

**HERTFORDSHIRE COUNTY COUNCIL
ADULT CARE SERVICES SELECT COMMITTEE
TUESDAY 12 JULY 2001 AT 2.15 P.M.**

Agenda Item No:

3

**NATIONAL SERVICE FRAMEWORK FOR MENTAL HEALTH
LOCAL IMPLEMENTATION TEAM (REPORT)**

Report of the Director of Adult Care Services

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1. Purpose of the Report

To outline the progress being made in the implementation of the National Service Framework for Mental Health within Hertfordshire. The National Service Framework (NSF) is a national strategy and policy framework that local mental health services must implement and follow in providing and developing mental health services. It sets out a number of service and practice standards against which future provision is being measured. It also defines key target areas for service improvements. A Glossary of Terms is attached as an Appendix.

2. Summary

2.1 The major responsibility for implementing the National Service Framework for Mental Health rests with local NHS service providers but the policy framework requires that this responsibility is exercised in partnership with, and with support from local Adult Care Services. Hertfordshire County Council fulfils a key role in a number of these joint developments.

2.2 In order to progress the implementation of the NSF a Local Implementation Team (LIT) has been established to oversee the production and implementation of a joint strategy. There has been some progress with the implementation of a number of the key targets within the National Service Framework but much remains still to be done. The Local Implementation

Team has been developed with wide membership from a number of different stakeholders.

2.3 Progress to Date

- The policy decision to transfer the County Council's mental health staff to the new Hertfordshire Partnership NHS Trust by secondment in September. This will establish integrated arrangements for provision.
- Establishment of Joint Commissioning arrangements at Member level to commission health and social care for mental health service users.
- Single/integrated management structure for all Community Mental Health Teams (CMHT's);
- Supported accommodation places for people with complex needs and high dependency in six of the eight localities;
- Countywide implementation of an assertive outreach model of service for engaging clients who are reticent/difficult to engage and retain within services;
- Developed a single approach to integrating the Care Planning system for all clients with a mental health problem;
- Countywide implementation of an assertive outreach model of service for engaging clients who are reticent/difficult to engage and retain within services;
- Developed a single system that offers specialised assessment to carers of people with mental health problems.

2.4 Next Steps (from September 2001):

- A strong Locality focussed 'set' of community based services. These will allow strong links to be formed between specialist mental health services (Hertfordshire partnership Trust) and the local Primary Care Trusts (PCT's). There is likely to be eight Localities based around the eight PCT's within the County.
- Reviewing, integrating and re-developing the provision of day services in the County;
- A Joint Information Strategy and local Community Mental Health Teams implementation/action plan;
- The County Council investment programme for Mental Health continues as agreed in the ACS Select Committee in March 2001. In summary the (joint investment plan) Adult Care investment for 2001 is into the following 4 key areas:
 - Befriending Schemes for people with severe mental illness (Bishop's Stortford & Dacorum)
 - Strengthening Assertive Outreach provision (Welwyn/Hatfield)
 - Phase 2 development of User Support programme (Countywide)
 - Improved Carer support and breaks/respice (Countywide)

- 2.5 Adult Care Services have been instrumental in all of these developments and have played the 'lead role' in achieving most of them.
- 2.6 The local Joint Strategy is being re-written for 2001 -2003 to include a number of the latest policy development requirements for Early Intervention services, Crisis Intervention and Community Treatment and increased support for workers in Primary Care.

3. Conclusions

- 3.1 Progress has been made towards achieving the standards, key deliverables and service models set out in the 10 year vision of the National Service Framework. There have been particular achievements in enhancing and refocusing community based services as evidenced in paragraph 7.2 of this report.
- 3.2 There is still much work to be done and the Joint Commissioning Partnership Board, which will commission mental health services from April 2002 on behalf of the County Council and the Primary Care Trusts, needs to consider the priorities for further development and reshaping of services.
- 3.3 Regional and national monitoring of NSF implementations is likely to focus on progress on the key deliverables which currently have a "RED" rating, and on particular priorities from the "AMBER" rated section.
- 3.4 Key groups identified in this report, which are known national priorities include:
- The provision of crisis intervention and Community Treatment Services
 - Establishment of Early Intervention Teams
 - Implementation of Joint Information Systems for Community Teams with interface to Primary and Care
 - Evidence of plans for a real shift in the focus of care away from the acute sector into primary care with support provided from specialist community teams.

