

AGENDA

Health and Wellbeing Board

Date: **Tuesday 20 March 2012**

Time: **3.00 pm**

Place: **Council Chamber - Brockington**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman

Councillor PM Morgan

Dr Sarah Aitken
Jacqui Bremner
Peter Brown
Chris Bull
Jo Davidson
Claire Keetch
Jo Newton
Dr Andy Watts
Mr Martin Woodford

Interim Director of Public Health
Local Involvement Network
Herefordshire Business Board
Chief Executive Herefordshire Public Services
Director for People's Services
Third Sector Board
Chairman NHS Herefordshire (PCT) Board
Chair - Clinical Commissioning Group
Chief Executive - Wye Valley NHS Trust

GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS

What is a personal interest?

You have a personal interest in a matter if that matter affects the well-being or financial position of you, your relatives or people with whom you have a close personal association more than it would affect the majority of other people in the ward(s) to which the matter relates.

A personal interest can affect you, your relatives or people with whom you have a close personal association positively or negatively. If you or they would stand to lose by the decision, you should also declare it.

You also have a personal interest in a matter if it relates to any interests, which you must register.

What do I need to do if I have a personal interest?

You must declare it when you get to the item on the agenda headed "Declarations of Interest" or as soon as it becomes apparent to you. You may still speak and vote unless it is a prejudicial interest.

If a matter affects a body to which you have been appointed by the authority, or a body exercising functions of a public nature, you only need declare the interest if you are going to speak on the matter.

What is a prejudicial interest?

You have a prejudicial interest in a matter if;

- a) a member of the public, who knows the relevant facts, would reasonably think your personal interest is so significant that it is likely to prejudice your judgment of the public interest; and
- b) the matter affects your financial interests or relates to a licensing or regulatory matter; and
- c) the interest does not fall within one of the exempt categories at paragraph 10(2)(c) of the Code of Conduct.

What do I need to do if I have a prejudicial interest?

If you have a prejudicial interest you must withdraw from the meeting. However, under paragraph 12(2) of the Code of Conduct, if members of the public are allowed to make representations, give evidence or answer questions about that matter, you may also make representations as if you were a member of the public. However, you must withdraw from the meeting once you have made your representations and before any debate starts.

AGENDA

		Pages
1.	APOLOGIES FOR ABSENCE To receive apologies for absence.	
2.	NAMED SUBSTITUTES (IF ANY) To receive any details of Members nominated to attend the meeting in place of a Member of the Committee.	
3.	DECLARATIONS OF INTEREST To receive any declarations of interests of interest by Members in respect of items on the Agenda.	
4.	MINUTES To approve and sign the Minutes of the meeting held on 17 January 2012.	1 - 6
5.	HEALTH AND WELLBEING STRATEGY 2012/13 To ask the Health and Wellbeing Board to agree the Health and Wellbeing Strategy 2012/13 and supporting recommendations.	7 - 54
6.	PUBLIC HEALTH TRANSITION PLAN To receive the Public Health Transition Plan	55 - 82
7.	LOCAL NHS PLANNING To outline to and update the Health and Well-being Board (HWBB) on the Herefordshire Healthcare Commissioning Consortia Operational Plan (HHCC) and the PCT Cluster Integrated System Plan.	83 - 94
8.	UPDATE ON PROGRESS OF NATIONAL LEARNING SET ON GOVERNANCE To consider issues emerging from the national learning set on governance.	95 - 100
9.	HEREFORDSHIRE PUBLIC SERVICES UPDATE To receive an update on Herefordshire Public Services.	101 - 108
10.	HEALTH AND WELLBEING BOARD WORK PLAN To consider the current Work Plan	109 - 114
11.	FUTURE MEETINGS The following meetings have been scheduled: Tuesday, 17 April 2012, 3.00 pm (workshop) Tuesday, 15 May 2012, 2.00 pm	

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- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
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HEREFORDSHIRE COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Council Chamber - Brockington on Tuesday 17 January 2012 at 4.00 pm

Present: Councillor PM Morgan (Chairman)

Dr S Aitken, Ms J Bremner, Mr P Brown, Mrs J Davidson, Mrs C Keetch and Mrs J Newton, DR I Tait, Mr D Taylor

Also in attendance: Superintendent C Hill

In attendance: Councillors JLV Kenyon and PJ McCaull
Officers: S Collings (Associate Director of Information – NHS Herefordshire)
P Granthier (Head of Commissioning (Children’s Services)), B Hanford - West Mercia Director of Finance & Chief Finance Officer, Dr A Merry (Consultant – Public Health and Dental Public Health), C Wichbold MBE (Grants and Partnership Officer), and T Brown (Democratic Services).

23. APOLOGIES FOR ABSENCE

Apologies were received from Mr C Bull, Dr A Watts and Mr M Woodford.

24. NAMED SUBSTITUTES

Dr I Tait substituted for Dr A Watts and Mr D Taylor for Mr C Bull.

25. DECLARATIONS OF INTEREST

There were none.

26. MINUTES

RESOLVED: That the Minutes of the meeting held on 18 October 2011 be confirmed as a correct record and signed by the Chairman.

27. ALCOHOL HARM REDUCTION STRATEGY - UPATE

The Board was invited to note progress and next steps in developing the Alcohol Harm Reduction Strategy.

The Consultant in Public Health & Dental Public Health presented the report.

In discussion the following principal points were made:

- That having undertaken considerable work to assess need it was essential that the Strategy due to be presented to the Board in March contained an action plan setting out clearly defined outcomes and the benefits that would result.
- It was also emphasised that there needed to be a focus on delivery. There was a tendency for action plans to set out numerous outcomes that were aspirational and not

delivered. There was merit in selecting three key actions and ensuring that these were delivered.

- It was noted that the Herefordshire Partnership Executive Group had been working on community budgets to establish what additional action was possible through joined up working. It was suggested that the proposed action plan should take account of locality budgeting.
- It was noted that the single, unified Strategy would be developed on the basis that pooled resources from Partners would contribute to the shared aims.
- That consideration should be given to how to assess the extent to which the Board's system leadership had achieved better outcomes.

RESOLVED: That progress made to date in bringing workstreams together and next steps in developing a single, unified Alcohol Harm Reduction Strategy for Herefordshire be noted.

28. HEREFORDSHIRE'S CHILD POVERTY STRATEGY 2011-2015

The Board considered the Child Poverty Strategy.

The Head of Commissioning (Children's Services) presented the report inviting comments from the Board prior to the Strategy's submission to Cabinet.

She emphasised the importance of developing the Strategy, noting that the most recent statistical information was for 2009 and showed an increase in those living in poverty compared with 2008. There was every reason to expect that in the current economic climate the numbers living in poverty would continue to increase. There were also huge differences between geographical locations in the County. She drew attention to an extract from a Government Statement from 2010 on the detrimental effects of poverty.

In discussion the following principal points were made:

- Members of the Board made a number of observations on the Strategy as set out in the resolution below.
- It was observed that there was plentiful information available demonstrating where issues needed to be addressed. Co-ordinating efforts by Partner agencies, and for example providing a single lead professional as a point of contact for each relevant family along the "no wrong door approach" being developed in localities, would have a greater impact. This was an area where the Board could make a significant contribution.
- It was also noted that improved information sharing between partners remained key. Whilst a number of protocols had been developed between partners there was still a reluctance to share information to the necessary extent between individual partners and between all partners as a whole. Information sharing was essential to the development of the Integrated Needs Assessment. It was proposed that the Herefordshire Partnership Executive Group should be requested to consider information sharing arrangements as a matter of priority.
- It was confirmed that schools had been engaged in the development of the Child Poverty Strategy and further work was being undertaken to develop engagement.

- The need for the Board to focus on a few key actions and ensure their delivery, without neglecting its overall role, was again emphasised.

RESOLVED:

That (a) the following observations be made on the Child Poverty Strategy:

- **the Strategy should include reference to the third sector as one of the main partners for delivery and sources of information;**
 - **the Strategy should include reference to the police service and the probation service as key partners for delivery and sources of information;**
 - **the Strategy should refer to the importance of income maximisation and the association between disability and low income;**
 - **The Strategy should highlight the importance of seeking legal advice on debt management;**
 - **The Strategy should include reference to the importance of childhood oral health and access to dental care; and**
 - **The importance of access to Services, recognising the costs of travel for the rural population;**
- (b) a progress report be requested from the Children and Young People's Forum on the key priorities upon which they considered most effort should be focused to deliver measurable improvement in 2012/13;**
- (c) HPEG be requested to consider information sharing arrangements as a matter of priority, noting their importance to the development of the Integrated Needs Assessment; and**
- (d) it be confirmed that the Board members are key leaders in ensuring the Strategy is considered in all aspects of Herefordshire Public Services work and in enabling delivery of the Strategy.**

29. HEREFORDSHIRE HEALTH-CARE COMMISSIONING CONSORTIUM - SYSTEM PLANNING

The Board received presentations on the development of the 2012/13 system plan from the West Mercia Director of Finance & Chief Finance Officer and the Associate Director of Information – NHS Herefordshire.

Copies of the presentations have been placed on the Minute Book.

In discussion the following principal points were made:

- The importance of focusing on the whole health and social care system (both clinical and non-clinical) including public health was emphasised. It was confirmed that the Clinical Commissioning Group fully recognised this point.

- That there needed to be a clear shared understanding of when significant decisions would need to be taken during the commissioning cycle in the forthcoming year. The commissioning proposals would need to be consistent with the Integrated Needs Assessment.
- That it was important amidst the high level discussion of strategies to retain a focus on making a difference and taking every opportunity to work together effectively.
- That the West Mercia Cluster recognised that Herefordshire faced the most significant demographic and financial challenges within its area. It also recognised that the scope for commissioning change depended on the resources available.
- That rather than having three separate commissioning processes for a patient, working together would bring efficiencies.
- The Older Peoples Plan would need to set out what it was proposed to achieve and how everyone could make their contribution. The Plan would need to be considered by the Board to enable it to exercise its system leadership role as required.
- That it was important to simplify everything as far as possible.

The Board noted that further reports would be made on these issues.

30. PUBLIC HEALTH TRANSITION UPDATE

The Board received an update on action to implement the Public Health reforms for Herefordshire.

The Director of Public Health reported that a number of policy documents essential to undertaking detailed transition planning were unavailable. Information was also awaited on what the public health budget would be and the outcomes framework.

The Board considered that the absence of guidance on the transfer of public health responsibilities to local authorities, was not helpful and representations should be made to the Chairman of the West Mercia PCT Cluster on this significant matter.

RESOLVED: That representations should be made to the Chairman of the West Mercia PCT Cluster expressing the Board's concern about the absence of guidance on the transfer of public health responsibilities to local authorities.

31. HEALTH AND WELLBEING STRATEGY 2012/13 ENGAGEMENT PLAN

The Board noted that Inlogov would be facilitating work between the Board, Clinical Commissioning Consortium and Commissioning leads in the Council to produce the Integrated Needs Assessment.

It was suggested that it would be useful to identify some real case studies as a practical way of testing whether actions of the Board were having an effect. It was agreed that Members of the Board should be invited to provide suitable case studies.

RESOLVED: Members of the Board should be invited to provide suitable case studies relating to the Board's three priority areas (Children, alcohol and older people) that could be used to inform the Integrated Needs Assessment and would enable the Board to test the effectiveness of service delivery and the difference actions of the Board were making.

32. HEALTH AND WELLBEING BOARD WORK PROGRAMME

The Board noted the Work Plan.

33. FUTURE MEETINGS

The Board noted the list of scheduled meetings.

The meeting ended at 6.20 pm

CHAIRMAN

MEETING:	HEALTH AND WELLBEING BOARD
DATE:	20 MARCH 2012
TITLE OF REPORT:	HEALTH AND WELLBEING STRATEGY 2012/13

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To ask the Health and Wellbeing Board to agree the Health and Wellbeing Strategy 2012/13 and supporting recommendations

Recommendations

THAT:

- (a) the Health and Wellbeing Strategy 2012/13 be agreed subject to final comment and suggestions;
- (b) the Health and Wellbeing Board work programme for 2012/13 should be informed by the Health and Wellbeing Strategy 2012/13 and have regard to priorities, commissioning cycles and development of the new NHS architecture;
- (c) an adult services subgroup of the Health and Wellbeing Board be set up;
and:
- (d) a Population Health Improvement Strategy 2013-16 be developed.

Key Points Summary

The Health and Wellbeing Strategy 2012/13 focuses on three priority areas:

- Children under five years of age;
- Alcohol harm reduction; and
- Older people.

Further information on the subject of this report is available from
Dr Sarah Aitken, Interim Director of Public Health on (01432) 260668

How will your report meet the vision and guiding principles of the HWBB?

1 The vision and guiding principles form a key part of the Health and Wellbeing Strategy 2012/13 and are enshrined in the document itself.

Reasons for Recommendations

2 The Health and Wellbeing Strategy has been identified as a key priority for the Health and Wellbeing Board.

Introduction and Background

3 The need for a Health and Wellbeing Strategy 2012/13 was agreed at the Health and Wellbeing Board in October 2011. The Strategy for 2012/13 needs to be implemented in April 2012 and therefore must be approved before this date.

Key Considerations

4 The Health and Wellbeing Strategy 2012/13 is the key strategic document for the Health and Wellbeing Board. It will be used to measure outcomes which will have an impact on the health and wellbeing of the county's population. The Strategy links to other Herefordshire Public Services key strategies which are listed for each of the priority areas.

Community Impact

5 The Health and Wellbeing Strategy will involve a range of key partners to delivery the outcomes set out in the strategy. These partners have been identified in the strategy for each of the priority areas.

Equality and Human Rights

6 The Strategy pays regard to the public sector equality duty by identifying priority groups for support and the means by which services can be provided, and outcomes to measure the work to be undertaken.

Financial Implications

7 The actions identified in the Strategy form part of work programmes for Herefordshire Public Services and are commissioned appropriately with the financial implications considered for each action.

Legal Implications

8 None

Risk Management

9 Consideration should be given to:

- a. What are the risks to the Health and Wellbeing Board if the proposals in the report are agreed; and how do you intend to manage these risks?

The Health and Wellbeing Board will have an agreed reporting mechanism for each of the

priority areas on a six monthly basis to provide updates on progress in relation to the outcomes attached to each priority. There are a set of national outcome frameworks for which indicators and measures have been agreed, and these, together with locally agreed outcomes, will act as the performance targets.

- b. What are the risks to the Health and Wellbeing Board if the proposals in the report are declined; and how do you intend to manage these risks?

If the agreement of the 2012/13 Health and Wellbeing Strategy is delayed it will delay the development of the Health and Wellbeing Board which needs to be ready to take on the system leadership function when NHS Herefordshire ceases to exist in April 2013 (subject to the passage of the Health and Social Care Bill through parliament).

Consultees

- 10 Consultation on the development of the Health and Wellbeing Strategy has been undertaken through the Health and Wellbeing Board meetings and workshops which are held on a monthly basis.

Appendices

- 10 Appendix 1 Health and Wellbeing Strategy 2012/13

Appendix 2 Strategic Delivery Plan for Transforming Adult Services 2012-2015

Appendix 3 Integrated Alcohol Harm Reduction Strategy (enclosed separately)

Background Papers

None identified

Herefordshire Health and Wellbeing Board

Health and Wellbeing Strategy 2012/13

Vision and guiding principles

Vision: Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.

Overall outcome: To increase healthy life expectancy, and reduce differences in life expectancy and healthy life expectancy between communities.

Principle 1

People should be responsible for their own health and wellbeing, and should try to stay fit, well and independent for as long as possible. Herefordshire Health and Wellbeing Board and its partners recognise, actively promote and support the contribution made by family, friends, the community and other services in helping people to achieve good health and wellbeing, with support from professional services when required.

Principle 2

People can do many things to help themselves and their families to stay healthy, but there will be times when extra support is required. Information and advice will be available from a wide range of sources, easily and quickly, when and where people need it, so that they can make informed decisions about what they need to do to remain healthy.

Principle 3

Herefordshire Health and Wellbeing Board and its partners will work together to provide a unified service for everyone, through consistently good quality shared care and managed networks. Services will be financially viable, safe and sustainable and affordable for everyone, making use of both public funds when required, and people's own funds if they are able to pay.

Principle 4

Publicly funded services will be delivered in conjunction with the resources of family, friends and their community to ensure the right service, at the right place at the right time. The Health and Wellbeing Board will facilitate the provision of care as close to home as possible and ensure easy access to acute hospital services when needed. Services will protect people's safety, independence and dignity. Appropriate support will be provided for people when in hospital or a residential home to encourage a return to independence wherever possible. When required, long term and end of life care will be dignified and caring.

Principle 5

There are differences in people's health and wellbeing that start in the womb and accumulate throughout life. Health outcomes are worse for people from more deprived areas and it is important to work with people throughout their lives to improve their healthy life expectancy. A vital part of this is sustaining a healthy workforce for the county. There are wide influences on health and wellbeing and these must be acknowledged and built into all decision making by Herefordshire Health and Wellbeing Board and its partners.

Principle 6

The ladder of intervention framework provides a means of integrating lifestyle and enforcement action into a single strategy for improving health and wellbeing for the people of Herefordshire. This framework will be used by Herefordshire Health and Wellbeing Board and its partners to address health and wellbeing issues across all sectors.

Principle 7

The Five Ways to Wellbeing (Connect, Be Active, Take Notice, Keep Learning, Give) will be used by Herefordshire Health and Wellbeing Board and its partners to support wellbeing in the county by enriching people's lives through cultural opportunities, altruism and volunteering.

DRAFT

My health and wellbeing: children under five years old





What are we aiming to achieve by 2015?

For every child in Herefordshire to have an equal chance of a healthy childhood and developing a healthy lifestyle for adulthood.

