Herefordshire Council

SUPPLEMENT TO THE AGENDA FOR

Health and Wellbeing Board

Tuesday 15 September 2015

2.00 pm

Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX

Herefordshire Council

Meeting:	**Health & Wellbeing Board**
Meeting date:	**15 September 2015**
Title of report:	**Adult Safeguarding Briefing**

Key Decision

This is not a key decision.

Wards Affected

Countywide

Purpose

Briefing report for information to update the Health and Wellbeing Board on the progress of Making Safeguarding Personal implementation.

Recommendation(s)

THAT:

(a) **The Board be asked to note the progress against the ongoing safeguarding implementation programme;**

(b) **To note that the Safeguarding Improvement Group has been disbanded and reporting on safeguarding adults is now incorporated into performance "business as usual"; and;**

(c) **As a result of point (b) above, note that future local authority briefings to the Health and Wellbeing will focus on Adult Safeguarding performance**

Alternative options

- There are no alternatives to consider the report as it is for information only

Reasons for recommendations

- Not applicable

Key considerations

Making Safeguarding Personal (MSP) began in England in 2009. It was motivated by a need to understand what works well in supporting adults at risk of harm and abuse. It was an initiative by the Local Government Association (LGA) safeguarding adults programme and by the Association of Directors of Adult Social Services (ADASS). Report; WWW.local.gov.uk/publications/-journalcontent/56/10180/396 1588

Making Safeguarding Personal was introduced within the anticipated timeframes to Herefordshire in January 2015. This report will provide an update on the progress and implementation of MSP within Herefordshire. The process once implemented included the safeguarding requirements of the Care Act 2014

Community impact

4 The MSP implementation programme led by the local authority included the following:

- Engagement with regional partners revised and updated the West Midlands Adult Safeguarding Policies and Procedures, Care Act compliant. Working draft document in operation from 1 April 2015. To be finalised April 2016.

- Policy and procedure working group established within Herefordshire. Focus on updating policies such as record keeping, supervision, self neglect ,data sharing. Also includes Prevent strategy, which aims to intercept travel towards extremism. Additional training planned for all agencies and providers in relation to Prevent.

- Training provided on Essential Communication for all ASC staff with service user contact.

- Targeted systems wide training for practitioners on Adult Safeguarding, MSP and the Care Act. This has included the provision of training from an external professional trainer as well as internal team training and individualised training as and when required.

- New tools provided for practitioners such as an Aide Memoire and brochure for Service Users

- Development of new systems for recording and capturing data which provides performance evidence .This data captures improvements as well as areas requiring further improvement.

- Links made with health partners to deliver training to Care Home Providers on MSP and Safeguarding.

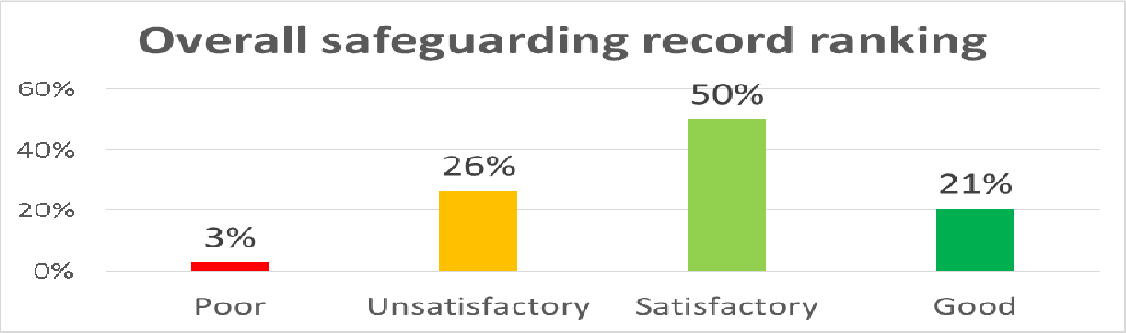
- Links with Community engagement to deliver presentations on updating Adult Safeguarding awareness and MSP .This included how to raise a safeguarding concern and what happens when a concern is raised.

- A new Quality and Audit framework was introduced since April 2015. This has required monthly audits across all operational teams.

- Snapshot on performance of MSP since implementation in January

    - 1052 safeguarding concerns have been received. Of these, 304 have progressed to safeguarding enquiry , 531 have been no further action,56 have been referred to Quality concerns and 165 have been referred to case management .Of the 126 safeguarding concerns received in August, 94% of decisions were made within the timescales of 2 days ,and 21.6% were progressed to safeguarding enquiry. This demonstrates a marked improvement on performance since MSP was implemented.

- The overall safeguarding record ranking taken from monthly audits is as follows:



- The Safeguarding Improvement Group was disbanded by the Safeguarding Adults Board in April as terms of reference were achieved. Adult safeguarding processes are now incorporated within business as usual. Any residual issues incorporated within the existing Quality and Performance group.

