

AGENDA

Health and Wellbeing Board

Date: **Tuesday 18 November 2014**

Time: **3.00 pm**

Place: **Committee Room 1, Shire Hall, Hereford**

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

For any further information please contact:

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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman	Councillor GJ Powell	Herefordshire Council
	Councillor JW Millar	
	Richard Beeken	Wye Valley NHS Trust
	Helen Coombes	Director of Adults Wellbeing
	Jo Davidson	Director for Children's Wellbeing
	Paul Deneen	Healthwatch
Non Voting	Dr Andy Watts	Clinical Lead, Herefordshire Clinical Commissioning Group
	Jacqui Bremner	Representative of a Carers' Organisation (Currently Herefordshire Carers Support)
	Shaun Clee	2gether NHS Foundation Trust
	Sue Doheny	Arden, Herefordshire and Worcester LAT
	Claire Keetch	Third Sector Board
	Alistair Neill	Herefordshire Council
Supt. Sue Thomas	West Mercia Police	

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 16 October 2014.	7 - 12
5. QUESTIONS FROM MEMBERS OF THE PUBLIC To receive questions from Members of the Public relating to matters within the Board's Terms of Reference. (Questions must be submitted by midday eight clear working days before the day of the meeting (ie on the Wednesday 13 calendar days before a meeting to be held on a Tuesday.))	
6. BETTER CARE FUND (BCF) SUBMISSION UPDATE To receive a verbal updated report on the Better Care Fund.	
7. HEALTH & WELLBEING BOARD DEVELOPMENT To recommend to Council amended terms of reference for the Board and agree next steps in Board development.	13 - 26
8. HEALTH AND WELLBEING BOARD STRATEGY To receive a report on the Health and Wellbeing Board Strategy.	27 - 40
9. KNOWING OUR CHILDREN: PRIORITY SETTING AND PROGRESS OF THE CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP To enable the board to provide direction to the development of the children and young people's partnership (CYPP).	41 - 70
10. NATIONAL EXTENDED TROUBLED FAMILIES PROGRAMME (TO FOLLOW) To receive a report on the National Extended Troubled Families Programme.	
11. SYSTEM RESILIENCE PLAN (TO FOLLOW) To receive assurance on the System Resilience Plan.	
12. SYSTEM WIDE TRANSFORMATION To monitor progress on system wide transformation.	
13. HEALTHWATCH UPDATE To receive a report from Healthwatch.	71 - 76

14. WORK PROGRAMME

To receive the Board's Work Programme and make any appropriate adjustments.

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15. ITEMS FOR INFORMATION

To receive a briefing note.

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

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Grand Jury Room, Shire Hall, Hereford on Thursday 16 October 2014 at 3.00 pm

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

Councillors: JW Millar, Ms H Coombes, Mrs J Davidson, Dr A Watts,
Ms J Bremner, Mrs C Keetch, Mr A Neill and Supt S Thomas

57. APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr R Bekeen, Mr S Clee, Mr P Deneen and Mrs S Doheny.

58. NAMED SUBSTITUTES (IF ANY)

Mr A Dawson for Mr R Bekeen, Mr C Merker for Mr S Clee, Mr K Andrews for Mr P Deneen and Mr B Hanford for Mrs S Doheny.

59. DECLARATIONS OF INTEREST

None.

60. MINUTES

The Minutes of the meeting held on the 15 July 2014 were signed and approved as a correct record.

61. QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

62. SYSTEM WIDE TRANSFORMATION BOARD - THE CASE FOR CHANGE

The Board received a report on the System Wide Transformation Board from the Chief Executive, Herefordshire Council. During his presentation he highlighted the following areas:

- That the Transformation Board would cover the whole Health and Social Care System in the County, and not a single part of it as the quality of services needed to be improved in order to deliver better long term outcomes for patients.
- The transformation programme that would be drawn up would concentrate on three main areas: improved outcomes for residents, greater efficiencies for providers and commissioners and projects and schemes that would deliver cash savings. The intention would be to drive improvements in order to release unnecessary costs in the system. The West Midlands Ambulance Service and the Powys Teaching Health Board would also be included in order to ensure cross border engagement.
- Progress would be reported to the Health and Wellbeing Board on a regular basis.