Strategic documents

Yes We Can Plan;
Child Poverty Strategy 2012-15;
Herefordshire Safeguarding Children Board Business Plan;
Herefordshire Health Improvement Plan;
Children with Disabilities Review;
West Mercia PCT Cluster Integrated System Plan;
CCG Operational delivery plan;
Public Health Transition Plan

Why is this important?

-  It is important to give every child the best start in life because early child development lays the foundation for the rest of children's lives, with the social gradient in health and wellbeing starting in the womb and accumulating through life. Action to reduce child poverty has close synergy with action to improve population health.
-  In Herefordshire we are not achieving the levels expected for children in early years settings. The average readiness for school of five year olds in Herefordshire in 2010/11 was significantly worse than average for England. The figures are now improving but we need to become excellent in our children's readiness for school.
-  Parenting is the biggest determinant of a child's readiness for school at age five, with the social gradient being strongly evident by age three.
-  A significant proportion of children with Child Protection Plans in Herefordshire are under 5.

What will we do between 2012 and 2015?

- We will implement the Children with Disabilities Review recommendations
- We will implement the Herefordshire Safeguarding Children Board business plan
- We will implement the Herefordshire Child Poverty Strategy, and in particular we will:
 - Increase support to all parents of children in the foundation years, with proportionately more support offered to parents of children with poor language development and/or behaviour problems and/or poor parent-child interaction.
 - Achieve full implementation of the Healthy Child Programme, with an emphasis on reducing the social gradient in health through county-wide implementation of the progression from 'universal' services to 'universal plus' and 'universal partnership plus'.
 - Continue with the expansion of the Health Visiting workforce which provides an opportunity to identify children with below average language development and/or poor behaviour and to provide or organise additional support to the child and parents to improve the child's readiness for school.

- Provide the offer of 15 hours per week free early education to 2 year olds from disadvantaged backgrounds giving an opportunity to reduce the social gradient in readiness for school.
- Commission a Family Nurse Partnership Programme in Herefordshire once the results of the current trial are reported in 2013.
- At school entry age, assess all children for their readiness for school and if necessary provide additional support to bring them up to the average for England, with intensive support provided for those children significantly below the English average.
- We will implement a failsafe system to improve childhood immunisation population coverage and achieve herd immunisation levels
- Review and change our family support arrangements to ensure they help parents improve outcomes for children at risk of falling behind.

Main partners for delivery:

Herefordshire Public Services – People’s Services Directorate; Economic, Environment and Cultural Services

Wye Valley NHS Trust

2Gether Foundation NHS Trust

Herefordshire Health Care Clinical Commissioning Group

West Mercia PCT Cluster and successor organisations

West Mercia Police

Parish Councils

Early Years settings, schools and colleges

Independent Third Sector partners


Community and voluntary organisations including carer organisations




How will we deliver?

Children and Young People’s Partnership Forum

Herefordshire Children’s Safeguarding Board

We will do the following in 2012-13

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
 Implement the Child Poverty Strategy actions relating to children 0-5;	March 2013	Children and Young People’s Partnership Forum

 Implement children with disabilities review recommendations relating to children 0-5	March 2013	Children & Young People's Partnership Forum
 Implement the Herefordshire Safeguarding Children Board Business Plan actions relating to children 0-5	March 2013	Herefordshire Safeguarding Children Board
 Undertake a review of Children's Centre and implement the findings	March 2013	
Public Health Outcomes framework	NHS outcomes framework	Education and social care outcomes framework
<ul style="list-style-type: none"> • <i>School readiness (Placeholder)</i> • Low birth weight of term babies • Breastfeeding • Smoking status at time of delivery • Under 18 conceptions • <i>Child development at 2-2.5 years (Placeholder)</i> • Excess weight in 4-5 and 10-11 year olds • Population vaccination coverage • Infant mortality • Tooth decay in children aged five 	<p>Reducing deaths in babies and young children</p> <p>1.1 .i Infant mortality*</p> <p>1.2 ii Neonatal mortality and stillbirths</p> <p>Preventing lower respiratory tract infections (LRTI) in children from becoming serious</p> <p>3.2 Emergency admissions for children with LTRI</p> <p>Improving the safety of maternity services</p> <p>5.5 Admission of full-term babies to neonatal care</p> <p>Delivering safe care to children in acute settings</p> <p>5.6 Incidence of harm to children due to 'failure to monitor'</p>	<p>NI72 % of children attaining a good level of development by the end of the Early Years Foundation Stage</p> <p>NI92 The gap between the lowest achieving 70% of children in the Early Years Foundation Stage profile and the rest.</p> <p>2% of eligible 2 year olds supported by early years provision</p>
Local outcomes	Local outcomes	Local outcomes
		<p>% of children under 5 with Child Protection Plans</p> <p>Number of children with personal budgets</p>

How the HWBB will influence the system:

Review and agree strategies

- Are they ambitious enough?
- Are they consistent with the Strategic Integrated Needs Assessment?
- Do they fit with HWBB priorities?
- How effective/integrated is the system/pathway?
- Where are the key challenges/risks?

Receive regular reports on the implementation of strategies linked to the HWB strategy:

- Twice yearly report
- Successes and disappointments
- Short and long term issues

DRAFT

My health and wellbeing: alcohol harm reduction

What are we aiming to achieve by 2015?

A reduction in alcohol related harm in Herefordshire

Strategic documents

Alcohol Harm Reduction Integrated Needs Assessment;

Alcohol Harm Reduction Strategy;

Herefordshire Health Improvement Plan;

West Mercia PCT Cluster Integrated System Plan;

CCG Operational delivery plan;

Public Health Transition Plan

Why is this important?

- ✚ Drinking alcohol when pregnant can permanently damage the baby's development (Foetal Alcohol Syndrome) and more young women are drinking harmful amounts of alcohol;
- ✚ In Herefordshire, there has been a 10% increase in alcohol-related hospital admissions every year since 2007-08 with a significant increase in people aged 20-24 years;
- ✚ It is estimated that the annual cost of alcohol related hospital admissions for Herefordshire residents is in the order of £5.5 million;
- ✚ A young person living in the most deprived quartile in Herefordshire is twelve times more likely to be admitted with an alcohol-specific condition than one living in the least deprived quartile;
- ✚ The increasing number of people who binge drink alcohol is causing harm to others as well as themselves through accidents, fights, antisocial behaviour and the knock on effect on the night time economy.

What will we do between 2012 and 2015?

We will implement the Herefordshire Integrated Alcohol Harm Reduction Strategy, in particular we will:

Monitor the current situation

- Coordinate data collection and monitoring of alcohol related risk and harm in Herefordshire across the lifecourse

Provide information

- Run social marketing campaigns as part of an overall multi-component strategic approach
- Through NHS frontline staff provide Opportunistic Brief Advice about sensible alcohol consumption
- Reduce the supply of alcohol to young/vulnerable persons through engaging and educating parents/carers and the young people themselves

- Develop a media package to be used in the delivery of community resolution for alcohol related offences and incidents

Enable choice and support people to change their behaviour

- Provide services to support people to reduce their alcohol consumption and ensure an integrated service pathway is available from tier 1 to tier 4.

Guide choice through changing the default choice

- Provide free fresh drinking water in pubs and clubs as an alternative to alcohol.

Guide choice through incentives

- Work with Hereford against Night-time Disorder (HAND) and Ledbury Against Night-time Disorder (LAND) to encourage the development of incentives for licensed premises

Guide choice through disincentives

- Strengthen joint planning activity/planning notices
- Continue to use Expedited Licence Reviews for licensed premises in breach of Licensing Objectives

Restrict choice

- Explore working with local/national retailers to encourage sensible in-store placement of alcohol to discourage hazardous, harmful and binge drinking
- Undertake intelligence-led local enforcement, including spot checks, for under age sales at off-licence and on-licence premises, moving towards regular, frequent and comprehensive inspections
- Undertake surveillance of licensed premises in relation to sales to intoxicated customers and where appropriate request that the Police undertake a licensing review
- Promote a sensible drinking culture in Herefordshire through the use of Cumulative Impact Zone powers including a review of existing requirements regarding density of outlets and proximity of outlets to key settings.

Eliminate choice

- Explore opportunities to restrict opening times by bringing the terminal hour (closing time) forward to 2am through the anticipated changes to the Licensing Act 2003.

Main partners for delivery:
<p>Herefordshire Public Services - Health and Wellbeing; Customer Services and Communications; Children and Young People's Services</p> <p>Wye Valley NHS Trust</p> <p>2Gether Foundation NHS Trust</p> <p>Herefordshire Health Care Clinical Commissioning Group</p> <p>West Mercia PCT Cluster and successor organisations</p> <p>West Mercia Police</p> <p>Parish Councils</p> <p>Early Years settings, schools and colleges</p> <p>Independent Third Sector partners</p> <p>Community and voluntary organisations including carer organisations</p>
How will we deliver?
<p>Alcohol Harm Reduction Group</p> <p>Community Safety Partnership (Herefordshire Partnership Executive Group)</p>

We will do the following in 2012-13:		
<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
<ul style="list-style-type: none"> Implement the Integrated Alcohol Harm Reduction Strategy 	April 2013	Alcohol harm reduction group
Public Health Outcomes framework	NHS outcomes framework	Social care outcomes framework
<ul style="list-style-type: none"> Domestic abuse (Placeholder) Violent crime (including sexual violence) (Placeholder) Alcohol-related admissions to hospital Mortality from liver disease 	1.3 Under 75 mortality rate from liver disease*	<p>Safeguarding: children with parents with an alcohol problem (hidden harm).</p> <p>See adult services plan for relevant outcomes for adults</p>
Local Outcomes	Local outcomes	Local outcomes

How the HWBB will influence the system:

Review and agree strategies:

- Are they ambitious enough?
- Are they consistent with the Strategic Integrated Needs Assessment?
- Do they fit with HWBB priorities?
- How effective/integrated is the system/pathway?
- Where are the key challenges/risks?

Receive regular reports on the implementation of strategies linked to the HWB strategy:

- Twice yearly report
- Successes and disappointments
- Short and long term issues

DRAFT

My health and wellbeing: older people

What are we aiming to achieve by 2015?

Working with people in Herefordshire to live independently and to be safe and well. We will do this by encouraging people and their communities to help themselves and, where necessary, ensuring access to advice, care and support which is financially sustainable, of high quality, timely, accessible and innovative.

Strategic documents

Public Health Transition Plan;

West Mercia PCT Cluster Integrated System Plan;

CCG Operational delivery plan;

Strategic Delivery Plan for Transforming Adult Services;

Strategic Delivery Plan for Adults;

Herefordshire Health Improvement Plan

Why is this important?

- The population of Herefordshire is 177,800 of which 24% of the population is over retirement age (compared to 19% nationally)
- It is predicted that the number of older people with dementia in Herefordshire will rise from 2,821 to 5,572 in 2030 an increase of 92%.
- Life expectancy for men is 77.6 years (compared with 76.9 for England) and for women is 82.4 years (compared with 81.1 for England)
- In Herefordshire the number of people over 65 is expected to rise by 18% in the next five years, whilst the number of people under 65 is expected to fall
- The number of people aged 85+, who have by far the greatest needs for health and social care, is expected almost to double in Herefordshire, from 5,200 in 2008 to 10,200 in 2026
- The rate of physical disability and mental health ill health among the adult population under 65 is predicted to remain virtually the same. (stable prevalence, no population growth until 2030). However, there is an increasing complexity of need.
- The rate of learning disability will increase slightly in numbers until 2030. However, within this the population of clients, their carers will age significantly and younger clients joining the cohort have more intense needs. In addition their carers have more expectations for independent living.
- Across the health and social care system there is an increase in expectations, and need. Current service and budget arrangements mean that the present pattern of spending and service delivery is unsustainable.

What will we do between 2012 and 2015?

- Across the health and wellbeing partnership of organisations implement the Strategic Delivery Plan for Transforming Adult Services, in particular we will:
- Work positively to ensure adults in Herefordshire have access to high quality universal services which help them to help themselves. This means people will only accessing specialist health and social care services when needed
- Promote access to universal services for those who are vulnerable and in hard to reach groups so that they are enabled to live life as normally as possible
- Develop approaches to housing which encourages investment in Herefordshire and meets the aspirations of local people to live in their own homes in older age
-
- Support adults and their communities to manage risks safely before they become an issue
- Improve care pathways for frail/older people so that emergency admissions are reduced and people are enabled to successfully either remain at home or return home
- Roll out assistive technology that will help more people in their own homes
- Improve the way dementia is diagnosed and then supported in communities

Main partners for delivery:

Herefordshire Public Services - People's Services Directorate (including Public Health), Place and Communities Directorate (including housing and leisure)

Wye Valley NHS Trust

2Gether Foundation NHS Trust

Herefordshire Health Care Clinical Commissioning Group

West Mercia PCT Cluster and successor organisations

West Mercia Police

Parish Councils

Early Years settings, schools and colleges

Independent Third Sector partners

Community and voluntary organisations including carer organisations

Private sector organisations

How will we deliver?

Adult Services sub group of the Health and Wellbeing Board

Herefordshire Adults Safeguarding Board

We will do the following in 2012-13		
Activity	Timescale	Lead
<ul style="list-style-type: none"> Implement strategic delivery plan for transforming Adult Services 	March 2013	Adult Services Sub-Group of the HWBB
Public Health Outcomes framework	NHS outcomes framework	Social care outcomes framework
<ul style="list-style-type: none"> Fuel poverty <i>Social connectedness (Placeholder)</i> <i>Older people's perception of community safety (Placeholder)</i> Falls and injuries in the over 65s <i>Emergency readmissions within 30 days of discharge from hospital (Placeholder)</i> Preventable sight loss <i>Health-related quality of life for older people (Placeholder)</i> Hip fractures in over 65s Excess winter deaths <i>Dementia and its impacts (Placeholder)</i> 	<p>1b Life expectancy at 75 i males ii females</p> <p>Enhancing quality of life for people with dementia <i>An indicator needs to be developed</i></p> <p>Improving the experience of care for people at the end of their lives</p> <p>4.6 An indicator to be derived from the survey of bereaved carers</p> <p>Improving recovery from fragility fractures</p> <p>3.5 The proportion of patients recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days</p> <p>Helping older people to recover their independence after illness or injury</p> <p>3.6 Proportion of older people (65 and over) who were i still at home 91 days after discharge into rehabilitation*** ii offered rehabilitation following discharge from acute or community hospital***</p> <p>5 Treating and caring for people in a safe environment and protecting them from avoidable harm</p>	<p>1A: Social care-related quality of life</p> <p>1B: The proportion of people who use services who have control over their daily life</p> <p>1C: Proportion of people using social care who receive self-directed support, and those receiving direct payments</p> <p>1D: Carer-reported quality of life</p> <p>2A: Permanent admissions to residential and nursing care homes, per 100,000 population</p> <p>2B: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>2C: Delayed transfers of care from hospital, and those which are attributable to adult social care</p> <p>3A: Overall satisfaction of people who use services with their care and support</p> <p>3B: Overall satisfaction of carers with social services</p>

		3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for
		3D: The proportion of people who use services and carers who find it easy to find information about services
		4A: The proportion of people who use services who feel safe
		4B: The proportion of people who use services who say that those services have made them feel safe and secure
Local Outcomes	Local outcomes	Local outcomes
<u>How the HWBB will influence the system:</u>		
<p>Review and agree strategies:</p> <ul style="list-style-type: none"> • Are they ambitious enough? • Are they consistent with the Strategic Integrated Needs Assessment? • Do they fit with HWBB priorities? • How effective/integrated is the system/pathway? • Where are the key challenges/risks? <p>Receive regular reports on the implementation of strategies linked to the HWB strategy:</p> <ul style="list-style-type: none"> • Twice yearly report • Successes and disappointments • Short and long term issues 		

February 2012

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2012-2015****Contents**

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Strategic Delivery Plan for Transforming Adult Services 2012-2015

1. Introduction

In Herefordshire we want people to have fulfilling lives with control over what is important to them. When we have to provide care and support we want these services to be safe, to afford people dignity and to enable people to continue to be part of their own communities.

People are living longer and in Herefordshire we expect the numbers of people over 85 to double by 2026. People are also living longer with long term conditions such as dementia and disabilities.

National policy drivers are very much about empowering communities to take control. The focus is on preventative services, reducing dependencies on state provided services and ensuring people can remain in their own homes and communities for as long as possible, leading healthy lives.

Herefordshire faces similar challenges to those described nationally. In addition to the ageing population there is a need for lifestyle changes to tackle issues such as obesity and the need to engage with people to deliver the changes needed.

We need to have systems and services that are sustainable and offer value for money for local residents, while giving people in Herefordshire choice and control of their lives.

This involves everyone, and all services. Much is already done by individuals, families and communities themselves. The Council and partners provide support and enable people to make choices for themselves. Adult social care plays an important part of our local delivery and represents 40% of the total council budget. The challenge to councils' budgets is very serious as settlements from central Government continue to reduce.

To achieve this we need to shift from providing high cost services such as residential care to supporting people to live in their own homes and communities as far as possible. We need to work with partners and communities to develop and maintain services to be available when people need support.

We want to work with the people of Herefordshire to reduce dependency and to be clear about what they can expect from the Council. We want people to always have access to high quality services to support them to be independent and formal health and social care services when they are assessed as needing them.

Our Delivery Plan is therefore not fixed until 2015. It is in a constant state of refinement and development as more people and partners become involved, we reassess priorities and the effectiveness of what we achieve together.

2. Vision and guiding principles

In Herefordshire our vision for health and well being is :

Working with people in Herefordshire to live independently and to be safe and well.

We will do this by encouraging people, and their communities, to help themselves and, where necessary, ensure access to advice, care and support which is financially sustainable, of high quality, timely, accessible and innovative.

