance:

As at September 2017 there were 27,643 admissions against the target of 27,401. Please note that the numbers presented above have been converted to a rate per quarter.

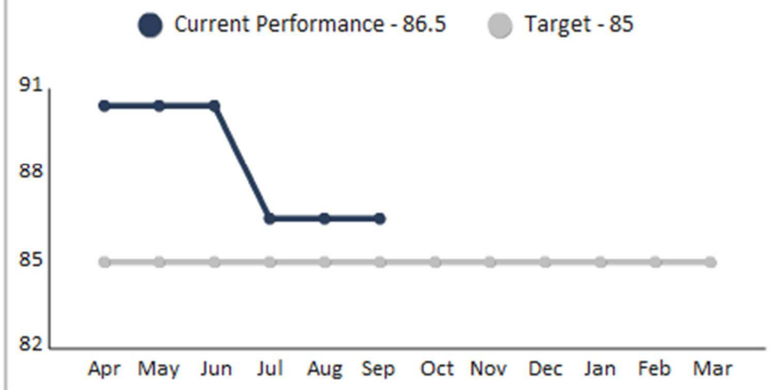
Permanent admissions of older people (65+) to residential & nursing care homes (Rate per 100,000 population)



Account of Current Performance:

The rate of permanent admissions per 100,000 population is 240 (484 placements) against the target of 575 during April to September 2017. There is a time lag in admissions being recorded but it is anticipated that 2017/18 target will be met. Please note that the numbers presented above are converted to an annual equivalent rate per population over 65.

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (%)



Account of Current Performance:

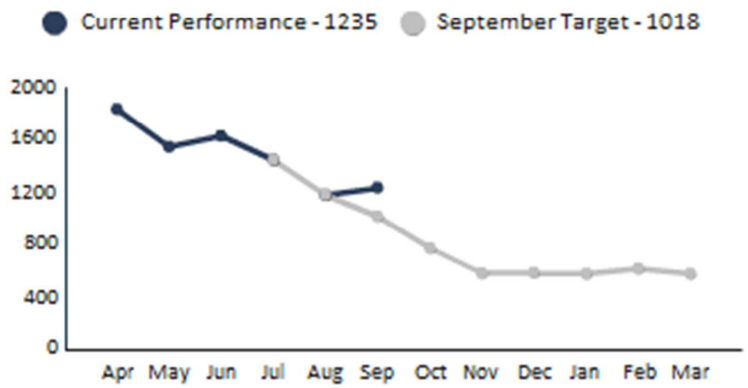
Quarter 2's performance remains above target and shows a significant increase in the number of clients into reablement, with 497 clients discharged into re-ablement services during Qtr 2 compared to 416 during Qtr 1.

This improved performance is understood to be driven by both improved compliance with monitoring and recording of service users and recent efforts by providers to increase service capacity.

Better Care Fund Dashboard - 2017/18

Metrics 4

Delayed Transfers of Care (delayed days) from Hospital (Rate per 100 000 Population)



Account of Current Performance:

The rate of delayed transfers of care was 1299 days delayed against the target of 1228 during July to September 2017. Please not that figures presented in the table above have been standardised to a monthly data equivalent rate per quarter. Monthly reducing targets have been confirmed from July onwards, these are subject to ratification by the Health and Wellbeing board.

Dementia Diagnosis Rate (%)
(Indicator not reported in 2017/18)

Patient/Service User Experience (%)
(Indicator not reported in 2017/18)

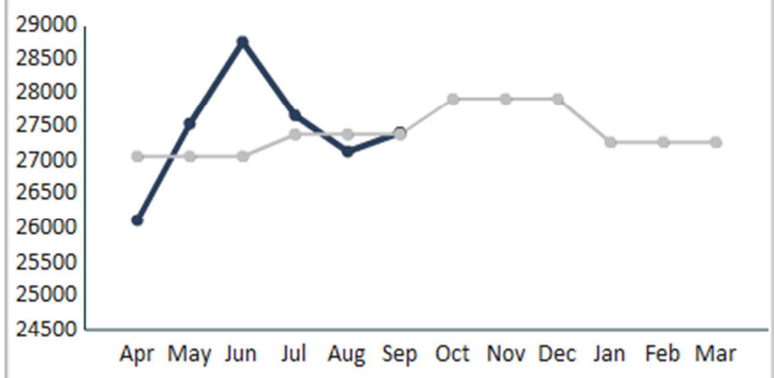
Better Care Fund Dashboard - 2017/18

Back

Non - Elective admissions (general & acute)

Herts Performance

Vs Target (Count of Admissions)



Account of Current Performance:

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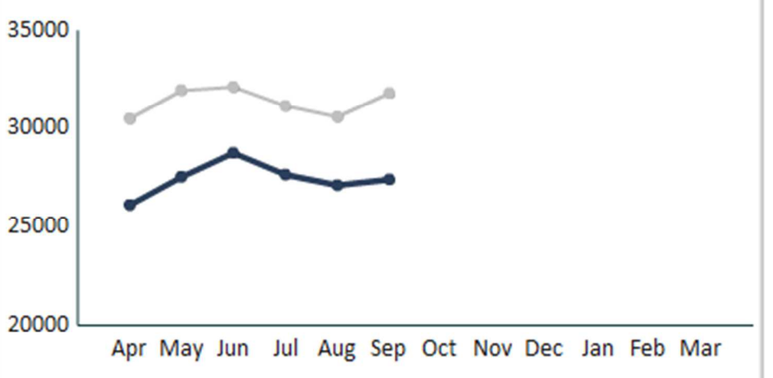
Herts Performance

Vs National (Count of Admissions)

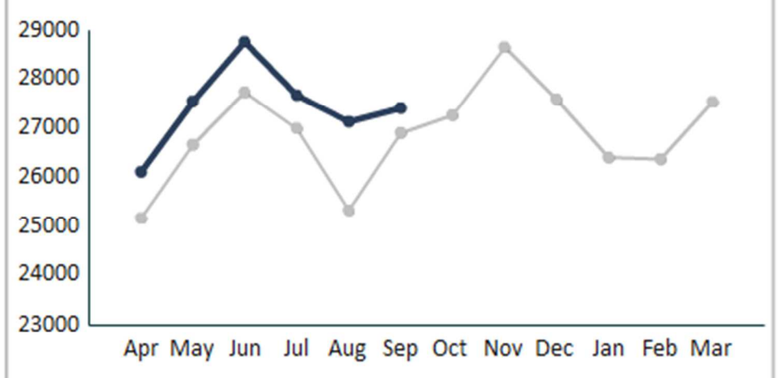


Actions:

Plans and actions relating to reducing admissions will be discussed and agreed as part of the 2017/18 BCF submission.

Herts Performance

Vs Last Year (Count of Admissions)



Notes:

This indicator sets a target number of admissions per quarter. In order to make a comparison to national level figures.
Data reported here is from a specific report available through the NHS data UNIFY system. Please note that activity levels are updated to reflect revised figures reported in each publication.