Equality duty

5 The Care Act 2014 came into operation on 1 April 2015.

- There is a legal duty to promote equality .S.14.6 states; Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility

- The Care Act states; Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.(S.14.7 Statutory Guidance).

Financial implications

6 There is no direct financial implication, safeguarding is incorporated across all domains.

Legal implications

7 Care Act 2014 sets out the statutory legal duties and responsibilities in relation to adult safeguarding. Full report available here;

: www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Risk management

8 The HSAB has in place a risk management plan which is in line with the West Midlands Policy and Procedures.

The Leadership Directorate has a risk register which is reviewed and revised on a monthly basis.

Individual Adult Safeguarding cases are risk assessed throughout the safeguarding process

Appendices

The Care Act 2014 ; : www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Background papers

- None identified

Herefordshire Council

DECISION MAKER:	**Health and Wellbeing Board**
DECISION DATE:	**15 September 2015**
TITLE OF REPORT:	**Progress Update on the Herefordshire system wide Transformation Programme**
REPORT BY:	**Jo Robins, Programme Director Transformation** **Jonathan Shapiro Independent Chair, Transformation Programme Board**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

1 To update the Health and Wellbeing Board members on progress to date of the Transformation Programme and outline future intentions

2 The Herefordshire system wide transformation programme was established in 2014 with the overarching ambition for a jointly developed and delivered model of care to support people to stay well, live longer in good health and maintain independence. To achieve this requires a greater focus on self-help, an increase in community based services and reduced demand for specialist hospital care with recognition that there will always be a need for safe high quality hospital services.

Recommendation(s)

THAT:

(a) members hold the Transformation Board and the delivery programme to account;

(b) The Board endorse the need for system wide change;

(c) The Board provides constructive challenge to the Transformation

Programme; and;

(d) The Board endorses the approach and supports phase 2 of the Transformation Programme.

Alternative options

3 There are no alternative options as the Health & Wellbeing Board has been established under the provisions set out in the Health & Social Care Act 2012 and is a key strategic leadership forum that drives ongoing improvements in health and wellbeing across Herefordshire.

Reasons for recommendations

4 The Board consists of leaders who have a major role in system wide strategic change and are therefore well placed to influence local organisations and regional and national bodies.

Key considerations

5 It is important that that Members hold the Transformation Board to account as this is a key driver within the Health & Wellbeing Strategy

6 The Transformation Programme outlines the system wide change needed locally to develop and deliver a new and updated model of care for Herefordshire.

7 The programme has been in place for a year and will need to expand considerably to realise it's vision.

Community impact

8 To engage and involve the public and local expert stakeholders will be a key requirement for phase two.

Equality and human rights

9 One of the key aims of the Transformation Programme is to reduce health inequalities and develop a model of care that is based on need ensuring that key groups can access high quality services in the right place at the right time.

10 Evidence shows that higher levels of social capital and community support are associated with better health, higher educational attainment, better employment and lower crime rates.

Financial implications

21 None for the approval of the strategy

Risk management

11 A process for the monitoring of progress will need to be agreed by the H&WB Board members

Appendices

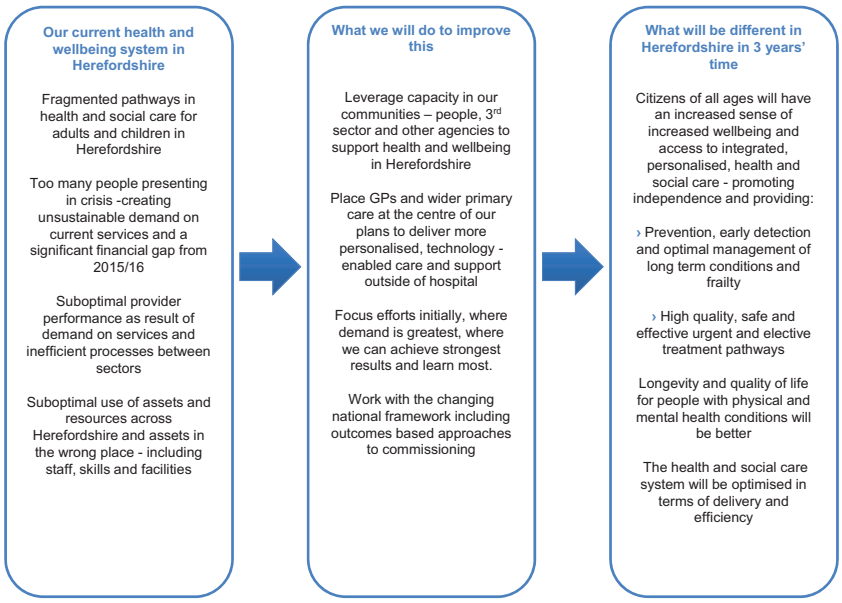
Appendix 1 - Herefordshire Health and Wellbeing Transformation Programme

Appendix 2 – Report Transformation

Background papers

Herefordshire Health and Wellbeing Transformation Programme

Vision and System Objectives



System Objectives

System Objective One – to improve the health and wellbeing of everyone in Herefordshire by supporting people to take greater control over their own health and the health of their families and helping people to remain independent in their own homes and communities.

