



Agenda Reports & Other Papers

Presented to the
Meeting of the
Health and Wellbeing Board
on
Wednesday, 19 December 2018

1. Agenda

1 - 32

Agenda



Health and Wellbeing Board Hertfordshire

AGENDA for a meeting of the HEALTH AND WELLBEING BOARD at the FOCOLARE CENTRE FOR UNITY, 69 PARKWAY, WELWYN GARDEN CITY, AL8 6JG on WEDNESDAY, 19 DECEMBER 2018 at 10:00AM

MEMBERS OF THE BOARD (16) - QUORUM 8

County Councillors (3)

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

Non County Councillor Members (13)

P Moodley, N Small, B Flowers, K Magson, Vacancy, Clinical Commissioning Groups,
J Coles, Director of Children's Services,
I MacBeath, Director of Adult Care Services,
J McManus, Director of Public Health,
S Palmer, Healthwatch Hertfordshire,
L Haysey, L Needham, District Council Representatives,
N Carver, NHS Provider Representative,
D Lloyd, Hertfordshire Police and Crime Commissioner.

Observer

T Cahill, NHS Provider Representative.

AGENDA

Meetings of the Board are open to the public (this includes the press) and attendance is welcomed. However, there may be occasions when the public are excluded from the meeting for particular items of business. Any such items are taken at the end of the public part of the meeting and are listed under "Part II ('closed') agenda".

At a meeting of the Board any member of the public who is a Hertfordshire resident or a registered local government elector of Hertfordshire may put a question to the Board about any matter over which the Board has power or which directly affects the health and wellbeing of the population. Written notice, including the text of the proposed question, must be given to the County Council's Chief Legal Officer at least 5 clear days before the meeting.

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

Members are reminded that:

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

(2) if they consider that they have a Declarable Interest (as defined in paragraph 5.3 of the Code of Conduct for Members) in any matter to be considered at the meeting they must declare the existence and nature of that interest. If a member has a Declarable Interest they should consider whether they should participate in consideration and vote on the matter.

CHAIRMAN'S ANNOUNCEMENTS

PART I (PUBLIC) AGENDA

1. MINUTES

To confirm the minutes of the last meeting of the Health and Wellbeing Board on 17 October 2018.

2. PUBLIC QUESTIONS

The following public question has been received and will be presented at the meeting by Maggie Allen:

“In view of the Government's agenda for integrated Health and Social Care, can the Health and Wellbeing Board support Royston Community Health's aim for an integrated Health and Social Care facility on the Royston Hospital site and can *Cambridgeshire and Peterborough CCG* advise the Health and Wellbeing Board and the CIC about the current situation and next steps with that site?”

3. UPDATE ON THE PROPOSED NHS/SOCIAL CARE HUB IN ROYSTON

(verbal update from Cambridgeshire and Peterborough CCG)

4. BETTER CARE FUND 2017-19 UPDATE

(report attached)

5. STP UPDATE - FOCUSING ON THE NEXT STEPS IN IMPLEMENTING THE INTEGRATED HEALTH AND CARE STRATEGY

(verbal update and presentation)

6. REVIEW OF HERTFORDSHIRE HEALTH AND WELLBEING BOARD'S 2018 AGENDA AND ITS 2019 FORWARD PLAN

(report attached)

7. OTHER URGENT BUSINESS

Such other Part I (public) business which the chairman agrees is of sufficient urgency to warrant consideration.

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

There are no items of Part II ('closed') business on this agenda. If items are notified the Chairman will move:

“That under Section 100(A) (4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph ... of Part 1 of Schedule 12A to the said Act and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

If you require further information about this agenda please contact Stephanie Tarrant, Democratic Services Officer, Democratic Services, on 01992 555481, or email stephanie.tarrant@hertfordshire.gov.uk. Agenda documents are also available on the internet at <https://democracy.hertfordshire.gov.uk/mgCalendarMonthView.aspx>

**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

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Minutes



To: All Members of the Health & Wellbeing Board

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

HEALTH AND WELLBEING BOARD 17 OCTOBER 2018

MINUTES

ATTENDANCE

MEMBERS OF THE BOARD

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

OTHER MEMBERS IN ATTENDANCE

N A Quinton

PART I ('OPEN') BUSINESS

1. MINUTES

1.1 The minutes of the Health and Wellbeing Board meeting held on 1 March 2018 were confirmed as a correct record of the meeting.

