Agenda

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 THURSDAY, 1 MARCH 2018 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.

AGENDA

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. If a member has a Declarable Interest they should consider whether they should participate in consideration of the matter and vote on it.

CHAIRMAN'S ANNOUNCEMENTS

PART I (PUBLIC) AGENDA

1. MINUTES
To confirm the minutes of the last meeting of the Health and Wellbeing Board on 13 December 2017.

2. PUBLIC QUESTIONS

3. HERTFORDSHIRE PHARMACEUTICAL NEEDS ASSESSMENT
(report attached)

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

5. HOUSING UPDATE
(report attached)

6. HERTFORDSHIRE HOME IMPROVEMENT AGENCY UPDATE
(report attached)

7. COMMUNITY FIRST STRATEGY UPDATE
(report attached)

8. LOCAL HEALTH RESILIENCE PARTNERSHIP UPDATE
(report attached)

9.. OTHER URGENT BUSINESS

Such other Part I (public) business which 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 ('closed') 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
13 DECEMBER 2017
M I N U T E S

ATTENDANCE

MEMBERS OF THE BOARD

N Carver, NHS Provider Representative
J Coles, Director of Children's Services
B Flowers, K Magson, H Pathmanathan, Clinical Commissioning Group Representatives
L Haysey, District Council Representative
T Heritage, County Councillor
D Lloyd, Hertfordshire Police and Crime Commissioner
J McManus, Director of Public Health
L Needham, District Council Representative
R Roberts, County Councillor
C Wyatt-Lowe, County Councillor (Chairman)

PART I ('OPEN') BUSINESS

ACTION

1. MINUTES

1.1 The minutes of the Health and Wellbeing Board meeting held on 17 October 2017 were confirmed as a correct record of the meeting.

2. PUBLIC QUESTIONS

2.1 There were no public questions.

3. REPORT OF PROGRESS WITH THE HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP)
[Officer Contact: Peter Cutler, STP Programme Director]

3.1 The Board reviewed a report which provided an update on the Sustainability and Transformation Partnership (STP) workstream deliverables, clinical engagement, engagement with District Councils to improve place-based care and the plans to deliver an Accountable Care System (ACS).

3.2 The Board noted the seven workstreams that had been established as detailed at 2.2 of the report and discussed the key developments for each area. Members noted that actions were now being delivered by the workstreams and the results were very encouraging.

3.3 The Board noted that there was a lot of work underway but queried how much of this had been as a specific result of the STP and how much of it would have happened anyway. Members were advised that some workstreams were driven by national agendas and therefore were completed via instruction, however the STP aimed to determine what value could be added over and beyond. In other cases it was noted that there was guidance with less instruction e.g. frailty was a chosen focus point for the STP.

3.4 Members discussed the three patient engagement events planned, subject to funding from Macmillan, to consider the Cancer Improvement Plan and it was advised that a satisfaction survey had identified that patient experience could be improved. If the funding was agreed, the events would run between March and May 2018 and would be used to consider what worked well, if leaflets were suitable and to consider any other changes to the pathway.

3.5 Members acknowledged that improvement was required to lower the budget deficit but noted that A&E at Princess Alexandra Hospital had wait times of around 4 hours and commented on how this could be improved. Members were advised that the STP programme was driven by clinical transformation and that once services became more efficient, cost savings would follow. It was advised that £4million of savings had been made to date by working more effectively. Members heard that the savings would not be used directly to address the issues at Princess Alexandra Hospital; however the service would be utilised internally.

3.6 The Board acknowledged that the plan covered a 5 year period when Local Authorities were planning for 20/30/40 years ahead in terms of housing and health care facilities and it was advised that connections were being made for the different worksteams in order to future proof the work that was being undertaken. Members were advised that links had been made between Children's Services and the Mental Health workstream and that further exploration was required across learning disabilities and family mental health.

3.7 Members noted that report appeared to suggest that connections had not been made with Local Authorities and it was advised that a lot of good health and wellbeing work had been undertaken with District Councils. The Board heard that the NHS was very keen to develop link to avoid people working in silos. The Board noted that social prescribing would not have been possible without the interaction from Local Districts and the voluntary sector and recognition was given to

the work of the Local Authorities.

3.8 The Board requested that future reports presented a steer of where the STP was heading and what actions were required as a multi-agency group. Additionally, it was noted that further communication was required to consider further joint up initiatives e.g. the use of the property portfolios held by each District and the Police to determine if they could be used for additional purposes.

3.9 Having seen the benefit in addressing the prevention stream, Members were encouraged to consider applying for the GenerationQ programme, which was a fully-funded leadership and development and quality improvement programme.

Conclusion:

3.10 Members of the Board noted the progress with delivering the Sustainability and Transformation Partnership plan as set out in the report.

3.11 Health and Wellbeing Board stakeholders identified activities within the transformational workstreams that could benefit from additional inputs and resources that are available to support the STP priorities, as detailed above.

4. 2017-19 BETTER CARE FUND UPDATE

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

4.1 Members received a report which provided an overview of 2017-18 Better Care Fund performance in Hertfordshire to date.

4.2 The Board had signed off the Better Care Fund plan at the October 2017 meeting and were still waiting for a formal response from NHS England to confirm the plan. It was anticipated that the plan would be approved without any further conditions.

4.3 Members noted that the report provided updates against the four key metric's set out in the plan and that an additional local metric was being developed. The Board noted that whilst two targets were being met and one almost met, more work was required around delayed transfers of care (DToC)

4.4 The Board noted that the number of people admitted to residential and nursing care was falling and therefore suggested more people were being supported to remain in their own homes. It was advised that a spike may be seen in the next quarter but should remain within target.

4.5 There was a pressure seen in non-elective admissions to hospital with an increase seen from 2016/17. It was noted that the target was difficult to meet and the pressure was expected to increase over the winter months.

4.6 With regards to DToC, it was noted that in August 2017 the service was projected to meet the NHS target, however the position had moved further away from the target. Despite this, it was noted that performance had improved from the same period last year and more people were being discharged quicker.

4.7 The Board queried if the data on non-elective admissions could be broken down into those admissions from care homes and those from the community and it was advised that this would be looked into in order to determine the correlation.

Edward Knowles, AD Integrated Health

4.8 Members discussed that The Board could consider how DToC rates could be improved by looking at what works and how to keep the system moving. In addition, The Board considered how the voluntary sector could help identify those members of the community that required help e.g. to combat social isolation.

Conclusion:

4.9 The Board noted the key points of 2017-18 BCF performance to date.

5. STREET TRIAGE EVALUATION REPORT

[Officer Contact: Charlotte McLeod, Head of Community Safety, Office of the Hertfordshire Police and Crime Commissioner]

5.1 The Board reviewed a report which provided an overview of the commissioning of the Street Triage evaluation. This was followed up with a presentation, which can be viewed here: **Street Triage Evaluation Presentation**[1]

5.2 The Board noted that the Police and Crime Commissioner had commissioned NEF consulting to evaluate the Street Triage Scheme. Extensive research had been carried out with a variety of stakeholders in order to evaluate the scheme.

5.3 Members acknowledged that the scheme had shown a positive impact and was recommended to continue. The main question from the evaluation was with regards to where the funding was to come from but it was noted that whichever funding stream was used, it would be at the cost of the tax payer. Police Officers were content

[1] https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/699/Committee/13/SelectedTab/Documents/Default.aspx

having professionals working alongside them and service users were able to be treated without being taken into custody.

5.4 The Board discussed the need for the scheme to continue however agreed that the scheme needed to be efficient and provide value for money and noted that other areas had managed to make the scheme work more effectively. In addition the Board noted that funding should continue to be provided from all bodies.

5.5 Members commented on the need to look at the role that District Councils played with regards to licensing, in order for further support in terms of intoxication.

5.6 Members noted that the evaluation recommendations were difficult to determine in the report but were captured well in the presentation.

Conclusion:

5.7 The Board noted the Street Triage Evaluation findings and recommendations following publication.

5.8 Board members discussed and agreed that the recommendations from the Evaluation will inform future funding decision-making for the Street Triage scheme, as detailed above.

6. SECTOR LED IMPROVEMENT – PEER CHALLENGE ON PREVENTION AND PUBLIC HEALTH

[Officer Contact: Jim McManus, Director of Public Health, Tel: 01992 556884 / Kay Burkett, Local Government Association]

6.1 The Board reviewed a report which detailed the process and outcome of the Sector Led Improvement Peer Challenge of Public Health and Prevention. Members received a presentation, which can be viewed here: **Peer Challenge Presentation**[2]

6.2 The Board noted that 98 interviews had been conducted over two days and that considered how well the County Council and its partners were placed to achieve ambition on prevention.

6.3 Members noted that whilst joint up discussions were underway the wider picture needed to be considered. It was agreed that now that the review was complete, a development day was to be organised to consider the recommendations fully and to review what was required and consider what was stopping it being achieved.

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2 https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/699/Committee/13/SelectedTab/Documents/Default.aspx

6.4 The Board noted that the County Council was going through a period of change and it was acknowledged that now would be an opportunity to consider how processes were moved forward.

6.5 Members discussed the need to consider the recommendations alongside the Sustainability and Transformation Partnership, whilst keeping a focus on the governance element provided by the Health and Wellbeing Board. The development day invite would be extended to the West Essex Clinical Commissioning Group in order for this to be considered.

Wendy Tooke, HWB Manager

6.6 The Board commended officers for the work undertaken to date.

Conclusion

6.7 The Board noted that a development day would be organised in order to review the recommendations from the peer challenge on prevention and public health.

Wendy Tooke, HWB Manager

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

[Officer Contact: 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]

7.1 The Board received a presentation which provided Members with an update following the Care Quality Commission (CQC) thematic review of children and young people's mental health services in Hertfordshire. The presentation can be viewed here: **CQC Review Presentation**[3]

7.2 The Board recognised the speedy and positive partnership response seen in responding to the CQC request for the review of children and young people's mental health services in Hertfordshire.

7.3 Members heard that children and young people's views were gauged as part of the review with key areas identified. Overall there had been positive feedback around the early intervention approach, Families First; however an area for consideration was around waiting times and the engagement between CAMHS and schools. It was also noted that the audit office were looking at the funding available across the system.

[3] https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/699/Committee/13/SelectedTab/Documents/Default.aspx

7.4 Members heard that the Department of Health & Department of Education released a Green Paper on 4 December 2017 on Transforming Children and Young People's Mental Health Provision, with consultation open until the beginning of March 2018. It was noted that the paper sought for every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing of children and young people. It was advised that 420/550 education settings within Hertfordshire already had a Senior Lead, with the rest expected to have a Lead by 2025.

7.5 The Board commended the whole system and thanked everyone involved for the progress that had been made. It was noted that areas being appointed as 'trail blazers' was a good approach to move forward with providing support.

7.6 Members noted the improvement within schools and the backing from staff but discussed the work still to be undertaken with parents. The board noted that a lot of complaints related to CAMHS were around wait times and the expectations of the service from parents. There was some way to go with regards to timeliness and how long it took to make a difference versus parental expectation.

7.7 The Board welcomed another conference being organised, as undertaken previously, to address what the system had achieved and to hear from the young people again. The conference could be extended to Learning and Disabilities, Children Looked After and the Youth Justice System.

7.8 As the Chair of the CAMHS transformation Board, Kathryn Magson, noted that there had been some good work undertaken in isolation and that now was a good opportunity to look at areas that were working well alongside areas to consider for improvement. The CAMHS Transformation Board was reviewing the Green Paper alongside the Strategic Plan to consider the approach for the next few years.

7.9 The Board noted that two years ago the CAHMS review report identified a number of failings and that the system had worked well to make improvements and show what could be achieved. Members welcomed the multi-system approach that had been achieved and provided a positive review and noted that there was work to be undertaken on schools collaboration.

7.10 Members acknowledged that schools were facing very challenging budgets and that this needed to be taken into consideration.

Conclusion

7.11 The Health and Wellbeing Board noted the content of the power point presentation.

8. ANY OTHER URGENT PART I BUSINESS

8.1 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
THURSDAY, 1 MARCH 2018 AT 10:00AM

HERTFORDSHIRE PHARMACEUTICAL NEEDS ASSESSMENT

Report of the Director of Public Health

Author: Joel Bonnet, Deputy Director Public Health, Tel: 01992 556884

1. Purpose of report

1.1 To provide an update on progress for the Hertfordshire 2018 Pharmaceutical Needs Assessment (PNA).

2. Summary

2.1 'Pharmaceutical Needs Assessments' or 'PNAs' are a special assessment of pharmaceutical services provision in an area. The PNA includes information on current pharmaceutical service provision, information on health and other needs, and an assessment on whether current provision meets current or future needs of the area.

2.2 Producing the PNA is a mandatory exercise. The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs[1].

2.3 The PNA is the key document for NHS England (Midlands and East) to inform decisions on applications to open new pharmacies and the commissioning of services from pharmacies and it must be completed and approved by the HWB before 1 April 2018.

2.4 The responsibility for completing the PNA moved to the 'Hertfordshire PNA Steering Group' which first convened on 14 September 2016 to commence the process of preparing the PNA on behalf of the HWB. Terms of reference and a project plan were agreed by the steering group.

2.5 Expert external assistance was sought to help enable the work to be completed on time and to be carried out in accordance with national

[1] http://www.legislation.gov.uk/uksi/2013/349/contents/made

requirements. An external group ('Soar Beyond' http://www.soarbeyond-ltd.co.uk/), were contracted to support the work.

2.6 A mandatory minimum 60-day consultation on a draft PNA, took place between 18 September 2017 and 17 November 2017. The consultation included the following elements:

- E-mailed PNA and online questionnaire to all mandatory consultees (including pharmacists and neighbouring Health and Wellbeing Boards)
- Emailed PNA and online questionnaire to local stakeholders, e.g. the University of Hertfordshire, local libraries, parish councils
- Consultation documents and questionnaire available through the Hertfordshire website Consultation Page.

2.7 The steering group convened on 10 January 2018 to review the responses of the consultation and agree the final version for publication. This is available for viewing at www.hertfordshire.gov.uk/JSNA

2.8 The final PNA must be published no later than 31 March 2018.

2.9 A summary of the consultation findings is detailed in the appendices of the PNA.

3. Recommendation

3.1 The Health and Wellbeing Board should note the contents of this report and approve the Hertfordshire Pharmaceutical Needs Assessment prior to its adoption for use from 1 April 2018.

4. Background

4.1 The Pharmaceutical Needs Assessment is a report of the present and future needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, dispensing GP practices, pharmacy users and other residents, and from a range of sources (commissioners, planners and others). The report also includes a range of maps that are produced from data collected as part of the PNA process.

4.2 The Health and Wellbeing Board delegated the work to publish a Pharmaceutical Needs Assessment by 1 April 2018 to Hertfordshire Public Health Directorate and a PNA Steering Group was convened to undertake this work.

4.3 The PNA Steering Group held its final meeting on 10 January 2018. At this meeting, the responses to the consultation were reviewed.

4.4 The Final PNA 2018 was approved by the Steering Group on 10 January 2018 and is being presented to the HWB for approval.

4.5 The final PNA must be published no later than 31 March 2018.

5. Scope of the PNA

5.1 For the purposes of this PNA, 'pharmaceutical services' has been defined as those which are/may be commissioned under the provider's contract with NHS England.

5.2 A PNA is required to measure the adequacy of pharmaceutical services (Pharmaceutical Regulations 2013) in the HWB area under five key themes:

- Necessary services: current provision
- Necessary services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services.

