AGENDA

Health and Wellbeing Board

Date:	**Wednesday 26 March 2014**
Time:	**2.30 pm**
Place:	**Council Chamber - Brockington**
Notes:	Please note the **time, date** and **venue** of the meeting. For any further information please contact: **David Penrose, Governance Services** Tel: 01432 383690 Email: dpenrose@herefordshire.gov.uk

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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman	**Councillor GJ Powell**	
	Councillor CNH Attwood	**Herefordshire Council**
	Helen Coombes	**Director of Adults Wellbeing**
	Jo Davidson	**Director for Children's Wellbeing**
	Paul Deneen	**Healthwatch**
	Elizabeth Shassere	**Director of Public Health**
	Dr Andy Watts	**Clinical Commissioning Group**
Non Voting	**Jacqui Bremner**	**Representative of a Carers' Organisation (Currently Herefordshire Carers Support)**
	Shaun Clee	**2gether NHS Foundation Trust**
	Richard Garnett	**Herefordshire Business Board**
	Brian Hanford	**National Commissioning Board Local Area Team**
	Claire Keetch	**Third Sector Board**
	Alistair Neill	**Herefordshire Council**
	Ivan Powell	**West Mercia Police**
	Derek Smith	**Wye Valley NHS Trust**

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 the 28 January 2014.	7 - 12
5.	**BETTER CARE FUND SUBMISSION** To approve the joint commissioning and Better Care Fund first Submission.	13 - 48
6.	**UPDATE ON THE NEW COMMUNITY SAFETY PARTNERSHIP** To receive an update report on the New Community Safety Partnership.	
7.	**PUBLIC HEALTH COMMISSIONING STRATEGY** To receive an oral report on the Public Health Commissioning Strategy.	49 - 50
8.	**HEREFORDSHIRE CLINICAL COMMISSIONING GROUP (HCCG) - TWO AND FIVE YEAR PLANS** To receive a presentation on the CCG’s two and five year plans.	51 - 52
9.	**WORK PROGRAMME** To note the Board’s Work Programme.	53 - 54

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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 28 January 2014 at 2.00 pm

Present: **Councillor GJ Powell (Chairman)**
Councillor (Vice Chairman)

Councillor CNH Attwood, Ms J Bremner, Coombes, Mrs J Davidson, Paul Deneen, Mr R Garnett, Brian Hanford, Mrs C Keetch, Mr A Neill, Supt Ivan Powell, Ms E Shassere and Dr A Watts

In attendance: Councillor ACR Chappell, Dr N Fraser and Ms J Wheeler

1. APOLOGIES FOR ABSENCE

Apologies were received from Mr D Smith and Mr S Clee.

2. NAMED SUBSTITUTES (IF ANY)

Ms Trish Jay substituted for Mr S Clee, and Mr A Dawson for Mr D Smith.

3. DECLARATIONS OF INTEREST

Ms T Jay and Dr A Watts declared disclosable pecuniary interests in Item 6, the Primary Care Challenge Fund Submission. Ms Jay declared a non-pecuniary interest in Item 10, the Autism Strategy 2014-17.

4. MINUTES

The Minutes of the Meeting held on the 22 October 2013 were approved and signed as a correct record.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

6. PRIMARY CARE CHALLENGE FUND SUBMISSION

The Board received a presentation from Taurus Healthcare who, as a consortium, would be providing access to primary care across the County. GP practices had been invited to submit ‘expressions of interest’ (EOI) to test new ways of improving access to general practice and innovative approaches to providing primary care services. Backed by the £50 million Challenge Fund, the initiative will support at least nine pilots covering at least half a million patients. The deadline for practices to submit EOIs was 5pm on 14 February. The pilots would test a range of options for improving access such as extended hours, weekend opening and better use of technology.

During the presentation, the following points were raised:

- That there was a great deal of interest from GP practices and groups of practices across the County and the Local Area Team would support the proposal that was being put forward by Taurus.

- It was intended that a seven day service would be provided, from 8am to 8pm, and that GP data would be shared across practices.

- That delivery of the scheme would only partially address access issues, and discussions were in hand with the Herefordshire Clinical Commissioning Group (HCCG) and the Wye Valley NHS Trust as to where primary care access was proving to be of concern.

In reply to a question from the Chairman as to how the programme would be supported and sustainable as funding was non-recurrent, Dr N Fraser, Chairman of Taurus, said that the core offering for the bid was the 7 day opening. All other aspects were pilots that would report within the year and provide commissioners with the opportunity to recommission. There was an opportunity for the County as the contracts for the Herefordshire GP Access Centre and the Out of Hours contracts were coming up for renewal. Integrated GP services could be put in place instead, and some of the services currently offered would no longer be needed and funding could be released.

The Chairman of Healthwatch said that the creation of a holistic, joined up approach to primary care, with seven day openings of surgeries would make a significant difference to the people of Herefordshire and agreed that the sharing of data between practices was as a very important aspect of this process.

RESOLVED: That the Board offered its full support to the Primary Care Challenge Fund Submission by Taurus Healthcare.

7. BETTER CARE FUND SUBMISSION

The Board received a presentation on the Better Care Fund submission. During the presentation, the following issues were highlighted:

- That the Board had agreed a set of principles that translated into four key themes.
    - Quality, safety and sustainability
    - Accessing information/sharing data
    - Health and Social Care co-ordination
    - Care and support at home
    - Emergency care and the acute response

- That a joint commissioning and planning workshop for the submission had been held on the 15 January, facilitated by NHS England, at which providers had been an integral part.

- One of the outputs of the workshop was a ‘long list’ of proposed schemes and Herefordshire Clinical Commissioning Group (HCCG) and the Local Authority were currently prioritising the list in readiness for its submission on 14th Feb 2014. The schemes would be prioritised against the key metrics defined for the Better Care Fund prior to submission. NHS England would test the submission against the Better Care Fund objectives and metrics as well as the robustness of the underpinning evidence and plans.

During the ensuing discussion, the following points were made:

- That it would be critical to engage providers over the next stage of the process. The HCCG would have to redeploy services, so its engagement was important.

- That clarity was needed to take forward the projects to implementation.

The Chairman suggested that the themes for 2014/15 for the Board should be more widely promulgated in order to make it clear to the residents of the County what the Board was doing, and how it was achieving its goals.

RESOLVED: That the presentation be noted.

8. PROPOSALS FOR A REFRESHED GOVERNANCE STRUCTURE FOR THE COMMUNITY SAFETY PARTNERSHIP

The Board received a report on proposals for a refreshed governance structure for the Community Safety Partnership.

The Head of Community and Customer Services reported that the next three year Partnership strategy would cover April 2014 – March 2017 and work on the current strategic assessment had identified a number of key community safety issues.

In order to resolve governance issues, a workshop, chaired by the Cabinet Member (Corporate Services) would be held in mid-February to which representatives of all the responsible authorities together with the chairs of the Health and Wellbeing, Safeguarding Adults and Safeguarding Children's Boards would be invited.

RESOLVED: That the report be noted.

9. HEREFORDSHIRE HEALTHY COMMUNITIES EVENT

The Board received a report on the Herefordshire Healthy Communities event held on the 20 November 2013.

During the discussion, the following points were made:

- That the report set out the key lessons for going forward, and that there would be a further event on the 24th February to which all Board members were encouraged to attend.
- That a key to the process was the joining of formal services to community resources and the Community and Voluntary sectors were talking about being part of the preventative agenda. There were joined up conversations taking place and it was now a question of how this was going to be undertaken.
- That it was complex task within the Third Sector to identify what community resources existed within the County.

RESOLVED: That the report be noted and that Board Members be actively engaged in future events.

10. AUTISM STRATEGY 2014-2017

The Board noted the Autism Strategy 2014-2017. The Director of Adults Wellbeing reported that the Department of Health would be visiting Herefordshire on the back of the Winterbourne View Review, to look at how the Autism Strategy was progressing in the County. Whilst it had been seen by Cabinet and the Herefordshire Clinical Commission Group Board, it was still in a draft form. It would also be put before the Provider Board.

Director of Quality and Performance, 2gether NHS Foundation Trust said that she supported the strategic intent behind the paper, but that there was still a significant amount to be done in this area, especially in the provision of services to adults.

RESOLVED: That the Board note and approve the Autism Strategy 2015-2017.

11. HEREFORDSHIRE CLINICAL COMMISSIONING GROUP CLINICAL STRATEGY AND NHS PLANNING

The Board received a presentation on the Herefordshire Clinical Commissioning Group (HCCG) Clinical Strategy and NHS Planning.