We will deliver this vision by underpinning all our work with the following principles:

1. As people get older, or are less able, they can do things which will help themselves stay independent and well throughout their life.
2. Most people can, and should, be helped and supported by their family, friends and local community.
3. Communities are encouraged to help those that need support.
4. People are responsible, and where able to, should organise and pay for their own help to remain as independent and well as they can be.
5. The local authority and health community are responsible for ensuring that people and their families are able to get advice about things they can do to help themselves, and information about what is available to help them which they can pay for.
6. Where people are less able or become frail or ill, the local authority and the health community will ensure services are provided at home or as close to home as possible, including using the resources that the person's family, friends and local community can provide
7. Services will protect people's safety and independence with the emphasis on preventing deterioration in conditions where possible and/ or in ensuring a dignified and well-cared for end of life
8. Services for people are funded by the people themselves, or by all the tax payers of Herefordshire. So services will be arranged and funded so that they are sustainable and affordable in the short, medium and long term and of good quality
9. Local authority, health, private and voluntary sector services will work together so that people experience a unified, well run single set of services, even if they are provided by different organisations
10. People should require less treatment in hospital and less time in full time residential care through a well thought through community approach and organisations and people in Herefordshire will work together to make that a reality.
11. People should be able to make choices and keep control of their lives.
12. Within three years, Herefordshire should be one of the top performing authorities in terms of self-help; innovation; value for money; speed of assistance and safety

3. Herefordshire solutions

Herefordshire's Strategic Delivery Plan for Transforming Adult Services sets out the areas of work we will focus on for the next three years. Herefordshire Public Services and partners have been working on many of these areas for some time; however, this delivery plan is the mechanism for pulling them together into a coherent strategy focused on adults. This plan forms part of Herefordshire's approach to deliver the Health and Wellbeing Strategy and is an integral part of our joint work with the health sector, including the Clinical Commissioning Group. Importantly this delivery plan, along with the joint strategic needs assessment, enables others to think about what they can contribute and determine their own actions to enable adults to live independently for as long as possible, and to meet the needs of those that choose or require services and support. The solutions offered reflect national health and social care policy direction.

Localities

Herefordshire aims to coordinate and deliver services in partnership and on a locality basis. This delivery plan will enable localities to be at the heart of our collective approach. This may be through specific commissioning at a locality level, through the use of personalised budgets or local contracts. Where best value is achieved through commissioning at a larger scale, the delivery will wherever appropriate be at a local level. The plan is not set out with a section for each locality, as service delivery will vary according to local need and the plan establishes a whole county approach. However, specific initiatives will be taken forward at a locality level, and as we begin the life of this plan the Ageing Well initiative in Bromyard is an example of this.

4. Definitions

The law relating to Adult Social Care dates back to the National Assistance Act 1948 and since then there has been a plethora of additional legislation leading to complexities both for those delivering the services in interpreting the law and for those who receive services to fully understand their entitlements.

The Law Commission was tasked in 2008 to undertake a review Adult Social Care and published its report in May 2011.

This includes a definition of Adult Social Care as it currently stands

“Adult social care means the care and support provided by local social services authorities pursuant to their responsibilities towards adults who need extra support. This includes older people, people with learning disabilities, physically disabled people, people with mental health problems, drug and alcohol misusers and carers. Adult social care services include the provision by local authorities and others of traditional services such as care homes, day centres, equipment and adaptations, meals and home care. It can also extend to a range of so-called non-traditional services – such as gym membership, art therapy, life coaching, personal assistants, emotional support, and classes or courses. Adult social care also includes services that are provided to carers – such as help with travel expenses, respite care, and career advice. Finally, adult social care also includes the mechanisms for delivering services, such as assessment, personal budgets and direct payments.”

The government has announced that it will introduce legislation in 2012 to implement many recommendations of the Law Commission which will simplify the statutory

framework and be based on the overarching principle that the purpose of adult social care is to: “promote or contribute to the well-being of the individual. In effect, individual well-being must be the basis for all decisions made and actions carried out under the statute.”

The recommendations cover areas such as:

- Assessments
- Eligibility
- Carers assessments and eligibility
- Provision of services
- Adult protection
- Ordinary residence
- Health and Social Care divide

5. National Drivers

With the emphasis on prevention and early intervention, *Putting People First* set out the shared agreement between Government, Local Government and their partners for the transformation of adult social care. This has now been further strengthened by Think Local Act Personal with broadly similar aims and goals. The agenda clearly set out change in a number of key areas:

- The extension of choice and control to all citizens with care or support needs;
- The importance of information and advice for citizens with care or support needs, regardless of whether they are state funded or using their own resources;
- The importance of services that promote independence and prevent people needing ongoing care or support where this can be avoided;
- The importance of “universal services” in the lives of all citizens, especially those with care and support needs;
- The importance of all stakeholders working together to shape communities, with the needs of citizens at the centre;
- The continued importance of ensuring the cost effective delivery of services.

Use of Resources in Adult Social Care October 2009 set out the challenge to Local Authorities of self assessing effective use of their Adult Social Care resources. It recognises that some of “...the interventions which will lead to transformational reform for adult social care will take a minimum of five years to deliver” and presents a series of key questions to commence this process.

It refers to local authorities falling into two groups Careland and Communityland – the highest and lowest share of spending on residential and nursing care respectively. It suggests that an “excellent” authority should have a balance of services available with not more than 40% of its overall adult social care budget being spent on residential care.

A Vision for Adult Social Care November 2010 outlined the vision for a modern Social Care System which is built on seven principles:

- Prevention
- Personalisation
- Partnership
- Plurality
- Protection
- Productivity

- People

The direction is to empower citizens and communities and those who use services to develop a range of preventative and other support which will help to reduce isolation, improve health and wellbeing and better manage the demand for formal health and care. The vision is clear that none of this can be achieved in isolation and very much depends on working closely with partners and, importantly, communities.

Healthy Lives Healthy People November 2010 looked to tackle the wider social determinants of health. The White Paper was seen to complement *A Vision for Adult Social Care* in “emphasising more personalised, preventative services that are focussed on delivering the best outcomes for citizens and that help to build the Big Society”. It refers to “designing communities for active ageing and sustainability” making active ageing the norm.

In 2011 Department of Health undertook a consultation exercise *Caring for our Future* bringing together the Law Commission Review and the Dilnot report which considered future funding arrangement for those who needed care.

The feedback from the consultation focussed on

- sharing responsibility for improving the system,
- move to an approach which focuses on building individual and community assets,
- empowering people with choice and control through a universal offer for information, advice and care navigation for citizens balancing national and local information,
- re-balancing the social care market to encourage innovative and preventative action,
- develop integrated and transformational leadership underpinned by a quality workforce,
- strengthen the social care quality framework,
- pilot direct payments in residential homes,
- mainstream housing and planning into care planning,
- develop shared outcome measures based on the user/carer experience,
- and striking an appropriate regulatory environment for financial products

The feedback from the engagement is being used to understand the immediate and longer term priorities for social care reform, with Department of Health continuing to work with stakeholders to develop the policy recommendations to help them decide the approach to the Care and Support White Paper and to progress the report on funding reform, legislating at the earliest opportunity including many of the recommendations from the Law Commission Report.

6. Herefordshire Profile

This Strategic Delivery Plan for Transforming Adult Services has been informed by the Joint Strategic Needs Assessment, which is refreshed throughout the year and published annually. Further detailed statistics are also available on the [Facts and Figures website](#). Some of the significant issues facing Herefordshire include:

- The population of Herefordshire is 177,800 of which 24% of the population is over retirement age (compared to 19% nationally)
- It is predicted that the number of older people with dementia in Herefordshire will rise from 2,821 to 5,572 in 2030 an increase of 92%.
- Life expectancy for men is 77.6 years (compared with 76.9 for England) and for women is 82.4 years (compared with 81.1 for England)
- In Herefordshire the number of people over 65 is expected to rise by 18% in the next five years, whilst the number of people under 65 is expected to fall
- The number of people aged 85+, who have by far the greatest needs for health and social care, is expected almost to double in Herefordshire, from 5,200 in 2008 to 10,200 in 2026
- The rate of physical disability and mental health ill health among the adult population under 65 is predicted to remain virtually the same. (stable prevalence, no population growth until 2030). However, there is an increasing complexity of need.
- The rate of learning disability will increase slightly in numbers until 2030. However, within this the population of clients, their carers will age significantly and younger clients joining the cohort have more intense needs. In addition their carers have more expectations for independent living.

In Herefordshire, in 2011 we have seen a small increase in the number of people receiving home care but a large increase in the amount of care people receive. Similarly with residential care and nursing care, numbers have stayed similar but length of stay and costs have increased significantly. The biggest increases have been in relation to older people and people with mental health difficulties.

CIPFA identify a group of 16 authorities with similar attributes for comparative purposes. Herefordshire's overall unit cost for residential, nursing and intensive home care for 2010-11 ranked as 9th most expensive.


7. Performance Framework


A fundamental part of our approach is not to prescribe all the activities required to enable and support adults, but to present the key issues facing Herefordshire in an informed, accessible way and to be clear about what Herefordshire Public Services will do for its part.

It is important that, collectively, we focus on activity that has a strong track record of delivering change, whilst also enabling local innovation together. The Strategic Delivery and Transformation Plan can be used by local partnerships, private, voluntary and community organisations to think what they can do to take part enabling and supporting adults, to put thought into action and to pledge their involvement. We will collect these pledges and use them to assess how we are achieving our aims in Herefordshire.

8. Key areas of work

The Strategic Delivery and Transformation Plan sets out the key areas of our work. Each section establishes what we are aiming to achieve, why it is important and what we will do.

The actions outlined in this Plan are important in terms of transforming adult services. The Health and Wellbeing Board has, however, placed a particular emphasis on transforming services for older people. Actions that will specifically contribute towards this priority are flagged -  Each section has a scorecard to enable progress to be measured in year. A revised score card will be developed for each year of the plan.

Clearly, all the actions outlined in this Plan are important in terms of transforming adult services. The Health and Wellbeing Board has, however, placed a particular emphasis on transforming services for older people. Actions that will specifically contribute towards this priority are flagged - 

My life in my community

What are we aiming to achieve by 2015?

For adults in Herefordshire to be as independent as they can be for as long as they can be.

Why is this important?

- National evidence suggests that people want to remain independent as long as possible.
- The costs of caring for people with complex social care and health care needs are set to rise and as our population ages, it is more important than ever that social care gives older people choice and control over services that help them to remain independent
- Adult Social Care Survey 2011 (Herefordshire) - over a third of respondents felt they could not or they had difficulty getting around the house and/or in and out of bed
- Adult Social Care Survey 2011 - 37% of respondents could get to all the places in their local area that they wanted, 45% found this difficult or were unable to go, and 18% did not leave their homes
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.(Adult Social Care Outcomes Framework (ASCOF) outcomes 3d)

What we will do?

- Work positively with other council departments, partner agencies, communities and stakeholders to ensure adults in Herefordshire have access to high quality universal services only accessing specialist health and social care services when needed
- 🚩 Develop high quality information and advice services for people, whether or not they are eligible for services, signposting to these services at every opportunity.
- 🚩 Expand the availability of assistive technology, including telecare, to enable people to stay at home.
- 🚩 Develop and improve Home Improvement Agency related services, as well as awareness of and information about them.
- 🚩 Ensure the operational efficiency of the DFG process and budget is maximised.
- Develop a new service model to replace the traditional day care provision
- Actively work with housing and care providers, service users their families and carers, linking this with Home Improvement Agency services to further expand opportunities for supported living to enable people to live independently within their community
- Develop increased capacity for handyperson services.
- 🚩 Support carers to maintain their caring role
 - Continue to work on the new model of enablement helping people with a disability, including learning disabilities, to develop life skills for independent living that reduce dependency on the provision of social care
 - To develop a pathway to employment for those with learning disabilities.

Main partners for delivery:

Herefordshire Public Services

Third Sector

Communities

Clinical Commissioning Group

Wye Valley NHS Trust

Housing providers

My life in my community

By April 2013, adult services in Herefordshire will look like this:

- People with learning disabilities and their families will have greater choice and control over where and how they live
- People with a learning disability and their families will know how to get housing advice and support and will have the opportunity to plan for their housing needs
- Planning for young people with a disability moving into adult services will be improved with the aim to reduce dependency on long term support
- People will have access to good information to enable them to make choices
- Assistive technology will keep more people in their own homes.

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Seek approval for the Learning Disability Housing Strategy 2012 - 2016	By 1 st April 2012	Amanda Edwards
Implement the Learning Disability Housing Strategy	By 1 st April 2014	Amanda Edwards
Appoint a project manager for Ordinary Lives to oversee the development of more supported accommodation	By April 2012	Amanda Edwards
The range of accommodation and housing needs to be extended to meet the housing needs in particular of: <ul style="list-style-type: none"> • Young adults with learning disabilities and other complex/physical disabilities • Older adults with learning disabilities who are becoming frail and/or developing other physical/health needs. • Adults with learning disabilities who need wheelchair accessible housing • Adults with autism or complex health 	By April 2014	Amanda Edwards

needs		
<ul style="list-style-type: none"> • Young people under 30 who require shared supported accommodation 		
Complete tendering process for assistive technology and increase the offer	September 2012	Jade Brooks
Further develop information website and catalogue.	September 2012	Mark Watson

We will use this money:

Amount

£90 k over a 2 year period (£45k per annum)

£250k for assistive technologies

£

Funding

source

NHS

Trans-formation Funding

NHS Transformation Funding/Council

And realise these savings and/or avoid these costs:

£358k. Saving to be achieved by re-designing residential care packages where appropriate into shared care supported living. This includes more effective use of existing block contracts for those supported accommodation providers.

£1.2m savings £2m cost avoidance attributable to assistive technologies

My support close to home and in my control

What are we aiming to achieve by 2015?






For every adult in Herefordshire to be able to access support that meets their needs as close to home as possible and to manage their own support as much as they wish.

Why is this important?

- To delay and reduce the need for care and support (Adult Social Care Outcomes Framework (ASCOF) outcome 2)
- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs (ASCOF outcome 1b-c)
- Carers can balance their caring roles and maintain their desired quality of life (ASCOF outcome 1d)
- Adult Social Care Survey 2011 (Herefordshire) Around 60% of respondents indicated that care and support services help them have control over their daily lives.

What we will do?

- 🚩 Continue to offer a personal budget to all people eligible for services either following review or following assessment.
- 🚩 Develop robust reablement services to help people maintain, or regain, independent living skills.
- 🚩 Work with partners to develop an action plan to deliver the Carers Strategy in particular to increase the flexibility of short breaks and to provide a comprehensive carers service
- 🚩 Work with sheltered accommodation providers to agree minimum accommodation standards and develop a small amount of new affordable sheltered housing
- 🚩 Work with private developers to promote the development of additional retirement housing.
- 🚩 Consider the future role of Floating support, not just within ? (Not just sheltered housing but within wider neighbourhoods too). Introduce universal, preventative support service for people who experience issues with their housing and maintaining their homes
- 🚩 Promote the development of additional enhanced sheltered housing, Extra Care housing and virtual extra care.
- Re shape day and respite opportunities, providing people with the opportunity to gain skills for independent living and employment where appropriate.
- 🚩 Enable people to manage their own Long Term care as much as possible and engage them and their carers in planning when services are required.
- 🚩 Support people, and their carers, to enable them to die in their preferred place at the end of life
- 🚩 Develop and implement a social model of dementia care

-  Challenge inequality so people are not excluded from communities due to stigma.
-  Re-think the future role of sheltered housing, based on a floating support model, or other self funding service model.
-  Investigate the feasibility of more enhanced sheltered housing, through Assisted Living scheme pilots.
-  Decisions on any new sheltered housing provision should be taken on a scheme by scheme basis according to location and demand in the local market and the quality and accessibility of individual schemes to older people.
-  Engage with GP Commissioning groups on new approaches to funding 'virtual' extra care and other low level support.

Main partners for delivery:

*Herefordshire Public Services
 Wye Valley Trust
 2gether Foundation Trust
 Third Sector
 Independent Providers
 Housing Providers*

My support close to home and in my control

By April 2013, adult services in Herefordshire will look like this:

- Day services for adults of a working age who have a physical or learning disability will begin a programme of transformation and modernisation which will have at its foundation that people with disability should be living, working, learning and participating in the community alongside other community members.
- Fewer people of working age with a physical disability will enter and remain in residential care. Through the development of an enablement programme and utilization of personal budgets people with varying levels of physical disability will be able to live as independently as possible, ideally in the community.
- A period of reablement will be the norm for all new service users and for those in longer-term care who will benefit from it.
- All service users will receive a personal budget which is maximised for benefit and efficient support.
- The rate of hospital stay and residential care placements will have reduced

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Seek agreement for the 'Community Lives' strategy that will undertake to remodel traditional Day Services	1 st April 2012	Amanda Edwards
Work with Wye Valley Trust and others to implement a 3 year modernisation programme to implement the strategy	3 tiers commencing April 2012	Amanda Edwards
Develop a universal, preventative support	March 2013	Jade Brooks

service		
Develop and introduce a personalised process for carers	September 2012	Mark Watson/Jade Brooks
Develop the market to encourage providers to deliver person centred care and support	March 2013	Mark Watson
Develop efficient processes for management of direct payments	September 2012	Mark Watson
Enhance the case/care coordination and reablement capacity	September 2012	Tracy Cartmell
We will use this money:		
<i>Amount</i>	<i>Funding source</i>	
£474k Re ablement team	NHS Transformation/ transformation	Council
£ Additional funding support to enhance re ablement function to be agreed		
£		
And realise these savings and/or avoid these costs:		
<i>£82k savings through effective commissioning of carers breaks and carers support</i>		
<i>£379k in 12/13 (part year effect), £1,099k in 13/14 and £1,014k in 14/15 due to impact of reablement and the reduction in long-term support. **</i>		
<i>60k Through the re-design of a more cost effective carers service.</i>		
<i>£150k With n effective enablement programme by using intensive support to gain greater independence.**</i>		
<i>** Savings stated above do not include the impact on the NHS due to reduction in hospital stay and reduction in recurrent admissions to hospital.</i>		

My dignity and safety

What are we aiming to achieve by 2015?

