

Agenda



AGENDA for a meeting of the PUBLIC HEALTH, PREVENTION AND PERFORMANCE CABINET PANEL in COMMITTEE ROOM B at County Hall, Hertford on MONDAY, 12 MARCH 2018 at 10.15AM

MEMBERS OF THE PANEL (12) (Quorum 3)

A P Brewster, L A Chesterman, C Clapper, B A Gibson, S Gordon, N A Hollinghurst, M B J Mills-Bishop, R M Roberts (Chairman), A F Rowlands, A Stevenson, A D Williams (Vice Chairman), W J Wyatt-Lowe

Meetings of the Cabinet Panel 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".

Committee Room B is fitted with an audio system to assist those with hearing impairment. Anyone who wishes to use this should contact main (front) reception.

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.

PART I (PUBLIC) AGENDA

1. MINUTES

To confirm the Minutes of the meeting held on 2 February 2018.

2. PUBLIC PETITIONS

The opportunity for any member of the public, being resident in Hertfordshire, to present a petition relating to a matter with which the Council is concerned, which is relevant to the remit of this Cabinet Panel and which contains signatories who are either resident in or who work in Hertfordshire.

Members of the public who are considering raising an issue of concern via a petition are advised to contact their local member of the Council. The Council's arrangements for the receipt of petitions are set out in Annex 22 - Petitions Scheme of the Constitution.

If you have any queries about the procedure please contact Theresa Baker, by telephone on 01992 556545 or by e-mail to theresa.baker@hertfordshire.gov.uk

At the time of the publication of this agenda no notices of petitions have been received.

3. DEEP DIVE: UNDER 18 MENTAL HEALTH ADMISSIONS

Report of the Director of Public Health

4. HERTFORDSHIRE COUNTY COUNCIL PERFORMANCE MONITOR – QUARTER 3 (Q3), 2017-18

Report of the Director of Resources

5. CURRENT PROGRESS ON PREVENTION AND NEXT STEPS: TOWARDS A PREVENTION STRATEGY

Report of the Director of Public Health

6. OTHER PART I BUSINESS

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

PART II ('CLOSED') AGENDA

EXCLUSION OF PRESS AND PUBLIC

There are no items of Part II business on this agenda. If Part II business is notified the Chairman will move:-

“That under Section 100(A) (4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item/s of business on the grounds that it/they involve/s the likely disclosure of exempt information as defined in paragraph/s 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 Theresa Baker, Democratic Services, on telephone no 01992 556545 or email theresa.baker@hertfordshire.gov.uk.

Agenda documents are also available on the internet at:

<https://cmis.hertfordshire.gov.uk/AgendaPack/Calendarofcouncilmeetings.aspx>

Minutes



To: All Members of the Public Health, Prevention and Performance Cabinet Panel, Chief Executive, Chief Officers, All officers named for 'actions'

From: Legal, Democratic & Statutory Services
Ask for: Theresa Baker
Ext: 26545

PUBLIC HEALTH, PREVENTION AND PERFORMANCE CABINET PANEL 2 FEBRUARY 2018: 10.00 AM

ATTENDANCE

MEMBERS OF THE PANEL

A P Brewster, L A Chesterman, C Clapper, B A Gibson, S Gordon, M B J Mills-Bishop, R M Roberts (Chairman), A F Rowlands, A Stevenson, A D Williams (Vice Chairman), W J Wyatt-Lowe

Upon consideration of the agenda for the Public Health, Prevention and Performance Cabinet Panel meeting on 2 February 2018 as circulated, copy annexed, conclusions were reached and are recorded below:

Note: No conflicts of interest were declared by any member of the Cabinet Panel in relation to the matters on which conclusions were reached at this meeting.

All Members who have a disclosable pecuniary interest arising from an allowance from the County Council, another local authority in Hertfordshire, or a body to whom they have been appointed by the County Council, have received a dispensation to allow them to participate in debate and vote on the Integrated Plan.

All Members have been granted a dispensation to participate in debate and vote in any business of the County Council relating to setting the council tax or precept when they would otherwise be prevented from doing so in consequence of having a beneficial interest in land which is within the administrative area of Hertfordshire or a licence (alone or jointly) to occupy such land."

"M B J Mills-Bishop – by virtue of his wife being employed as a teacher in Hertfordshire. He has been granted a dispensation by the Standards Committee to participate, debate and vote in business in which this Disclosable Pecuniary Interest is mentioned provided that the business to be considered does not directly affect his financial position or that of his wife; which he considered it did not.

CHAIRMANS ANNOUNCEMENTS

- i An Information Note ‘Update on Actions from Previous PHP&P Cabinet Panel Minutes’ had been circulated on 1 Feb 2018. Members were directed to raise any issues arising with the Chairman, Lead Officer or Business Manager.
- ii The ‘Year of Physical Activity’ (HertsYOPA18) had begun, January being the month of ‘Do Something New’ and February ‘Workforce Development’ month. Yopa the Stag (Year of Physical Activity mascot) had been present at the Letchworth Park Run. To encourage participation in sport, Members were encouraged to promote a series of 6 hole events [Golf Sixes](#) and sports taster sessions offered in May by a golf club to showcase different sports.

Members
P Simey

PART I (‘OPEN’) BUSINESS

1. MINUTES

ACTION

- 1.1 The Minutes of the Cabinet Panel meeting held on 10 November 2017 were confirmed as a correct record and signed by the Chairman.

2. PUBLIC PETITIONS

- 2.1 There were no public petitions.

3. OVERVIEW OF THE CHALLENGES FACING THE COMMUNITY PROTECTION DIRECTORATE IN RESPONDING TO AN INCREASE IN PRIMARY AND SECONDARY FIRES

[Officer contact: Chris Bigland, Deputy Chief Fire Officer
(Tel: 01992 507503)]

- 3.1 The Panel received an overview of the challenges facing the Community Protection Directorate (CPD) in responding to an increase in primary (1ry) and secondary (2ry) fires, also the work undertaken to mitigate the impact on residents, the Council and its partners in caring for and keeping safe residents and visitors.
- 3.2 In line with national trends, the ten year fire data for Hertfordshire showed a five year continuing reduction in fires until 2012 and a steady increase in the number of 1ry/2ry fires since then. It was, however, too early to confirm whether the increases were an upward trend or a natural correction after a 50% reduction in fires during the preceding 5-10 years. Hertfordshire continued to track much lower than the national figures and its actual performance was still below the projected annual targets set by the service.

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3.3	The research report 'Fire Deaths in Hertfordshire 2000-2017' identified the dwelling fire fatality factors since 2000 in order of prevalence as victim lived alone, smoking, limited mobility, alcohol, poor health, drugs (prescription and illegal) and mental health, with 82% of fire fatalities including the top two. Members noted the detail of the demographic context (both for people and the economy) in relation to the fire fatality factors, the rise in 1ry/2ry fires and that HFRS was addressing the rise through Prevention and Partnership activities.	
3.4	Prevention activities for older people were not only through one to one interactions but also through group activities i.e. Older Persons Active Learning Safety lunch clubs and U3A; District Commanders were keen to consider further suggestions for group engagement.	Members
3.5	A number of factors contributed to death by fire in the presence of fire alarms, including intoxication and sleeping through the alarm or not being equipped to respond, and HFRS had run a trial supporting responses to telecare calls, e.g. to assist persons who had fallen, the visit being an opportunity to understand the resident's needs regarding any future fire and also to install a fire alarm. Officers clarified that alarm systems could be automatically linked to the fire service and private providers already linked to private or commercial premises and contacted the fire service when the alarm actuated.	
3.6	Officers clarified that as Safe and Well Visits had been undertaken for less than a year insufficient data was available to identify uptake by 85 year olds and offered to update panel in due course. Collaboration between the blue light services and partners, via the capable guardian scheme for signposting, enabled prioritisation of those who must be visited rather than relying only on requests; officers agreed to ascertain if the visits were being coordinated with Age UK. All District Councillors had been advised of the scheme and were also promoting it.	C Bigland C Bigland
3.7	Psychological support and occupational health via TRiM Trauma decompression helped firefighters cope with potential daily exposure to fire trauma and trauma from other incident types. HFRS also maintained contact with personnel who had left the service through the retired members association and directed them to services as required e.g. for Post-traumatic Stress Disorder.	
3.8	Officers recommended Learn 2 Live to the panel and offered to circulate event details. Smoke alarms for the hearing impaired were often publicised in parish magazines and suggestions of other magazines were welcome.	C Bigland Members

3.9	As understanding of trauma had progressed and guidance from the British Psychological Society had been updated, a conference on trauma was being organised between Public Health, HFRS and the Hertfordshire Partnership Foundation Trust.	
3.10	Officers concluded that as the population for the county increased and life styles became more complex the fire service was evolving to meet the need, in particular partnership working since most people affected by fire were known to one or other of the partners. Since age had been identified as one of the major contributory factors to fires in residential premises Members requested that year on year age data should be tracked and that HFRS provide demographic data in relation to fires to the PHP&P panel Performance Report, even if only annually. Officers clarified that this was possible only for incidents where age was recorded, thus future reports would be indicative for all but fatal injuries which are comprehensively captured (see report).	C Bigland C Bigland
3.11	As there was still no clear reason for the rise in 1ry and 2ry fires, officers were requested to refer the issue back to HFRS and the Community Safety and Waste Management cabinet panel.	C Bigland
Conclusions:		
3.12	The Panel noted and commented on the challenges facing the Community Protection Directorate and highlighted any further information that could be of value.	
4.	HERTFORDSHIRE COUNTY COUNCIL PERFORMANCE MONITOR –QUARTER 2 (Q2), 2017-18	
[Officer Contact: Stuart Bannerman Campbell, Assistant Director, Improvement and Technology (Tel: 01992 588397) Martin Aust, Head of Intelligence, Improvement and Technology, Resources (Tel: 01992 555793)]		
4.1	The panel received the Performance Report for Q2 of 2017-18.	
4.2	In relation to the Resources, Property and the Economy, the panel requested an update on the position in regard of use of temporary and agency staff.	S Bannerman Campbell M Aust
4.3	Members heard that work following member comment on the 'Adult Care Services-Service Challenges and Response' report was ongoing. It was agreed to allow more time for data collection and review progress in the Q3 Performance report. The panel requested that the Q3 descriptor clarify why the annual target had been chosen in relation to Direct Payments and why HCC was not performing better.	S Bannerman Campbell M Aust, H Maneuf

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|-----|---|---|
| 4.4 | Members requested feedback to Children’s Services (CS) that, from a Member’s personal experience and feedback from parents, the online application system for free early education for 2 year olds was complicated and many parents did not realise they were eligible unless advised so by the provider and given a form; CS to report back to the panel. | S
Bannerman
Campbell
M Aust
M McQueen |
| 4.5 | Officers were asked to ensure the Comparison data for the Eastern Region Average for ‘Total household waste per household in kilograms’ was available in the Q3 performance report. | S Bannerman
Campbell
M Aust |
| 4.6 | Officers agreed to seek to provide more basic data on Highways matters, but highlighted the difficulties with comparison as other authorities did not release their data and the limited historical picture as some measures were new. Members also requested long term data for Highways and in particular ‘Street lighting defects rectified within the prescribed response times’ including time taken for defect rectification. | S Bannerman
Campbell
M Aust |
| 4.7 | Members heard that the comparatively low level of ‘Hospital Admissions for Mental Health Conditions (under 18s)’ in Hertfordshire was a consequence of an emphasis on early intervention and community based treatment and that the data related only to Hertfordshire residents. The panel requested the conclusions, if available, of the CAMHS Topic Group, and a report on the Mental Health of Young People, including where they were being treated, and hospital admissions for Mental Health Conditions (Adults) for the March panel. | N Rotherham
C Lambert

J McManus |

Conclusions:

- 4.8 The Public Health, Prevention and Performance Cabinet Panel
- a) Commented on the recommendations on any performance, project, contract and risk or audit matter outlined in this report.
 - b) Identified further actions to address any performance concerns raised in the performance monitor.

5. INTEGRATED PLAN 2018/19 - 2021/22 PUBLIC HEALTH, PREVENTION AND PERFORMANCE

[Officer Contact:
Joanne Doggett, Head of Programme Delivery and Resources
(Tel: 01992 556458)
Lindsey McLeod, Head of Corporate Finance (Tel: 01992 556431)]

- 5.1 The panel received a report which highlighted the areas of the Integrated Plan relating to Public Health, Prevention and Performance for members consideration and comment. The

following issues were discussed in relation to the report to Cabinet of 22 January 2018, agenda item 4(ii): Integrated Plan 2018/19 - 2021/22:

5.2 Members heard that the 2.5% reduction in the Public Health grant from September 2017 and rising to 7.5% by 2019/20 had been known and accounted for when preparing the proposed budget. Attention was drawn to PH's small capital budget of £725m, the key revenue pressures, savings proposals and capital schemes (page 152) and the service's strategy to work to maintain services and outcomes.

5.3 Officers clarified that, despite the proposal for 'Reduction in funding offered to district councils' (page 157: Key Budget Movements 2018/19-2021/22), the service was investigating ways of continuing to contribute financially to working with district councils which were well placed to provide particular PH agendas including weight management and physical activity. Member input to this issue was encouraged. Following observations from the Peer Challenge and PH's strengths in influencing across and between, and that partnership working and greater integration were the way forward, Members requested the full written report to the LGA Peer Challenge on Public Health to be circulated as soon as possible.

J McManus
T Baker

5.4 Officers clarified that although Mental Health (MH) was not a mandated service for PH, to prevent a reduction in support for MH issues it was being written into children's centre, school nurses and health visitor service specifications currently being recommissioned by the County Council. The relevant MH staff budgets had been protected as had the staff budgets for school pastoral networks.

5.5 In terms of key risks in delivering projects and programmes for the PH portfolio and the risk of losing experienced PH staff, members heard that the PH performance monitor would now track vacancy rates and the use of agency staff.

J McManus

Conclusions:

- 5.6
1. The Panel commented to Cabinet on the proposals relating to the Integrated Plan in respect of Public Health, Prevention and Performance.
 2. The Panel identified any issues that it felt that the Cabinet should consider in finalising the Integrated Plan proposals.
 3. Panel supported the Public Health Integrated Plan proposals.

6. OTHER PART I BUSINESS

There was no other business.

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

**CHAIRMAN'S
INITIALS**

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HERTFORDSHIRE COUNTY COUNCIL

**PUBLIC HEALTH, PREVENTION AND PERFORMANCE
CABINET PANEL
12 MARCH 2018 AT 10.15AM**

<u>Agenda Item</u> <u>No.</u> 3
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DEEP DIVE: UNDER 18 MENTAL HEALTH ADMISSIONS

Report of the Director of Public Health

Authors: David Conrad, Consultant in Public Health (Evidence & Intelligence) (Tel: 01992 555391)
Will Yuill, Public Health Analyst (Tel: 01992 555127)
Simon Pattison, Head of Service, Integrated Health and Care Commissioning Team (Tel: 01438 845392)
Jen Beer, Health Improvement Lead – Children and Young People, Public Health (Tel: 01438 843309)
Sue Beck, Head of Service – Children and Young People, Public Health (Tel: 01438 845914)

Executive Member: Richard Roberts, Public Health, Prevention and Performance

1. Purpose of report

1.1 The purpose of the Report is to inform Panel members of statistical data pertaining to children and young people’s mental health in Hertfordshire, as well as relevant local treatment services and current prevention work.

2. Summary

2.1 The presentation “Deep Dive: Under 18 Mental Health Admissions” is being brought to the Panel in response to a request from the Panel made at the meeting on 2 February 2018 ([item 4.7 in the minutes](#)).

2.2 The presentation describes:

- Mental health hospital admissions data for those under 18 (including trend over time, comparison with other similar local authorities, and breakdowns of the data by cause of admission and type of NHS trust)
- Possible reasons for changes over time in the above statistics
- Local work undertaken to reduce under 18 mental health hospital admissions

- Child and Adolescent Mental Health Services (CAMHS) referral waiting times
- Further local data relating to the mental health and wellbeing of under 18s in Hertfordshire
- Steps that are being taken in relation to the prevention of mental illness, promotion of mental health, and earlier intervention work in Hertfordshire

3. Recommendation

- 3.1 Panel is asked to note and comment upon the content of the presentation.

4. Background

- 4.1 A statistical indicator on mental health hospital admissions in under 18s for Hertfordshire was included in the Public Health section of the [Hertfordshire County Council Quarterly Performance Monitor 2017/18, Q2 report](#) which was presented to the Cabinet Panel on 2 February 2018. Following this, a 'deep dive' presentation was requested by the Panel to provide Members with more detailed data related to the topic, as well as relevant local treatment services and prevention works which are currently in place.
- 4.2 The figures for under 18 mental health hospital admissions cover admissions where the primary cause was a mental health condition; they comprise:
- admissions to a mental health inpatient bed
 - admissions to a general hospital e.g. as a result of an eating disorder or self-harm
- 4.3 Specialist Child and Adolescent Mental Health Services (CAMHS) are delivered across the whole of Hertfordshire. The service treats emotional and behavioural problems in children and adolescents. Emotional problems include depression, anxiety and phobias. Behavioural problems include extreme aggression at home and school, delinquency and attention deficit hyperactive disorder (ADHD). Other serious issues can be anorexia, schizophrenia, obsessive compulsive disorder.
- 4.4 All community CAMHS services are commissioned by the Integrated Health Care and Commissioning Team (IHCCT) on behalf of NHS East & North Hertfordshire CCG, NHS Herts Valleys CCG and Hertfordshire County Council.
- 4.5 Hertfordshire County Council's Public Health Service has a remit around mental health promotion and the prevention of mental ill health at a population level.

In overview the Deep Dive indicates the following data:-

- Between 2012/13 and 2016/17 there has been a significant rise in under 18 admissions for mental health conditions within Hertfordshire, although Hertfordshire is still below the England rate. However, the projection for 2017/18, which is based on incomplete and unfinalised data, suggests that Hertfordshire's rate will continue to increase.
- There are an increasing number of acute admissions, whereas the rate of admissions to mental health trusts has remained broadly stable.
- The latest national data (2015/16) show that many areas are seeing an increase in under 18 mental health admissions.
- Hertfordshire has a statistically similar rate to most other areas, however it had a significantly lower rate than both England and Hampshire in 2015/16.
- A few medical conditions make up the majority of admissions over the last five years (2012/13-2016/17): eating disorders, anxiety, depression, disorders due to alcohol and developmental disorders.
- In the latest full year (2016/17), the same core set of conditions (eating disorders, anxiety, depression, disorders due to alcohol and developmental disorders) caused hospital admissions, although the proportion of admissions by each cause shifted.
- In relation to Eating Disorders and Other Anxiety Disorders in 2016/17, there appears to be a trend of increasing admissions to hospital.