4. Background

- 4.1 Approximately £65 million per year is spent on the provision of mental health services in Hertfordshire.. Of this total, around £11 million is currently spent by the County Council on social care with the remainder spent on health focused provision. Services provided range from the assessment of need and provision of support in the home through a whole spectrum of services to specialist hospital based provision and secure units.
- 4.2 In September 1999 the Government launched the new National Service Framework (NSF) for Mental Health. This is a key document for all those involved in running or receiving mental health services. It sets the agenda for

services for the next 10 years, and will determine how they are planned, delivered and monitored. For the first time we have a comprehensive statement of what Government expects from mental health services. It addresses the full range of services responsible for mental health care of people of working age which span health promotion, specialist services, the NHS, social services and the independent sector.

4.3 Improving Mental Health Services has been a key priority for central government and the Department of Health. A number of significant policy and legislative changes have taken place which have substantially changed the expectations about how mental health service are provided. Further change is expected to follow between 2001 and 2004. Significant in these policy and legislative changes are:

- The NHS plan (2000). This is the overarching framework for all service developments within the NHS and also significantly influences the partnership arrangements those modern mental health services need to have in place if they are to be effective.
- A National Service Framework for Mental Health, LAC(99)34. This is the specialised mental health focus referred to within the NHS Plan and continues to be the central policy for developing mental health services. The implementation of this framework is the focus of this report.
- The Mental Health Policy Implementation Guide (2001). This recently published document outlines the structure and content that is needed within a comprehensive mental health service.

4.4 This policy framework sets out the many and varied services that are needed for people who have serious mental health problems. They suffer major and negative social and economic disability associated with their illness. Often their local communities, long-term unemployment, poverty and social exclusion subject them to major discrimination. They are often at the centre of substantial family stresses and are commonly without any social network or other 'quality of life' aspects to their life. In essence they are considered to be amongst the most vulnerable groups that social and community support services deal with.

4.5 The focus of the implementation guide is to remodel services, to strengthen key components as follows:

- ◆ Community based services aimed at improving social inclusion
- ◆ Assertive outreach aimed at improving levels of contact with people in the community who have particular mental health problems
- ◆ Crisis and community treatment services

- ◆ Early intervention services to identify people with potential long-term difficulties at an earlier age
- ◆ A re-shaped role for community teams to increase and improve support to primary care provision.

4.6 The key messages from all of these have been consistent and regularly reinforced. These have been:

- Mental health services must aim at promoting independence and maximising self-determination for people with mental health problems.
- Services must be safe, consistently available, equitable and easily accessible. Service provision needs to be planned, provided and regularly reviewed for effectiveness and appropriateness. This will be achieved by having a single/integrated assessment and care management process.
- The needs of Carers must be assessed and better provided for and via a variety of new and innovative support services.
- Mental health services must be delivered in strong and effective partnerships
- Social care and the wider 'life' needs of people with mental health problems must be given higher priority within service provision. There must be an emphasis on improving social inclusion and reducing the negative effects of social isolation, low income/poverty. There must also be more done to assist people to engage in paid work, education, leisure and recreational activities.
- More emphasis on working with people with mental health difficulties in a Primary Care setting.
- Developing greater variety and offering choice of services in the community, including new and improved psychological treatments and support services.

5. The National Service Framework for Mental Health (NSF)

5.1 The National Service Framework sets out a vision for mental health services. It is a ten-year Plan and we are now part way through the second year of its implementation. It sets seven national standards, which fall into 5 categories, as follows:

1. Mental health promotion
2. Primary care and access to services
3. Effective services to people with severe mental illness
4. Caring about carers
5. Preventing suicide

It also sets out a variety of service models and key deliverables which, if achieved, would meet the seven standards.

- 5.2 The National Service Framework (NSF) also describes how each of these standards will be implemented locally, using Local Implementation Teams (LIT's), and how progress will be made and monitored through the use of high level performance indicators and national and local milestones.
- 5.3 In order to support the implementation of the National Service Framework there are also five underpinning programmes developed nationally in the following areas:
- Finance and joint investment
 - Workforce planning, education and joint training
 - Research and development on outcomes
 - Clinical decision support systems
 - A joint information strategy

Our Local Implementation Team has begun working locally in all 5 of these areas and various strategies have been/are being developed for implementation of each of these underpinning programmes locally.