System Objective Two - to reduce inequalities in health (both physical and mental) across and within communities in Herefordshire, resulting in additional years of life for citizens with treatable mental and physical health conditions.

System Objective Three – to improve the quality of health and care services:
to deliver high quality, people - centred, integrated community services with local teams based around GP practice populations, resulting in people receiving more comprehensive care close to home with a reduction in the time spent avoidably in hospital.
to increase the number of those citizens with mental and physical health and social care needs reporting a positive experience of care across all health and social care settings.
to ensure that when it is needed - hospital – based care is of sufficient scale to ensure safe, quality services

System Objective Four – to achieve greater efficiency:
to make better use of resources across health and social care ensuring care is provided in the most appropriate cost effective settings, reducing duplication and eliminating waste, and:
to improve the utilisation of our workforce and the development of new capacity and capabilities where appropriate, in our people and the technology we use.

System Objective Five – to take out avoidable cost thereby releasing cash to reduce immediate and short-term financial pressures.

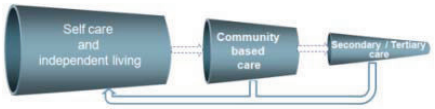
To achieve this vision and ensure that we deliver our system objectives we will focus on the four key areas of service transformation in Herefordshire described below:

A GP population - based model of integrated primary and community health and social care
A new model of sub – acute/intermediate bed - based care utilising a broader providers
An optimal set of arrangements for providing high-quality, safe and accessible acute hospital care in Herefordshire
Transformation through technology directly supporting care delivery and linking services and teams

September 2014

Herefordshire System Wide Transformation

Programme Phase 1 Re-design



WORKSTREAM 1 – Supportive Communities
WORKSTREAM 2 – Community Collaborative
WORKSTREAM 3 – Urgent Care Review
WORKSTREAM 4 – Acute Care Review

In addition to their specific objectives, Individual projects must encpompas:

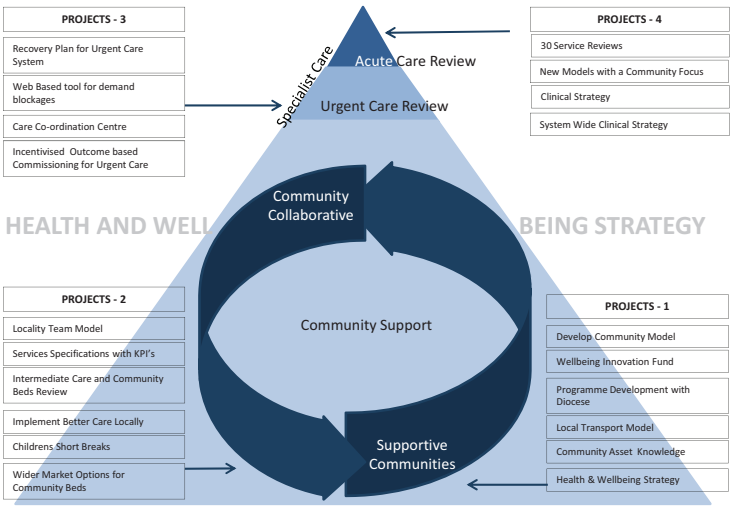
- Governance
  Arrangements linking to the local assurance process
- Technology
  Capacity for the introduction of new technology
- Workforce
  Training and development for both the Internal and External Workforces
- Communications
  A plan to ensure ongoing stakeholder engagement and information
- Benefits
  The identification and realisation of benefits (Cashable/ Non-Cashable

PROJECTS - 3

- Recovery Plan for Urgent Care System
- Web Based tool for demand blockages
- Care Co-ordination Centre
- Incentivised Outcome based Commissioning for Urgent Care

PROJECTS - 4

- 30 Service Reviews
- New Models with a Community Focus
- Clinical Strategy
- System Wide Clinical Strategy



PROJECTS - 2

- Locality Team Model
- Services Specifications with KPI's
- Intermediate Care and Community Beds Review
- Implement Better Care Locally
- Childrens Short Breaks
- Wider Market Options for Community Beds

PROJECTS - 1

- Develop Community Model
- Wellbeing Innovation Fund
- Programme Development with Diocese
- Local Transport Model
- Community Asset Knowledge
- Health & Wellbeing Strategy

The Transformation Board - Workstream Aims & Objectives:

1. Supportive Communities

Aim To support demand management across the public system by connecting communities, individuals and volunteers and act as a bridge between funded health and social care services