Deep Dive:

Under 18 Mental Health Admissions

PH.Intelligence@hertfordshire.gov.uk

12th March 2018

www.hertfordshire.gov.uk

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Authors

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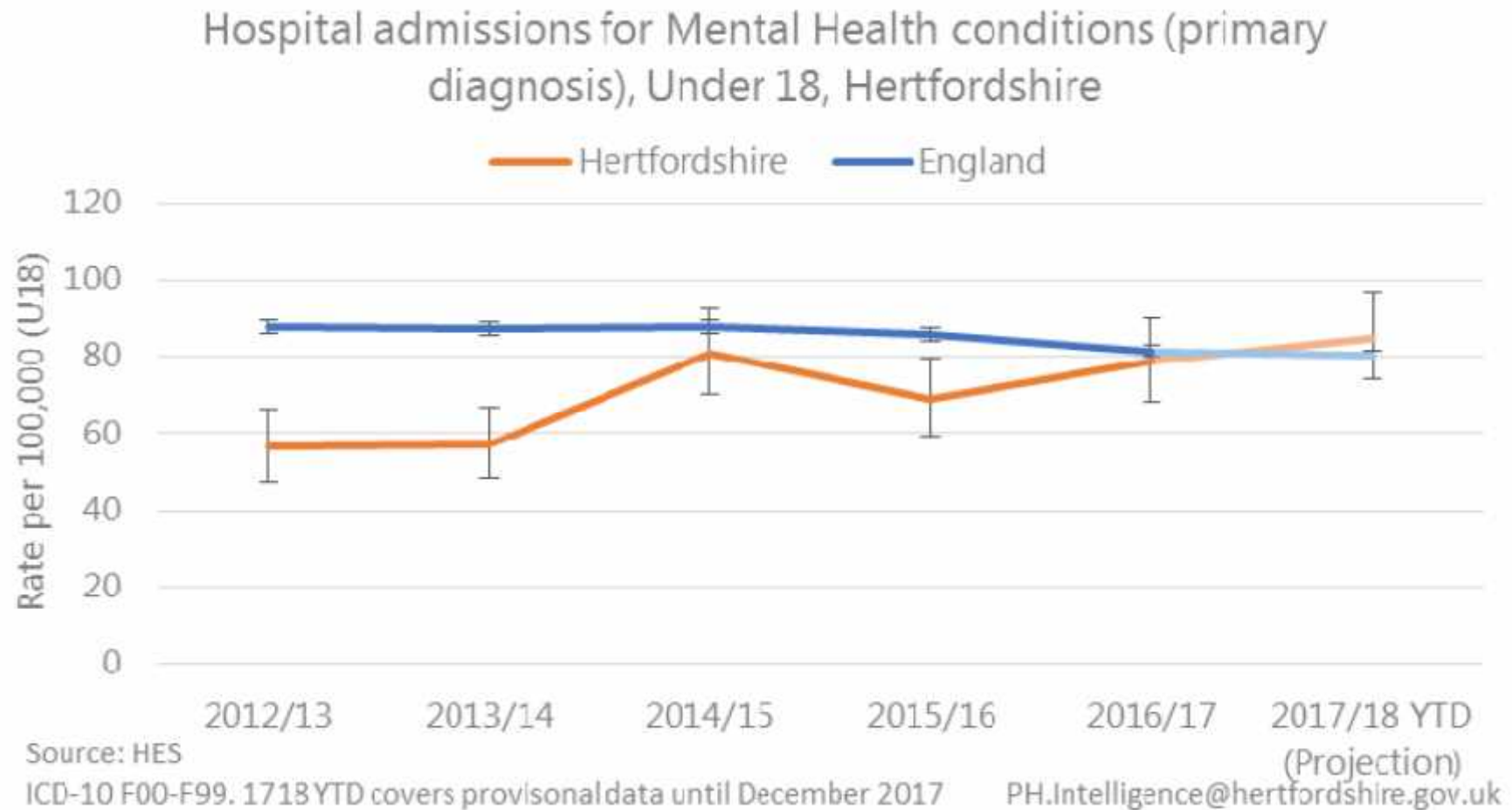
Head of Service – Children and Young People, Public Health

Mental Health Admissions for Under 18s

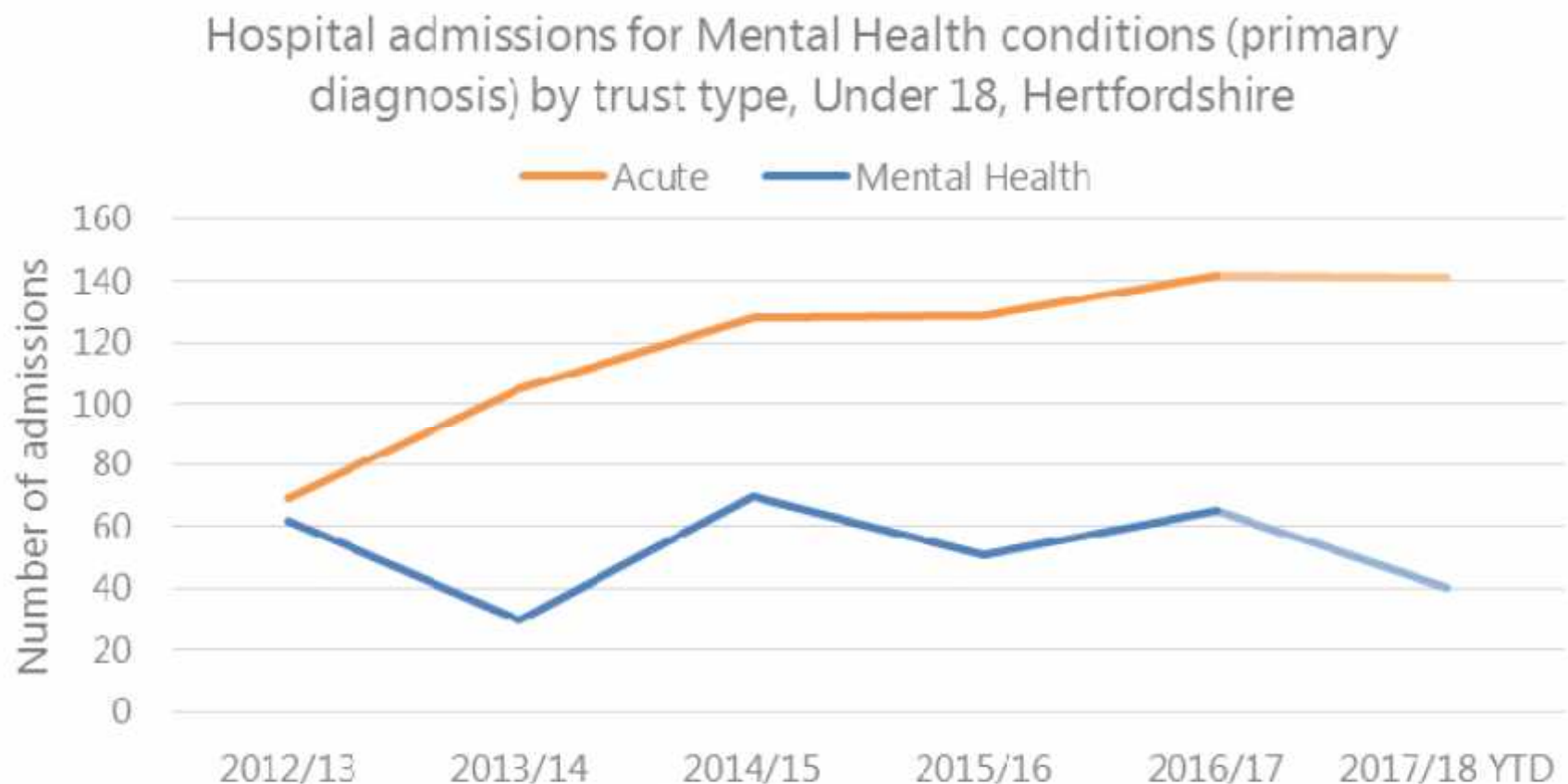
These numbers include:

- Admissions to a mental health inpatient bed (e.g. Forest House unit run by Hertfordshire Partnership NHS Foundation Trust)
- Admissions to a general hospital (Lister, Watford General etc.) e.g. as a result of an eating disorder or anxiety
- Admissions where the primary cause of the admissions was a mental health condition

<18 Mental Health Admissions - Trend



<18 Mental Health Admissions - Trusts

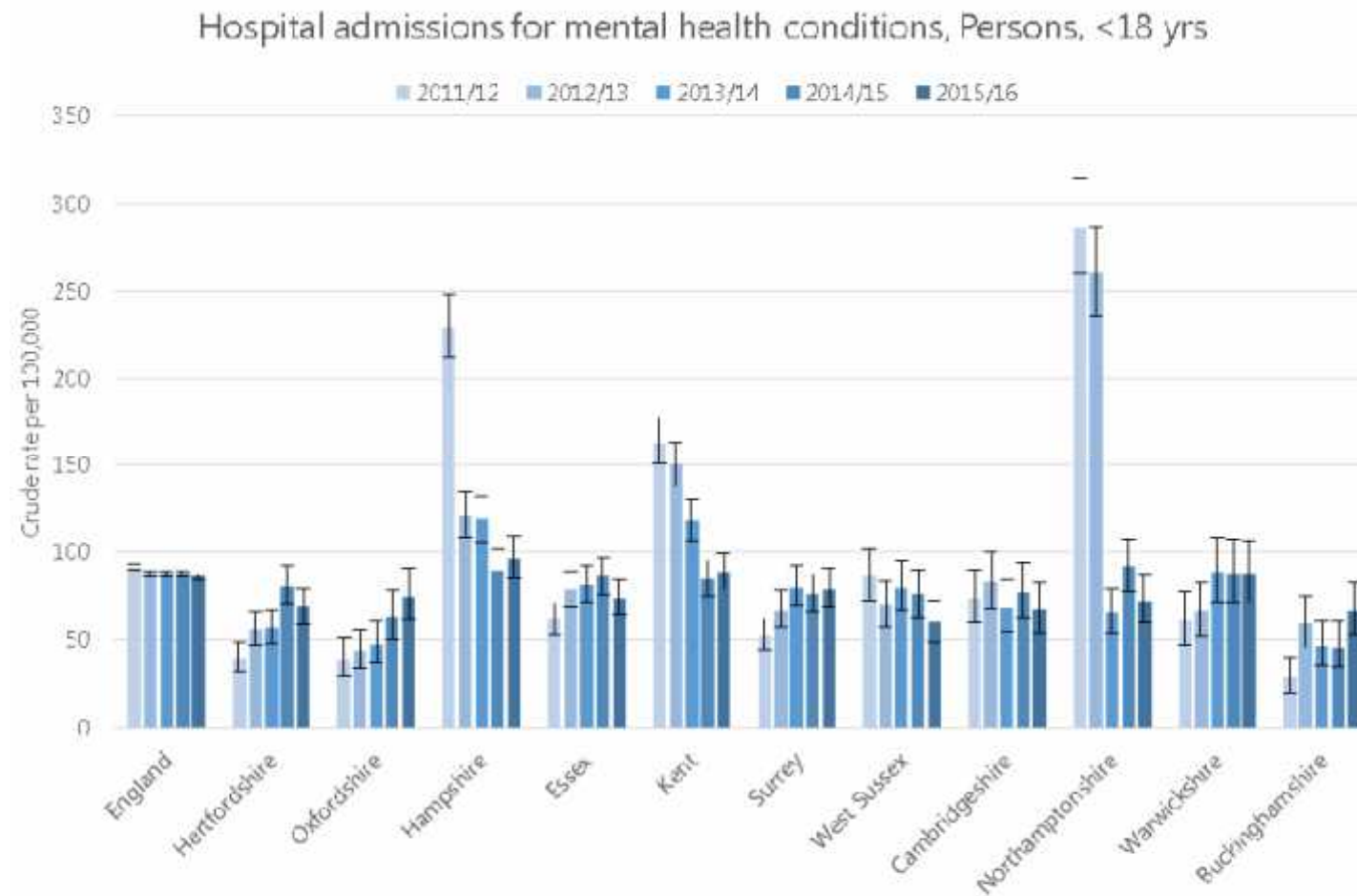


Source: HES. Trusts that are not Acute or Mental Health trusts excluded

ICD-10 F00-F99. 1718 YTD covers provisional data until December 2017

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<18 Mental Health Admissions – Comparators

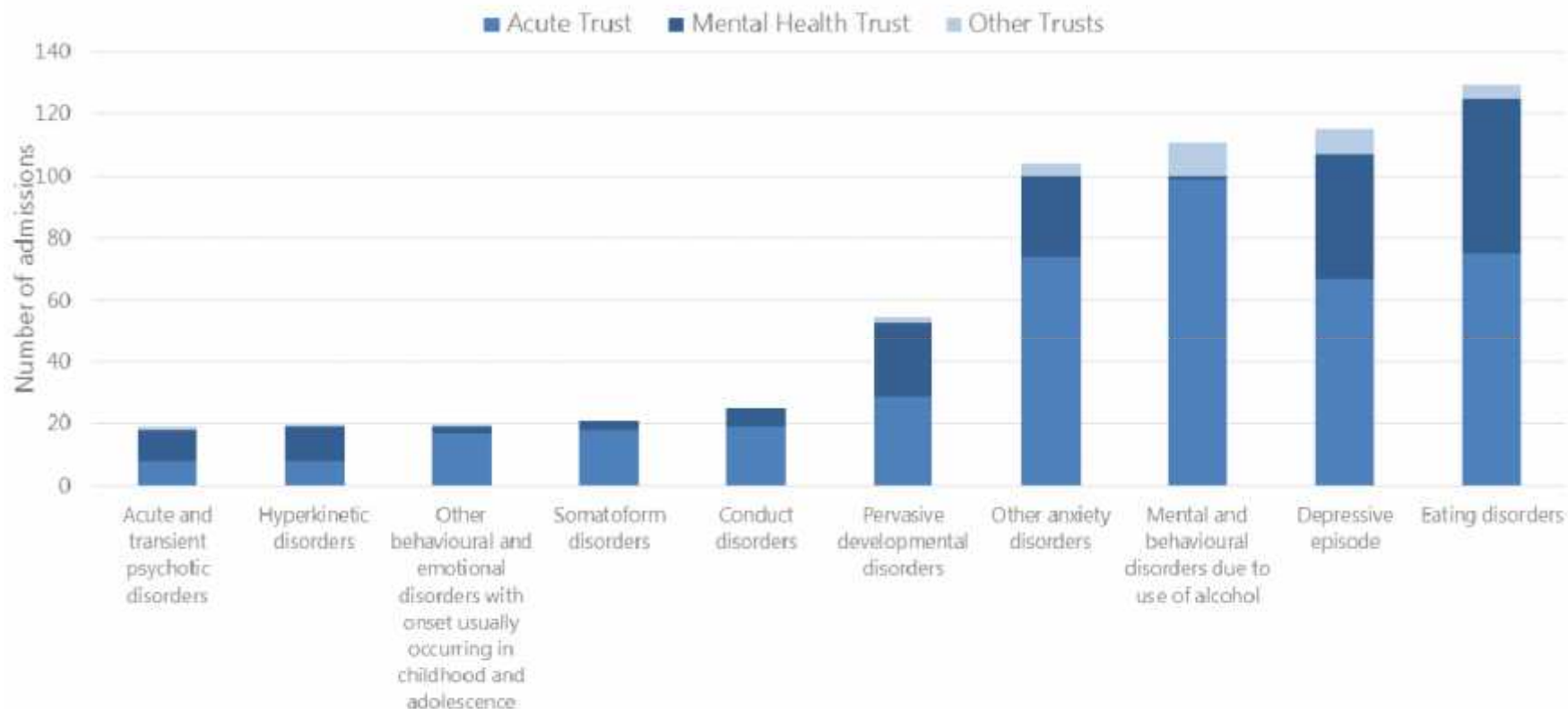


Source: Local Authority Child Health Profiles

PHIntelligence@hertfordshire.gov.uk

<18 Mental Health Admissions - Cause

Hospital admissions for Mental Health conditions (primary diagnosis) by top 10 causes, Under 18, 2012/13-2016/17, Hertfordshire



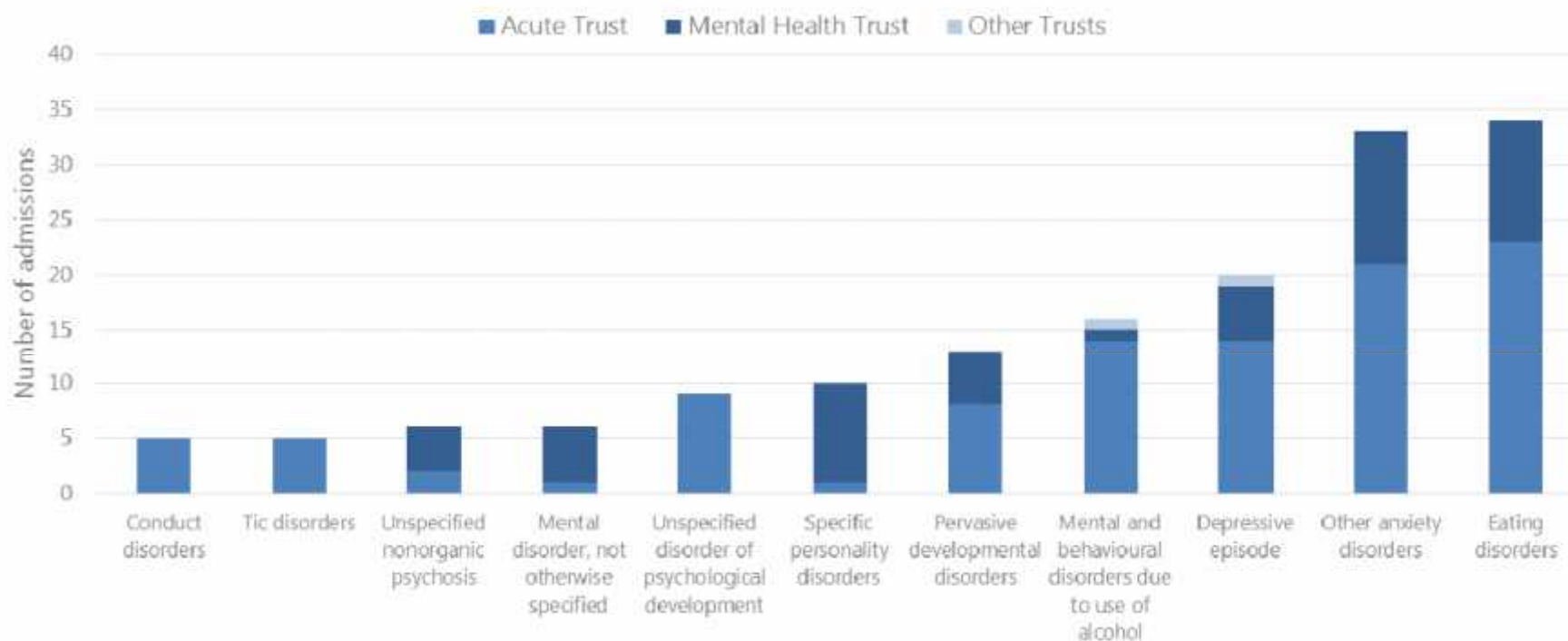
Source: HES, ICD-10 F00-F99, 1718 YTD covers provisional data until December 2017

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<18 Mental Health Admissions - Cause

Hospital admissions for Mental Health conditions (primary diagnosis) by top 10 causes, Under 18, 2012/13-2016/17, Hertfordshire

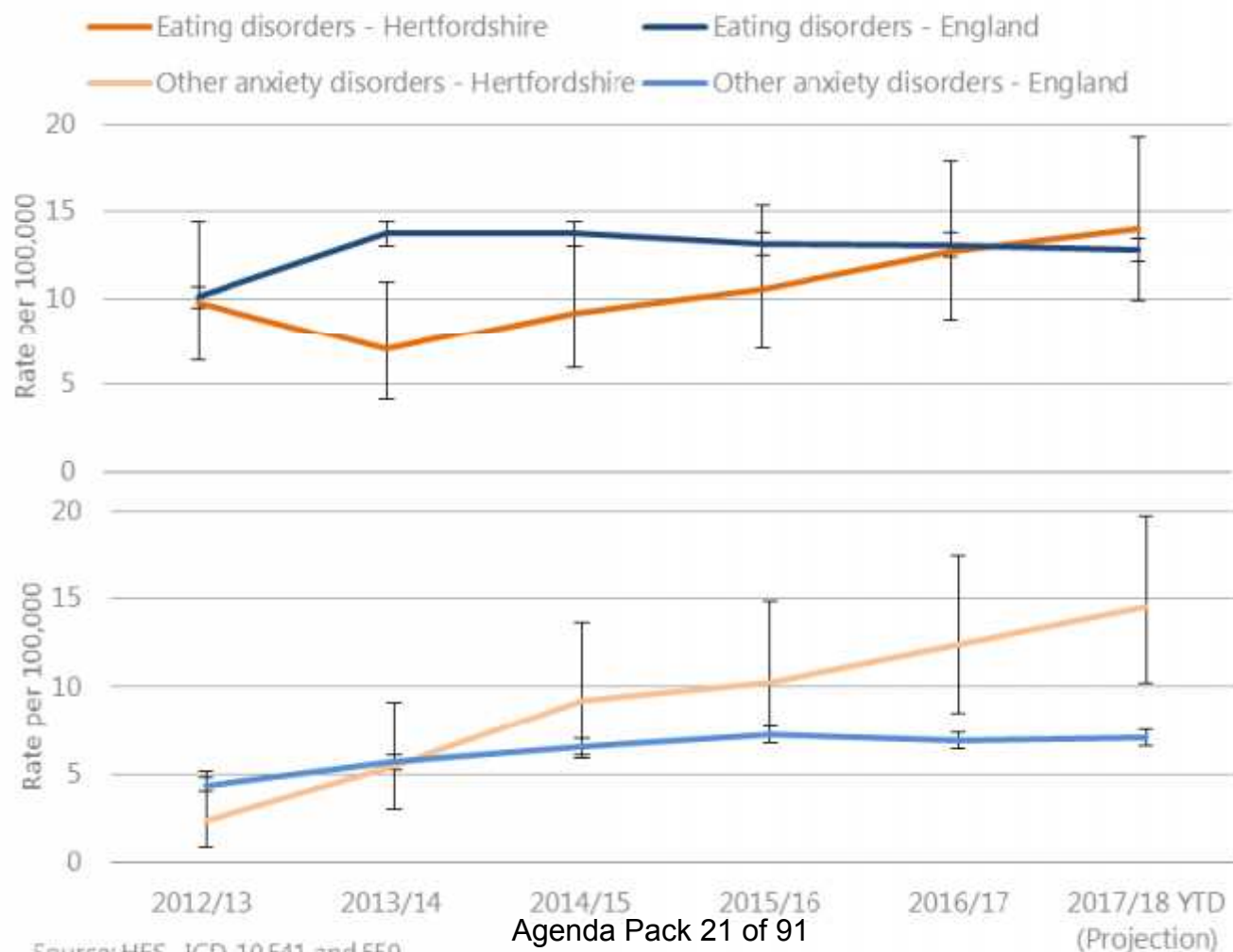


Source: HES. ICD-10 F00-F99. 1718 YTD covers provisional data until December 2017

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<18 Mental Health Admissions - Cause

Under 18 admissions for Eating disorders and Other anxiety disorders in Hertfordshire, 2012/13-2017/18



Source: HES. ICD-10 F41 and F50.