Local Implementation Teams are also be important in monitoring the delivery of the Joint Strategy in future years. The current process is to have annual reviews of the general strategic implementation plan with a wider ranging process to look at the overall strategic direction every three years (subject to the annual reviews of implementation).

6. Joint Mental Health Strategy

- 6.1 Hertfordshire's mental health services have had a joint strategy for some years already. This has allowed local services to develop in accordance with the direction now required by national policy.
- 6.2 We have already made some progress in reflecting the modernising agenda as described in the NHS Plan. A strong collaborative/ partnership approach with a shared lead priority for mental health has also been adopted in:
- The development of Health Improvement Programmes (HImP's);
 - The development of the local Joint Investment Plans;
 - The application(s) for Mental Health, Partnership, Modernisation, Prevention and Carer support Grants.
- 6.3 The action plan for the implementation of the joint strategy, which now includes the requirements of the National Service Framework, focuses on achieving a number of new joint objectives. The strategy for local action includes:
- A 'supporting' system for the new LIT which;

- Monitors National Service Framework implementation
 - Has prepared two Mental Health Joint Investment Plans
 - Contribute to Health Improvement Plans and the Primary Care Group mental health agenda
 - Expand the 'stakeholder base' to include housing, transport, education, users and carers and voluntary sector
 - Oversee the Mental Health Joint training strategy implementation
 - Oversee Mental Health Joint Information strategy implementation
- Defining the terms of reference and ways of working for that system
 - Developing the process for engaging service users and carers in 'reference' group for planning, implementation and monitoring
 - Exploring and agreeing the joint approach we wish/need to take to the 'new partnership freedoms' arising from recent changes to statute and guidance

6.4 All of this activity has been set in the context of a strong multi-agency commitment to the *further development* of a comprehensive (and locality based) mental health service that is:

- Easily accessible and easily available and responsive 'out of hours'
- Values based and principles driven.
- Evidence based and outcome focused. Under continual review and improving the quality, appropriateness and effectiveness of provision
- Joint/collaborative/integrated in its service models, comprehensive in the 'spectrum' of provision and relevant to the needs and aspirations of the people who use those services
- Good/Best value for money and sensitive to local service user needs and aspirations
- Working towards further developing the community elements of provision thus improving the comprehensive and 'normalising' nature of provision
- In essence.....in line with the priority requirements of the NSF for Mental Health

7.0 Current (Self) Assessment of Services

7.1 Progress Against Key Deliverables

The NHS and Social Care Regional Teams have devised a traffic light system to monitor progress against the key deliverables referred to in paragraph 5.1 above. The Local Implementation Team (LIT) have agreed to use the same 'traffic light' system for self-assessment and the results are set out below.

Services 'rated' as Red (A Major gap has been identified and these need urgent action, attention and significant improvement)				
Key Deliverables	Rating	Reason for Rating	Actions	Achievements
Crisis Intervention/Community Treatment services.	RED	No dedicated teams or provision out of hours.	Bid for additional funding made to HA. Community Support Teams (CSTs) currently key service in filling this 'gap'	Not likely to be agreed in 2001-2002.
Women (only) Services.	RED	There is no system of specialist provision within the county.	Undertaking some review(s) of day and other services to assess scale of shortfall	Very limited to some out patient consultant services in West Herts.
Single sex accommodation for in-patients.	RED	Most of the in-patient units are limited in how much single & private accommodation they can offer.	Is now part of the refurbishment work at QE2 and Lister. Need to begin work now on Countywide plan that included a strategic approach to these issues.	Very limited because of very much reduced allocation of capital.
Single/Joint Information systems and records.	RED	No single/joint system of records for care & treatment	Work progressing on ORACLE system but no NHS ownership of plan or proposals	Proposals being developed to put joint system in place based ORACLE.
Information about services.	RED	Current provision is very patchy and incomplete. Not up to date.	Plan to Further strengthen the SANELINE & Carers in Herts systems	Investment in user development programme that has exposed the shortfall and is providing the direction for travel in planning solutions

