

2021-2025

# Adult Care Services Plan



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Hertfordshire County Council

2021-2025



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## Adult Care Services Plan 2021 – 2025

### 1. How we have developed this plan

The plan has been co-produced by a task and finish group reporting into the Adult Care Service (ACS) Strategic Co-production Board

We have built on what we already know from:

- Covid recovery priorities that have been agreed with the co-production boards
- existing co-production board priorities
- a survey on three-year plan priorities
- regular surveys of people who have been in contact with us
- feedback through comments, complaints and compliments
- co-production sessions with unpaid carers.

The plan is split into two parts

- In year 1 Summer 2021 – March 2022, we will:
  - focus on recovery from the impact of Covid
  - support individuals and the whole system to recover
  - complete work on refreshing the Carers, Workforce, and other key strategies
  - develop co-production at an operational level by linking more projects and services to co-production boards
  - develop targets and measures for subsequent years
  - plan for legislative changes such as Liberty Protection Safeguards.
- In years 2 – 4, April 2022 – March 2025, we will:
  - learn from, and build on, Covid recovery to deliver the outcomes against the priority areas
  - implement actions linked to strategies produced in year one
  - respond to legislative and other changes.

## 2. Background

This document sets out Hertfordshire County Council's plans for Adult Care Services for the period of 2021-2025. It does not cover 'business as usual' delivery, but instead focusses on key change and improvement activities designed to deliver the outcomes that are most important to people. By outcomes we mean how things will be different as a result of what we do, and how this will support the people who come into contact with us to live the lives they want. These outcomes are grouped around five themes that have been co-produced with people who use our services under the direction of our Strategic Co-production Board.

The detail of how we will deliver this plan will be in programme, project, service and team plans which we will update each year.

For some time, NHS and social care organisations have been encouraged to work together to deliver more effective, joined-up and affordable services. In May 2020, Hertfordshire and west Essex became one of 18 integrated care systems (ICSs) across the country. This is a new type of even closer collaboration. In an integrated care system, NHS organisations, local councils and others, work in partnership to take collective responsibility for managing resources,

delivering standards, and improving the health of the population they serve. This ACS plan supports the move towards closer working with the NHS set out in A healthier future.

The policy paper "Build Back Better: Our Plan for Health and Social Care" was published on 7<sup>th</sup> September 2021. This outlines the government's plan for adult social care in England and covers:

- capping adult social care costs
- financial assistance to people without substantial assets
- wider support for the social care system and
- improving the integration of health and social care

The ACS plan is also consistent with the existing ACS vision as outlined in:

- the ACS 15 Year Vision
- our Connected Lives practice model and
- our commitment to co-production

## 2.1. Our vision for adult social care

In 2018 we published the 15-year future direction and strategic ambitions for adult social care in Hertfordshire. This set out our ambition for the future, to guide the development and transformation of our services for all the people we support. The aspirations outlined in this document continue to be the basis on which we work together with those who have an interest in this area to develop and deliver vital services, united in a common understanding and vision of the role of adult social care. ACS 15 Year Direction. :-

- The whole council and our partners in the county work to create a place where people lead healthy, purposeful, self-supporting lives, and so help to prevent and reduce care and support needs.
- People who need care and support will have the same opportunities for a good quality of life as people who do not.
- We will offer services to maximise people's independence and support the freedom to choose, helping people at risk to be safe.
- All care and support will be personalised to the individual and directed by them over their life. It will be based on their own strengths and their connections with family, communities, and professionals.

By strengths, we mean things the person, their family, their friends and neighbours and local community have or do that can help the person live a good life.

## 2.2. Connected Lives

Connected Lives is a model for social care in Hertfordshire that places more emphasis on prevention, enablement and community opportunities. The model is part of everything we do in social care, from assessments to commissioning, and the delivery of care. It moves away from thinking about needs and services and focusses on what people want out of life, and how they can be supported to live a full, active and independent life.

Connected Lives isn't just about connecting people to other people, but about connecting people to things like equipment and technology, work and volunteering, access to local community groups and services and friends and family.

A Connected Lives conversation will explore what is important to people, what they want to achieve, what strengths and assets they already have, and how we can find creative ways together to support them to be independent citizens with choice and control over their life. You can find out more about Connected Lives here:

[Connected Lives in Hertfordshire](#)

### 2.3. Our Commitment to co-production

Co-production is about developing equal working partnerships between people who use services, unpaid carers, community organisations, service providers and social care staff and service commissioners; bringing together different perspectives, knowledge and experience to design and help make services better.

In Hertfordshire it means people who use services and unpaid carers will be involved, included, and work with us and our partners to influence the way that services are designed, commissioned and delivered - from the very start to the end of any project that affects them. We believe that those who use a service are best placed to help design it and that this approach will mean our plans are more likely to get the right result.

We have taken a co-productive approach to producing this plan and, importantly, co-production will underpin the design and implementation of both; the activities that are needed to deliver what we want to achieve and the way we evaluate their success.

You can find out more about co-production in Hertfordshire here [www.hertfordshire.gov.uk/coproduction](http://www.hertfordshire.gov.uk/coproduction)



### 3. Our priorities

The priorities in the plan are structured around the following five themes:

	Communication and relationships (including information and advice)
	Maintaining wellbeing
	Providing care and support
	Supporting people who look after others (carers)
	Organisations working together to support people

These priorities are consistent with wider council priorities which are shown in the diagram below





## **Healthy and fulfilling lives for our residents**

Hertfordshire is the county of opportunity, and as such our focus is to ensure everyone has the opportunity to achieve their full potential, and live healthy, fulfilling, safe and independent lives.

Recognising the significant effect that remaining healthy and safe has on people's happiness and life chances, our services work together to improve the overall wellbeing of our residents, including using effective early intervention measures to help tackle inequalities.

However, the pandemic has exacerbated income inequality, socio-economic inequalities and intergenerational inequalities, and there has been increased pressure in areas such as education, mental health, domestic abuse and homelessness. The Council is an essential part of a network of support, both in providing direct support to those individuals and communities who have been most impacted and in agreeing and implementing measures aimed at avoiding such inequalities being widened.