Councillor Millar said that he was Interim Chairman of the Transformation Board, and he felt the key was to focus on the case for change and the outcomes that were produced by the changes that were made. He concurred with comments that a multi-layered approach was needed, and said that there was a need to redesign the whole system delivery.

The Chairman said that the work of the Board should be driven by the results, and that radical change of the system was necessary. The Chief Executive, Herefordshire Council concurred, and said that the work of the Board would be incremental, and undertaken in manageable steps that would reshape the way work was undertaken in the Health and Social Care landscape. It was noted that West Mercia Police were also undertaking a transformational programme, which would deliver initial outcomes in February 2015.

Resolved: that the development of a Health and Wellbeing system wide transformation programme be noted

63. BETTER CARE FUND PLAN

A report on the Better Care Fund (BCF) was noted. The Director of Adults Wellbeing highlighted the following areas:

That in order to secure the necessary transformational change, agreed areas between the Herefordshire CCG (HCCG) and the Council would be focused upon. These were outlined in Appendix One of the report.

The BCF had been submitted in line with national guidance and timescales but some key areas still required agreement. The minimum fund had been agreed, as had the target percentage for reduction in hospital admissions. Outstanding areas that required agreement were the Protection of Adult Social Care, Risk Sharing, Section 75 monies and the detailed implementation plan

A Ten Week Implementation Plan was in place to ensure that the areas not yet agreed were progressed.

The outcome of the national assurance process was due to be announced by the end of October 2014, with four possible outcomes. These were No Assurance, Assurance with Conditions, Assurance with Support or Assured

It is likely that Herefordshire would either be in the Assurance with conditions or Assurance with Support categories.

In the ensuing discussion, the following points were raised:

- That the Health and Wellbeing Board might be expected to assume responsibility for the BCF monies, but it was not yet clear where the responsibility for performance management would lie. It was possible that the Board could also be in charge of this.
- That change to the guidance included a new assurance process and target reduction of 3.5% in emergency admissions. Latitude had been included in this, as it had been felt that such changes would place undue pressures on the health system nationally.
- That there was a specific function for the Health and Wellbeing Board to oversee the implementation of the BCF, and that this would give the Board a strong role in moving toward a prevention agenda.

- There was a move to empower service users and the importance of personal budgets would increase not only in social care, but also in the NHS as people with complex health needs would be offered them.
- That whilst the BCF work predated the Transformational Board, it was one of the agents of change that the Board would be using. The BCF was changing what was happening in health and social care, and was allowing partner agencies to engage with finding alternative ways forward.

Resolved:

That;

- a) The summary of the revised guidance be noted;**
- b) The elements of the plan agreed using the delegated powers agreed by the Health and Wellbeing Board subject to the completion of the ongoing work as required in the guidance and submission be approved;**
- c) the task and finish approach for completion of further requirements and agreements be approved;**
- d) the national assurance process and feedback to date was noted;**
- e) authority be delegated to the Chair of the Health and Wellbeing Board, the Chief Accountable Officer of the CCG and the Director of Adults and Wellbeing as appropriate to agree further BCF plan submissions if required in November or December 2014.**

64. HEREFORDSHIRE SAFEGUARDING CHILDREN BOARD (HSCB) ANNUAL REPORT AND BUSINESS PLAN

The Board noted the Herefordshire Safeguarding Children's Board (HSCB) Annual Report and Business Plan. The Director of Children's Wellbeing reported that the intention was to ensure the Board was paying due regard to Children's Safeguarding and to express views on the content and priorities of the Business Plan. In the ensuing discussion, the following points were raised:

- That in order to see an improvement within safeguarding, the HSCB would need to be more proactive.
- The HSCB had ensured the programme, had an ongoing focus on safeguarding in agency work within the County and ensured that the culture of sharing information between partners and the quality of that information was honest and open to challenge
- Priorities within the Business Plan related to issues around safeguarding as a whole and specific areas such as the identification and response to children at high risk of experiencing sexual exploitation.
- The HSCB had recently introduced a new level of need guidance for the Council and all agencies to follow to ensure children were receiving support at the right time and in the right place in the child protection system.
- That there continued to be a need to strengthen and ensure an effective and accurate audit system in the Council and partner agencies.
- That the HSCB provided oversight of safeguarding across all agencies and it was important that the strategic governance of the Board continues to be improved.