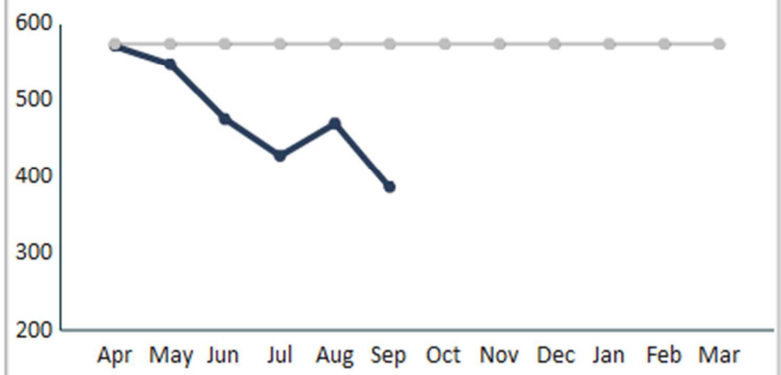
Better Care Fund Dashboard - 2017/18

Back

Permanent admissions of older people (65+) to residential & nursing care homes

Herts Performance

Vs Target (Rate Per 100k)



Account of Current Performance:

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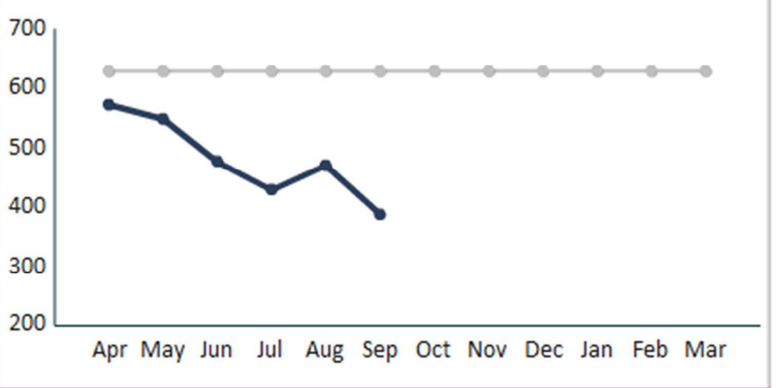
Herts Performance

Vs National (Rate Per 100k)

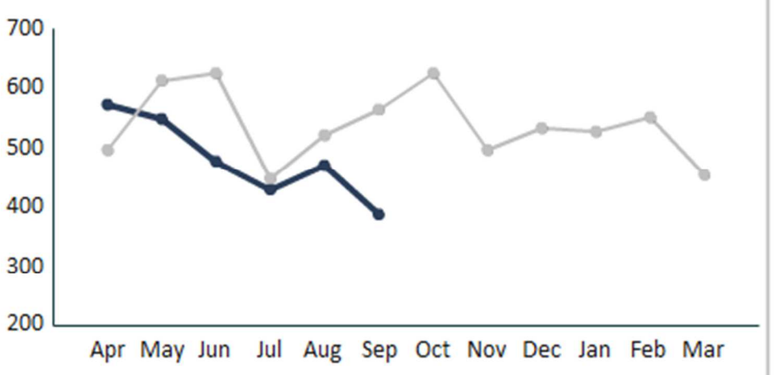


Actions:

The number of new placements continues to be carefully managed with consideration given to alternative forms of support prior to approval. However, it should be noted that although the number of new clients receiving residential care is relatively low compared with the target, each individual client will have significantly complex needs.

Herts Performance

Vs Last Year (Rate Per 100k)



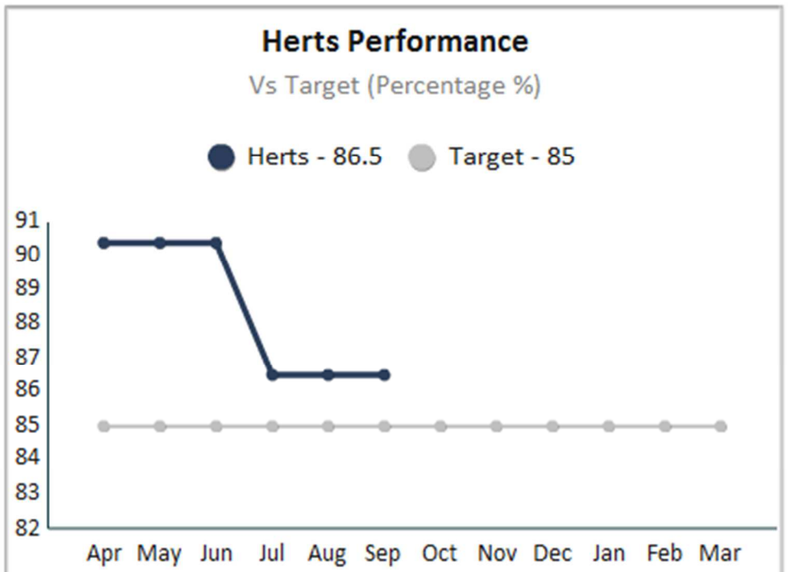
Notes:

Please note- Hertfordshire current rate (last 3 Months) may be under-reported due to packages that appear late on our systems.

Better Care Fund Dashboard - 2017/18

Back

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (%)



Account of Current Performance:

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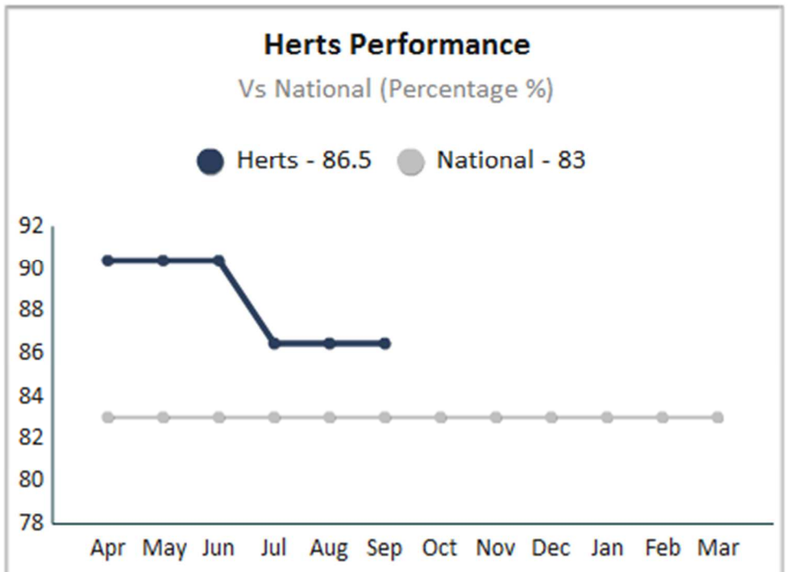
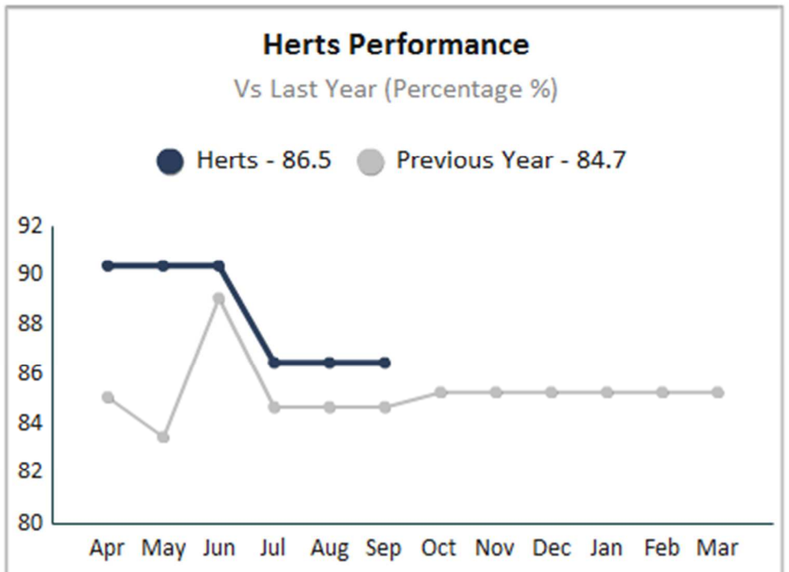
This improved performance is understood to be driven by both improved compliance with monitoring and recording of service users and recent efforts by providers to increase service capacity.