For all adults in Herefordshire to benefit from services that respect them as individuals and work with them with dignity and ensure their safety

Why is this important?

- Enhance the quality of life for people with care and support needs (Adult Social Care Outcome Framework (ASCOF) outcome 1a)
- Safeguard people whose circumstances make them vulnerable and protect them from avoidable harm (ASCOF outcome 4a)
- For people who use adult social care services: - Everyone enjoys physical safety and feels secure. People are free from physical and emotional abuse, harassment, neglect and self-harm. People are protected as far as possible from avoidable harm, disease and injury people are supported to plan ahead and have the freedom to manage the risks the way that they wish. (ASCOF outcomes 4b)
- People who use social care and their carers are satisfied with their experience of care and support services (ASCOF outcome 3a-b)
- Carers feel that they are respected as equal partners throughout the care process (ASCOF outcome 3c)

What we will do?

- 🚩 For each commissioned service, specify a relevant mix of outcomes, outputs and processes to deliver quality, and agree appropriate monitoring arrangements
- 🚩 Support adults and their communities to manage risks to safety before they become an issue
- 🚩 Continue to work proactively with Care Quality Commission where services are causing concern
- 🚩 Develop Adult Safeguarding Board membership to ensure robust multi agency procedures and governance.
- 🚩 Introduce a programme of quality assurance for adult safeguarding cases.
 - Identify at year 9 young people who will require support as adults and ensure a safe transition.
- 🚩 Continue to develop robust policies, procedures and training to protect adults who are unable to make decisions for themselves and are unable to move freely from care homes or hospitals.

Main partners for delivery:

Independent Providers
Herefordshire People's Services (Children's)
Care Quality Commission
Multi Agency Adult Safeguarding Board
Herefordshire Public Services – Children's Services
Wye Valley Trust
2gether Foundation trust.

My dignity and safety

By April 2013, adult services in Herefordshire will look like this:

- People have the information, advice and support they need, to empower them to remain safe in their local community
- People receiving services in Herefordshire are treated with respect and dignity regardless of their culture, ethnicity or sexual orientation
- Staff are supported in their caring role so that the risk of abuse is minimised
- People are reassured that the services they use are safe e.g. hospital/care homes/personal assistants
- People are assured that agencies will work together to keep people safe and will only share information where appropriate

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Systematically review quality of services with providers, including feedback from users	Through 2012/13	Head of Quality and Review
Review quality of services through evaluation of reviews of users	Through 2012/13	Head of Adults Commissioning

We will use this money:

<i>Amount</i>	<i>Funding source</i>
£70k Improved contract monitoring	NHS Transformation Funding
£0k Electronic Monitoring	
£	

And realise these savings and/or avoid these costs:

£44k use of voids (increase usage to 90%) within existing contracts. This will include the reduction in transfer costs incurred when providers have safeguarding issues.

£98k More effective use of electronic monitoring technology to identify when homecare visits are missed / delayed

Joined up services and making the best use of money

What are we aiming to achieve by 2015?

Local authority, health, private and voluntary sector services will work together so that people experience an integrated, well run single set of services, even if they are provided by different organisations.

Effective use of funding available by maximising the value from contracts

Why is this important?

- Improve the continuum of care and support by removing organisational barriers.
- Services need to be arranged and funded so that they are of good quality, sustainable and affordable in the short, medium and long term.
- Funding available is under more and more pressure. Public money must be used in the most effective way to deliver the vision and guiding principles for adults

What we will do?

- 🚩 Use Herefordshire's joint commissioning and provider structures to plan and deliver joined up services for health and care and broader support needs
- 🚩 Develop care pathways across health and care boundaries to address the needs of frail older people, stroke survivors, and people with long-term health conditions
- 🚩 Agree approaches to continuing health care and its support using personal health budgets
- 🚩 Improve transition arrangements between children and adults services
- 🚩 Renegotiate and reduce the cost of contracted services

Main partners for delivery:

*Clinical Commissioning Group
Cluster
WVT
2gether*

Joined up services and making the best use of money.

By April 2013, adult services in Herefordshire will look like this:

- There will be clear pathways, systems and processes for those needing care and support

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Commission frail older person care pathway	March 2013	Amanda Edwards/Jacinta Meighan Jones
Work with providers to make neighbourhood teams effective providers of joined up health and social care.	March 2013	Head of Commissioning Adults
Establish clear processes for joint funding, Continuing Health Care and personal health budgets	December 2012	Head of Commissioning Adults
Fully implement the care funding calculator approach to appropriately achieve value for money placement costs	From April 2012	Head of Commissioning (Adults)/Wye Valley Provider services
Renegotiate inflation and contract values		Jade Brooks/Amanda Edwards
Recommission third sector provision		Jade Brooks
Introduce appropriate charging in line with Council policy	July 2012	Head of Commissioning (Adults)
Programme of reviews to ensure provision is appropriate to needs	Through to April 2013	Jade Brooks/Amadna EdwardsWye Valley/2gether
Improve information flows and planning between services, and work with young people and families to address needs and expectations	Through to April 2013	Amanda Edwards

We will use this money:

<i>Amount</i>	<i>Funding source</i>
£70k Brokerage Support	NHS Transformation Funding
£383k Review Team	NHS Transformation Funding
£59k Support for review programme for those with mental health difficulties	NHS Transformation Funding

And realise these savings and/or avoid these costs:

£1.065m through contracts

£350k savings through the care funding calculator

£70k saved through effective transition arrangements

£50k savings from the review of those with mental health difficulties

£335k in 12/13 and £420k in 13/14 through the re-design of the homecare market.

£360k savings through programme of regular and timely reviews

£363 through more effective commissioning of the third sector


DRAFT

My health and wellbeing







What are we aiming to achieve by 2015?

For all adults in Herefordshire to maximise their quality of life and healthy life expectancy

Why is this important?

-  Within Herefordshire there are high levels of preventable chronic disease and potentially avoidable premature death despite overall levels of health being relatively good compared to the rest of England.
- Coronary heart disease, stroke and cancer are the top causes of chronic ill health and premature death and account for 51% of all deaths in Herefordshire
- Lifestyle risk factors are the main contributory factors to poor health, disability and premature death
- In Herefordshire smoking, physical activity and alcohol harm reduction have been identified as the highest priorities, with falls prevention also identified as a particular priority for older adults and oral health for children.

What will we do?

-  Work with communities to develop local services to encourage positive ageing.
-  Work positively with partner agencies to ensure adults in Herefordshire have access to high quality universal services only accessing specialist health and social care services when needed.
-  Further development of volunteer befriending to address social isolation.
-  Provide housing options for people with dementia, including housing based and virtual extra care models.
-  Promote initiatives to tackle fuel poverty and improve housing conditions which impact on healthy life expectancy.
-  Promote access to universal services for those who are vulnerable and in “hard to reach” groups

Main partners for delivery:

Herefordshire Public Services – People’s Services Public Health

Wye Valley Trust

2gether Foundation Trust

Third Sector providers

Housing Providers including Registered Social Landlords and Private Developers

My health and wellbeing

By April 2013, adult services in Herefordshire will look like this:

- People in Herefordshire will have positive choices to enhance their health and wellbeing.

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>

We will use this money:

<i>Amount</i>	<i>Funding source</i>
£	
£	
£	

And realise these savings and/or avoid these costs:

£

DRAFT

The money in my pocket

What are we aiming to achieve by 2015?

Adults in Herefordshire who receive a financial assessment for social care and/or housing services have their benefits maximised and those who fund their own care have access to independent financial advice.

Why is this important?

- Maximising people's income helps them to remain independent and feel in control.

What we will do?

- ✚ Through undertaking financial assessments for care and/or housing services, ensure adults have access to all of the welfare benefits to which they are entitled.
- ✚ Signpost – First Stop housing advice & information service
- ✚ Refer people who fund their own care to access independent financial advice to maximise their income.
- ✚ Continue to ensure that the vulnerable access housing grants to improve insulation and reduce those in fuel poverty.

Main partners for delivery:

Wye Valley Trust

First Stop

Social housing providers

Housing support staff

The money in my pocket

By April 2013, adult services in Herefordshire will look like this:

- Charges in place for those who can afford to pay diverting resources for care to those less off.
- Improve provision for self-funders to allow them to maximise capital increasing the resource available for care fees.

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
-----------------	------------------	-------------

We will use this money:

<i>Amount</i>	<i>Funding source</i>
£	
£	
£	

And realise these savings and/or avoid these costs:

£148k By providing a financial advice service allowing those going into residential care to benefit from income to supplement care home fees.

The people who support me

What are we aiming to achieve by 2015?

That people in Herefordshire are supported by a skilled and effective 'community workforce' that can deliver seamless and sustainable health, care and support for the people of Herefordshire.

- Skilled – experience, knowledge and competence
- Effective – appropriate services in the right place at the right time
- Seamless – working together to best meet people's needs
- Sustainable – transforming the workforce to meet local priorities in the most affordable way

Why is this important?

- To ensure that people who need help get the right support, in the right place, at the right time.
- To maximise the contribution of the community in supporting people to remain at home and to lead independent and fulfilling lives.
- To make optimum use of scarce resources.

What we will do?

- 🚩 Engage with partners and stakeholders to develop an action plan to implement a comprehensive workforce strategy
- 🚩 Use nationally recognised tools to assess the competency and capacity of the workforce in Herefordshire to deliver high quality services.
- 🚩 Enable redesign of services and associated workforce to broaden the market of services, meet the personalisation agenda.
- 🚩 Enable reconfiguration of the workforce through improved modelling and planning.
- 🚩 Enable an increase in supply and support for the Personal Assistant workforce.
- 🚩 Enable identification, recognition and support for carers.
- 🚩 Enable an increase in the contribution of volunteers to support the prevention agenda.
- 🚩 Enable awareness and support to maximise contribution from universal and commercial (non-care).sectors.
- 🚩 Enable greater self-care through promotion of and support for healthier lifestyles to reduce the need for health and social care interventions.
- 🚩 Secure support from Economic Development to enable new providers to emerge in the market place with new legal vehicles such as social enterprises Support professional development and learning
- 🚩 Actively encourage older adults to engage in voluntary and paid work in the care sector.

Main partners for delivery:

- *NHS staff .*
- *Council Adult Social Care staff .*
- *Private, Independent and Voluntary (PIV) sector.*
- *Personal Assistants*
- *Carers.*
- *Volunteers.*

- *Other public sector.*
- *Universal services*
- *Commercial sector.*

DRAFT

The people who support me

By April 2013, adult services in Herefordshire will look like this:

-

To achieve this, we will do the following:

Activity

Timescale

Lead

We will use this money:

Amount

Funding source

£

£

£

And realise these savings and/or avoid these costs:

£

My housing

What are we aiming to achieve by 2015?

That people across all tenures in Herefordshire are able to live in accommodation appropriate to them and their needs.

Why is this important?

▪

What we will do?

- ✚ Adopt a market approach to development
- ✚ Use specific planning policies, either in the Core Strategy or through Supplementary Planning Documents, that highlight the importance of older people in the housing market in Herefordshire.
- ✚ Develop a planning framework that will ensure that sites are available, some of which are earmarked for housing for older people, to ensure developers can compete with general needs housing developers.
- ✚ Consider where opportunities exist to provide free or subsidised sites to support Strategic Housing priorities.
- ✚ Proactively seek partners to develop extra care for sale and mixed tenure.
- ✚ Develop a model specification for extra care that will aid developers as they consider the option to develop in Herefordshire.
- ✚ Develop non-specialist general needs 2 and 3 bedroom houses, flats and bungalows for rent and sale that meet lifetime homes standards, across all areas of the county.
- ✚ Encourage mixed developments to balance the market, meet the needs of older people and create genuine lifetime communities.
- ✚ Market the new housing opportunities to older people across all tenures to encourage people who are under occupying to free up family housing through the development of housing for older people.
- ✚ Consider the development of a charged for 'Home Moving' service to support older people who might wish to move but who are daunted by the practicalities of moving
- ✚ Consider the needs of older people within development briefs for Section 106 commitments and the provision of other forms of cross subsidy
- ✚ Ensure that new properties are 'future proofed' to take account of the ageing population.

Main partners for delivery:

My housing

By April 2013, adult services in Herefordshire will have a programme of housing-related projects underway to deliver the recommendations of the Study into the Housing and Support Needs of Older People. This will include both short and long term actions/strategies which will extend beyond the period of this Delivery Plan.

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Establish Cross Directorate Steering Group	April 2012	Richard Gabb
Develop an overarching work plan	June 2012	Richard Gabb
Establish Task & Finish groups and take forward the key individual projects	August 2012	Richard Gabb
LDF will contain provisions which support housing market transformation to support the obligations of the Adult Strategic Delivery Plan	Spring 2013	Andrew Ashcroft

We will use this money:

Initial scoping work will be funded from existing resources and budgets. Costed plans will be developed, utilising transformation funding where possible.

Amount

Funding source

£

£

£

And realise these savings and/or avoid these costs:

Longer term savings will be calculated by individual Task & Finish groups.

9. Gap analysis

Implementation of the Delivery Plan and the associated monitoring of progress will identify gaps where there is currently limited or no provision in place to address them. Where gaps are identified, Herefordshire Public Services and partners will work together to address them.

10. Resources

The Delivery Plan encompasses the approach in Herefordshire across the full range of personal to organisational response. The following indicate the broad areas of resource available in Herefordshire to positively deliver our vision and guiding principles:

- People's own resources, skills and support networks
- Universal services, and the third sector
- Housing
- Adult social care budget
- Health budgets

11. Monitoring Arrangements

Progress against the achievement of the strategy and identification of gaps will be assessed through the following ways:

- Reviewing progress monthly as part of Herefordshire Public Services performance management arrangements
- Reporting bi-monthly by Herefordshire Public Services through the Joint Corporate Plan and to the Health and Wellbeing Board.
- Reporting against a range of indicators in the annual report for Adult Social Care.
- Running a series of workshops with partners at Herefordshire's Provider forum focusing on case studies in each of the key areas of work
- Updating the Joint Strategic Needs Assessment. Then updating the Strategic Delivery Plan to ensure effective progress.

Strategic links – list of related strategies and reports

- NHS cluster System Plan
- Director of Public Health's Annual Report
- Herefordshire Sustainable Community Strategy
- Economic Development Strategy
- Housing In Herefordshire Strategy Action Plan 2011-2012
- Joint Herefordshire and Shropshire Housing Strategy (currently out for consultation)
- Healthy Housing Strategy (draft at present)
- Affordable Warmth Strategy
- Homelessness Strategy
- Empty Properties Strategy
- Herefordshire Public Services Corporate plan.
- "Yes We Can" Plan 2011-2015

MEETING:	HEALTH AND WELLBEING BOARD
DATE:	20 MARCH 2012
TITLE OF REPORT:	PUBLIC HEALTH TRANSITION PLAN
REPORT BY:	Interim Director of Public Health

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To receive the Public Health Transition Plan.

Recommendation(s)

THAT: the Health and Wellbeing Board receive and note the Public Health Transition Plan.

Key Points Summary

- With effect from 01 April 2013, and subject to the Health and Social Care Bill being passed by parliament, responsibility for a range of Public Health functions, along with the associated budgets and staff will transfer from the Primary Care Trust to the Local Authority and to other legacy organisations.
- The Department of Health (DH) requires PCTs (sender organisations) to submit Public Health Transition Plans that have been agreed by the Local Authority (receiver organisation) by 31 March 2012.
- The Midlands and East SHA required PCTs in its area, including NHS Herefordshire, to submit their Public Health Transition Plan by 09 March 2012 for moderation by the SHA before submission to the Department of Health by 31 March 2012.
- The attached Public Health Transition Plan, which has been produced by a Project Management Group with sender and receiver representation, sets out the key tasks and milestones to be achieved during 2012/13.
- The plan identifies the following six workstreams:
 - Workforce, HR and Accommodation;
 - Communication and Engagement;
 - Commissioning Support, Contracting and Core Offer to the CCG;
 - Finance, Assets and Resources;

Further information on the subject of this report is available from
Dr Alison Merry (Consultant Public Health and Dental Public Health) (01432) 344 344

- Governance, Information and Assurance;
- West Mercia Public Health Network.

Alternative Options

- 1 n/a - no alternatives

Reasons for Recommendations

- 2 The Health and Wellbeing Board is asked to receive and note the Public Health Transition Plan which sets out key tasks and milestones relating to the transfer of public health functions from NHS Herefordshire to Herefordshire Council and other legacy organisations including Public Health England and the NHS Commissioning Board.

Introduction and Background

- 3 The purpose of the Plan is to bring together the key information needed to take forward the process of Public Health Transition on a sound basis and to convey key information to relevant stakeholders in order to establish a new public health system in Herefordshire in line with national NHS and public health reforms and to ensure a seamless transition to this new system. This will include identifying and implementing the actions required for Herefordshire Council to assume a range of statutory responsibilities for public health, and for the transfer of public health responsibilities from NHS Herefordshire to the Herefordshire Council, the NHS Commissioning Board (NHSCB) and Public Health England (PHE).
- 4 The following are in “scope”:
- a. describe the operating model of the new public health system in Herefordshire from April 2013;
 - b. complete transfer of public health funding, contracts and staff from NHS Herefordshire to legacy organisations;
 - c. sustain and improve delivery of public health responsibilities during the transition period and ensure accountabilities are clear.

Key Considerations

- 5 The project will:
- a. Produce a public health leadership development programme linked to the Health and Wellbeing Board (HWB) development programme.
 - b. Produce an operating model for each of the ‘domains’ of the new public health system locally including health improvement, health protection (including screening, immunisation and emergency preparedness, resilience and response), population healthcare advice to NHS Commissioners, health intelligence, dental public health and other health and wellbeing services falling within scope in Herefordshire.
 - c. Identify priorities and outcomes for 2013/14 in line with the Public Health Outcomes Framework and current performance trajectories.
 - d. Identify the agencies involved in delivery and their respective roles and responsibilities.
 - e. Identify governance and partnership arrangements.
 - f. Transfer of funding and contracts for public health services to legacy organisations including the Council and the NHS Commissioning Board and Public Health England.