5.3 Community pharmacies operate under a contractual framework agreed in 2005 which sets three levels of service (essential, advanced and enhanced services) and for the purposed of this PNA necessary services are defined as essential and advanced services.

6. Conclusions of adequacy of pharmaceutical services

Necessary services: current provision

6.1 No gaps have been identified in the provision of essential and advanced services during and outside of normal working hours across the whole HWB area.

Necessary services: gaps in provision

6.2 No gaps have been identified in essential and advanced services that if provided either now or in the future would secure improvements or better access to essential services across the whole HWB area.

Other relevant services: current provision

6.3 Based on current information no gaps have been identified in respect of securing improvements or better access to other NHS services either now or in specified future circumstances across the whole HWB area.

Improvements and better access: gaps in provision

6.4 No gaps have been identified in necessary services that if provided either now or in the future would secure improvements or better access to essential services across the whole HWB area.

Other services

6.5 Based on current information no gaps have been identified in respect of securing improvements or better access to other NHS services either now or in specified future circumstances across the whole HWB area.

Report signed off by	Hertfordshire Health and Wellbeing Board
Sponsoring HWB Member/s	Jim McManus
Hertfordshire HWB Strategy priorities supported by this report	Improving health and wellbeing across the life course and tackling the social determinants of health.
Needs assessment	The PNA is an assessment of pharmaceutical needs. It considers NHS pharmaceutical services and identifies unmet needs of the local population and service gaps and identifies services which community pharmacies could be asked to address these needs.
Consultation/public involvement	PNA consultation was from 18 September – 17 November 2017.
Equality and diversity implications	The PNA may identify gaps in service or unmet needs relating to particular groups or geographic areas.
Acronyms or terms used.	
Initials	In full
PNA	Pharmaceutical Needs Assessment

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

4

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
THURSDAY, 1 MARCH 2018 AT 10:00AM

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

Author: Deborah Fielding, Hertfordshire and West Essex STP Lead.

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). This report updates the Board on progress with:

- Work stream deliverables
- STP Leadership and Governance
- Plans to deliver Integrated Care System (ICS), previously called Accountable Care Systems.

2. Summary

2.1 This report summarises activity across the STP over the past two months.

2.2 Workstreams are generally progressing well. There is a great deal of activity and the PMO are considering all the work streams with a view to prioritising the areas that will have the most impact.

2.3 The report also details changes to STP leadership and governance.

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

3. Recommendation

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

4. Progress with work streams

4.1 Frailty

4.1.1 Activity of the work stream is focussed on prevention of hospital admissions and support for frail people at home and in localities. The work stream has established robust governance and processes to manage what is a complex area.

4.1.2 An STP wide workshop, involving clinicians and practitioners was held on 23rd January 2018 to refine the proposed single care plan. The single care plan is an important strand of the personalisation work programme which pulls together self-management, care planning and shared decision making as a "package of care". Stakeholder attendees supported the one plan approach, however there was a recognition that the draft plan presented was too complex and not balanced enough towards the person centred - social aspect. The plan is being revised based on the feedback and recirculated to the stakeholder group with an intention of taking this to the patient groups in February.

4.1.3 The work stream has also considered information on Tissue Viability, highlighting the variation of existing lower limb services across the STP. The work continues to define the existing and potential patient population for this condition. An agreed systematic review of data will continue which needs a particular focus on:

- Current and future activity/spend based on the new model of care agreed
- Best practice guidance
- Needs assessments.

4.1.4 NHS Improvement (NHSI) support has been offered and close links with Public Health and Medicines Optimisation have been recognised as essential.

4.1.5 An STP multi-professional frailty expert team has initiated a peer review process of current STP frailty services. The west Essex peer review was undertaken on 17th January and the report is currently being written, with the key findings to be presented to the west Essex system and into the STP workstream. The peer review for Herts Valleys is planned for 28th February 2018, whilst the East and North Herts peer review is potentially scheduled for 14th March 2018.

4.1.6 Self-Management will be joining the frailty work stream to support progress towards a single care plan and to work together on the Personalisation Proposals.

4.2 **Urgent and Emergency Care**

4.2.1 Each Local Delivery Board (LDB) continues to implement its recovery plans with the aim of achieving the 95% national target by 31st March 2018.

4.2.2 The Urgent and Emergency Care Dashboard proposal has now been approved by all three A&E LDBs with a request to proceed at pace. A successful application has been made by the Technology workstream to NHS England (NHSE) for ETTF (Estates Technology Transformation Funding) funding of the Dashboard. The STP has been granted NHSE funding for the Dashboard. The Local Delivery Boards will thoroughly evaluate the Dashboard and determine its effectiveness.

4.2.3 A meeting was held with a subject matter expert on the Channel Shift Modelling tool from NHSE to discuss the potential of the tool and how best to make use of it. The outcome of this meeting highlighted the requirement for analytics expertise, as well as access to good quality data to populate the tool. The possibility of using the tool within the STP Frailty workstream and the Urgent Treatment Centre was explored. NHSE advised that the tool can certainly be used to model on more micro levels such as these. NHSE advised that the South Devon STP were due to feedback in March and that it would be worth waiting for that feedback before making any decisions.

4.2.4 The majority of the allocation of £611k from NHSE, to support winter activities across the STP, has been provided to the three Local Delivery Boards on a per capita basis to support “Discharge to Assess” work.

4.2.5 An Emergency Care Improvement Programme (ECIP) experienced resource has been identified and is being seconded to the STP. They will provide support to the LDBs in implementing initiatives identified in previous ECIP audits. The remainder of the NHSE allocation from the above funds is being used to fund this secondment.

4.3 **Primary Care**

4.3.1 The STP will be making a joint bid for funding to support GP International Recruitment. The submission deadline is 28th February 2018.

4.3.2 CCGs were informed by NHSE Central Midlands in mid-January of their successful bids for online consultation monies, subject to central NHSE approval. The bid incorporates NHS111 as well as the General Practice workstream. The bid is to fund a project manager to scope project requirements and engage with stakeholders.

4.3.3 CCGs have been advised by NHSE planning guidance that the 100% population coverage for extended access has been brought forward by six months to 1st October 2018. CCGs have been requested to re-submit their extended access trajectories. It should be noted west Essex CCG (WECCG) are already delivering 100% for extended access. East and North Herts CCG (ENHCCG) and Herts Valleys CCG (HVCCG) are working with their GP localities to meet this target.

4.3.4 Workforce continues to be a focus as there is a necessity to build, strengthen and develop general practice and its multi-disciplinary team infrastructure. It was felt that without this there will be very limited or no channel shift from secondary to community and primary care.

4.4 **Clinical Support Services**

Pathology and Radiology:

4.4.1 NHSI are carrying out a data collection exercise to develop a picture of radiology services across the country and have written to all services managers requesting this information by March 2018. The STP Programme Management Office (PMO) is working with NHSI to get feedback on the data received. This is being supported by a recent engagement event run by NHSI.

4.4.2 NHSI Delivery is compiling responses to the recent Pathology consultation and is due to circulate their findings shortly. It is not currently known what the outcome of the consultation is and how they might impact on local services.

Medicines Optimisation:

4.4.3 The Clinical Handover project has now been renamed Electronic Sharing of Medicines Information from Hospital to community pharmacy to more accurately reflect the purpose and scope of the project. The development of messaging interface has commenced at East and North Herts Trust to enable transfer of medicines information from hospital to community pharmacists. It is anticipated that interface will ready for testing by the 5th February, with full go-live by 1st March 2018. Information Technology capacity issues within West Herts Hospital NHS Trust (WHHT) and Princess Alexandra Hospital (PAH) continue, which is resulting in the delay of full implementation to the end of April 2018.

4.4.4 The Open the Bag campaign encourages patients to open their bag of prescriptions at the pharmacy counter when they receive their medicines and hand anything back that they no longer need. Patients will also be encouraged to only order what they will use. The campaign launch is planned to be rolled out over Easter 2018. The campaign will focus on public education and engagement with community pharmacy for implementation.

4.4.5 Other phases of the campaign could include encouraging patients to only order what they need; ask their pharmacist; cost effective medicines and reiterating messages about implementation of the recent messages regarding over the counter medicines and gluten free food.

4.4.6 Communication campaigns for the Over the Counter Medications Consultation project are now underway. HVCCG communications campaign started on 1st December 2017 and ENHCCG campaign started on 1st January 2018. Acute trusts will be familiarising themselves with materials to ensure they implement these consistently within outpatient departments. The Over the Counter Medications Consultation campaign has been approved by the west Essex Governing Body meeting in Public and the CCG will proceed to implementation in February 2018.

4.5 **Mental Health and Learning Disabilities**

4.5.1 In early December 2017 NHS England requested bids at short notice for Mental Health Winter Resilience funding. With good support from partners a dozen schemes from across the STP, including voluntary sector organisations, were submitted. NHS England were impressed with the detail behind these bids and approved funding for ten of these schemes totalling £306k, which are now being implemented across the STP. All the relevant schemes have been initiated.

4.5.2 In December the work stream responded to the national request to provide a provisional STP workforce plan, which was submitted on December 15th. The work stream now has until the end of March to build on this initial submission to set out our plans to meet the projected all age Mental Health NHS workforce need of our population by 2021. The work stream is working with Health Education England (HEE) colleagues to validate the current baseline position to ensure there is an accurate starting point in the first instance.

4.5.3 Work stream priorities continue to progress, in particular;

- IAPT long term conditions service is meeting targets in Herts Valleys and there is now a focus on supporting service improvements in west Essex.
- RAID additional investment in PAH is being made to be ready for the next wave of transformation funding to expand to full CORE24.
- Commissioning of CAMHS Tier 4 beds in Hertfordshire transferred to HPFT in December from NHS England.
- Primary Care Mental Health service pilots are going live in January in two sites, the largest of which is the whole Stevenage locality.

4.5.4 The work stream has also agreed with the Strategic Clinical Network funding for a 0.4 FTE clinical lead. Interviews were held on the 8th January and Dr Geraldine O'Sullivan was successfully appointed as the west Essex and Hertfordshire Mental Health & Learning Disability STP Clinical Lead. She will be starting fully in this role from the beginning of March, although is likely to be involved in the work stream from mid-February onwards. In addition to this appointment, funding has also been agreed for a full time Programme Manager who is now in post.

4.6 Cancer

4.6.1 The Cancer transformation work stream received confirmation from East of England Cancer Alliance for 3 months (Q4 2017/18) funding totalling £212,200 to support improved lung and prostate pathway within the STP. In addition to this, the Cancer work stream has received positive indications from the East of England Cancer Alliance that further funding may be received for Endobronchial Ultrasound (EBUS).

4.6.2 During December the STP Cancer Locality Group agreed the following 4 areas of prioritisation: Early Diagnosis, Treatment, Patient Experience and Living with & Beyond Cancer, with Task and Finish Groups being set up to develop business cases in preparation for applying for Cancer Transformation funding from early spring 2018.

4.6.3 From April 1st 2019 Cancer Service providers will need to start capturing the new Faster Diagnosis Standard items for activity. To support this requirement a new Cancer Waiting Times (CWT) system is being implemented from 1st April 2018, with guidance documents and a user manual being made available from January 2018.

4.6.4 NHS England is consulting on a new model for radiotherapy services in England in order to modernise Radiotherapy consultations. The consultation is seeking feedback on a new specification for adult radiotherapy services with a closing date of 24th January 2018. The Cancer work stream submitted an STP wide joint response.

4.7 Workforce

4.7.1 A stocktake of the progress of this work stream is being undertaken as the work stream now has a new leader, Tom Cahill, Chief Executive of Hertfordshire Partnerships NHS Foundation Trust (HPFT).

4.7.2 Regular engagement with the STP Staff Partnership forum is underway and work stream presentations have been initiated to bring the leads up to speed with the STP developments and to engage with them at an early stage.

4.7.3 A review of human resources workforce back office functions is being taken forward, whilst a collaborative leadership training initiative is being explored by the workstream.

4.8 Place Based Care

4.8.1 The place based care mapping exercise across the STP has been completed for all the areas in the STP.

4.8.2 A paper is being developed to inform the place based care work stream and wider STP regarding the current developments in place based care across the STP footprint. This will give an invaluable insight into the blocks that are preventing progress and how the place based care infrastructure will be the delivery vehicle for the system as the developments of ICS and ICA progress.

4.8.3 The place base care developments have recognised the importance of the engagement and dialogue with the district councils. District council engagement for the STP has progressed in Stevenage, with early STP discussions initiated in St Albans and Welwyn and Hatfield, specifically in relation to the place based care workstream.

4.9 Prevention

4.9.1 The STP Prevention Board has agreed to support the joint Personalisation bid with the Frailty and Planned Care work streams. There is agreement that this type of joined up approach was exactly how work streams should be working going forward within the STP.

4.9.2 Social Prescribing are setting up local groups to manage the successful bids to cover STP Evaluation across Hertfordshire; Update of the Hertfordshire Community Directory to ensure it is fit for purpose going forward and the group are working together to scope the social marketing of social prescribing to the public. This work will include collaboration with the STP Communications team. The community navigator posts have been recruited and it is agreed that further work is needed on the communication plans across the whole of the STP to raise awareness.

4.9.3 Members from the Cancer, Mental Health & Learning Disability, Frailty, Children & Maternity and Planned Care work streams attended the prevention board meeting on 8th January 2018. Actions were identified to increase uptake of prevention. As part of this, members of the Public Health teams in Hertfordshire and west Essex will attend the relevant programme boards over the coming weeks.

4.9.4 There are opportunities to link up with campaigns such as ‘One-you’ from Public Health England as well as ‘Active 10’. Joining up with national campaigns will provide useful support for work ongoing within the districts and boroughs. The two Public Health teams will meet with

members of the STP Communications team to develop a plan around these campaigns.

4.9.5 The Cardio Vascular Disease working group is now established and will be reviewing data (intelligence packs) available to identify variations. Work is still ongoing with regards the British Heart Foundation funds, to improve identification of raised blood pressure.

4.9.6 The work stream has started to embed prevention and public health "business as usual" within the work stream, which includes a focus on smoking cessation, weight management and physical activity. Formal connectivity with the STP work streams has been initiated to ensure the preventative thread is dominant in the work stream design approaches.

4.9.7 The NHS Smokefree Pledge has just been launched nationally and is a set of commitments for local NHS organisations to sign up to, which highlights the role they can play in addressing smoking. It is intended to be a document that engages the leaders of NHS organisations and is a high level of expression of intent. This replaces the NHS Statement of Support for Tobacco Control (2016 /17).

4.10 **Planned Care**

4.10.1 The adapted 100 day programme preparation phase for Clinical Pathway Transformation is underway and good progress is being made by the 3 groups; cardiology, gastroenterology and respiratory. They will be articulating the transformational changes they intend to make and measure during the 100 days. The start of the 100 days has been delayed until the beginning of February so that the full impact of the transformational changes can be clear.

4.10.2 Following approval and support from the STP CEO Board on 5th December 2017, an application has been submitted to NHSE to formally join wave 4 of the elective care programme. The three areas being addressed within this phase are; general surgery, gynaecology and respiratory. As part of the second phase of the NHSE elective care collaborative selection process a conference call took place on Wednesday 31st January. The work stream was well represented on the call, with senior clinical representation from 2 of the 3 acute trusts and 2 of the 3 CCGs, a mixture of consultants and GPs, plus Deborah Fielding as the workstream Senior Responsible Officer and STP lead and also support from the STP PMO.