Actions:

A new multi-disciplinary team from Dec 17 at Lister to work on Discharge Home To Assess models. OTs have recently been recruited to support home care. Enabling Residential in Watford and Enab Flats - for winter there will be an increase in enablement delivered in settings other than client's own homes. The funding model for SCAH has been amended to share financial risk and allow providers to scale up their hrs. A new approach to move clients off SCAH quicker is being trialled in Nov 17 in Hertsmere by guaranteeing a small no of home care hrs.



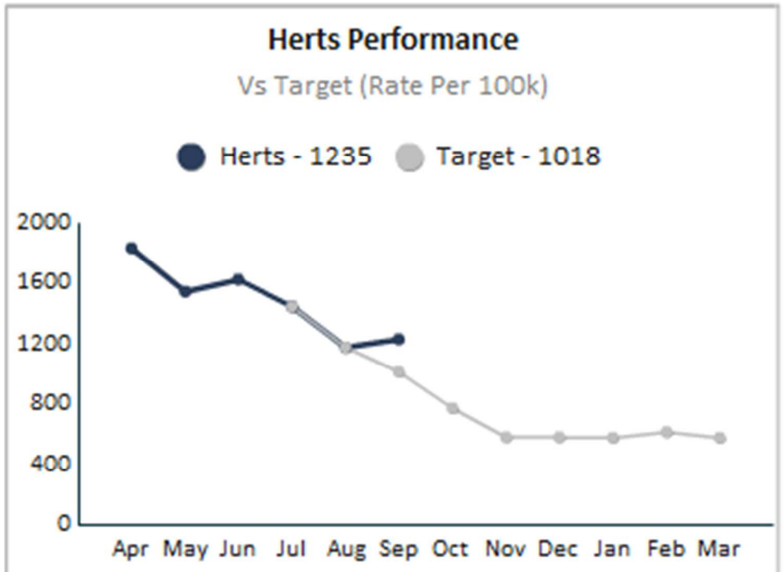
Notes:

This BCF indicator utilises the ASCOF definition to measure outcomes for people discharged from hospital between Oct-Dec and the proportion (%) of those clients still at home (not in Residential or Nursing care after 91 days post discharge).
This measure utilises a rolling 3 month period to track performance throughout the year.

Better Care Fund Dashboard - 2017/18

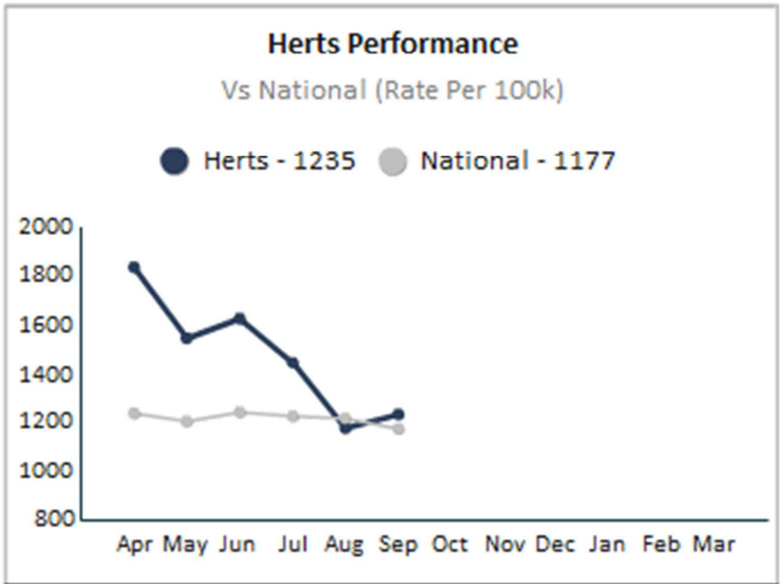
Back

Delayed Transfers of Care (delayed days) from Hospital (Rate per 100 000 Population)



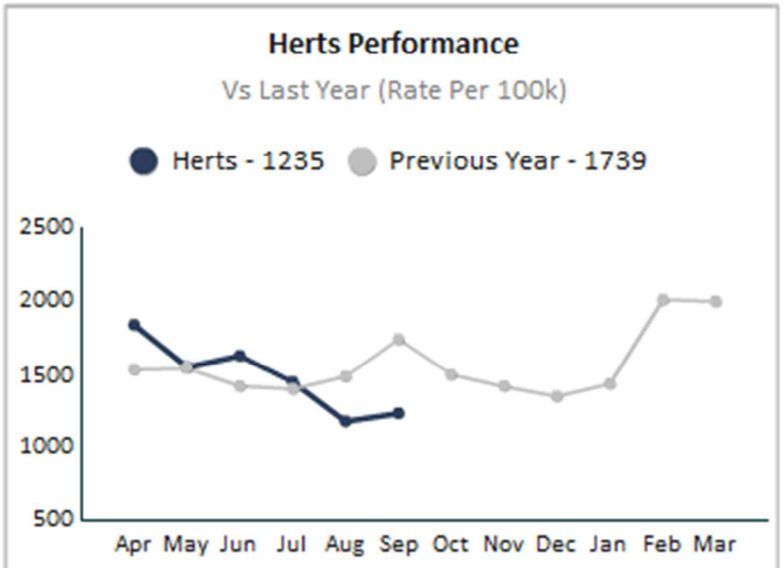
Account of Current Performance:

The rate of delayed transfers of care was 1299 days delayed against the target of 1228 during July to September 2017. Please not that figures presented in the table above have been standardised to a monthly data equivalent rate per quarter. Monthly reducing targets have been confirmed from July onwards, these are subject to ratification by the Health and Wellbeing board.



Actions:

Increases in staffing capacity to support assessment activity, increases in specialist care at home capacity and the introduction of the FISRT home care model will continue to help manage the rate of delays.



Notes:

The BCF indicator measures all delayed days (NHS & Social Care).
This measure utilises projected population figures which means that the target may be subject to change as new population figures are released. The Monthly Situation Report (NHS Digital) collects data on the total delayed days during the month for all patients delayed, this is a change from 2016/17 where this indicator looked at the number of patients delayed on the last Thursday of each month.

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

5

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 13 DECEMBER 2017 AT 10:00AM

STREET TRIAGE EVALUATION REPORT

Author: Charlotte McLeod, Head of Community Safety, Office of the Hertfordshire Police and Crime Commissioner

1. Purpose of report

1.1 To provide Board members with the background for the commissioning of the Street Triage evaluation, and provide an online link to the full report, written by NEF Consulting, commissioned by the Office of the Police and Crime Commissioner. The report will be available on Monday 11th December 2017 and supported by a verbal presentation provided by the NEF Consulting team at the 13th December 2017 Health and Wellbeing Board meeting.

2. Summary

2.1 The Street Triage Evaluation report, which will be published on Monday 11th December 2017, provides a cost benefit analysis and full evaluation of the Street Triage scheme. The full report will be available at http://www.hertscommissioner.org/street-triage and will be circulated to Board Members prior to the Health and Wellbeing Board meeting.

2.2 The report comprises of a review of the performance of the scheme and an assessment of the effectiveness and efficiency of the scheme, with recommendations for improvement of the service model. The report has also been commissioned to address the following questions;

2.2.1 Does the service best meet the needs of Herts residents as the service stands?
2.2.2 Should the service be police or health led?
2.2.3 What are the added value benefits of the service for practitioners from all agencies involved; and for service users who come into contact with the programme?
2.2.4 Does the service provide value for money?
2.2.5 Is the service efficient?

2.3 The report was commissioned in July 2017, and NEF Consulting were successful in the bid process to undertake the work. The evaluation has been in progress between July and December 2017.

3. Recommendation

3.1 That Members note the Street Triage Evaluation findings and recommendations following publication.

3.2 That Board members discuss and agree that the recommendations from the Evaluation will inform future funding decision-making for the Street Triage scheme.