- g. Transfer public health staff to legacy organisations including: incorporation of public health staff into the People's Services Directorate within the Council, transfer of staff to the NHSCB and transfer of staff to Public Health England.
- h. Ensure comprehensive handover from NHS Herefordshire to legacy organisations including: completion of migration of public health into Herefordshire Council's processes, procedures and constitution; development and publication of a legacy document; establishment of an asset register; archiving of old records & establishment of existing and potential liabilities including legal liabilities/litigation.

Community Impact

- 6 Successful transition and transfer of public health functions will ensure continuity of existing public health programmes during the transition period thereby minimising any potential adverse community impact occurring due to the transition process.

Financial Implications

- 7 The plan establishes a Finance and Resources Workstream and sets out key tasks and milestones for this workstream. The financial implications relating to the transition of public health functions to legacy organisations are a key component of the plan.

Legal Implications

- 8 The plan establishes a Governance, Information and Assurance Workstream. The legal implications relating to Public Health Transition come under the remit of this workstream.

Risk Management

- 9 A risk register is included within the Transition Plan and will be updated on a regular basis.

Consultees

- 10 The Public Health Transition Plan includes an overview of the engagement and consultation undertaken in relation to public health transition and integration to date. The plan establishes a Communication and Engagement Workstream which will be responsible for producing a Communication and Engagement Plan by the end of March 2012. This will set out details of any relevant consultation processes.

Appendices

- 11 Public Health Transition Plan (March 2012). Please contact Terri Hill on 01432 260668 for copies of the appendices to the Public Health Transition Plan, if required.

Background Papers

- 12 None identified.

Herefordshire Public Health Transition Plan

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Author(s)
0.01	05/02/2012	Draft for review	Alan Holmes
1.0	07/03/2012	Final Version for Issue	Alan Holmes/A Merry

DOCUMENT LOCATION

Document Location	File Name
Q:\CTS\B1-ProjectActivityMgt\Public Health\002 - Initiation\2012-02-06 - Public Health Transition Plan v1.0.doc	

DOCUMENT SIGN OFF

Name	Role	Signature
Dr Sarah Aitken	Interim Director of Public Health/Assistant Director, Health and Wellbeing	
Dr Alison Merry	Consultant in Public Health & Dental Public Health	
Jo Davidson	Director for People's Services	

DOCUMENT DISTRIBUTION LIST

Name	Purpose	Department/Organisation
	For review/comment	Include: finance, governance leads and perhaps regional advisor
	For review/comment	
	For review/comment	
	For review/comment	
	For review/comment	

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**APPENDIX 21 – MIDLANDS AND EAST SHA CLUSTER ASSESSMENT PH TRANSITION PLANS
JANUARY 2012/13** ERROR! BOOKMARK NOT DEFINED.**139**

1 BACKGROUND

1.1 Purpose of this document

The purpose of this document is to bring together the key information needed to start the Public Health Transitions Plan Project on a sound basis and to convey that information to all concerned with the project.

It should address:

- What the project is aiming to achieve?
- The key products the project will deliver
- Why is it important to achieve it?
- Who is going to be involved in managing the process and what are their responsibilities?
- What risks are to be faced and how will they be managed?
- How and when is it all going to happen?
- To ensure Project governance groups have all the information necessary to manage the project
- To provide a baseline against which the progress of the project can be measured

1.2 Herefordshire Public Services

Partnership working is very well advanced in Herefordshire. NHS Herefordshire and Herefordshire Council have worked in a close partnership arrangement as Herefordshire Public Services (HPS) since 2007 with the aim of maintaining sustainable public service delivery and retaining local decision-making to improve health & wellbeing outcomes for local people. A new model of integrated health and adult social care provision (Wye Valley NHS Trust) has been developed to ensure that there is an affordable and clinically sustainable range of local services in place for the people of Herefordshire. The partnership approach in Herefordshire has been recognised nationally as a model of public service integration focussed on place. Within HPS, the existing close working between the PCT and LA has fostered a shared understanding of different organisational cultures and this is being further developed through the “Rising to the Challenge” change management programme and through the use of “Change Champions” across HPS.

Public Health in Herefordshire has been a joint function for a number of years, this close working relationship with the LA was further strengthened by the creation in 2010 of a Public Health Directorate made up of staff from both the PCT (the Public Health team) and local authority (the Environmental Health and Trading Standards (EHTS) teams). Following further organisational change and the reduction in the number of directorates within HPS to three (People’s Services, Place and Communities, and Deputy Chief Executive and Corporate Services), the Public Health Directorate became part of the Directorate of People’s Services and is now known as “Health and Wellbeing Services”. During 2011, Health and Wellbeing Services (including Public Health) underwent additional restructuring as part of the third phase of the HPS Organisational Design programme (OD3) creating separate commissioner and provider teams for public health and aligning the public health provider function with other EHTS provider/regulatory functions (See Appendix 15). Throughout the OD3 process the aim has been to create a public health team structure that would be fit for the future transition of public health functions to the local authority/other organisations.

As a result, Herefordshire’s Public Health team has already undergone considerable organisational change, restructuring and integration within the local authority over recent years and in particular during the past two years in advance of the formal Public Health Transition process. Public health staff already work extremely closely with colleagues in the LA, particularly with colleagues in EHTS and the People’s

Directorate, but also with a wide range of colleagues from across the local authority. However, whilst many of the changes to working practices and organisational structure that the Public Health Transition process will require in relation to current NHS reforms have already taken place, the more formal processes such as those relating to HR, finance, contracts have yet to be completed. A summary of the evolving public health operating model is attached as Appendix 1.

Herefordshire's shadow Health and Wellbeing Board was established in April 2011 and meets on a monthly basis. The Health and Wellbeing Board is chaired by Herefordshire Council's Cabinet Member for Health and Wellbeing, Councillor Patricia Morgan (previously chair of the Health Scrutiny Committee).

The Health and Wellbeing Board has appointed external facilitators to support members in understanding their role and to support the Board's development. This has included a series of workshops the first of which in June 2011 was attended by Board members and a wide range of stakeholders. The Director of Public Health and other members of the Public Health team have been involved in this process and have, in addition, developed an induction programme for elected members in order to support them in understanding health and wellbeing and their role in relation to this.

Herefordshire has a single, pathfinder Clinical Commissioning Group which is working closely with HPS. One of the Consultants in Public Health has been appointed as a member of the CCG Board and the Chair of the CCG is on the Health and Wellbeing Board. Public Health also has close working relationships with a range of other partner organisations within the county including HALO Leisure, Amey Herefordshire, Police and the Community Safety Partnership and further relationship building is taking place for example through the Health and Wellbeing Board's development programme discussed above.

2 CONTEXT

2.1 Joint Strategic Needs Assessment

HPS developed their first Joint Strategic Needs Assessment (JSNA) in 2008 and have done so annually through a partnership working group since then. The JSNA examines Herefordshire's health and social care needs as well as the other main things that affect people's life chances, quality of life and health and well-being. It was developed to help Herefordshire Council, NHS Herefordshire and our partners identify what our priorities should be. These priorities are used within the commissioning cycle to inform future plans and help us target money and services where they are needed most.

National Policy has increasingly recognised the importance of 'needs assessment' as the evidence base which should underpin strategy development and commissioning decisions. This includes the JSNA, which implicitly has become central to development of strategic commissioning, and the work of health and wellbeing boards. The Herefordshire Joint Corporate Plan includes the objective "High quality assessment of need" under the "commission the right services" priority, which has been translated into a three year project to develop a "Gold Standard JSNA" known as an Integrated Needs Assessment or INA. A Consultant in Public Health chairs the INA steering group, which reports to the Health and Wellbeing Board and the Herefordshire Public Services Leadership Team (the relationship between the INA Steering group and other boards is shown in Appendix 12 – "Understanding Herefordshire Governance").

The INA development project has a number of key strands. These include producing a bronze (2012), silver (2013) and gold (2014) standard INA, that robustly identifies needs and draws upon the wealth of national and local information and intelligence. This will be supported by an electronic "live" web-based information resource known as the Integrated Evidence Base. It also includes developing a standard methodology for undertaking a needs assessment for use across Herefordshire Public Services and its partners – this was developed and piloted on an Integrated Needs Assessment for Alcohol Harm

Reduction that was requested by the Health and Wellbeing Board in July 2011 and delivered in October 2011. The standard methodology for undertaking a needs assessment was adopted as the Health and Wellbeing Board's standard INA methodology in October 2011.

2.2 Health & Wellbeing Board

Herefordshire's shadow Health and Wellbeing Board (HWB) has been operational since April 2011 following approval of its Terms of Reference by Herefordshire Council in March 2011. The HWB has the following powers and duties:

- to advance the health and wellbeing of local people and to support health and social care providers to work in an integrated way;
- to provide advice, assistance or support as appropriate under section 75 of the National Health Service Act 2006;
- to encourage those who arrange for the provision of health related services to work closely with the Health and Wellbeing Board;
- to encourage those who arrange for the provision of any health or social care services and health-related services in Herefordshire to work closely together;
- to advise on how the functions of the Council and its partner commissioning consortia under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 are to be exercised;
- to give to the Council its opinion on whether the Council is discharging its duty under section 116B of the 2007 Act;

Membership of the Board includes

- executive members of the Cabinet whose current areas of responsibility are encompassed by the powers and duties of the Shadow Board;
- Chair (Cabinet Member for Health and Wellbeing);
- Chief Executive;
- Director of People's Services (Director of Adult Social Services, Director of Children's Services);
- Director of Public Health;
- Local Improvement Network representative;
- Herefordshire Primary Care Trust representative;
- Wye Valley NHS Trust representative (Herefordshire's Integrated Care Organisation);
- CCG representative;
- a representative of the local voluntary and community sector;
- local business community representative.

Herefordshire's Health and Wellbeing Board is an early implementer and has been meeting since April 2011 as a shadow board in anticipation of the Health and Social Care Bill becoming law. Meetings have taken the form of a combination of developmental workshops and public meetings (see <http://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=599&Year=2012>).

The vision of the Health and Wellbeing Board is that "Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure, with the overall outcome and to reduce the difference in healthy life expectancy in Herefordshire".

The Board's development is being supported by InLoGov using a programme which has included facilitated board workshops and two stakeholder events on alcohol (September 2011) and active travel

(November 2011). Other Board development/stakeholder events have included a stakeholder event in June 2011, and participation in the HPS Consultation on Local Priorities - a series of locality public engagement events run across the county in November/December 2011 and which used participatory electronic voting to seek feedback from local residents in relation to priorities for health and wellbeing (see appendix 20). The voting was successfully used at the events to gauge participants' responses to the proposals from the Board relating to health and wellbeing in the county.

A Health and Wellbeing Board Communications Plan is in development. This is scheduled to be in place from March 2012 for implementation from April 2012.

In relation to developing its Health and Wellbeing Strategy, the Health and Wellbeing Board has agreed to focus initially on the topic of alcohol and has completed work on: methodology for Integrated Needs Assessments, an Integrated Alcohol Needs Assessment and an Integrated Alcohol Harm Reduction Strategy. The following provides a summary of key links and challenges identified by the Board:

Key links to other groups:

- ✓ CCG - representation on the HWB and links regarding commissioning
- ✓ Safeguarding Board/s (to report to HWB)
- ✓ PCT Board

Key strategic challenges:

- ✓ Developing the integrated needs assessment
- ✓ Moving from shadow to full role
- ✓ Developing the first Health and Wellbeing Strategy
- ✓ Demonstrating system leadership – with the Clinical Commissioning Group

Current top issues:

- ✓ Alcohol harm reduction - actions from INA
- ✓ Health and Wellbeing Strategy development in relation to children under 5, alcohol harm reduction and older people

Other

- ✓ Participation in national learning sets about HWB planned around effective governance
- ✓ Need to align work with the Herefordshire Partnership

2.3 Screening, Immunisation and Emergency preparedness, resilience and response

Transition plans for screening, immunisation and emergency planning are in the final stages of development. These have been jointly developed by all four West Mercia PCTs as part of the work programme undertaken by the West Mercia Public Health Network. The governance arrangements for sign off of these plans will be part of governance arrangements for the West Mercia Public Health Network (see below). The plans propose a West Mercia cluster-wide model for the delivery of these functions both during transition and from April 2013 onwards. Leadership would be provided by 1.5 WTE consultant/specialist for the North (Shropshire, Telford & Wrekin) and 1.5 WTE consultant/specialist for the South (Hereford and Worcester) of the cluster (i.e. 2 x 0.5 WTE for each of the 3 topic areas). The Transition Plan for Screening has been completed and the plans for Immunisation and EPRR are in the final stages of development and it is anticipated that they will go to the West Mercia Cluster Board subcommittee for sign off in March 2012 with implementation to commence from April 2012 onwards. Arrangements for testing are included in each plan and it is anticipated that testing will have been completed by September 2012, subject to Cluster Board approval of the contents of each plan.

Please see Appendix 13, 14 and 15 for further details of the screening, immunisation and emergency planning transition plans.

2.4 West Mercia PCT Cluster

West Mercia Cluster Board was established in January 2012 as a single Board of the four constituent statutory PCTs: NHS Herefordshire, NHS Shropshire County, NHS Telford & Wrekin and NHS Worcestershire. Its role is to support the transition of local bodies into the new structures through to April 2013, and to continue to ensure safe and sustainable services across West Mercia throughout this period. The Board's focus is on delivering safe and sustainable services, promoting the role of the patient, promoting partnership working and supporting staff in transition and offering leadership.

In January 2012, the Board confirmed that West Mercia PCT Cluster would move to governance model 2 whereby the Boards of the four PCTs in the cluster would sit concurrently with a shared membership; with the West Mercia Cluster Board being Board for the four statutory PCTs when business is being conducted concurrently for all four Boards.

3 PROJECT DEFINITION/SCOPE

3.1 Project Objectives

The objective of the project is to:

- a) Establish a new public health system in Herefordshire in line with national NHS and public health reforms, and to ensure a seamless transition to this new system;
- b) This will include identifying and implementing those actions required for Herefordshire Council to assume a range of statutory responsibilities for public health, and for the transfer of public health responsibilities from NHS Herefordshire to the Herefordshire Council, the NHS Commissioning Board (NHSCB) and Public Health England (PHE).

3.2 Context

- a) In December 2011 the Department of Health (DH) published “The integrated approach to planning and assurance between DH and the NHS for 2012/13”. Annex 6 of this document sets out a checklist for the public health transition to inform the development of local Plans and against which they will be assessed and rated. The DH will seek assurance from SHA clusters that PCT clusters have robust plans in place. The Midlands and East SHA cluster required draft Plans to be submitted by 18 January 2012 with final Plans by 09 March 2012. An assessment of the Herefordshire Plan against the DH checklist is attached as Appendix 2.
- b) Further national policy development and guidance in respect of the public health transition is expected in 2012, including:
 - Further details about the accountability, role and job description of Directors of Public Health (DsPH).
 - Details of the public health ring-fenced grant.
 - A public health workforce strategy.

3.3 Project Scope and Deliverables

3.3.1 In Scope

The following items are within the scope of the project:

- a) To describe the operating model of the new public health system in Herefordshire from April 2013;
- b) To complete transfer of public health funding, contracts and staff from NHS Herefordshire to legacy organisations;
- c) To sustain and improve delivery of public health responsibilities during the transition period, and ensure accountabilities are clear.

The Project will produce the following Products – these are set out in the Product Plan attached as Appendix 3:

- a) A public health leadership development programme linked to the Health and Wellbeing Board (HWB) development programme.
- b) An operating model for each of the ‘domains’ of the new public health system locally:
 - Health improvement;
 - Health protection – including screening, immunisation and emergency preparedness, resilience and response (EPRR);
 - Population healthcare advice to NHS Commissioners;
 - Health Intelligence;
 - Dental public health;
 - Other health and wellbeing services which fall within the scope of this role in Herefordshire.

For each of these this will describe:

- A set of priorities and associated outcomes for 2013/14, drawn from the public health outcomes framework and current performance trajectories.
 - The agencies involved in delivery and their respective roles and responsibilities.
 - Governance and partnership arrangements.
- c) Transfer of funding and contracts for public health services to legacy organisations, including the Council and the NHS Commissioning Board and Public Health England.
 - d) Transfer of public health staff to legacy organisations. This will include:
 - Incorporation of public health staff into the People’s Services Directorate within the Council.
 - Transfer of staff to the NHSCB.
 - Transfer of staff to Public Health England.
 - e) Comprehensive handover from NHS Herefordshire to legacy organisations. This will include:
 - Completion of migration of public health into Council’s processes, procedures and constitution.
 - Development and publication of a legacy document.
 - Establishment of an asset register.
 - Archiving of old records.
 - Establishing existing liabilities and potential liabilities including legal liabilities/litigation.

3.3.2 Out of Scope

The following are not in scope but are the subject of separate and related Projects with their own Project Plans:

- a) Health and Wellbeing Board development programme.
- b) Integrated Needs Assessment Governance, Processes and Resources Project encompassing the Joint Strategic Needs Assessment (JSNA)

4 METHOD OF APPROACH

The Project will be carried out according to PRINCE2 methodology.

The project will have six key work streams reflecting the products required (see figure 1). Each work stream will have a working group tasked with identifying and completing the actions required.

The roles and responsibilities of each working group are described more fully in appendix 4.