## **A cleaner and greener environment**

Hertfordshire's natural environment is our county's greatest asset. The effects of climate change are without doubt one of the biggest challenges of our times, and as such, protecting environment for future generations must run through all we do as an organisation.

The County Council has been responding to the climate change challenge for a number of years and our Climate Emergency declaration in July 2019, and commitment to being a council with net zero emissions by 2030 is a recognition of how important this is to us.

The pandemic has also had several effects on the environment and climate, including improvements in air quality, lower greenhouse gas emissions, and lower levels of noise pollution, highlighting the interrelations between societal and community resilience with environmental resilience. As we move into recovery, there needs to be a focus on environmental sustainability, reshaping our behaviour and consumption patterns to maintain these positive impacts long term.

As we develop the ACS model as part of the council's "Ways of Working" programme we will work with staff to offer services in an environmentally sustainable way. We will support the people we are in contact with to access information and advice, including on how to reduce their carbon footprint, and will work with care providers to ensure their development plans include consideration of the environmental impact of their services. Our ambitious capital programme will deliver to excellent sustainability standards.

Our influence is wider than the services we directly deliver. With the ability to influence carbon emission reductions, improve air quality, promote energy efficiency, reduce waste production, and promote better land use practices we can drive forward our



commitments to creating a cleaner, greener, healthier Hertfordshire for all.

### **Sustainable, responsible growth in our county**

As with other parts of the UK, Hertfordshire is facing the challenge of how to accommodate and support a growing population. Alongside our district and borough council partners, who are the local planning authorities in Hertfordshire, we are preparing for around 100,000 additional new homes over the next 15 years. It is essential that the necessary infrastructure and other community resources are in place to support these new developments. This includes planning for significant growth in quality housing for older people and people with a physical and/or a learning disability

Hertfordshire is a prosperous county with one of the strongest economies in the country. We have a thriving business community and are home to specialist industries of both national and international significance. With the growth anticipated in the county in future years, it will be vital that Hertfordshire's strong economy continues to grow, with resilient and successful businesses that offer good employment opportunities, including to people with disabilities, and helps to maintain a high quality of life for all.

By sustainable growth we mean ensuring Hertfordshire is prepared to meet the challenges of the future, whilst minimising our impact on our natural environment.

### **Excellent council services for all**

Our Connected Lives model underpins the ACS approach to excellence. This is a model for adult social care in Hertfordshire that places more emphasis on prevention, enablement, and community opportunities.

We recognise that we are part of the wider Council and that excellent services need to be “joined up” across the Council and the wider system of public services. It is important we work with the rest of the council and its partners, where doing so delivers better outcomes for people. In continuing to ensure that our delivery of high-quality services is shaped by our citizen focus and clear understanding of our communities' needs, we will focus on how we communicate with and treat people, as well as on what we do, and will recognise and address inequalities.

By proudly demonstrating how we embrace diversity, we will engage with communities to make our services, policies and practices inclusive and accessible.

Our approach is supported by investing in our staff, caring about their wellbeing, and supporting their development.



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### **3.1. Theme 1. Communication and relationships (including information and advice)**

This priority is about how we work with everyone who is involved in social care, including local people, carers and partner organisations. It is about information and advice, as well as the way we work with individuals who need care and support and their carers.

We believe in the importance of establishing a trusting relationship with people as partners in their social care journey.



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### **3.2. Theme 2. Maintaining wellbeing**

This priority is about connecting people with tools, services and other support so that:

- they can stay fit and well - physically and mentally
- they can make a good recovery from illness, bereavement or other setbacks
- they can develop their personal resilience

- they can be protected from harm and/or neglect.

Wellbeing is not just about staying physically well, it is also about emotional and mental health and such things as: individual choice, maintaining family and community connections, taking part in activities that are important to the person and avoiding isolation and loneliness. No aspect of wellbeing is more important than another, we need to consider people's wellbeing as a whole.



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### **3.3. Theme 3. Providing care and support**

This priority is about putting choice, independence, enablement and citizenship at the heart of our work with people, looking at real and innovative solutions that enable people to live their lives to the full. It's about emphasising people's individual choice, skills and assets in every conversation and contact. Choice and control mean prioritising the things that are important to people with care and support needs and their carers, recognising and accepting that different people will make different choices.

Risk-taking is a part of life and a part of social care too. We take risks every day to make our lives better and achieve our goals. Risk involves the potential for benefit as well as harm, so we don't want to

remove it completely. By taking a proportionate approach to reducing and mitigating the potential for harm, we can reach a balance between independence and the risk of harm.



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### **3.4. Theme 4. Supporting people who look after others (unpaid carers)**

This theme is outlined in the existing Carers' Strategy. We want carers and the people they care for to have real control and choice over how they are supported. We want to focus on the things that make the biggest difference and want to learn from carers about the impact of caring during Covid. Recognising the immense commitment shown by carers, especially through Covid, we are committed to working co-productively and taking forward their priorities and actions.

Theme 4 will be subject to a separate piece of work to refresh the system wide Carers' Strategy and produce a linked ACS action plan, under the direction of the Carers' Co-production Board, commencing in spring 2021.

Year one of the plan will centre on supporting carers through Covid and recovery from its impact, alongside work to complete the strategy.



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### **3.5. Theme 5. Organisations working together to support people**

This priority is about ensuring that all organisations involved in social care in Hertfordshire work together to support people. This includes using resources efficiently and effectively, avoiding unnecessary duplication and addressing gaps in services.

It is about the Council working with organisations that provide social care to ensure services: are of a high quality, offer good value for money, are co-ordinated and joined up, and support people to achieve the things that are most important to them. It means organisations need to work collaboratively with one another to continuously improve the way people are supported in the communities of Hertfordshire.

It is about the Council working with the NHS, district and borough councils and other key partners to ensure services are co-ordinated around people, rather than people having to find their way through a complex system to have their needs met.

## 4. Actions and Outcomes

This section covers what we will do and what we expect to be different as a result.



### 4.1. Theme 1. Communication and relationships (including information and advice)

#### In year 1 we will:

- develop a workforce strategy designed to ensure we have the workforce we need to support the delivery of our Connected Lives principles and values
- develop and improve the Adult Care Co-ordination Centre within the council's customer services centre
- plan to improve the paying for care information and the way people experience being financially assessed and charged for their care.