4. Background

4.1 At the Health and Wellbeing Board meeting on 2nd March 2017, it was agreed that the Office of the Police and Crime Commissioner would commission an evaluation of the Street Triage Scheme.

4.2 Mental Health Street Triage has been operating across Hertfordshire since 2015 in various guises, having developed through a series of successive trials and pilots. The model provides an opportunity to fundamentally shift resources to support efforts around early intervention, rather than focusing solely on resourcing acute services. Triaging services between the police and health (mental health and Emergency care) services provides opportunities to create efficiencies for each service, a reduction in the use of Section 136 detentions, and importantly, improvements in the outcomes and experiences for individuals.

4.3 A series of successive evaluations of Street Triage pilots in Hertfordshire have successively proved the concept that coordinating health and justice services can lead to an improvement in the use of resources, and in the experiences and outcomes for service users. What the Street Triage Evaluation has been able to focus on for report in December 2017 is to examine whether the scheme provides realisable savings for each of the services, and inform future decision making for the long-term sustainable implementation of the scheme with mainstream funding.

Report signed off by	Also being presented at the Hertfordshire Crisis Care Concordat Steering Group on 13th December 2017.
Sponsoring HWB Member/s	David Lloyd
Hertfordshire HWB Strategy priorities supported by this report	Living and working well
Needs assessment (activity taken) Not applicable	
Consultation/public involvement (activity taken or planned) Qualitative research undertaken with police and health practitioners and	

commissioners working in, or involved with, the Street Triage scheme.
Equality and diversity implications Equality of access to the Street Triage service forms part of the Evaluation report.
Acronyms or terms used. Acronyms are explained within the report.

Health and Wellbeing Board
Hertfordshire

Agenda Item No.
6

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 13 DECEMBER 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)
Kay Burkett, Local Government Association

1. Purpose of report

1.1 To report on the process and outcome of the Sector Led Improvement Peer Challenge of Public Health and Prevention.

2. Summary

2.1 As part of its sector led improvement work, the County Council invited an external peer challenge which was undertaken by the Local Government Association (LGA) on 18 – 20 October 2017. This challenge looked at Public Health, and also at how well the County Council and its partners are set up to achieve ambitions on prevention.

2.3 The formal report of the work is attached. The key messages from the feedback seminar are outlined below.

2.4 The National Framework for Sector Led Improvement for Public Health is attached at Appendix 1.

2.5 The final report from the challenge is attached at Appendix 2.

2.6 This exercise was undertaken at no cost to the County Council. It was funded by the Department of Health as part of the Care & Health Improvement Programme through the Local Government Association.

3. Recommendations

3.1 Members are asked to comment upon the content of the report and:-

i. Consider how the Health and Wellbeing Board, in light of the messages, continues to develop its approach to integration, alignment and Prevention;

ii. Consider the system leadership issues arising from this

iii. Consider and identify ambitions for further working

iv. Note that the Executive Member for Public Health, Prevention and Performance, has tasked the Director of Public Health with working on a prevention strategy for the County Council, and that the Director of Public Health also leads on prevention for the Sustainability and Transformation Plan (STP).

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 Local Authorities and their partners strengthen local accountability and revolutionise the way they evaluate and improve services. Members will recall that Councillor Sue Wooley, the elected member peer, presented to the last meeting of the Board (17th October 2017) the day before the Peer Challenge started.

4.2 SLI 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, Children's' 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 Children's' Services and Association of Directors of Public Health.) The summary of the national SLI framework for Public Health is attached at Appendix 1.

5. Peers and the schedule

5.1 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

5.2 The peer team feedback the themes from what they have 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.

5.3 Peer champions challenge local areas but also recognise excellence and the achievements of places they are invited in to. This is not an inspection.

5.4 This was the second peer challenge in Hertfordshire. The first was at the invitation of the Fire Service (Community Protection Directorate). This peer review was 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.

5.5 98 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 were included in the challenge through a mixture of interviews, focus groups and telephone calls between 18 and 20 October 2017.

5.6 On the afternoon of the 20 October there was a presentation providing the conclusions of the challenge, and a workshop on priorities. This has been followed up by a formal written report, which is attached at Appendix 2.

5.7 The peers who undertook the challenge are shown in Table 1 below.

Table 1: Peer Challenge peers provided by Local Government Association

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 Clinical Commissioning Group (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 District Council; 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 the 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.

6. Questions for the review

6.1 The questions for the Peer Challenge are identified in Table 2 below.

Table 2: Questions for the Challenge

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 on mandated services and relationships? • Is the strategy coherent and appropriate? • What are the key values (knowledge, skills, tools, human capital) Public Health 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 is Public Health 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 Public Health 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?

7. Key Messages

7.1 The key messages from the feedback state both that the County Council's public health function and the County Council have some significant strengths. They also make clear that there are some needs in the wider system for greater clarity. Key outcomes are summarised in Table 3 below:

Table 3: Summary of key messages from the Challenge: Strengths

1: Assuring the basics	2: Influencing across and between	3: Embedding value and future prospects for value	4: A Prevention focused council
• A very impressive range and volume of health improvement activities, well embedded within Adult Social Care and with partners	• Examples of innovative activities which are delivering positive outcomes e.g. Family Safeguarding Service, Falls Car, Beezee Bodies & Creative Herts • Partners are generally actively engaged and keen to do more. Recognition that partnership working and greater integration are the way forward • Strong political support together with support from the Chief Executive to make prevention core business	• Public Health skills and tools are broadly felt to add value and provide an added dimension for services and partners	• Public Health leadership of prevention has provided drive and focus both within and outside the Council

7.2 In addition, the headline messages identify a range of opportunities for the County Council, much of which are beyond Public Health alone to lead, and require corporate leadership including Public Health. Members' are asked to consider how these messages, noted below, could shape our Prevention and system leadership agenda:

- "In particular, they encouraged the County Council to take on the leadership role of being the custodian of the health of the population as a system leader. This is a challenge wider than just public health, but is an opportunity for system leadership".

- "Hertfordshire has the opportunity to do more, focussing on outcomes, addressing some of the big ticket issues, shifting the focus further up-stream to help people to help themselves to remain fit and healthy"

- "There is a clear desire for the County Council to play a key role in promoting the health and wellbeing of the local population"

7.3 The headline messages noted below also identify issues which the peers feel the wider system really need to address, and this is where particularly the ownership and leadership of the Health and Wellbeing Board is relevant. Members are asked to consider how the Board should take these forward:

- "Recognition that it is a very complex system with overlapping plans but no overall strategy - need to develop a comprehensive ambitious vision for the future owned by all partners with targets and milestones."

- "The governance and working arrangements between the Sustainability and Transformation Plan (STP) and the Health and Wellbeing Board need to be addressed".

- "Working relationships at an operational level between Hertfordshire County Council and the CCGs are good but behaviours sometimes breakdown. There is an opportunity to re-set relationships."

- "There is a need for a greater shared understanding of the opportunities and constraints for both the County Council and Health".

- "Some of the Invest to Transform Fund could provide for a step change in addressing improvements in the public's health".

8. Financial Implications

8.1 There are no direct financial implications as a result of this report.

Report signed off by	Richard Roberts, Executive Member Jim McManus, Director of Public Health
Sponsoring HWB Member/s	Richard Roberts, Executive Member Jim McManus, Director of Public Health
Hertfordshire HWB Strategy priorities supported by this report	All
Needs assessment (activity taken) The Peer Challenge constitutes a form of system needs assessment	
Consultation/public involvement (activity taken or planned) 98 Stakeholders inside and outside the County Council including Healthwatch interviewed	
Equality and diversity implications No EqIA was undertaken in relation to this matter as the peer review was carried out on the relevant processes and systems, rather than on services.	