2. PUBLIC QUESTIONS

2.1 There were no public questions.

ACTION

3. DEVELOPING A POPULATION HEALTH MANAGEMENT APPROACH

[Officer Contact: Jim McManus, Director of Public Health, Tel: 01992 556884]

- 3.1 The Board reviewed a report which outlined a Population Health Management Approach for the Hertfordshire and West Essex Sustainability and Transformation Partnership (STP).
- 3.2 The Board heard that without intervention the volume of people requiring avoidable treatment would continue to increase. A population health management approach would develop pathways to ensure that the right prevention and treatment was in place. The Board discussed whether it was personal responsibility to manage lifestyle change but it was agreed that it was also clinical culture that needed to change, as GP's too readily offered prescriptions rather than promoting non-clinical interventions. This would require culture change and pathways approaches and a clear focus on populations which would benefit most from this approach. This would be refined further for input into the Clinical Strategy.
- 3.3 Members acknowledged that Councillors could help to influence a change in resident's mind-set, manage expectations and empower people to move forward.
- 3.4 The Board agreed to further consider and expand on the Population Health Management Approach at an away day.

Conclusion:

- 3.5 The Board:
 - agreed to support a Population Health Management approach as outlined in the presentation.
 - considered how to achieve the change required to embed Population Health Management approaches, and its role in this.

4. SUPPORT FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING – STARTING WELL, DEVELOPING WELL

[Officer Contact: Joella Scott, Strategy Manager, Tel: 01992 588451]

- 4.1 Members of the Committee reviewed a report which highlighted the measurable improvements in joint working and partnership provision that had been implemented across the children's system, following on from the 2015 Child and Adolescent Mental Health Service (CAMHS) review and in line with the CAMHS Local Transformation Plans.
- 4.2 The Board heard that wider partners had recognised that, whilst there is still work to be done, a lot of work had been accomplished in

Wendy Tooke,
Health and
Wellbeing
Board
Manager

CHAIRMAN'S INITIALS

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supporting an improved offer for children and young people’s mental health and emotional wellbeing. There had been a focus on delivering mental health first aid training, and the further introduction of Children’s Wellbeing Practitioners, the Empathy Project and CAMHS school link managers to improve the system. Members noted that the ‘Just Talk’ campaign reached 9 million twitter impressions and reached 250,500 people via Facebook, SnapChat and Instagram (90% of which were Hertfordshire teenage boys).

- 4.3 The Board noted that Hertfordshire had one of the lowest suicide rates in England and better bereavement support was a focus. It was noted that all but one newspaper in Hertfordshire (Herts Adviser) had recently signed up to a new charter showing their commitment to report the subject of suicide with sensitivity.
- 4.4 Members were given an update since the Green Paper on Transforming Children and Young People’s Mental Health Provision, which was provisionally presented to the Board in December 2017. The recommendations of the Green Paper were being taken forward with the application to become a ‘trail blazer’ made and the result of the bid expected on 22 October 2018.
- 4.5 The Board heard from Heather Moulder, Independent Consultant, on the autism diagnostic pathway in Hertfordshire and whether it could be improved. The Board noted that 10 children were being taken through a pre-testing to develop a new concept. Members heard that consideration was being given to those on the autism pathway to have access to CAMHS services without having to go to the back of the queue again. It was noted that there were concerns from HPFT that people may refer to the autism pathway as a quicker route into CAMHS.
- 4.6 The Board discussed why there were children reaching crisis point at such a young age in the first place. Working with schools and families from birth was acknowledged as vital to ensure that clinical intervention was not required. Members noted that a population health approach would assist to reach families early on with maternal mental health and domestic abuse focussed on. The Board were reminded of the research on Adverse Childhood Experiences for Hertfordshire commissioned by Public Health. It was agreed that the mapping work being undertaken on this would be brought to a future board and include consideration why young children were being found to have such complex needs.
- 4.7 Members commented on the number of young people, particularly those who are not in education that came into crisis and discussed how they could be supported earlier if they were not known about. In addition, transition periods were acknowledged to be an area that could attribute to poor mental health. It was noted that as part of that, a consideration for the new HPFT contract, could be to extend to 0-25

Jim McManus,
Director, Public
Health

**CHAIRMAN’S
INITIALS**

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years old. This had been achieved as part of the new all age drug and alcohol service commissioned by Public Health, however it was noted that CAMHS had a 'did not attend problem' which was wasting resources. Transition was on the NHS work programme for the coming year. A future report for the Health and Wellbeing Board identifying what services in Hertfordshire worked well and those where there were gaps was requested.