Objectives

To develop a health and wellbeing strategy and implementation plan on behalf of the Health & Wellbeing Board
To identify and implement a model that connects communities building on community based resources
To develop community based innovation projects that supports wellbeing
To ensure local transport initiatives support the health and wellbeing programme
To collectively learn across disciplines what works to prevent demand on series and increase independence

2. Community Collaborative

Aim - To deliver a clinically sustainable and financially viable model of community health and social care service in Herefordshire that delivers more joined up and anticipatory care

Objectives

To reduced emergency admissions, facilitated discharge and a focus on independence and self management
To support for those with LTC's and complex needs to access joined up care
To provide choice and control over the services that individuals receive
To develop services that give children the best start in life
To ensure services designed use the principles of integrated working
To ensure services maximize efficiency and effectiveness and reduce cost

3. Urgent Care Review

Aim - To develop a more efficient and effective urgent care pathway that is accessible

Objectives

To reduce inconsistencies in the outcomes for Herefordshire patients receiving urgent care
To encourage investment in preventive care to reduce unnecessary and inefficient use of treatment services
To reduce overall system costs whilst improving patient outcomes
Encourage behaviour change in patients by ensuring they know how to self care
Encourage behaviour change by ensuring people know how to access urgent care
To support the national vision for self care

4. Acute Services Review

Aim - To evaluate and review all acute services in the county hospital to support the development of a portfolio of sustainable service delivery for the longer term

Objectives

To evaluate and review all acute services within the County Hospital to support the development of a portfolio of sustainable, resilient clinical service delivery for the long term
To measure current service delivery against national and local guidance and policy, recognizing under and over performance against requirement to support provider/commissioning debate.
To deliver options for different services to demonstrate how national and local standards could be delivered in the longer term

Transformation Programme Update – September 2015

Background and Context

Transforming the way we do things is high on the agenda of all the public and voluntary sector organisations across Herefordshire, both in terms of the care that is provided but also in the approaches being taken to make those changes. This is not something unique to Herefordshire as all public sector organisations are facing significant challenges. For Herefordshire there are some additional factors such as a significant current and future financial gap, a sparsely populated and ageing population with an extremely rural geography affecting access.

Our Case for Change:-

•Herefordshire is a rural location with a dispersed population resulting in problems around access to resources.

•The overall scale of the county and the population is relatively small – this limits resources and makes it difficult to find capacity for delivering change.

•We are a large rural area with dispersed and hidden inequalities.

•The population is ageing faster than the average for England – creating demand and unsustainable pressures on services and service models.

•Rural inequalities may be hidden but greatly affect population health and wellbeing.

•Current services in primary care, hospital care and social services are overstretched.

•Our service infrastructure is fragile.

•Public transport is a challenge, making access to services more difficult.

Phase one of the Transformation Programme - 2014

Creation of the Transformation Board

In 2014 the senior leaders of the health and social care economy came together to agree a common way forward to collectively address some of these challenges. They agreed a long term vision for a more effective model of care based on quality, and affordability ultimately resulting in better outcomes for the residents of Herefordshire (appendix 1). The Transformation Programme in Herefordshire was formally launched in July 2014 and the board was created soon after. A detailed Case for Change document is available. The board brought together Wye Valley NHS Trust, 2gether NHS

Foundation Trust, Taurus Healthcare Ltd, Herefordshire Clinical Commissioning Group, and NHS England. An independent chair was appointed in April 2015.

Creation of the Herefordshire Transformation Programme

To create the momentum for change a cross organisational programme of change based around four work streams were developed with assigned senior champions and project leads. The key aims of these are:-

Supportive Communities – build on the assets that already exist in communities and strengthen these to improve community wellbeing and provide a greater range of resources and support for individuals and families

Collaborative Communities – develop locality based approaches with multi-disciplinary support around GP practices designed to deliver more joined up and anticipatory care.

Urgent Care – develop an integrated urgent care pathway based on improved patient outcomes and align all existing urgent care services in the community and in hospital

Acute Care – review and re-design secondary care services to ensure patients have access to the most clinically safe and effective healthcare

The work streams include a number of projects (appendix 2) Updates are provided in appendix 3. Progress is reported to the Transformation Board

The Financial Challenge

Due to the financial position being faced locally and in discussion with the area team and regional office, it was agreed that objective, specialist analysis from an outside agency would help quantify the financial challenges. The brief was specifically financially based and Ernst and Young were commissioned to carry it out. They worked in Herefordshire over a five month period and produced a broad analysis across the whole Herefordshire health economy, including the NHS, local authority, and primary care.

The findings of their report clearly stated that the health and social care economy could address many of the current issues it faced by making changes to existing models of care, but that it was not financially sustainable in the medium to long term. The report concludes that:

The gap in Herefordshire of £103m is primarily driven by funding pressures, demographic growth and the small scale size of the catchment area for the Wye Valley county hospital. Added to this, its rurality and size create structural inefficiencies that mean that savings cannot be delivered at the scale required.