Acronyms or terms used. eg:	
Initials	In full
ADPH	Association of Directors of Public Health
LGA	Local Government Association
SLI	Sector Led Improvement

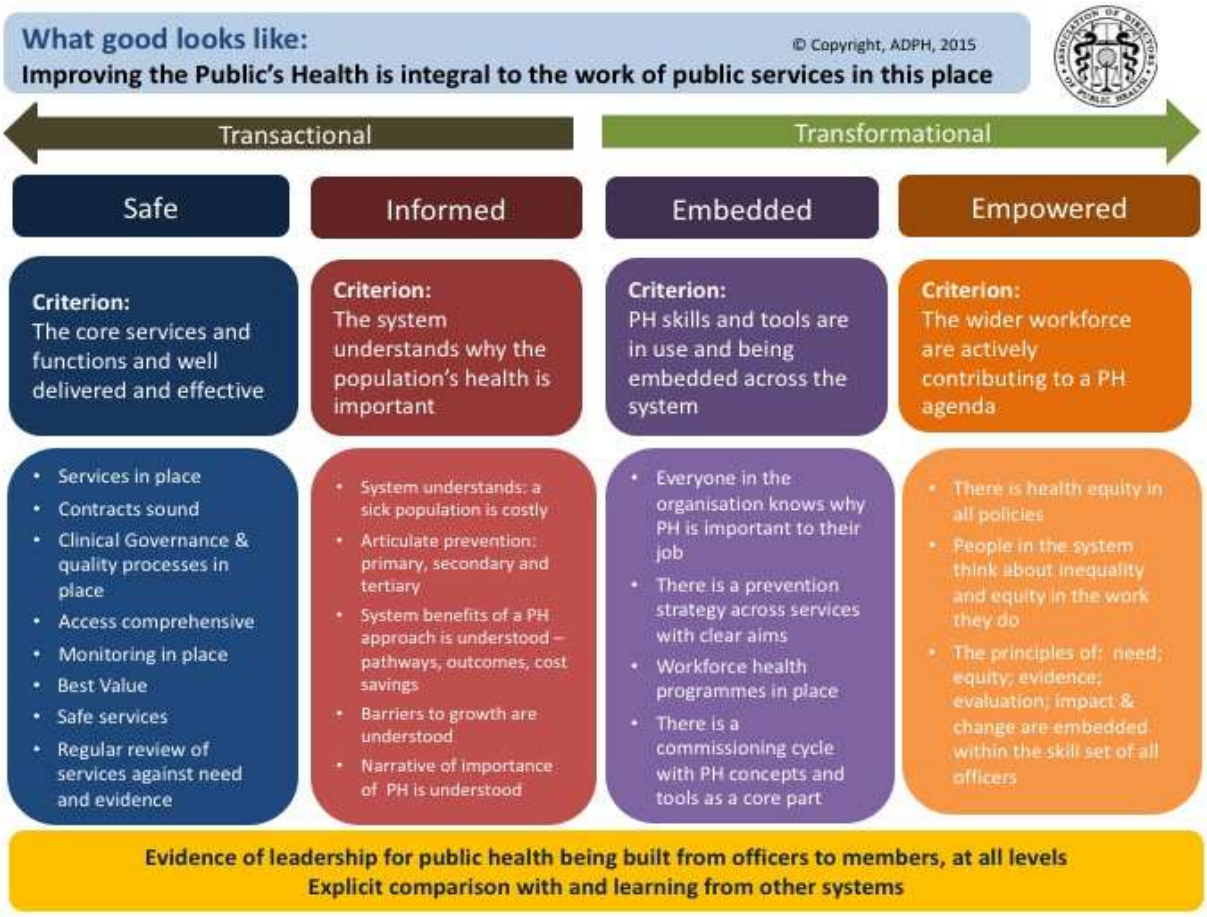
APPENDIX 1

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 Directors of Public Health 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.

9. Functional leadership: the PH functions that are undertaken to deliver improved population health outcomes. SLI is about improving how these are delivered.

10. Corporate leadership: improving how PH enables the organisation to deliver its responsibilities to protect and improve health.
11. 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 the ADPH (Association of Directors of Public Health); the Programme Board; LGA (Local Government Association); PHE (Public Health England)?

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 e.g. Directors of Children's Services with children; Directors of Adult Social Services 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.

Public Health Peer Challenge

Hertfordshire

18 – 20 October 2017

Feedback Report

1. Introduction

The peer challenge was requested by Hertfordshire County Council in order to get knowledgeable recognition of what has been achieved towards its ambition to become an organisation which makes best use of public health value for the population. The peer challenge was also asked to ascertain progress by the County Council towards being a prevention focused organisation as part of ensuring public services are sustainable for the future. The peer challenge team were asked to identify opportunities, challenges, risks and dependencies in making this work in the context of the wider system within Hertfordshire.

2. Key messages

There is a clear desire by Hertfordshire County Council to play a key role in promoting the health and wellbeing of the local population building on a legacy of strong political support. There is a renewed intent from the Chief Executive and senior management team to make prevention core business and as a good basis its Public Health Service is well regarded and generally embedded within the organisation and widely respected within the local community. The public health leadership of prevention has provided drive and focus both within and outside the County Council, including development of the prevention element of the Sustainable Transformation Partnership (STP) 'A Healthier Future'.

There is a very impressive range and volume of health improvement activities well embedded within the County Council and with partners. Many innovative activities are delivering positive outcomes such as the Family Safeguarding Service, Falls Car, Beezee Bodies & Creative Herts. Some of the Invest to Transform Fund could provide a further step change in addressing improvements in the public's health. This would enable Hertfordshire - both the Council and its partners - to move from "good" to "outstanding".

There is a recognition within Hertfordshire that greater integration partnership working is the way forward but more can be done with partners that are already actively engaged and keen to do more together. However, there are a couple of key areas that need addressing, including the governance and more importantly relationship\working arrangements between the STP and Health and Wellbeing Board. The Health and Wellbeing Board needs to be able to clarity its important role in 'place making' in tackling health inequalities with a renewed focus on the wider determinants of health making the links with economy, employment, housing and growth. Whilst there are good working relationships at an operational level between the County Council and Clinical Commissioning Groups (CCGs) the peer team heard that behaviours worked against 'partnership' and sometimes broke down. It is important to make the most of the opportunity to engage with significant stakeholders by re-setting relationships with the CCGs so they can access public health insight to improve decision making.

In the context of a very complex system with overlapping plans more could be done if there was a shared vision to focus upstream on the wider determinants of poor health to help people to help themselves and tackling the cohorts and areas to make the biggest impact - one size does not fit all in Hertfordshire. As part of this there should be a greater shared understanding of the opportunities and constraints for both the County Council and partners - particularly health – to help turn aspirations from intent to tangible outcomes.

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This could include devising a knowledge programme for greater understanding of local government by health and vice versa. Government and the NHS work to different Government Ministers and the system of governance and control is very different between the two systems. This leads to confusion and misunderstanding on both sides as to what is feasible. Some joint work involving both sides to understand the constraints and limitations that each side has to operate under would help to avoid unnecessary conflict.

A high level of energy and focus has enabled Hertfordshire to 'get ahead of the curve' in relation to the public health agenda but with so many good foundations in terms of a generally healthy population, above average life expectancy and deprivation concentrated in a few urban pockets Hertfordshire now has the opportunity to do more, focussing more on outcomes and being more transformational. There is still much to be done to shift focus upstream to identify those cohorts and areas with least opportunity to help themselves. The Council needs to continue doing what it is doing but also to focus on the wider determinants of poor health.