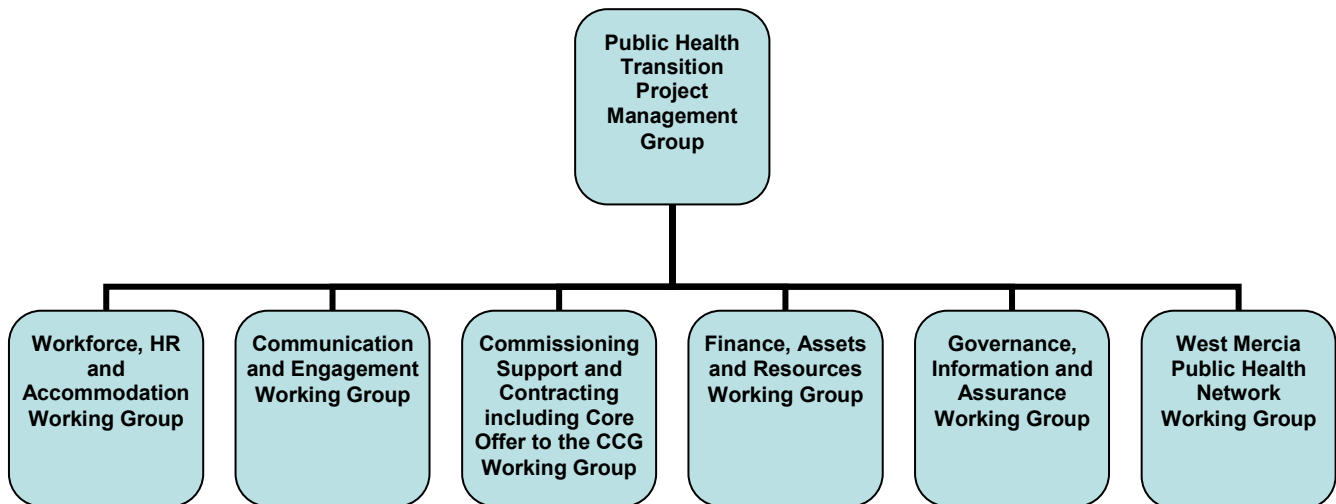
In addition to their specific tasks outlined in appendix 4, all of the six working groups will have the following key tasks:

- Developing their respective elements of the legacy handover document during 2012/13 – for handover in the Public Health Handover Statement (due March 13)
- Picking up, progressing and resolving other actions relevant to their area of responsibility that will fall out of other expected guidance due out through the course of 2012/13.

The working group Leads will report to a Project Management Group, which will include the Senior Responsible Officer, Working Group Leads and the Project Manager.

Figure 1

Diagram showing project management group and work stream groups



Membership:

Core Members of Project Management Group	
Sarah Aitken	Interim Director of Public Health
Alison Merry	Consultant in Public Health & Dental Public Health
Alan Holmes	Project Manager
Jo Davidson	Director of People's Services
Working Group Leads (see below)*	

* Working Group Leads joined Project Management Group w/e/f 6th March 2012

Workforce, HR & accommodation working group members	
Alison Merry (working group lead)	Consultant in PH & Dental PH
Alan Holmes	Project Manager
Deborah Brown	HR Adviser Specialist
Simon Morris	HR
Mel Ganderton	Herefordshire Council HR Manager
Tony Featherstone	Estates
Paul Nicholas (as required)	Flexible working/accommodation project lead
TBC	Public Health Specialty Registrar
TBC	Staff side representatives

Communication & engagement group members	
Jo Davidson (working group lead)	Director of People's Services
Richard Bevan-Pearson	Assistant Director, Customer Services & Communications
Lucy Marder	Organisational Development Manager
Alison Merry	Consultant in PH & Dental PH
Alan Holmes	Project Manager
Clare Wichbold MBE	Health & Wellbeing, Grants & Partnerships Officer
TBC	Public Health Specialty Registrar

Commissioning Support and Contracting including Core offer to CCG group members	
Sarah Aitken (Working Group lead)	Interim DPH
Sue Morgan	Programme Manager – Staying Healthy
*Cathy Gritzner	Chief Operating Officer CCG
Gwen Ellison	Public Health Specialist
Alan Holmes	Project Manager
Chris Baird	Assistant Director People's Services Commissioning
*Brian Hanford	Cluster Director of Finance/Commissioning Support Organisation Lead

Alison Talbot-Smith	Consultant in Public Health (Intelligence and Commissioning)
*Andy Watts	Chair CCG
TBC	Public Health Specialty Registrar
TBC	Legal/Commercial Support

*suggested membership – TBC by lead

Finance & resourcing group members	
Ruth Taylor (working group lead)	Herefordshire Council Strategic Accountant (for receiver)
Sarah Aitken	Interim DPH
Alan Holmes	Project Manager
Jill Sinclair	NHS Herefordshire Senior Accountant for Public Health (for sender)
TBC	Public Health Specialty Registrar
Martin Savage	Accountant – Children's services

Governance, information & assurance group members	
John Jones (working group lead)	Head of Governance, Herefordshire Council
Sarah Aitken	Interim DPH
Alan Holmes	Project Manager
Alison Talbot-Smith	Consultant in Public Health (Health Intelligence & Commissioning)
Jenny Lewis	Assistant Director, People, Policy & Partnerships
Lin Jonsberg	West Mercia PCT Cluster Board Secretary
Nicky Willett	Associate Director of Nursing, Quality and Clinical Leadership
TBC	Public Health Specialty Registrar
TBC	ICT Support/Advice

West Mercia Public Health Network	
Richard Harling – chair of WMPH N/work group	Director of Public Health (Worcestershire)
Jo Portman (Admin support)	PA to DPH (Worcs)
Sarah Aitken (Herefordshire lead)	Interim Director of Public Health (Herefordshire)
Arif Mahmood (W Mercia EPRR lead)	Consultant in Public Health
Catherine Woodward (Telford & Wrekin lead)	Director of Public Health (T&W)
Rod Thomson (Shropshire County PCT)	Director of Public Health (Shropshire)
Stuart Borne (W Mercia Screening lead)	Consultant in Public Health (Worcs)

Ash Banerjee (W Mercia Immunisation lead)	Consultant in Public Health (Worcs)
Consultants/Specialists in Public Health	
TBC	Public Health Specialty Registrar

5 CONSTRAINTS AND ASSUMPTIONS

5.1 Constraints

The Project is subject to the following constraints:

- a) Delays in the releases of further national policy development and guidance will result in delays to the Project.
- b) The design of the operating model for aspects of the new public health system - notably screening, immunisation and EPRR – is subject to approval by the NHSCB
- c) The design of the operating model is dependent on the operating model of Public Health England which is not yet known.

5.2 Assumption

The Project will proceed with the following assumptions:

- a) The Health and Social Care Bill gains Royal Assent without significant changes.
- b) Those people required as Work Group Product Owners and members of governance groups are able to make time available to the Project.

6 INTERFACES AND DEPENDENCIES

6.1 Interfaces and Dependencies

- a) The Project will operate alongside the following related projects:
 - Health and Wellbeing Board development programme;
 - INA Governance, Processes and Resources Project encompassing the JSNA;
 - WM PCT Cluster Transition programme – including establishment CCG and commissioning support;
 - Public Health England, who are responsible for workforce development and health intelligence systems and health protection.

7 DIVERSITY AND ENVIRONMENTAL CONSIDERATIONS

Diversity and environmental considerations will be addressed throughout the project. This will include the development of an Equalities Impact and Needs Assessment.

8 PROJECT GOVERNANCE

8.1 Project Board

The Project governance arrangements are set out in Appendix 5:

The DPH will be the Senior Responsible Officer for the sender organisation (NHS Herefordshire) and will be accountable to the West Mercia PCT Cluster Board (or Executive Team on their behalf). The Director of People's Services will be Senior Responsible Officer for the receiver organisation (Herefordshire Council), accountable to Cabinet. West Mercia PCT Cluster Board and Cabinet will act as Project Boards for effective completion of the public health transition. The roles and responsibilities of the Senior Responsible Officers are detailed in Appendix 8.

The six working groups will report to the Project Management Group, which will in turn report via HPS Leadership Team to the West Mercia PCT Cluster Board and Cabinet.

The Project will also report to:

- The SHA Cluster;
- The Health and Wellbeing Board
- The People's Directorate Leadership Team

The Project will maintain a dialogue with the West Mercia Public Health Network about those aspects of the system which span local authority boundaries.

A risk analysis has been undertaken and is subject to regular review. Current risks and mitigations are shown in appendix 9

9 COMMUNICATIONS AND ENGAGEMENT PLAN

A draft communication and engagement plan is attached as Appendix 7.

The objectives of the Communications and Engagement Plan are to:

- promote employee ownership of the programme and its projects, keep staff informed and give timely opportunities for staff to engage and feedback;
- ensure effective communication with stakeholders;
- promote best practice in communication and engagement.

The Communications and Engagement Plan sets out the approach we will take to the formal aspects of communication and engagement, both within the PCT and Local Authority and externally with our many stakeholders. The Plan summarises how we will seek to communicate effectively with our own staff, build public confidence in and manage the reputation of the local Public Health services, and develop effective relationships with stakeholders that provide accessible and meaningful opportunities to influence our decision-making processes.

The Public Health Transition Project Communications & Engagement Plan will be informed by the Local Authority and PCT's existing wider Communications Strategies. It will be delivered through a detailed action plan setting out who is doing what and when for each audience, message and method.

The Communications and Engagement Working Group will be responsible for developing and implementing detailed action plans setting out who is doing what and when for each audience, message and method.

10 PROJECT MILESTONES

The milestones for all major products are set out in the milestone plan – Appendix 6.

Quality reviews will be held for all major products and sign off for the products identified in section 3.

11 RESOURCES

Project Manager: This will be a Herefordshire Council Corporate Transformation Services Project Manager, funded from the public health budget. The role and responsibilities of the Project Manager are detailed in Appendix 8.

Additional resources: from the Product Owners, members of the working groups and governance groups, and to support Work Stream 5 in the form of people's time.

12 PROJECT CONTROLS

12.1 Highlight Reports

Highlight reports will be produced monthly and submitted to the Project Board (including the financial health of the project).

12.2 Tolerances

The tolerances agreed by the Project Board under which the Project Manager has control broadly fall into two categories, money and time:

12.2.1 Time

- Project Workstreams – The Project Board is to be notified if any work stream is forecast to be late.

12.3 Exception Process

If any of the tolerances stated above are breached, the Project Board will be notified by means of an emailed Exception Report. The Exception Report will be submitted within 3 working days of the breach being brought to the attention of the Project Manager.

12.4 Project Closure Reports

The project plan will include provision for production of a Post Implementation Report. This will include the Lessons Learned and Follow-on Action Recommendations. This document will be created at the outset and added to during the life of the project.

13 PROJECT FILING STRUCTURE

The project will store the following documentation in Corporate Transformation Services document repository under the appropriate project:

Document Category	Examples of Documents that should be posted
Project Boards	<ul style="list-style-type: none"> • Meeting Agendas • Meeting Minutes
Project Deliverables	<ul style="list-style-type: none"> • Products resulting from the project (e.g. tender specification, user guide, strategy paper, etc.)
Project Documents	<ul style="list-style-type: none"> • PID • Other documentation related to the running of the project (e.g. Communications Plan)
Financial Reports	<ul style="list-style-type: none"> • Integra Reports • Excel Spread sheets outlining spend against budget
Project Highlight Reports	<ul style="list-style-type: none"> • Project Highlight Reports • Project Checkpoint Reports (if used)
Project Plans	<ul style="list-style-type: none"> • MS Project Gantt Chart • WORD or PDF version of MS Project Gant Chart (for those without MS Project)
Project Risks and Issues	<ul style="list-style-type: none"> • Risk Log • Issues Log

File Naming Convention and Version Control

The purpose of a file naming convention and version control procedure is to identify the most up-to-date document and to establish its status in terms of being a working copy or released for its designed use. Version control also allows identification as to how a document differs from its predecessor. In this way, it helps to establish the validity of a document, and to prevent publication of something still in draft form.

File Naming

File names should be pre-fixed with a date, either the date created or the significant date e.g. Date of Cabinet meeting

YYYY-MM-DD – File Name Vx.yz

Example:

2010-10-12 – Cabinet paper V0.01

2010-10-07 – Business Transformation Board Minutes V0.02

Filenames should be consistent, i.e. use the same name for minutes of a re-occurring meeting, just change the prefix date.

Version Control (Corporate)

While we are operating a manual system of version control, we should follow the corporate standard. When or if we progress to SharePoint we will adopt the SharePoint version control system where we check out and check in documents which are then automatically updated.

The system below must be used to mark which version stage a document is at:

0.01	First draft
0.02	Second draft
0.03	Third draft
1.0	First final version – put to its designed use after all editing and consultation is finished
1.01	An update of version 1.0, not yet released as more editing may be required
1.02	Second update draft, not yet released as more editing may be required
1.1	A minor update to the first final version, put to its' designed use after all editing and consultation is finished, and approved and released.
1.11	A draft update to version 1.1, not yet released as more editing may be required
1.2	A second minor update to the first final version, put to its' designed use after all editing and consultation is finished, and approved and released.
2.0	A major update – final version put to its' designed use after all editing and consultation is finished

Each approved revised version of a document or record will result in an increment to the number after the decimal place, unless the minor revision number exceeds 5 or the changes made to the main version of the document exceeds 25%, in which case the main version number should be incremented by 1.

MEETING:	HEALTH AND WELLBEING BOARD
DATE:	20 MARCH 2012
TITLE OF REPORT:	LOCAL NHS PLANNING

Wards Affected

County-wide

Purpose

The purpose of this report is to outline and update the Health and Well-being Board (HWBB) on the Herefordshire Healthcare Commissioning Consortia Operational Plan (HHCC) and the PCT Cluster Integrated System Plan. It outlines how these plans:

- are intended to inform, support and link into the Health and Wellbeing Board's principles and vision;
- the content and process of the PCT Cluster integrated system plan (ISP);
- links to Herefordshire's JSNA;
- the process followed in developing the plans, and how it will relate to other strategies across Herefordshire Public Services; and
- the plan's importance in ensuring the HHCC achieves authorisation and guides delivery over the next 12 months

Recommendation(s)

THAT:

- (a) **The board endorses the CCG operational plan,**
- (b) **Agrees to an update of progress against the plan, and associated authorisation timelines in September to come to the Health and Wellbeing Board; and**
- (c) **Notes the PCT Cluster Systems Plan planning process and its submission**

Key Points Summary

- Herefordshire faces a number of specific health challenges related to a largely rural, sparsely populated geography and a relatively underdeveloped provider market transforming the Herefordshire Local Health Economy to put the patient and the public at the centre will therefore depend on realising efficiencies and providing better quality of care

Further information on the subject of this report is available from
Mike Emery – 01432 344 344

- Resilient partnership working and sustainable clinical networks will be crucial in achieving the vision and strategic objectives; these have been informed by both local health needs analysis provided by the JSNA and national, regional and local priorities.
- To ensure that the HHCC is clear concerning its major priorities for 12/13, it has developed its operational plan for 12/13. This describes the HHCC vision and objectives; it links to other key strategic documents and its organisational development milestones during this transitory year of 12/13. The operational plan has also been developed in a way that demonstrates alignment with local plans and priorities i.e. JSNA and Adults Strategy, as well as national and regional priorities e.g. Dementia and pressure ulcers.
- The operational plan is a central element of the strategic and planning framework that will support the delivery of improved outcomes for the residents of Herefordshire, particularly in regard to the continued development patient/clinical pathways that are a pivotal aspect of the desired transformational change in Herefordshire's Health and Social Care system.
- This plan is an important part of the CCG authorisation process; it is central to outlining the important timelines and milestones over the next year, to ensure the HHCC is in a position to take on its full responsibilities in April 2013. It outlines HHCC's key priorities/values and outcomes it aims to deliver, alongside the financial and quality challenges it faces in 2012/13.
- This plan has also been requested by the PCT Cluster, with an emphasis on ensuring the HHCC is paying adherence to the NHS operating framework, and is aligned to the PCT Cluster integrated system plan. The PCT Cluster will be reviewing the HHCC Operational Plan in March.
- The PCT Cluster System Plan, covers all of West Mercia (Shropshire, Telford and Wrekin, Worcestershire and Herefordshire), it outlines the clusters priorities for the coming year, including; its financial and quality challenges, the QIPP programme, and the transitory timetables around the HHCC and National Commissioning Board for 12/13/14. The plan was submitted to the SHA on the 9th March; the SHA will be reviewing the plan in March.
- Both plans state the financial challenge that Herefordshire faces in 12/13 across the health and social care system i.e. cost improvements (including QIPP) of £30 million plus across the whole system. This is alongside the desired aim of improving health outcomes and services, as well as responding to some key quality and performance challenges, for example improved CDiff rates, elimination of pressure ulcers, desire to ensure patient experience/satisfaction increases and a focus on maternity services.

How will your report meet the vision and guiding principles of the HWBB?

- The CCG operational plan is designed to support the delivery of the HWBB vision, as well as aligning to national and regional priorities.
- The CCG will be key in commissioning services aimed to deliver improved outcomes for Herefordshire residents and in particular, the HWBB overall outcome of reducing the difference in healthy life expectancy in Herefordshire. The CCG continued work around the care pathways will be central to supporting the delivery of the HWBB vision.

Reasons for Recommendations

- The Health and Wellbeing Board is a primary stakeholder in Herefordshire's Health and Social Care economy; it is responsible for delivering Herefordshire's Joint Health and Wellbeing

strategy and its JSNA (*Understanding Herefordshire*). It will therefore need to assure itself that the local authority and the CCG (with its PCT partners) is commissioning services in line with its vision and principles, and it support the delivery of the HWBB intended vision and principles around resilience, reducing health inequalities and emotional and physical health improvements.

Introduction and Background

- HHCC’s vision is to develop a ‘*high quality, sustainable and integrated Herefordshire health economy with the public and patients at the heart of everything we do*’. Its strategic objectives are listed below.