4.10.3 NHSE were very positive about the work done in Herts and west Essex so far and the clear commitment of clinicians and executives to joining the collaborative. The next steps are for a site visit to be arranged so that NHSE colleagues can discuss the approach of our STP in more detail and in situ, before making a final decision about our participation by the end of February 2018.

4.10.4 The East of England strategic clinical network has supported local diabetes transformation, with funding for an improvement manager to support the programme of work and link with the East of England network and a weekly consultant clinical session. The diabetic clinical leads will be engaged to identify the best use of these funds.

4.10.5 The fragile service work stream requires mobilisation. A clinical lead has been agreed for this work stream but the STP is considering how further to support this important work stream.

4.11 **Women's and Children's**

4.11.1 A refresh of the Maternity Transformation plan was submitted to NHS England for assurance in early February. Once the revised plan is finalised this will be published on the STP website.

4.11.2 The Women's and Children's work stream has been accepted by NHS England as a pilot site to refresh and revised the tariff and payment system. This has been identified as a high priority area amongst provider organisations within the STP and the work stream will be starting work around this shortly.

4.11.3 The local maternity services programme office is now established, with workstream leads confirmed for each area. There is now a focus on recruiting three project delivery support leads to deliver the transformation of maternity services, which the workstream is looking to recruit from each of the three Trust organisations in Herts and west Essex. There is an opportunity to apply for further transformation funding to deliver on specific projects within the Local Maternity Services Transformation Plan, which the workstream is currently in the process of applying for.

4.12 **Estates, Facilities and Capital**

4.12.1 Works continues on the development and sign off of the STP Estates Strategy which will be presented to the STP CEO board in March 2018. Alongside this the work stream is populating the national STP Estates template refresh which is due for submission at the end of March 2018.

4.12.2 The Department of Health have recently published its response to the Naylor review, of which the key recommendations will be reflected in the Estates strategy. There is a strong emphasis on disposal strategy, alongside a change in policy to allow receipts to be retained at STP level in most instances, subject to approvals.

4.12.3 An evaluation of the STP wide mapping exercise is taking place, which will be used as a baseline analysis of the estate including Acute Trusts; Primary Care; Health Centres and Clinics and NHS Property Services.

4.12.4 The sub group work has delivered a joint specification for Laundry & Linen services between East and North Herts NHS Trust and PAH; the joint procurement initiative was launched last Friday 26th January 2018.

4.12.5 The work stream is also in early stages of developing local plans with Lower Lea Valley leading the initial work in partnership with Herts Partnership Foundation NHS Trust, Hertfordshire Community Trust, East and North Herts CCG and Broxbourne Borough Council.

4.13 **Technology**

4.13.1 Members of the work stream attended an event run by The East Accord aimed at connecting care systems, services and people. The aspiration is for a mature digital economy across health and social care which will reduce the inefficiencies and improve patient experience. There were discussions around urgent care, women's and children's, population health and workforce, and how technology can make things better. There were shared learning experiences discussed with other STPs and it was recognised several other STPs have more dedicated technology resource than our STP has currently. The event was seen very much as an initial meeting to gain an insight for what the attendees are looking to gain from the network and what it can deliver on an STP wide basis.

4.13.2 A cyber security sub-group has been established to share best practise and early warning protocols for breaches.

4.14 **Procurement**

4.14.1 The AdviseInc Procurement Dashboard (PD) and Opportunity Assessment (OA) work is proceeding, although it has suffered delays due to difficulties in obtaining some of the data required for the PD, and identifying contacts within the Trusts for the OA. These issues are being worked through but have resulted in a delay to the project.

4.14.2 The STP Joint Procurement Working Group continues to work more collaboratively and identify opportunities for collaborative procurement across the STP. The group has forged strong links with the STP Estates and Facilities work stream and is beginning to link with the STP Technology work stream. Several areas are being actively explored with the Estates and Facilities work stream including a joint Linens and Laundry procurement, which is underway; Soft FM contracts, Waste contracts and non-Patient transport contracts. The last of these could offer potential collaboration opportunities with the County Council stakeholders.

4.14.3 Initial meetings have been held with both of the Task & Finish Group representatives from Herts and Essex County Council to gauge the appetite for collaboration on procurement with the Health stakeholders

on non-clinical categories. The feedback from these meetings was that there is definitely an appetite and that Health stakeholders may benefit from the County Council buying power.

5. STP Leadership and Governance

5.1 The STP has appointed a full time leader, Deborah Fielding at the end of 2017. Deborah took up the post in mid-January, having most recently been the Chief Executive of west Essex CCG.

5.2 The Chair of the STP Chairs Board, Ellen Schroder, agreed with Deborah Fielding that there will be regular joint meetings of Chairs and CEOs of the STP member organisations. The meetings will provide a great opportunity for organisation's senior leadership to meet and jointly agree shared priorities and vision.

5.3 The STP CEO Board have recently agreed that the Director – South Locality, Central Midlands, NHSE, Dominic Cox, would be a regular member of the group. This will support the alignment of NHSE resource to the STP and help ensure there is an integrated approach to strategic issues.

6. Integrated Care Systems

6.1 Recent NHS planning guidance has reinforced the move towards system working through STPs and the voluntary roll out of Integrated Care systems (ICS).

6.2 Integrated Care Systems is being used as a collective term for both devolved health and care systems, what was previously entitled Accountable Care Systems.

6.3 Integrated Care Systems are key to sustainable improvements in health and care by:

- creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS;
- supporting population health management approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- allowing systems to take collective responsibility for financial and operational performance and health outcomes.

6.4 The STP is committed to developing an ICS and Integrated Care Alliances. The timeline for this is being finalised but there is a strong sense from all STP members that this should be progressed rapidly and at pace. An important part of the development process will be

engagement with the public and stakeholders. The STP will keep the Health and Wellbeing Boards updated and included in the engagement at all stages.

7. Communications and Engagement

7.1 A successful conference to spread the learning from the East and North Hertfordshire care home improvement 'vanguard' scheme to the wider STP area and beyond took place on 2nd November 2017. 130 attendees, representing NHS and social care commissioners and providers from around the country, heard about the transformational changes which are improving health and wellbeing and making better use of scarce resources. A number of 'vanguard' schemes, such as the 'impartial (nurse) assessor' based at the Lister Hospital, are now extending across the STP area. More information and resources are available at www.healthierfuture.org.uk/showcase.

7.2 Communications representatives from our STP were invited to lead workshop sessions at a national STP transformation and engagement event in London on 29th November 2017. Entitled 'Mainstreaming vanguards work: getting over the 'not invented here' mind-set,' the sessions gave our STP the opportunity to showcase some of the best-practice Care Homes Vanguard projects which are now being adopted across our STP area.

7.3 Following a successful bid to NHS England for funding to support communications and engagement in our STP area, approximately £200,000 has been granted to pay for staff and campaigns until March 2019. The STP comms and engagement lead will now work with colleagues to ensure that this money is used effectively to further the aims and objectives of the Partnership.

7.4 STP communications and engagement staff are working together to plan a joint-approach to mark the 70th 'birthday' of the NHS. NHS England is keen that this anniversary is used to promote the excellent work of NHS staff and associated health and social care volunteers, as well as to improve the health and wellbeing of staff and the public.

Report signed off by	Deborah Fielding, STP Leader
Sponsoring HWB Member/s	Identify Board 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. eg:	
Initials	**In full**
CAMHS	Children and Adolescent Mental Health Services
ECIP	Emergency Care Improvement Programme
ENHCCG	East and North Herts CCG
ETTF	Estates, Technology and Transformation Fund
HEE	Health Education England
HPFT	Hertfordshire Partnership University Foundation NHS Trust
HVCCG	Herts Valleys CCG
HWB	Health Wellbeing Board
IAPT	Improving Access to Psychological Therapies
ICA	Integrated Care Alliance
ICS	Integrated Care System
LDB	Local Delivery Board
NHSE	NHS England
NHSI	NHS Improvement
RAID	Rapid Assessment Interface and Discharge
PMO	Programme Management Office
STP	Sustainability and Transformation Partnership
UEC	Urgent and Emergency Care
WECCG	West Essex CCG

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

5

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
THURSDAY, 1 MARCH 2018 AT 10:00AM

HOUSING UPDATE

Joint Report of the Directors of Adult Social Care and Public Health

Author: Jim McManus, Director of Public Health, Tel: 01992 556884

1. Purpose of report

1.1 To provide an update to the Board on progress on Housing and Health issues across Hertfordshire, and the work being undertaken by partners to ensure the health issues related to housing are fully addressed.

2. Summary

2.1 A number of pieces of work are currently underway on Health and Housing and several of these have recently been the subject of new strategic agreements or reviews.

2.2 As a result of the reports on Supported Housing (led by Iain MacBeath) and Housing and Health (led by Jim McManus, Bethan Clemence and Matt Partridge) :

1. The Public Sector Chief Executives' Meeting has assumed strategic responsibility for housing related matters.

2. A new work programme on Housing generally will be developed by the Heads of Housing Group

3. Scott Crudgington, Chief Executive of Stevenage Borough Council, has agreed to act as lead Chief Executive for housing. He will work with partners to develop a governance framework to ensure that shared goals against which various groups may be held accountable are set out.

4. Housing issues at a strategic level will be fed into the shared Hertfordshire Public Sector Action Plan

5. A strategic Accommodation Board will report directly into the Public Sector Chief Executives' Group and develop a programme of work on supported accommodation include a shared Hertfordshire Strategy.

6. The work established by the Housing and Health task group (led by Public Health and Stevenage Borough Council) for the PSCEOs will continue and align with the developing shared action plan for Hertfordshire.

2.3 Three programme of differing sizes which are having a positing impact on the health of the population. All of these are collaborations between District Councils, Public Health, Adult Social Care and the Fire Service.

a. Herts Warmer Homes, a programme which is now rolling out across the County.

b. Safe and well, a Herts Fire and Rescue programme working with Public Health and Adult Care Services.

c. Lead Poisoning as a result of children consuming lead-containing paint from walls or furnishings in homes.

3. Recommendations

3.1 To note the report and significant collaboration between District Councils, Adult Care Services, Public Health and Fire and Rescue Service.

3.2 To agree some shared strategic priorities and outcomes.

3.3 To identify what each partner can do to contribute to this agenda.

4. Background

4.1 Housing can be intricately linked to an individual's wellbeing. Poor health can impact on a person's ability to remain in a safe and stable home; an unsafe and unstable home can impact on someone's physical and mental wellbeing.

4.2 In order to meet the needs of our wider population, there is a need for a joined up and strategic approach to growing long-term supported housing for older and disabled people, given the new population and housing forecasts that are emerging nationally – and given the scale of growth beyond 2031 looks to be at least the same again.

4.3 Population data tells us that the number of over 85s in Hertfordshire will more than double by 2031. Feedback from older people is that they would like to prepare for old age in good time, and may be prepared to downsize if the right kind of accommodation is available locally. In relation to supported housing, Government says that supported housing may need to grow by 30% to meet future needs within this timescale.

4.4 Issues of housing availability, quality and accessibility for people on all incomes also have strategic important for employment and health and wellbeing agendas.

4.5 For these and other reasons, Public Sector bodies and Housing Associations are working together to develop a clear strategic agenda for Housing in Hertfordshire. This report updates on some of the key health and housing issues.

4.6 There is a need for each agency, and for us together, to have a clear picture of our strategic objectives for Housing. For example, County Council recently clarified its strategic objectives recently:

1. To secure the needed major expansion in the supply of long-term supported housing for its key client groups and expand short-term supported housing as part of the prevention agenda

2. To ensure a supply of quality affordable housing countywide for its workforce and the workforce of partners and providers, especially low paid workers

3. To positively influence the quality of existing and future housing stock, leading to improved health

4. To engage housing authorities and housing providers in key policy areas e.g. safeguarding, PREVENT, wellbeing

5. To consider the use of the HCC Property Company ‘Herts Living’ in these aims and/or to provide a revenue stream to protect HCC services.

5. Supported Housing

5.1 In October 2017, the Government published plans to change some of the funding mechanisms for supported housing and is currently consulting on a proposed 'sheltered rent'. It is also consulting on a ‘short-term supported housing’ funding model, which involves repurposing monies previously provided to people through Housing Benefit to upper tier authorities in a ring-fenced fund to commission what it defines as short-term supported housing. The national changes will require the local public sector and housing providers to collaborate

more and formally plan together. Changes will be implemented by April 2020.

5.2 Hertfordshire has approximately 197,000 older people. Currently 8,000 older people live in residential and nursing care homes, 900 older people live in Flexicare Housing (with a formal care team on site) and around 9,500 others are supported in their own home with domiciliary care at any one time. In addition there are numerous retirement village and sheltered housing schemes around the county who do not formally deal with social care needs.

5.3 900 people aged 18-64 with severe learning and/or physical disabilities live in residential care with a further 1,200 as tenants in supported living placements. A further 2,000 people live at home with their parents and 500 live in their own home with floating care and support – either as home-owners or as social housing or private tenants. Around 15,000 people are known to the mental health trust, as tenants or home-owners with active support from the NHS or social care.

5.4 Hertfordshire County Council recently published a Supported Accommodation Strategy. Every type of supported accommodation will need to grow over the next ten years. A district breakdown of current levels and growth is available for each care type and client category. An additional 600 residential care home beds and 1,000 nursing home beds will be required (approximately three homes per district). A minimum of 3,000 additional Flexicare Housing units will be required as an alternative to residential care homes, in line with people's desire to stay in their own home (approximately 20 new large scale schemes).

5.5 500 additional supported living units for younger people will be required over the next ten years – which could be up to 40 different schemes countywide depending on scheme size and speciality. Addition schemes for short-term accommodation needs will also be required. The County Council will be required to pay for the care and support into all of the new schemes above.

5.6 The approach to date has been to allow the private market to develop new schemes and partner with HCC on care provision. This is no longer delivering the required number of units, to the level of support required. For clarity, none of the above includes 'McCarthy & Stone' style developments which generally require people to move on should their disabilities develop or worsen.

5.7 It is estimated that if the right level of independent accommodation was available for every disabled or older people with care needs in Hertfordshire, approximately £14m less would be required to cover the cost of formal care and support. There would also be significant savings for the NHS and more family and mainstream housing would be made available to the wider population.

5.8 In October 2017, the Government published new policy and funding intentions with regard to the supported housing sector. It recognised the need to provide certainty to housing providers to meet increasing demand, give local authorities a greater role in commissioning services strategically and develop a system that works with the changing welfare system. Changes will be made to the way sheltered housing and Flexicare Housing for older people are funded - with a new 'sheltered rent' proposed. Local authorities will be expected to commission long-term accommodation for working-age people more closely to achieve better cost control. And a new ring-fenced grant is proposed for the delivery of short-term emergency or transitional housing – funding the provision rather than the individual. In two-tier local authority areas, the housing authority and social services authority will need to collaborate to achieve this. These changes will be implemented by 2020.

5.9 In light of the Government's announcements about supported housing, and after it has consulted about the 'sheltered rent', it will be necessary to revisit the county council's draft supported housing strategy in light of the new framework mandated - and include the new short-term supported housing category within it. It will be important to also consider the whole housing market, not just those needing social care and support – addressing the entire continuum from general needs housing to care homes, in the context of the emerging Local Plans, to maximise the benefits and understand the potential occupier flows. Many councils including Hertfordshire County Council, are also setting up property companies to use their land and assets to maximum effect and the extent to which these can be used should be factored in.