1718 YTD covers provisional data until December 2017

Why are admissions increasing?


- Increasing need?
- Better identification of need?
- Better coding of mental health admissions?
- Change in pathways?
- Unmet need?

Plans to reduce these admissions

1. New HPFT Community Eating Disorders team to manage children and young people better in the community and so not require admissions
2. Improved mental health support in crisis
3. HPFT taking over commissioning and management of CAMHS inpatient beds


1) Community Eating Disorders Team

- April-June 2016: average 12 CYP in a Tier 4 inpatient bed with an eating disorder. By December 2016, this reduced to an average of 5.75
- April 2017 onwards: Meeting national targets that 95% of urgent referrals seen within 3 days and 95% of routine referrals seen within 28 days




Healthy Young Minds in Herts


A £600,000 funding boost has expanded the eating disorders team from 3 to 18 staff so all children and young people with an eating disorder can be supported by specialists.




#HertsCAMHS



Herts Valleys
Clinical Commissioning Group



East and North Hertfordshire
Clinical Commissioning Group



2) Crisis Support

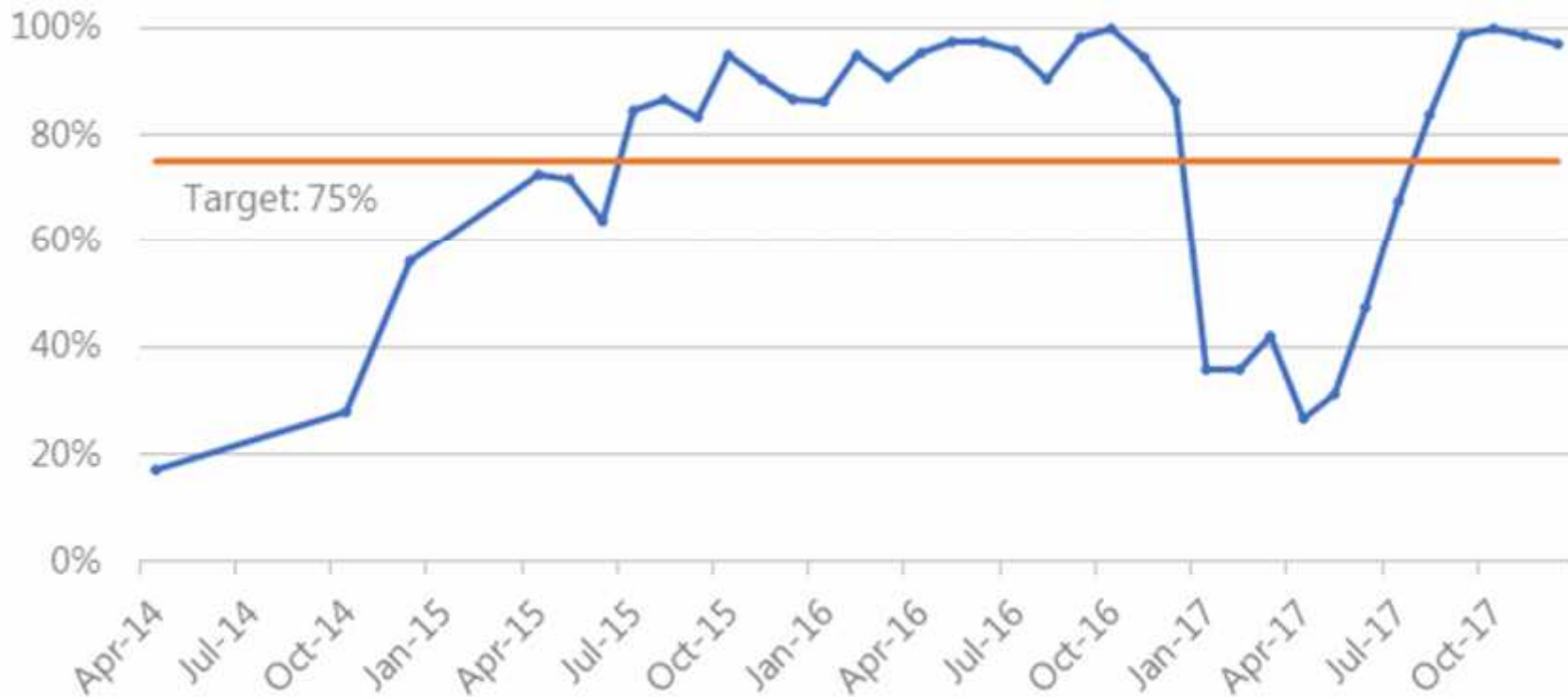
- CAMHS Crisis Assessment and Treatment Team in place based at Watford and Lister Hospitals 9am-9pm 7 days a week – expanded in 2016/17 from 9-5 Monday to Friday
- High Risk Nurse & Pathway – HPFT Community Teams
- Complex Case Panel across HPFT and HCC
- Care, Education and Treatment Reviews in place to ensure all admissions are necessary

3) HPFT commissioning & managing CAMHS inpatient beds

- Previously responsibility of NHS England
- New teams being developed to reduce admissions and support people in the community:
 - Home Treatment Team
 - Dialectical Behaviour Service (DBT)
- Gatekeeping Model
- Structured Clinical Management
- Short Term Crisis Admissions

4) HPFT CAMHS Referral Times

CAMHS referrals meeting assessment waiting time standards (Routine - 28 days)



Source: HPFT

PH.Intelligence@hertfordshire.gov.uk

Public Health: Prevention of mental illness, promotion of mental health, and earlier intervention

Jen Beer

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Sue Beck

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<18 Mental Health in Hertfordshire

- It is estimated that in 2015 over 14,000 children and young people (5-16) had a mental health disorder
- Since 2008 the percentage of Year 8 & 10 pupils who said their school cares whether they are happy has increased from 33% to 45%
- 41% Year 5 & 6 had high levels of self esteem in 2016 (37% in 2008)
- 43% Year 8 & 10 pupils had high levels of self esteem in 2016 (44% in 2008)

Risk and protective factors for CYP's mental health

RISK FACTORS

- ✗ Genetic influences
- ✗ Low IQ and learning disabilities
- ✗ Specific development delay
- ✗ Communication difficulties
- ✗ Difficult temperament
- ✗ Physical illness
- ✗ Academic failure
- ✗ Low self-esteem

- ✗ Family disharmony, or break up
- ✗ Inconsistent discipline style
- ✗ Parent/s with mental illness or substance abuse
- ✗ Physical, sexual, neglect or emotional abuse
- ✗ Parental criminality or alcoholism
- ✗ Death and loss

- ✗ Bullying
- ✗ Discrimination
- ✗ Breakdown in or lack of positive friendships
- ✗ Deviant peer influences
- ✗ Peer pressure
- ✗ Poor pupil to teacher relationships

- ✗ Socio-economic disadvantage
- ✗ Homelessness
- ✗ Disaster, accidents, war or other overwhelming events
- ✗ Discrimination
- ✗ Other significant life events
- ✗ Lack of access to support services



Child



Family



School



Community

- ✓ Secure attachment experience
- ✓ Good communication skills
- ✓ Having a belief in control
- ✓ A positive attitude
- ✓ Experiences of success and achievement
- ✓ Capacity to reflect

- ✓ Family harmony and stability
- ✓ Supportive parenting
- ✓ Strong family values
- ✓ Affection
- ✓ Clear, consistent discipline
- ✓ Support for education

- ✓ Positive school climate that enhances belonging and connectedness
- ✓ Clear policies on behaviour and bullying
- ✓ 'Open door' policy for children to raise problems
- ✓ A whole-school approach to promoting good mental health

- ✓ Wider supportive network
- ✓ Good housing
- ✓ High standard of living
- ✓ Opportunities for valued social roles
- ✓ Range of sport/leisure activities

PROTECTIVE FACTORS

Child (0-5 years)

- Supporting 'attachment' through health visitor service
- Ages and Stages Questionnaire – an assessment at age 1 year and 2.5 years includes development, speech and language
- One to one support for families where needed
- School readiness working in partnership with current Children Centres

Family

- Mental health review for mums at 6 - 8 weeks postnatally
- Listening visits (one to one with health visitor) for parents who experience mild to moderate postnatal depression or anxiety
- Support from school nurses to parents where the child is unwell
- Referrals to mental health services

School (5-19 years)

- School Nursing Service support: Chat Health, one to one interventions, wider family support,
- Children Looked After – holistic review assessment and plans
- Public Health coordinate the multi-agency 'Just Talk' programme, launched 22nd January 2018
- Referrals and signposting to mental health services through school nursing e.g. CAMHS

School (5-19 years)

- Suicide prevention - comprehensive work programme exists across the county. This includes a sub-group focussed on children and young people, and a sub-group focussed on boys and men (3 x more likely to take their own life)
- Workforce development on mental health promotion (Mindfulness, Mental Health First Aid Youth, Exams, Anxiety, Risky Behaviours, Self-Harm)
- Communication pathways e.g. secondary school pastoral leads networks in all districts. Plans to develop in primary schools

Community

- Providing information for parents/carers e.g.
Key information and training
- Promoting physical activity e.g.
Girls Active
Junior Parkruns
Daily Mile (in schools)
Watford FC

Obtaining & Analysis of Mental Health Data

- 'Mental Health & Wellbeing' Joint Strategic Needs Assessment underway
- Health Related Behaviour Questionnaire – every two years
- Survey to identify attitudes towards mental health and knowledge of coping strategies and support available
- National data and information – widely shared with HCC colleagues and wider partners

Thank you

Discussion and questions...

HERTFORDSHIRE COUNTY COUNCIL

PUBLIC HEALTH, PREVENTION AND PERFORMANCE CABINET PANEL

12 MARCH 2018 AT 10.15 AM

HERTFORDSHIRE COUNTY COUNCIL PERFORMANCE MONITOR – QUARTER 3 (Q3), 2017-18

Report of the Director of Resources

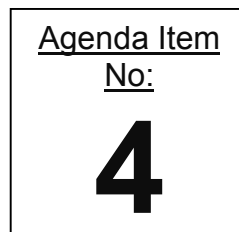
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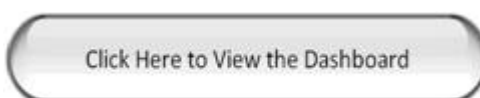
1 Purpose of Report

To present the Performance Report for the third quarter of the financial year 2017-18 to the Public Health, Prevention and Performance Cabinet Panel.

2 Summary

This report provides context and commentary on key areas of Hertfordshire County Council performance. It has been grouped by Portfolio and the reference numbers for the measures in the electronic dashboard are included in each item heading.

The final version of the performance monitor, referenced by service and portfolio will be made available on the Hertfordshire website



3 Recommendation

3.1 The Public Health, Prevention and Performance Cabinet Panel is invited:

- a) To comment on the recommendations on any performance, project, contract and risk or audit matter outlined in this report.
- b) To identify further actions to address any performance concerns raised in the performance monitor.

4 Background

The report provides an executive summary and a report highlighting key performance issues for each Portfolio, ordered as follows:

- | | |
|--|--------------------------------------|
| 1) Adult Care & Health | 5) Environment, Planning & Transport |
| 2) Children's Services | 6) Highways |
| 3) Public Health, Prevention & Performance | 7) Education, Libraries & Localism |
| 4) Community Safety & Waste Management | 8) Resources, Property & The Economy |

5 Equalities Impact Assessment (EqIA)

- 1) When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.
- 2) Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.
- 3) The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

No EqIA was undertaken for this report because the Hertfordshire County Council Quarterly Performance Report only provides historic performance information for the last quarter (Q3 2017/18). The report does not impact on equalities or affect any of the protected characteristics which would require an EqIA to be completed.

1. Adult Care & Health

The rate of delayed transfers of care has shown a steady decrease since the start of the financial year, particularly for social care (Section 1.1.6, p7 and 1.1.7, p8). The NHS England target has not been met but there is clear evidence of improvement in this area. Residential admissions continue to remain low (Section 1.1.4, p6 and 1.1.5, p7). The Public Health, Prevention and Performance Cabinet Panel asked officers to review whether the indicators being presented best represented the priorities for Adult Social Care. The two “self-directed support” indicators have been replaced by two additional “Delayed transfers of care” indicators. This provides a better overview of Hertfordshire’s performance against this nationally sensitive measure.

2. Children’s Services

The rate of Referrals accepted into social care (Section 2.1.1, p10) has increased slightly, though numbers remain low, compared to statistical neighbours, as more families are being supported through Families First where appropriate. Child Protection numbers (Section 2.1.3, p11) have reduced this quarter after increasing in the previous quarter and remain low compared to our statistical neighbours. Performance for percentage of children with initial child protection conferences within 15 days (Section 2.1.4, p11) was strong in December and if maintained, should lead to 2nd quartile performance by the end of March. The Number of Children Looked After (Section 2.1.5, p12) has also reduced after increasing in Q2 and remains on target in line with the Reducing the Number of Children Looked After Strategy.

3. Public Health, Prevention & Performance

Indicators for the ‘Living & Working Well’ life stage (working age group) are presented this quarter, with generally improved outcomes across this age group (Section 3.1, p15). Public Health has awarded a contract to Pinnacle Health to provide a database to capture the Health Improvement Service’s activity relating to weight management, exercise on referral and smoking cessation with a go-live date of 1st April 2018. Public Health is leading on the re-specification of drug and alcohol services with a view to facilitating an ‘all age service offer’ and, following a substantial engagement process, is also leading on procurement of a new HIV service expected to commence in August 2018

4. Community Safety and Waste Management

Community Protection performance reporting has been severely delayed this quarter (See Section 4.1, p21 for details). Progress has been made on the Joint Command project (section 4.2, p22) with Hertfordshire Fire and Rescue Service (HFRS) migrating its fire control room on to a new regional control system. The number of Risk Based Inspections and Safe and Well Visits (Sections 4.1.2 & 4.1.3, p21 & p22) undertaken have decreased this quarter, due to HFRS temporarily reallocating resources to deal with recent tragic events. Notification has been received from the Ministry of Housing, Communities and Local Government restricting the granting of planning permission for the Rye House Waste treatment facility (Section 4.2, p22). The Secretary of State has

since announced that he will be calling in this application. Timescales for this are unclear. The status of the Hertfordshire Household Waste Recycling Centre contract is now at Amber due to the lower value of recycling commodities.

5. Environment, Planning & Transport

Despite small decreases in the number of Health Walks delivered (Section 5.1.1, p23) and attended (Section 5.1.2, p24), performance for both measures are positive as they are both still exceeding their target. The Percentage of Bus Stops with Comprehensive and up-to-date Information (Section 5.1.3, p24) remains above target and in-line with previous quarters.

6. Highways

Three measures from the ten Highways themes are reported this quarter. Overall performance for Q3 continues to be in line with previous quarters, and although Ringway's overall performance is down slightly it still remains consistently above target. A few themes have increased their performance this quarter; with response to public correspondence (Section 6.1.4, p26), Response to Category 1 defects (Section 6.1.8, p27 and Percentage of schemes delivered against the Integrated Works Programme (Section 6.1.5, p 26) well above target. Whilst the Integrated Transport Control Centre (Section 6.1.3, p25) was able to proactively manage a greater percentage of incidents this quarter, it remained below previously seen levels.

7. Education, Libraries & Localism

The percentage of schools rated as good or outstanding (Section 7.1.7, p30) has increased this quarter. The percentage of children reaching the expected level at Key stage 2 in reading, writing and maths has increased and is above national and statistical neighbour comparisons. The average A-Level points score has increased slightly and Hertfordshire remains in the top quintile of Local Authorities. The percentage of children offered a ranked primary school place has increased this year.

8. Resources, Property & The Economy

The rolling annual pay bill (Section 8.1.1, p32) (excluding agency spend) has increased slightly this quarter in line with expectations. The rolling annual agency spend has continued to reduce and is now 4.6% of paybill compared to 5.4% in Q3 last year. There has been a small decrease in headcount (Section 8.1.3, p33) this quarter, but the Whole Time Equivalent has slightly increased suggesting that although there are fewer staff, they are working more hours.

The percentage of employees from a black or minority ethnic group (Section 8.1.6, p34) has increased compared to the previous year and the percentage of employees identifying themselves as having a disability (Section 8.1.7, p34) has also slightly increased over the same period.

The total number of complaints received by the Council (Section 8.1.9, p35) has increased slightly this quarter but is below the level in Q3 last year.

Highlight Report

[For the key to colours and arrows see p37](#)

1 Adult Care & Health

1.1 Service Performance

1.1.1 Percentage of People Receiving Direct Payments (HCS96a)

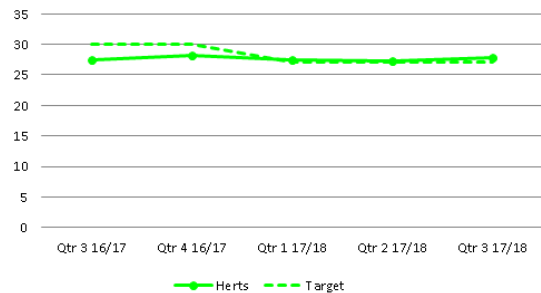


27.9%



Performance improved from **27.3%** last quarter
For 2016-17, Northamptonshire were highest at **47.4%**

Good to be high



At the end of Q3 7,997 clients received a long term service, of which 2,228 were in receipt of a direct payment. Of these, 1,541 direct payments were for ages 18-64 and 687 were for ages 65 and over. This is an increase of 11 direct payments from last quarter (2,217 from 8,108 clients). Adult social care teams implemented an initiative to review long term clients during Q3 which, together with continued promotion of direct payments, has seen an improvement in performance. The target is currently being achieved.

1.1.2 Percentage of Carers Receiving Direct Payments (HCS96b)

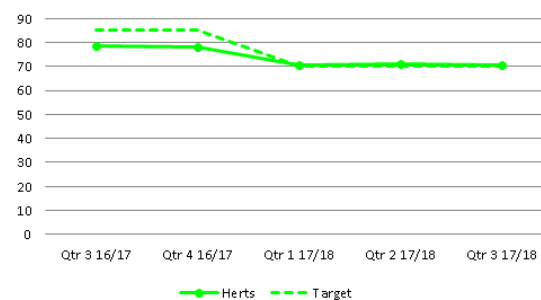


70.4%



Performance declined from **70.9%** last quarter
For 2016-17, Buckinghamshire were highest at **100%**

Good to be high



There are 1,851 carers who have received a carer's specific service in the year, of which 1,304 have received a direct payment. This is an increase of 56 from last quarter (1,248 from 1,761 carers). Clear guidance continues to be promoted amongst front line teams to ensure that direct payments are used where appropriate. Carers continue to be assessed and reviewed to ensure they receive the most suitable form of support available. This, together with the promotion of direct payment pre-paid cards, will continue to improve performance.