Simon
Pattison,
IHCCT and
Joella Scott,
CS

4.8 In response to a Member question on the third recommendation around funding, it was advised that the recommendation sought consideration into the integrated ways available to manage resources across the children's system.

4.9 The Board acknowledged the overall improvement from the CAMHS review three years ago and noted that whilst there were still improvements to be made, waiting times had reduced and investment had increased.

Conclusion:

4.10 The Board agreed:

- To continue to focus on system wide approaches to key preventative messages, for example Public Health's 'Just Talk' campaign that promotes positive wellbeing and improved resilience in Hertfordshire's children and young people.
- To support continued joint commissioning and partnership arrangements, to enable continued sharing of resources across the children's system in a cost effective way that supports improved outcomes for Hertfordshire's children and young people.
- To consider ongoing commitment to ensure (or work towards) appropriate allocation and parity of resource, within the agreed budget for Children and Young People's mental health and emotional wellbeing, in relation to Adult provision.

5. HERTFORDSHIRE ALL AGE AUTISM PARTNERSHIP BOARD
[Officer Contact: Le Ho-Everiste (Independent Chair), Tel: 07985 141 680]

5.1 The Board welcomed a report which provided an overview of the Hertfordshire All Age Autism Partnership Board (HAAAPB).

5.2 Members of the board heard that there on average there was between a 7 and 26 month wait for an autism diagnosis in adults and a 8-26 month wait for an autism diagnosis in children, with an average spend of 60p per head for autism in comparison to a £60 per head spent on dementia. The job of the HAAAPB was to raise the profile of the invisible cohort and ensure that the needs of people with autism were being heard.

5.3 The Board discussed how the HAAAPB could be used more effectively to co-produce initiatives. It was noted that at key issue of the HAAAPB was with attendance as it relied on the good will of partners to attend. The Board heard that the 2018/19 objectives (page 4 of the report) for the HAAAPB had been left blank, as the HAAAPB would like to work with partners to co-produce these. The Board acknowledged the frustrations raised by HAAAPB and agreed that officers would be available to support the HAAAPB in its role. With regards to the employment objective, the role of Councillors in promoting skills into employment and educating employers was discussed.

All Members of the Board

5.4 The Board noted the HAAAPB's link to the SEND transformation programme and discussed taking a partnership approach. The HAAAPB could be a key partner in the development of the programme and part of the wider stakeholder set up.

5.5 The Board agreed that many of the requests from the HAAAPB's could be resolved by obtaining the right links with other services and that these would be signposted following the meeting. In addition, it was noted a clear deliverable was to reduce waiting times and that this could be looked at in partnership.

All Members of the Board

Conclusion:

5.6 The Board agreed:

- To recognise the 'My Health Purple Folder' for people on the autism spectrum and to be promote it to GP surgeries.
- To identify a robust approach to recording the number of autistic children and adults there are in the county and to carry out a needs assessment examining the gap between the existing demand and the existing current service offer to autistic individuals and their families.

6. BETTER CARE FUND 2017-19 UPDATE

[Officer Contact: Edward Knowles, Assistant Director, Integrated Health / Kitri Simon, Project Officer Integrated Care Tel: 01992 588950]

6.1 The Board received a report which provided an overview of 2017-18 Better Care Fund performance in Hertfordshire and an update on Q1 of 2018-19.

Conclusion

6.2 The Board noted the contents of the report.

7. STP UPDATE: WITH A FOCUS ON THE CLINICAL STRATEGY
[Officer Contact: Deborah Fielding, STP Leader, Tel: 01707 247253]

7.1 The Board received a report and a presentation which provided an update on the work underway in Hertfordshire and West Essex STP, in particular the ongoing development of STP wide clinical strategy and its alignment with the Medium Term Financial Plan. A copy of the presentation can be viewed here: STP Update Presentation

7.2 Members noted that this item linked very closely with Population Health Management (Item 3 on the agenda).

7.3 The Board heard that only 15% of the £3.1 billion spent on health and social care interventions had an impact on health outcomes. It was advised that currently 43% of spend was only used on caring for 12% of the population. A 10 year financial plan had been forecast and showed that the collective NHS Hertfordshire and West Essex deficit would increase from £86 million this year to £719 million, should any changes not be made. This would equate to a need for 600 more beds and a workforce increase of 4000. It was noted that Hertfordshire County Council's social care deficit was projected to increase by £173.4m by 2026/27.