The Clinical Lead of the HCCG highlighted the following issues in his presentation:

- That some aspects of NHS services in Herefordshire were not currently delivered in a financially or clinically sustainable way, and that, in particular, the Wye Valley NHS Trust (WVT NHST) operated with a significant recurrent financial deficit. No alternative organisational models had yet been identified for WVT NHST which would meet national quality and safety standards within the available financial resources.

- That as part of the HCCG clinical leadership the phase one objectives were to identify the clinical services essential for delivery within the borders of Herefordshire, those which were essential for service users but which could be delivered outside the County and services that are not currently clinically and / or financially sustainable.

- That thirty nine service workbooks had been sent out with forty pages of questions and data to local Primary and Secondary Care clinicians, and clinical surgeries had been held as a result of the information received. Thirty one designated services, defined as services that must be delivered in part, or whole, within the boundaries of Herefordshire in order to prevent any degradation to the quality of service provided, had been identified as a result.

- Non designated services were not open to decommissioning, but would need to be considered as being more effectively delivered outside the County. Examples included vascular surgery, which were technical and difficult operations and could be delivered in Worcestershire. Whilst bladder cancer treatment was best delivered elsewhere, a case could be made for the treatment of breast cancer within the County. The conclusion had been that there was little scope for moving most services.

- Phase two of this process involved wider engagement with partners and looking for efficiencies within the system such as the utilisation of staff with other providers, telehealth options and the removal of waste within the system. This would be undertaken in parallel with the Wye Valley NHS Trust efficiencies.

In the ensuing debate, the following points were made:

- that this review assumed no change to the present funding model.

- that it would be important in the future to show that all alternative options had been exhausted. It would then be possible to have a debate over funding formulas.

- That there were services that the Wye Valley Trust was delivering at a loss and that consideration should be given as to whether it was the best provider for these services.

- That a thorough process had been undertaken, and whilst there would be difficult decisions to be made, it was clear that all options had been considered.

The Chairman said that it was important that the Health Overview and Scrutiny Committee were given the opportunity to be involved in the process.

RESOLVED: That the report be noted.

12. WYE VALLEY NHS TRUST FUTURES PROJECT

The Board received a report on the Wye Valley NHS Trust Futures Project. The Head of Programme Management at the Trust highlighted the following areas:

- That the Outline Business Case for the Trust had three options:
  - National policy, which was the acquisition by a Foundation Trust
  - Operating franchise with the private sector, so that the management of the Trust would be led by the private sector
  - The NHS Trust Development Authority had requested that a third option be considered, that of the reconfiguration of services that would allow the Trust to operate as a standalone organisation.
- Detailed long term financial modelling had been undertaken on all options, as well as at the same time seeking legal opinion. Public engagement had also been sought around all the options. None of them met the criteria to progress the business case.
- In the light of the HCCG's clinical strategy, the Trust was looking to review the services it provided and was continuing to work with NHS England to look at alternative options. The service reconfiguration would focus the Trust's strategy over the next two years. It was important that the organisation should continue to be run with patients at the centre of the operation.
- That the NHS Trust Development Authority had asked the Trust to provide additional options, and considerations was being given to this.

The Chairman of Healthwatch said that there were issues regarding the inconsistency of approach from the NHS Trust Development Authority, as this did not help the stability of the Wye Valley Trust as an organisation and had implications for health and social care in the County. A holistic conversation was needed with all stakeholders.

In reply to a question, the Head of Programme Management said that it was difficult to assess how the PFI charges were structure, but within the financial model it represented a fraction of the gap that the Trust was required to fill and wouldn't solve the problems by itself. It was necessary to deal with the Trust's estate as a whole.

The Chief Executive of Herefordshire Council added that he recognised the intractable nature of the issue before the Trust, and suggested that there should be weekly meetings with the Council and the HCCG to look at whole system services to help find solutions which were hard too hard to see from within the organisation.

RESOLVED: That the report be noted

The meeting ended at 16:05 **CHAIRMAN**

MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	26th March 2014
TITLE OF REPORT:	Better Care Fund
REPORT BY:	Director Adult Wellbeing

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

County-wide

Purpose

To agree the draft Herefordshire Council and Clinical Commissioning Group joint submission for the Better Care Fund including confirmation of the future governance arrangements for the programme of work, and to note the final sign-off arrangements for the submission.

Recommendations

THAT:

(a) The draft Better Care Fund (BCF) submission is agreed for submission to NHS England on the 4th April 2014;

(b) Sign off of the final submission will be through a meeting of the Chief Officer Clinical Commissioning Group, Director of Adult Well Being Herefordshire Council, Chair of Health and Wellbeing Board on 2nd April 2014;

(c) The proposed governance arrangements for the programme of activities associated with the BCF in 2014/15 is agreed;

(d) The terms of reference for the Health and Wellbeing Board are reviewed to ensure that they reflect the requirements of the BCF.

Further information on the subject of this report is available from
Jacky Edwards Programme Manager Better Care Fund on Tel (01432) 260048

Alternative Options

1 There are no Alternative Options as the submission and allied governance arrangements have been developed, considered and agreed by the partners and other options have been considered and discounted in this process.

Reasons for Recommendations

2 To ensure that the BCF submission is agreed and approved through the Health and Wellbeing governance arrangements, provide assurance to the Health and Wellbeing Board (HWB) that the future joint commissioning arrangements to support implementation are in line with national guidance and take into account organisational and system wide governance structures and decision making processes.

The Better Care Fund

3 The Better Care Fund (BCF) (formerly the Integration Transformation Fund) is a £3.8 billion fund put in place *to ensure a transformation in integrated health and social care.* It is a single pooled budget that brings together NHS and Local Government resources that aims to provide *a real opportunity to improve services and value for money, protecting and improving social care services by shifting resources from acute services into community and preventative settings.* The BCF guidance has changed considerably since it was first introduced, for example national expectations on performance related elements in 15/16 have been amended, and the submission process itself is becoming more iterative in nature. In addition, new peer review processes have been introduced, with Local Area Teams and the Association of Directors of Social Services (ADASS) undertaking additional assurance on submissions made during February 2014. Herefordshire's submission compared favourably with others across the West Midlands region, with a recognition that progress had been made and recognising specifically the financially challenged system wide issue within Herefordshire and the position particularly of the Acute provider. Further BCF submissions will be made on the 4th April 2014 and again in June 2014, when in addition the CCG is required to submit its 5 year plan. The emphasis from both local government and the NHS is that the BCF plans should continue to evolve and develop throughout 2014.

4 Since the submission of the February 14th 2014 progress has been made in three key areas, governance, additional potential areas for pooling funding, and the non recurrent nature of current funding streams.

5 The CCG and the local authority have reached agreement that the schemes currently funded (2014/25) and the additional funding from the CCG (2015/16 top slice) and other funding streams will all be initially considered non-recurrent. This will ensure that all services are reviewed by the autumn of 2014 with a view to potential dis-investment, (partial or full) in order that funds are released to invest in new schemes, service and pathways which support the transformation of services from acute, reactive to preventative and pro-active. It is recognised that this may have workforce and other implications and this requires further impact assessment.

6 It is not expected that all services will change from April 2015 due to current contractual commitments/length of time required to commission/de-commission services but wherever possible changes which can be implemented will be.

7 The BCF is being created through combining existing funds comprising section 256 funding received by local authorities, but with the majority of the funds coming from a

top slice of CCG budgets. It is not additional funding but a re-direction of current funding. The new fund comes into existence in April 2015 and will create pooled health and social care budgets which aim to develop the focus on prevention and maintaining independence to deliver a long term change which will reduce pressures on both acute health services and social care. The Department of Health has notified local authorities and CCG's of the minimum funding which must be included within the BCF in 2015/16 but is encouraging both parties to include additional funds within the pooled budget arrangements in order to maximise the transformation impact.

8 Both the local authority and the CCG are in agreement that they want to include additional monies within the pooled budgets to ensure that we achieve the system wide transformational change that is needed. Initial discussions have taken place to consider which services may be included, however it is important that partner and provider organisations are fully engaged in the process and additional engagement is required before a definitive list of services and associated financial values for inclusion is agreed. Examples of additional areas under discussion include Learning Disabilities, Mental Health, Continuing Health Care and Community Health budgets for adults and complex care budgets and transitions budgets for children's. The process of engagement with providers is being managed on behalf of the local authority and CCG through a joint integrated project manager

Herefordshire's BCF Submission

9 In accordance with the national process the Herefordshire Better Care Fund document was submitted in February 2014. The response to the submission is largely positive recognising the experiences of the partners in joint working and the pragmatic approach to the BCF as a result of the lessons learned from this. Specific areas for further clarification have been set out and work has been undertaken to improve the original document detail for final submission on the 4th April.