Multi Agency Workshop – Wider Practitioner Network

In June 2015 a multi-agency workshop was delivered to over 40 participants from the CCG, Wye Valley Trust, 2Gether Mental Health Trust and the Herefordshire Council. The purpose of the event was to:-

To identify synergies between the existing work streams of the Transformation Programme with a focus on key target groups/topics

The results of the workshop showed a commitment to the Transformation Programme and it's key role in facilitating and supporting change. In addition a series of key actions and commitments were made by participants. One of these has resulted in the re-convening of the workforce programme and re-scoping of the brief to identify how our workforces can be better engaged in the change process.

Herefordshire wide ICT Project Scope

An independent consultant worked with us to earlier this year on a baseline assessment of our current use of technology and the systems in place to support those. The initial proposal was presented to senior leaders in April 2015 including Herefordshire Council, Wye Valley NHS TRUST, NHS Herefordshire Clinical Commissioning Group,2gether NHS Foundation Trust, and Taurus Healthcare. Following the presentation partners agreed to work with the consultant to further scope up a local outline business case, a high-level implementation plan for delivery , an updated risk and issue register for the vision, and an outline of a tech-fund funding request, in preparation for a new round of funding from central sources. A comprehensive benefits analysis was completed.

Accountable Officer Summits

In July a summit was organised for the accountable officers to re-visit the case for change previously identified in 2014. This was convened by the CCG and included the system leads of the local service delivery organisations (local authority, WVT, 2gFT, Taurus Healthcare, CCG), the case for change was strongly reaffirmed and a set of high level principles agreed to underpin some high level care model and governance changes. Accountable officers are now meeting on a fortnightly basis to work collaboratively at strategic level. Learning from elsewhere informs us that long standing, trusting relationships between senior leaders is key to long term success of similar programmes.

Communications

A communications plan is being developed to promote the programme more widely, the achievements taking place through the work streams to engage a wider range of stakeholders.

Governance

This takes place through the reporting mechanisms of the accountable bodies of the respective organisations and through the Health and Wellbeing Board.

The Project Team

There is an independent part time chair in place with a part time programme director and part time secondees from the respective organisations.

Moving Forward - Phase two

A number of actions are required for phase two of the programme, these will include

1. Discussions with national bodies on the medium and long term solutions for the funding shortfall
2. Identification of opportunities for external funding and further opportunities for freedoms and flexibilities through the Department for Communities and Local Government and the NHS
3. Expansion and industrialization of the existing programme
4. The re-scoping of the work streams to identify their inter-dependencies with clearly defined programme aims, objectives, milestones and business cases
5. Analysis of the recommendations proposed by Ernst & Young including analysis of the financial components and the impacts on performance, quality and financial metrics.
6. Analysis and identification of the savings released from the work stream models
7. A structured programme management approach
8. A clear communications and marketing plan
9. Development of a stronger programme management approach
10. Creation of a dedicated project team

(Appendix 3)

Deliverables from the Work streams – Phase one

Supportive Communities

- Development of the local Health and Wellbeing strategy that is now moving into implementation.
- Development of two Wellbeing Centres, one of which is embedded in a GP practice with further wellbeing hubs in community areas
- Commissioning of a single point of access for information, advice and sign posting across Herefordshire
- Creation of the Wellbeing Innovation Fund – Public Health grant money has been put towards enabling innovative projects in local areas which combat social isolation
- Development of locality co-ordination model that supports community development across the county accessible for the rural and town communities
- Initial scoping of a local transport project

Collaborative Communities

- Development of a model for community services encompassing multidisciplinary health care professionals working together to deliver high quality care through integrated care pathways working more closely with primary care staff.
- Service specifications have been developed that incorporate agreed outcomes and Key Performance Indicators (KPIs).
- Development of Memoranda of Understanding between the parties involved.
- Creation of senior key posts to lead this process.
- The Intermediate Care Provision project identification of options for alternative bedded provision
- Integration of the Better Care Model into the Community Collaborative resulting in reduction of emergency admissions at 6% above target, permanent admissions out performing target by 37% with older people supported at home post discharge above target.
- Development of new model of short breaks for children with disabilities

Urgent Care

- Development of a recovery plan to support the delivery of the Urgent Care system
- Implement a web based tool to understand demand, blockages

- Investment in interventions that focus on community based solutions to support individuals requiring support pre A&E attendance
- Rapid support to prevent admission or facilitate discharge
- Development of outcomes based approach to commissioning of urgent care providers to incentivize prevention of admissions

Acute Care

- Review of thirty of the Wye Valley Trust's services.
- Generation of new ideas for service change from clinical staff around referral processes and use of primary care as a setting for specialist care
- Development of prioritisation framework for review process identified.
- Phase 1 and Phase 2 reviews agreed with key components, (including external reviews), integration for community and primary are and internal review.