7.4 The vision and principles of the strategy were noted by the Board along with the notion of moving towards a population health management approach.

Conclusion

7.5 The Board noted the development of the clinical strategy and planned engagement with clinicians and stakeholders.

8i. HERTFORDSHIRE SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

[Officer Contact: Janet Jones, Service Manager Quality Assurance & Audit, Tel: 01438 737348]

8.1 Members received a copy of the Hertfordshire Safeguarding Children's Board Annual Report which the Chair of the LSCB must publish on the effectiveness of child safeguarding and promoting the welfare of children in the local area, in accordance with Working Together (2015). The report highlighted local background and context for safeguarding children in Hertfordshire.

Conclusion

8.2 The Board noted the content of the report.

8ii. HERTFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT

[Officer Contact: Mary Moroney, Hertfordshire Safeguarding Adults Board Business Manager, Tel: 01992 556603]

8.1 Members received a copy of the Hertfordshire Safeguarding Adults Board Annual Report for the period 1st April 2017 to 31st March 2018. The report was produced as part of the Board's statutory duty under The Care Act 2014 and Chapter 14 of the Care & Support Guidance and highlighted the local background and context for safeguarding adults in Hertfordshire.

Conclusion

8.2 The Board noted the content of the report.

9. URGENT & EMERGENCY CARE STRATEGY

[Officer Contact: Charles Allan/Sharn Elton, Tel: 07766 904380]

9.1 Members reviewed a report which provided an update on the progress with the Herts and West Essex Sustainability and Transformation Partnership (STP) Urgent and Emergency Care Strategy and planning for winter 2018/19.

9.2 The Board heard that a coordinated approach was being taken across the STP with additional winter funding being used to ensure that staffing and resources were in the right place, with extended access to services across evenings and weekends.

9.3 Residents were being reminded to use services wisely, including the NHS 111 helpline and local pharmacists to relieve urgent care pressures.

9.4 NHS generic promotional material was to be shared with Local/County Councillors for dissemination to residents.

NHS
Representatives

9.5 The Board discussed encouraging residents to have the flu vaccine. Members heard that there had been an issue in the timing of the release of the flu vaccine, however 8 million vaccines had been commissioned this year which was an increase of 2 million extra from last year. It was advised that most November deliveries of the vaccine were now being made in October with a mechanism for GP's/pharmacies to place a late order if they did not order enough vaccines originally.

Conclusion

9.6 To note the progress so far and the dates for adoption and approval.

**CHAIRMAN'S
INITIALS**

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10. ANY OTHER URGENT PART I BUSINESS

10.1 There was no other urgent Part I business.



**KATHRYN PETTITT
CHIEF LEGAL OFFICER**

CHAIRMAN _____

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INITIALS**

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HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
WEDNESDAY, 19 DECEMBER 2018 AT 10:00AM**

UPDATE ON THE PROPOSED NHS/SOCIAL CARE HUB IN ROYSTON

Report of the Director of Resources

Author: Stephanie Tarrant, Democratic Services Officer,
Tel: 01992 555481

1. Summary

- 1.1 The Health and Wellbeing Board will receive an update from Cambridgeshire and Peterborough CCG on the proposed NHS/Social Care Hub in Royston.

2. Recommendation

- 2.1 That the Health and Wellbeing Board note the update.

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HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
WEDNESDAY, 19 DECEMBER 2018 AT 10:00AM**

BETTER CARE FUND 2017-19 UPDATE

Report of Director of Adult Care Services

Author: Edward Knowles, Assistant Director, Integrated Health
Kitri Simon, Project Officer, Integrated Health
Tel: 01992 588950

1. Purpose of report

- 1.1 To provide an overview of 2017-19 Better Care Fund performance in Hertfordshire and an update on Q2 of 2018-19.

2. Background

- 2.1 The Better Care Fund (BCF) was announced by the Government in June 2013, and a local plan agreed in Hertfordshire between Hertfordshire County Council, East & North Clinical Commissioning Group (EHNCCG), Herts Valleys Clinical Commissioning Group (HVCCG) and Cambridgeshire & Peterborough Clinical Commissioning Group (CPCCG) in April 2014. The national policy requires the establishment of a single pooled budget (the BCF) to enable delivery of the local BCF plan to integrate health and social care services.
- 2.2 Hertfordshire's latest [Better Care Fund Plan](#)¹ outlines health and social care integration plans for 2017-19. These are centred around the resident-focused 'Integration Framework' of what joined up care should look like by 2020 and summarised in the below vision diagram (Figure 1). This approach has been showcased as good practice by the [Social Care Institute of Excellence](#)². Hertfordshire pools the majority of the County Councils and CCG out-of-hospital older people budgets to a total of £280m.