10 The full detail of the current draft document is shown at Appendix One. Key items for consideration from the document are summarised in the paragraphs below.

11 There is a requirement within the BCF to state the vision for 2015/16. This has been articulated as follows:

Our vision for Herefordshire in 2015/16 is that it will be at the leading edge of seamless integration of care and support around individuals and their families. For patients, service users and their families this will mean that services "wrap around them", to provide co-ordinated consistent and high quality services across organisational boundaries.

Primary care and practice populations will act as the focal point around which we will organise community based services, social care services, the voluntary sector and communities. In this way we will:

- *Support patients, service users and their families to maximise their independence,*
- *Promote proactive anticipatory care planning,*
- *Support self-management,*
- *Deliver effective reablement and integration back into communities.*
- *Provided improved information, advice and care planning*

This will ensure that the residents of Herefordshire and their children are at the heart of decision making about their health and wellbeing. We will enable community led planning to reflect local need and aspiration. We will in transforming our current

service delivery ensure that we have a range of interventions that can respond to individuals, families and communities in a joined up way, with a specific focus on the most vulnerable children and adults building on nationally recognised programmes we are already involved in such as the Troubled Families.

12 The Aim for Herefordshire is *to provide integrated services which promote self-management and independence across Herefordshire's population. Robust sustainable community based services which will form part of an integrated continuum, with seamless pathways of care that integrate primary, community, secondary, mental health and social care services around the residents of Herefordshire, their children and communities.* The objectives and measures of health allied to this are set out within the BCF submission at Appendix One

13 The BCF commits the partner organisations to transformational change and in Herefordshire's submission there are five key transformational change priorities.

- Creating Care Closer to Home
- Transforming Community Services
- Promoting Ambulatory Care (Providing appropriate alternatives to hospital admission)
- Delivering 7 day access to health and social care interventions
- Implementing all ages mental health pathways that include enablement and crisis resolution

The financial modelling to support this level of change will need further work, however the Herefordshire BCF shows that *as a health and social care system we are committed to boldness of action, a pace of change and a commitment to moving beyond organisational boundaries and priorities to deliver what the residents of Herefordshire and their families are asking for.* Since the development of the BCF submission further discussion at the System Leaders Group and then between the local authority and CCG commissioning Chief Officers has led to agreement on system wide transformation that extends beyond the BCF. This includes a sixth priority

- Acute Services and Primary Care

14 There are implications for the Acute Sector within the aspirations set out in the document and these are set out as follows:

To achieve the level of transformation required and manage the Herefordshire financial challenge we have recognised that investment in health and social care will not only reduce but also shift from crisis and more complex care into primary and community based care. We will be seeking to reduce demand for urgent care in all settings and move from a model of delivering crisis care to a model of prevention. However, we have not completed and agreed the financial model and how we will manage the financial consequences of a shift from crisis resolution to crisis prevention within primary and community based settings, this is especially important in the context of rising demand in the older population which is growing faster than the national average. We also have to take into account the significant financial local authority budget cuts that have already taken place and those planned over the next three years along with the risk that these place on NHS acute care.

15 It is a BCF requirement that the agreed local definition of protecting Adult Social Care Services is outlined and this has been set out for Herefordshire as follows: *Protecting*

social care services in Herefordshire means ensuring that those who meet FACS (Fair Access to Care Criteria) eligibility which in Herefordshire is Substantial and Critical and require public funding (in line with the Fairer Charging policy) for care packages have their eligible need met in a time of growing demand and budgetary pressures. The council is committed to delivering on its statutory responsibilities, which will change and grow as the Care and Support Bill is implemented (which may require changes to local policy, guidance and operating models).The Council has recognised the importance of a range of prevention and early intervention approaches including Telecare, community equipment and reablement in keeping people independent but due to the need to prioritise meeting its statutory responsibilities it is only able to offer these interventions to those with eligible need as defined by the FACS criteria.

Outcome Measures

16 The achievement of the aims and objectives will be indicated through the following measures

- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
- Proportion of older people (aged 65 and over) at home 91 days after hospital discharge to reablement/rehabilitation services
- Delayed transfers of care from hospital
- Avoidable emergency admissions – Adults and Children
- Patient/Service user experience – using current measurement tools such as the annual adult social care service user survey and the Friends and Family Test until a national indicator has been developed
- Local Measure- a greater proportion of people aged 18 and over suffering from a long term condition feeling supported to manage their condition

Health and Wellbeing Board and Better Care Fund Governance

17 The Health and Wellbeing Board received a presentation on the Better Care Fund at the meeting of 28th January 2014, and a first submission was made to the regional local government and NHS structures on the 14th February 2014 for review.

18 The Health and Wellbeing Board role in respect of the BCF is to decide whether the plans are the best for the locality and specifically are they

- Engaging with local people
- Bringing a sector led approach to the process
- Significantly challenging

And importantly, will they deliver tangible benefits for the local community or population, linked to the Joint Strategic Needs Assessment and the agreed Health and Wellbeing priorities

19 The proposed governance structure for 2014 is shown in diagrammatic form at Appendix Two. A Joint Service Transformation and Commissioning Board (JST&CB)

will be put in place for April 2014.It is expected that the governance arrangements will change over the next few months as the planning for 2015 onwards and the increased level of pooled budget and range of activity may require a different approach. This board will meet on a monthly basis and membership will be made up of lead commissioners, finance and performance leads from the council and the CCG. The role of this new board will be to

- Be accountable for all ages health and social care partnerships between Hereford Council and Hereford CCG – including the Better Care Fund and existing s75 pooled budget arrangements between the CCG and the LA;
- Provide leadership for the development and delivery of the Better Care Fund and the development of joint commissioning including the system wide priorities;
- Manage and monitor the finances of the Better Care Fund to ensure that funding is spent as planned ,provides good outcomes for the service user ,offers value for money and delivers the agreed outcomes :
- Manage and monitor performance in relation to key outcomes and metrics;
- Escalate key issues, concerns and successes to the Health and Wellbeing Board update process;

20 Engagement with acute and other NHS providers in determining impact and the management of the change is critical to the success of the BCF and the broader system wide change programme and views on how best they are engaged and involved in system re design will continue over the next weeks and months

Community Impact

21 The Herefordshire BCF submission has been developed utilising the needs assessments of the Joint Strategic Needs Assessment (JSNA) *Highlighting Priority Health and Wellbeing Needs in Herefordshire* and supports the Health and Wellbeing Commissioning Strategy.

22 Further discussion with key community and service user and carer representative groups will take place to establish a clear engagement and involvement plan that places service users and carer's voice and experience at the centre of design and commissioning plans.

Equality and Human Rights

23 The council is committed to equality and diversity using the Public Sector Equality Duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

24 The equality duty covers the following nine groups with protected characteristics: age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation. This report does not discontinue service in 2014/15 and has no detrimental impact to eligible service users within Adult Social Care. As discussions and projects develop for 2015/16 Equality Impact Assessments will be undertaken to ensure the proper consideration of any potential impact upon people within the protected characteristic groups.

Financial Implications

25 The local authority currently receives £3,152k (2013/14) section 256 funding from the department of health to support social care services which have a health benefit. These funds will form part of the BCF which comes into being in April 2015 and which will create pooled budgets for health and social care.

26 2014/15 is being treated as a transition year before the new arrangements come into being and funding allocations have been notified by the department of health. For Herefordshire the funding comprises the same section 256 funds as for 2013/14 plus an additional allocation of £734k (national BCF fund for 2014/15 of £200m) giving a total allocation of £3,886k.

27 The schemes and programmes to be funded for 2014/15 supporting Adult Social Care have been jointly agreed by the local authority and the CCG. Furthermore it has also been agreed that for 2014/15 the funding will be on a non-recurrent basis. This enables all work streams and services falling within the remit of the better care fund to be subject to review and challenge to determine which services will be discontinued / reduced in order to release funds to redirect to new or reconfigured services.

28 For 2015/16 the minimum BCF commitment for Herefordshire will be £13,050k. This comprises revenue funding of £11,694k, as well as Disabled Facilities Grant (capital funding) of £866k and Social Care Capital Funding of £490k.

29 The allocations for 2015/16 include £458k (£135m nationally) revenue funding for the implementation of the Care Bill, and £183k (£50m nationally) of capital funding to enable delivery of the IT and other changes required to implement the Care Bill in 2016.

30 Details of the 2015/16 schemes and services to be funded through the BCF, and additional contributions to the pooled budget above the BCF minimum are currently under discussion and will be developed and confirmed in the period leading up to the submission of the 5 year CCG plan to Department of Health in June. This may include Children's Services.