Services 'rated' as Amber (Some progress has been made but still needs further action, attention and significant improvement)				
Key Deliverables	Rating	Reason for Rating	Actions	Achievements
Integrated Community Mental Health Teams & Single Line Management & Budgets.	AMBER	Patchy and inconsistent in application countywide.	Agreement between Health and County Council on having these arrangements fully operational across the County in October of this year.	Some CMH teams are already operating in this way. All Assertive outreach teams are single line management.
Fully Integrated CPA & Care Management process.	AMBER	Single system/protocol not yet adopted by the Partnership trust	Further consultation with Consultant body about the Standard/Out-patient process.	Have got a flexible and comprehensive protocol that ACS have endorsed.
Early Intervention in Psychosis.	AMBER	Major gap(s) still exist between Adult services and those for children & young people	The Child & Adolescent Mental Health (CAMH) Strategy within the Joint Commissioning Arena and integrated adult and CAMH teams with the HPT will secure a joint approach between Adult MH and CAMH services.	Have now got the issue of joint ACS and CAMH working on <u>both</u> strategic planning agenda's
Developing services for common mental illnesses in Primary Care.	AMBER	No real engagement with Primary Care and NSF yet apparent.	Developed a standing sub-group of LIT that focuses exclusively on primary care mental health issues.	Have now got 4 PCT mental health reps on the LIT and consequently have raised the profile of mental health services in primary care.
Mental health promotion.	AMBER	Don't yet have an agreed approach to this that the specialist services can assist with. Fragmented and inconsistent.	Have HA health promotion lead(s) on LIT and they are leading the development of a strategy for HP in primary care. HPT have agreed to support and provide input into this.	Have now got 4 PCT mental health reps on the LIT and consequently have secured their commitment to whole mental health promotion in primary care profile agenda. HPT will also assist.

Comprehensive Psychological Treatment services.	AMBER	We don't yet have a clear strategy and action plan for developing these services as per national 'blueprint'. Goes beyond trust/specialist mental health into primary care.	Agreement to undertake a joint review of all psychological services that includes Trust, Primary care Trusts and psychology service providers.	Have both the Trust and PCT's commitment to participation in review.
Local Secure Services Provision.	AMBER	No specialist low secure provision at local level. High level of out of area placements.	Have developed a strategic outline case in partnership with Luton & Beds that has been submitted to Regional Office, which includes a strong community infrastructure element.	Have a fully developed local plan that has been jointly agreed and awaits a clear commitment on funding either from RO or as priority for new mental health monies.
Service provision that is sensitive to issues of Race, Gender, and Culture.	AMBER	Still have significant 'anomalies' in the numbers of black people being referred, assessed and subsequently admitted into hospital on section.	Now highlighted on the clinical governance and quality agenda of the HPT. Also providing specialist awareness training in non-discriminatory practice through joint training.	Very limited success in getting the Trust and police service to accept the need to address these 'anomalies'
Having a systematic approach to quality monitoring and evaluation.	AMBER	HPT not yet fully functioning in quality and clinical governance terms. Also have a very long way to go before the primary care clinical governance agenda takes full account of the mental health NSF and other standards.	Standards, skills and service requirements are now beginning to be promoted within PCT's and also within the primary care sub-group of the LIT.	The Quality Improvement Process (QUIP) process within HCC is a blueprint for how to proceed with consumer focused quality monitoring

<p>Having an effective workforce development plan.</p>	<p>AMBER</p>	<p>No clear Human Resources engagement in the Trust workforce development plans. Still slow (but growing) integration of plans and efforts in the staff recruitment and retention arena given that HP Trust is still in the process of evolving it's own system and deciding/pursing a single set of agreed staffing and training priorities.</p>	<p>Arrangements are being made for the HPT to take the lead in establishing the workforce requirements (including that of services in the voluntary sector). The Education & Training consortium is also collating the statistics on the needs for basic trained staff.</p>	<p>The Workforce Development Forum provides an ideal framework for engaging with the voluntary sector and we have already made arrangements to begin the specialist training (Certificate in Mental Health) for unqualified staff who work with clients.</p>
<p>Having a single financial management/information system.</p>	<p>AMBER</p>	<p>Four Trusts, two health authorities and the county council all have different systems. Each was designed to provide information for a different purpose and the key systems are all now out of date and/or redundant.</p>	<p>Discussions taking place between the Health Authority and HCC about the mechanisms to be used to manage pooled budgets within the framework of the Joint Commissioning Partnership Board. Will need a single protocol for this and this may lead to single composite system.</p>	<p>Limited at the moment. There is much confusion and uncertainty within the Health Environment because of the mergers of two Health Authorities and four provider Trusts.</p>