#### In years 2 – 4 we will:

- develop co-production across all services
- implement the Workforce Strategy Action Plan developed in year 1

- improve information and advice and how people can access it
- put in place new arrangements for contacting or re-contacting ACS and making referrals from April 2023 when the current "Social Care Access Service" contract ends
- improve paying for care arrangements

#### As a result, we expect the following outcomes

##### Workforce and culture

- ACS and the wider social care sector have the workforce needed to meet new and changed needs resulting from Covid.
- People can make a direct link between co-produced strategic priorities and the delivery of projects, service improvements and change programmes.
- ACS and its partners in the statutory, voluntary and private sector have the workforce needed, with the right culture and values, to deliver the plan. In particular:
  - relationships with individuals and partners start from a position of equality, partnership and trust, with clear roles and responsibilities

- people feel listened to and able to discuss the things that are important to them
- people can rely on our stated values and behaviours, including our commitment to the wellbeing principle, being demonstrated throughout the organisation
- we work in partnership with people as experts in their own situation
- the language used by ACS and its partners focusses on what people want to achieve, rather than their needs and reliance on services.

### Communication

- People can communicate with us in a way that works for them, including online, text, email and telephone, or face to face conversations when this is important.
- We always find out, record, and use information about the best/preferred way for people to engage with us.
- We help people understand the social care system and have access to peer support and advocacy if needed.
- People know who they are communicating with. If they can't help, the person will be connected to someone else who can.

- Partners understand ACS arrangements, who to contact and how.
- The introduction of portals allows people and partners to make and track referrals and waiting times and see their records online.
- People know what will happen next, when they can expect a response and get the agreed response.
- People know if they have a “named worker” and how to contact them.
- Where people do not have a named worker, they receive a personalised response without needing to repeat their story.
- In mental health services, assertive outreach is provided for people who would not always be able to connect with services. This means certain teams will make additional efforts to engage with them by calling, visiting their homes, and speaking with their unpaid carers.

### Information and advice

- Information connects people with local opportunities and resources, ensuring they are supported to avoid preventable ill health or frailty and self-manage their health and wellbeing. It meets the needs of the digitally excluded, those requiring a face-to-face

approach and individuals who are housebound or unable to attend community facilities.

- Information, letters, and other communications are designed to minimise stress and anxiety and do not put people off asking for support.
- People know if there is likely to be a charge for social care and understand the rules and how the process works.
- People have access to suitable support with the financial assessment process including support with language and communication, advocacy and peer support.
- People who fund their own care know what support is available to them.
- People know where to go with questions about paying for care and receive a response in line with ACS communication standards.
- Advice and advocacy are available through the Money Advice Unit and an integrated commissioning strategy, to meet the needs of those who require assistance with benefit and debt problems as part of their overall wellbeing.
- There is equity in charging arrangements whether services are received from ACS or Hertfordshire Partnership Foundation Trust (HPFT).



#### **4.2. Theme 2. Maintaining wellbeing**

##### **In year 1 we will:**

- support the voluntary, community, faith and social enterprise sector (VCFSE) through recovery and develop the VCFSE Preventative Strategy for years 2 – 4
- deliver Covid staff engagement and wellbeing support to ACS staff and, working in partnership with Hertfordshire Care Providers Association, to staff in other social care services
- complete delivery of the one-year Dementia Action Plan and develop a new dementia strategy
- implement the ACS Diversity and Inclusion Action Plan
- continue to explore the benefits of assistive technology. Our pilot study will be evaluated by Public Health and recommendations for the future use of assistive technology within Hertfordshire will be made
- work with the whole council in designing a new working framework called “Ways of Working”



to support all staff to work in flexible and innovative ways

- refocus our work on skills and supported employment within the Hertfordshire Step2Skills Service to create a more joined up approach to our work with adults with disabilities
- develop our preventative approach to support adults with complex needs by implementing the Hertfordshire Supporting Adults with Complex Needs Strategy and commissioning housing related support services. Adults with complex needs includes people who are homeless and have additional support needs such as substance misuse and/or have care and support needs, perhaps due to autism or mental/physical ill health
- introduce the new Learning Disability Mortality Reviews (LeDeR) 2021 policy and ensure learning from these reviews is embedded across the social care and health workforce and services. We know that too many people with a learning disability die too young and these reviews help us understand more about the circumstances that led up to those deaths
- develop a domestic abuse needs assessment and countywide domestic abuse strategy with key partners to ensure we are compliant with the statutory duties within the Domestic Abuse Act 2021. This will include commissioning a new domestic abuse service offer from April 2022 for victims and survivors, including

safe accommodation support and developing a co-production model for the domestic abuse partnership to ensure those with lived experience help us shape our response, including an independently chaired experts by experience panel

- deliver a Whole Housing Approach pilot and evaluate its impact on increasing safe accommodation options for victims and survivors
- agree a Sensory Strategy Action Plan to deliver the Sensory Strategy
- work with Children’s Services and Public Health on tackling inequalities, also involving external partners. This will create a series of specific projects, some of which are time-limited, to address the immediate needs arising from the pandemic. They will also inform a longer-term ‘whole system’ approach to tackling economic deprivation

**In years 2 – 4 we will:**

- work with partners to further develop a vibrant voluntary, community, faith and social enterprise sector, underpinning prevention with a pro-active offer in place. This will include the joint commissioning of mental health, voluntary, community and wellbeing services
- enhance our “towards independence” services, including services designed to help a person

regain capabilities that may have been lost, or learn skills for the first time to allow them to live as independently as possible and participate in their community. This could include independent living skills and mobility training for people with visual impairments, activities designed with enablement occupational therapists, equipment for daily living and housing adaptations

- make sure our enabling services meet the needs of people impacted by the long-term effects of Covid
- support staff to recover from the long-term impact of Covid
- implement the ACS Diversity and Inclusion Action Plan developed in year 1
- work with the Hertfordshire Partnership University NHS Foundation Trust (HPFT) to ensure mental health service users and their unpaid carers also benefit from the Connected Lives practice model
- roll out an assistive technology offer agreed in year 1
- deliver the actions developed in year 1 relating to working with adults with complex needs
- implement the countywide domestic abuse strategy with key partners. This will include: monitoring the effectiveness and quality of services victims of domestic abuse access, developing a countywide response to perpetrators of domestic abuse, evaluating the impact of our countywide domestic

abuse response through the design and implementation of a performance and monitoring framework, and reporting to central government in respect of the statutory duties under the Domestic Abuse Act 2021

- implement the key proposals for tackling inequalities.