¹ <https://www.hertfordshire.gov.uk/media-library/documents/adult-social-services/better-care-fundhigh-level-plan.pdf>

² <https://www.scie.org.uk/news/opinions/integration-hertfordshire>

Figure 1: Hertfordshire’s resident focused planning framework



3. Recommendation

3.1 That the Board notes the key points of 2017-19 BCF performance to date.

4. Performance

4.1 Hertfordshire’s BCF is measured by NHSE quarterly against 4 set performance metrics (see Table 1 and appendix A). Performance against these targets is as below:

Table 1: 2018-19 Performance against NHSE metric targets

National Metric	2018-19 Target	Q2 Performance
1. Non-elective admissions	27,280 (Rate per 100,000 population)	28,658 – not meeting target
2. Admissions to residential & nursing care	505 admissions per 100, 000 population (Annual rate)	473 - meeting target
3. Effectiveness of reablement	86% of 65+ still at home 91 days after discharge into reablement/rehabilitation	83% - not meeting target

	services	
4. Delayed transfers of care	874 delayed days from hospital – (Rate per 100,000 population)	1,106 – not meeting target

4.2 Hertfordshire continues to perform positively in relation to admissions to care homes and effectiveness of reablement. The achievement of the target for number of admissions to residential and nursing care shows that the number of new placements continues to be carefully managed with consideration given to alternative forms of support prior to approval. Though not currently meeting the target, the number of service users 65+ still at home 91 days after discharge has stayed relatively steady and close to the target. As well as improved recording, consistent performance in the face of rising client numbers is attributed in part to the Specialist Care At Home (SCAH) model successfully managing down client need enabling them to remain at home.

4.3 A key challenge is meeting ambitious delayed transfers of care (DToc) targets set by NHS England. Although not meeting the target this quarter, performance has consistently improved over the last year. This is attributable to spending against the Improved BCF (iBCF) social care grant monies. This includes increases in social work staffing to support assessment activity, increases in SCAH capacity and an enhancement to the pay of front line homecare workers leading to better recruitment and retention. The expansion of Discharge to Assess across the county has now been implemented and should aid in the continued movement towards the target.

4.4 Other key performance commentary for the latest quarter includes:

- Hertfordshire Integrated Discharge Teams can now be considered 'Mature' in their implementation, as the teams are fully embedded in the work of the hospital trusts and recognised by all parts of the system.
- The Community Navigator service has made progress promoting the appropriate use of Primary Care by working with CCG partners on both sides of the county to review non-health referrals with GP practices in order to target level of engagement. This includes some GP surgeries having rolled out Navigation clinics across the county and Navigators are now fully embedded into the GP multi-disciplinary meetings.
- A draft version of a performance framework dashboard has been designed. This dashboard measures progress against the Integration Framework including metrics and project progress updates from both social care and the acute system. This is currently being piloted using Q2 data; if the pilot is successful, this dashboard will likely be used to report BCF performance to the HWB in the future.

5. Risks

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

Report signed off by	Colette Wyatt-Lowe, HWB Chair
Sponsoring HWB Member/s	Iain MacBeath, Beverley Flowers, Kathryn Magson
Hertfordshire HWB Strategy priorities supported by this report	The Better Care Fund proposals relate to all 4 Health & Wellbeing Strategy priority areas
<p>Needs assessment (activity taken) The Better Care Fund identifies initial priorities for integration based on our understanding of both need in the area and future demographic challenges, which is why the priorities include:</p> <ul style="list-style-type: none"> • Support to frail elderly populations • Long term conditions • Dementia • Prevention 	
<p>Consultation/public involvement (activity taken or planned) See National Condition 1 of the BCF Plan for notes on consultation which included joint agreement between the County Council and the CCGs with input from providers and other stakeholders Also previous BCF Plans, which form the base of current version, were developed in relation to extensive consultation activity around the BCF process, with patient groups, statutory bodies, provider organisations and the voluntary and community sector. Individual integration projects have also often carried out their own consultation and engagement exercises.</p>	
<p>Equality and diversity implications Each project that is delivered as part of the Better Care Fund work is subject to robust equality impact assessments to ensure the impact on different groups is understood and where necessary mitigated against. An EQIA was also created for the 'Joined Up Care Framework' forming the basis of this year's BCF Plan and which identified that the BCF actively creates opportunities to promote equality.</p>	
Acronyms or terms used. eg:	
Initials	In full
ACS	Adult Care Services
BCF	Better Care Fund
CCG	Clinical Commissioning Group
DToc	Delayed transfers of care
HCC	Hertfordshire County Council
HWB	Health & Wellbeing Board
NHSE	NHS England
SCAH	Specialist Care at Home