1.1.3 Percentage of Older people at home 91 days after leaving hospital into reablement (HCS97a)

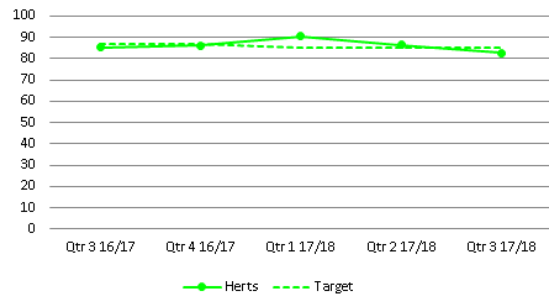


82.6%



Performance declined from **86.5%** last quarter
For 2016-17, Warwickshire were **highest at 94.8%**

Good to be high



This quarter 677 of 819 clients were still at home after 91 days. Performance has decreased from last quarter (430 of 497 clients) and is below target, though it remains above the 2016-17 averages for Hertfordshire's comparator authorities (81.5%) and for England (82.5%).

The number of clients entering reablement services continues to increase as clients with more diverse and severe needs are offered this form of support. Of the 142 service users who were not at home after 91 days, 34 were readmitted to hospital, 8 went into a residential setting and 100 were deceased. Offering reablement services to people with more significant need will increase the likelihood that they will not be at home 91 days after discharge.

The service continues to be improved by a number of initiatives including working with providers to increase capacity, development of discharge to assess models, recruitment of additional occupational therapists and an increase in the delivery of enablement outside of the client's own home.

1.1.4 Rate of Permanent Admissions to Care Homes (18-64) (per 100,000 population) (HCS99a)

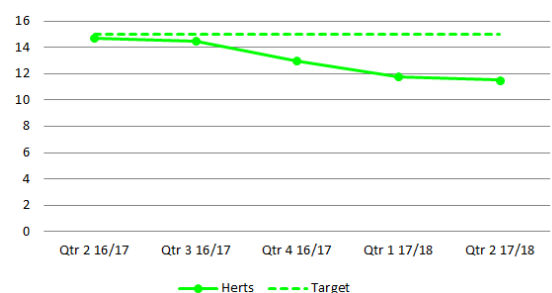


11.5 rate



Performance improved from **11.8** last quarter
In 2016-17, Kent were lowest on **5.2 per 100,000 population**

Good to be low



There were 41 admissions made up to the end of Q2 and the rate of admissions is within target. Continued management oversight of all residential placements and the promotion of alternative forms of care have resulted in the level of residential admissions continuing to reduce.

Note – This indicator is reported a quarter in arrears.

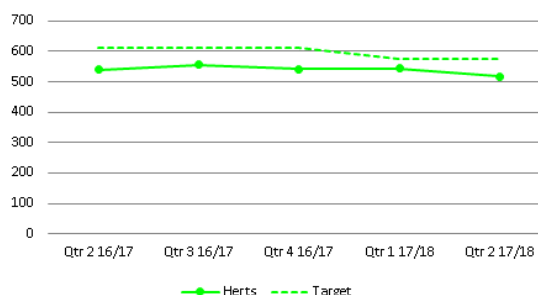
1.1.5 Rate of Permanent Admissions to Care Homes (65+) (per 100,000 population) (HCS99b)



517 rate



Performance improved from 544 last quarter
In 2016-17, Essex were lowest on 331.5 per 100,000 population
 Good to be low



There were 510 admissions made up to the end of Q2 and the rate of admissions is within target. Continued management oversight of all residential placements and the promotion of alternative forms of care have resulted in the level of residential admissions continuing to reduce.

Note – this indicator is reported a quarter in arrears.

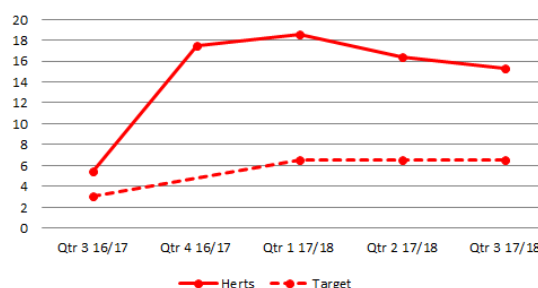
1.1.6 Overall Rate of Delayed Transfers of Care (per 100,000 population) (HCS100)



15.3 rate



Performance improved from 16.4 last quarter
 Good to be low



The rate of delays has reduced from Q2 with 67% attributable to the NHS, 31% to social care and 2% to both. There have been 38,221 days delayed for Hertfordshire residents in the year to date with the distribution across NHS trusts as follows:

West Hertfordshire Hospitals NHS Trust	10,692	28.0%
Hertfordshire Community NHS Trust	7,956	20.8%
Hertfordshire Partnership University NHS Foundation Trust	6,414	16.8%
East And North Hertfordshire NHS Trust	3,235	8.5%
The Princess Alexandra Hospital NHS Trust	2,422	6.3%
Royal Free London NHS Foundation Trust	2,041	5.3%
Luton And Dunstable University Hospital NHS Foundation Trust	1,827	4.8%
Buckinghamshire Healthcare NHS Trust	982	2.6%
Cambridge University Hospitals NHS Foundation Trust	931	2.4%
North Middlesex University Hospital NHS Trust	376	1.0%
Central And North West London NHS Foundation Trust	347	0.9%
University College London Hospitals NHS Foundation Trust	151	0.4%
Imperial College Healthcare NHS Trust	145	0.4%
Royal Brompton And Harefield NHS Foundation Trust	125	0.3%
East London NHS Foundation Trust	116	0.3%
Other	461	1.2%
Total	38,221	

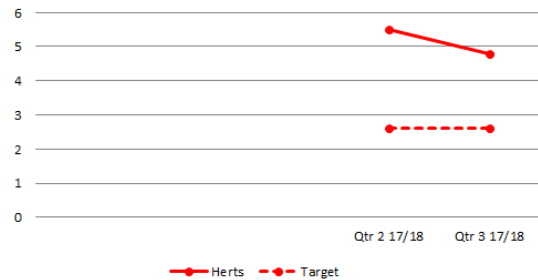
The most common reasons for delays were availability of homecare (23%), further non-acute NHS care (22%) and patient family choice (15%). Current initiatives to reduce delays include increasing intermediate care bed capacity, additional assessors to improve care home placements and the continued roll out of Integrated Discharge Teams.

1.1.7 Rate of Delayed Transfers of Care Attributable to Social Care (per 100,000 population) (HCS 100a)



4.8 rate

Performance improved from 5.5 last quarter
Good to be low



The rate of delays has reduced from Q2 with December having the lowest reported number of delays since January 2016. There have been 12,001 days delayed for Hertfordshire residents in the year to date with the distribution as follows:

West Hertfordshire Hospitals NHS Trust	5,634	46.9%
Hertfordshire Community NHS Trust	2,896	24.1%
Hertfordshire Partnership University NHS Foundation Trust	964	8.0%
The Princess Alexandra Hospital NHS Trust	543	4.5%
Royal Free London NHS Foundation Trust	526	4.4%
Luton And Dunstable University Hospital NHS Foundation Trust	300	2.5%
Cambridge University Hospitals NHS Foundation Trust	214	1.8%
North Middlesex University Hospital NHS Trust	192	1.6%
Buckinghamshire Healthcare NHS Trust	183	1.5%
Central And North West London NHS Foundation Trust	164	1.4%
East And North Hertfordshire NHS Trust	130	1.1%
University College London Hospitals NHS Foundation Trust	77	0.6%
Other	178	1.5%
Total	12,001	

The largest contributors are West Herts Hospitals Trust (47%), Hertfordshire Community Trust (24%) and Hertfordshire Partnership Foundation Trust (8%). The most common reasons for delays were the availability of homecare (54%), nursing homes (19%) and residential homes (17%).

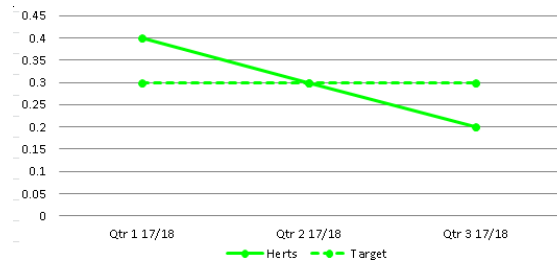
1.1.8 Rate of Delayed Transfers of Care Jointly Attributable to NHS and Social Care (per 100,000 population) (HCS 100b)



0.2 rate



Performance improved from 0.3 last quarter
Good to be low



The rate of delays has reduced from Q2 with 572 days delayed in the year to date. The largest contributors are out of county trusts – Cambridge University Hospital NHS trust (38%), East London NHS Foundation Trust (20%) and Luton and Dunstable NHS Trust (15%). West Hertfordshire Hospital NHS Trust accounted for 11% of delays. The most common reasons for delays were availability of homecare (43%), public funding (22%) and completion of assessment (17%). Work is ongoing to manage channels of escalation as well as facilitating closer daily operational working with system partners.

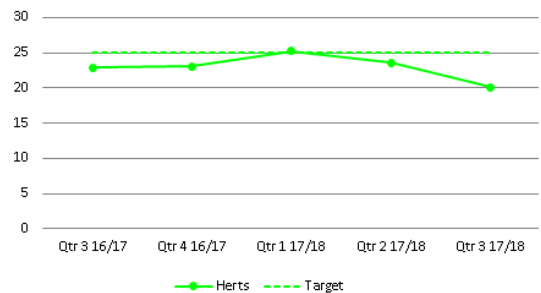
1.1.9 Percentage of repeat incidents of domestic abuse (HCS105)



20.1%



Performance improved from 23.6% last quarter
Good to be low



The rate of repeat incidents is the lowest for almost two years. The Domestic Abuse Executive Board will be considering the outcome of a local audit exercise in order to review all processes and inform priorities and work plans.

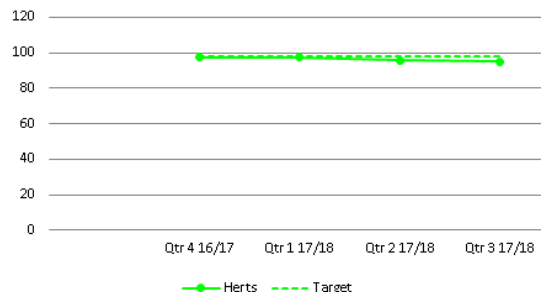
1.1.10 Percentage of clients whose desired outcomes were either fully or partially achieved as part of an adult safeguarding enquiry (HCS106)



95.1%



Performance declined from 95.7% since last quarter
Good to be high



Performance decreased from Q2 (683 of 714 clients) but remains very good at 95% (717 of 754 clients). There are occasions where a person's desired outcome may not be achievable but these are still recorded and reported. The head of Adult Safeguarding continues to review cases where expressed outcomes are not achieved. In Q3 there were no concerns relating to safeguarding practice. This measure forms part of the national Safeguarding Adults collection, however it is not currently mandatory to complete.

1.2 Projects, Contracts & Risks

Type/ID & RAG	Description/Aim	Reason
Contract HCS33 Amber	The percentage of providers commissioned by HCS that are assessed as having at least a 'good' rating	'During quarter 3 46 providers were visited. 21 providers achieved an "Excellent (2)"/"Good (19)" rating with the remaining 25 achieving a "requires improvement". 'It should be noted that monitoring officers work on a risk basis and assess those that are most likely not to get a 'good' rating at the beginning of the year. Performance is therefore expected to improve as the year goes on. Monitoring Officers continue to work with providers to ensure support and training is provided in order to improve standards of service.
Risk	All corporate risks, including any red risks relating to this Portfolio, can be viewed through the electronic dashboard. There have been no significant movements in the last quarter.	
Audit	No high priority recommendations were made or 'limited' or 'no' assurance Internal Audit opinions issued for this area in the last quarter	

2 Children's Services

2.1 Service Performance

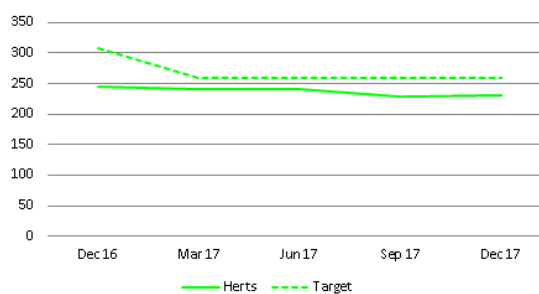
2.1.1 Rate of Referrals to specialised Children's Services (rolling year rate per 10,000) (CS1)



230.8 rate



Performance declined from 228.6 last quarter
Best comparable authority:-
Cambridgeshire at 294.5
Good to be low



The rolling year rate per 10,000 of referrals to children's social care in December 2017 has increased to 230.8 from 228.6. This remains within the top quartile. This equates to 6,163 referrals in the last twelve months.

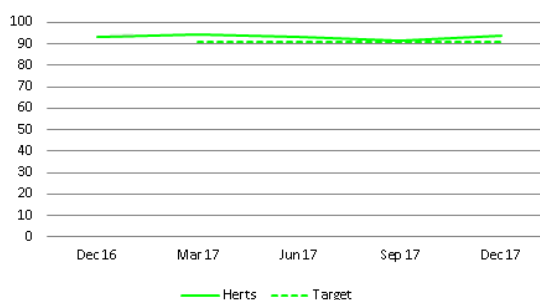
2.1.2 Percentage of Children & Family assessments completed in time (CS2)



93.9%



Performance improved from **91.4% last quarter**
Good to be high



Performance remains over 90%. The value of 93.9% equates to 445 of 474.

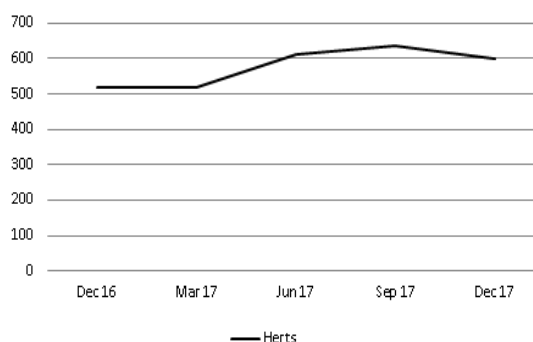
2.1.3 Number of Children subject to a Child Protection Plan (CS4)



601



Performance has improved since last quarter from 637. 601 equates to rate of 22.5 per 10,000 of 0-18 population
Next best comparable authority **Central Bedfordshire with a rate of 27**
Good to be low



Following increases in the numbers of children subject to a Child Protection Plan in the first half of the year, the figures in Quarter 3 are indicating that this trend has shifted since September 2017 and numbers are now starting to reduce. These rates remain low in comparison with our statistical neighbours (42) and England average (43). Family Safeguarding and SMART planning have become more embedded. In addition there continues to be work to look more closely at thresholds for Initial Child Protection Conferences (ICPCs), and work to end long running Child Protection Plans.

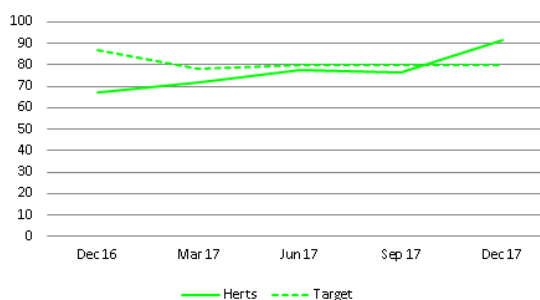
2.1.4 Percentage of children with Initial Child Protection Conferences (ICPC) held within 15 days (CS5)



91.4%

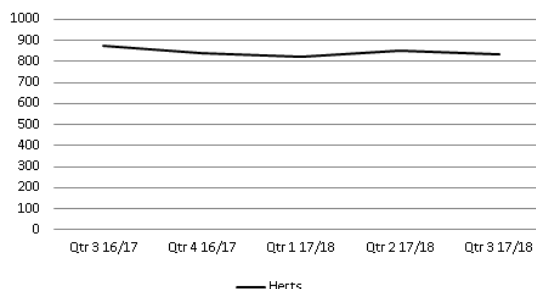


Performance improved from **76.7% last quarter**
Best comparable authority **Warwickshire at rate 100%**
Good to be high



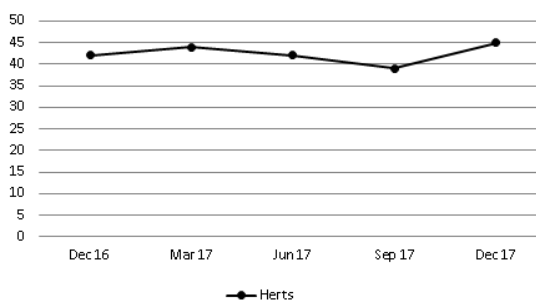
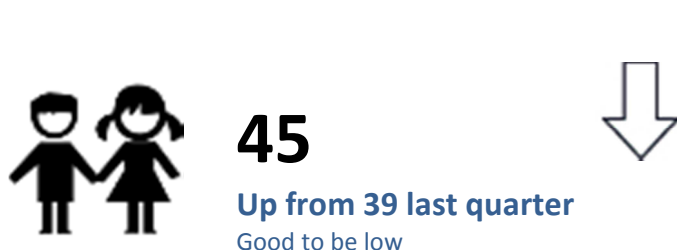
ICPC in timescales rates have generally been high this quarter. The work of the Assessment Teams and the Child Protection Unit has seen real improvements in timescales.

2.1.5 Number of Children Looked After (as at end of the month excluding Unaccompanied Asylum Seeking Children) (CS228)



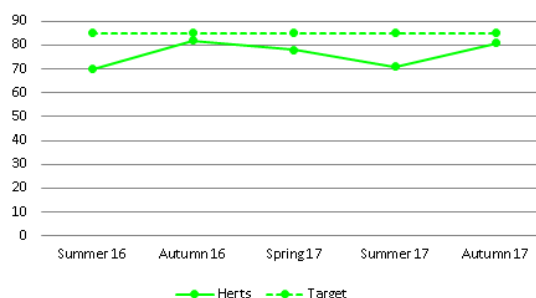
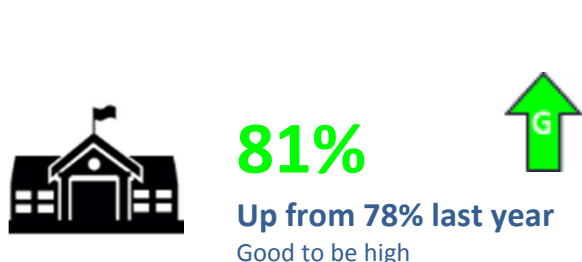
Positive performance in this area. It is noted that interventions to keep children with their families are having an impact ensuring children only become looked after where it is not safe for them to remain in their family environment.

2.1.6 Children looked after recorded as missing (CS40)



In the last year, 194 children in our care had one or more missing episodes, recorded when they leave without permission to be with friends or they fail to return until later than expected.

2.1.7 Percentage of eligible 2 year olds accessing Free Early Education (CS41)



The number of families taking up a place has increased by 10 percentage points from the previous term. The number of families taking up a place compared to Autumn 16 has dropped slightly by 1%. Evidence collected in the current period from children's centres indicates that families do not wish their child to start preschool at this time and are looking to start next term. If the parent does want their child to go, children's centres are supporting them to find a place that meets their needs. The focus for the Spring term is for

Family Services Commissioning to work with Children's Centres to ensure that these families continue to get the support they need to access a place. In addition FSC have created a countywide Free Early Education campaign which will engage parents who currently do not access a two year old place.