### **As a result, we expect the following outcomes**

#### Recovery

- Community groups and volunteers are supported to recover from the impact of Covid on both their people and finances. Services that have closed or operated with reduced capacity return to pre-Covid capacity as soon as possible with access to clear guidance (and PPE where needed) to support the safe running of services.
- Networks of organisations provide opportunities for mutual support and improved co-ordination.
- Bereavement support is available, people know about it and can access it.
- We help people get back on their feet and be resilient as part of the 'wellbeing' offer.
- We keep services that have successfully moved online for people where this most suits their needs.

- Covid related support for the workforce continues for as long as it is needed.
- The "Ways of Working" programme enables staff to work in a way that meets the needs of the people they work with, whilst accommodating their own personal and living arrangements. We will see increased flexibility of working times and locations, coupled with wider applications of technology to connect and enable our workforce.

### Prevention

- There is a productive and valued partnership between ACS and the community and voluntary sectors.
- Services increasingly refer to one another seamlessly and share data safely to ensure that individuals needing support do not fall between the gaps.
- People have a range of options, with support where needed, to find the best way of keeping well and safe both physical and mentally.
- More people get support before they reach a crisis point.
- The Connected Lives model results in improved wellbeing.
- Loneliness and isolation are reduced, wellbeing promoted, and individuals connected with local communities/contacts if they want it.

- People are supported to take immediate steps that do not require a face-to-face assessment if they need to wait for one to take place.
- More people have plans in place should their circumstances change.
- More people we work with are successful in securing sustainable employment.
- There is network of partners involved in supported employment interventions.
- Hertfordshire employers are encouraged and enabled to create a more diverse workforce.
- The number of Hertfordshire employers signing up to the Disability Confident Scheme is increased.
- Victims of domestic abuse get the right help at the right time.

### Integration

- Regardless of where people go for social care support, they can achieve the same wellbeing outcomes.
- People are supported to be at home where possible.
- ACS teams are active in local Primary Care Networks.
- The model for enablement, prevention of admission and "Discharge to Assess" supports people

experiencing an episode of ill health or other set back to recover before making decisions about their longer-term needs.

- Information on the support available for alcohol or drug dependency will be offered early in assessments and care planning/support discussions.
- ACS is a key partner in the Hertfordshire suicide prevention strategy, working across all ages to support people and prevent death by suicide.

### Equalities

- People's cultural needs are understood and reflected in how their care and support needs are met and their wellbeing is supported.
- Data from a range of sources, including NHS and community and voluntary sector partners, is used to ensure people from Black, Asian and minority ethnic communities, and other groups facing barriers, can easily access local services that are right for them.
- Learning from Learning Disability Mortality Reviews leads to: improved care, reduced health inequalities and prevention of premature mortality of people with a learning disability and autistic people.
- Inequalities are recognised, addressed and reduced.



### 4.3. Theme 3. Providing care and support

#### **In year 1 we will:**

- continue resilience, operational response, and recovery work
- continue Covid provider support packages targeted at market sustainability
- work with and monitor care providers to ensure they continue to provide safe, high quality and personalised support as Covid restrictions ease
- keep under review future plans for the in-house care homes opened in response to Covid
- focus on our Connected Lives practice model and mental capacity in practice development activities
- review and improve how we carry out safeguarding of adults
- plan to increase extra care and nursing home places. This work includes looking at a proposal for an in-house nursing home and reviewing the demand for flexicare and residential care in light of any changes resulting from Covid

- agree an adult disabilities community opportunities strategy
- continue to change and modernise our in-house day services to meet the needs of the people both now and in the future. A new co-designed service model will deliver inspiring and engaging services aligned with Connected Lives, with delivery taking place in Community Settings
- implement our Direct Payment Strategy Action Plan.

#### **In years 2 – 4 we will:**

- learn from the Covid operational response and put this learning into practice
- develop Connected Lives to ensure its principles are reflected across the care system
- implement the revised safeguarding operational model
- begin implementation of a plan for modernised supported living, short breaks and day opportunities provision in line with the community opportunities strategy developed in year 1
- deliver additional extra care and nursing home capacity
- implement new liberty protection safeguards.

#### **As a result, we expect the following outcomes**

##### Recovery

- The workforce understand the impact Covid has had on individuals and take a personalised approach to responding to people's changing needs.
- Services actively support confidence building and address mental and physical challenges resulting from lockdown.
- Services are prepared for winter pressures and any increase in Covid infections.
- Those who are unable or unwilling to use on-line services, or to attend community groups, receive alternative support appropriate to their needs.

##### Social Care Practice

- Connected Lives underpins social care practice whether people are in contact with ACS or HPFT.
- Every individual understands how they can control and use the assessment and support planning process, and the way their support is delivered, to meet their own needs and goals.
- People have the time and support they need to work out what it is they want to achieve and to weigh up a range of options for achieving their chosen outcomes.

- Assessments, support planning, and service design are based on an individual's strengths and what they can do.
- Information and services for people with sensory impairments, such as vision or hearing loss, will be designed by those with knowledge and experience of sensory issues and will assist them to live an independent life.
- Everyone is viewed as having something to give and to contribute to their community/their own wellbeing.
- There is a proportionate approach to balancing independence and risk of harm.
- Care and support is personalised and based on what a person needs and wants to achieve, the outcomes that are a priority for them. People will not simply be directed to a menu of predetermined options.
- The concept of 'value for money' is shared openly with people. Where personal budgets are offered, these will be based on the most cost-effective way of meeting needs and achieving the full range of eligible outcomes.
- Direct payments and direct payment support, personal assistants, individual service funds and direct provision all support choice and control.
- People with disabilities are supported to overcome barriers to employment and volunteering.