- That there was active engagement of partners with the work of the Board, but some were finding it harder to maintain this as a result of changes within their organisations – as organisations went through national change, such as the Probation Service and Community Rehabilitation Company, or local change, such as the policing changes. However, new and active members were bringing a different dynamic to the Board, particularly the lay members. It was noted that a national pilot peer diagnostic, led by the Local Government Association, had been commissioned into the work of the Board which would take place in November and help inform the Board’s development.

Resolved:

That;

(a) the effectiveness of safeguarding arrangements in Herefordshire as assessed by the Safeguarding Board be noted; and;

(b) the priorities of the Board in relation to specific safeguarding issues in Herefordshire be acknowledged;

65. OFSTED ACTION PLAN

The Board noted the Ofsted Action Plan. The following matters were raised during the debate:

That the rating of good for the adoption performance related not only to the work of the Council, but to partner agencies throughout the County.

- That the fact that no children were found to have been left at risk of harm during the inspection was fundamental to the success of the service.
- There were 28 specific areas for improvement that were detailed in Appendix one of the report. Whilst many were operational, there were a number of strategic recommendations that included the need to ensure that elected members understood and effectively undertook their corporate parent role. The Action Plan related to the role of Councillors, but Board Members of all partner organisations needed to be both aware of and strengthen the way they met their corporate parenting responsibilities. A training and development plan for Councillors had been developed and was under consideration.
- That the management of resources and caseloads for not only social workers but also other front line services was an issue of importance for all in social care in the County.
- That the Action Plan had now been sent to Ofsted, and the Council was awaiting the outcome from their deliberations.

It was suggested that the Health and Wellbeing Board should ensure that positive stories appeared in the media concerning the improvements in social care in the County as this would help to attract talented staff to the area.

Resolved:

That:

- a) the outcome of the inspection attached at Appendix 1 and the relevant issues for the Health and Wellbeing Board be noted;
- b) The Chairman considers any recommendations for any further actions to be added to the action plan and/or the Committee's work.

66. CARE ACT 2014 LOCAL AUTHORITY CONSULTATION RESPONSE

The Board received a report on the Council's response to the government consultation on the Care Act regulations and guidance.

Resolved:

That:

- (a) The Council's response to the Government consultation on the Care Act regulations and guidance, included at Appendix A, be noted; and
- (b) The infographic, included at Appendix B, outlining the financial impact of the Care Act on Herefordshire Council be noted

67. WORK PROGRAMME

The Board noted its work programme.

Resolved: that the report be noted.

The meeting ended at 17.00

CHAIRMAN



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	18 November 2014
TITLE OF REPORT:	Health & Wellbeing Board: Development
REPORT BY:	Governance Manager

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

County-wide

Purpose

To recommend to Council amended terms of reference for the Board and agree next steps in Board development.

Recommendation(s)

THAT:

- (a) the draft terms of reference at appendix B, including proposed changes to membership, be agreed for recommendation to Council;
- (b) a further report be brought to the board by the end of February 2015 on stakeholder engagement mechanisms; and
- (c) authority be delegated to the Director for Children's Wellbeing, following consultation with the board chairman, to progress a board development programme supported by the local government association.

Alternative options

- 1 Terms of reference could remain unchanged; this option would not assist in providing the board with a clear focus.
- 2 Alternative terms of reference/membership could be adopted; the terms of reference and membership proposed take account of the learning gained from developing health and wellbeing boards.

Reasons for recommendations

- 3 To ensure that governance arrangements for the board remain fit for purpose and that the board receives appropriate development support.