31 From April 2015 the BCF will be managed through a section 75 pooled budget arrangement. It is essential that the risk sharing arrangements are fully explored, documented and agreed on an equitable basis to avoid all the risk falling onto the local authority as was the case with the previous joint working arrangement.

Legal Implications

32 For 2014/15 the agreed budget and activity is managed within the existing Section 256 agreement between the CCG and the local authority. A new section 75 agreement will be developed and taken through the required governance process for commencement in April 2015.

Risk Management

33 The risks allied to the BCF are set out in the submission document as shown below. A risk register for the BCF Programme of activities will be developed and maintained and made available as part of the progress reports and discussions relating to the BCF.

Risk	Risk rating	Mitigating Actions
Activity shifts	Medium	Engagement with providers Advance planning in anticipation of changes New activity in place prior to any decommissioning Advance training Parallel running
Technology and inability to share information	High	Implement physical changes to social care data collection Alternative forms of risk scoring/case finding rolled out Use of alternate methods e.g. EMS mobile
Timescales and capacity	Medium	Apply greater resource Divert resource from elsewhere Reduce focus to projects which only meet very high level criteria Fast track expansion of projects which deliver improvements Review QIPP v NICE approved project list
Culture and relationships/primary care	Medium/Low	Extensive communication Build ethos of shared vision Concentrate on the Patient story – public and practices 1:1 Engagement hearts & minds Use thought leadership to culture shift e.g. Kings Fund
System wide budgetary pressures & £ risk of BCF not delivering	High	Regular programme and project management reviews v objectives Monitoring of KPIs/ £ Outcome improvements Engagement with NHS/ social care providers and care professionals Creation of explicit risk sharing agreements between organisations Development of additional BCF projects
Delays in governance and approvals delaying release of monies	Med/Low	Put Governance structure and TOR in place early for BCF Establish governance procedures using external partners Seek arbitration or independent assessment

Further information on the subject of this report is available from
Jacky Edwards Programme Manager Better Care Fund on Tel (01432) 260048

Scale of transformation and change	Med	Make changes in small steps Spread high impact changes over time
Demographic demands on services and budgets	High/Med	Regular review of JSNA and demographic profile Awareness of high impact demographic changes age/condition/need

Consultees

34 The council's finance and legal teams have been consulted on this report and comments included within the body of the report as appropriate.

Appendices

Appendix One – Draft Better Care Fund Submission Document

Appendix Two – Diagram for Proposed Governance Structure

Background Papers

None identified.

Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**Herefordshire Council**
Clinical Commissioning Groups	**Herefordshire Clinical Commissioning Group – single CCG**
Boundary Differences	**There are no differences between LA and CCG boundaries – the areas are co-terminus**
Date agreed at Health and Well-Being Board:	**27.1.2014**
Date submitted:	**13.2.2014**
Minimum required value of BCF pooled budget: 2014/15	**£734,000**
2015/16	**£3,380,000**
Total agreed value of pooled budget: 2014/15	**£734,000**
2015/16	**£11,694,000**

b) Authorisation and sign off

Signed on behalf of the Clinical Commissioning Group	Herefordshire Clinical Commissioning Group
By	Jo Whitehead
Position	Chief Officer
Date	14.2.14

Signed on behalf of the Council	Herefordshire Council
By	Alistair Neill
Position	Chief Executive Officer
Date	14.2.14

Signed on behalf of the Health and Wellbeing Board	Herefordshire HWB
By Chair of Health and Wellbeing Board	Cllr Graham Powell
Date	14.2.14

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

Engaging with local NHS providers and the wider health and social care market across Herefordshire is recognised as being key to the commissioning plans for both health and social care and to developing integrated pathways.

For the purposes of this document where the term NHS acute provider/provision is included this refers to the full spectrum of acute care for physical and mental health pathways.

During 2013/14 a number of programmes and commissioning projects have taken place across the health and social care provider market. This has included undertaking a Market Position Assessment for Herefordshire Social Care, an ambitious commissioning programme changing the model for all home and community support provision in social care and the Next Stage Integration programme that has led to a modernisation of social work and safeguarding adult delivery and interventions. Across health partnerships re procuring elements of urgent care, reviewing acute care strategies and for example the introduction of a clinical assessment unit have all involved collaborative work with NHS providers.

As a health and social care community we have also come together to refresh our dementia plans, implemented developments such as the virtual wards, rapid response and the assess to discharge schemes and strengthened our quality and safeguarding assurance processes and interventions with our care home providers. The Clinical Commissioning Group (CCG) has during 2013 significantly invested in IAPT and dementia pathways. We were also shortlisted for a collaborative and integrated bid for dementia as part of the national Integration Pioneer Bid. We also have existing s75 and a governance structure for elements of children's and adults well-being joint commissioning.

Current collaborative work

Our governance structures allow us to collaborate and involve all of our providers at a number of levels. Our Health and Wellbeing Board has representation from our NHS main providers, but also the wider market, housing, Healthwatch, voluntary sector and carer representation.

The HWBB has refreshed its vision, in line with the Joint Strategic Needs Assessment, overseen the development of a high level set of joint commissioning objectives as well as been regularly updated on some key system wider issues such as the implications of the Care and Support Bill, the future of the local acute hospital, the development of the clinical strategy and the financial challenges across the health and social care system. During 2013/14 the HWBB has also taken on a very strong leadership role in engaging with communities and volunteers about how we shape pathways, and enable them to take more responsibility for improving health outcomes through local community led planning. The HWBB approved the high level joint commissioning priorities for the next three years in December 2013

Our NHS providers and primary care colleagues have also been engaged through a Unit Of Planning workshop that had a specific focus on all ages joint commissioning and the Better Care Fund (BCF). In Addition a Chief Officer and system leader group continues to discuss and develop a system wide solution for Herefordshire. This includes the steps that will need to be taken to achieve that solution and recognises the very immediate challenges all organisations are facing including where quality and service user experience need to be improved in the immediate future.

Specific programmes during 2013 have enabled involvement and engagement with local authority, primary care, Clinical Commissioning Groups and NHS providers to come together to discuss system wide impacts. This has included

- Wye Valley Trust Futures Project
- Clinical Commissioning Group Clinical Strategy
- Health and Well Being Board Communities and volunteers programme of change
- Local Authority 2014/15 Public Budget Consultation
- Local Authority Next Stage Integration Programme
- Herefordshire Primary Care Challenge Bid
- Local Authority Provider and Market Consultation Programme 2013
- Health and Social Care Over View and Scrutiny Task and Finish Groups
- GP Parliament
- Urgent Care Pathway development

- Troubled Families Programme
- Safeguarding Adults and Children's Board
- Primary Care Commissioning

Engagement has therefore taken many forms and has contributed to the development of a broader system wide solution for Herefordshire of which the Better Care Fund is one important level which enables and accelerates the delivery of integrated pathways and joint commissioning for the residents of Herefordshire, including their children. Included via their involvement in the events described above have been a range of NHS providers, not only the ambulance service and primary care, but also other key public sector partners such as the police. In addition, our independent and voluntary health and social care providers, together with our local communities have been significantly engaged in discussions about solutions for Herefordshire in relation to Health and Social Care. As have the clinical and multi professional workforce that deliver and lead many of our services.
As further guidance on the BCF has been developed specifically through the Health and Wellbeing Board, formal briefings have been given to the wide range of stakeholders on its development. Separate meetings have already been held during January and will continue during February and March, in particular with our NHS Acute provider, Health Watch and our Carer Representative organisation, to confirm the detailed schemes that will be supported.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

Joining up pathways by working with the residents of Herefordshire is central to our broader Health and Well Being vision for Herefordshire. Our communities and volunteers theme and the engagement work that is been undertaken is based on building on what is already in place in local communities and voluntary networks that supports health and social care, and then looking how we can then transform professional pathways across health and social care, and at a primary and secondary care in a coordinated way maximising independence and self management – and providing high quality interventions when we need to do so. Our priorities for integrated care within Herefordshire has been based on the national I statements. With care and enablement focused on and wrapped around individuals, their families and their communities, whether this is geographical or around specific interests and needs.

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Adult Well Being (AWB) have an established model of service user reference groups and forums through which they engage service users, families, carers and advocates on key subjects around service redesign, service user preferences, provider specification inputs and social work practice improvement. Over the past twelve months adult social care services have committed to the 'Making it Real', the Social Care Commitment and refreshed some of its involvement arrangements such as the Learning Disability Partnership Board. In addition the local authority has appointed a Learning Disability Councillor Lead Champion for people with a Learning Disability.