- Points of transition are planned for and people don't experience sudden or unexpected disruption in the way their needs are met.
- For adults with needs relating to their mental health, HPFT's Connected Lives transformation increases the presence of social workers in community mental health teams to improve integrated care pathways.

### Integration

- We will work in partnership with the person, their networks, community, VCFSE organisations and health professionals so all relevant parts of Hertfordshire's thriving 'community of care' work together to join up health and care, contributing to the assessment, support planning service delivery and review process.
- With an individual's agreement, their story and information will be shared across organisations to avoid the need for re-telling.
- Information is shared in the best interest of the individual and GDPR will not be used as an excuse not to offer wider support and access to services.
- Enablement is a broad concept that includes learning new skills to build upon independence, exploring the potential for further recovery and rehabilitation and maximising a person's potential for control over their life.





#### 4.4. Theme 4. Supporting people who look after others (unpaid carers)

##### In year 1 we will:

- learn from unpaid carers' experience of caring through Covid and use this learning in the design of future ways of working with and for carers
- continue to implement winter plan carer priorities throughout the recovery period and agree a new multi-agency Carers' Strategy and investment which will be linked to ACS action plans
- evaluate the Connected Lives approach for unpaid carers.

##### In years 2 – 4 we will:

- implement the Carers' Strategy outcomes, in particular "feel respected and heard, as carers and partners in care and experts in the needs of the person they care for" (the outcomes may change when the new strategy is agreed)
- implement the ACS Action Plan linked to the revised system wide Carers' Strategy.

##### As a result, we expect the following outcomes

- Learning from unpaid carers' experience of caring through Covid is integral to the design of future ways of working with and for carers.
- A balance is achieved that ensures people's voices are heard, whilst their unpaid carers are able to contribute to assessments, care planning and reviews.
- Based on the existing Carers' Strategy outcomes we expect that unpaid carers:
  - are supported to carry on caring if they want to
  - get good quality information, advice and advocacy when they need it
  - are recognised, feel respected and heard as carers and partners in care, and experts in the needs of the person they care for
  - have a life outside of and after caring, including working or volunteering if they want to and can fully access their local community and local services
  - stay mentally and physically fit and healthy
  - are safe and feel safe
  - can access full benefit entitlements and financial advice

- receive consistent joined up services.
- New outcomes may be added in light of the new Carers’ Strategy which is currently under development



#### 4.5. Theme 5. Organisations working together to support people

##### In year 1 we will:

- agree arrangements for monitoring the delivery of the Adult Care Services Plan and the approach to co-producing the Local Account
- work with the NHS, voluntary sector partners and others to ensure people can access and benefit from services to support frail people This includes the use of a specially developed tool to identify people with learning disabilities who are, or are at risk of becoming, frail
- deliver the High Impact Change Model that reduces preventable admissions to hospital and long-term care in a local system. This supports local care,

health, and wellbeing partners to work together to prevent, delay or divert the need for acute hospital or long-term bed-based care. It recognises that while sometimes hospital is the most appropriate place for someone to be, most people want to be at home and independent for as long possible, and that this is generally the best place for recovery

- work with NHS and voluntary sector partners to deliver key areas of work around discharge to assess and urgent emergency care (including single point of contact for discharges), frailty and care homes (including falls) and prevention of admission (and early intervention and reablement) and community services including social prescribing
- address income inequality as part of our work on inequalities with a planned and integrated approach that moves away from immediate but reactive short-term measures, into a more sustainable model. This will make use of the Council’s Inequalities Fund. It will address digital exclusion, fuel poverty, food insecurity amongst adults, and the training needs of front-line staff in benefits awareness
- prepare for social care funding reform.

##### In years 2 – 4 we will:

- build on co-production board arrangements to embed co-production throughout the organisation at all levels

- respond to social care funding reform and other legislative changes resulting from the policy paper “Build Back Better: Our Plan for Health and Social Care” and the white paper “Integration and innovation: working together to improve health and social care for all” which sets out legislative proposals for a Health and Care Bill
- continue to develop, support, and monitor providers to deliver Connected Lives
- agree wider joint commissioning arrangements with the NHS as equal partners in the Integrated Care System (ICS)
- work within the ICS to plan workforce development that supports the wider health, public health, and social care needs of the system
- work with district/borough Accommodation Boards to deliver a range of accommodation options for people with care and support needs
- deliver the savings outlined in the council’s Integrated Plan
- further develop information sharing arrangements
- put in place a clear framework for ACS and its partners to influence the delivery of growth that recognises future demand for adult care
- develop a response to economically induced health inequality

- consolidate work on tackling inequalities with the VCFSE, District Council, NHS, and other partners.

### **As a result, we expect the following outcomes**

#### Working co-productively

- People can be confident that we are doing what we said we would.
- The measures that we use to demonstrate how successful we are reflect the difference that we make to people’s lives.
- The Local Account is useful to people who want to find out how successful we have been in doing what we said we would do.
- Co-production becomes the norm across ACS including in; performance monitoring, service reviews and developments, commissioning, implementation of new legislation and guidance, and any other changes that affect people who use services and their carers.

#### Integration

- ACS services and support will be designed with the person and integration at the centre.

- Services and organisations join up around people.
- Better integration results in:
  - improved population health and overall wellbeing
  - better equality in achieving outcomes and access to services
  - enhanced productivity and value for money
  - partners supporting broader social and economic development.
- People have access to:
  - clear advice on staying well - links with Theme 2
  - a range of preventative services - links with Theme 2
  - simple, joined-up care and treatment when needed - links to Theme 3
  - digital services (and non-digital alternatives) that put the person at the heart of their own care - links with Theme 1
  - proactive support to keep as well as possible, when they are vulnerable or at high risk - links with Theme 2.
- The size of the workforce is sufficient to deliver on future needs.

### Inclusive communities

- ACS will work with the rest of the Council and with partners to:
  - ensure Hertfordshire’s communities (now and in the future) support people's wellbeing, are “disability friendly” and planned to ensure barriers to accessibility are not built in
  - increase the availability of suitable places to live and influence the design of housing, neighbourhoods and environments so that they work better for those with care and support needs
  - encourage the inclusion of suitable accommodation and facilities for people with care and support needs in new developments
  - support the development of good and accessible transport links and other infrastructure that enables people with care and support needs to live a good life.
- Hertfordshire will be an attractive and affordable place for the social care workforce to live and work.