Key considerations

- 4 Following the requirements of the Health & Social Care Act 2012, the current terms of reference, including membership, for the board were agreed by Council in March 2013; these are attached at appendix A for information.
- 5 These terms of reference have a broad focus, with membership framed around inclusivity rather than purpose. This has inadvertently led to dilution of board priorities, and lack of clarity about the representative role of a number of members.
- 6 Expectations nationally about the role of health and wellbeing boards in relation to the Better Care Fund have developed, and locally governance structures have evolved to provide a framework for the transformation of health and social care within the county. It is therefore timely to review the terms of reference to ensure that they remain fit for purpose and provide clarity about accountabilities.
- 7 The Local Government Association (LGA) has led a number of peer challenges looking at the effectiveness of health and wellbeing boards across England; these have highlighted a number of factors which support effective operation which include:
 - Integration being core to activity rather than add-on;
 - Clear intended outcomes being used to inform commissioning decisions;
 - Effective relationships;
 - A collective understanding of affordability within the health and social care system – and what needs to change to achieve it;
 - A small number of priorities for board focus;
 - Health and Wellbeing Strategy firmly linked to the joint strategic needs assessment and focussed on a small number of priorities; and
 - Clear mechanisms/forums for engaging with providers, voluntary sector, carers/service users etc (these being not routinely through board membership).
- 8 Taking account of these factors, and the governance relationships already existing (as summarised at appendix B), the terms of reference have been reviewed and a revised draft is attached at appendix C.
- 9 The proposals, if adopted, do require clarification of the mechanisms to be used to ensure effective communication and engagement with stakeholders and it is

Further information on the subject of this report is available from
Annie Brookes, Governance Manager on Tel (01432) 260605

suggested this should be a priority for the board.

- 10 The LGA has offered to provide support for some initial board development and also have helped develop a range of self-assessment and peer assessment tools and programmes which can help inform future board development.

Community impact

- 11 The Health and Wellbeing Board is responsible for delivery of the joint strategic needs assessment (locally included within Understanding Herefordshire) and must produce a health and wellbeing strategy for the county. Together these guide future commissioning decisions.

Equality and human rights

- 12 In fulfilling its responsibilities the board must have regard to the general public sector equality duty placed on public authorities as set out below:

"A public authority must, in the exercise of its functions, have due regard to the need to -

- eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

Financial implications

- 13 There are no direct financial implications arising from this report.

Legal implications

- 14 The council has a statutory duty to have established a health and wellbeing board pursuant to the Health and Social Care Act 2012. The core membership of that board is prescribed by the Act. There are duties incumbent on the board as to the joint strategic needs assessment and joint health and wellbeing strategy. It is assumed that the proposed changes are designed to improve the effective carrying out of those duties and ensure the promotion of integrated working. That being the case and provided the core prescribed membership is unaffected then there are no adverse legal implications from the proposals.

Risk management

- 15 If the board's terms of reference are not refreshed to provide appropriate focus and reflect current responsibilities accountabilities and priorities may not be sufficiently clear raising the risk that key actions are not identified or progressed impacting adversely on the ability to improve health & wellbeing outcomes for residents in the county. Periodic reviews of terms of reference mitigate this risk.
- 16 If engagement mechanisms are unclear the views of relevant stakeholders will not be heard; an early report clarifying these mechanisms will mitigate this risk.

Consultees

- 17 The LGA's programme manager for local government support has provided advice in the development of the refreshed terms of reference.
- 18 During its first year of formal operation, and throughout the preceding shadow period, board members have held informal discussions on future focus and priorities for the Board; the proposals within this report build on those informal discussions.

Appendices

Appendix A – Current Terms of Reference

Appendix B – Governance Relationships

Appendix C – Proposed Terms of Reference

Background papers

- None identified.

Appendix 1

Terms of Reference

Herefordshire Health and Wellbeing Board

Introduction

Herefordshire Health and Wellbeing Board (HHWB) is established by virtue of S194 of the Health and Social Care Act 2012 (the 2012 Act). It is taken to be a Committee appointed by Herefordshire Council under S102 of the Local Government Act 1972 by virtue of the 2012 Act.

Its duties are as follows:-

- To encourage those who arrange the provision of any Health or Social Care Services in Herefordshire, to work in an integrated manner for the purpose of advancing the health and wellbeing of the people of Herefordshire.
- To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of prescribed arrangements under S 75 National Health Service Act 2006.
- To encourage those who arrange for the provision of any health related services in Herefordshire to work closely with HHWB.
- To encourage the close working of those providing health or social care services with those who arrange for the provision of health related services in Herefordshire.
- To prepare a Health and Social Care Joint Strategic Needs Assessment for the County.
- To prepare a Health and Wellbeing Strategy to meet those needs.
- To exercise any functions that are exercised by Herefordshire Council by arrangement, barring overview and scrutiny functions.
- To give HHWB's opinion, as appropriate, to Herefordshire Council as to whether the Council is discharging its duty to have regard to any assessment of relevant needs prepared by the Council or the Clinical Commissioning Group in the exercise of its functions .