5.10 Over the medium term there will be a need to replace existing care homes and housing stock that is no longer fit for purpose and deliver new housing-with-care solutions as an alternative to residential care homes. In the longer term there is a need to respond to the demographic pressure of a much older population with a range of new housing solutions tied in with the growth agenda.

5.11 There are potential benefits throughout the system when more appropriately housed people have a better quality of life and make less call on public services.

5.12 Hertfordshire County Council is willing to commit resources against the long-term business case to developing the right accommodation for people with care and support needs, linked across the housing growth and regeneration agendas.

5.13 To achieve this goal, the public sector must consider how best to engage with volume housebuilders and specialist housing providers to secure future supply, consider how to use and influence the planning system and decide what resources they can bring to bear.

6. Housing and Health

6.1 The Public Sector Chief Executives asked in 2017 for an initial scoping project on Housing and Health, which reported that there was a need to join some projects up and work together on a range of issues. They asked for a subsequent report on housing and health issues more widely. This report is attached at Appendix 1.

6.2 The report concluded that as a system we are doing well on a number of areas – housing quality in the social rented sector, working collaboratively across organisations; broader health related provision through supported housing.

6.3 Equally, there are a number of growing areas of challenge that need to be dealt with collaboratively at the strategic level and across public sector organisations.

- The link between poor quality housing in the private rented and owner-occupied sector and preventable health problems

- Housing teams around the county report growing pressures to deal with individuals who are vulnerable and have specific physical and mental health needs.

- There is no local evidence base that can demonstrate the quantitative or financial impact of the housing and health relationship (but there is a wealth of national evidence). Further work would be needed to understand what the specific housing-health problems are, where they are most acute and on what scale.

- There are many individuals and groups involved in numerous different aspects of the housing and health agenda, but there is no sole forum that offers strategic oversight, leadership or governance for all housing matters in Hertfordshire

7. Safe and Well

7.1 Safe and Well is a project delivered by Herts Fire and Rescue with support from Adult and Community Services and Public Health. It focuses on delivering checks in peoples' homes focusing currently on seven areas:

1. Home Safety – fire, scams, domestic burglaries
2. Social Isolation
3. Warm Homes

4. Falls Prevention
5. Nutrition and Dehydration
6. Promoting Physical Activity
7. Smoking / Alcohol /Drugs

7.2 Safe and well has now delivered over 6,000 visits to Hertfordshire Homes and is currently being evaluated. The current view of the service is that it has prevented falls, improved home safety and has helped with vulnerable populations at risk of hospitalisation. Safe and Well links with other Public Health and ACS initiatives, such as Warmer Homes, Slipper Swaps, Social Prescribing.

7.3 The programme was recently considered by a County Council Scrutiny topic group[1]. Members recommended *inter alia* that "Safe and Well continues to be a priority for Fire and Rescue regardless of any upcoming decision with regard to the business case put forward by the Police and Crime Commissioner that Fire & Rescue moves to Police[2]."

7.4 Safe and Well will also soon start using electronic tablets to capture information and refer people to partner agencies at the push of a button.

7.5 The opportunity to test for high blood pressure as part of the Safe and Well visit is being explored and will form part of a bid to the British Heart Foundation being put forward by both East & North Herts and Herts Valleys CCGs. This has been rolled out successfully in other areas outside Hertfordshire.

8. Herts' Warmer Homes

8.1 The Herts Warmer Homes project was in response to the priority to tackle excess winter deaths and poor health outcomes from cold homes.

8.2 The project aims to use Energy Company Obligation money to fund energy efficiency measures in some of the most vulnerable Hertfordshire households. With additional funding from all partners of £160k for top-up funding and an Assessor to coordinate the pathway and reach a larger number of people, the project is looking to install up to 700 energy efficient measures to a value of £525k from energy supplier(s). This could lead to a countywide saving of £193k to the NHS and £484k to the wider society (using BRE methodology).

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[1] http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/800/Committee/131/Default.aspx

[2] **https://tinyurl.com/y9q6saau**

8.3 All ten Districts have contributed funding, as has Public Health and Adult Care Services (Community Wellbeing).

8.4 The project uses the long-established HertsHelp as its referral pathway, whilst also linking into other county projects, including the Fire Service Safe and Well visits scheme.

8.5 The project has been live since December 2017 – further information can be found at www.hertfordshire.gov.uk/hertswarmerhomes.

9. Lead Poisoning

9.1 This issue is part of the Health Protection portfolio of work led by Public Health with District and Borough colleagues. Every year there are a small number of cases of children (typically fewer than ten) who develop serious symptoms of lead poisoning from consuming flaking lead-containing paint at home. These cases usually come to the attention of Public Health England who then inform public health. These situations are expensive for the NHS, debilitating and frightening to the parents and children and potentially life-threatening in serious cases.

9.2 By working together between District Councils, Housing Associations and Public Health, in all cases known to us in the last year action has been taken to ensure the source of poisoning in the home is removed and prevent further poisoning. This is usually through paint removal, remediation and redecoration. In all cases there was no way the family could have afforded this on their own.

9.3 The financial contributions by all partners to remediation and redecoration is gratefully acknowledged.

Report signed off by	Director of Public Health Director of Adult Care Services
Sponsoring HWB Member/s	Director of Public Health Director of Adult Care Services
Hertfordshire HWB Strategy priorities supported by this report	All
Needs assessment (activity taken) N/A	
Consultation/public involvement (activity taken or planned) N/A	
Equality and diversity implications	
Acronyms or terms used	

Initials	In full
PSCEOs	Hertfordshire Public Sector Chief Executives' Group

Appendix 1: Housing and Health Final Report

Hertfordshire Public Sector Chief Executives Meeting

Housing and Health: Final report 24th January 2018

Joint Report of

Stevenage Borough Council:
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Hertfordshire County Council
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1. Purpose of report

1.1 This is the final report back to the Public Sector Chief Execs group on housing and health in Hertfordshire. It aims to set out the work that has been undertaken over the last 18 months, where there has been success and where there are opportunities to do more subject to the desire of the group to do so. 1.2 It sets out a number of well-recognised and growing housing challenges which have a significant impact on health and, accordingly Hertfordshire's Public Sector which remain to be quantified.
1.3 The report highlights a number of key conclusions, supported by recommendations outlining where the PSCEO group could take this agenda. There is some good work going on, but there are significant benefits to be obtained by further co-ordination at strategic level.
1.4 This report does not address the detail of the current government consultation on supported housing funding. That matter is dealt with by a report by Iain MacBeath which focuses on supported housing.

2. Summary headlines

- Housing can be intricately linked to an individual's wellbeing. Poor health can impact on a person's ability to remain in a safe and stable home; an unsafe and unstable home can impact on someone's physical and mental wellbeing.
- What we're doing well – housing quality, working collaboratively across organisations; broader health related provision through supported housing – this is being addressed within a separate paper

- There are a number of growing areas of challenge that need to be dealt with collaboratively at the strategic level and across public sector organisations.
- Housing teams around the county report growing pressures to deal with individuals who are vulnerable and have specific physical and mental health needs.
- There is no local evidence base that can demonstrate the quantitative or financial impact of the housing and health relationship (but there is a wealth of national evidence). Further work would be needed to understand what the specific housing-health problems are, where they are most acute and on what scale.
- There are many individuals and groups involved in numerous different aspects of the housing and health agenda, but there is no sole forum that offers strategic oversight, leadership or governance for all housing matters in Hertfordshire.

3. Recommendations

1. Given the growing number of high level and cross boundary housing and health challenges across Hertfordshire it is recommended that the PSCEO group assumes strategic responsibility for housing related matters. Subject to the views of the PSCEO group this could be led by a nominated CEO.

2. That a formal governance framework is established by the PSCEO group which (subject to the decision taken re recommendation one above) is led by the nominated lead and sets out shared goals against which various groups may be held accountable.

3. That the Hertfordshire Heads of Housing Group should report directly into the PSCEO group and be tasked with developing a programme of work for formal consideration and agreement.

4. Background

4.1 A paper to the June 2016 PSCEO meeting agreed that housing is a crucial element of health and wellbeing, and has an impact on the provision of health and social care services.

4.2 Two reports in the months preceding that meeting had been delivered, considering housing issues for Hertfordshire, one linking to social care need issues and the other linking to housing quality and public health aspects.

4.3 Both reports engaged District and County partners and NHS partners, and were considered by the Health and Wellbeing Board, which identified Housing as a priority in its 2016 Strategy refresh (https://beta.hertfordshire.gov.uk/about-the-council/how-the-council-works/partnerships/health-and-wellbeing-board.aspx).

4.4 The PSCEO group previously agreed that affordable housing is a strategic priority because of issues such as rising homelessness and the lack of affordability within both the private rented and homeownership sectors.

4.5 In the last year a range of joint projects have also been progressed, from the Warmer, Healthier Homes programme jointly led and funded by all eleven authorities and programme managed by Public Health to projects led through the Herts Heads of Housing Group including Domestic Abuse, the Mental Health Concordat, Funding bids to Central Government and Single Homeless Funding from DCLG.

4.6 This report does not address the detail of the current government consultation on supported housing funding. That matter is dealt with through a report by Iain MacBeath on supported housing need. Having said that, the Herts Heads of Housing point out that this will require an appropriate governance structure and with a two tier system, we need to ensure that it appropriately captures the needs of the districts on supported housing

4.7 There remain, however, other strategic issues and opportunities to further join up work across the County for the benefit of its residents. Following a progress update on the housing and health workstream in March 2017, the PSCEO group asked for consideration to be given to how we could collectively navigate the complex housing landscape and work more effectively together to improve the housing and health agenda in Hertfordshire.

4.8 Following an initial discussion between Hertfordshire Public Health and Stevenage Borough Council (as the District Lead on the Herts Property Partnership), the following tasks were agreed:

- Update the Housing and Health governance network map, asses gaps/duplication and look for opportunities for strategic alignment

- Explore further national and local developments in the housing landscape that may influence the Hertfordshire housing and health agenda
- Seek to engage stakeholders and formulate proposals back to the PSCEO group

5. Housing and Health: A Framework for Understanding

National picture – scale and challenges

Unhealthy homes	*Unsuitable homes*	*Precarious housing & homelessness (DCLG official statistics)*
One in five homes is 'non-decent' – most private sector **3.6m children, 9.2m working age adults, 2m older people** **15% homes in poor condition (has a category 1 hazard)** **Society cost of £18.6bn including costs to education & employment (BRE 2015)**	Only between 4-7% of homes in England fully accessible (English Housing Survey, 2015) 1.1m homes overcrowded (Census 2011) 16.1m 'under-occupied' (1 or more spare bedrooms. Census 2011)	28.7% increase in households for whom the local authority has prevented or relieved homelessness (212,600 households in 2015/16); 16.2% increase in households who had made a homelessness application to the local authority but the decision had been taken that there was no statutory duty to accommodate (57,040 households in 2015/16); 44.3% increase in households to whom local authorities have owed a statutory duty to accommodate (57,750 households in 2015/16); 102% increase in rough sleepers (3,569 people in 2015).

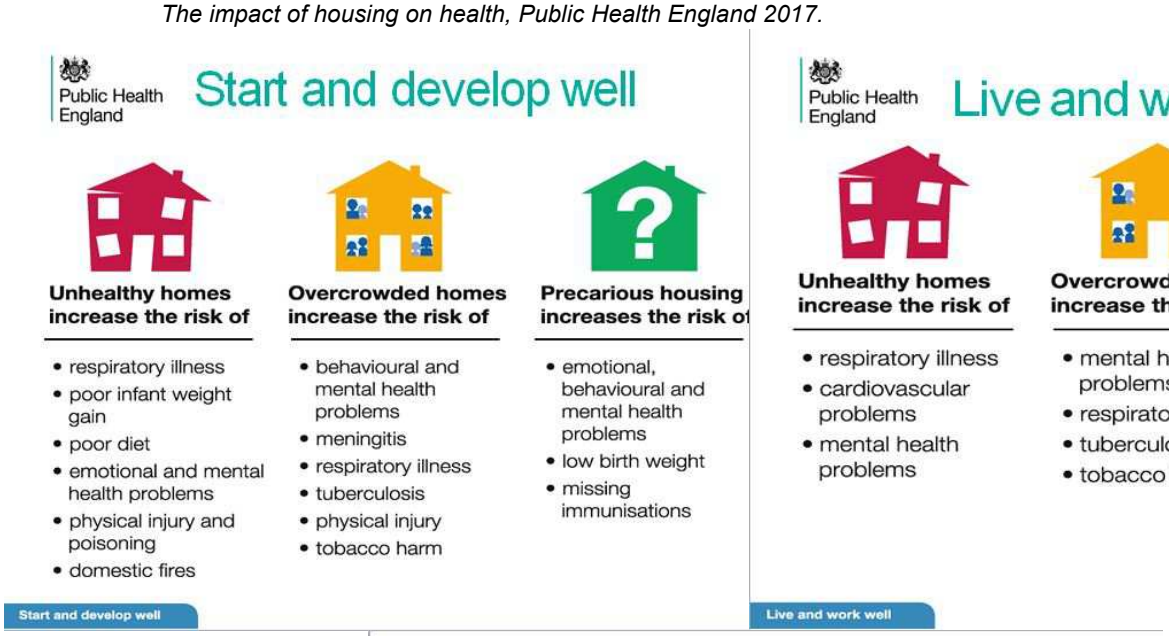
5.1 Improving health through the home can be achieved in a number of ways, working to the fundamental objective that *everyone has a home in which to start, live and age well*. Individual health will benefit from:

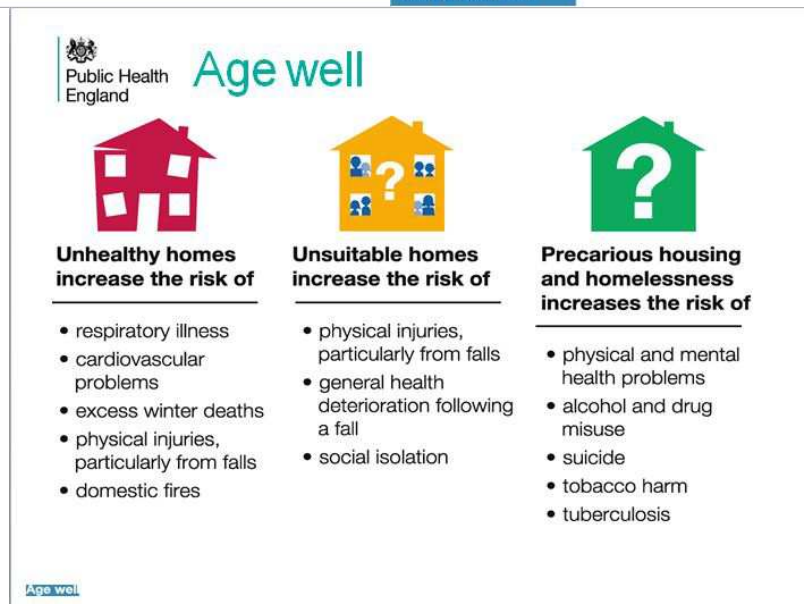
- **A healthy home:** warm, safe, free from hazards
- **A suitable home:** suitable to household size, specific needs of household members e.g., disabled people, and to changing needs e.g., as they grow up, or age
- **A stable, secure, home** to call your own: without risk of, or actual, homelessness or other threat e.g., domestic abuse
- **Healthy communities & neighbourhoods**

5.2 The impact of housing on an individual's health cannot be underestimated, as indicated in the figures below, but the impacts reach beyond the individual:

- Relationship between health and work - ill-health costs businesses and the economy
    - Working age population is most affected by poor housing
    - Ill-health costs the national economy £100bn pa.
- The cost to society of leaving England's poor housing unimproved is £18.6bn – which includes lost education and employment

The impact of housing on health, Public Health England 2017.