The whole system in Hertfordshire needs to challenge itself about how it can address some of the 'big ticket prevention projects' like family safeguarding, mental health and employment to enable the health and social care system to make a quantum change in the local economy. Consideration should also be given to variations in primary care outcomes for chronic conditions that provide an avoidable burden of cost and disease, maybe through a shared use of key levers like a primary care incentive scheme for CVD. HCC is well-placed to provide the necessary leadership for this. There are tangible benefits for individuals and the system as a whole, diabetes prevention was one example cited where some 50,000 people are identified as being pre-diabetic. Effecting a change in their status would have a significant benefit to the short, medium and long term health of these individuals and the future pressures on health and social care budgets.

In moving forward there is an opportunity for partners to revisit the risk appetite, beyond the evidence base, to just 'give it a go' to enable the system to move further faster.

3. Summary of the Peer Challenge approach

3.1 The peer team

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected the requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with Hertfordshire County Council. The peers who delivered the peer challenge in Hertfordshire were:

- Chris Williams **–** LGA Associate (previously Chief Executive of Buckinghamshire County Council)
- Cllr Sue Woolley – Chair of Health & Wellbeing Board, Lincolnshire County Council
- Jo Lancaster - Managing Director - Huntingdonshire District Council

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- Professor Rod Thomson – Director of Public Health, Shropshire Council & Herefordshire Council
- Martin Phillips – LGA Associate, Previously Clinical Commissioning Group Chief Officer
- Chris Ashman – Director of Regeneration - Isle of Wight Council
- Kay Burkett, Challenge Manager, Care & Health Improvement Programme, LGA

3.2 Scope and focus

At your request the peer team considered the following questions as the focus for the peer challenge and basis for feedback:

1. To what degree is there whole system ownership for the health of the public?
2. To what extent has the Council embraced its role as custodian of the public's health?
3. How effective is the public health activity in improving outcomes?
4. How effective is the reach into communities in order to positively affect the public's health?

3.3 The peer challenge process

It is important to stress that this was not an inspection. Peer challenges are improvement focussed and tailored to meet individual Councils' and wider system needs. They are designed to complement and add value to existing performance and improvement activity. The process is not designed to provide an in-depth or technical assessment of plans and proposals. The peer team used their experience and knowledge of local government and public health to reflect on the information presented to them by people they met, things they saw and material that they read.

The peer team prepared for the peer challenge by reviewing a range of documents and information in order to ensure they were familiar with the Council and the challenges it is facing. The team then spent 3 days onsite at during which they:

- Spoke to more than 98 people including a range of Council staff together with Councillors, external partners and stakeholders

- Gathered information and views from more than 50 meetings, additional research and reading

This report provides a summary of the peer team's findings. It builds on the feedback presentation provided by the peer team at the end of their on-site visit on 20 October 2017. In presenting feedback they have done so as fellow local government and health officers, Councillor and public health specialists and not professional consultants or inspectors. By its nature, the peer challenge is a snapshot in time. There is an appreciation that some of the feedback may be about things that are already being addressed and progressed.

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4. Feedback

This section provides feedback on key areas in addition to the headline messages above, and to expand some elements of the presentation delivered on the final day of the peer challenge.

4.1 To what degree is there whole system ownership for the health of the public?

The Joint Strategic Needs Assessment (JSNA) looking at the specific health and wellbeing needs of the local population is well respected and clearly influencing strategic and local planning. This is evident from collaborative work based on information within the JSNA on topic themed needs such as drug and alcohol harm and air quality at service level, and at a strategic level on transport and housing. The JSNA themed reports, such as Tobacco Control, are comprehensive and include information from the Hertfordshire Health Evidence website incorporating surveys and primary care intelligent reports to support planning, commissioning and decision making.

There is a strong commitment for an ongoing series of engagement events initiated by the Public Health Team to provide opportunities for partners, professionals and residents to discuss key population health challenges and opportunities. The well attended annual Public Health Conference, public health masterclasses with the University of Hertfordshire and recent Suicide Prevention event are good examples of how latest research, national perspectives and life story type case studies can be presented in a themed agenda to act as a catalyst for change and innovation at a local level.

The multi-agency officer led Public Health Board is valued as a useful forum for a wide range of partners, including district and borough councils, to give more detailed focus to population health issues, share practice and co-ordinate similar programmes. However, the peer team heard from partners who want to contribute to the wider prevention and public health agenda but sometimes struggle to find a way in, or to know who to contact. Some thought could be given to practical ways of enabling more connectivity that enables timely and relevant contributions to be made e.g. ways of influencing the design of new housing layouts.

More could be done to further develop prevention as the cornerstone across the local health and social care community through the key element of the STP, embedding the preventative agenda as core business for its clinical workstreams. A good place to start would be with planned care, around AF, diabetes & frail elderly. Both are priorities for health and social care with affirmative action in both areas being key to transforming the model of care, responding to ‘demand’ challenging services in terms of capacity, volume, quality and sustainability of services.

4.2 To what extent has the Council embraced its role as custodian of the public’s health?

Hertfordshire County Council has a leadership committed to public health with a good understanding of challenges based on a strong evidence based approach that underpins many successes in collaboration within the council across a range of population health issues. There are practical examples where joint work between Adult Social Care and the

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Public Health Team is showing positive outcomes. These include the early feedback from the social prescribing pilots where the use of Make Every Contact Count (MECC) type approaches are showing positive results. Partnership with the Fire and Rescue Service and "Safe and Well Check" has freed up over £300k of council resources. Other positive examples of cross directorate working include the Early Childhood Board, the development of Planning Guidance, the Transport Strategy and the SMART Prevention Strategy.

Elected members have demonstrated a keen interest in the prevention agenda, for example as mental health champions and their engagement in the Public Health Panel. They value the support from the Director of Public Health and Public Health Team and the quality of the member briefing and induction sessions. As influential leaders within their local communities elected members should go further as advocates for a county wide focus on prevention as 'community wellbeing champions'.

The evidence base provided by public health regarding "best value approaches" is comprehensive and pragmatic enabling financial savings in areas such as:

- retendering of CAMHS
- refocus of Children's Centres to create hubs with a prevention element
- a stronger focus on Falls and Frailty Prevention and bringing third sector partners in order to improve joint approaches
- joint project on improving air quality, infection prevention and control project to reduce loss of care home capacity.

The configuration of the STP that covers the county and parts of Essex presents a challenge for the health and social care economy. In view of the shared interests of local authorities and the local NHS in reducing demand for their services and the importance of a coherent and coordinated approach, the County Council is in a unique position to positively influence a Hertfordshire wide vision for preventing avoidable long term ill health and enabling local people to be amongst the physically and mentally healthiest communities in the country. To achieve this ambition the County Council should consider how it can play a greater part in influencing the STP and supporting local NHS organisations to achieve the system change needed to provide a sustainable and appropriately accessible health and social care system. In order to play this leading role the Council needs to take forward its SMART Prevention strategy, ensure that every department within the organisation understands and endorses the role that it must play and offer its experience in doing this to the rest of the system.

Effective tertiary prevention strategies will be crucial to the capacity of services to reshape the presentation of demand therefore it is equally important that other partners to the STP also embrace the importance of prevention as part of their core work. The local and health and social care community should take the opportunity to build on existing work to enhance the success of the STP's prevention workstream by placing prevention front and centre of the clinical workstreams.

The Public Health Team has a significant advocacy role to play within the Council and with partner organisations to achieve SMART ambitions and ensuring that every department within the organisation understands and endorses the role that it must play. As a major contributor to this plan, the Public Health Team is well place to have a significant advocacy role within the Council and with partner agencies.