2.2 Projects, Contracts & Risks

Type/ID & RAG	Description/Aim	Reason
Contract CSC3 Amber Stable	Independent Foster Placements	RAG rating Amber due to progress made in some areas but progress has been slow for the recruitment of in house foster carers. Challenges remain sourcing placements local to Hertfordshire that can take children with more complex behaviours. The targets for independent residential placements are close to being met. However, Independent Fostering placements need to reduce by 28 places to meet the target of 140. Recruitment enquiries increased slightly in Q3 due to targeted campaigning. The biggest challenge continues to be the lack of capacity both in house and within the independent sector to take teenagers with challenging and complex behaviours. Placement choice is extremely limited and matching is difficult due to limited options increasing risk of placement move. This is a challenge to all local authorities currently; the DfE evidence review of the fostering system in England 2017 and the recent Education Select Committee report highlighted that the recruitment and retention of enough, high quality foster carers remains one of the biggest issues in fostering. There have been meetings with regional neighbours to discuss potential solutions and share good practice.
Project CSP10 Green Improving	Families First	Progress has again been good this quarter. All nine areas schedule their triage panels weekly and, in the last nine months, 1,260 families have consented and had their circumstances discussed with a multi-agency agreement on further actions. All nine Families First Implementation Groups have become established and all are working on their partnership agreements and looking at how to develop more co-ordinated activities. Partner engagement in all areas continues to be very good.

		co-ordination and triage processes has led to initial transformation in the way that early help support is understood and works, with the responsibility for family support being more widely shared.
Project CSP11 Amber Stable	0-25 Integration Programme	<p>Substantial progress has been made against the actions identified in the post inspection action plan following the SEND inspection. The impact of the work undertaken following SEND inspection is currently being evidenced.</p> <ul style="list-style-type: none"> • The 0-25 Together Service is continuing to develop the model by working closely with parents/carers and young people. • A third conference for parent carers of children, young people and young adults with a special educational need and/or disability was held in November. The next conference will be held in June. • A SEND Information, Advice and Guidance Programme Board has been established to implement recommendations for change as identified in the review. The content of the Local Offer website has been increased. • Partnership with KIDS to deliver a telephone support line by April 2018 • Workshops about the future of Information, Advice and Guidance content and delivery with internal stakeholders. • Development of an online tool so families can book Short Break Local Offer provision (to be implemented in April 2018)
Risk CS03/CSF0082 Amber	Partnership Funding for Children's Services	
Risk CS04/CSF0083 Amber	Welfare, reform and immigration arrangements	
Audit	<p><u>Data Protection Training Records</u> Issues have been identified regarding the recording by those who had completed the mandatory e-learning Data Protection training module; some staff that had completed the training were shown as not having done so. This was due to an issue with the system not recording completed modules correctly for a period of a week. This was rectified immediately. High priority recommendations included reminding all officers to</p>	

complete their e-learning training, and requiring managers to confirm that all members of their team have done so. It was also recommended that training records held should be verified to ensure they are up to date and accurate. Children’s Services should also include all members of the workforce, extending to areas such as Foster Care. SIAS will follow up the status of the above actions in February as part of the reporting to the Audit Committee on the implementation status of High and Medium priority recommendations.

3 Public Health, Prevention & Performance

3.1 Service Performance

To align this report with the Health & Wellbeing Strategy work, a different life stage will be reported in each quarter. This quarter focuses on the ‘Living & Working Well’ life stage (the 26-64 age group).

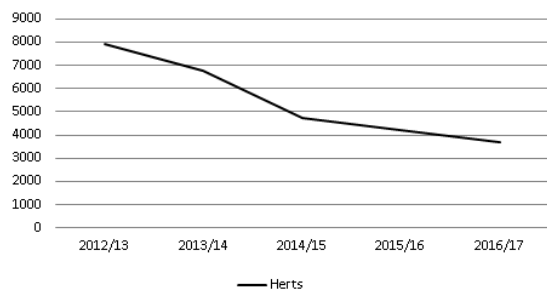
Key indicators are available through the Hertfordshire County Council Performance dashboard and the complete set of Public Health Outcome Framework (PHOF) indicators is available at www.phoutcomes.info.

3.1.1 Smoking cessation - successful quits (PH12)



3,682

Down from 4,200 last year
Good to be high



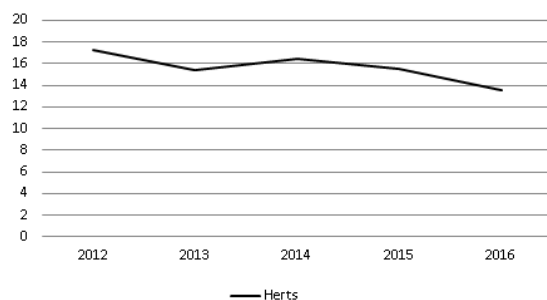
Stop smoking services are treating approximately 7,000 smokers every year, with a larger proportion of smokers quitting smoking from Hertfordshire's most deprived communities. In 2016/17, more smokers quit smoking per 100,000 population than the East of England or England as a whole. Although stop smoking services are experiencing a reduction in demand, they make an important contribution to reducing smoking prevalence. Evidence suggests that more smokers are using electronic cigarettes as a means of reducing and/or stopping smoking and this is promoted through the Council's E-cigarette policy.

3.1.2 Smoking prevalence – over 18 (PH2.14i)



13.5%

Down from 15.5% in 2015
Central Bedfordshire was the best performing neighbour at 10.3%
Good to be low



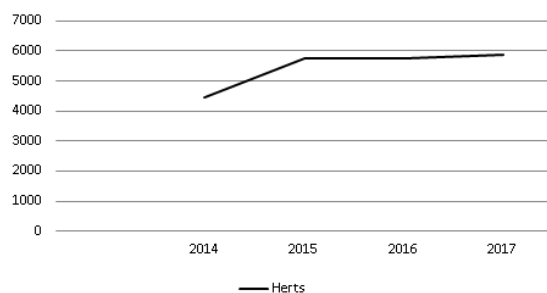
Smoking prevalence is a key indicator of the health of the population in Hertfordshire. The commitment of all stakeholders is required to reduce the level of smoking across the county and in particular in disadvantaged groups who are more likely to smoke and find quitting difficult. The percentage of adults in Hertfordshire, who smoke has decreased significantly since 2012 and at 13.5%, is significantly lower than England (15.5%). Hertfordshire's smoking prevalence is in line with our three closest CIPFA neighbours (Oxfordshire, 11.9%; Hampshire, 13.6%; Essex, 14.0%). Work to reduce smoking remains a public health and Health and Wellbeing Board priority. A particular focus is on communities and groups who require intensive specialist interventions to quit smoking. Effective tobacco control actions are a good return on investment and save more than they cost.

3.1.3 Adults on healthy weight programme (PH14)



5,891

Up from 5,770 per last year
Good to be high



Since the contract with Slimming World and Weight Watchers started on 1st September 2014 the service has received 18,733 referrals. The service provides 12 weeks free weight management support for individuals across the county. The outcomes are:

Provider	% completing course	% of completers with >5% weight loss
Weight Watchers	63%	65%
Slimming World	65%	70%

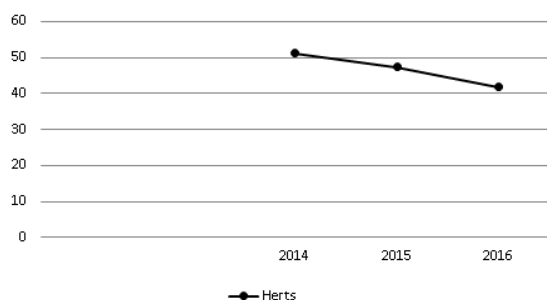
This meets or exceeds performance expected.

3.1.4 Total prescribed Long Acting Reversible Contraception, excluding injections (rate per 1,000)



41.8

Performance declined from 47.3 last quarter



The rate of prescribed long acting reversible contraception (LARC), excluding injections, in Hertfordshire has fallen significantly since 2014 and is below the England average (46.4). Compared to its three closest CIPFA neighbours Hertfordshire is significantly higher than one (Essex, 39.4%) and significantly lower than two (Oxfordshire, 59.5; Hampshire, 62.2).

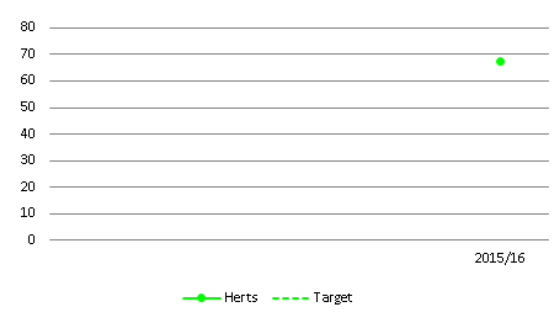
Since April 2016, Hertfordshire County Council has been actively promoting LARC as part of the “FYI: Contraception” campaign. Its aim is to increase uptake of LARC and to improve confidence amongst staff to discuss all forms of contraception. Current pressures on Primary Care and a decline in locally trained GP's to fit LARC may be a cause for the down trend in uptake.

3.1.5 Physical Activity - Active Adults (PH2.13i)



67.3%

New indicator
Good to be high



The percentage of adults that meet the Chief Medical Officer’s recommendations for physical activity (150+ moderate intensity equivalent minutes per week) in Hertfordshire in 2015/16 was significantly higher than the England average (64.9%) and not significantly different from the closest CIPFA neighbours (Oxfordshire, 70.2; Hampshire, 66.0; Essex, 65.0).
There are a number of activities taking place across the county to increase activity levels and decrease inactivity in the population. Hertfordshire’s Year of Physical Activity, also known as HertsYOPA18, runs from 1 January to 31 December 2018 – focussing on getting Hertfordshire moving and celebrating what the county has to offer to help our residents lead healthy lives.

3.1.6 Physical Activity - Inactive Adults (PH2.13ii)



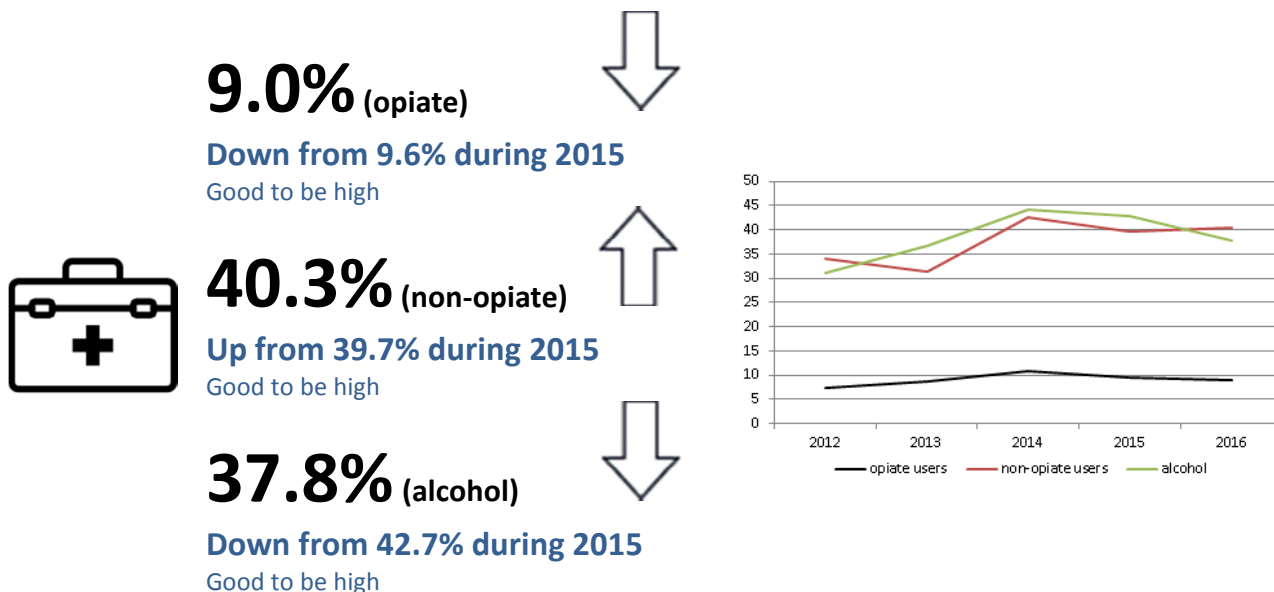
19.1%

New indicator
Good to be low



The percentage of adults that are physically inactive (under 30 minutes of moderate intensity physical activity per week) in Hertfordshire in 2015/16 was significantly lower than the England average (22.3%). Compared to Hertfordshire's three closest CIPFA neighbours, Hertfordshire is significantly lower than one (Essex, 22.1) and not significantly different to two (Oxfordshire, 18.0; Hampshire, 21.0).

3.1.7 Successful completion of drug treatment (PH2.15i, PH2.15ii & PH2.15iii)




Opiate (PH2.15i) The percentage of adults in Hertfordshire successfully completing opiate drug treatment and not representing within six months has not changed significantly since 2010 and remains significantly higher than England (6.7%). Compared to Hertfordshire's three closest CIPFA neighbours, Hertfordshire is significantly higher than one (Essex, 6.5%) and not significantly different to two (Oxfordshire, 7.3%; Hampshire, 10.3%).

Non-Opiate (PH2.15ii) The percentage of adults in Hertfordshire successfully completing non-opiate drug treatment and not representing within six months has not changed significantly since 2010 and is not significantly different to England (34.4%) or Hertfordshire's three closest CIPFA neighbours (Oxfordshire, 44.6%; Hampshire, 32.5%; Essex, 41.7%). Representation rates for opiate users in particular was a local issue for Hertfordshire however, the main treatment provider, CGL Spectrum, have robustly addressed this with a formal action plan put into place and representation rates for Hertfordshire are now nearing the top quartile of comparable areas.

Alcohol (PH2.15iii) The percentage of adults in Hertfordshire successfully completing alcohol treatment and not representing within six months has not changed significantly since 2010 and is not significantly different to England (38.7%) or two of Hertfordshire's three closest CIPFA neighbours (Hampshire, 41.2%; Essex, 41.0%). It is significantly lower than the third CIPFA neighbour (Oxfordshire, 51.8%). A robust programme for alcohol prevention across a range of front-line services (making Every Contact Count) is currently being extended and Identification and Brief Advice for Alcohol (IBA) referring those with significant problems into treatment.

3.1.8 People Presenting with HIV at a late stage of infection (PH3.04)

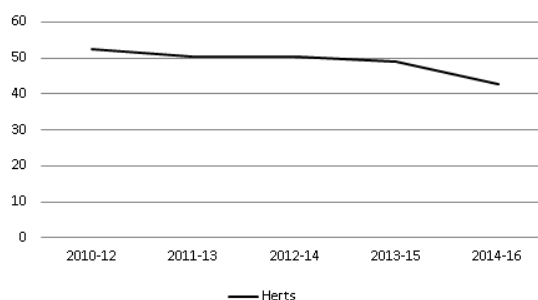


42.6%

↑


Down from 48.9% during 2013-15
Central Bedfordshire was the best performing neighbour at 40.9%

Good to be low



The percentage of adults being newly diagnosed with HIV at a late stage in Hertfordshire has not changed significantly since 2010-2012, though it is declining. There were no significant differences between Hertfordshire and the England average (40.1%) or the closest CIPFA neighbours (Oxfordshire, 39.1%; Hampshire, 47.2%; Essex, 47.9%). Efforts have been made to work with primary (GP's) and secondary care (hospitals) to make it easier for clinicians to identify patients who should be offered a test for clinical reasons, however, engagement continues to be difficult. Targeting of the most at risk communities needs to be improved to reduce the number of late HIV diagnoses. Hertfordshire County Council has invested in a nationwide HIV home-sampling service which delivers the highest rate of positive results, outside of testing in GUM (Genitourinary Medicine) and antenatal settings. This is the most effective method of reaching individuals at highest risk of HIV, but who are not in contact with specialist sexual health services.

3.1.9 Suicide Rate per 100,000 (PH4.10)

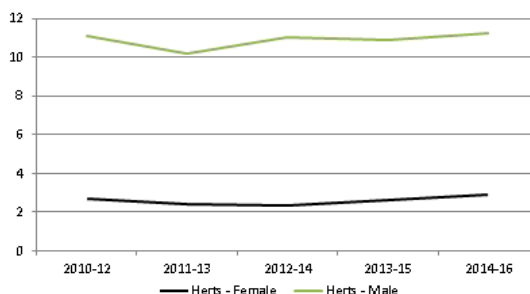


11.2 rate (males)

Good to be low

2.9 rate (females)

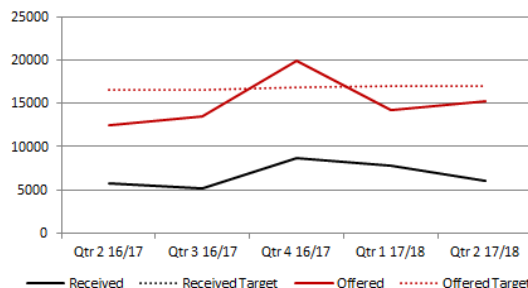
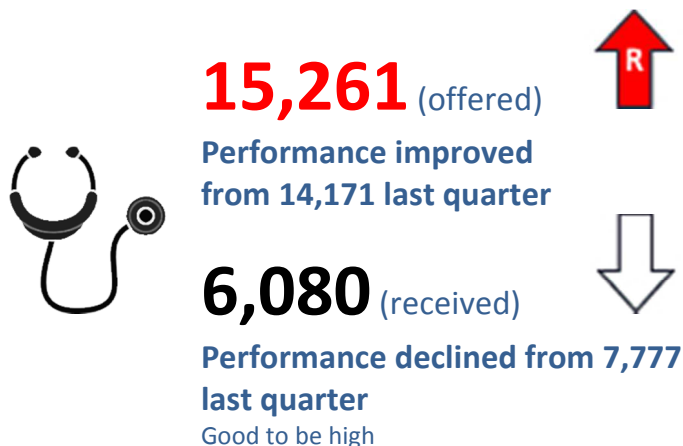
Good to be low



The suicide rate in Hertfordshire has increased slightly but not changed significantly for males or females since 2010-2012, and is significantly lower than the England average (Male, 15.3; Female, 4.8) and not significantly different from the closest CIPFA neighbour Oxfordshire (Male, 13.6; Female, 4.1).

Hertfordshire's Suicide Prevention Programme is a multi-agency partnership, chaired by Public Health and comprising representatives from Hertfordshire's local police, Clinical Commissioning Groups, County Council, coroner's office, NHS mental health trust and the voluntary and community sector. It oversees the delivery of the Hertfordshire Suicide Prevention Strategy by over 80 people from 30+ organisations.

3.1.10 Number of Health Checks (PH2.22i & PH2.22ii)



In Q2 2017/18, Hertfordshire offered Health Checks to 15,261 individuals (or 90% of the target). This was over 2,700 more invitations than in Q2 16/17. There has been a steady increase in the number of patients invited for a health check during the year. Between April 2013 (programme start date) and Q2 17/18, 257,522 people have been offered a Health Check. This is 75.8% of the eligible population compared to an England average of 82.5% and a target of 90%. Methods of offering NHS Health Checks differ between general practices, and not all of the offers have been recorded.

In Q2, 1.8% of the eligible population were given a Health Check, compared to an England average of 2.0%. Since April 2013 (programme start date), 137,394 people have received a Health Check. This is 40.5% of the eligible population compared with an England average of 39.9%.

From a Public Health perspective, this indicator is more important than the numbers offered a Health Check, as it reflects the total reach and delivery of the programme. In the first two quarters of 2017/18 13,857 Health Checks were delivered compared to 11,350 for the first two quarters 2016/17. This is an increase of 2,507 Health Checks. A quality improvement plan is in place to ensure that best practice guidelines are being followed and that the benefits of the NHS Health Check programme are being realised.

NB. These indicators are reported a quarter in arrears

3.2 Projects, Contracts & Risks

Type/ID & RAG	Description/Aim	Reason
Project PHP4 Green	Reducing the harm from Tobacco in Hertfordshire	
Risk	All corporate risks, including any red risks relating to this Portfolio, can be viewed through the electronic dashboard. There have been no significant movements in the last quarter.	
Audit	No high priority recommendations were made or 'limited' or 'no' assurance Internal Audit opinions issued for this area in the last quarter.	

4 Community Safety & Waste Management

4.1 Service Performance

Community Protection are currently in the process of moving to new reporting software and, whilst this work is nearing completion, there have been some technical issues meaning certain reports have needed to be re-written and then cross-checked to ensure they are accurate. Additional resources have been deployed and Community Protection continues to work to resolve these issues and ensure that reporting is restarted for the service as soon as possible.