Herefordshire Council

Meeting:	**Health & Wellbeing Board**
Meeting date:	**15th September 2015**
Title of report:	**Better Care Q1 Data Submission**
Report by:	**Better Care Lead**

Classification

Open

Notice has been served in accordance with Part 2, Section 5 (Procedures Prior to Private Meetings) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (Regulations) 2012.

Key Decision

This is not an executive decision.

Wards Affected

Countywide

Purpose

- To inform the Health & Wellbeing Board of progress made against our Better Care Plan.
- Seek retrospectively approval for the submission of Herefordshire's Q1 report to NHS England detailing our current financial and operational performance against our Better Care plan.

Recommendation(s)

THAT:

(a) The Board reviews and notes the current performance against plan; and

(b) The Board retrospectively approves the submission

Alternative options

1 There are no alternative options as this report has already been submitted to NHS England due to the submission deadline being 2 weeks ahead of this H&WB meeting.

Reasons for recommendations

2 Under Better Care's governance structure the Health and Wellbeing Board is responsible for agreeing the Better Care Fund plan and for overseeing delivery through quarterly reports from the Joint Commissioning Board. This report is part of Better Care's overall progress update to the Health & Wellbeing Board, informing of progress made against plan and the data we submit to NHS England. We are also mandated by NHS England to ensure that the Health & Wellbeing approve all data submissions, even if the approval is retrospective.

Key considerations

3 **Pooled Budget:** A key part of our Better Care Plan is a £39,778k pooled budget managed by the Joint Commissioning Board via a Section 75 Agreement signed by the Council and CCG. This pooled budget is designed to improve integrated commissioning across Herefordshire's Health & Social Care system, developing preventative approaches and integrated health and social care pathways.

4 **National Conditions:** We are mandated to ensure the following National Conditions are met as part of our Better Care Plan:

a. Minimum Protection of Social Care

b. Implement 7 day working across Health & Social Care

c. Implement Data Sharing (shared record) across all Health & Social Care providers

d. Implement integrated care planning across the system

e. Agreement on the managing consequential impact of changes to the Acute

5 **Income & Expenditure (I&E):** During the Better Care planning process regions were invited to add additional funding to their pooled budgets over and above those mandated. Our original BCF plan included an estimate for the additional pooled fund as final budgets had not been confirmed by LA or CCG. The final agreed amount was £39,778k which represents a reduction of £7,812k from the submission. The income profile reflects the revised plan and adjustment for DFG and social care grants which are received in single amounts in Q1 / Q2 respectively. All other income even profile across quarters. We are reporting pressure due to additional Continuing Health Care (CHC) placements above revised plan that were identified in July. This follows a reassessment, undertaken by the Council, of those people in residential care but who have complex needs and subsequently reassessed as needing CHC. The total risk is estimated at £900k for the pool to be managed in accordance with risk share arrangements. Mitigating actions are underway to address this pressure.

6 **Payment for Performance Target (P4P):** Our Better Care Plan states our target to achieve a 1.5% reduction in Non-elective Admissions to Hospital (NEL). Achievement of this target results in a payment for performance (P4P) amount to be transferred from CCG Budget previously used to fund resilience payments, to the Pooled Fund to finance proactive preventative approaches to keep people out of hospital. We have consistently achieved this target and therefore a payment of £ 231,477 has been approved from the CCG budget to the pooled fund.

7 **Local Performance Metric and Local Defined Patient Experience Metric:** Each region is invited to manage two locally controlled metrics:

Patient Experience: This is a problematic measure nationally as most qualitative surveys are annual, making it difficult for to assess the ongoing qualitative impact of agreed changes to health and social care services and processes. Due to the prohibitive cost of conducting monthly surveys the intention was to use the Friends & Family Test (FFT) survey, suitably modified, once it was announced that the Department of Health were developing it to allow local changes to be made. As it is, FFT cannot be used for integrated working as it is currently health oriented. We are now exploring with DH using modified questions via the FFT.

Reduction in Fall Related Admissions (Local measure): We started off with a local measure in our plan of '% of Ambulance attendances for falls that were admitted to hospital' but with no obvious cohort so this was subsequently changed into '% of Ambulance attendances for falls that were admitted to hospital, **aged 65+**'. However we have realised that using a percentage was a self-defeating measure as we are also targeting to reduce the number of overall ambulance attendances, so the measure is being changed to '**Number** of ambulance attendances for falls that were admitted to hospital, aged 65+'.

8 **Additional Targets:** Although not listed in this submission there are a number of additional targets that also have to be met but don't result in additional payment for performance, these are reported via the Better Care Highlight Report:

- Reduction in Permanent Admissions to Residential & Nursing Homes
- Improvement in Older People at Home 91 days after Reablement
- Reduction in Delayed Transfer of Care From Hospital to Reablement

Community impact

9 The Herefordshire Better Care Plan is linked to the Health & Wellbeing Strategy and JSNA where demographic data and objectives are used to underpin ongoing development work. An example of this is the development of a new Care Home Strategy which also has links to the Herefordshire Older People's Housing Strategy and Pathway and Housing and Support Needs of Older People in Herefordshire (2012) plus updates.