## 5. Key areas of work for delivering the plan

The actions needed to deliver the outcomes in the plan are managed by a number of programmes. These include:

- Connected Lives Gateway Programme
- ACS Workforce Strategy
- Carers' Strategy
- Voluntary Sector Prevention Strategy
- Adult Disability Service Community Opportunities Strategy
- ACS Diversity and Inclusion Strategy and Action Plan
- Ways of Working and staff engagement
- Commissioning plans and market position statements
- Day opportunities transformation
- Covid operational recovery and resilience
- Connected Lives phase 2
- Dementia Strategy development
- Sensory Strategy Action Plan implementation
- Integrated Care Programme
- Liberty Protection Safeguards implementation
- Social Care Reform programme

In year one of the plan we will agree the arrangements for these to be linked to the co-production boards and how the boards hold ACS to account for co-producing them, as set out in our co-production standards

[Co-production Standards for Adult Care Services in Hertfordshire](#)





## 6. Measures

Each year we measure our performance in several areas using a combination of data we collect in our day-to-day work with people, feedback we get (for example via comments, compliments and complaints) and surveys we ask people to complete. The government requires us to undertake some of these measures so they, and we, can see how different local authorities' performance compares. This is called benchmarking. This benchmarking data can be viewed here [ASCOF measures](#)

At the end of the year we publish a document called the Local Account that lets people know how we have performed. You can view the latest Local Account here [ACS Local Account](#). One of the things we will do in the first year of this plan is to look at how the Local Account is produced and what is in it. Using co-production, we will improve the way the local account shows the difference that the things we do make to people's lives.

In the first year we will continue to use the measures we already have in place with updated targets. These targets are included in the next section







## 7. Targets for year 1

### Theme 1 Communication and relationships

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
0.1	ASCOF-Survey	We will increase the proportion of adults who use services and find it easy to find information about support	%	% of adults surveyed as part of the national Adult social care survey, who say they found it easy to find information about our support services. Can be monitored through local your views surveys in year.	67.5% (2019-20)	68.4% (2019-20)	75.5%	n/a	76%	76%	78%
0.2	ASCOF-Survey	We will increase the proportion of Carers who find it easy to find information about support	%	% of Carers surveyed as part of the national Survey of Adult Carers, who say they found it easy to find information about our support services. Can be monitored through local your views surveys in year.	60.3% (2018-19)	62.3% (2018-19)	63.9% (2018-19)	n/a	65%	68%	71%

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
0.3	Local 'Your Views' survey	We will increase the proportion of adults who say that the organisation they were signposted to was quite or very helpful.	%	Your views Survey Question: Q8 of Signposting Survey - If you were supported by an organisation we signposted you to. How helpful was the organisation? (Answers Very Helpful & Quite Helpful)	n/a	n/a	58.1%	n/a	60%	60%	62%
0.4	Local Practice Audits	We will increase the proportion of Connected Lives Practice Audits rated Good or Outstanding	%	The proportion of connected lives audits completed for Connected Lives assessments where the score was Good or Outstanding	n/a	n/a	59.5%	47.9%	60%	60%	62%
0.5	Local Data Monitoring	We will increase the proportion of adults' enquiries resolved by Information & Advice	%	% of new request for support where the adult received information, advice or signposting. Or went on to receive no further services. (SALT STS001)	n/a	n/a	59.7%	55%	65%	62%	65%

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
0.6	Local Data Monitoring	We will reduce the proportion of adults contacting us again after receiving information and advice	%	Local monitoring of contact where the outcome was signposting or information and advice. The proportion who call back within 21 days.	<i>n/a</i>	<i>n/a</i>	18.9%	19.3%	<b>20%</b>	<b>11%</b>	<b>15%</b>



## Theme 2 Maintaining wellbeing

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
1.0	ASCOF-Survey	We will increase the proportion of adults who say they have as much social contact as they would like	%	% of adults surveyed as part of the national Adult social care survey, who say they had as much social contact as they would like. Can be monitored through local your views surveys in year.	45.5% (2019-20)	45.9% (2019-20)	48.4%	n/a	52%	52%	54%
1.2	Local 'Your Views' survey	We will increase the number of adults signposted to voluntary services who found those services 'Very helpful'	%	Local 'Your views' Signposting survey question which follows 'where you signposted to a voluntary organisation'. The question asks 'How helpful'	n/a	n/a	53.7%	n/a	60%	60%	62%

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
				was the organisation (answers: very helpful / quite helpful / quite unhelpful / very unhelpful / I haven't contacted them).							
1.4	ASCOF	We will reduce the number of people aged 18-64 whose needs are met by admission to residential or nursing care	Rate per 100k	This indicator is derived from ASCOF and measures the number of new admissions into long term residential or Nursing care for clients aged 18-64. It is also converted to a rate per 100k population.	12.2	13.3	12.3 (88 Admissions)	7.0 (50 Admissions)	<b>11 (78 Admissions)</b>	<b>9.0 (64 Admissions)</b>	<b>7.5 (54 Admissions)</b>
1.6	ASCOF	We will reduce the number of people aged 65+ whose needs are met by	Rate per 100k	This indicator is derived from ASCOF and measures the number of new	433.2	498.2	527.8 (1078 Admissions)	431.70 (889 Admissions)	<b>500 (1006 Admissions)</b>	<b>481.3 (991 Admissions)</b>	<b>475 (977 Admissions)</b>

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
		admission to residential or nursing care		admissions into long term residential or Nursing care for clients aged 65+. It is also converted to a rate per 100k population.							
1.8	ASCOF	We will increase the proportion of adults with a learning disability in paid employment	%	This indicator is derived from ASCOF and measures the number of learning disability clients supported with a long term service in the year who are in paid employment. Non paid voluntary work will be monitored alongside this measure.	5.6%	5.1%	6.8%	6.3%	8%	8%	10%



Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
1.9	ASCOF	We will increase the proportion of adults requiring Mental health Support in paid employment	%	This indicator is derived from ASCOF. It references the percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.	11.0%	9.0%	14.0%	15.0%	15%	15%	17%
1.10	ASCOF	We will increase the proportion of older people still at home 91 days after leaving hospital with enabling style care	%	This indicator is derived from ASCOF. It references clients discharged from hospital into reablement services that were still at home 91 days	78.9%	79.1%	80.2%	83.1%	85%	86%	87%

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
				after their discharge. When reported for ASCOF at year end the indicator references clients discharged during a 3 month period between October to December.							
1.11	ASCOF	We will increase the proportion of adults with a reduced or no ongoing service following enabling style care	%	This indicator is derived from ASCOF. It references the proportion of those new clients who received short-term services during the year, where no further request was made for ongoing support.	76.6%	74.9%	82.4%	83.1%	85%	85%	87%



### Theme 3 Providing care and support

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparat or Group Average 2020-21	England Average 2020-21	2019-20 Performa nce	2020-21 Performa nce	2021-22 Target	2022-23 Target	2023-24 Target
2.0	ASCOF-Survey	We will increase adults' satisfaction with their care and support	%	% of adults surveyed as part of the national Adult social care survey, who say they are satisfied with their care and support. Can be monitored through local your views surveys in year.	<i>n/a</i>	<i>n/a</i>	68.0%	<i>n/a</i>	69%	69%	71%
2.1	ASCOF-Survey	We will increase Hertfordshire adults' quality of life score	Score out of 24	This indicator is derived from ASCOF and gives an overarching view of the quality of life of users of social care. This measure is an average quality of life score based on responses to the Adult Social Care Survey. It is a composite measure using responses to survey questions covering the eight domains identified	<i>n/a</i>	<i>n/a</i>	19.7	<i>n/a</i>	19.8	19.8	20.0

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparat or Group Average 2020-21	England Average 2020-21	2019-20 Performa nce	2020-21 Performa nce	2021-22 Target	2022-23 Target	2023-24 Target
				in the ASCOT; control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.							
2.2	ASCOF-Survey	We will Increase the proportion of adults who say they feel safe	%	% of adults surveyed as part of the national Adult social care survey, who say they feel safe	<i>n/a</i>	<i>n/a</i>	77.3%	<i>n/a</i>	<b>78%</b>	<b>78%</b>	<b>80%</b>
2.3	ASCOF-Survey	We will increase the proportion of adults who say our services make them feel safe	%	% of adults surveyed as part of the national Adult social care survey, who say our services make them feel safe	<i>n/a</i>	<i>n/a</i>	82.7%	<i>n/a</i>	<b>86%</b>	<b>86%</b>	<b>88%</b>
2.5	ASCOF-Survey	We will increase the proportion of adults who say they have control over their daily life	%	% of adults surveyed as part of the national Adult social care survey, who say have control over their daily life	<i>n/a</i>	<i>n/a</i>	84.1%	<i>n/a</i>	<b>84%</b>	<b>84%</b>	<b>86%</b>

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparat or Group Average 2020-21	England Average 2020-21	2019-20 Performa nce	2020-21 Performa nce	2021-22 Target	2022-23 Target	2023-24 Target
2.6	Local Practice Audits	We will increase the proportion of Adults Safeguarding Practice Audits rated Good or Outstanding	%	The proportion of Safeguarding audits completed where the score was Good or Outstanding	<i>n/a</i>	<i>n/a</i>	45.6%	30.8%	48%	55%	58%
2.7	ASCOF	We will increase the proportion of adults who receive self directed support	%	This indicator is derived from ASCOF. It references the proportion of clients in a long term community based service (Not Residential or Nursing) as at the time of reporting. Who in receipt of a Local authority commissioned Personal budget	89.2%	92.2%	99.0%	99.1%	99%	99%	99%
2.8	ASCOF	We will support adults to have choice and control by offering Direct Payments	%	This indicator is derived from ASCOF. It references the proportion of clients in a long term community based service (Not Residential or Nursing)	28.7%	26.6%	28.6%	26.4%	28%	30%	33%

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparat or Group Average 2020-21	England Average 2020-21	2019-20 Performa nce	2020-21 Performa nce	2021-22 Target	2022-23 Target	2023-24 Target
				as at the time of reporting. Who have chosen to take their Local authority commissioned Personal budget in the form of a direct payment							
2.9	ASCOF	We will increase the proportion of adults with a learning disability living in their own home or with their family	%	This indicator is derived from ASCOF and shows the proportion of all adults with a primary support reason of learning disability support who are “known to the council”, (see definition below) who are recorded as living in their own home or with their family.	76.5%	78.3%	78.7%	79.1%	<b>79%</b>	<b>80%</b>	<b>82%</b>
2.10	ASCOF	We will support adults in contact with mental health services to live independently	%	This indicator is derived from ASCOF. It references the percentage of adults receiving secondary mental health services living independently at the time of their most	56.0%	58.0%	77.0%	80.0%	<b>80%</b>	<b>80%</b>	<b>82%</b>

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparat or Group Average 2020-21	England Average 2020-21	2019-20 Performa nce	2020-21 Performa nce	2021-22 Target	2022-23 Target	2023-24 Target
				recent assessment, formal review or other multi-disciplinary care planning meeting.							
2.11	Local 'Your Views' survey	We will increase the proportion of adults who say they are satisfied with their review experience	%	% of adults surveyed as part of the 'Your Views' survey who say they are satisfied with the review experience. (Local Your Views)	<i>n/a</i>	<i>n/a</i>	65.2%	<i>n/a</i>	<b>70%</b>	<b>70%</b>	<b>72%</b>





## Theme 4 Supporting people who look after others (carers)

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
3.0	ASCOF-Survey	We will increase Carer's satisfaction with adult care services	%	% of Carers surveyed as part of the national Survey of Adult Carers, who say they are satisfied with their care and support. Can be monitored through local your views surveys in year	38.1% (2018-19)	38.6% (2018-19)	37.7% (2018-19)	n/a	40%	n/a	40%
3.1	ASCOF-Survey	We will increase Hertfordshire's Carers quality of life score	Score out of 12	This indicator is derived from ASCOF and gives an overarching view of the quality of life of carers based on outcomes identified through research by the Personal Social Services Research Unit. The measure combines individual responses to six questions from the Carers Survey measuring different	7.4 (2018-19)	7.5 (2018-19)	7.0 (2018-19)	n/a	7.7	n/a	7.7