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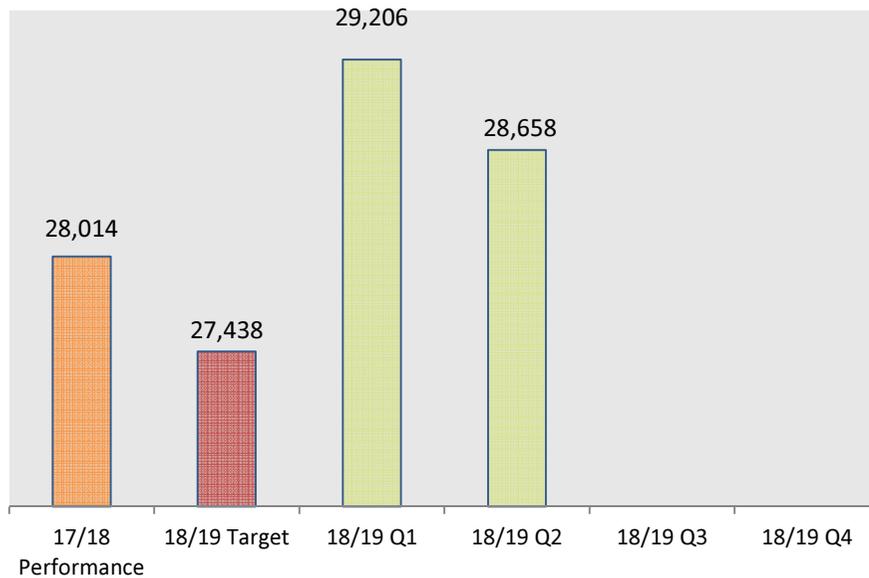
Hertfordshire Better Care Fund Q2 2018/2019

Health and Wellbeing Board
December 2018

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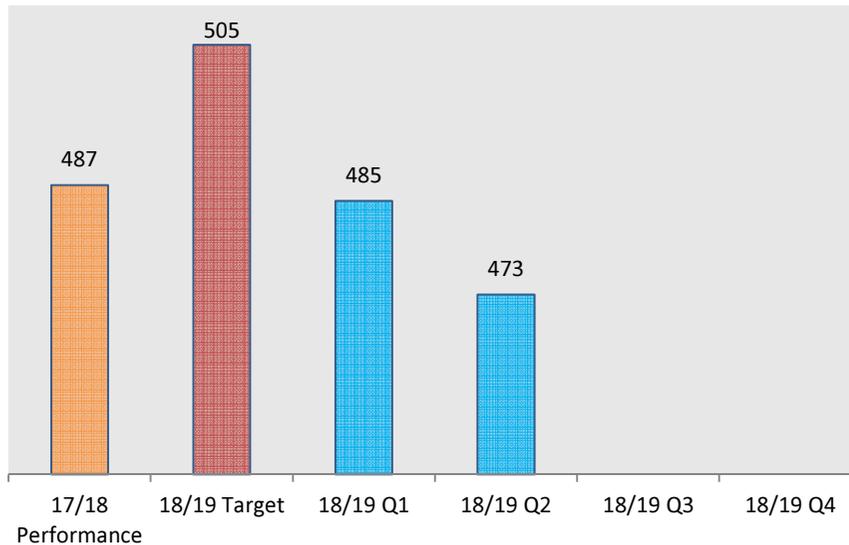
Non-elective admissions



Reduction in non-elective admissions has improved against Q1, dropping to 28,658 admissions from 29,206 admissions. Current performance is within 10% of the 27,784 target (rate per quarter). Both CCGs have multiple QIPP schemes to support this target and ensure Hertfordshire's number of NEAs remain below the national average.