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The public health ‘district and borough offer’ has been seen as a very positive initiative and has delivered focus, shared endeavour and created tangible benefits e.g. a sustainable delivery model. The collaboration between the councils in Hertfordshire has been greatly enhanced in the commitment by the Director for Public Health and his Deputy in attending the district level local strategic partnerships, provision of information and evidence by the Public Health Team and the follow through of ideas to improve local population health. However, there is a concern about the sustainability of the initiative due to the uncertainty of the national public health grant. There is a clear desire to continue to develop place based working and consideration should also be given to the opportunity to go further with district & borough working beyond traditional working arrangement in housing, leisure and other services deploying social prescribing for many health and social conditions that would overwise receive a statutory response.

4.3 How effective is the public health activity in improving outcomes?

The Public Health Team is seen as an enabler and key facilitator providing focus at many levels to drive forward the population health and prevention agenda. There is widespread recognition of the talent, skills & knowledge that the team possesses and the enthusiasm which they have engaged to develop the public health and prevention agenda is widely recognised. The Shape Up campaign and Men’s Weight Management Programme are real examples where people’s lives have been made better. The peer challenge team were particularly impressed with the monitoring and regular reporting of public health activity, although there is scope for an even greater emphasis placed on the monitoring of outcomes. In going forward data collection could be grouped for the desired population health outcome i.e. sexual health to include teenage pregnancies data and cytology and chlamydia screening rates.

Public Health have invested capacity in NHS work and to build on this the health economy would benefit by enabling greater engagement by the Public Health Team in helping to transform local NHS services. This should include the opportunity to provide public health insight into CCG and other NHS partners - ranging from enabling local trusts to embed prevention measures within their core service provision and building on the work already provided in helping the NHS to transform Child and Adolescent Mental Health Services. Having already achieved considerable progress there is now an opportunity for both the Council and the NHS to move to being outstanding if they can agree to work collaboratively on new areas which the Public Health insight suggests can be of greatest benefit. Partners together need to review where to go next on these areas to get traction and buy-in.

East & North Hertfordshire CCG value the expertise that the Public Health Team offer and would wish to have greater engagement with the team on a range of jointly led programmes, e.g. Substance Misuse Commissioning and Mental Health; Diabetes Prevention and more coordinated use of data; and the four tiers of the Weight Management Programme. Recent tensions should not be allowed to disrupt the good work that has been achieved and the even greater benefits that could be achieved from continued close working with Herts Valley CCG. Both sides need to put the current dispute behind them and concentrate on future collaboration for the benefit of local residents.

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Progress has been made to mainstream the narrative on prevention across the council workforce and with the public. The campaigns for Health Walks and Year of Cycling are good examples of cross council working and Public Health Team in enabling a change towards healthy behaviours. To enhance this the language of population health needs to be made less medicalised and more relevant to more engage 'hearts and minds'.

The presence of the robust intelligence, support and advice in developing and implementing service responses and more recently improving the evaluation of interventions is clearly valued by all partners and services and whilst not as visible, the beneficiaries in communities themselves. While this was clearly driven in part initially by the funding public health were making available the reach has demonstrably broadened to evidencing the value to services themselves of adopting a focus on public health outcomes. One illustrative quote referenced the Public Health Team as the "oil and chain" instigating the reason for change and linking the differing parts of the response together.

4.4 How effective is the reach into communities in order to positively affect the public's health?

The production of a Public Health Strategy was seen by many to be a turning point in Hertfordshire in bringing the public's health out from a concealed role within the NHS to becoming a more relevant and valued resource in influencing wider community well-being with a wider group stakeholders. This document helpfully sets out the wide range of issues impacting on public health that need attention but the peer team heard that there needed to be clearer prioritisation of two or three issues around which collaborative effort or resources of all stakeholders might be focused over a 2 - 3 year period. Relationships with the third sector are good and therefore consideration also needs to be given to work with the voluntary and community sector in order to achieve impact through local community leadership and connectivity.

There is a clearly targeted effort to differentiate the need for public health interventions in deprived communities across the county 'one size does not fill all in Hertfordshire' is resulting in local health and wellbeing strategies and priorities. On this basis public health activity is tangibly influencing district and borough council culture, policy making and practice in relation to population health. The peer team noted the enthusiasm from all the districts and boroughs to participate and fulfil their role and are making progress in embedding public health responses in reshaping some of their service delivery with many examples to cite, for example, Stevenage Health Hub, growth and transport plans, no takeaways next to schools and Broxbourne cross rail lobbying. However, there is more that can be done to ensure planning departments are fully on board.

The support in addressing the needs of communities with protected characteristics, thus promoting the councils objectives for securing equality in service delivery, is evolving towards being exemplary. The challenge is to continue to build on the successes to date and address remaining priorities where awareness and adoption has been weaker as well as developing the cost /logic model evidencing savings impact to help justify continued budget activity post 2019.

There is evidence of a commitment to use a range of approaches to support individuals in prevention, for example, use of digital technology and the COPD app. More could be done

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to build upon the ‘public health champion’ initiative by enhancing the Making Every Contact Count (MECC) approach across all of the council’s activities and introducing Health in All Policies (HiAP).

5. Next steps

We appreciate the senior managerial and political leadership of Hertfordshire County Council will want to reflect on these findings and suggestions with partners in order to determine how to take things forward.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this. The Principal Adviser, Rachel Litherland, is the main contact between the authority and the Local Government Association (LGA). Contact details are: rachel.litherland@local.gov.uk telephone number 07795 076834.

In the meantime we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

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Health and Wellbeing Board
Hertfordshire

Agenda Item No.
7

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
WEDNESDAY, 13 DECEMBER 2017 AT 10:00AM

CARE QUALITY COMMISSION (CQC) THEMED REVIEW OF CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES (CAMHS)

Report of Chief Executive Herts Valleys CCG

Author: Simon Pattison, Head of Service, Integrated Health and Care Commissioning Team, Tel: 01438 845392
Liz Biggs, Programme Lead, Children Young People and Maternity, HVCCG, Tel: 07825008623

1. Purpose of report

1.1 This power point presentation provides the board with an update following the Care Quality Commission (CQC) thematic review of children and young people's mental health services in Hertfordshire.

2. Summary

2.1 The power point (attached at Appendix A) provides the board with an update of the Hertfordshire position against the 4 CQC key lines of enquiry that were being considered during the thematic review.

2.2 Slides 11 and 12 detail the areas of strength and areas of development for Hertfordshire as identified by CQC through the thematic review.

2.3 Slide 14 provides a summary of what's next on our transformation journey with children, young people & families, in line with the Hertfordshire CAMHS Local Transformation Plan http://hertsvalleysccg.nhs.uk/publications/leaflets-and-posters

- Commitment to coproduction
- Embedding 'everybody's business' in existing arrangements
- Multi-agency pathways starting from early help
- Increasing access to NHS funded counselling
- BME access
- Focus on boys and young men
- Taking on responsibility for Tier 4 inpatient beds
- Development of a dedicated S136 suite

- What is working and ongoing integration within financial challenges

3. Recommendation

3.1 The board are asked to note the content of the power point presentation.

4. Background

4.1 An announcement was made by the Prime Minister in January 2017 that there would be a thematic review, led by CQC with input from Ofsted to look at what is working and what is not for children and young people's mental health services. The work will feed into a new Green Paper on children and young people's mental health. Ten Health and Wellbeing areas in two cohorts have been selected to take part in the review. Hertfordshire is part of Cohort 2, along with South Tyneside, Walsall, Southwark and Dorset.