In addition, with an ambitious transformation agenda that will accelerate progress on

personalisation and preparation for the Care and Support Bill in 2015 the local authority has in place a programme of involvement and engagement to ensure the changes reflect the service users and carers' voice.

Across our health system commissioners and providers have engaged and communicated with patients, carers and the wider population living in Herefordshire on current and planned changes in service delivery for example

- Urgent Care Pathway Development
- Wye Valley Futures Project

At the heart of developing our joined up working has been the recognition that though system wide planning and transformation needs to take place we also need to use current opportunities to involve and engage service users, carers and communities in making changes. Together health and social care commissioners have worked alongside Healthwatch and other local key voluntary sector stakeholders on a variety of projects such as

- Virtual Wards
- Developing Dementia friendly communities
- Falls Pathways
- Dementia Action Plan refresh

Health and Social care Overview and Scrutiny (HOSC), Cabinet, Full Council and public meetings of the CCG and the NHS Provider Board meetings have also enabled service users, carers and residents to comment and contribute to transformation during 13/14 and the plans for 14/15 and 15/16.
We have also worked to embed patient/service user/carer engagement into the on-going evaluation and evolution of the work programmes. Both the Virtual Ward stakeholder group, Falls implementation group and Dementia implementation group being examples. Further engagement at a public level is planned to be conducted at the appropriate stage following our clinical services review.

We recognise the need to ensure we maintain and develop our focus on engagement, and the need to develop a more coherent and structured approach that integrates with, rather than duplicates, other CCG and LA work. We have identified the need to address this at system level, and are planning a programme of work which will include a series of iterative workshops to ensure this is continued as the plans are commissioned and implemented.

e) Related documentation
Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links

Joint Strategic Needs Assessment (JSNA)	**https://www.herefordshire.gov.uk/government-citizens-and-rights/statistics-and-census-information/facts-and-figures-about-herefordshire**
Joint Health and Well Being Strategy (JHWS)	HWB Strategic approach April 2013.p HWB presentation 221013 final.pdf
Joint Commissioning Intentions Herefordshire Council/Herefordshire Clinical Commissioning Group	LA_and_CCG_Joint_commissioning_Intent
Herefordshire Council Adult Well Being and Children's Well Being Priorities and Medium Term Financial Strategy 2014 - 2016	**http://councillors.herefordshire.gov.uk Feb 7th 2014**
Primary Care Challenge Delivering Seven Day Services	**Available on request**
Herefordshire Clinical Commissioning Group QIPP and Operating Plan	**Available on request – submitted with 2 & 5 year plan documentation**
Draft Herefordshire Primary Care Strategy	**Available on request**
Hereford Dept. Public Health Annual Report "Collaborating for health in Herefordshire"	DPH Annual report final version.pdf
Call to Action - Plan on a page Herefordshire Response	**Available on request – submitted with 2 & 5 year plan documentation**
WVT Rapid Response Review	**http://www.england.nhs.uk/publications/rrr/**
Urgent Care Recovery Plan	**http://www.herefordshireccg.nhs.uk/strategies**

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

Our Vision:

Herefordshire is a large rural county - it has one of the lowest density populations in the UK with a population of 183,600 in 2011. Nevertheless it has grown by 5% since 2001 largely due to net migration from outside the UK. (Understanding Herefordshire JSNA 2013).

There are distinct and significant challenges associated with the delivery of services in this rural area. These are compounded by the age profile of the county, with an older population who tend to live within remote rural communities.

Children and young people represent 17% of the population, with relatively little growth expected. 25% of the population is at retirement age or above, compared to 19% nationally. The number of people aged over 65 is expected to rise to 46,900 by 2015. Growth will be especially high in those aged 80 plus - numbers are expected to double by 2031. This is particularly relevant when looking at the increasing prevalence of dementia and the associated rise in support needs.

Whilst outcome indicators such as premature mortality are relatively good, Herefordshire has higher than expected prevalence of Long term Conditions, and experiences high levels of pressure on the Acute Care pathway.

Herefordshire is undergoing a period of challenge with regard to financial sustainability and viability across the whole of its Health and Social Care System. It is only by transformational change that Herefordshire will be able to provide high quality services across Health and Social Care on a sustainable basis.

Herefordshire has a history of organisational integration, with the formation of a “deep partnership arrangement” between the PCT and local authority on the commissioning side, and of an Integrated Care Organisation on the provider side. Whilst these organisational structures have not survived, there is on-going reconfiguration to address the need for greater integration of *pathways* rather than of organisational structures to achieve real change for the residents of Herefordshire and their children.

As part of developing our joint commissioning priorities we have identified three key factors which have shaped the Herefordshire vision. This vision however is also formulated within the context of the significant financial challenge that all public sector services in Herefordshire face and recognition that the Better Care Fund (BCF) in reality represents a net loss of funding available across the health and social care system.

Rurality and the challenges to delivering services in these areas- one of the least densely populated counties in the country

The lessons learned to focus on integrating systems and processes as the most effective means to enable person centred care

25%population, 45k are at or above state retirement age compared to 19% nationally. . No.people aged 65+ by 2015 will be 46900

Our vision for Herefordshire in 2018/19 is that it will be at the leading edge of seamless integration of care and support around individuals and their families. For patients, service users and their families this will mean that services "wrap around them", to provide co-ordinated consistent and high quality services across organisational boundaries.

Primary care and practice populations will act as the focal point around which we will organise community based services, social care services, the voluntary sector and communities. In this way we will :

- Support patients, service users and their families to maximise their independence,
- Promote proactive anticipatory care planning,
- Support self-management,
- Deliver effective reablement and integration back into communities.
- Provided improved information, advice and care planning

This will ensure that the residents of Herefordshire and their children are at the heart of decision making about their health and wellbeing. We will enable community led planning to reflect local need and aspiration. We will in transforming our current service delivery ensure that we have a range of interventions that can respond to individuals, families and communities in a joined up way, with a specific focus on the most vulnerable children and adults building on nationally recognised programmes we are already involved in such as the Troubled Families.

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Our joined up pathways and interventions will aim to deliver

- Meeting the needs of those most excluded and vulnerable, tackling health inequality with evidence based targeted approaches to those who have the worst health outcomes in the population and who often place the greatest demand on health and social care services
- A focus on enablement, maintaining independence through maximising preventative approaches particularly for older people, but also those with a learning disability and recognising the value of encouraging the wider population to live a healthy lifestyle
- A focus on families, learning from our nationally recognised Troubled Families programme, and recognising that through supporting families we can have a positive effect on children and adults in the short term but in also for future generations breaking a cycle of poor health and social care outcomes
- Supporting communities and volunteers to take responsibility for promoting healthy and inclusive neighbourhoods, building resilience to deal with challenges

and be mutually supportive and inclusive

- A integrated health and social care system that is affordable for the residents of Herefordshire

We will deliver this transformational change through a focus on five key transformational change priorities

- Creating Care Closer to Home
- Transforming Community Hospitals
- Promoting Ambulatory Care
- Delivering 7 day access to health and social care interventions
- Implementing all ages mental health pathways that include enablement and crisis resolution

We recognise this is an ambitious transformation programme, and that we need to do more work on understanding the financial model that can support this but as a health and social care system we are committed to boldness of action, a pace of change and a commitment to moving beyond organisational boundaries and priorities to deliver what the residents of Herefordshire and their families are asking for

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

1. **The aim is**:

   "To provide integrated services which promote self-management and independence across Herefordshire's population. Robust sustainable community based services which will form part of an integrated continuum, with seamless pathways of care that integrate primary, community, secondary, mental health and social care services around the residents of Herefordshire, their children and communities.