5.3 There is a clear and very necessary remit for the public sector to take action to improve health through the home. The public sector is in the unique position to be able to influence the housing and health relationship, but it is of such a scale and complexity that efforts need to be targeted.

6. Hertfordshire picture – scale and challenges

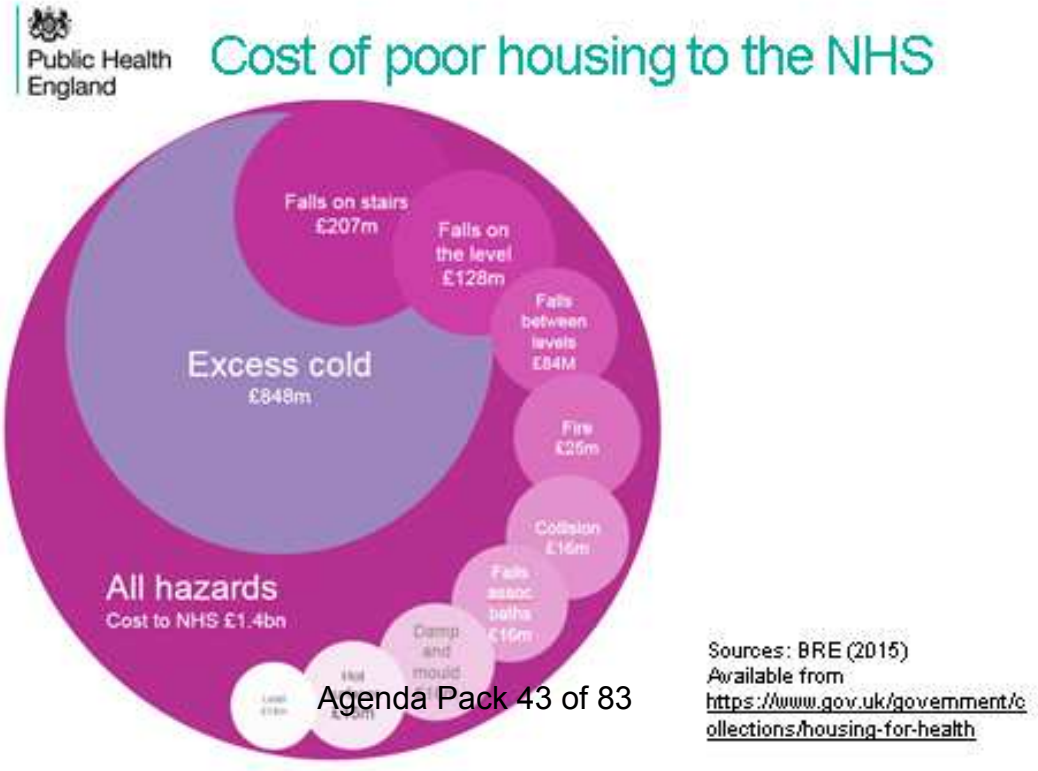
6.1 Understanding the housing and health agenda at the local level is difficult given the lack of readily available data. A lot of what we know about the challenges is based on anecdotal evidence from professionals and service providers, but this is naturally difficult to quantify.

- Local data across Hertfordshire is patchy and (for housing quality at least) inconsistent across the county (how, when it is collected).
- Data on levels of homelessness are based on a nationally-specified reporting formula and will more than likely miss the growing levels of 'hidden' homelessness.
- There is little, if any, quantifiable local evidence to demonstrate the links between housing and health.
- It is currently difficult to quantify the impact of housing on NHS services, in part due to how data is recorded.

6.2 There is potential to start to gather evidence and build a picture of the housing-health relationship in Hertfordshire if there was resource to do so and collaboration between various agencies

7. Housing Quality and Health in Hertfordshire

7.1 The last 18 months has seen a specific focus on the relationship between poor housing quality and health in Hertfordshire, arising from the identification of shared priorities across the 11 local authorities. Poor housing has a direct impact on physical health and mental wellbeing. It financially burdens the public sector but is entirely preventable.



Sources: BRE (2015)
Available from
https://www.gov.uk/government/collections/housing-for-health

7.2 The Public Health Board set up a Housing Quality Working group *to develop in partnership actions tackling housing quality to result in positive* ***health outcomes*** *for Hertfordshire residents*.

7.3 This group has been running for around a year and has seen collaborative working between Public Health, Adult Care Services, all Districts – both Environmental Health and Housing – and the Fire Service. The group has identified a series of projects that could be undertaken to tackle a range of shared priorities, including excess cold, fuel poverty, homes in multiple occupation, housing quality training for health professionals and cross-organisation referral pathways.

7.4 A recent review of the first years activities has shown that the group is considered valuable, enabling action to be taken that is more viable and effective through a collective approach. The key to its success is the Public Health funded post that was established to drive its work programme forward.

8. Quantifying the problem: Housing Quality Joint Strategic Needs Assessment

8.1 The Housing Quality Working Group commissioned a Joint Strategic Needs Assessment (available at https://www.hertfordshire.gov.uk/media-library/documents/public-health/jsna-documents/housing-quality-health.pdf) in order to quantify the scale of the problem locally.

8.2 Poor housing conditions often coexist with other forms of deprivation, for example, unemployment, poor education, ill health, and social isolation, making it difficult generally to separate, modify and assess the overall health impact of housing conditions.

8.3 Perhaps unsurprisingly, the JSNA articulates the current limitations in assessing housing quality and health needs locally include a lack of county wide data and trend analysis. This is due to the limited and inconsistent collection of relevant data at district level. A consistent approach to robust data collection across the county would enable investigation of housing quality and health needs over time and allow statistical associations between different housing hazards and health indicators to be explored. Current barriers to standardised data collection across the county include lack of staff capacity at district level and the absence of a single centralised data recording tool.

8.4 Previous work for the Hertfordshire Health and Wellbeing Board has also identified the difficulties in quantifying the service and financial impact of housing and homelessness on the NHS due to limitations in data collection. Both are areas for further work, requiring improved dialogue and collaborative working across a range of public organisations.

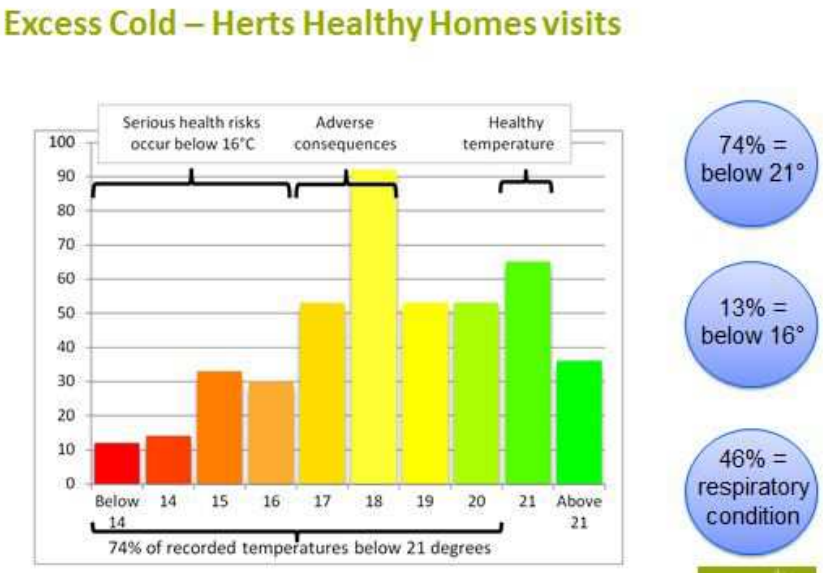
9. Hertfordshire Warmer Homes Project

9.1 Excess cold was identified by the Working Group as a priority for action, supported by a national evidence base that places it as the biggest cost to our health and our health services.

9.2 Excess cold in homes is:

- Linked to respiratory and cardiovascular conditions, falls, strokes, flu, depression
- Linked to a higher likelihood of developing a **mental health** problem
- A Greater cause of **premature death** than lack of exercise & alcohol abuse
- A **30%** higher risk for **small infants** of hospital or primary care admission

9.3 An earlier piece of work undertaken by Broxbourne, Hertsmere and Watford Borough Councils (2015) identified that early winter deaths and cold related illnesses could be triggered by housing as well as age, with 50% of participants relying on winter fuel and cold weather payments. From Herts Healthy Homes visits, we also know that there are clear links between cold homes and respiratory conditions.



9.4 The Herts Warmer Homes project was developed in response to the priority to tackle excess winter deaths and poor health outcomes from cold homes. The project aims to use Energy Company Obligation money to fund energy efficiency measures in some of the most vulnerable Hertfordshire households. With additional funding from all partners of £160k for top-up funding and an Assessor to coordinate the pathway and reach a larger number of people, the project is looking to install up to 700 energy efficient measures to a value of £525k from energy supplier(s). This could lead to a countywide saving of £193k to the NHS and £484k to the wider society (using BRE methodology).

9.5 All ten Districts have contributed funding, as has Public Health and Adult Care Services (Community Wellbeing). The project uses the long-established HertsHelp as its referral pathway, whilst also linking into other county projects, including the Fire Service Safe and Well visits scheme. The project has been live since December 2017 – further information can be found at www.hertfordshire.gov.uk/hertswarmerhomes.

10. Areas of challenge

10.1 The housing related challenges that the county is facing are much broader and far reaching than those related to quality and health. Across Herts and indeed across the country there are a number of issues that will present further challenges, the impacts of which cannot be fully quantified at this time including:

- Homelessness prevention, tenancy sustainment
- Housing and mental health issues
- Homelessness Reduction Act
- Universal credit
- The growth agenda and planned 90,000 new homes across Hertfordshire over the next decade.
- Affordability and supply of the right housing solutions
- The need for improved collaboration across key housing organisations in Herts

10.2 These challenges will all have implications for physical health and mental wellbeing, as well as shaping the broader picture of health inequality across Hertfordshire. However, there are specific themes where housing/health relationship for individuals is clearly evidenced, offering a strong case for agencies to tackle them.

A) *Homelessness*

10.3 People who are homeless are much more likely to have health problems, particularly around mental health and substance abuse, and place greater demands on acute health services. At the same time, they are less likely to access community based health services.

10.4 Hertfordshire's rate of statutory homeless acceptances is slightly higher than the England average, and there are districts/boroughs where the level is much higher. The figures for statutory acceptances only provide a partial picture of homelessness. This is because they capture only those individuals who both present themselves to local authorities, and are in a group of priority need. This usually excludes single people (without vulnerability) or those who are intentionally homeless. In addition there are concerns that the expected growth in homelessness is coinciding with increased financial pressure on providers of homeless prevention and support services. There are also gaps in the provision of shelter for rough sleepers in certain Districts. The

relationship between homelessness and poor health makes this a health as well as housing concern.

10.5 National policy changes are also likely to influence the housing and health relationship, both for individuals and housing services.

- **Homelessness Reduction Act:** Coming into force in April 2018, the Homelessness Reduction Act sets out a framework for the biggest changes to homelessness legislation since the first act was introduced in 1977. It places new duties on local authorities, many of which require significant change in working practices and the provision of additional resources. All local authorities across Hertfordshire are currently assessing the potential local impacts of the Act and are preparing for its implementation accordingly.
- **Universal Credit:** The introduction of Universal Credit – in addition to other far reaching welfare reforms which have impacted on the ability for many households to find affordable housing (e.g. bedroom tax, benefit cap, LHA freeze) - has raised numerous concerns in terms of how this may impact individuals and families with housing needs and, in turn, the implications of this for ongoing health and mental wellbeing. Whilst Universal Credit is still being rolled out across the county, there are concerns around rent arrears, the ability for vulnerable individuals with complex needs to budget over a longer period, with significant concerns around potential debt. Other concerns include the risk that private landlords becoming less likely to let their properties to those receiving Universal Credit.

10.6 The continued rise in homelessness, combined with policy changes and sustained financial pressures on local authority services, may well increase the risk of poor health outcomes for people across Hertfordshire.

10.7 Capturing the scale and impact of homelessness across Hertfordshire on individual health and, in turn, on health and housing service provision, is in itself a challenge. Nevertheless, developing an understanding of the local picture, supported by District-level data, is a crucial starting point.

B) Housing and Complex Needs

10.8 Anecdotal evidence suggests a growing, persistent pressure on public services to support vulnerable individuals with multiple and complex needs. Set against a complex public service landscape to navigate and changing housing legislation, there are many difficult issues that public services across Hertfordshire are responding to.

- Challenges exist in supporting adults with complex needs to access appropriate accommodation. There needs to be more done to ensure that adults with housing, substance abuse and/or mental health needs receive sustained multi-agency support. For adults who have a combination of acute substance abuse, mental health and housing

problems there is no single service that is able to provide them with the support they need to access appropriate accommodation or prevent recurring homelessness. This has an inevitable health impact as well as causing the repeated use of health or housing services.

- The co-ordination of hospital discharge for patients who require housing support is difficult, creating the risk that people with housing needs may be discharged from hospital and become homeless, or be placed in inappropriate temporary accommodation. This may have health consequences, particularly with patients with mental health needs.
- Increasing housing need through the criminal justice system that has been noted elsewhere. Homeless offenders entering prison have a much higher reconviction rate in a year; reoffenders have a much higher accommodation need
- There may be overlap between those receiving services from different parts of the system (housing, substance misuse, social care, mental health, offender management). This may not be coordinated across the system.

10.9 Identifying these issues offers an important opportunity to improve outcomes for vulnerable individuals. Again, understanding the local picture with clear data and evidence is crucial.

10.10 Housing and health work has broadly engaged with District housing and Environmental Health services, County Adult Social Care. There is a clear need to start a coordinated and effective dialogue with the CCGs, Hospital Trusts, healthcare providers as well as other parts of the system such as the PCC.

11. Governance landscape

11.1 The map attached in Appendix A illustrates the number of meetings and networks that function across Hertfordshire and which of these discuss housing and health issues. This map was originally produced last year and has previously been circulated. It has now been updated, with more detailed information in a supporting table detailing the remit of each group.

11.2 The original purpose of the map was to demonstrate the complexity of the housing landscape in the two-tier local authority system in Hertfordshire, and to make some sense of who does what. However, the map may also prove useful in understanding:

- Gaps
- Duplication
- Roles/responsibilities
- Effectiveness of existing structures
- Opportunities for future strategic alignment

11.3 It is already clear, for example, that key worker housing and the emerging property company agenda do not yet feature as part of the formal remit of any forum at present. Equally, the map also demonstrates some overlap of remit, as well as duplicate attendance at various groups by a number of organisations.

11.4 There are multiple working groups, boards and forums that include some element of housing and health in their remit; many will be attended by the same people. At the same time, it is likely that co-ordinated dialogue on a broad range of housing and health issues is absent.

11.5 Discussion with stakeholders suggests there is no appetite for attempting to streamline these networks, or to create new groups. However we do not know enough about how each group operates to identify streamlining opportunities at this time; stakeholder feedback suggests that tinkering around the edges will not address the bigger issues of timely, appropriate and effective cross-agency collaboration and communication. The remit and interrelationships between these groups should be explored further to ensure they're effective and to avoid duplication.