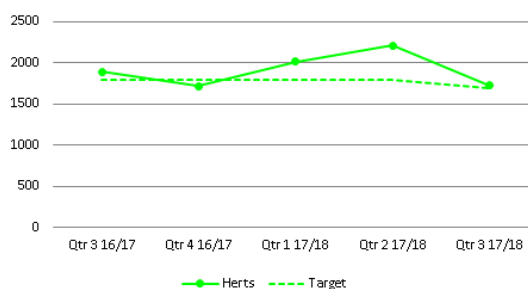
4.1.1 Number of Volunteer Hours (CP13)



1,724

Performance decreased from
2,208 last quarter

Good to be high



The number of volunteer hours has decreased to 1,724, 484 less than Q2. This is 24 hours above the target of 1,700 hours although 169 (8.9%) fewer than for the same period last year. Taking the year as a whole so far, 5,929 hours were donated which is 649 hours or 12.2% above the target of 5,300 for 2017/18.

A lot of good volunteering opportunities over the period have resulted in over 1,700 hours of contribution to Community Protection Directorate's work. Safe & Well work by volunteers has continued to be a great success and is proceeding in all districts.

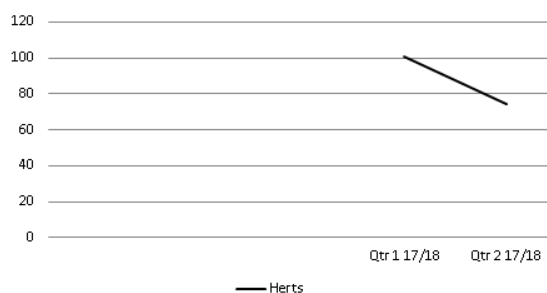
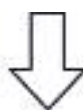
4.1.2 Protection Team - Risk Based Inspections (HFRS) (CP16)



36

Performance decreased
from **74 last quarter**

Good to be high



There was a 51% (38) decrease in the number of Fire Protection Risk Based Inspections closed in Q3 compared to Q2. The continuing decrease is due to new staff being trained meaning that until training is completed; sometimes two staff members are attending a single visit. In addition, Fire Protection officers have also been assisting the crews with ORIM (Operational Risk Information Management) a process involving joint visits with crews on more complex buildings to gather site specific risk information.

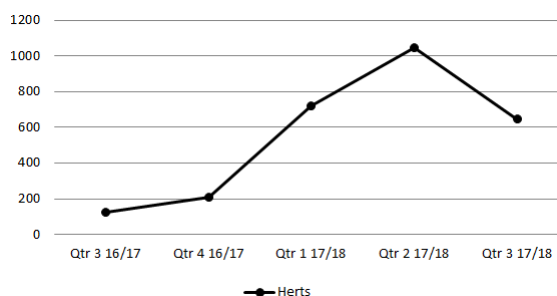
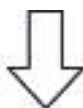
4.1.3 Protection Team – Number of Safe and Well Initiative Visits (HFRS) (CP14)



647

Performance decreased from 1046 last quarter

Good to be high



The number of safe and well visits completed in Q3 has decreased when compared to Q2 by 399. The reduction in the number of visits this quarter is due to Hertfordshire Fire and Rescue Service temporarily reallocating resources to deal with recent tragic events including Care Home fires (visiting care homes throughout the County) and Grenfell Tower incident (visits to high rise premises). Hertfordshire Fire and Rescue Service are committed to ensuring people remain safe and well within their homes.

4.2 Projects, Contracts & Risks

Type/ID & RAG	Description/Action	Reason
Project ENVP4 Red Stable	Hertfordshire Residual Waste Treatment Programme	<p>At this stage in the programme a number of risks have been reduced due to the control measures in place, however overall the status remains as red due to the high profile nature and high value of the programme.</p> <p>The Revised Project Plan (RPP) proposed by Veolia, and accepted by Cabinet, is for an energy recovery facility at Rye House, Hoddesdon.</p> <p>The Council entered into a contract with Veolia Environmental Services Hertfordshire Ltd (VES) in July 2011 for the provision of residual waste treatment services including the design, construction, financing and operation of a Recycling and Energy Recovery Facility (RERF) proposed at New Barnfield, Hatfield. Following the refusal of the planning application, VES submitted a RPP which was accepted in principle (subject to the conclusion of the formal legal drafting) by Cabinet on the 14th March 2016. The legal drafting was concluded on 15th July 2016 to vary the contract and bring the RPP into effect. VES submitted a planning application for an Energy Recovery Facility at Rye House, Hoddesdon in late December 2016.</p> <p>A letter was received from the Ministry of Housing Community & Local Government (MHCLG), on the 12th December 2017 restricting the granting of planning permission whilst the Secretary of State decided whether the application should be called in. The Development Control Committee, on 20th December 2017, resolved that they</p>

		were minded to grant planning permission, however planning permission cannot be granted until notification has been received. <i>NB: The Secretary of State has since announced that he will be calling in this application. Timescales for this are unclear.</i>
Contract ENVC2 Amber Declining	Hertfordshire Household Waste Recycling Centre contract	Amey operates the County Council's 17 Household Waste Recycling Centres under contract. They continue to deliver a satisfactory service; however, the persistent depressed value of recycling commodities is having an increasingly negative financial impact and as a result it is considered prudent to change the RAG status from green to amber to reflect the increased risk of the contract becoming unviable.
Contract ENVP10 Green Stable	Waste Disposal Authority Function <i>To ensure a compliant, high performing, economical and environmentally sound suite of waste disposal arrangements for Hertfordshire</i>	
Project CPP2 Amber Stable	Joint Command Project	The project is still on-going. Hertfordshire Fire and Rescue Service migrated to the Vison 4 software solution on the 28th November 2017. However, full migration to the new control room system will not be completed until the end of the summer at the earliest, due to technical issues which are currently being addressed. Development of business continuity arrangements is on-going and the new Consortium Agreement has been signed (January 2017) enabling Hertfordshire Fire and Rescue Service to adopt the Lead Authority role.
Audit	No high priority recommendations were made or 'limited' or 'no' assurance Internal Audit opinions issued for this area in the last quarter	

5 Environment, Planning & Transport

5.1 Service Performance

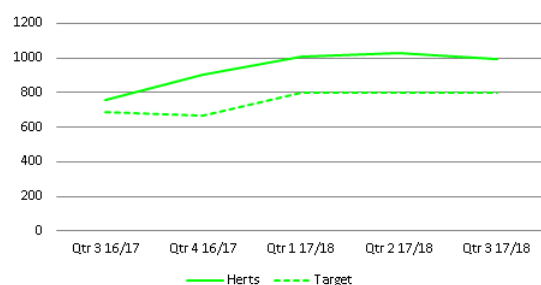
5.1.1 Number of Herts Health Walks – Walks Led (ENV49)



991



Performance declined from 1,029 last quarter
Good to be high



Performance has declined this quarter from 1,029 in Q2 to 991. However, the Number of Walks Led continues to be above the target of 800 and has been so for all quarters this year.

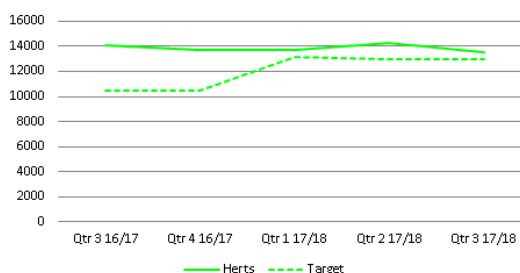
5.1.2 Number of Herts Health Walks – Walks Participations (ENV50)



13,540



Performance declined from **14,222 last quarter**
Good to be high



Performance has declined this quarter from 14,222 in Q2 to 13,540. Walks Participation remains above the target of 13,000.

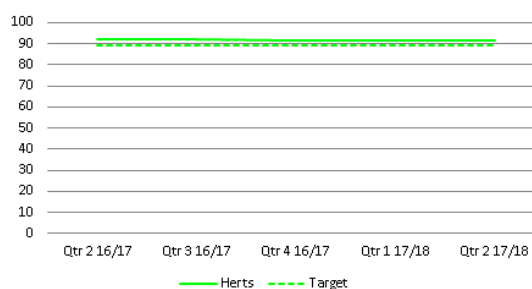
5.1.3 Percentage of bus stops with comprehensive and up-to-date information (ENV31)



91.6%



Performance declined from **91.7% last quarter**
Good to be high



Performance has declined slightly for this quarter from 91.7% (3618) in Q2 to 91.6% (3614). However, data continues to be above the target of 89.0%. Work is continuing to install timetables where they are not present though local constraints and design of posts/columns can prevent this being achieved across all stops. The Intalink App for Smartphones or other devices provides an alternative method to accessing timetable information.

5.2 Projects, Contracts & Risks

Type/ID & RAG	Description/Aim	Reason
Croxley Rail Link Update ENV0148	It was announced in January that, despite Government offering a further £73.4m for the Metropolitan Line Extension, the Mayor of London would not accept any cost risk beyond Transport for London's current estimate and hence the scheme would not proceed. Further details will follow in Q4 performance monitor.	
Contract	There are no additional updates on contracts	
Risk	All corporate risks, including any red risks relating to this Portfolio, can be viewed through the electronic dashboard. There have been no significant movements in the last quarter.	
Audit	No high priority recommendations were made or 'limited' or 'no' assurance Internal Audit opinions issued for this area in the last quarter	

6 Highways

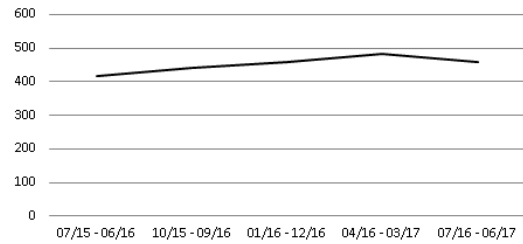
6.1.1 People killed or seriously injured in road traffic accidents (ENV25)



460

**Decreased from 483
In September 2017**

Good to be low



Rolling year totals has improved this quarter from 483 in Q2 to 460 despite the continuing increases in motor vehicle traffic. However, longer term trend analysis suggests it is likely there will be a continuing gradual increase.

It should be noted that data for 2017 remains delayed and incomplete and local liaison continues with Bedfordshire, Cambridgeshire and with Hertfordshire Police forces to resolve supply issues.

Note - this indicator is reported 2 quarters in arrears

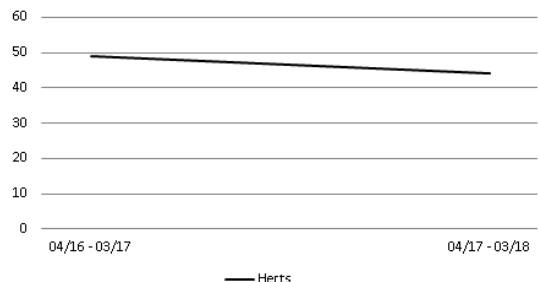
6.1.2 Children killed or seriously injured in road traffic accidents (ENV26)



44

**Down from 49
In December 2017**

Good to be low



Rolling year totals show a decrease of 5 since last reported (49 in Q2) with no fatalities. Numbers remain small and the introduction of a new national recording system in 2016 means that the latest figures may not be directly comparable to previous years.

Note - this indicator is reported 2 quarters in arrears

Network Management Theme

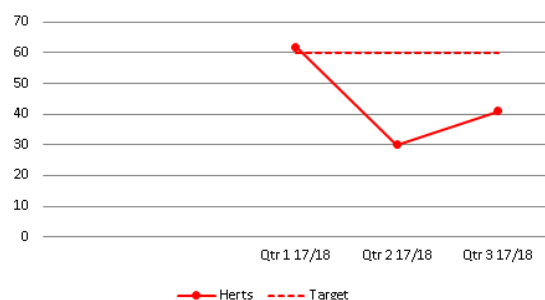
6.1.3 Integrated Transport Control Centre (ITCC) Percentage of Network Interventions (ENVB1)



41%

**Performance improved from
30% last quarter**

Good to be high



This indicator measures the percentage of network incidents where the Integrated Transport Control Centre can proactively manage incidents on the street. It captures how well we ease congestion following an incident as well as our ability to access past data to manage events.

Q3 saw an increase in the incidents being proactively managed on the street. Increasing from 30% to 41.4% (41). This was in spite of the fact that as with Q2, there were a large number of incidents in East Herts and Broxbourne where our ability to manage such events through ITS (Intelligent Transport Systems which includes CCTV, and Variable Message Signs) is more limited than in other parts of the county.

Customer Journey Theme

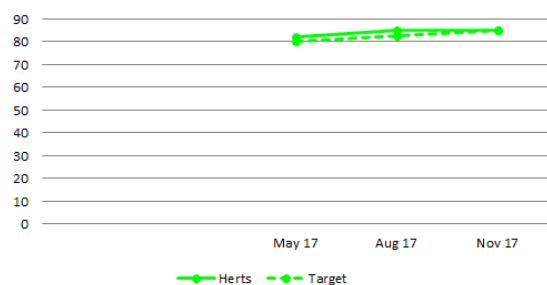
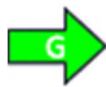
6.1.4 Response to public correspondence within 10 days (ENVB2)



85%

Performance has remained the same as last quarter

Good to be high



Performance has remained close to target (85%) since the beginning of 2017/18. The target (currently 85%) increases by 2.5% per quarter until it reaches a maximum of 90% in Q4 17/18. As such, the aim is to drive continual increases to our response rate to the customer, building on the significant improvements seen in this area throughout 2016.

Operational Delivery Theme

Ringway's overall performance score for December was 93.93%. Although down slightly compared to November (95.46%), it is still significantly above the minimum performance requirements (75%). Overall performance throughout 2016/17 and 2017/18 is one of strong consistency, having not fallen below a score of 90% since September 2015.

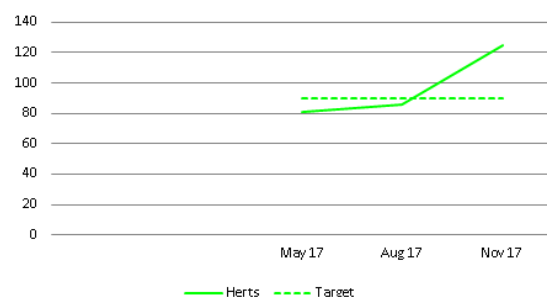
6.1.5 Percentage of schemes delivered against the Integrated Works Programme (ENVB3)



125%

Performance improved from 86% in August

Good to be high



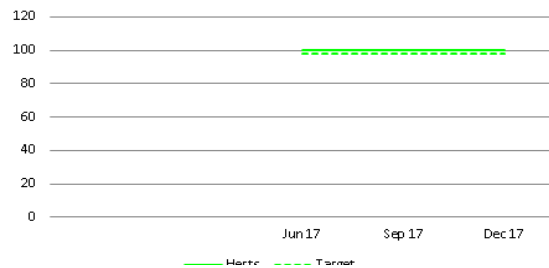
Of 718 schemes planned to be delivered to date, 898 (125%) have been delivered and is due to a number of schemes being planned in a construction window, and construction taking place during the earlier part of that window, effectively putting IWP delivery ahead of target. As such, this indicates that the IWP is performing well.

6.1.6 Street lighting defects rectified within the prescribed response times (ENVB4)



100%

Performance remained stable since last quarter
Good to be high



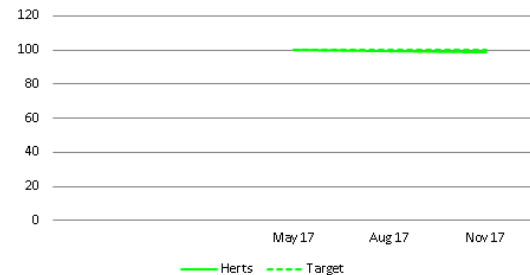
Response to publicly reported street lighting faults on non-A, B and C roads remains above target since the beginning of 17/18, scoring 100% for every month other than August, where it scored 99.92%. This reflects the overall health of the street lighting service, with the percentage of streetlights working as planned on A, B and C roads (picked up via continuous inspection) also being consistently above target since April.

6.1.7 Response to emergency (ENVB5)



98.9%

Performance declined slightly from 99.33% last quarter
Good to be high



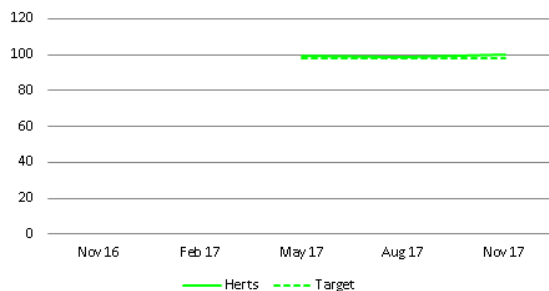
The Response to emergency indicator is slightly below the target of 100%. The number of emergency incidents is currently very low; because of this just one response outside of the 2 hour timeframe can mean that the target is not met.

6.1.8 Response to Category 1 defects (ENVB6)



100%

Performance increased slightly from 99% last quarter
Good to be high



Response to Category 1 defects to time (24 hours, 5 or 20 working days depending on the nature of the defect) is consistently above its target of 98%, and has been continuously so since April 2016.

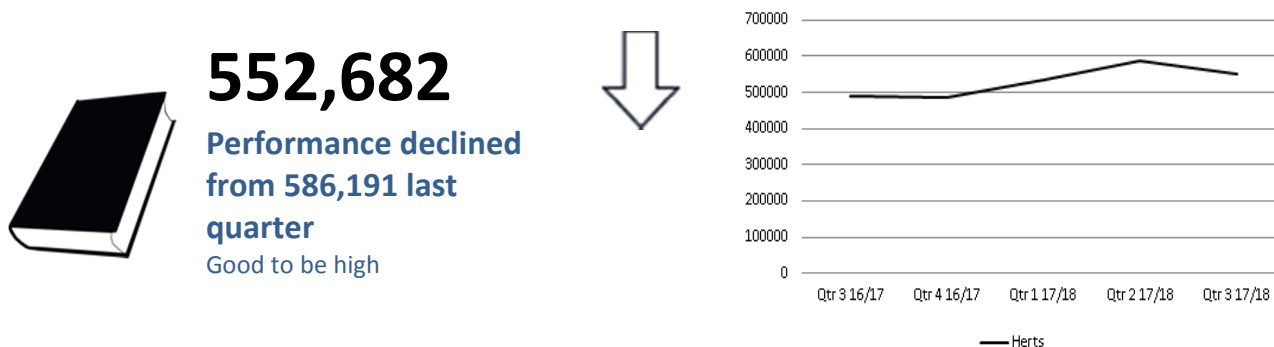
6.2 Projects, Contracts & Risks

Type/ID & RAG	Description/Aim	Reason
Risk	All corporate risks, including any red risks relating to this Portfolio, can be viewed through the electronic dashboard. There have been no significant movements in the last quarter.	
Audit	No high priority recommendations were made or 'limited' or 'no' assurance Internal Audit opinions issued for this area in the last quarter	

7 Education, Libraries & Localism

7.1 Service Performance

7.1.1 Number of Library Visits (Online/Virtual) (RP127)



The number of virtual visits to Libraries & Heritage Services various online services in Q3 has decreased by 33,509 visits compared to the previous quarter, but is higher than Q3 in 2016-17.

7.1.2 Percentage Achieving the Expected Standard in Reading, Writing & Maths at Key Stage 2 (CS171)



The percentage of pupils achieving the expected standard in reading, writing and mathematics in Hertfordshire at Key Stage 2 was 3.8 percentage points above the national average and 2.9 percentage points above statistical neighbours. Hertfordshire is ranked 36th out of all LAs, in the second quintile

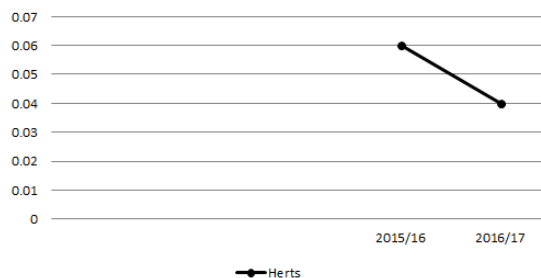
7.1.3 Progress 8 Score (CS178)



0.04

Score has decreased from **0.06** since 2015-16

Good to be high



Progress 8 aims to capture the progress pupils make from the end of key stage 2 to the end of key stage 4. It compares pupils' achievement – their Attainment 8 score – with the average Attainment 8 scores of all pupils nationally who had a similar starting point (or 'prior attainment'), calculated using assessment results from the end of primary school. Progress 8 is a **relative measure**; therefore the national average Progress 8 score for mainstream school is zero.