2. **The objectives are**:

- To provide proactive anticipatory care that promotes supported self-management and prevents crises presentations
- To embed reablement across all health and social care settings as a fundamental building block of preventative care
- To integrate voluntary sector services and community support into all services and

pathways of care

- To align services (statutory and voluntary) around primary care, making it the heart of community services that provide real alternatives to emergency hospital admission and facilitate earlier discharge home
- To enable effective liaison and integration of process's across organisational boundaries to ensure seamless pathways of care – in particular between primary, secondary, mental health and social care services
- To embed patients and service users views into commissioning plans, service developments and monitoring/evaluation

3. The aims and objectives will be measured through national and local metrics for our Better Care Fund Submission:

- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
- Proportion of older people (aged 65 and over) at home 91 days after hospital discharge to reablement/rehabilitation services
- Delayed transfers of care from hospital
- Avoidable emergency admissions – adults and children
- Patient/service user experience – using current measurement tools such as the annual adult social care service user survey and the Friends and Family Test until the National metric has been developed
- Local metric – A greater proportion of people aged 18 and over suffering from a long-term condition feeling supported to manage their condition

Residents, their children and stakeholder experience will be core components and we will ensure robust evaluation takes place of individual work programmes and service developments, in terms of both clinical and cost-effectiveness. Healthwatch and carer's support are providing evaluation feedback as are stakeholder reference groups for existing key initiatives, an approach which will be used across all work programmes. In addition we have a range of other formal evaluation programmes such as the Troubled Families and community led planning feedback at a parish level that will inform measurements of success

Our Measures of Health Gain

- Reduce avoidable hospital admissions
- Specific NHS outcome indicators relating to urgent care:
    - Emergency admissions for children aged 0- 18 with lower emergency respiratory tract infections.
- Supported self management and independence:
    - Improvements in proportion of people feeling supported to manage long term conditions in the community
- Provide improved choice in end of life care
- Patient and service user experience of Health and Social Care
- Increase number of existing service users with long term conditions who have a health and social care budget
- Maintain the numbers of older people at home 91 days after discharge from hospital care into reablement
- Reduce the proportion of patients falling into crisis and needing admission to hospital or care home

c) Description of planned changes
Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

We recognise that we need to have an ambitious programme of change, that can deliver within a very short timescale and that the financial and quality challenges mean that we must focus on delivery not strategy. We also recognise that in addition to the Better Care Fund, each organisation has its own transformation programme and changes to prepare for such as the Care and Support Bill.

However, we are confident that we have robust enough leadership, and natural advantages, such as the coterminous boundary of the CCG and the LA / Primary Care shared IT system, to swiftly move into delivery. We can demonstrate significant progress during 2013/14 across the system of delivering change such as the RAAC, the virtual wards, troubled families, primary care challenge bid and the Next Stage Integration programme that demonstrates we have already delivered major change within very short timescales.

Our Time table for delivery

We are developing our timetable for delivery for the BCF which we have set out below

January – March 2014

- Complete and finalise our proposed schemes and the supporting financial models
- Develop a joint programme of change, with a route map and critical path, with risks and interdependencies fully shared and an agreed governance structure in place across the health and social care system
- Undertake a system wide financial risk appraisal and develop a shared risk mitigation/risk sharing plan across the health and social care system

April 2014 – March 2015

- Continue to evaluate agreed schemes and roll out, where agreed as effective, across the county
- Develop and implement a Health and social care performance dashboard for monthly reporting on key metrics relating to the Better Care Fund
- Commence mobilisation of Better Care Fund schemes and integrated governance structure ready for full implementation by March 2015

Alignment of other Key Plans

We have recognised that in the health and social care system, and in the wider council and public sector in Herefordshire other major transformation programmes are in place, for example; the Care and Support Bill implementation, Children's and Families Bill and the Primary Care Challenge Fund. We will use the Integrated Governance, the System Leaders meeting and the Health and Wellbeing Board to provide an oversight role in managing the interdependencies across the system.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

To achieve the level of transformation required and manage the Herefordshire financial challenge we have recognised that investment in health and social care will not only reduce but also shift from crisis and more complex care into primary and community based care. We will be seeking to reduce demand for urgent care in all settings and move from a model of delivering crisis care to a model of prevention. However, we have not completed and agreed the financial model and how we will manage the financial consequences of a shift from crisis to prevention, this is especially important in the context of rising demand in the older population which is growing faster than the national average. We also have to take into account the significant financial local authority budget cuts that have already taken place and those planned over the next three years along with the risk these place on NHS acute care.

We will be working with our acute and mental health NHS provider over the next few weeks to produce detailed financial scenarios for the schemes that have been agreed and also considering what this means for the commissioning model and route to market for specific schemes that will be adopted to ensure mobilisation and implementation is completed for March 31st 2015.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

Herefordshire has pioneered integration in the last 5 years. Structural integration between the Council and PCT as well as integration of service delivery between the Wye Valley NHS Trust, PCT and Council has resulted in several successful programmes including pooled budgets for adults with complex needs, children's support and care, integrated community equipment stores and neighbourhood teams, The county was also

an early pilot for the Health and Wellbeing Board. Whilst structural integration did not deliver all of the transformational change we needed, we are now committed to delivering the pathway integration and the joined up approaches that will make a real difference to the people of Herefordshire

Previous integration has focused primarily upon secondary services. Now the emphasis is to build upon the strengths of the individuals and their carers whilst maximising the use of resources and facilities within local neighbourhoods and communities.
New management teams, with active participation by clinical staff, including GPs, are now in place. They have a determination and commitment to drive forward integration crossing boundaries and overcoming associated barriers.

The Health and Wellbeing Board adopted the transformation and integration agenda as a priority issue. They recognised that the challenges Herefordshire health and social care system has to manage can only be overcome through applying a system wide solution. The HWB has overseen the development of the Joint Commissioning priorities for 14/15, the Better Care Fund and a governance structure that will bring joint commissioning and system wide transformation together with accountability and leadership for delivery at Chief Executive and Chief Statutory Officer level. This ensures professional leadership and executive leadership share responsibility for delivering transformational change and through the HWB elected members, carers, voluntary sector and patient /service user views through Healthwatch are able to hold the health and social care partnership to account.

We will develop a Joint Service Transformation & Commissioning Board that will be the engine room to take our high level "design blueprint" system wide solution for Herefordshire into delivery. It is also responsible for delivering the change required to achieve the services and interventions that are important for the residents and children of Herefordshire.
The Joint Service Transformation and Commissioning Board - JST&CB (consisting of senior commissioners, finance directors and performance managers from Hereford Council and Hereford CCG) is a new Board that will initially meet monthly and will:

- Be accountable for health and social care partnerships between Hereford Council and Hereford CCG – including the Better Care Fund
- Provide leadership for the development and delivery of the Better Care
- Manage and monitor the finances of the Better Care Fund to ensure that funding is spent as planned and in the best way to deliver the agreed outcomes to the defined parameters.
- Manage and monitor performance in relation to key outcomes and metrics
- Report quarterly to the Leaders Group
- Escalate key issues/concerns or successes to the Health and Wellbeing Board via the Leaders group update process

We will also look at how we bring the Area Team as Primary Care Commissioners into our governance structure. We will also discuss further how we have on-going dialogue with both the NHS and our other providers in the joint commissioning arrangements.

This joint commissioning board will be supported and facilitated by the system leaders

informal group already in place, bringing together decision makers and enabling the removal of obstacles and challenges in a forum that promotes trust, honesty and challenges organisational silo’s thinking with a ‘critical friend’ approach.

3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

Protecting social care services in Herefordshire means ensuring that those who meet FACS (Fair Access to Care Criteria) eligibility which in Herefordshire is Substantial and Critical and require public funding (in line with the Fairer Charging policy) for care packages have their eligible need met in a time of growing demand and budgetary pressures. The council is committed to delivering on its statutory responsibilities, which will change and grow as the Care and Support Bill is implemented (which may require changes to local policy, guidance and operating models).The Council has recognised the importance of a range of prevention and early intervention approaches including Telecare, community equipment and reablement in keeping people independent but due to the need to prioritise meeting its statutory responsibilities it is only able to offer these interventions to those with eligible need.

In the longer term, demand management and enabling people to live independently has also been recognised by the council, and through some wider council funding of specific voluntary sector services such as advice, leisure, and homelessness it will ensure that this contributes to wider health and social outcomes. Herefordshire Council is also focused on enabling communities, volunteers, and the social capital within communities contribute toward reducing demand on the public sector while also developing a range of housing and wider environmental "place shaping" schemes which enable people to live as independently as possible for as long as possible.

Over the next three years it has an ambitious transformation programme and in the medium term financial plan the investments demonstrate an ambition to shift funding towards supporting increased demand prevention such as reablement. This strategy for adult social care will release funding and deliver savings through reductions in the cost of care. This will be delivered by tackling supply and the market and ensuring only those with eligibility receive long term support. Over time we expect to increase investment in joined up early intervention that will benefit the whole system

Please explain how local social care services will be protected within your plans.

Funding currently allocated under the social care to benefit health grant has been used to enable the local authority to sustain the current level of eligibility criteria and to provide timely assessment, care management and review, and commissioned services to clients who have Substantial and Critical needs as well as information and advice to those who are not eligible or need support around safeguarding. A significant level of resource is directed towards the hospital and acute pathways which is regarded as essential (due to the low bed base and higher than average older population)

This investment level will need to be sustained, and possibly increased during the 3 year transformation of adult wellbeing services if the current level of offer is to be maintained. Both in order to deliver 7 day services and implement core prevention pathways (including Telecare, information and advice and reablement) in order to reduce demand and provide long term demand management which will allow disinvestment from acute

and crisis social care. The new Social Care bill requires additional assessments for people who have not previously accessed which due to the high numbers of self funders in Herefordshire are expected to increase demand from 2015.