Demonstrating clinical leadership and fostering integrated working relations across the whole health system, including social care
Commissioning best available care for Herefordshire residents, going beyond existing solutions and providers
Improving quality and safety of care with defined outcome measures
Giving stakeholders and clinicians responsibility for managing pathways and incentivising them to deliver desired outcomes
Reducing variations in quality of primary care
Care closer to home (with a particular focus on older people)
Improving sustainability and resilience through enhanced clinical networks and early adoption on best practice
Putting prevention at the core of our work

- A draft summary of the plan –is attached in appendix 1.
- The West Mercia PCT Cluster ISP is the key forward looking plan for the West Mercia Health Economy. It describes the key strategic healthcare challenges faced within the West Mercia Cluster, it describes the four ‘big bets’ that will be areas of focus: Primary Care; Urgent Care; ‘Making the ordinary extraordinary’; and Planned care. The focus of the document, considering the short life-span of the cluster is around its unique role in developing capacity and capability for transformational change.
- The ISP also highlights how the Clusters QIPP investment strategy will enable transformational cultural and behavioural change which impacts positively on the public’s experience of local NHS services. The plan has been written in collaboration with CCGs, and will form the basis of strategic discussions with local health and well-being boards, local authorities, providers and other stakeholders. Appendix 3 – outlines the strategic linkages, between the JSNA, System Plan and HHCC operational plan.
- Both plans provide details of the key risks that Herefordshire will face in delivering the intended quality improvements and transformational change, along with details and milestones related to the key cost savings and quality improvement plans. As well as defining how commissioners will work with and performance manage providers to ensure savings and

quality improvements are delivered, alongside how the programmes and projects described in the plan will be managed and monitored. Appendix 3 lists the key cost savings and quality improvement programmes for 2012/13 for Herefordshire.

- The full plans include a high level of detail, and are over 100 pages long each; full draft copies are available on request. It is intended that a more public-friendly version of these plans will be compiled in the coming two months, after sign-off by the SHA, PCT cluster and HHCC board.
- The HWBB have received reports on the JSNA over the last 6 months, and a recent presentation on the purpose and intention of the PCT Cluster plan; these are all interlinked to the HHCC plan.

Key Considerations

- The HHCC operational plan and PCT Cluster system plan are vital components of the health and social planning framework; they will guide and inform commissioning plans and intentions over the next 12 months, and will support Clinical commissioners in their work over the coming year. HWBB members need to assure themselves that the plans support and align to its priorities and will assist in responding to the JSNA recommendations.

Community Impact

- Engagement events with Clinicians, residents over the last year have feed into the development of the plan. The HHCC plan will need to support and align to the Joint Health and Wellbeing strategy, going forward to ensure it supports the delivery of improved health outcomes. One of the CCGs central values is putting '*patients and residents at the heart of everything it does*'; key to this will be robust community engagement over the coming years, as it develops future plans.

Equality and Human Rights

- The CCG operational plan outlines the HHCC's commitment to Equality, diversity and human rights it states, it will;
 - Ensure PSED and consideration of vulnerable groups is embedded within our Commissioning cycle;
 - Continue to contributing as members of West Mercia and SHA forums on PSED aiming to identify good practice and ways to support work;
 - Work locally with other Hereford Public Services as a member of Equality and Diversity Forum;
 - Embed it as a key element of its governance processes and values;
 - Ensure that all providers comply with PSED and that it forms part of contract schedules; and
 - Make certain that Quality and Equality Impact Assessment are undertaken on QIPP schemes and programmes

Financial Implications

- The plans outline the significant challenges faced by the Health and Social Care System as a whole. In particular, it outlines £10m QIPP plans of the HHCC and the intended year-end

financial position of the Consortia.

Consultees

- The HHCC plan has been developed with board members and Commissioners in Herefordshire Public Services. PCT Cluster colleagues have been engaged, also, with the development of the CCG plan. The ISP has been presented to Herefordshire's Countywide QIPP Board and shared with colleagues across Herefordshire Public Services

Appendices

- Appendix 1 – Draft HHCC Summary Plan
- Appendix 2 - Plan links
- Appendix 3 – QIPP Plans

Background Papers

- CCG Operational Plan 12/13;
- West Mercia PCT Cluster Integrated system plan; and
- NHS Operating Framework.

Appendix 1 - Overview of HHCC Operational Plan 2012/13 (1/2)

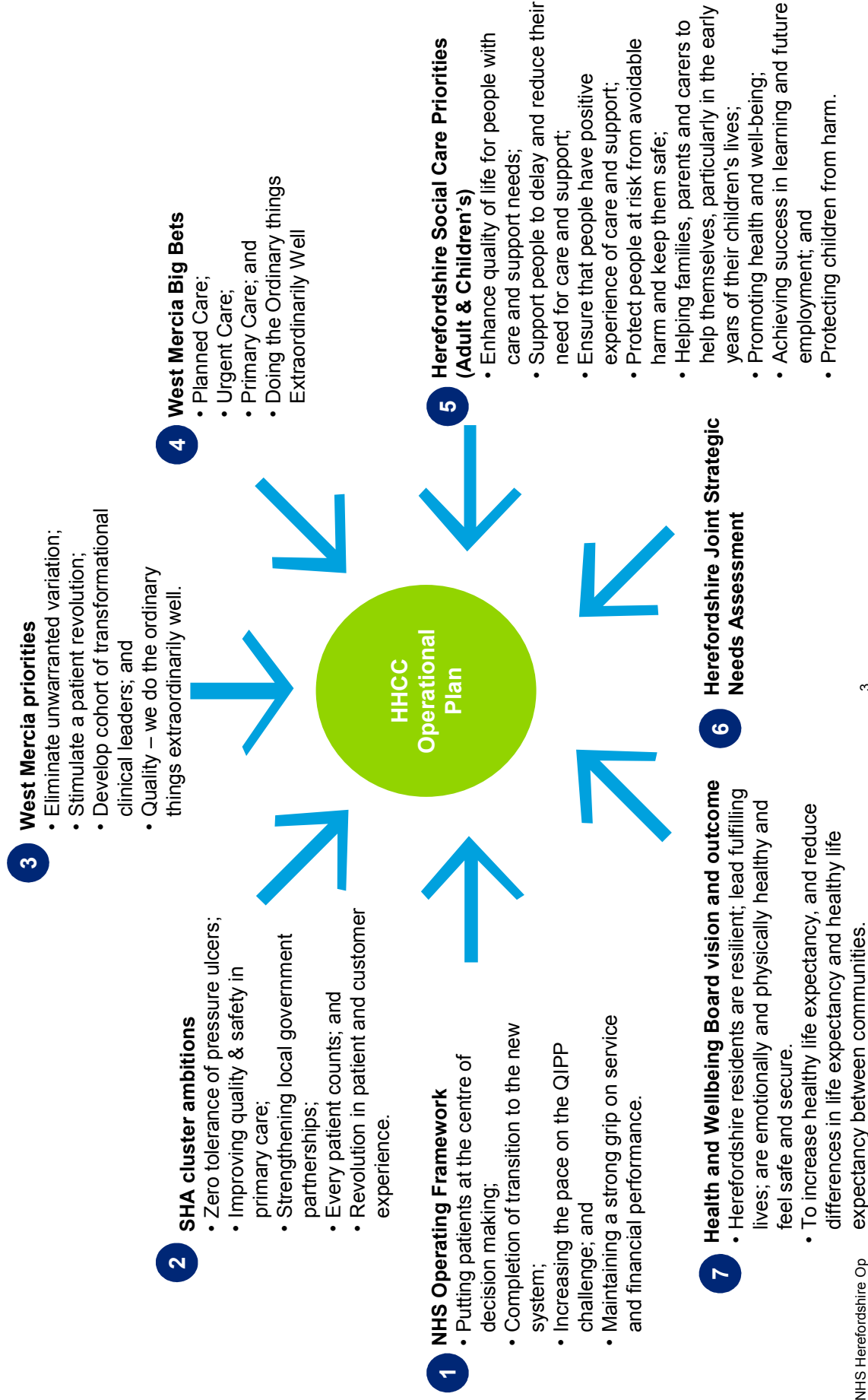
HHCC Strategic Objectives	Outcomes	Key delivery programmes	Cross-cutting services
<p>1. Demonstrating clinical leadership and fostering integrated working relations across the whole health system, including social care</p>	<p>Improved public & patient satisfaction Reduced cost Reduced bed days Reduced emergency admissions Well-functioning neighbourhood teams</p>	<ul style="list-style-type: none"> • Strategic Plan • Workforce • GP Parliament • CCG priorities consultation • QIPP Continuing health care • QIPP Elderly People and Dementia • Finance plans, contract negotiations 	<p>OD plan</p>
<p>2. Commissioning best available care for Herefordshire residents, going beyond existing solutions and providers</p>	<p>Improved public & patient satisfaction Improved quality of care Improved performance measures</p>	<ul style="list-style-type: none"> • Governance plan • Strategic plan • Workforce plan with focus on ensuring world class commissioning • Citizen engagement forum • CCG priorities consultation • Finance plans, contract negotiations 	<p>Governance plan</p>
<p>3. Improving quality and safety of care with defined outcome measures</p>	<p>Improved public & patient satisfaction Achievement of performance targets, e.g. Cdiff, VTE, maternity, pressure ulcers, cancer waits, A&E waits</p>	<ul style="list-style-type: none"> • Quality Assurance Framework, e.g. elimination of avoidable pressure ulcers grade 2,3 &4 • Net promoter question introduced • Delivery of improved maternity performance • Finance plans, contract negotiations 	<p>Informatics plan</p>
<p>4. Giving stakeholders and clinicians responsibility for managing pathways and incentivising them to deliver desired outcomes</p>	<p>Improved public & patient satisfaction Reduced cost Reduced bed days Reduced emergency admissions Reduced length of stay Reduced follow up appointments Reduced cancer waits</p>	<ul style="list-style-type: none"> • QIPP Elective pathway improvement, in particular maternity pathway • CHC: moving clients to personal budgets • GP Parliament • CCG priorities consultation • Finance plans, contract negotiations • Referral to treatment • Quality Assurance Framework, e.g. cancer waits, maternity 	<p>Workforce plan</p>
			<p>Implementation plan</p>

Appendix 1- Overview of HHCC Operational Plan 2012/13 (2/2)

HHCC Strategic Objectives

HHCC Strategic Objectives	Outcomes	Key delivery programmes	Cross-cutting services
5. Reducing variations in quality of primary care	Improved public & patient satisfaction Better quality care	<ul style="list-style-type: none"> • QIPP Primary care demand management • GP Parliament • Quality Assurance Framework 	<ul style="list-style-type: none"> OD plan Governance plan Informatics plan Workforce plan Implementation plan
6. Care closer to home (with a particular focus on older people)	Improved public & patient satisfaction Reduced emergency admissions for older people Reduced length of stay Reduced cost Reduced falls	<ul style="list-style-type: none"> • QIPP Elderly Care and Dementia scheme • Older People care pathway development • QIPP Community services • Workforce re-design and training needs • Diabetes care pathway consultation • Finance plans, contract negotiations • Quality Assurance framework, in particular A&E waits 	
7. Improving sustainability and resilience through enhanced clinical networks and early adoption of best practice	Improved public & patient satisfaction Achieving PCT control total (financial balance) Reduced emergency admissions for conditions not usually requiring hospital admission Reduced cost Improved quality of care	<ul style="list-style-type: none"> • CCG priorities consultation • Workforce plans with focus on establishing a culture of best practice • Finance plans, contract negotiations • GP Parliament • QIPP emergency care • QIPP medicine management • Quality Assurance framework, in particular A&E waits 	
8. Putting prevention at the core of our work	Improved public & patient satisfaction Improved smoking cessation rates Reduced obesity rates Reduced emergency admissions Achievement of performance targets related to prevention, e.g. breast feeding, health checks	<ul style="list-style-type: none"> • Quality Assurance Framework • GP Parliament • QIPP Primary care demand management • Joint Strategic Needs Assessment refresh and Integrated Needs Assessment development • Workforce re-design and training needs • Health checks 	

Appendix 2 – Strategic plan links



Appendix 3 – QIPP Plans

- In the table below and on the following page we have shown the disaggregation of the QIPP schemes and further detail behind the main schemes being developed and implemented;
- Successful initiatives from FY11/12 have been rolled forward to FY12/13; and
- Our approach to new initiatives such as care pathway development and our approach to older people are being developed to deliver sustainable, real change where benefits will be seen not just in the short term but also in the medium and long-term.

Cluster big bet theme	QIPP initiative	Individual scheme	Value £m	Overview of schemes
Planned Care	Continuing health care	Continuing health care	1.5	<ul style="list-style-type: none"> • Schemes in place to monitor the interpretation and assessment of continuing healthcare include: reviewing individual high cost packages of care, domiciliary care procurement and introduction of personal budgets. • Anticipated outcomes are reduced cost and bed days and reduced emergency admissions for CHC patients .
	Elective pathway improvement	Outpatients	0.8	<ul style="list-style-type: none"> • Emphasis on working with providers to develop schemes for improving new to follow up ratio. • Anticipated outcomes are reductions in follow up operation attendances. • Development of Protocols and GP Parliament
		Care pathway development	0.4	<ul style="list-style-type: none"> • Working with providers on the maternity pathway. • Planned reductions in bed days and average length of stay.
	Primary care demand management	Healthy individuals	0.1	<ul style="list-style-type: none"> • Various initiatives in place but specific focus on smoking cessation. • Major anticipated outcome is for smoking cessation: to increase the absolute number of 4 week quitters.

The largest QIPP schemes focus on continuing health care and medicine management with older people being a strategically important scheme to redesign the health system

Cluster big bet theme	QIPP initiative	Individual scheme	Value £m	Overview of schemes
Urgent care	Elderly care and dementia	Elderly care and dementia	1.0	<ul style="list-style-type: none"> The overarching aim is an integrated approach for older people. A whole systems approach is being taken with the local authority to ensure a joined-up approach for the adult strategy. Key elements include: rollout of neighbourhood teams, dementia pathway re-design, rollout of Local Enhanced Service (LES), and specific focus on falls, carers and end of life care. Various anticipated outcomes with an overarching plan to reduce emergency admissions for older people by 10%.
	Proactive care	Emergency care	0.9	<ul style="list-style-type: none"> Working with providers on schemes such as refreshed press campaign, improved signposting of out of hours GP service, rollout of community paramedic initiative. Anticipated outcomes are reductions in emergency admissions for conditions not usually requiring hospital admission.
Primary care	Medicines management	Medicines management	1.7	<ul style="list-style-type: none"> Key schemes include revised guidance for specific drugs and rollout of findings from audits of high cost drugs. Anticipated outcomes are reducing costs of prescribing without adversely affecting patients.
	Ordinary > extraordinary & other	Other contracts	1.2	<ul style="list-style-type: none"> Focus on ensuring proper classification of procedures and accurate coding. Anticipated outcomes are more accurate recording and reporting of activity.
Contractual agreements		Community services	0.5	<ul style="list-style-type: none"> Rebasing of community contracts in Leominster. Expected outcomes are a reduction in community bed days.
Management cost savings		Special placements	0.4	<ul style="list-style-type: none"> Focus on repatriation of out of area placements.
Management cost savings			1.5	<ul style="list-style-type: none"> Planned reductions in staff numbers through natural wastage and voluntary redundancies.
Total QIPP plan			10.0	

MEETING:	HEALTH AND WELLBEING BOARD
DATE:	20 MARCH 2012
TITLE OF REPORT:	UPDATE ON PROGRESS OF NATIONAL LEARNING SET ON GOVERNANCE

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To consider issues emerging from the national learning set on governance.

Recommendation

THAT: the Board notes work to date and considers whether there are any actions it wishes to take in response to the emerging findings from the national learning set on governance.

Key Points Summary

- Herefordshire was selected as an early implementer for health & well being boards and was invited to join one of 8 national learning sets. It was agreed by the board to nominate governance given Herefordshire's unique experience of deep partnership.
- The purpose of the learning sets is to help inform and engage stakeholders as well as shape emerging policy. Each learning set has agreed to disseminate their learnings: the governance learning set plan to produce an aide memoir for other boards
- This report highlights progress and emerging themes.

How will your report meet the vision and guiding principles of the HWBB?

- 1 The vision and guiding principles for Herefordshire's HWBB have been used to help inform debate within the learning set and will be used to test the relevance of any emerging themes.

Reasons for Recommendations

- 2 To allow the Board to respond to and take account of any good practice generated by the national learning set on governance.

Further information on the subject of this report is available from
Joanna Newton on (01432) 260330

Introduction and Background

- 3 The national learning sets were set up in 2011 to encourage stakeholder engagement in the development of Health & Wellbeing boards. Sponsored by the Department of Health, the learning sets have been led by John Wilderspoon, national director for HWBB, supported by the NHS Institute for Innovation and Improvement.
- 4 A national launch in November 2011 has been followed up by discussion within each learning set using a webinar format. A national half way review in February 2012 will be followed up by a final event in April. Delegates are clear on the benefit of sharing being captured with defined outputs and opportunities have arisen to directly advise on policy development and guidance. Details of learnings from all the learning sets are available and currently each learning set is conducting a Friday webinar to disseminate learning and answer questions. The link is <https://nhs.webex.com/nhs>

Other links:

<http://healthandcare.dh.gov.uk/learning-sets-launch/> - launch site

<http://twitter.com/#!/search/%23HWBlearn> - Twitter link

- 5 Membership is drawn from a variety of local authority settings both unitary and two tier authorities with likewise representation from officers, lead members, public health and PCT chairs

Key Considerations

- 6 The learning set for governance determined to focus on 3 topics:
 - What are the areas of responsibility for HWBB?
 - Where should HWBB be positioned in the system to exert real influence?
 - How will HWBB hold partners to account for delivery of strategic priorities?
- 7 The learning set has acknowledged that HWBB will be the key local system leader for setting the strategic direction for health and well being to local populations. Specifically this will include leading on HWB strategy with full participation needed from senior leaders of commissioning bodies and partners. This recognises the unique position of local authorities to lead and inform place-based strategies.