Status: On track to meet target

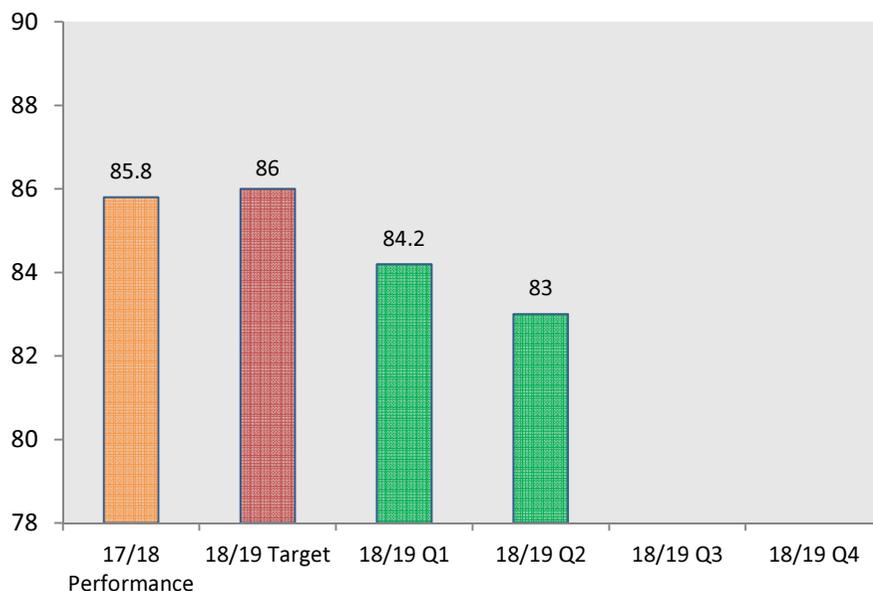
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population



The rate of permanent care home admissions per 100,000 population has decreased in Q2 to 473, down from the Q1 rate of 485. This shows that the number of new placements continues to be carefully managed with consideration given to alternative forms of support prior to approval.

Status: Meets target

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



Status: On track to meet target

Data shows that 83.0% of clients discharged into reablement services between the months of April to June 2018 remained at home 91 days later. This is near the target of 86% and remains relatively steady in comparison to the last three quarters (83%, 86%, 84%). These low levels of hospital readmissions in comparison to the national average suggest that the enablement support is successfully helping to prevent escalation of patient need.

Delayed transfers of care (Days per 100,000 18+ population)



Status: Not meeting target

A key challenge is meeting ambitious delayed transfers of care (DToC) targets set by NHS England. Q2 performance continues to improve, but does not meet the target with performance of 1,106 against a target of 856 (rate per 100,000 population), which equates to 10,083 delayed days against a target of 7,784. This is a significant improvement from Q2 2017/2018, which saw a rate of over 1,600 per 100,000. Delays have been well managed over the last quarter through careful coding, micro-management of workload, continual development of skills using the Choice Policy, and creative care planning.

Integration highlights

Hertfordshire **Integrated Discharge Teams** can now be considered 'Mature' in their implementation, as the teams are fully embedded in the work of the hospital trusts and recognised by all parts of the system.

The **Community Navigator service** has made progress promoting the appropriate use of Primary Care by working with CCG partners on both sides of the county to review non-health referrals with GP practices in order to target level of engagement. This includes some GP surgeries having rolled out Navigation clinics across the county and Navigators are now fully embedded into the GP multi-disciplinary meetings.

A draft version of a **performance framework dashboard** has been designed. This dashboard measures progress against the Integration Framework including metrics and project progress updates from both social care and the acute system. This is currently being piloted using Q2 data; if pilot is successful, this dashboard will likely be used to report BCF performance to the JCPB in the future.

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HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
WEDNESDAY, 19 DECEMBER 2018 AT 10:00AM**

**STP UPDATE - FOCUSING ON THE NEXT STEPS IN IMPLEMENTING THE
INTEGRATED HEALTH AND CARE STRATEGY**

Report of the Director of Resources

Author: Stephanie Tarrant, Democratic Services Officer,
Tel: 01992 555481

1. Summary

- 1.1 The Health and Wellbeing Board will receive a verbal update and presentation on the Sustainability and Transformation Partnership (STP).

2. Recommendation

- 2.1 That the Health and Wellbeing Board note the update.