- Increased demand for assessments due to demographic growth
- Increased costs due to staffing 7 day working and evening shifts to facilitate discharges 7 days and evenings
- Increased demand for care support due to demographic growth
- Effects of care and support bill from 2015 onwards

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

The HWB have demonstrated strategic commitment to 7 day working through the CCG/LA Joint Strategic Commissioning Intentions.

Our local agreed plans include:

- 7 day working in social care assessments and extended hours 8am till 8pm
- 7 day access to a managed health and social care pathway in the community that will promote reablement, return home, reduce emergency admissions and facilitate discharge through:
    - Urgent access to time limited domiciliary care
    - Rapid access to alternatives to hospital admissions – nursing or residential care
    - Discharge to assess schemes enabling decisions on long term placement to be made outside of the hospital setting
    - In the future Hospital at Home will contribute toward discharge
    - 15/16 plans will include an integrated single point of access for the health and social care pathway, coordinating H&SC services and 365 days a year discharge
    - Our Next Stage Integration programme is planned to deliver a range of improvements including greater emphasis on pathway redesign, integration, 7 day working, improved assessment, review and approvals procedure
    - Virtual Ward
    - Mental Health

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

All Herefordshire health services use the NHS number as the primary identifier in correspondence. Hereford Council has instigated an independent review of all their systems as they do not currently use the NHS number. Plans are in place to change this so that technically we will be in a position by April 2014 to have the capability to record

the NHS number within the social services case management system.

Social services are in the process of adopting across children's and adult services the NHS number into the case management system FrameWork I. This will mean that where known the NHS number can be entered. Further work is required for situations where the service user doesn't know the NHS number.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

We are currently scoping and designing a high level health and social care ICT strategy and looking at how we will resource the capacity to deliver the changes required. This requirement to use the NHS number will form a key part of this health and social care IMT strategy with the expectation that it will be in place for the start of 15/16

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Technology is seen as a core component of delivering joined up care at the point of access and is one of the strategic themes of our system re-design and joint commissioning plans for a system wide solution. To deliver cost and clinically effective services and enable service users to self- manage, technology will need to support the sharing of individual and anonoymised data, securely and in real time to enable a multi-disciplinary team care plan to be delivered,

Primary care general practice uses EMIS and any ICT strategy will commit the health and social care partnership to adopt systems based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Please note access already shared - Framework i , Scheduler, Rio, CPAS, Exponaire, Discharge Planning.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

We confirm that we are committed to ensuring that the appropriate IG Controls will be in place, covering NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and set out in Caldicott 2.

We will be using the NHS Number as the primary identifier for health and care services, and we are pursuing open APIs, having already carried out an initial review of our systems.

We are working over the next 6 months to put in place appropriate Information Governance controls for information sharing in line with Caldicott 2. A review of our information sharing policies and procedures is currently underway, as is a project for safe collaborative working to enable information to be transferred securely between partner organisations. Experience of data sharing procedures used by the Herefordshire MASH

(Multi-Agency Safeguarding Hub) Team is being incorporated into this work.

Herefordshire Council has conducted a Personal Information Audit which included collecting copies of Privacy Notices provided to services users upon collection of data. These will be reviewed and updated where required to include the use of the NHS number as the unique identifier to be shared with third party organisations in order to provide the care/services required.

Adult Social Care contracts have also been reviewed to check that they have sufficient Information Governance clauses in them covering use of the NHS number.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

We have implemented risk stratification linked to anticipatory care planning and supported self- management within virtual wards in one locality as a pilot covering Herefordshire City GP practices. This denominator accounts for 45% of Herefordshire's population.

In line with the international evidence base we have identified the top 0.3% of the adult population at highest risk of emergency admission in this population. They have a named GP accountable lead professional, and an anticipatory care plan that integrates ALL services required to meet patient's needs. This encompasses specialist medical and mental health, as well as social care services. Funding for dedicated social workers to support this process was part of our 2013/14 S256 agreement

We are awaiting initial evaluation of the city pilot but anticipate rolling this out county wide in 2014, to ensure we cover 0.3% of the county population.

We do not currently have a risk stratification tool in use – our LMC and CSU identified IG issues which have been escalated to NHSE by the CSU. Whilst awaiting resolution we have undertaken a pragmatic approach – community matrons identify repeat A and E attenders/Recurrent emergency admission patients, whilst GPs identify their known list of patients with high levels of service utilisation. Clinical correlation and discussion is then used to identify suitable patients.

In addition we are in discussion with primary care to enable implementation of the national GMS enhanced service for urgent care, which will provide anticipatory care planning and named lead professional for the top 2% of the population. Whist we await national guidance we are implementing a scheme of GP provided anticipatory care planning and named GP across all nursing home and residential homes within the county.

4) RISKS
Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
Activity shifts	Medium	Engagement with providers Advance planning in anticipation of changes New activity in place prior to any decommissioning Advance training Parallel running
Technology and inability to share information	High	Implement physical changes to social care data collection Alternative forms of risk scoring/case finding rolled out Use of alternate methods e.g.EMIS mobile
Timescales and capacity	Medium	Apply greater resource Divert resource from elsewhere Reduce focus to projects which only meet very high level criteria Fast track expansion of projects which deliver improvements Review QIPP v NICE approved project list
Culture and relationships/primary care	Medium/Low	Extensive communication Build ethos of shared vision Concentrate on the Patient story – public and practices 1:1 Engagement hearts & minds Use thought leadership to culture shift e.g. Kings Fund
System wide budgetary pressures & £ risk of BCF not delivering	High	Regular programme and project management reviews v objectives Monitoring of KPIs/ £ Outcome improvements Engagement with NHS/ social care providers and care professionals Creation of explicit risk sharing agreements between organisations

		Development of additional BCF projects
Delays in governance and approvals delaying release of monies	Med/Low	Put Governance structure and TOR in place early for BCF Establish governance procedures using external partners Seek arbitration or independent assessment
Scale of transformation and change	Med	Make changes in small steps Spread high impact changes over time
Demographic demands on services and budgets	High/Med	Regular review of JSNA and demographic profile Awareness of high impact demographic changes age/condition/need

Outcomes and metrics

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

Discharge Support & Virtual Ward - ensures people are treated in a closer to home environment with an appointed responsible lead

1.Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population - *small reduction expected due to ability to manage more patients at home rather than in Nursing homes . The hospital clinician or GP will retain responsibility for the patient provided they are part of the case management group identified through risk stratification*
2.Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services - *proportionately higher increase than 1*
3.Delayed transfers of care from hospital per 100,000 population (average per month) - *despite DTOC not appearing to be a significant issue on recorded statistics the current levels of reporting are indicating the investment will enable us to retain current DTOC level which is currently high*
4.Avoidable emergency admissions (composite measure) - *this is the main area of impact - expecting estimated 60 reduction for 1st full year rising to 80*

RAAC - provides rapid assessment and access to Domicilliary, Residential and Nursing Care - reduces admissions to Acute and impacts "long term" Nursing/ Residential home care plus Domicilliary , maximises independence & ability of patients to remain in their home. All services available within 2 - 24 hrs with time limited availability
1. No impact expected - +1 case per week estimated in residential/nursing homes - awaiting pilot feedback & potential contract renegotiation as a result
2. Non measurable against this as a direct impact but potentially prevents readmission, increases self care/independence
3. Facilitates earlier hospital discharge
4. Significant factor in reducing

Acute Crisis Response - Crisis & Emergency Care in the Community
1. Contributes toward reducing load on Nursing Homes
2.
3.
4. Reduces emergency admissions and cost

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

For the BCF we intend to use the national Adult Social Care ASCOF figure on an annual basis and combine this with the GP surgery Friends and Family patient survey until the National metric is available. Both these measures are known tools but they will be complimented by a number of measures put in place around specific care and pathway changes conducted using bespoke patient/user satisfaction surveys looking at "before and after" results so that we can combine the actual numerical changes collected from data with softer measures from patient/user perception. e.g. changing to a single point of access for a service,

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

Metrics will be reviewed at Project Management and operational delivery level by the delivery team and made clear to the service delivery provider(s) how they contribute (displayed where practical) , Individual Project Managers will via PMO regular monthly review track the trajectory of changes in performance which will be fed into the Joint Service Transformation & Commissioning Board through the Leaders Group and up to the HWB. Metrics are being shared with the commissioners to enable embedding the outcomes as targets for new contracts