The average Progress 8 score in Hertfordshire has decreased from 0.06 in 2015-16 to 0.04 in 2016-17. This is still higher than the national figure (-0.03) and HCC's statistical neighbours (0.00). Hertfordshire is ranked 49th out of all LAs and is in the second quintile. Hertfordshire is ranked fourth out of the Eastern region local authorities behind Cambridgeshire, Southend and Luton.

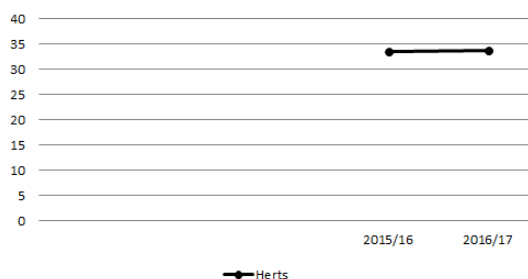
7.1.4 A Level Attainment – Average Point Score per entry (CS183)



33.7

Average score has increased from **33.3** since 2015-16

Good to be high



In 2016-17 the average point score per examination entry for A level students in Hertfordshire schools increased slightly to 33.7 (equivalent to a C+ grade), compared to 31.5 nationally (equivalent to a C grade). The score places Hertfordshire 16th out of all LAs, in the first quintile.

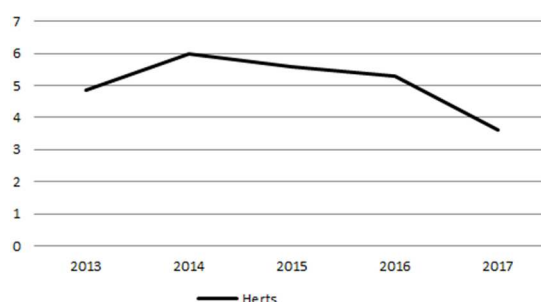
7.1.5 Percentage of Hertfordshire children not allocated a ranked school (Primary) (CS22)



3.62%

Performance improved from **5.31%** last year

Good to be low



The number of primary children offered a ranked school place has increased this year. A key factor in this is that the total number of children applying for primary places has decreased (as forecast) and is expected to continue to do so in the short term for reception intake following many years of significant increase in primary population numbers.

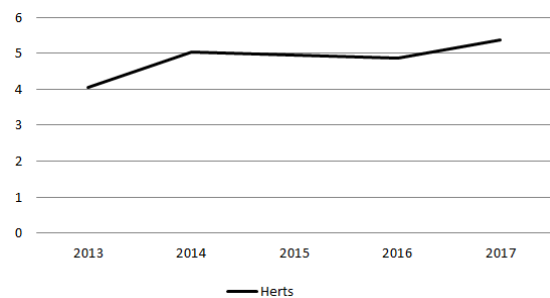
7.1.6 Percentage of Hertfordshire children not allocated a ranked school (Secondary) (CS23)



5.37%

Performance declined from 4.86% last year

Good to be low



The percentage of families not offered a ranked school is slightly higher than last year but the percentage of families offered their first ranked school remained at 95% despite a large increase (537) in the number of secondary applicants. This is due to some schools increasing their intake and families making realistic preferences based on previous year's statistics showing successful applications/allocations.

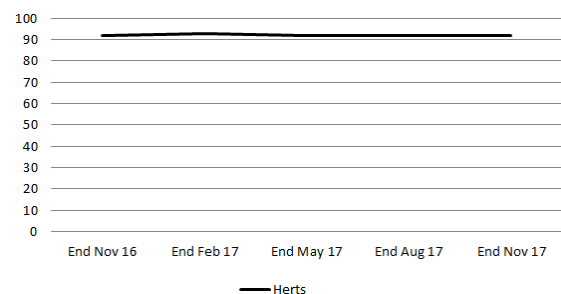
7.1.7 Percentage of Ofsted judgements – rated good and outstanding (all schools) (CS17)



91.8%

Percentage improved from 91.7 last quarter

Good to be high



The proportion of good or outstanding schools in Hertfordshire, as judged by Ofsted, continues to show an improving trend since autumn 2013. The published data shows Hertfordshire's percentage at the end of November to be 91.8% of schools rated good or outstanding in the authority.

7.2 Projects, Contracts & Risks

Type/ID & RAG	Description/Aim	Reason
Project RPP3a Green	Schools Expansion - Primary	
Project RPP3b Amber Stable	Schools Expansion – Secondary (SEC)	Schools Expansion Secondary 2017 and 2018 programmes are on track. Schools Expansion Secondary 2019 programme, option appraisal started. Both Harpenden & South-West Herts site acquisitions achieved. Harpenden expansion has been deferred to 2018: Interim St. Albans places have been secured. New Bishops Stortford North (BSN) secondary school deferred to 2020.
Project CSP5 Amber Stable	Achievement Levels of Children Looked After	<p>The rating continues to be Amber for two distinct reasons:</p> <p>Firstly, the educational achievement of Hertfordshire children looked after although better overall this year is still not able to be compared to past outcomes due to the difference in the assessment framework or curriculum at all key stages. Further improvement is planned across the curriculum however with fluctuating numbers and stability in each year group prediction of outcomes is impacted. Higher education results remain very good and Phonics outcomes are higher than for all children in Hertfordshire.</p> <p>Secondly, taking the end of Key Stage outcomes as a single focus for achievement is a national measure, but can only be a guide in the way it informs Children’s Services colleagues about the positive or negative impact of the services on the progress that children make in their education. Children in care take longer to achieve national benchmarks but do better the longer they remain in care. Although the Progress measures in secondary are not yet published, the individual pupil progress meetings conducted by the Virtual School indicate that overall, children in the primary phase are making better progress.</p>
Risk	All corporate risks, including any red risks relating to this Portfolio, can be viewed through the electronic dashboard. There have been no significant movements in the last quarter.	
Audit	No high priority recommendations were made or 'limited' or 'no' assurance Internal Audit opinions issued for this area in the last quarter	

8 Resources, Property & The Economy

8.1 Service Performance

8.1.1 HR Pay bill (RP30 and RP134)



£233.1 (Total)

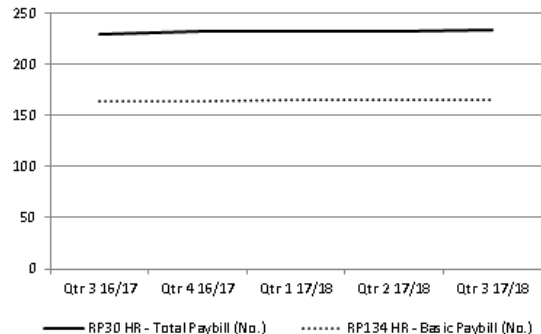
Up from £232.5m

Good to be low

£165m (Basic)

Down from £165.2m

Good to be low



The rolling annual total pay bill (excluding agency spend) has increased by £642,207 from £232.5m in Q2 (year to August 2017) to £233.1m in Q3 (year to November 2017) in line with expectations. During Q3 pay awards were made to staff on Soulbury terms and conditions (1%), JNC Youth & Community Staff (1% - 1.93%), Centrally Employed Teachers (1% - 2%) and Herts Music Service Staff (1%). The total pay bill has also increased this quarter due to Market Forces Payments across Adult Care Services, Environment and one group of staff within Children's Services.

The rolling annual basic pay bill for Hertfordshire County Council has increased by 0.1% from £165m in Q2 (year to August 2017) to £165.1m in Q3 (year to November 2017).

Basic pay bill has increased this quarter due to the pay awards outlined above.

Looking ahead to Quarter 4, the total pay bill will include Market Forces Payments to qualified workers within Children's Services.

8.1.2 Agency Spend (rolling annual figure) (RP13, RP14)



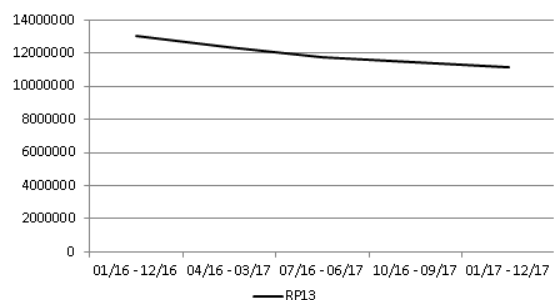
£11.2m

Down from £11.4m last quarter

4.6% of paybill

Reduced from 4.7% last quarter

Good to be low

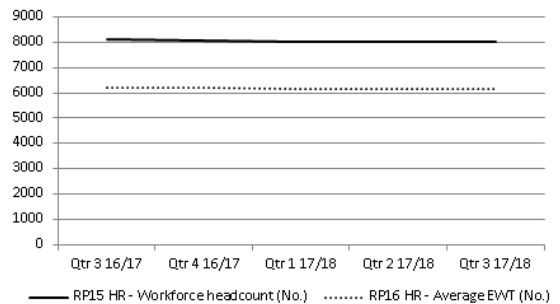
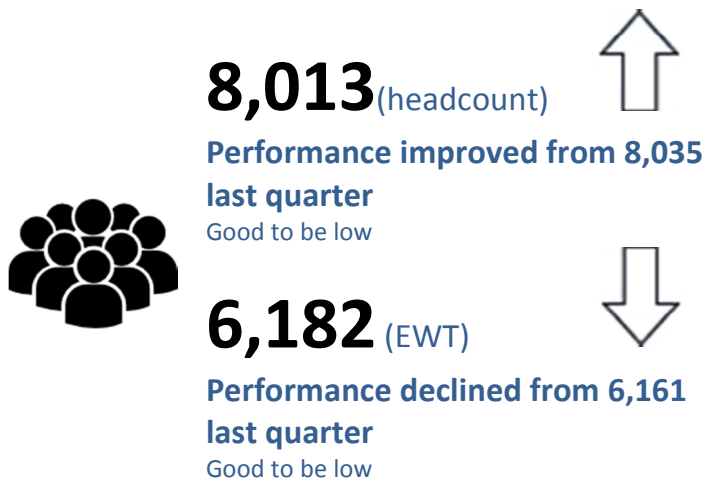


Agency spend, over a 12 month rolling year, continues to decrease. It was £11.45m in Q2 (year to August 2017) and has reduced by 2.3% to £11.19m in Q3 (year to November 2017). Agency spend as a percentage of total pay bill reduced from 4.7% to 4.6%.

Agency spend reduced in Children's Services by 4.5% and in Adult Care Services by 3.4%.

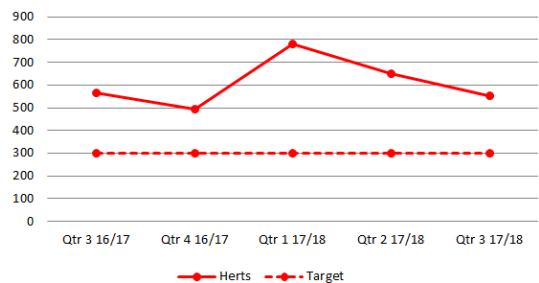
As a result, agency spend as a % of total pay bill decreased in Children's Services from 5.1% in Q2 to 4.9% in Q3, and in Adult Care Services from 8.1% to 7.9%."

8.1.3 Headcount (RP15 & RP16)



Average Headcount has decreased by 22 from 8,035 in Q2 to 8,013 in Q3 (a decrease of 0.3%). The largest headcount decreases are in Children’s Services (46), followed by Community Protection (22). Headcount fluctuations across the remaining Council Departments have resulted in an overall reduction. Average equivalent whole time (EWT) has increased by 21 from 6,161 in Q2 to 6,182 in Q3. The slight shift down in headcount and up in average EWT suggests there are fewer staff who are working more hours.

8.1.4 Recruitment activity (RP25)



This measure is based upon all vacancies that have been raised by managers and processed by the HR Resourcing Team during the quarter. Recruitment activity has reduced between Q2 and Q3, with 94 fewer posts being recruited to. This is a reduction of 14.5%. This reduction is consistent across most departments with only 2 areas showing a small increase in recruitment activity. Recruitment activity fell due to the run up to Christmas being a quieter period, and managers awaiting budgets for the new financial year before recruiting.

8.1.5 Percentage of Voluntary Turnover (RP24)

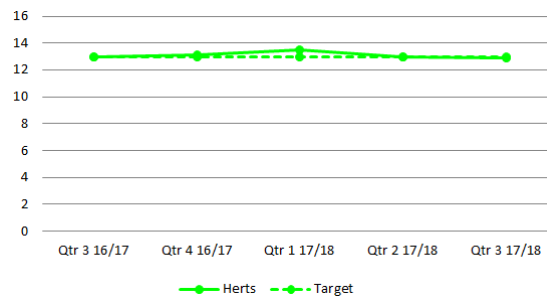


12.9%



Performance improved from 13 last quarter

Good to be low



Voluntary turnover, based upon a rolling year to December 2017, has continued to reduce from the Hertfordshire County Council target of 13.0% in Q2 to 12.9% in Q3. Between Q2 and Q3, the largest decrease in voluntary turnover is in Adult Care Services (a reduction of 1.9% from 15.1% to 13.2%). The largest increase is in Hertfordshire Business Services (an increase of 3.9% from 11.7% to 15.6%). The lowest voluntary turnover is in Community Protection (10.2%).

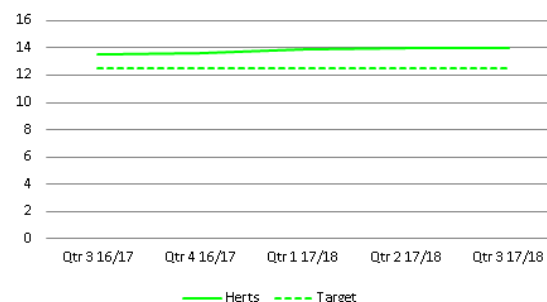
8.1.6 Percentage of ethnic minority employees (RP32)



14.2% (Headcount)



Performance stayed the same since last quarter



In Q3 14.2% of all Council Departments' staff are from a Black and Minority Ethnic group (BME). A further 2.1% of the workforce have not identified their ethnicity. This figure has marginally increased over the last year; in Q3 2016-17 13.5% of staff were recorded as from a BME background. Across the departments, the highest proportion of BME staff are located in Adult Care Services (21.1% of the workforce), followed by Children's Services (16.1% of the workforce). The smallest proportions can be found in Community Protection (2.8%), followed by Environment (6.2%).

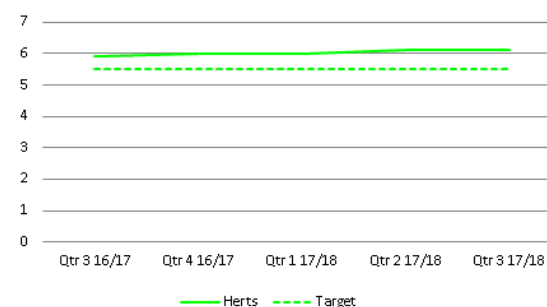
8.1.7 Percentage of employees with a disability (RP33)



6.1%



Improved from 5.9% the same period 2016-17



In Q3 6.1% of all Council Departments staff have identified themselves as having a disability. This figure has marginally increased over the last year from 5.9% in Q3 2016-17. Across the departments, the highest proportion of disabled staff are located in Libraries & Heritage Services (9.9%) and Public Health (7.4%). The smallest proportions can be found

in Hertfordshire Business Services (1.3%), followed by Community Protection (1.8%).

8.1.8 Annual Sickness per employee (RP29)

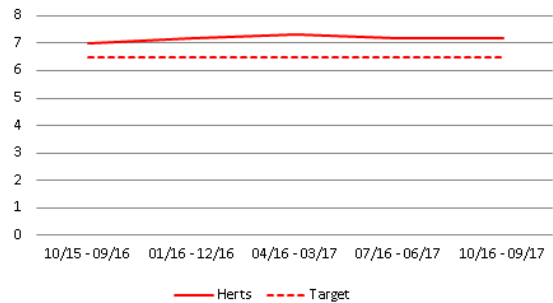


shutterstock 285949886

7.2 (days)

Performance stayed the same since last quarter

Good to be low



The average annual sickness is based upon sickness over a rolling year to November 2017. Over the past 4 quarters sickness absence has remained stable at an average of 7.2 days per employee. This is above the target of 6.5 days per employee.

In Q3 the highest average levels of sickness are in Adult Care Services (11.2 days) followed by Hertfordshire Business Services (8.8 days). The lowest levels of sickness are in Public Health (4 days) and Resources (4.4 days).

In Q3 59.3% of sickness is due to long term absences of over 20 days, 18.6% is due to medium term absences of 6-20 days and 22.1% is due to short term absences of 1-5 days.

8.1.9 Number of complaints (RP1 & RP2)

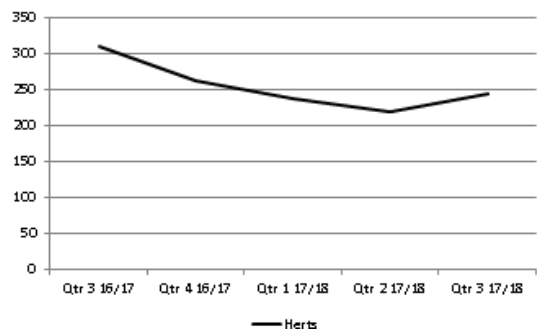


244

Stage 1 & Stage 2 = 239

Performance declined from 219 Q2 2017-18

Good to be low



The total number of complaints increased by 11% from last quarter (219). However, numbers are significantly improved from the same period last year (310).

- There were 11 escalations to stage 2 – 1 in Community Protection, 9 in Environment and 1 in Resources.
- 13 senior management reviews were held – 7 in Children’s Services (CS) and 6 in Adult Care Services (ACS).
- 5 notifications of investigations were received from the Local Government Ombudsman (LGO) – 2 in CS and 3 in ACS.
- 2 final decisions of fault were received from LGO – 1 in CS (non-implementation of internal investigation) and 1 in ACS (care planning delays and failures).

8.2 Projects, Contracts & Risks

Type/ID & RAG	Description/Aim	Reason
Contract RPC2 Green	Learning & Organisational Development Services (Capita)	
Contract RPC3 Green	Recruitment (Temporary Staff – Guidant)	
Contract RPC4 Green	Pensions (London Pension Fund Authority - LPFA)	
Contract RPC5 Green	Havas People – Recruitment Advertising	
Project RPP5 Amber	Superfast Broadband	Progress to date has enabled superfast broadband coverage for 95% of Hertfordshire premises. This will rise to circa 97% by the end of June 2018.
Contract RPC1 Green	Shared Managed Services (SERCO)	
Project RPP12 Green	Business Rates Review	
Risk	All corporate risks, including any red risks relating to this Portfolio, can be viewed through the electronic dashboard. There have been no significant movements in the last quarter.	
Audit	<p><u>Unauthorised devices attempting to connect to IT network</u></p> <p>It is recommended that management should establish a procedure to identify, review and report on devices that have connected to its IT network. Devices that are found to have not been authorised should have their access revoked. In addition, devices connected to the IT network should be reviewed on a routine basis.</p> <p>Proposed management actions:-</p> <ul style="list-style-type: none"> - Implement improved network access control. - Re-inforce the use of secure data movement by training and awareness programmes. <p>Actions will be completed by April and May 2018 respectively.</p>	

Key & Notes

9 Indicators - Red, Amber & Green Explanation

Within 5% under performing and over performing against target

Between 5 and 10% under performing against target

More than 10% under performing against target

No target specified

Performance improved since last reporting period	Performance stable compared to last reporting period	Performance declining compared to last reporting period

10 Projects & Contracts - Red, Amber, Green Explanation

On target for delivery to time and cost. No concerns about achieving outcomes

Minor concerns, no major delays but some uncertainty/risks to outcome remains

Significant concerns to achieving outcomes, major delays, failure to meet key milestones.

Rating has improved	Rating same as last time	Rating has deteriorated

11 Risks – Additional Information

All corporate risks, including any red risks relating to this report, can be viewed via the dashboard

12 Comparable Authority

To provide a means of benchmarking progress other local authorities (LA's) are identified where they are deemed to have similar characteristics. These designated LAs are known as statistical neighbours (stat neighbours) or comparable authorities.

Any LA may compare its performance (as measured by various indicators) against its statistical neighbours to provide an initial guide as to whether their performance is above or below the level that might be expected.