- To prepare and publish a local Pharmaceutical Needs Assessment under S206 of the 2012 Act.

Principles

HHWB will actively pursue:-

- Providing the strongest local leadership for the improvement of the health and wellbeing of the people of Herefordshire.
- Monitoring and supporting relevant bodies to achieve any health and wellbeing targets.
- Promoting and committing to joint working and integration wherever possible between partner organisations.
- encouraging a shared commitment towards health and wellbeing between the partner organisations including respect for each other's working culture
- Fostering effective working relations based on mutual trust.
- Ensuring that commissioning decisions for health and wellbeing are consistent with the Herefordshire Health and Wellbeing Strategy and take full account of the joint strategic needs assessment for Herefordshire.
- Acting with collective responsibility

Membership

The core membership of the HHWB is as follows:-

Two Herefordshire Councillors
nominated by the Council's Leader.

Herefordshire Council's Director of Adult Social Services.

Herefordshire Council's Director of Children's Services.

Herefordshire Council's Director of Public Health.

A representative of Herefordshire Healthwatch.

A representative of the Clinical Commissioning Group.

Such other persons as the Council thinks appropriate

Additional Members Comprise:-

Such other persons as HHWB may consider appropriate

A temporary representative from the National Health Service Commissioning Board, for the purpose of preparing the Joint Strategic Needs Assessment or Health and Wellbeing Strategy

A temporary representative of the NHS commissioning Board where HHWB is considering a matter that relates to the exercise or proposed exercise of the NHS Board's commissioning functions.

[Note :The NHS Commissioning Board representative need not be a member of the board however.]

Chairman and Vice Chairman

HHWB will be headed by a Chairman who is the Herefordshire Council Cabinet member whose current areas of responsibility are encompassed by the powers and duties of HHWB nominated as such by the Leader of the Council. A Vice Chairman shall be appointed annually by the Board . The term of office for the Chairman will coincide with their holding of the relevant portfolio .

Working Groups and Sub-Committees

The HHWB may establish such Working Groups, Officer Groups and Sub-Committees as necessary to achieve its objectives and will employ the maximum flexibility with regards to membership, utilising temporary and co-opted members as appropriate.

Status

By virtue of its status as a Council appointed Committee under S102 of the Local Government Act 1972, the Governance rules which bind the Council through its Constitution also bind HHWB.

In particular however

1. The Access to Information provisions contained in the Local Government Act 1972 apply to HHWB in respect of giving appropriate notice to the public of meetings and making available background papers .
2. The rules on political proportionality of Membership of HHWB or its Sub- Committees or Working Groups are disapplied.
3. The Council's Code of Conduct for Members is applicable to HHWB. In respect of the declaration of interests, Members of HHWB personally have to determine whether it

is appropriate to make any declaration or not including declarations of discloseable pecuniary interest on the appropriate register.

4. HHWB Core Members only will have voting rights.

Accountability

Whilst HHWB has accountability to the Council by means of an annual report, there is an expectation of an effective working relationship with Herefordshire Council's Overview and Scrutiny Committees, in particular Health and Social Care Overview and Scrutiny Committee. Individual Members of the Board may be held to account by the organisations they represent.

Transparency

Formal meetings of HHWB or any Sub-Committee of it are held in Public and the question of any Confidential items are dealt with in accordance with the Access to Information Rules . These rules do not apply to Officer Groups or Task and Finish Groups that the Board or its Sub-Committees may appoint.

Questions from the Public will be accepted in writing not less than eight clear working days prior to a meeting of the HHWB and one supplementary question is allowed.

Herefordshire Health & Wellbeing Board Terms of Reference

Purpose

Herefordshire Health & Wellbeing Board (the board) works together to improve the health and wellbeing of the people of Herefordshire by working collaboratively with partners to join up commissioning and provision (where it is appropriate to do so) across the NHS, social care, public health and other areas related to health and wellbeing.