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HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
WEDNESDAY, 19 DECEMBER 2018 AT 10:00AM**

**REVIEW OF HERTFORDSHIRE HEALTH AND WELLBEING BOARD'S
2018 AGENDA AND ITS 2019 FORWARD PLAN**

Report of Director of Adult Care Services

Author: Ed Knowles, AD Integrated Health, Tel: 01992 555459

1. Purpose of report

- 1.1 The purpose of this report is to provide a summary of Hertfordshire Health and Wellbeing Board's programme over the previous year and present a draft forward plan for 2019.

2. Summary

2018 agenda

- 2.1 As well as oversight of the Better Care Fund (BCF) Plan and receiving regular updates on the Hertfordshire and west Essex Sustainability and Transformation Partnership (STP), the Health and Wellbeing Board (HWB) signed off or considered a number of strategic plans over the last 12 months, including:

- The evaluation of Street Triage
- Peer Challenge on Prevention and Public Health
- Care Quality Commission themed Review of Children and Young People's Mental Health Services
- Hertfordshire Pharmaceutical Needs Assessment
- Updates on Housing and Hertfordshire Home Improvement Agency
- Hertfordshire Community First Strategy
- Local Health Resilience Partnership
- Developing a Population Health Management approach for Hertfordshire
- HWB Strategy update: Starting Well and Developing Well – support for children and young people's mental health and emotional wellbeing

- Presentation from Hertfordshire All Age Autism Board

HWB Annual Conference 2018

- 2.2 The HWB successfully held its 5th stakeholder conference for 200 delegates in June 2018. The theme this year was Ageing Well, one of the four life course themes of the Board's strategy, with guest speakers from several agencies providing different perspectives. There was also a focus on the NHS 70 celebrations and information stands, an exhibition from the District and Borough Council Health and Wellbeing Partnerships and activities from partner organisations.
- 2.3 This annual event is an opportunity to engage with a wide variety of stakeholders representing local government, NHS, the voluntary sector and community leaders, to report on progress and seek stakeholders' feedback.

Health and Wellbeing Board Change Plan

- 2.4 The HWB has held a series of development sessions and agreed an action plan to track and review progress, known as The HWB Change Plan. The following areas for change have been identified and significant progress has already been achieved since March 2018 towards targets:
- Greater clarity on HWB remit and governance arrangements
 - Refocus on the delivery of the HWB strategy
 - Strengthening the joint planning process
 - Boosting the effectiveness of development events
 - Engaging with wider partnerships
 - Improving communications and engagement
- 2.5 A joint communications and engagement framework is planned to help reinforce the alignment of the Board's strategy, the Better Care Fund and the Sustainability Transformation Partnership and communicate common themes and messages to a wider audience.
- 2.6 These plans will be reviewed in detail by the Board at its quarterly development events.

The HWB Draft Forward Plan 2019

- 2.7 Standing items of the Board's agenda will continue to be the delivery of the BCF, the STP and the delivery of the Health and Wellbeing Strategy.
- 2.8 The governance teams of both Clinical Commissioning Groups (CCGs) and the STP have been invited to flag up key items for inclusion on the 2019 forward plan, which will be kept under review and shared regularly with the HWB.
- 2.9 In addition the HWB has identified three topics it would like to explore further at its development event discussions and in turn focus on at its public meetings, as these have been identified as areas the Board could have most impact on influencing:
- Reducing Loneliness and Social Isolation (for all age groups)
 - Housing
 - Prevention

Health and Wellbeing Strategy refresh 2020

- 2.10 The HWB is due to refresh its Health and Wellbeing Strategy for Hertfordshire in 2020 and the early preparatory work for consulting widely with its stakeholders has started. The HWB Change Plan includes actions to increase engagement and strengthen links with existing networks across all sectors.

3. Recommendation

- 3.1 That the Health and Wellbeing Board note this report and provide feedback on the draft forward plan for 2019.

Report signed off by	Director Adult Services
Sponsoring HWB Member/s	Director of Adult Care Services
Hertfordshire HWB Strategy priorities supported by this report	All 4 priorities are supported
Needs assessment The HWB Strategy is aligned with Hertfordshire's Joint Strategic Needs Assessment (JSNA)	
Consultation/public involvement The Health and Wellbeing Board's Strategy is developed in partnership with stakeholders and supported by a county wide engagement and consultation process.	
Equality and diversity implications These are taken into consideration as part of the engagement and consultation process of the HWB and its constituent agencies.	
Acronyms or terms used.	
Initials	In full
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
BCF	Better Care Fund
STP	Sustainability Transformation Partnership