Services 'rated' as Green (Progress has been made and an adequate level of service has been provided. Issue is about sustaining and improving quality.)				
Key Deliverables	Rating	Reason for Rating	Actions	Achievements
Effective and well trained Community Support Workers	GREEN	HCC has very good Community Support Team (CST) workers. They now have reputation for being skilled and competent with the most vulnerable client groups. They are now beginning to extend their role into the Assertive Outreach programme. They are all well trained and regularly supervised by professionally qualified staff.	Developing an individual training plan for each member of the CST service. Steps being taken to explore the feasibility of moving some of the 'befriending' and other social support activity aspects of the service into the voluntary sector where more self-help possibilities exist.	Major service review shows the CST service to be 'best in class' when compared with seven other similar services in the south-east of England. Vast majority of clients who were asked for views rates CST service as single most important element of the client's support network.
Carer Assessments and flexible support	GREEN	Have established dedicated Social Worker role within all CMHT's specifically for offering assessments to carers who request them. Carers are also being trained as trainers so they can (and do) participate in the joint training of CMHT (and other) staff.	Further development of Carers training (as trainers). Examine the feasibility of vol. sector agency offering 'respite at home' based services that will supplement the residential breaks currently being offered at 'Forresters' Hotel in Southampton.	Significantly increased participation of voluntary sector in the area of carer issues (Carers in Herts). Four full day conferences of carers who helped determine the protocol and procedures that are being used in the carers' assessment process. Additional SW capacity put into CMHT's dedicated exclusively to offering and undertaking carers' assessments.
Effective Joint Planning & Commissioning	GREEN	Have had joint planning & commissioning arrangements for some time (Joint Commissioning Board) which	Establish the Joint Commissioning Partnership Board (JCPB) over the summer 2001 and co-locate the support	Single agreement established between PCT's, Health Authority and HCC. Arrangements agreed for

		provided the basis for early establishment of Local Implementation Team (LIT). Users & Carers are significant participants/members of the Local implementation team (LIT)	officer group from HA's, PCT's and HCC in a single environment (Hatfield). They will operate as a single unit using a single set of systems and processes.	pooled budgets. Joint commissioning processes have continued throughout these planned changes.
User & Carer engagement in Planning & Evaluating Quality	GREEN	Users & Carers are significant participants/members of the Local implementation team (LIT). They are also at the heart of the QUIP process. There has been significant new investment in establishing the much needed support for users and carers who are now much more actively engaged in the various planning & commissioning activities, quality evaluation and other clinical governance activity.	Further developments to user support programme planned. Further development of individual client advocacy programmes are also being planned. Countywide approach to advocacy being developed. Establish more self-help and special interest groups among clients and carers.	More countywide co-ordination and a stimulation of more self help activity through the targeting of localities where there is no local user or carer profile. Significantly more independence of users & carers from the statutory sector providers (thus more objective perspective). Established a very close integration between the user development programmes and the 'Welfare to Work' and other employment support initiatives ensuring that the people who use services genuinely influence these strategies.

<p>Workforce Development & Joint Training in Non-Statutory Sector</p>	<p>GREEN</p>	<p>We have established the Workforce Development Forum that includes every voluntary sector service provider that operates within the County. They have all participated in a survey of training needs and have collectively agreed to 'pool' their training interests (together with those of the statutory sector) for the benefit of all participants. Have established the PRACTICE DEVELOPMENT UNIT at the University of Herts and integrated that Unit's programme with that of the HCC Training Department.</p>	<p>We intend to promote an even wider participation of the Forum by colleagues in Primary care and Housing providers.</p>	<p>Substantial investment in a dedicated budget for training of non-qualified staff. Provision being made for up to 30 people a year being fully sponsored through the Certificate in Mental Health training programme (50% of these coming from the voluntary sector). Using and sharing all agencies training facilities and specialist skills in a county-wide joint training programme where the training syllabus is determined by the Workforce Development Forum.</p>
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7.2 Progress in Remodelling Services in period between 1999/2001