10 Engagement with the general public, charities and Third Sector bodies and will be essential to fully understand local needs as we integrate services.

Equality duty

No impact

Financial implications

Both Herefordshire Council and the CCG (HCCG) are facing challenging financial pressures which is severely hampering ongoing decision making, development and investment into our Better Care Plan. An example of this is the Shared Record solution where existing IT systems are linked together to share essential patient/service user care data to enable informed assessment, care planning and management as part of new multi-disciplinary team care provision to vulnerable people; without investment this essential programme is stalling.

Legal implications

There are no legal implications associated with the submission of this report.

An essential part of Better Care development work will be to ensure consultation and involvement with service users/patients and the general public on any decommissioning or disinvestment decisions it may need to consider in light of the financial challenges the health and social care system faces.

Risk management

The main risk around approval of this report are potential challenges from NHS England on the financial content in that we have changed our pooled fund target twice since our original submission. This may result in a challenge from NHS England but this is thought to be a remote possibility as all regions are facing very similar financial pressures. Also we have stated that we are developing mitigating actions to counter the effects of the latest CHC pressure on the pooled fund.

Consultees

All development work will involve a large degree of consultation with affected staff and representatives from the public, charities and third sector organisations.

Appendices

BCF Quarterly Data Collection Template Q1 15-16 Final – Herefordshire.xls (excel spreadsheet)

Background papers

- None identified.

Cover and Basic Details
Q1 2015/16

Health and Well Being Board	Herefordshire, County of

completed by:	Michael Jones
E-Mail:	mike.jones@herefordshire.gov.uk
Contact Number:	07766 917983
Who has signed off the report on behalf of the Health and Well Being Board:	Helen Coombes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	24
4. Non-Elective and P4P	5
5. I&E	21
6. Local metrics	18
7. Understanding Support Needs	13
8. Narrative	1

Budget Arrangements

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

Q1 2015/16

Budget arrangements

Have the funds been pooled via a s.75 pooled budget?	Yes
If it has not been previously stated that the funds had been pooled can you now confirm that they have?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question which is pre-populated, the data is from the Q4 data collection previously filled in by the HWB.

National Conditions

Please sele
Yes
No
No - In Pro

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

Q1 2015/16

National Conditions

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include a date **and** a comment in the box to the right

Condition	Please Select (Yes, No or No - In Progress)	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	Comment
1) Are the plans still jointly agreed?	Yes		
2) Are Social Care Services (not spending) being protected?	Yes		At the same level as 14/15
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress	01/12/2015	There are areas providing 7 day support across the system but not fully integrated yet. Care Co-ordination Centre to be implemented end of 2015. Additional Complex Discharge Co-ordinator at weekends from September 2015.
4) In respect of data sharing - confirm that:			
i) Is the NHS Number being used as the primary identifier for health and care services?	Yes		
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	No - In Progress	01/12/2015	Protocol has been developed but final sign-off required - Check Adrian Sowyer
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress	01/12/2015	Yes in some areas; rest being worked up. Community Services redesign being implemented.
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes		

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)
Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number
The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector
Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Better Care Fund Revised Non-Elective and Payment for Performance Calculations

Selected Health and Well Being Board: Herefordshire, County of

	Baseline				Plan				Actual							Planned Absolute Reduction (cumulative) [negative values indicate the plan is larger than the baseline]				Maximum Quarterly Payment				Performance against baseline				Suggested Quarterly Payment						
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	% change [negative values indicate the plan is larger than the baseline]	Absolute reduction in non elective performance	Total Performance Fund Available	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Total Performance fund	Total Performance and ringfenced funds	Q4 Payment locally agreed
D. REVALIDATED: HWB version of plans to be used for future monitoring.	4,376	4,248	4,243	4,528	4,311	4,182	4,178	4,462	4,108	4,072			1.5%	262	£462,954	65	131	196	262	£114,855	£116,622	£114,855	£116,622	268	176			£114,855	£231,477			£462,954	£3,380,000	£114,855

Which data source are you using in section D? (MAR, SUS, Other)	SUS
Cost per non-elective activity	£1,767

If other please specify

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Quarterly payment taken from above	£114,855	£231,477		
Actual payment locally agreed	£114,855	£231,477		

If the actual payment locally agreed is different from the quarterly payment taken from above please explain in the comments box (max 750 characters)	

	Total Payment Made			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Suggest amount of unreleased funds	£0	-£114,855		
Actual amount of locally agreed unreleased funds	£0	-£114,855		

	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Confirmation of what if any unreleased funds were used for (please use drop down to select):	not applicable	not applicable		

Footnotes:

Source: For the Baselines, Plans, data sources, locally agreed payment and cost per non-elective activity which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs as at 10am on 6th August 2015. Please note that the data has not been cleaned and limited validation has been undertaken.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Herefordshire, County of

Income

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£10,471,500	£10,095,500	£9,605,500	£9,605,500	£39,778,000	£47,590,000
	Forecast	£10,526,900	£10,235,500	£9,734,500	£10,208,300		
	Actual*	£10,526,900					

Please comment if there is a difference between the total yearly plan and the pooled fund	The original BCF plan included an estimate for the additional pooled fund as final budgets had not been confirmed by LA or CCG. The final agreed but was £39778k a difference of £7,812k from the submission. Income profile reflects revised plan and adjustment for DFG and social care grants which are received in single amountsin Q1 / Q2 respectively. All other income even profile across quarters.