11.6 There are a number of opportunities to strengthen the strategic leadership and governance however:

- Given the number and scale of the housing related challenges it is felt that there is an absence of strategic oversight across all housing and health issues within the county. The Herts Strategic Supported Housing Board and a Childrens' Board are in place. These two strategic fora specifically look at housing, homelessness, support needs for adults/children and are multi agency. But there is no single group which has strategic oversight over all of the issues related to housing and health.
- Creating a clear governance pathway for these and the other housing related groups with an agreed programme of work to achieve accountability and common goals would be beneficial.
- Rather than 'streamlining' current groups, the experience gained within some other local authority areas suggests that developing a shared vision and collaborative goals could help to set the tone.

12. Local developments

NHS Sustainable Transformation Plan STP

12.1 The five-year Sustainability and Transformation Plan (STP) for Hertfordshire and West Essex, called *A Healthier Future*, sets out the challenges and opportunities facing NHS and care services across the area.

12.2 About £3.1 billion a year is spent on health and social care in Hertfordshire and West Essex. Rising demand is leading to an increasing gap between funding and the amount needed to pay for services. NHS and care

organisations are taking collective action to address this gap. If no action is taken, the funding gap could increase to £550 million a year by 2021.

12.3 Challenges facing Hertfordshire and West Essex that have a strong link to housing include:

- A 37% predicted increase in the population of over-75s in the next 10 yrs
- More older people and people living with long-term conditions (meaning higher care costs)
- Too many patients are admitted to hospital, or stay in hospital for longer than necessary

12.4 A Healthier Future sets out the four main ways in which NHS health and care organisations plan to improve health and care in the area, within the funds available:

1. helping people to live healthier lives, avoiding preventable illnesses
2. improving the health and care services offered at home or in local communities
3. using hospital care for specialist and emergency treatments only
4. improving the efficiency of health and care services

12.5 The STP will include an estates workstream, which should link into and work in parallel to broader property interests including the Herts Property Partnership. How this workstream may pick up on housing-health related issues remains to be determined.

Prevention

12.6 Through the STP, the health and social care challenges facing Herts and West Essex have recently been articulated:

- a 37% increase in population of over 75's over the next 10 years (this has housing implications)
- more older people and people living with long-term conditions leading to higher care costs (and more complex housing needs)
- the burden of preventable ill-health (housing quality, homelessness will have a role to play in this)
- too many patients in hospital longer than necessary (housing will also feature here)

12.7 About £1.3 billion is spent on health and social care across Hertfordshire and West Essex. Demand is outpacing resource; too many people have complex and preventable problems which cost us money. There are too many variations in service outcomes with not enough focus on preventing demand in the first place.

12.8 This is unsustainable, unaffordable and undeliverable – rising demand is leading to an increasing gap between funding and the amount needed to pay for services. *If no action is taken, the funding gap could increase to £550 million per year by 2021*.

12.9 Prevention is therefore the concept of preventing demand for public services from arising, or seeking to reverse it. This, in turn, should aim to reduce the financial burden on public services.
12.10 The STP Prevention workstream is currently focussing on rolling out Social Prescribing across the Herts and West Essex footprint. It is also further developing an approach to Self-Management and Cardiovascular disease prevention. This involves working providers, CCGs and local authority services. Housing is currently not an identified as an explicit part of this workstream, but further work with local authority partners on the wider determinants of health (such as housing) is being planned.

12.11 Simply put, prevention can be delivered through better quality, more affordable, appropriate and accessible housing that meets the needs of individuals and their families. In practice this is far from simple but service providers can consider:

- Developing an evidence base for services, programmes and projects
- Doing things differently, or not at all
- Service redesign
- Targeted investment to do more of the right things
- Evaluation of what's working

12.12 By way of example, a research project at Stevenage Haven Hostel (funded by North Herts District Council) aimed to investigate the health benefits of the services offered by the hostel, and the effectiveness of local health services in engaging with homeless people. The study indicated that:

- Although there remained significant contact with GP services, clients referred to and residing in the hostels had reduced contact with A&E and hospital attendance.
- There was a significant improvement in the key indicators of drug and alcohol misuse, physical health and mental health during the period clients were in the hostels.
- Health improvement corresponded with the services provided by the hostels, in particular, referral and access to specialist support agencies/organisations, ensuring clients accessed appropriate health services and encouragement of client involvement in constructive activities (particularly important for substance misuse)

Better Care Fund

12.13 The Better Care Fund Plan 2017-19, submitted in September this year, outlines health and social care integration plans for the next two years. It has the general ambition to facilitate closer joint working between health and care

services which includes housing and housing support, particularly in relation to improvements such as reducing delayed transfers of care and supporting independence at home.

12.14 It also aims to bring about more place-based care, joining planning and priorities around local areas generally based on Clinical Commissioning Group health localities. Within the Plan is the recently launched Hertfordshire Home Improvement Agency. Currently comprising of four district authorities in the use of Disabled Facilities Grant monies, it is a good example of thinking more strategically as well as collaboratively about the role of housing adaptations in general.

13. National developments

A Memorandum of Understanding (MoU) to support joint action on improving health through the home

13.1 In 2015 a national health and housing MoU was signed by key organisations, decision makers and implementers across the public, voluntary and private sector such as NHS England, Public Health England and the Local Government Association. This was in response to Care Act requirements for closer cooperation of services and the recognition of the role of healthy homes and place against rising demand. It sought to reduce silos and maximise opportunities to embed housing in joined up health and social care services by:

- Establishing local dialogue, information exchange and decision-making between key partners
- Enabling improved collaboration and integration of healthcare and housing in the planning, commissioning and delivering of services and homes
- Promoting the housing sector contribution to addressing wider determinants of health, prevention and service user outcomes
- Developing the workforce so they can identify and enable care solutions that recognise the importance of the home

13.2 Local areas are now being encouraged to create their own MoU to include:

- A shared commitment across health, social care, housing and community organisations
- A set of principles for joint working that will deliver better health & wellbeing outcomes, reduce health inequalities, be place-based and person-centred, and increase prevention
- The context and framework for cross-sector partnership that will result in healthy homes and neighbourhoods as well as integrated and effective services
- A shared action plan

13.3 A 2-year review of the national MoU advised local areas to:

- Prior to creation, have a clear idea of outcomes and what value they intend the MoU to add
- Develop a compelling narrative able to show the importance of housing across stakeholders, particularly health – often gaining cross-organisation recognition around healthy homes is a key win in itself.
- Work with existing local plans such – in Hertfordshire, this would mean the Health & Wellbeing Board Strategy, the Better Care Fund and Sustainability & Transformation Plans or potentially HCC's 5 proposed housing 'strategic aims'.
- Start with where positive collaborations are happening already to gain purchase, and using existing structures – often it's about getting housing included in these rather than setting up something new
- Bring in local issues – for example, in Hertfordshire it could be tackling delayed transfers of care related to housing
- Keep content and signatories high-level as this is about strategy shaping and influence

Examples

13.4 Health and housing MoUs have been established in some areas. This includes Nottingham who used their MoU to establish housing as the third vortex of local health and social care integration and to get housing involved where previously it had been excluded. Key points were as follows:

- They secured a clear mandate from their Health & Wellbeing Board then formed a 'Health and housing Partnership Group' with representatives from all key groups.
- That established an overall aspiration to deliver healthier, happier and more independent citizens to get partners – including health - on board, and could clearly demonstrate the benefits of considering housing to front-line staff (e.g. earlier discharge)
- They had a clear idea of what needed to be in place before issuing the MoU (e.g roles and responsibilities), and then created short, medium and long-term goals – this enabled them to be ready whenever opportunities arose
- Housing acted as leads on the MoU

13.5 In Suffolk, the County Council arranged a housing symposium and series of consultation events asking how housing, health and care could be bought together. This resulted in 8 principles (e.g. lifespan approach, coproduction) and a number of focus areas (e.g. homelessness, reducing overcrowding) which has resulted in much closer dialogue with health colleagues.

13.6 Advice from the secretary of the National MOU stresses that the MOU is about setting the tone for positive working (indeed, the national MoU is referred to as 'mood music' – setting the tone, but not actions). Some areas

have chosen explicitly to have an MoU with an action plan while others have just tried to be collaborative on housing in general or incorporate into STP and other existing plans.

14. Conclusions

14.1 The housing and health agenda is broad, complex and multi-faceted. There is a risk that these complexities alone are viewed as 'too difficult', thus hindering genuine efforts to improve the health outcomes of many people experiencing poor living conditions and homelessness.

Conclusions

1. Housing and health can only be tackled collaboratively, across organisations. No one authority or service area can effectively solve such a complex problem.
2. Whilst the agenda is hugely complicated, the housing quality work has demonstrated that it is entirely possible to undertake countywide activity that is supported by all agencies – where that work is targeted on a specific priority common to all partners and where it is recognised that more can be achieved collectively.
3. There is no reason why a similar approach cannot be taken to seek to address other housing and health challenges such as mental health and/or homelessness.
4. Our experience is that in order to secure traction and achieve desired outcomes, dedicated resource is needed to identify shared priorities and to drive actions which are supported by a strategic lead with the right/effective overarching governance in place.
5. There are clear priorities that are shared and common to all agencies across the county, including housing quality, growth, supply, availability and affordability
6. There are multiple working groups, boards and forums that include some element of housing and health in their remit; many will be attended by the same people.
7. We do not know enough about how each group operates to identify streamlining opportunities at this time; stakeholder feedback suggests that tinkering around the edges will not address the bigger issues of timely, appropriate and effective cross-agency collaboration and communication.
8. Given the number and scale of the housing related challenges there is an absence of a strategic, senior level lead group on housing and health across the county.
9. Creating a clear governance pathway for these groups with an agreed programme of work to achieve accountability and common goals.
10. Rather than 'streamlining' current groups, examples from other local authority areas suggest that developing a shared vision and collaborative goals can set the tone.

15. Future Work

15.1 There are a number of initial actions that need to be considered / undertaken:

1. Agree that this is a shared priority across public services in Hertfordshire; set the mandate for moving matters forward.
2. Identify resources to drive forward the housing and health agenda. This could initially be addressed through the undertaking of a resource audit across key agencies to understand capacity levels; it may also identify potential funding routes and bidding opportunities.
3. Undertake a full and proper review of the various housing related groups to include
    a. Formal stakeholder analysis
    b. Gap analysis
    c. Identification of shared priorities and agendas
4. Consider how to align groups and resources with the big, shared, priorities and the option to create task and finish workstreams to deliver specific, collaborative projects.
5. Hold a session with the Secretary for the National MOU to consider how Hertfordshire could tackle housing and health issues collaboratively and how we can tap into regional network support. A key potential benefit to establishing a local MOU is that many national organisations have signed up to it (PHE, CCGs, LAs, etc) – Accordingly from a local perspective these organisations should be willing to work collaboratively around housing.
6. Continue to engage with the STP Prevention Workstream
7. Seek to develop an evidence base for the big housing and health challenges that Hertfordshire faces but cannot yet quantify.

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

6

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
THURSDAY, 1 MARCH 2018 AT 10:00AM

HERTFORDSHIRE HOME IMPROVEMENT AGENCY UPDATE

Report of Director of Adult Care Services

Author: Steve Lee-Foster, Assistant Director HCS Provider Services,
Tel: 01992 555748

1. Purpose of report

1.1 To update the Board on the progress made to establish a shared service between Hertfordshire County Council and a number of boroughs and districts in order to undertake home improvements using a Home Improvement Agency approach. The service provides grants to enable residents to remain independent in their own home.

2. Summary

2.1 The Hertfordshire Home Improvement Agency (HHIA) was formerly established on the 2 October 2017 with a new team hosted by Hertfordshire County Council established on the partners' behalf to undertake the assessment and delivery of disabled facilities grants. The founding partners are: Hertfordshire County Council, Broxbourne Borough Council, East Herts District Council, North Hertfordshire District Council, and Watford Borough Council.

2.2 Following the operational mobilisation period the HHIA team is developing a three-year business plan to deliver the partners' aspirations for the service. In order to support this, work is underway to review existing grant policy and activity, assess ways of widening the use of grants to include discretionary and other works, and improving timescales and reducing waiting times for works.

2.3 The HHIA has four founding member local authorities and as such the remaining local authorities in Hertfordshire remain responsible for their own disabled facilities grant activities and do not benefit from the HHIA shared service model. Two additional authorities have expressed an interest in the HHIA model and it is hoped they will join the partnership during 2018.

3. Recommendation

3.1 That the Board note the progress made in establishing the Hertfordshire Home Improvement Agency.

3.2 That the Board comment on the proposed focus for the Hertfordshire Home Improvement Agency's work.

4. Background

4.1. The aims of the HHIA are set out below.

- To ensure that all individuals in Hertfordshire who need housing adaptations to support independent living will have access to an appropriate service that is timely, accessible, equitable and fit for purpose to address rising demographic pressures.
- To deliver a fully standardised service, enhancing operational efficiency, customer satisfaction and improving value for money.
- To implement robust monitoring arrangements against key performance indicators.
- To improve service resilience through joined up working, adopting common methodology and service standards, sharing staff knowledge, skills and expertise.
- To open up future opportunities to expand into private sector adaptations and align to wider Clinical Commissioning Group activity in order to maximise income generation, efficiency and value, and impact of the DFG element of the Better Care Fund.

4.2 The HHIA is overseen by a board comprising the member authorities and the HHIA board has agreed to review the current policy for mandatory grants in their areas with a view to adopting an approach that will enable the HHIA to provide a wider range of imaginative services to enable residents to remain in their own home. This was one of the founding principles of the HHIA alongside improvements to the service residents receive and better co-work with occupational health colleagues and other professionals.

4.3 There are a wide range of potential innovations that will be looked at to ensure older people and residents with disabilities are supported to remain independent longer. Both the Care Act 2014 and the Better Care Fund (BCF) advocate integrated services between health, housing, and social care and the delivery of preventative services via the HHIA will help reduce pressures on both health and social care.

4.4 The value of investment in adaptations by the four HHIA founding member authorities in 2017/18 is £2,504,630. There is some scope to increase the range and type of assistance available and thereby increase the prevention impact of the service. Some of the areas the

HHIA board are looking into include co-ordinating equipment – including technology - and adaptations, minor works, working more closely with Registered Providers (housing associations) to co-ordinate proactive adaptations, undertaking more services for residents who are not eligible for grants, and offering advice and agency services for self-funders.

4.5 For now the HHIA team is concentrating on ensuring a smooth transition to the new service. An integrated database is now being used to ensure a smooth workflow between case work assessments and technical staff, and referrals can now be handled in a seamless way within the single service model. A website is being developed to promote the HHIA and a wide range of meetings have been completed with stakeholders to ensure awareness of the service.

4.6 It is hoped that more local authorities will join the service. This will not only mean they have access to the same benefits as the founding members (i.e. economies of scale, single service centre, shared staff resources, etc), but also that they can work with the existing partners to help increase the impact of the service across health, housing and social care across the County.

Health and Wellbeing Board
Hertfordshire

Agenda Item No.
7

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
THURSDAY, 1 MARCH 2018 AT 10:00AM

COMMUNITY FIRST STRATEGY UPDATE

Report of the Director of Adult Care Services

Author: Husnara Malik, Deputy Head of Service, Tel: 01438 844998

1. Purpose of report

1.1. To present the Community First Strategy and discuss actions linked to the strategy with Hertfordshire's Health and Wellbeing Board partners.