In addition to the overall progress that has been made as, described above, the Local Implementation Team have overseen a number of important service developments that have substantially enhanced both the range and quality of the community Mental Health services provision. These have taken the local mental health system forward in the direction outlined within the NSF and in particular, in the Mental Health Policy Implementation Guide (2001) described in paragraph 4 above. The County Council's contribution (or leadership) has been very significant in a number of key areas. The following services are now well established. They are described in the context of the key elements of the Implementation Guide.

Improved Community-based Services:

- The 'Mid-Point' **rehabilitation unit** in Stevenage
- The 'Higgins Walk' **supported accommodation** in Stevenage
- The Causeway **Rehabilitation unit** in St Albans
- A new **community base (CMHC)** for East Herts
- A local **Community Centre** (Resource Centre) in Hemel Hempstead
- A local **Community Centre** (Resource Centre) in Stevenage
- Developments in the targeted provision of **Community Support Services**
- The completion of the **supported accommodation** unit in Welwyn Garden City.
- A 12-place **Supported Accommodation** unit in Watford (Woodside Court)
- **(Community Mental Health Centre)** site in Potters Bar has been developed for use by the joint CMHT.
- Increased investment in the **Community Meeting Point** at Harpenden*.
- Development of the Hitchin **Day Centre** in partnership with a local church.
- Development of '**Welfare to Work**' Strategy and Project aimed at significantly improving the employment support and service integration of 'sheltered workshops' and other specialist day provision.

Improved Assertive Outreach Services:

- Five **Assertive Outreach Teams** (East, North, Welwyn Garden City, Hatfield and Watford district. Each has specialist Social Workers, OT's plus dedicated support workers
- The expansion of the existing '**Turning Point**' outreach service

Improved Support to Primary Care

- Established the SANELINE ‘**Community Telephone Helpline**’ system (Countywide)
- Pilot of the **SANE Extra-care** (telephone support for Primary Care) service in Stevenage

Background information referred to by the author whilst compiling this report.

- *Modernising Mental Health Services: Safe, Sound and Supportive. DoH, (1998).*
- *A National Service Framework for Mental Health, LAC(99)34.*
- *Modernising Health & Social Services: National Priorities Guidance 1999/00-2001/02*
- *The NHS Act (1999)*
- *The NHS plan (2000)*
- *Reforming the Mental Health Act, White Paper. (2000)*
- *The Mental Health Policy Implementation Guide (2001)*

If you would like to receive a summary of the National Service Framework for Mental Health or you require any further information please contact;

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GLOSSARY

AOT	Assertive Outreach Teams – working in the community with people with particular mental health problems who are hard to reach or difficult to work with.
CAMHS	Child and Adolescent Mental Health Services – Joint health and social care teams delivering mental health services to children and adolescents.
CMHT	Community Mental Health Team – Joint health and social care team receiving referrals, assessing needs, arranging packages of care and reviewing.
CST	Community Support Team - Social care team offering support in day to day living and enabling the fulfilment of the care plans of people in the community with mental health problems.
HImP	Health Improvement Programme – local strategy for delivering improvements in health – countywide version as well as locality plans.
HPT	Hertfordshire Partnership Trust – New Trust, established to provide adult and child mental health, drug and alcohol and specialist learning disability services. Also delivers children’s health services to the west of Hertfordshire.
JCPB	Joint Commissioning Partnership Board – Board comprising 8 County Councillors and a representative from each Primary Care Trust Board charged with commissioning mental health and other services from pooled budgets.
LIT	Local Implementation Team – Team comprising a wide range of stakeholders responsible for developing and arranging the implementation of a local implementation plan for the National Service Framework.
NHS Plan	The government’s overarching strategy for change in the National Health Service over the next ten years.
NSF	National Service Framework – the national strategy and policy framework for the development and delivery of mental health services.

- PCT** Primary Care Trust – Local Health organisations delivering and commissioning health care to the population they serve (8 in Hertfordshire).
- QUIP** Quality Improvement Process – Hertfordshire Adult Care Services quality improvement process.