The term 'comparable neighbour average' (or stat neighbour average) is used when, for that indicator, the individual totals from LA's in the group are combined and divided by the number of LA's in the group.

The sections below list the comparable authorities used by the various Hertfordshire County Council services/departments. The Council continues to review the appropriateness of these comparators.

Please note: Highways do not benchmark with neighbouring authorities for performance, instead current performance is compared against previous years.

12.1 Health & Community Services

Referred to throughout Section 1

Oxfordshire
Hampshire
Essex
Kent
Surrey
West Sussex
Buckinghamshire
Northamptonshire
Warwickshire
Cambridgeshire
Gloucester
Worcestershire
Staffordshire
Suffolk
Nottinghamshire

12.2 Children's Services & Education

Referred to in Sections 2 and 3

Bracknell Forest
Hampshire
Oxfordshire
Central Bedfordshire
Trafford
Buckinghamshire
Cambridgeshire
West Berkshire
West Sussex
Warwickshire
Hertfordshire

12.3 Environment – Bus Information

Referred to in section 5

Cambridgeshire
Essex
Suffolk
Central Bedfordshire
Bedford

4.4 Environment

Referred to in sections 3 and 4

Authority
Buckinghamshire CC
Cambridgeshire
Essex
Gloucestershire
Hampshire
Kent
Lancashire
Northamptonshire
Nottinghamshire
Oxfordshire
Suffolk
Surrey
Warwickshire
West Sussex
Worcestershire

12.5 Public health

PHE now use CIPFA comparators. For Hertfordshire these are the 6 statistically nearest county councils linked in the IMD 2015

Referred to in Section 7

Oxfordshire
Hampshire
Surrey
West Sussex
Cambridgeshire
Buckinghamshire

12.6 Human resources

Referred to throughout section 8

Buckinghamshire
East Sussex
Essex
Hampshire
Kent
Oxfordshire
Surrey
Wiltshire

12.7 Fire & rescue – family group

Family Group comparison data is produced from the Department for Communities and Local Government: Fire Statistics Monitor: England April 2016 to March 2017 and the CIPFA Fire and Rescue Service Statistics 2015.

The Family Group is a group of Fire and Rescue Services defined by the Department for Communities and Local Government (DCLG) for comparison purposes, here Hertfordshire is compared to the 18 other English Fire and Rescue Services in Family Group 4 (FG4)

Referred to throughout section 4

Avon
Cheshire
Cleveland
Derbyshire
Essex
Hampshire
Hertfordshire
Humberside
Hereford & Worcester
Kent
Lancashire
Leicestershire
Lincolnshire
Northern Ireland
Nottinghamshire
Staffordshire
Surrey
South Wales

HERTFORDSHIRE COUNTY COUNCIL

**PUBLIC HEALTH, PREVENTION AND PERFORMANCE
CABINET PANEL
12 MARCH 2018 AT 10.15 AM**

<u>Agenda Item</u> <u>No.</u> 5
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**CURRENT PROGRESS ON PREVENTION AND NEXT STEPS: TOWARDS
A PREVENTION STRATEGY**

Report of the Director of Public Health

Authors: -

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Joanne Doggett Head of Programme Delivery and Resources for
Public Health (Tel: 01992 556358)

Executive Member: Richard Roberts, Public Health, Prevention and
Performance

1. Purpose of report

- 1.1 To provide Panel with the background to work on Prevention across the Council, an update on work being undertaken and a precis of the work established by the Prevention work stream which is part of the current SMART transformation programme.
- 1.2 To consult members on what aspects should be included in the County Council Prevention Strategy which is currently being developed.

2. Summary

- 2.1 There are three main programmes of prevention work going on within or led by the County Council, or with its engagement. This report aims to summarise and make links across them and seek members' views on priorities for Preventive work going forward.
- 2.2 Following the consideration of Panel's comments, officers will be developing a Prevention Strategy to bring to Panel at a later date.

3. Recommendations

Panel is asked to:

- i. Note and comment upon the contents of the report

- ii. Identify any other areas of the County Council's business in which it feels that opportunities to progress Prevention exist so that these can also be considered by Officers.

4. Background and Rationale

- 4.1 Demographic changes over the next 20 years and beyond will mean that most public sector agencies need to manage the need for public service and demand wherever possible, in order to sustain services. The County Council has placed this work within a prevention work stream. This work stream is different to PREVENT which is a national anti-terrorism initiative the County Council is also taking forward.
- 4.2 The Local Government Association recognised the need to manage the demand for services and has developed a series of prevention at scale pilots, but these all mostly focus on individual health topics rather than taking a view across public services.
- 4.3 There are three main programmes of prevention work going on within or led by the County Council, or with its engagement. These are:
 - i. The prevention of ill-health which is a core part of the work of public health, both led by Public Health and in partnership with others
 - ii. The prevention work being undertaken for the Sustainability and Transformation Plan (STP) which overlaps significantly with the prevention of ill-health above
 - iii. The County Council's corporate prevention programme including those preventive work streams going on in every department. There are multiple strands of this work on prevention.
- 4.4 In order to drive the Prevention agenda forward across the County Council, a specific Portfolio and Panel were created.
- 4.5 The aims of the County Council's prevention approach are:
 - i. to ensure Hertfordshire residents live as well as possible and as independently as possible
 - ii. that avoidable need for public service is prevented where it is possible to do so
 - iii. this is done across all County Council responsibilities, not just on public health.
- 4.6 There is already a large volume of prevention work going on across the County Council. This report is designed to provide a summary of activity across the various work streams, and to gauge members' views on what priorities should be pursued.

- 4.7 There are three major "building blocks" to the County Council's corporate prevention approach:
- i. Building a culture of self-care and resilience for residents i.e. people looking after themselves where possible
 - ii. Building prevention into the day job across all services so it works upstream wherever possible
 - iii. Large scale step-change programmes across agencies for tangible benefit and to make significant changes in how prevention is delivered
- 4.8 A corporate work programme has been established with a programme board which has representation from all directorates. Members are invited to comment upon how these work together and add value, how they can be brought meaningfully into a strategy and how the ambition for prevention at scale and to be thoroughgoing across the council can be realised.
- 4.9 There is still more that could be done to embed Prevention as a culture and approach within Hertfordshire. The recent Local Government Association Peer Challenge on Public Health identified some significant strengths in the County Council (see Appendix 1) and also asked it to consider how it could create further purchase on the Prevention Agenda.
- 4.8 Demographic changes over the next 20 years and beyond will mean that many public sector agencies will struggle to meet demand for their services. Firm plans to take action are needed now to find innovative ways to prevent/reduce the demand for services:
- i. By 2037, there will be around 220,000 more people in Hertfordshire, an 18.6% rise (more than double the population of Watford).
 - ii. Around 23,000 of these residents will be aged 90+ (people are living longer)
 - iii. The number of over 65-year olds will increase by 55% (more than 111,000 people)
 - iv. There will be in the region of 90,000+ more homes
 - v. An increase of approximately 20% more traffic on the roads
- 4.9 Demand is outpacing resource and will continue to do so unless, as a population, we become healthier, avoid preventable illness, and are able to be independent. Significant avoidable and preventable demand on services already exists within the system.

- 4.10 To take the example of health, preventing a working age adult getting Type 2 diabetes not only increases quality of life and quality of care, but prevents cost to the public purse in excess of £1million per patient over their lifetime. In 2000 there were an estimated 40,000 adults in Hertfordshire with Diabetes Type 2. Estimates for 2020 suggest this will reach 80,000.
- 4.11 Variations in primary care performance in Hertfordshire mean that patients still develop avoidable complications resulting in referrals into social care. Preventing people becoming diabetic when they are at high risk, not just providing care for those who develop complications, must be a shared priority for the system.
- 4.12 To take the example of waste reduction, there are economic and environmental issues from not reducing waste, not least the increasing cost to the council from landfill. Preventing waste being generated wherever possible can save money for residents and the council and have significant environmental benefits.
- 4.13 The developing consensus in Hertfordshire is that prevention should be more than simply health, and more than avoiding disease. It is about engaging, empowering, supporting and activating individuals, communities and society to be more resilient, reduce risk, identify problems early, seek effective solutions, and avoid adverse outcomes.
- 4.14 There are a number of principles to the County Council's prevention work, which have been developed by the Executive Member. These follow the vision expressed by the late Robert Gordon, Leader of the Council, working with officers and other portfolio holders, and are:
- i. Hertfordshire should be a county where, from conception to grave, public services should encourage and support independence, and reduce demand for them.
 - ii. Prevention can be defined as:
 - Preventing the need for a service in the first place
 - Reversing or reducing need for a service and helping people regain independence
 - Stabilising people who are very complex or in significant need to stop the need for services worsening.
 - iii. Most services should have a preventive focus (for example money advice targeted in the right way can reduce the need for mental health services; drugs services which ensure people who inject drugs get vaccinated for hepatitis A and B can prevent them contracting serious liver damage).
 - iv. While there are some services which must be provided, they can have preventive aims and components.

- v. Decisions about strategy and policy should be made through the lens of the council's preventive ambitions.
- vi. We wish to become a prevention focused organisation. This will need multiple foci and projects with varying timescales to deliver outcomes.
- vii. We should create a "prevention outcomes dashboard" for the Council.

4.15 This is easier said than done. It requires system level action to make some long-term changes. It also requires a key understanding of how. At present this is divided into three types of work and focus:

i) People looking after themselves

A change of culture for both service users and service providers

- People know how to help themselves
- They are aware of alternative sources of support and can access them easily
- They are supported by policies which reinforce this
- Behavioural science is used to make messages effective

ii) Building prevention into the 'day job'

- Training and culture shift for Hertfordshire County Council staff at all levels
- Identifying where 'upstream' preventative activities could positively impact future demand
- Prevention in all policies and business processes

iii) Investment in transformational programmes

Large scale projects to transform demand and need

- A range of potential projects have been submitted to Senior Management Board and are under consideration

4.16 A strategy for Prevention is in production and will be presented to Panel in due course. This will include recommendations that address:

- The requirement for political support to invest in prevention in order to protect the expanding population in the future. Investment in prevention often has a long-term payback period in terms of savings/demand reduction.

- The necessary resources to bring about long-term changes to achieve prevention goals.
- The dichotomy whereby budget reductions over recent years have reduced preventative activities/services. How prevention is re-established / protected going forward is a crucial area for agreement.

5. Current Success on Prevention

- 5.1 Current assessment shows that the County Council has had some successes in achieving outcomes for the county's population:
- The Assistive Technology programme for adult care has seen a number of adults manage to stay in their own homes rather than move into residential care
 - Family Safeguarding work has delivered results in reducing the number of young people coming into local authority care
 - The street triage programme for mental health has reduced emergency admissions to hospital
 - A programme of vaccinations for injecting drug users has seen a reduction in Hepatitis B (at a cost avoided of £480k per person)
 - Smoking in pregnancy has reduced to 7%, significantly below the national rate, and with it smoking related disability, complications and birth defects in children
 - The Hertfordshire programme of the National Diabetes Prevention Programme has identified a range of adults who would otherwise have gone on to develop diabetes
- 5.2 This suggests that Prevention is something the County Council can become more adept at, and suggests the need for a properly strategic approach.

6. Current Work on Prevention

- 6.1 In addition to the work already mentioned above, there is a portfolio of work already in existence, summarised at Table 1 below, and a planned portfolio, summarised at Table 2 below.
- 6.2 Some directorates are already developing their directorate prevention strategies to identify how they embed prevention as the day job (noted in Table 2 below).

Table 1: Existing Examples of Prevention Projects

<i>EXISTING Examples</i>	A culture of self-care and resilience	Making prevention the day job so services work upstream wherever possible	Large scale step change programmes
ACS	Herts Help	Assistive Technology	Frailty Prevention First including signposting, social prescribing and navigators
Children's Services	Children's Centres	Early Help	Family Safeguarding
Environment	Recycling	Road Safety	Waste Reduction
Community Protection	Duke of Edinburgh	Fire Prevention	Safe and Well
Public Health	Making Every Contact Count Social Prescribing	Social Prescribing A range of prevention services from health visiting to health checks	Social Prescribing The Prevention Programme for the Sustainability and Transformation Plan
HR	Staff Wellbeing Offer		

Table 2: Portfolio of prevention programmes in development. Directorate prevention strategies where currently being developed are indicated.

<i>PLANNED (not including those under consideration today)</i>	A culture of self-care and resilience	Making prevention the day job so services work upstream wherever possible	Large scale step change programmes
Corporate			
ACS		<u>ACS Prevention Strategy</u>	Frailty ITT
Children's Services	New family centres offer	<u>Children's Prevention Strategy</u> Early Intervention	
Environment		Waste Road Safety	
Community Protection		<u>CP Prevention Strategy</u> Safe and Well Drug Testing on arrest	
Public Health	New family centres offer	<u>PH Prevention Strategy</u> Reprocurement of public health services Drug testing on arrest	STP Prevention Strategy Social Prescribing Self-Management Healthy Homes Programme
HR		<u>Staff Health programme</u>	

6.3 In addition, following its recent seminar on prevention, the [Hertfordshire Forward Group](#) agreed three multi-agency priorities for preventive work to be developed. These are currently being scoped to be brought back to Herts Forward in March 2018. The priorities are:

- i. Quality Communities – ensuring communities are liveable across the lifespan, of high quality in planning and infrastructure and environmental infrastructure, and support healthy independent living across the lifespan
- ii. Preventing and Reducing Waste
- iii. Preventing and Reducing Social Isolation and Loneliness

7. Large Scale Step Change Programmes

7.1 There is a need to scope and understand whether large scale programmes can be developed in order to make a step-change in how we deliver prevention. These programmes will take resource as well as careful development. At present work is focused on making an assessment of whether work in this area would be likely to bring benefits to residents, as well as benefit to the County Council. Some potential ideas for further exploration are contained in Table 3 below. Members are asked for their views on these and potential others.

Table 3: Proposed Step-Change Programmes

Paper	Key Information
Herts Home Safety/ Safe and Well	This programme is already being rolled out in one form. It aims to keep people independent in their own homes. It is currently in its first phase with over 6,000 visits and is being evaluated to determine its outcomes, with a view to deciding what further work is to be done when the evaluation results are known.
Investment in Young People	Whether, and for what things, investment in primary prevention (preventing problems from starting) may help young people and prevent them needing public services later. Mental and physical health, resilience and work and education readiness are all areas where young people could be supported.
SEND	What is the next stage of a transformational approach to Special Educational Needs and Disability to improve outcomes?
Edge of care 11+	Could we go further in preventing young people

	needing local authority care?
Employment and growth	Can we do more to help people vulnerable to unemployment or who find it difficult to get employment, to find meaningful work which helps them be independent and prosper?
Joined up independent living for adults with LD combined with Post 19	Can we do more to keep vulnerable adults independent, out of hospital and needing less care?
Older Peoples' Resilience, join with predictive analytics and scope	
Further Investment in Assistive Technology for Frailty	

8. The Sustainability and Transformation Plan and Prevention

8.1 NHS England established Sustainability and Transformation Partnerships across England, and Hertfordshire County Council is part of the Hertfordshire and West Essex STP. The County Council still needs to form a proper view of its position on the development of this work but the County Council Chief Officers are leading four of the STP work streams, each of which has a corresponding Board.

- Jim McManus – Prevention. Self-Management
- Iain MacBeath – Frailty
- Jenny Coles – Children, Women and Families

8.2 The Prevention work stream for the STP is focused on reducing the preventable burden of disease on residents and public services. Specifically, programmes on reducing avoidable cardiovascular disease and cancer (two of the four biggest causes of early death in Hertfordshire) are underway.

8.3 Two important foci of the Prevention work stream are:

- i. Social prescribing – providing, on referral by a professional, a non-medical intervention like physical activity or social activity (e.g. drama for mental health) where the evidence is that activity is as good as or better than a prescribed medicine. This programme is already live and rolling out across Hertfordshire.
- ii. Reducing variations in primary care - too many people still develop avoidable complications or exacerbations of disease

because opportunities in primary care are missed or pathways not followed fully. Addressing this would have large scale impact and also reduce the need for social care.

9. The Local Government Association Peer Challenge

- 9.1 As part of its sector led improvement work, the County Council invited an external peer challenge which was undertaken by the Local Government Association (LGA) on 18 – 20 October 2017. This challenge looked at Public Health, and also at how well the County Council and its partners are set up to achieve ambitions on prevention. The report of the Challenge identified some significant strengths in the County Council and its Public Health function. These are reproduced in Appendix 1.
- 9.2 The report also identified, relevant to taking prevention forward, a range of opportunities for the County Council, much of which are beyond Public Health alone to lead, and require corporate leadership including Public Health.
- 9.3 The County Council was encouraged to take on the role of being the custodian of the health of the population as a system leader. This is a challenge wider than just public health, but is an opportunity for system leadership.
- 9.4 The headline messages noted below also identify issues which the peers felt the wider system really needs to address, and this is where particularly the ownership and leadership of the Health and Wellbeing Board is relevant. Members are asked to consider how the Board should take these forward:
- i. “Hertfordshire has the opportunity to do more, focussing on outcomes, addressing some of the big-ticket issues, shifting the focus further up-stream to help people to help themselves to remain fit and healthy”
 - ii. “There is a clear desire for the County Council to play a key role in promoting the health and wellbeing of the local population”
 - iii. “Recognition that it is a very complex system with overlapping plans but no overall strategy - need to develop a comprehensive ambitious vision for the future owned by all partners with targets and milestones.”
 - iv. “The governance and working arrangements between the Sustainability and Transformation Plan (STP) and the Health and Wellbeing Board need to be addressed”.

- v. “Working relationships at an operational level between Hertfordshire County Council and the CCGs are good but behaviours sometimes breakdown. There is an opportunity to re-set relationships.”
- vi. “There is a need for a greater shared understanding of the opportunities and constraints for both the County Council and Health”.
- vii. “Some of the Invest to Transform Fund could provide for a step change in addressing improvements in the public’s health”.

10. Equality Impact Assessment

- 10.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.
- 10.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council’s statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.
- 10.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 10.4 An initial EqIA will be undertaken and will be revisited and reviewed as the direction of the programme develops

Appendix 1: Questions asked by the County Council of the Peer Challenge and strengths the Challenge identified

Levels	1: Assuring the basics	2: Influencing across and between	3: Embedding Value and future prospects for value	4: A Prevention focused council
<p>Questions we asked the LGA Peer Challenge</p>	<ul style="list-style-type: none"> • Do we have the right processes in place in order to assure ourselves we deliver on mandated services and relationships? • Is the strategy coherent and appropriate? • What are the key values (knowledge, skills, tools, human capital) Public Health brings to the Council? 	<ul style="list-style-type: none"> • How is Public Health impacting across the rest of the Council and its services? • How is Public Health impacting across the rest of the partnership landscape? • How is Public Health contributing to the key strategic agendas for local government in and through austerity • How is Public Health being influenced by and absorbing good practice from the rest of the Council? • How are other 	<ul style="list-style-type: none"> • To what extent are other parts of the County Council understanding, using and integrating the value Public Health can bring to influence their core business? • What more can be done to do this, and to capitalise on and embed existing value? • What areas not being addressed currently bring opportunities to realise value for the Council? • How well set up is the Council for its ambitions to be a prevention focused organisation? • What work needs to be done to become a prevention focused council? 	<ul style="list-style-type: none"> • Does the Council have a clear vision for prevention? • How well set up is the Council for its ambitions to be a prevention focused organisation? • What work needs to be done to become a prevention focused council?

		departments embracing and using what Public Health has to offer?		
<p>Strengths identified by the Peer Challenge</p>	<ul style="list-style-type: none"> A very impressive range and volume of health improvement activities, well embedded within Adult Social Care and with partners 	<ul style="list-style-type: none"> Examples of innovative activities which are delivering positive outcomes e.g. Family Safeguarding Service, Falls Care, Beezee Bodies & Creative Herts Partners are generally actively engaged and keen to do more. Recognition that partnership working and greater integration are the way forward Strong political support together with support from the Chief Executive to make prevention core business 	<ul style="list-style-type: none"> Public Health skills and tools are broadly felt to add value and provide an added dimension for services and partners 	<ul style="list-style-type: none"> Public Health leadership of prevention has provided drive and focus both within and outside the Council