2. Summary

2.1. On the 1st November 2017 Hertfordshire County Council (HCC) launched the Community First Strategy (please refer to Appendix A attached) following extensive engagement with stakeholders.

2.2. The strategy outlines the approach adopted and the commissioning approach that the Community Wellbeing (CWB) team has been leading for a number of months on behalf of health and social care.

2.3. The principle of the strategy is that people can be better supported by and in their community, and that doing so prevents, reduces or delays a statutory health or social care intervention.

3. Recommendations

3.1. To note the final Community First Strategy.

3.2. To seek commitment from partners to use the Community First approach as part of the wider Sustainability and Transformation Partnership.

4. Engagement with partners

4.1. Both CCGs were involved in the early stages of the Community First

Strategy and the Hertfordshire wide Sustainability and Transformation Partnership (STP) reflects many of the same principles.

5. Summary action plan

5.1. A detailed action plan for the strategy is currently drafted and work has been ongoing to raise the profile of the Community First approach with all community based and health and social care organisations.

5.2. The implementation of the actions will need a partnership approach across health and social care, and we are already seeking to encourage local communities to take positive steps in a community first approach alongside signposting and advising people to maximise their potential to support one another.

Report signed off by	Adult Care Services Senior Management Board (ACSMB)
Sponsoring HWB Member/s	Iain MacBeath
Hertfordshire HWB Strategy priorities supported by this report	**Identify which priority/ies:** Identifies all the four strategy priorities
Needs assessment (activity taken) Joint Strategy Needs Assessment Sustainability and Transformation Plan	
Consultation/public involvement activity taken	
Equality and diversity implications **None**	
Acronyms or terms used	
CCG	Clinical Commissioning Group

CommunityFirst

Releasing the power of communities to help people stay well and independent

What is this strategy trying to achieve?

- Promote and build on the role communities play in supporting people, children and families
- Ensure awareness of the voluntary and community sector offer in relation to other support
- Provoke debate for doing things differently and making it easier for frontline staff and the public to access community support

Hertfordshire

This document is not a detailed plan of what may change. Instead it is a vision of how we can work differently with local people and our communities to make a difference. We encourage comments, challenges and ideas to turn this into action

Who is it for?

The strategy is primarily aimed at people who support people and families, or manage people that do so. It is designed to support you to work differently and help people in a way that requires less of a focus on formal services.

Introduction

Hertfordshire County Council supports people to stay healthy, happy and independent. Our health and care services are provided by lots of different organisations and groups.

Hertfordshire and West Essex have agreed to a Sustainability and Transformation plan (STP), across NHS and local government, which will find ways to work together and prevent our communities getting unwell or needing support unnecessarily. Linking into this is social prescribing where patients are referred to local, non-clinical community services such as local clubs, self help groups and local charities. There is growing recognition of the community's potential to help meet the ambitions of the NHS Five Year Forward view, to support people in managing their own care. A focus on community health and wellbeing outcomes will be critical to the way we change from a 'factory model of care and repair' to a focus on the person and their community.

Hertfordshire's Children's Services department is also seeking to work in new ways to prevent children becoming looked after by the local authority. Similar to the NHS strategy, this involves a shift in focus to children and their families and the outcomes we want for them: that they are happy, healthy, safe, resilient, independent and ambitious[1]. It also includes investment in the Families First approach, which is starting to provide earlier help to families to address any difficulties they may be experiencing, and encourage a range of agencies supporting families to work better together to prevent them getting into crisis.

Over the next five years, therefore, we will see the way we support people and families change. We will have to be realistic about the way we support people when our resources are stretched, and this will mean focusing more on the evidence about what helps and inhibits people and families to stay well and independent. This means understanding what support is required and focusing on prevention, making it easier for communities to support people, without us obstructing them.

We believe that the Voluntary and Community Sector (VCS) of Hertfordshire have an important role to play in this plan. This strategy document outlines some of the ways we believe they can help, and how we think this will lead to better outcomes for individuals.

[1]*Children's Services Outcomes Framework, 2017*

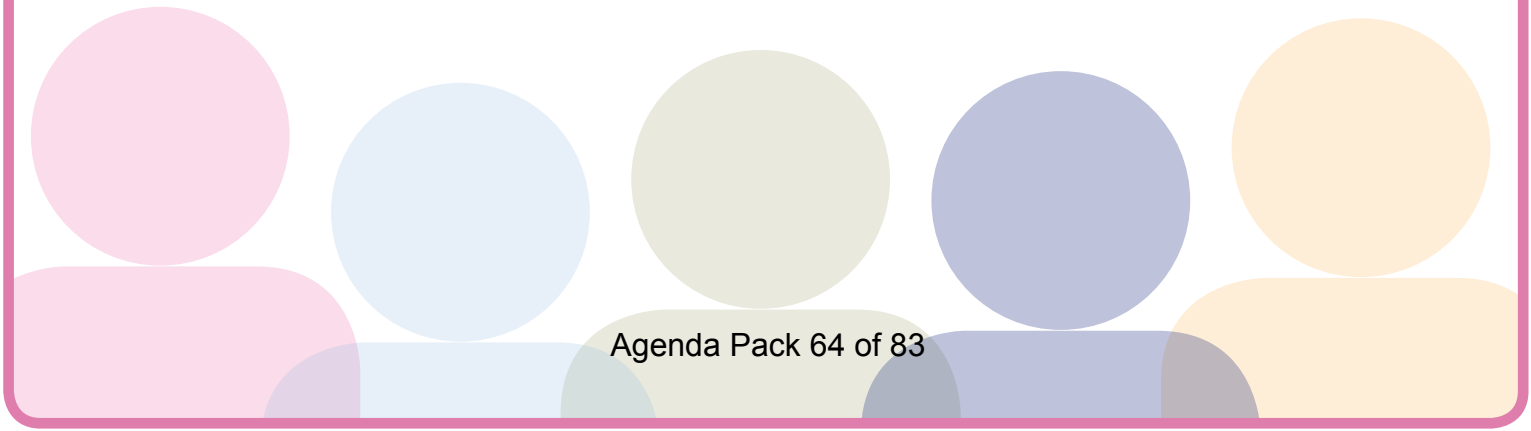
Finances

We can't pretend that funding isn't an issue, but equally it isn't the only issue. We face a financial shortfall due to increased demand for services and complexity of people we work with.

The health and social care system often feels confusing and not very joined up, meaning people are not always sure where to go for support. Most people are driven to formal health and care because alternatives in their community aren't very visible, or aren't well known by the statutory sector.

In comparison costs to statutory services are much more costly than accessing the voluntary sector i.e. cost to inpatient hospital bed per day is £616 compared to supporting people in the community often in peoples home is £16 (refer to table on the next page).

People may need to be empowered to understand what help is available and where to find it, so it is easier for them to choose.



Statutory services	Cost 2017/18	Community services	Cost 2017/18
Average visit to an A&E	£119	Community navigators scheme (weekly)	£110
		Herts Independent Living services – meal and welfare check (per day)	£4.55
Hospital inpatient, per day	£616	Hospital discharge scheme (weekly)	£98
Residential Care physical needs - OP (weekly)	£497	Home Care 10 hours per week- OP	£16
		Day centre – 2 visits per day OP	£12
Residential Care dementia- OP (weekly)	£575	Dementia support after diagnosis (per episode)	£386
		Crossroads carers breaks (per session)	£74
Outpatient attendance	£137	Herts Help contact an ongoing resolution	£14
Seeing a GP	£36	Consultation with practise nurse	£12
Ambulance	£96	Herts Help contact an ongoing resolution	£14

Our Principles

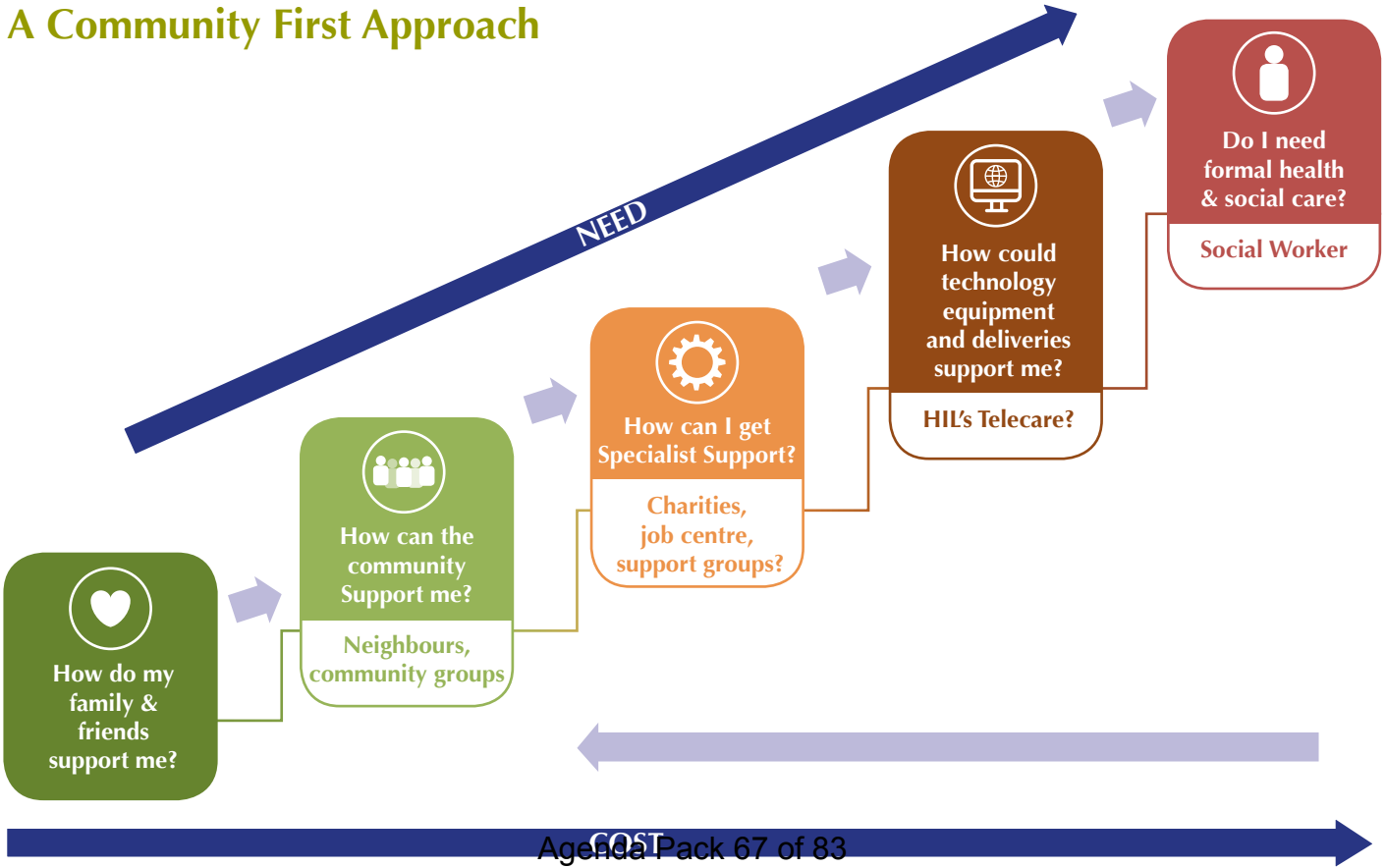
We believe that:

- Most people prefer to take responsibility for their own health and wellbeing
- Strong networks of people, organisations and systems exist at a local level for this reason
- As professionals, we should enable people to use these local resources and take control before trying more formal approaches.
- When we talk about people and communities, it should be in terms of their strengths, not their problems and challenges
- We should strengthen local networks and help build new ones
- It should be easy for a person to find support in their community using HertsHelp or Families First Portal
- Commissioners and frontline staff should use the Community First approach whenever possible

That means we end up supporting people as people, rather than as parts of a system[3].

5 Cost taken from: National Health Tariff 2017 & Herts Help contract cost divided by calls taken in 2016/17 (£15 is therefore not a unit cost)
6 From HCC internal CLA data, 2017

A Community First Approach



[3] *This mirrors Hertfordshire Children Safeguarding Board's approach to delivering support to children based on their needs: https://www.hertfordshire.gov.uk/media-library/documents/childrens-services/hscb/professionals/continuum-of-needs-hscb-march-2017-final.pdf*

Hertfordshire's Voluntary and Community Sector

We know that, because of other pressures, frontline statutory sector staff and the people in the community often know little about Voluntary and Community Sector services and need confidence in their quality in order to make referrals to them.

Hertfordshire's Voluntary and Community Sector provides quality services ranging from information and advice, carers break and carers support, children's and youth activities and services, parenting support programmes to community meals and hospital discharge services.

Self-referrals or professional referrals for adults can be made via **HertsHelp** on **0300 123 4044**.

For families in need of early help, referrals can be made via Families First at **familiesfirst.support@hertfordshire.gov.uk**

The Community Wellbeing Commissioning team (CWB) manages contracts with over 50 community sector providers.

The total value we commission is c£10m, drawn from the Better Care Fund – a combined pot between Hertfordshire County Council and our two NHS Clinical Commissioning Group's (CCGs). Services are contracted to help to avoid, reduce or delay the need for an adult to use formal health and social care.

Children's Services holds contracts with 41 Voluntary and Community Sector providers as part of its overall contracted provision, with c£13 million going to the sector. This includes some large contracts with providers of children's centres as well as smaller ones for services such as support for young carers.

Connect Hertfordshire, the county-wide VCS support and infrastructure service, estimate there to be over 3,000 charities in Hertfordshire.

Many of these are very small and there is lots of quality support in Hertfordshire which isn't contracted or commissioned, provided by churches or local community groups. These groups usually rely on fundraised monies.

The majority of voluntary organisations in Hertfordshire support their service using volunteers, but almost all have paid staff, with professional structures and quality assurances in place. Capacity can sometimes be an issue, and there needs to be a meaningful way of supporting and encouraging organisations who wish to support more people.

Many charities supplement their contracts or grants with fundraising and business donations and small charges to people who use their services. A county-wide organisation – Hertfordshire Community Foundation – supports smaller organisations to access grants, typically worth under £10k.

Occasionally providers will bid for larger, national funding, but these are usually for a set period of time and are incredibly competitive. We encourage, wherever possible, providers to diversify their funding streams.

National evidence also suggests individual giving is not compensating for loss of funding elsewhere.

Nationally, funding for the Voluntary and Community Sector has dropped by £1.1bn over the last seven years.[4]

Voluntary and Community Sector in Hertfordshire is an excellent resource – but it is not endless. Much of the sector lacks the long term financial stability which allow it to plan for longer term development.

[4] https://data.ncvo.org.uk/a/almanac17/

Family, Friends and Neighbours

Traditionally in health and care, we focus on helping people to get better when they are ill or using statutory support to manage their long term condition, crisis, or difficult family situation.

We need to shift resources to help people to look after themselves and to make choices easier so that they stay healthy or resilient as a family for as long as possible.

There are lots of simple ways a person can look after themselves, with online resources like Herts Help directory, 5 Ways to wellbeing, the New Leaf College, NHS Choices, and the support accessed via the Families First Portal, being obvious starting points.

We believe that specific work to help communities support one another is part of the solution[5].