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

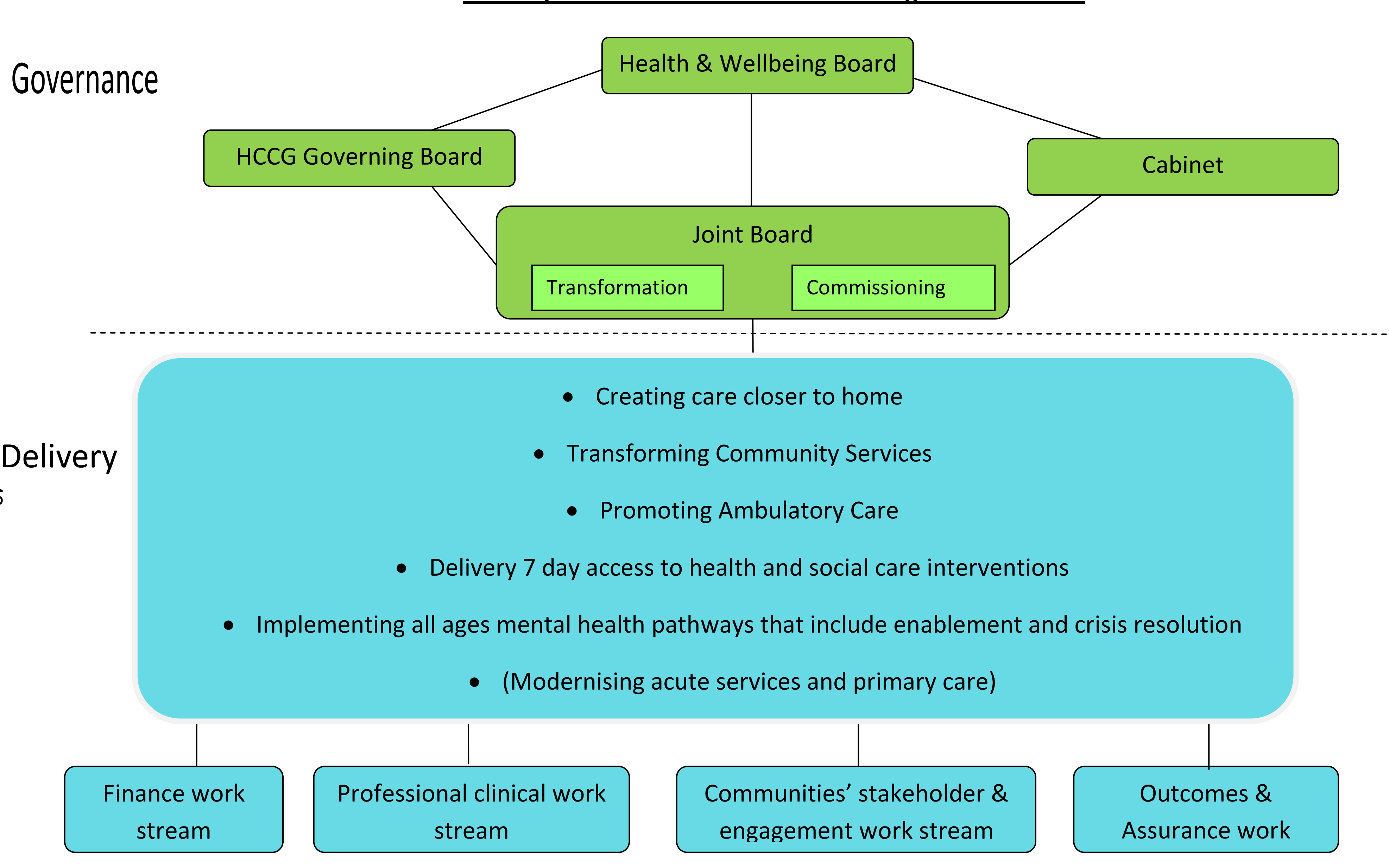
n/a

Metrics		**Current Baseline (as at....)**	**Performance underpinning April 2015 payment**	**Performance underpinning October 2015 payment**		Percentile
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*	539	N/A	503	Sgnificant improvement was achieved between 11/12 and 12/13 . High growth in >65 pop at still = 7%.reductn - very challenging	18%
	Numerator	220		220		
	Denominator	40820		43711		
		(April 2012 - March 2013)		(April 2014 - March 2015)		
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	*Metric Value*	87.1%	N/A	92.9%	This indicator got worse between 11/12 and 12/13, this level of improvement is a challenge which will need further review once the 15/16 plans are agreed	70%
	Numerator	135		144		
	Denominator	155		155		
		(April 2012 - March 2013)		(April 2014 - March 2015)		
Delayed transfers of care from hospital per 100,000 population (average per month)	*Metric Value*	1,701	1,166	864	High target as Hereford is performing well, however looking into live figures for current DTOC .	19%
	Numerator	2564	1774	1315		
	Denominator	150747	152202	152202		
		(Dec 2012 - Nov 2013)	(April - December 2014)	(January - June 2015)		
Avoidable emergency admissions (composite measure)	*Metric Value*	3503	1467	1911	The indicator has levelled since Jan-13. The target is a further improvement compared with the big increase to Jan-13. Possible impact of VW /Pilots TBC	42%
	Numerator	3503	1467	1911		
	Denominator	186734	188286	188286		
		(Oct-12 - Sep-13)	(April - September 2014)	(October 2014 - March 2015)		
Patient / service user experience - Combined measure - Overall satisfaction of people who use services with their care and support, ASCOF 3B (weighted measure) and overall experience of GP surgery - GP survey (unweighted).	*Metric Value*	78.9%		82.3%	ASCOF data is based on low numbers (65.6% with 5.4% CI). Measure combines a weighted and a crude measure. F&F is a new measure on the GP survey and data is not yet available.	
		ASCOF 12/13 GP survey Jan-Mar 2013 and Jul-Sept 2013	*(insert time period)*	ASCOF 14/15 GP survey Jan-Mar 2014 and Jul-Sept 2014		
Patient / service user experience - C2.2 A greater proportion of people aged 18 and over suffering from a long-term condition feeling supported to manage their condition - GP survey (unweighted).	*Metric Value*	67.7%		70.4%	Data produced from GP survey (unweighted).	
		GP survey Jan-Mar 2013 and Jul-Sept 2013	*(insert time period)*	GP survey Jan-Mar 2014 and Jul-Sept 2014		

Targets to be reconfirmed once 15/16 BCF project plans are confirmed

Appendix Two – Proposed Governance Structure Diagram

Delivery Structure for Health & Wellbeing Modernisation



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	26th March 2014

TITLE OF REPORT:	PUBLIC HEALTH COMMISSIONING STRATEGY
REPORT BY:	Director of Public Health

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To receive an oral report on the Public Health Commissioning Strategy.

5. Recommendations

THAT: The report be noted

Further information on the subject of this Report is available from
Elisabeth Shassere on Tel (01432) 260668

MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	26th March 2014

TITLE OF REPORT:	HEREFORDSHIRE CLINICAL COMMISSIONING GROUP (HCCG) TWO AND FIVE YEAR PLANS
REPORT BY:	Clinical Lead, HCCG

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To receive a presentation on the HCCG's two and five year plans.

5. Recommendations

THAT: The report be noted

Further information on the subject of this Report is available from
Mike Emery on Tel (01432) 261837

HEALTH AND WELLBEING BOARD
WORK PLAN MARCH 2014 TO MAY 2014
TIMELINE OF ACTIVITIES AND DECISIONS UPDATED
March 2014

DATES	BOARD MEETINGS NB ALL MEETINGS RUN FROM 2pm – 5pm
WORKSHOP 18 March 2014	Briefing Development Updates Herefordshire Partnership Executive Group – Update 2014/15 Public Health Business Plan CCG 2013/14 Business Plan
PUBLIC 15 April 2014	Board processes and operations Sustainability of the health and social care system (AW) CCGs 2014/15 priorities and Business Plan 2014/5 Demand management (ES) Crisis prevention (CK)
WORKSHOP 20 May 2014	Briefing Development Updates • Herefordshire Partnership Executive Group - Update
PUBLIC October 2015	Sustainability of the health and social care system (AW) • Pharmaceutical needs assessment

Notes:

1. Workshop denotes meeting where no decisions are formally taken or approved
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

Initials:

HC - Helen Coombes
JD – Jo Davidson
CK - Claire Keetch
ES – Elizabeth Shassere
AW – Andy Watts
IP - Ivan Powell
DS - Derek Smith