Expenditure

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Total Yearly Plan	Pooled Fund
Please provide , plan , forecast, and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£9,944,500	£9,944,500	£9,944,500	£9,944,500	£39,778,000	£47,590,000
	Forecast	£9,758,600	£10,170,200	£10,409,200	£10,367,200		
	Actual*	£9,758,600					

Please comment if there is a difference between the total yearly plan and the pooled fund	As for income. Expenditure profile for DFG and social care capital does not match lump sum grant income receipts. Currently forecasting expenditure pressure re CHC placements in additional pool. To be jointly funded through risk share arrangements.

Commentary on progress against financial plan:	Pool 2 reporting pressure due to additional CHC placements above revised plan - identified in July. Total risk estimated at £900k for the pool to be managed in accordance with risk share arrangements. Mitigating actions underway to address pressure

Footnote:

Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a Q4 collection previously filled in by the HWB.

Local performance metric and local defined patient experience metric

Selected Health and Well Being Board:	Herefordshire, County of

Local performance metric as described in your approved BCF plan	Virtual Ward
Is this still the local performance metric that you wish to use to track the impact of your BCF plan?	No
If the answer is no to the above question please give details of the local performance metric being used (max 750 characters)	As in the approved Plan the local measure is Reduction in Fall Related Admissions

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local performance metric plan and actual	22	16	16	16	23	16		

Please provide commentary on progress / changes:	We started off with a local measure in our plan of '% of Ambulance attendances for falls that were admitted to hospital' but with no obvious cohort so this was subsequenyly changed into '% of Ambulance attendances for falls that were admitted to hospital, aged 85+' . However we have realised that this is a selkf-defeating measure as we are also targeting to reduce the number of ambulance attendances, so the measure is being changed to 'Number of ambulance attendances for falls that were admitted to hospital, aged 65+'.

Local defined patient experience metric as described in your approved BCF plan	Customer satisfaction / user experience annual survey.
Is this still the local defined patient experience metric that you wish to use to track the impact of your BCF plan?	Yes
If the answer is no to the above question please give details of the local defined patient experience metric now being used (max 750 characters)	

	Plan				Actual			
	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16
Local defined patient experience metric plan and actual:	82	83	83	83	0	0		

Please provide commentary on progress / changes:	Our intention was to use the Friends & Family Test survey, suitably modified, and we were told DH were developing it to allow local changes to be made. We are now exploring using modified questions via the FFT.

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Support requests

Selected Health and Well Being Board:	Herefordshire, County of

Which area of integration do you see as the greatest challenge or barrier to the successful implementation of your Better Care plan (please select from dropdown)?	3.Developing underpinning integrated datasets and information systems

Please use the below form to indicate whether you would welcome support with any particular area of integration, and what format that support might take.

Theme	Interested in support?	Preferred support medium	Comments - Please detail any other support needs you feel you have that you feel the Better Care Support Team may be able to help with.
1. Leading and Managing successful better care implementation	Yes	Workshops or other face to face learning opportunities	Best practice internal and external communication
2. Delivering excellent on the ground care centred around the individual	Yes	Case studies or examples of good practice	
3. Developing underpinning integrated datasets and information systems	Yes	Peers to peer learning / challenge opportunities	Specific need is overcoming the financial hurdle faced by partners
4. Aligning systems and sharing benefits and risks	No		
5. Measuring success	Yes	Case studies or examples of good practice	Especially measuring Patient Experience across tye health & social care using the Friends and Family survey
6. Developing organisations to enable effective collaborative health and social care working relationships	Yes	Peers to peer learning / challenge opportunities	With a focus on gaining buy in across system leaders and especially middle management

Narrative

Selected Health and Well Being Board:

Herefordshire, County of

Data Submission Period:

Q1 2015/16

Narrative	Remaining Characters	32,407

Please provide a brief narrative on overall progress in delivering your Better Care Fund plan at the current point in time with reference to the information provided within this return where appropriate.
Both Scheme projects are making satisfactory progress but optimal implementation will be hampered by the lack of Shared Record due to financial pressures on partners affecting progress of the Information Sharing programme. Financial pressures across the system are severly hampering ongoing decision making, development and investment into our Better Care Plan