Asset based community development champions and builds on the contributions communities already make to supporting one another. This could be as simple as neighbours looking out for each other, or as organised as a local exercise group or baby group. There is increasing evidence that peer support, and peer designed and delivered services, are particularly effective.[6] Social action encourages communities to take control and drive change in their local area. Both of these approaches will help people and families to stay healthy and well.[7]

These are not free resources, but something that actively needs supporting.

What do we want to do now?

Whilst there has been some work to develop and support these approaches locally, these have often been limited, or led uniquely by one organisation. For this to work, we must work together.

[5] *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591798/Making_the_case_for_social_action_in_the_public_sector.pdf).*
[6] *https://www.carerstrustcambridgeshire.org/wp-content/uploads/2016/10/CSASF-report-FINAL.pdf*
[7] *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/591798/Making_the_case_for_social_action_in_the_public_sector.pdf).*

To support that, we would like to develop a template for a 'healthy community.' By this, we mean a common understanding of what sorts of community groups, transport links and other strengths we expect in an area.

We already have a good understanding of health inequalities in the county using the Joint Strategic Needs Assessment (JSNA) to target direct interventions in areas they are most needed, and this needs to link with this local template. We believe that this will allow community leaders to take a more active role in developing their community, learning from others and supporting people locally. We do not believe commissioners should try and control this process, but that we have lots to learn about understanding where health inequalities lie through the approach.

There are other, simpler things we can do:

- **Identify and support carers early in their journey, as delays in doing so can worsen health**
- **Provide self-help tools for parents and encourage them to use these before seeking more formal support with family difficulties, through the Families First Portal**
- **Make sure that providers take opportunities to encourage people in a similar position to set up their own peer support networks to support each other.**
- **Be champions of our Voluntary and Community Sector services when meeting people**
- **Make sure anybody who works with the public knows about Herts Help and Families First, and that public agencies advertise them properly**
- **Work together to join up the support we provide to young people transitioning to adult services**
- **Work with the Voluntary and Community Sector to evaluate what they are doing, and direct people to those that are outcome based and proven to have impact**

[7] *http://www.scie.org.uk/publications/briefings/briefing30/ and http://rcpsych.ac.uk/pdf/ddipPracManual.pdf*

Linking with other Health colleagues

Social Prescribing is a way of improving health and wellbeing outcomes for anybody. Typically, it may target people with anxiety, depression or a long term condition, but this is not exclusive.

It can help to reduce the workload on the NHS and social care by tackling issues that could be better resolved in the community, and can help individuals lead happier and healthier lives.

Evidence is emerging which suggests this is an effective way of supporting people in a preventative way.[7]

In Hertfordshire, it can simply be described as:

- **If you can get online, use Herts Help directory, which has a wealth of information about your community.**
- **If you can ring Herts Help on 0300 123 4044, then they will triage you to support in your community**
- **Herts Help works with a number of projects that can do this – Community Navigators, Alzheimer's Society, Citizens Advice Bureau**

What do we want to do now?

We are developing (and integrating) a county wide Community Navigation and hospital discharge service, focused on helping people get out of, or prevent going into, hospital.

The new service will work especially with Hospital teams, to ensure the right support is available for people when they go home. In the community, the Navigators will work with GP practices, social workers and other partners to support people.

Unlike other social prescribing link mechanisms available in Hertfordshire, Community Navigators provide a longer term intervention that goes beyond signposting to other services.

We will also be providing more self-help information through Herts Help, and the Families First Portal and Local Offer online directories, including links to local community support groups and online tools to help parents with issues such as parenting, housing, mental health, special educational needs and disabilities, and couple conflict.

We will be reviewing the way we promote Herts Help too. It is critical that Voluntary and Community Sector providers promote and make use of this service in order that it works – the system is only as good as the people using it. We know this works well with both our CCG partners across east and west of the county, where there is a promotion of Herts Help and awareness of the Navigator service, and GP referrals. This means for the Voluntary and Community sector providing support are significantly higher across the county. The system only works when we support and encourage it to do so.

Training and support networks are important for this too. For example, we are setting up the Sunflower Domestic Abuse Champions Network to bring together people in both the Voluntary and Community Sector and the public sector who are supporting those affected by or at risk of domestic abuse.

What we need now is:

- **Social prescribing to be used across Hertfordshire**
- **Improvement in assessment of the quality of 'prescriptions' that people can use, based on what we know works**
- **Evaluation, which includes Voluntary and Community Sector collecting data from health colleagues, which can answer how well this system is working**
- **A communications plan in relation to Herts Help and the Families First Portal encouraging promotion of Herts Help - 0300 123 4044 and Families First requests for support**
- **A more robust approach to outreach and risk management**
- **Training in Making Every Contact Count via iLearn for frontline staff**

[16] *https://www.kingsfund.org.uk/sites/files/kf/preventive-social-care-wanless-background-paper natasha-curry2006.pdf*

Formal health and social care services

When our residents do need formal care and support, it does not mean that they should become disconnected from the community they live in or identify with.

Many Voluntary and Community Sector organisations can provide additional or complimentary support whilst people are receiving help from us. For example:

- Parents of children with special educational needs or disabilities (SEND) find it helpful to attend support groups run by Voluntary and Community Sector organisations for peer support.
- Young people leaving care often benefit from having a volunteer mentor or accessing social activities to help meet new people and learn the skills to live independently.
- Dementia Support Workers, managed by Alzheimer's Society but hosted by Hertfordshire Partnership Foundation Trust (HPFT), sit within the dementia diagnosis service to ensure people are connected to community services like Hertswise.

Accessing this sort of support in the community can help to reduce dependency on formal services in the longer term, by helping people and families to be more resilient.

Most Voluntary and Community Sector organisations in Hertfordshire do not currently provide personal care, and so cannot solely support our most vulnerable adult members of our community. But many can provide additional or complimentary support that can help – meal delivery, equipment, befriending, house cleaning, garden clearance, transport, welfare checks, help to get benefits etc. These relatively minor alterations and help can be the difference between someone living independently in the community or being admitted to hospital.[9]

We know working together can work for example:

- Operational and commissioning staff recently worked together to create a series of new Carer Practitioner posts. These posts are designed to champion culture change with front line social work teams and support social workers to refer carers to Voluntary and Community Sector support, such as Carers in Hertfordshire.

- Better integration with the Voluntary and Community Sector 'Complex needs Service' and HPFT Improving Access to Psychological Therapy (IAPT) service is ensuring people with mental health needs are getting the right support.

We are now looking at how similar approaches can be used in a homecare setting and with accommodation services.

What do we want now?

The ability for frontline teams and statutory services to work with the community needs to be simpler. We are trying to address this, but more could be done.

Personal budgets and direct payments, which allow people to use the money which would otherwise have been spent on social care on something that will support them equally as well, has a role here. But for adults, these budgets are only available to people who need statutory support, so this can only be a secondary prevention approach. We have also been using a personalised budgeting approach with families as part of Families First, and we can learn from this.

There needs to be a simple way for commissioners and practitioners to work together.

Evidence

In the current financial climate, Community First has to prove that it will make things better for the individual, and that it will save money, or lead to a better use of money. Typically Voluntary and Community Sector organisations have limited capacity to carry out full scale evaluations, and forcing this can make it off putting to work with statutory organisations.

For all Voluntary and Community Sector services we commission with public money, we take the following approach:

1. Can we demonstrate that a service is worth while?

Where this research exists, we work with providers to make sure that they learn from and apply best practice to their own services.

2. Can we prove that this service is needed, that it is preventative and that it is cost effective?

We also recognise that other factors, such as social interaction, may also be key to a service being very successful.

3. Can we use our network of contacts, within the council and across the county to ensure that strong networks are formed and expertise is grown in particular areas

For example, using Public Health to develop our approach to evaluation and working with Districts and Boroughs for their expertise in housing.

[10] *ComRes survey of 1,002 GPs, 2015*
[11] *www.lowcommission.org.uk/dyn/1435582011755/ASA-report_Web.pdf2*

Risks

Community First places a new emphasis on Voluntary and Community Sector. The capacity for providers to manage increased demand, to integrate with the health and social care system and even to attend meetings, will be limited. Within existing funding, there is only so much the sector can do.

For many organisations, statutory funding is the core source of funding. As contract managers for those organisations, we must monitor the financial position of providers to ensure this is factored into commissioning decisions.

Hertfordshire has a number of strong Voluntary and Community Sector leaders, and this approach will call on these leaders and, we hope to develop more of them.

There is a risk that this work is perceived by providers, the public and/or other stakeholders as an attempt to provide services of an inferior quality to statutory provision or as a cover for cuts. People receiving support from the Voluntary and Community Sector need to feel confident that these services meet relevant quality and safety standards.
This makes it vital to provide clear frameworks as to when and how Community First is applied, based on evidence that demonstrates in what circumstances it can be effective.

This is a unique opportunity for the sector. If we embrace this agenda, commit to demonstrating greater integration and quality standards, it will succeed.

To find out more on what is available in the community people can be referred by a trusted professional, friend or family member via **Herts Help** on **0300 123 4044**

To find out how you and your family can be supported please contact the Family First portal

www.hertfordshire.gov.uk/familiesfirstportal

Health and Wellbeing Board
Hertfordshire

Agenda Item No.

8

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
THURSDAY, 1 MARCH 2018 AT 10:00AM

LOCAL HEALTH RESILIENCE PARTNERSHIP UPDATE

Report of The Co-Chairs of the Local Health Resilience Partnership, the Director of Public Health and the Area Director, NHS England

Author: Jim McManus, Director of Public Health, Tel: 01992 556884

1. Purpose of report

1.1 To provide a regular update to members on the non-restricted/non-classified aspects of the work of the Local Health Resilience Partnership

2. Summary

2.1 The Local Health Resilience Partnership (LHRP) work continues, jointly chaired by NHS England and the Director of Public Health. It is a statutory partnership. The LHRP and HWBB agreed that regular updates on the work of this partnership would provide beneficial oversight.

2.2 Key issues for this period include Seasonal influenza ('flu), turning to planning for potential pandemic 'flu[1], H5N6 'flu and planning to ensure we have the right mechanisms to respond to population level trauma.

3. Recommendation

3.1 To note the report and to ensure that the Board reminds all NHS agencies in Hertfordshire that this needs to be prioritised.

[1] https://www.england.nhs.uk/ourwork/eprr/pi/

4. Background

4.1 The Hertfordshire LHRP provides a strategic forum for health organisations to facilitate Hertfordshire health sector's preparedness and planning for emergencies. The partnership is important to ensure the health community's ability to deliver on some of its duties under the Civil Contingencies Act (CCA) 2004, National policy and guidance and Regional level guidance.

4.2 To fulfil this purpose it is vital that each organisation has Executive representation at the LHRP.

5. Issues

5.1 A range of operational issues with seasonal influenza have arisen during this year and a 'flu co-ordinating group was convened. It was agreed that we will have a "lessons learned" meeting to identify what we need to do to prepare for Winter 2018-19. It will be crucial to ensure that all agencies push for 'flu vaccination for eligible staff for 2018-19.

5.2 All agencies in Hertfordshire have now signed the Health Protection Memorandum of Understanding. Following the recent national Health Protection Audit, the Deputy Chief Executive of Public Health England has written to all Directors of Public Health outlining eight capabilities which are felt to be particularly important. The Headline Actions for Hertfordshire are:

- Achieve full sign-off of Memorandum of Understanding on Health Protection (achieved)
- Produce range of Patient Group Directions for prophylaxis and treatment (still underway)
- Define and agree funding arrangements for typical scenarios in health protection (underway)
- Test/exercise (Planned for 2018)

5.3 Supporting Actions for Hertfordshire are:

- confirm and document details of accountability (including funding of sampling/testing, couriers, prophylaxis and treatment) for typical scenarios*
- Review and strengthen local arrangements for avian flu, legionnaire's disease, hepatitis A and seasonal flu in a care home (underway)

5.4 With the exception of the Private Ambulance Service, all NHS agencies in Hertfordshire have completed the core standards assessment for

Emergency Planning, Response and Resilience[2] and the Panels were convened by the LHRP Co-Chairs. All Agencies were rated fully or substantially compliant with standards and the Co-chairs advised actions required where needed.

6. Psychological Trauma

6.1 Psychological trauma in both survivors of and responders to major incidents is an issue which has received further attention since both the Grenfell Tower tragedy and recent developments in knowledge and practice. Working with Hertfordshire Partnership Foundation Trust and the Director of Public Health, a small task group looked at current practice and the LHRP in considering the report of the task group agreed we should look to ensure we further augment our existing work on trauma.

6.2 To deliver this, Public Health, with HPFT the LHRP and LRF and Herts Fire and Rescue Service are planning a seminar to share knowledge and experience from Manchester and Grenfell Tower, and ensure our trauma response is effective. We also intend to ensure we have effective networks of trauma response in place across the County. A seminar is planned for April 2018 and the draft agenda is attached at appendix 1.

Report signed off by	Local Health Resilience Partnership
Sponsoring HWB Member/s	Director of Public Health
Hertfordshire HWB Strategy priorities supported by this report	All
Needs assessment (activity taken) N/A	
Consultation/public involvement (activity taken or planned) N/A	
Equality and diversity implications	
Acronyms or terms used.	
Initials	In full
CCA	Civil Contingencies Act 2004
EPRR	Emergency Planning, Resilience and Response
HWBB	Health and Wellbeing Board
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum

[2] https://www.england.nhs.uk/publication/core-standards-for-emergency-preparedness-resilience-and-response-eprr/

Appendix 1: Trauma Seminar

DRAFT AGENDA

Herts Partnership NHS Foundation Trust
Hertfordshire Local Health Resilience Partnership
Hertfordshire Resilience Forum
Hertfordshire County Council (Fire and Public Health)

Post Incident Trauma and Psychological Support: Getting it Right Workshop

Date tbc
Venue Longfields

- How would our system respond to a major event causing trauma for multiple people in Hertfordshire?
- What is good practice in trauma at individual and population level response?
- What are the ongoing issues?
- What have we learned from Manchester and London?
- What do we need to do locally/?
- How do we build an ongoing crisis ready trauma network of people who can respond? How have London sustained it.
- Do we need a trauma plan?

Trauma, and its consequences, occur regularly among people responding to both major incidents and accidents, and to traumatic incidents like attacks in daily practice. Getting response wrong damages people and organisations. This event, run under the auspices of the Hertfordshire Health Resilience Partnership, identifies the issues and key tactics for response

Who should attend – invited resilience leads, anyone engaged in responding to major incidents, HR, staff support, voluntary agencies resilience leads, pastoral care leads.

Note *Declaration of interest: The British Psychological Society's Trauma and Disaster Psychology Section has been invited to field a speaker for this event. The Director of Public Health as a Chartered Psychologist is a member of this section and has declared a non pecuniary perceived indirect interest.*

0930	Arrive, Registration, Coffee	
1000	Welcome, Introductions, reasons for today	• Chair
1010	Responding to traumatic incidents – what are we currently doing?	• LRF and
1025	Learning from Grenfell and Manchester – issues for the system	• *Clinical Directors for Grenfell and Manchester have been invited*
1110	Good practice in responding to trauma – what we know from science and evidence	• *British Psychological Society Trauma psychology section?*
1130	Break	
1145	How the system should work on current guidelines, who leads who does what	• LRF and LHRP led by HPFT
1200	Key actions we need to take: Divide into groups on ○ system level, ○ clinical level, ○ recovery ○ Communications and public engagement All groups to consider multi agency contributions, skills and roles	• What key priorities? • Who leads? • Reporting back into LHRP work programme and IRF
1240	Plenary feedback and next steps	• Chair
1300	Close	