8 **Topic 1 – Area of responsibility**

Key learnings / considerations:

- The need to engage existing, new and emerging players (e.g. National Commissioning Board, clinical commissioning groups, Healthwatch) to develop a shared vision, values and agree areas of responsibility
- The need to agree a core list of priorities to improve outcomes health and wellbeing built around the JSNA process
- The need for step change in some cases from pre-existing models to deliver real improvements in outcomes
- The need for freedom and flexibility to allow local determination of membership tested against certain principles e.g. decision makers v influencers, and representation of district

v county Councillors

9 Recognition of the need to invest in board development to achieve the above.

Topic 2 - Location in the system

The complexity of location within the system varies widely across the country from the relatively simple Herefordshire model with a single unitary authority and one CCG to another involving 1 county council, 6 district councils and 8 CCGs.

Key learnings/considerations:

- The need to define function before determining form
- In two tier authorities or where multiple CCGs will exist the challenge of aligning representation with a corporate governance model taking account of the need to keep boards to a manageable size.
- Clarity over governance and accountability structures is needed e.g. relationship to HOSC, NCB and CCG boards.
- Membership will need to be defined at a local level due to varying complexities and being sensitive to local political situations. However investment in stakeholder engagement is recommended to ensure that principles are agreed against which membership can then be tested, i.e. what do we want to achieve and therefore who will need to be involved. Given the strategic nature of the HWBB consideration also needs to be given to sustainability of leadership and membership in the light of changes to administration or elected CCG board membership
- Recognition that HWBB are operating within a changing context with the anticipated approval and implementation of the health & social care bill and localism bill. In some areas the LSP has been disbanded or merged with the HWBB. A wider partnership discussion is therefore recommended to capture the potential impact and / or overlap with other partnership groups e.g. community safety, LSP

Appendix 1 identifies how learning set members are approaching location within the system

10 Key learnings/considerations for Herefordshire

Whilst our early investment in board development has allowed discussion to address many of the considerations the HWBB may wish to consider the following as part of self evaluation:

Are we clear of the relationship with the LSP and how they will collaborate going forward?

How do we engage with providers to inform any future strategic health decisions?

How does the HWBB work with current and emerging localities infrastructure?

How will the NCB arrangements and accountability impact on the work of the HWBB?

11 Next Steps

Topic 3 on accountability to be debated this month. An aide memoir for HWBB is under production for early summer in conjunction with the NHS Confederation

Community Impact

12 The Board may wish to review or affirm current membership and links to the LSP.

Equality and Human Rights

13 There are no equality and human rights implications.

Financial Implications

14 There are no financial implications.

Legal Implications

15 None identified.

Risk Management

16 There are no risks identified at this time but the board is asked to note the outcome of the third topic on accountability at a later date.

Consultees

17 None

Appendices

18 Topic 2 – location of HWBB. A summary of learning set member approaches to date

Background Papers

None identified.

Appendix

1. Politically

Area	Approach	Rationale	Pros	Cons
Portsmouth	Just 2 portfolio holders initially	Keep the board small and focussed	<ul style="list-style-type: none"> - Easy to manage the board as relationships develop with new partners such as CCG 	<ul style="list-style-type: none"> - Risk that Cabinet feel excluded - Change of administration could cause problems

Herefordshire	Leader and chaired by Cabinet lead for health & wellbeing	<ul style="list-style-type: none"> - Keep focus on delivery - Keep sustainability of membership 	<ul style="list-style-type: none"> - Highlights importance of HWBB - Manageable size 	<ul style="list-style-type: none"> - Risk of insufficient
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2. In relation to other partnerships

Area	Approach	Rationale	Pros	Cons
Calderdale	Replaced LSP with HWB	Wider determinants of health give HWB broad remit	<ul style="list-style-type: none"> - Means the board has representatives from the breadth of organisations and sectors needed e.g. Police 	<ul style="list-style-type: none"> -

IoW	Replace LSP with HWB	Extends agenda beyond health and social care	<ul style="list-style-type: none"> - The important thing is influencing what partners do not how the board operates so you want as many levers to pull as possible 	<ul style="list-style-type: none"> -
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St Helens	Keep LSP as overarching body with HWB leading on health and wellbeing issues	Don't get rid of things that are working and have taken time to develop	<ul style="list-style-type: none"> - Forum for getting wider buy-in e.g. for joint health and wellbeing strategy 	<ul style="list-style-type: none"> -
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Herefordshire	Building on existing strong partnership of Herefordshire public services.	Merge of HWBB and LSP might risk agenda becoming too broad and not delivering other key part of LSP agenda eg environment / economy	<ul style="list-style-type: none"> - LSP arrangements reviewed last year and HWBB will use joint assembly arrangement as part of engagements process. 	<ul style="list-style-type: none"> - Police on HWBB and aware that community safety partnership one of area of work needing further consideration.
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3. In relation to other tiers / organisations

Area	Approach	Rationale	Pros	Cons
Devon	District councils have been asked to choose 1 representative to sit on	Important to have districts as the provide services that affect health and wellbeing	<ul style="list-style-type: none"> - Gives districts a voice - Keeps numbers down - Keeps people focussed on their 'corporate' issues 	<ul style="list-style-type: none"> - Those districts without a seat may not feel their local issues are represented

Appendix

	the county-wide HWB	but also keep board numbers manageable	or 'representative' role i.e. focussed on the needs of the whole population not just one group	- How do you get non-elected organisations to perform a 'representative' role e.g. on college representing other HE/FE providers?
Herefordshire	Use a reference group of wide stakeholders for PCT PEC	Need breadth of stakeholders but keep board focussed	- Gives access to wide range of expertise and different perspectives - Could be applied to HWBB wider membership	- Potential overlap with other stakeholder forums
Bracknell	Use a reference group of wide stakeholders	Focus on getting the right things done at the right time, but still need flexibility and innovation		

MEETING:	HEALTH AND WELLBEING BOARD
DATE:	20 MARCH 2012
TITLE OF REPORT:	HEREFORDSHIRE PUBLIC SERVICES UPDATE

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To receive an update on Herefordshire Public Services.

Recommendation

THAT the update be noted subject to any comments the Board wishes to make.

Introduction and Background

1 An update is appended.

Background Papers

- None identified.

Further information on the subject of this report is available from
Tim Brown Governance Services, on 01432 260239

HEREFORDSHIRE PUBLIC SERVICES UPDATE

MARCH 2012

A GOVERNANCE

- 1 The Herefordshire Public Services (HPS) Board has considered the future governance for the Herefordshire Public Services (HPS) partnership – the three way partnership between Herefordshire Council, NHS Herefordshire and the new Clinical Commissioning Group, Herefordshire Health-Care Commissioners (HHCC), over the transition period to April 2013 when Primary Care Trusts (PCT) are due to be abolished.
- 2 The new arrangements are intended to achieve local aims whilst being consistent with national requirements for PCT Cluster governance, the PCT Cluster Board having replaced the previous separate PCT Boards in the West Midlands. The new HPS Board does not involve any transfer of accountabilities from the statutory partners. The purpose is to provide a forum for discussion about local accountabilities during the transition period, and to facilitate joint working where this will achieve particular outcomes.
- 3 Jo Newton has been appointed as the Chair for the new Cluster Board. Sue Mead has been appointed to the Cluster Board as the Herefordshire Locality Non-Executive Director (NED). The new arrangements also provide for Associate NEDs to have a role in supporting the transition locally.
- 4 The current West Mercia Cluster arrangements are subject to a Partnership Agreement signed by the Council, NHS Herefordshire, the Clinical Commissioning Group and West Midlands Strategic Health Authority.
- 5 During any large scale reorganisation, clarity of accountabilities is vital and lessons from previous change reinforce this, particularly in relation to quality and safety.
- 6 Whilst everyone involved shares a common ambition for better health and social care outcomes for Herefordshire and the smooth management of the transition process, it is clearly important that there is an understanding of who is responsible for what and how this may change during the transition process.
- 7 The Board has agreed further work required to clarify governance arrangements and accountabilities, including how to ensure that there is close and complementary working with the West Mercia Cluster Board.

B HPS BOARD WORK PROGRAMME

- 8 The Board has considered the key issues on which it wished to focus in the coming year and agreed an action plan and work programme for the Herefordshire Public Services (HPS) partnership.
- 9 The action plan has been developed to deliver a number of shared outcomes

that were agreed as part of the governance review and as underpinning objectives within the Herefordshire Public Services Partnership Agreement:

HPS Outcomes

- **Herefordshire:** the further integration of public services is an essential response to meeting the challenges facing Herefordshire over the next decade or more, particularly so during the present period of transition when maintaining a focus on local solutions to local needs will be key
- **Better Outcomes:** our partnership is based on delivering better outcomes for residents, not simply being a better partnership; this can only be achieved by working together at all levels, using the new integrated needs assessment as our focus, and ensuring locality-specific responses to locality-specific issues are developed
- **Integration:** customers and patients expect services that are designed around their needs, and delivered as locally and efficiently as possible; integration and service change is essential to break down silo delivery and create service pathways that provide better outcomes and earlier intervention, whilst ensuring clear accountabilities for quality and safety
- **Capacity and Capability:** our organisations are small and stretched in many directions; we do not have the capacity and capability to deliver what we need to do alone, but together – sharing leadership, skills, knowledge and resources – we can
- **Value for Money:** there are still areas of duplication, waste and separate processes which add to our costs, reduce funding for direct service delivery and do not offer value for money for local tax payers; shared services needs to enter a new phase, and locality working needs to be accelerated
- **Community Engagement:** we share the aim of a step change in our relationship with residents so that they are better informed, take greater personal responsibility for their lives and we can plan services around their needs

Draft Action Plan and Work Programme

- 10 We need to be clear about the actions that the new Board will address over the next 14 months to achieve these outcomes, and how this will be turned into a work programme.
- 11 A number of issues have already been identified as benefitting from Board consideration:
 - **Hoople:** Confirming the commitment to and process for establishing the

2012/13 service requirement from Hoople. This is part of the Commissioning Support discussion. The transfer of PCT shares to the CCG will also need to be agreed.

- **Whole System Planning:** Ensuring the system-wide QIPP plan has sufficient focus on the integration required across health and social care systems as well as the geographical integration required by the NHS transitional arrangements. The latest West Mercia plan has very little reference to social care or other service issues
 - **Joint Corporate Plan:** Clarifying the future scope of the Joint Corporate Plan and/or mechanisms for linking relevant partner plans and planning processes. The suggestion is that the JCP becomes joint between the CCG and the Council and that we build in key aspects of the new Health and Public Health outcome frameworks
 - **Resource Allocation:** Building on the above, clarifying the approach to resource allocation across the system, including the process for agreeing planned investments over the medium term
 - **HR Transition:** There are a number of important, sensitive and urgent HR issues arising from the transition (e.g. changes in staff management and deployment during the transition; employment models for the future; outcome from Employment Opinion Survey etc). Central to this is partner intentions re the future potential for joint appointments (eg COO), building on the benefits of the approach adopted by HPS
 - **Health and Wellbeing Board:** Establishing and maximising the system leadership role of the Health & Wellbeing Board – and understanding the linkages between this and other governance bodies across the partnership. Clarity about the role of this Board in supporting the development of the HWB will be important
 - **Communications:** Internal and external communications across the partnership underpin all of the above and will be central to the transition – see below
- 12 A common theme linking most if not all of the above issues is that of engagement and communication between the partners in Herefordshire and the West Mercia Cluster.
- 13 Work is currently in hand, building on the partnership agreement signed in April 2011 and the subsequent exchange of correspondence forming an addendum to that agreement, to clarify respective high level accountabilities arising from the new cluster governance system. This work is being developed further to establish greater clarity throughout the system.
- 14 The HPS Board has acknowledged the need to demonstrate how it will add value, given the accountabilities elsewhere in the health and social care system for delivery. It has adopted the following way of working that can add value to what other parts of the system are already doing.

How We Will Work

- *A focus on outcomes for local people – residents, patients, carers*
- *Increasing confidence in delivery*
- *Less bureaucracy, meetings without purpose, rapid decision making*
- *Changing the system when it gets in the way of outcomes or delivery*
- *Practical actions that have a rapid result, innovation*

C COMMISSIONING SUPPORT

- 15 The Board has also considered the development of commissioning support to the new Clinical Commissioning Group, Herefordshire Health-Care Commissioners (HHCC).
- 16 Commissioning support has been identified nationally as one of the most crucial factors in the development of clinically led commissioning. It is also a key element of the authorisation criteria for CCGs.
- 17 Proposals have been drawn up in parallel with the work being undertaken across West Mercia Cluster for commissioning support. Since the work started, the national expectation that there will be commissioning support service “units” based on clusters has become clear. However, there is also an expectation that Clusters will have a role in “brokering” other local support.
- 18 Key to the current proposals is the amount of money that the CCG will have to spend on Commissioning Support, regardless of where this comes from. The national view on this appears to have changed, with the previous headline figure of £25 per head of running costs, apparently replaced with £15 per head for core commissioning support and £10 (or £9) per head for other running costs. The current overall cost of commissioning support is closer to £37 per head. This raises fundamental questions about the level and quality of service that can be delivered for this sort of funding.
- 19 A project is underway, with dedicated support, to develop the detailed proposals, including specific functions, skills and costs. Support will come from Hoople as well as from within HPS.
- 20 The West Mercia Cluster Commissioning Support Prospectus refers to a “placed based” solution, with a blend of directly employed CCG support, support from the local authority and support from the West Mercia commission support services. The balance between this – and any nationally prescribed services – will develop over time. There is clearly a value for money case for some support to be provided across a larger geographical area, but this needs

to be balanced with local knowledge, responsiveness and a whole system perspective.

- 21 Also of note is the paper produced by the DoH and the Local Government Association, "NHS & Local Government as Partners in Commissioning for Health & Wellbeing". This highlights the potential of local authorities to provide commissioning support and the importance of avoiding short term decisions that may impact on integration, particularly given that this is seen as even more important in the future:

"It is important that emerging commissioning support arrangements, which in the first instance are likely to be coordinated by PCT clusters as 'brokers', should not damage the potential for effective collaboration between CCGs and local government either in the transition period to 2013 or over the longer term"

- 22 This is a complex area and one that will require close communication over the next few weeks as proposals for commissioning support are finalised as part of the CCG authorisation process.
- 23 Finally, It is important to note that it is CCGs who will have the final decision about how commissioning support is provided.

MEETING:	HEALTH AND WELLBEING BOARD
DATE:	20 MARCH 2012
TITLE OF REPORT:	HEALTH AND WELLBEING BOARD WORK PLAN

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To consider the current Work Plan.

Recommendation(s)

THAT the Board review the Work Plan and amend it as necessary

Introduction and Background

1 The current Work Plan is appended.

Background Papers

- None identified.

Further information on the subject of this report is available from Clare Wichbold, Health and Wellbeing Grants and Partnership Officer, on 01432 347661

HEALTH AND WELLBEING BOARD OUTLINE WORK PLAN MARCH 2012

MEETING	AGENDA ITEMS	LEAD
20 March	<p>Strategy & Development</p> <ul style="list-style-type: none"> • Agree Health and Well Being Strategy 2012/13: <ul style="list-style-type: none"> ○ Approve vision, guiding principles and priorities for 2012/13 ○ Children 0-5 years ○ Alcohol Harm Reduction Strategy ○ Transformation of Older People's Services 	SA SA/JD
	<p>System Leadership</p> <ul style="list-style-type: none"> • Receive Public Health Transition Plan • Receive Cluster Plan: Integrated system plan • Receive CCG operational plan <p>Updates</p> <ul style="list-style-type: none"> • HPS Update • HWBB Outline workplan • Learning Set Update 	SA TBC
17 April (W)	<p>Workshop: 2012 emerging findings</p> <ul style="list-style-type: none"> • Health and wellbeing strategy: performance management process • Governance, membership and working practices • Update on progress with LiNK/Healthwatch • Commissioning cycles update • Needs assessment (INA update) • Approve Communications Plan 2012/13 	DT CW JN InLoGov
15 May (incomplete)	<p>Strategy & Development</p> <ul style="list-style-type: none"> • Agree membership • Update on children under five priority <p>System Leadership</p>	SA Alison Talbot-Smith Richard Beavan-Pearson

	<ul style="list-style-type: none"> • Safeguarding: report on activities and relationship with the HWBB 	
	<p>Updates</p> <ul style="list-style-type: none"> • HPS Update • CCG Update • Learning Set updates • HWBB Outline workplan • Communications update: <ul style="list-style-type: none"> ◦ First annual report • Receive INA 	DT AW JN CW DT
12 June (W)		SA
10 July	<p>Strategy & Development Older people's services update report</p> <p>System Leadership</p> <p>Updates</p> <ul style="list-style-type: none"> • HPS Update • CCG Update • HWBB Outline workplan • Learning Set Update • Communications update 	DT AW CW JN
4 September (W)		
16 October	<p>Strategy & Development Receive DPH Annual Report Children under five six monthly report Alcohol harm reduction six monthly report</p> <p>System Leadership</p> <p>Updates</p> <ul style="list-style-type: none"> • HPS Update 	DT

	<ul style="list-style-type: none"> • CCG Update • HWBB Outline workplan • Learning Set Update • Communications update 	AW CW JN
13 November (W)		
11 December	<p>Strategy & Development Older People's services six monthly report</p> <p>System Leadership Updates</p> <ul style="list-style-type: none"> • HPS Update • CCG Update • HWBB Outline workplan • Learning Set Update • Communications update 	

Notes:

1. (W) Denotes Workshop
2. Scheduling is indicative in some cases and will be firmed up as part of the joint agenda planning work
3. Work Plan will be updated each month
4. Initials against items in column 3 are for members of HWBB; other contributors are named in full.