Report signed off by	n/a
Sponsoring HWB Member/s	Kathryn Magson, Jenny Coles, Beverly Flowers
Hertfordshire HWB Strategy priorities supported by this report	Starting Well, Developing Well
Needs assessment Completed	
Consultation/public involvement Ongoing	
Equality and diversity implications Equality Impact Assessment completed as part of CAMHS local transformation plan	
Acronyms or terms used. eg:	
Initials	In full
CQC	Care Quality Commission

Health and wellbeing board update
13 December 2017

Care Quality Commission (CQC) thematic review of children and young people's mental health services – Hertfordshire fieldwork

CQC thematic review – background

- Announced by PM in January 2017
- To look at ‘what is and is not working’ in children and young people’s mental health services
- Led by CQC with input from Ofsted
- Feed into a new Green Paper on children and young people’s mental health
- 10 HWB areas chosen for fieldwork

Overarching question for the review:

“How can we ensure that all partners make their unique contribution and work together so that children and young people, and their families, have timely access to high-quality mental health care?”

CQC thematic review – in Hertfordshire

- Hertfordshire was the final area visited, for a week from 2 October
- Focus groups considering KLOEs held with more than 100 staff, stakeholders, families, children and young people
- CQC review team met commissioners and all providers
- Four cases tracked during the week

CQC thematic review – our back story

- Local review in 2015 and comprehensive needs assessment made case for change, with:
  - a system that lent itself to crisis management
  - concerns about waiting times, in particular from children and young people
  - one in 10 CYP likely to need support
- Hertfordshire's CAMHS Transformation Plan signed off by Hertfordshire Health and Wellbeing Board http://hertsvalleysccg.nhs.uk/publications/leaflets-and-posters

CQC thematic review – our success story

- Improving emotional and mental wellbeing of children and young people, needs – not a diagnosis
- A strong, strategic local system
- Embedded, long-standing partnership arrangements
- We know our strengths and areas of development
- Committed to ensuring a positive and timely journey for CYP needing emotional & mental wellbeing support
- Relentless in our drive to ensure emotional and mental wellbeing of children and young people is everyone's business – and coproduced with CYP

KLOE 1: Identifying & responding to mental health needs

- Strengths: System-wide agreement, strategic oversight
- Delivery against local priorities in the past 2 years:
  - Families First early help model
  - Kooth & Tier 2 expansion, 3,000+ CYP supported
  - Crisis support – 9am-9pm 7 days a week
  - CAMHS School links
  - PALMS development
  - A multi-agency countywide Mental Health First Aid Training programme
- **Being developed:** workforce training & improving access

KLOE 2: Working together

- Strong, well established local partnerships
- Emotional & mental wellbeing a shared priority
- Longstanding joint commissioning – 10 years+
- Joint working protocol and trusted assessment in place
- Innovation Fund to develop and grow practice
- Tools for Schools, GPs and social workers
- Multi-agency Families First & Family Safeguarding models
- Engagement from Safeguarding Children Board
- **Being developed:** multi-agency pathways & school/CAMHS links

KLOE 3: Experience of care

My mental health story

"I now come into school every day whereas I didn't before because of anxiety about it."
Herts young person who used school counselling service Safe Space

#HertsCAMHS

My mental health story

"Thank you for listening, well, reading and responding. I think what you do is so great and amazing."
Herts young person who used online counselling service Kooth

#HertsCAMHS

My mental health story

"I am less stressed, Mum and Dad say I am less short-tempered and not as angry."

Herts young person who used school counselling service Safe Space

#HertsCAMHS

My mental health story

"Sometimes things get worse before they get better, but they do get better."

Herts young person who has had specialist mental health support

#HertsCAMHS

My mental health story

"It is really good to get help with my problems, so that now I can be the best I can be."

Herts young person who has had specialist CAMHS support

#HertsCAMHS

My mental health story

"Thank you so, so much for talking to me. You've really helped me think about why I'm feeling bad."

Herts young person who used online counselling service Kooth
#HertsCAMHS

Experience of care

- Ongoing engagement with CYP leading to change
- HPFT 2016 NHS benchmarking against other Tier 3 CAMHS providers:
  - better performance for waiting times
  - lower than average DNAs,
  - better than average compliments
  - Re-referrals well below average
  - 2016/17 – 24 complaints and 342 compliments
- **Being developed:** Information sharing, crisis support, workforce pressures & support for CYP with challenging behaviour

KLOE 4: Funding in Hertfordshire

- CCG additional investment of £2.8million on an ongoing basis – a 25% increase (total investment now £13.7million)
- Lack of clarity about future additional NHS funding
- Investment by other partners is less clear cut as many services have an element of prevention and early intervention - Children's Services invests over £21million per annum in services that contribute to supporting improving emotional wellbeing

CQC thematic review – positive feedback

- Early intervention approach, Families First
- Clear educational strategy
- Effective eating disorder team, Positive behaviour Autism Learning disability Mental health services (PALMS), targeted team
- Well managed CAMHS waiting times
- Risk assessment and trusted assessment
- Approach, especially boys stigma project

CQC thematic review – areas to consider

- Inconsistent approach to engagement between CAMHS and schools
- Inconsistence attendance at Team Around the Family (TAF) by CAMHS
- Analysing data is good but not analysed well
- Consider black and minority ethnic (BAME) population
- Wi-Fi issues for NHS staff at council sites
- Publicising parent/carer support via clinicians

CQC thematic review – next steps

- Our formal feedback expected – a letter and a face-to-face meeting with review leads
- Phase one report published in October 2017
- Nationally, Green Paper due to be published November/December
- White Paper expected in spring 2018

What's next on our transformation journey with children, young people & families?

- Commitment to coproduction
- Embedding 'everybody's business' in existing arrangements
- Multi-agency pathways starting from early help
- Increasing access to NHS funded counselling
- BME access
- Focus on boys and young men
- Taking on responsibility for Tier 4 inpatient beds
- Development of a dedicated S136 suite
- What is working and ongoing integration within financial challenges

Transforming Children and Young People's Mental Health Provision: a Green Paper

- Department of Health & Department of Education
- 4th December 2017

Summary of proposals

- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664409/Transforming_children_and_young_people_s_mental_health_provision.pdf
- The proposals in the green paper are open for consultation until 12 noon on Friday 2 March 2018

Key proposals, timelines and funding

- Each school to identify and train a designated senior lead for MH
- New mental health support teams
- Reduction in waiting times for NHS services

- Appointment of ‘trail blazer’ areas
- Ambition - between 1/5 and 1/4 of all areas to operationalise proposals by 2022/23
- Additional £300 million to fund the proposals

Proposal 1: senior leads for MH in schools

- Responsible for:
- developing whole school approach, identifying pupils with difficulties
- Knowledge, liaison with local services
- co-ordination of school based interventions, support staff development
- monitoring of outcomes

- Government proposal to incentivise this role
- Training to support to be explored

Proposal 1: Current position in Hertfordshire

- 420 schools with mental health lead
- training course for leads
- online toolkit
- whole school approach self review tool
- kite mark
- Documents, processes for communication between schools and services
- project - collecting outcome data informing practice

Proposal 2: mental health support teams
Proposal 3: waiting times

- New teams - CBT and group based intervention
- In line with Herts community wellbeing workers
- Expectation new teams will provide training, support to professionals
- Robust Single Point of Access models

- Reduce the waiting time to intervention to 28 days for NHS CAMHS
- Target will be implemented in areas where the new mental health support teams are operational

Wider action to support CYP mental health

- Mental health awareness training offered to every school
- Mental wellbeing as part of new PSHE curriculum
- Ofsted - how they will add rigour to school improvement around supporting MH
- Improvements to initial teacher training
- Implementation of peer support programmes
- SEND policy to manage expectations about MH support schools can provide

Wider action to support CYP mental health

- Impact of social media on CYPs mental health
- Further papers will recommend - funding of additional parent support programmes within local areas
- New national partnership to explore improving provision for 16-25 year olds
- Expert group to look at research on prevention, commission further research if required, develop guidance for local areas