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
				outcomes related to overall quality of life. These outcomes are mapped to six domains; occupation, control, personal care, safety, social participation and encouragement and support. .							
3.2	ASCOF-Survey	We will increase the proportion of Carers who report that they have been included or consulted in discussion about the person they care for	%	% of Carers surveyed as part of the national Survey of Adult Carers, who say they have been included or consulted in discussion about the person they care for	69.2% (2018-19)	69.7% (2018-19)	71.7% (2018-19)	n/a	72%	n/a	72%
3.5	ASCOF-Survey	We will increase the number of Carers who say they have as much social contact as they would like.	%	% of Carers surveyed as part of the national Survey of Adult Carers, who say they have as much social contact as they would like.	29.6% (2018-19)	32.5% (2018-19)	22% (2018-19)	n/a	35%	n/a	28%

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
3.3	ASCOF	We will support Carers to have choice and control by offering Direct Payments	%	This indicator is derived from ASCOF. It references the proportion of Carers who are receiving a carer's specific service during the year Who have chosen to take their Local authority commissioned Personal budget in the form of a direct payment.	76.7%	75.3%	75.4%	76.2%	77%	80%	83%
3.4	ASCOF	We will increase the proportion of carers who receive self-directed support	%	This indicator is derived from ASCOF. It references the proportion of Carers who are receiving a carer's specific service during the year who are in receipt of a personal budget in the form of self-directed support.	80.4%	87.1%	99.5%	99.6%	99%	99.5%	99.5%
3.5	Local 'Your Views' survey	We will increase the proportion of Carers who report that they are very or	%	Your Views Question; Q1 of Carers Survey: How happy are you that the outcomes agreed at your carers assessment or review	n/a	n/a	79.1%	n/a	80%	80%	82%

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
		quite happy that the outcomes agreed at their carers assessment or review reflected their needs		reflect your needs? Very happy and Quite happy							
3.6	Local 'Your Views' survey	We will increase the proportion of Carers who report that they have enough encouragement and support to carry out their role	%	Your Views Question; Q17 of Carers Survey: Thinking about encouragement and support in your caring role, which of the following best describes your present situation? I feel I have enough encouragement and support & I have adequate encouragement and support	n/a	n/a	70.5%	n/a	75%	75%	77%



## Theme 5 Organisations working together to support people

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
4.0	Health Dataset	We will work with health colleagues to reduce the number of non-elective admissions to acute settings for adults aged 65 and over	Rate per quarter per 100k	This indicator is derived from the Better Care Funds (BCF) set of metrics. The aim of the BCF is to work on integrating care with health, social care, housing and other public services to provide better care, prevent ill-health (where possible) and avoid unnecessary hospital admissions. This indicator measures the number of emergency hospital admissions of clients aged 65+.	n/a	n/a	3520	2338.3	3000	3100	3000

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
4.1	Local Care Monitoring-PAMMS	We will support our Hertfordshire Care Homes to be rated Good or Excellent by HCC	%	This data is based on Hertfordshire's local monitoring of care providers. Provider monitoring is administered using a risk based approach. Therefore, the providers with the highest risk are reviewed first.	<i>n/a</i>	<i>n/a</i>	74%	74%	80%	70%	75%
4.2	Local Care Monitoring-PAMMS	We will support our Hertfordshire Domiciliary Services to be rated Good or Excellent by HCC	%	This data is based on Hertfordshire's local monitoring of care providers. Provider monitoring is administered using a risk based approach. Therefore, the providers with the highest risk are reviewed first.	<i>n/a</i>	<i>n/a</i>	81.5%	81.5%	85%	87%	89%
4.3	Local Care Monitoring-PAMMS	We will support our Hertfordshire Supported Living	%	This data is based on Hertfordshire's local monitoring of	<i>tba</i>	<i>tba</i>	<i>tba</i>	<i>tba</i>	<i>tba</i>	65%	67%

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
		Services to be rated Good or Excellent by HCC		care providers. Provider monitoring is administered using a risk based approach. Therefore, the providers with the highest risk are reviewed first.							
4.4	National CQC Dataset	We will support our Hertfordshire Care Homes to be rated Good or Outstanding by the CQC	%	Latest CQC published Score rated Good or Outstanding	<i>n/a</i>	<i>n/a</i>	84.5%	83.0%	85%	85%	87%
4.5	National CQC Dataset	We will support our Hertfordshire Supported Living Services to be rated Good or Outstanding by the CQC	%	Latest CQC published Score rated Good or Outstanding	<i>tba</i>	<i>tba</i>	<i>tba</i>	<i>tba</i>	<b>tba</b>	91%	93%
4.6	National CQC Dataset	We will support our Hertfordshire Domiciliary Services to be rated Good or	%	Latest CQC published Score rated Good or Outstanding	<i>n/a</i>	<i>n/a</i>	67.9%	<i>n/a</i>	70%	90%	92%



Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
		Outstanding by the CQC									

## Additional Areas to Monitor

Indicator ID	Source	Indicator Name	Format	Indicator Description and source	Comparator Group Average 2020-21	England Average 2020-21	2019-20 Performance	2020-21 Performance	2021-22 Target	2022-23 Target	2023-24 Target
5.0	Local Data Monitoring	We will monitor the number of safeguarding concerns reported	Count	Count of Safeguarding Adult Concerns reported to Adult Care Services	<i>n/a</i>	<i>n/a</i>	9661	7536	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>
5.1	Local Data Monitoring	We will monitor the number of Deprivation of Liberty Safeguards applications	Count	Count of Deprivation of liberty Safeguards Applications reported to Adult Care Services	<i>n/a</i>	<i>n/a</i>	4762	4678	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>
5.2	Local Data Monitoring	We will work to ensure the adults receiving long term services from ACS, have their care plan reviewed each year.	%	This indicator references adults who have been receiving long term services for more than 12 months and the proportion of those adults who have received a planned or unplanned review	<i>n/a</i>	<i>n/a</i>	65%	61.6%	<b>70%</b>	<b>75%</b>	<b>78%</b>