Roles and Responsibilities

The board is responsible for:

- a) Developing a joint strategic needs assessment (Understanding Herefordshire)
- b) Preparing a joint health & wellbeing strategy
- c) Reviewing whether the commissioning plans and arrangements for the NHS, public health and social care (including Better Care Fund submissions) are in line with and have given due regard to the health and wellbeing strategy
- d) Reporting formally to the council's executive, the Herefordshire Clinical Commissioning Group and the NHS Commissioning Board if commissioning plans affecting Herefordshire have not had adequate regard to the health & wellbeing strategy
- e) Formally signing-off required submissions and direct the use of any performance related funding received on achievement of targets.

The board will seek to:

- f) Promote joint working and integration, including the use of NHS Act 2006 flexibilities, to increase joint commissioning, pooled and aligned budgets to support effective delivery of the health and wellbeing strategy
- g) Influence the strategic planning and service delivery of the council and the NHS in Herefordshire through promotion of Understanding Herefordshire and the health & wellbeing strategy
- h) Influence the planning and delivery of economic development, planning, transport, housing, community safety, environment and community services in order to address the wider determinants of health & wellbeing
- i) Strategically performance manage key activity against the key priorities of the health & wellbeing strategy
- j) Provide leadership across the whole health and wellbeing system in Herefordshire to enable improved health and wellbeing outcomes.

Responsibility for the scrutiny of health and wellbeing in Herefordshire remains the responsibility of the Health & Social Care Overview and Scrutiny Committee.

Accountability

Accountability for the discharge of statutory responsibilities remains with the council, CCG and Herefordshire Healthwatch

Accountability for safeguarding lies with the Herefordshire Safeguarding Children Board and Herefordshire Safeguarding Adults Board both of which will report to the board on relevant performance outcomes against the health & wellbeing strategy's priorities through a regular performance reporting process.

The Board will work with the Community Safety Partnership and the Children & Young People's Partnership to deliver strategic commitments and outcomes in line with the health & wellbeing strategy and the two partnerships will report to the board on relevant performance outcomes against the health & wellbeing strategy's priorities through a regular performance reporting process.

The board will provide an annual report to Council.

Membership

Membership of the board is:

- Herefordshire Council x 5 one of the cabinet members taking the chair(Cabinet Member Health & Wellbeing, Cabinet Member Young People and Children's Wellbeing, Director for Adults & Wellbeing, Director for Children's Wellbeing, Director of Public Health)
- Herefordshire CCG x 3 one of which to take on role of vice chair (one to be a lay member)
- Herefordshire Healthwatch x 2
- Local Area Team x1 (non-voting member)

The Council, at its annual meeting, appoints the chairman.

The quorum for the meeting shall be four, to include one member from each of the council, CCG and Healthwatch.

Board members may nominate a named substitute from their organisation.

Wider Engagement

The Board will seek to engage all stakeholders in the development of the health & wellbeing strategy and commissioning plans and will invite representatives from relevant stakeholder bodies to attend board meetings as relevant to the agenda.

The Board will ensure that effective communication and engagement mechanisms are in place to enable good public, patient, service user and stakeholder engagement.

By working together the board will proactively seek to embed good partner, public and patient engagement within the day to day business of the board through adherence to the following principles:

- Being clear of purpose
- Taking responsibility for good public engagement including feedback of engagement results
- Committing to culture change
- Providing access to information
- Fostering effective working relations based on mutual trust
- Acting with collective responsibility
- Developing an understanding of the working cultures operating within Herefordshire's health and wellbeing system.

Business Management

The board is a statutory committee of the council and will be treated as if it were a committee appointed by the council under s102 of the Local Government Act 1972; it is exempt from the rules on political proportionality.

The board will act in accordance with the council's committee procedure rules and access to information rules.

The board will develop an operating model and work programme to support delivery of the health & wellbeing strategy.

The board will produce an annual report.

The board will meet not less than 4 times a year and at other times by arrangement in accordance with the committee procedure rules.

The board may establish working groups to lead on specific issues and may co-opt additional (non-voting) representatives to those working groups.



MEETING:	HEALTH & WELLBEING BOARD
MEETING DATE:	18 NOVEMBER 2014
TITLE OF REPORT:	REFRESH OF THE HEALTH & WELLBEING STRATEGY
REPORT BY:	Interim Director of Public Health Interim Consultant in Public Health

Classification

Open

Key Decision

This is a key decision.

Wards Affected

County-wide

Purpose

- To provide board members with a progress report on the refresh of the health and wellbeing strategy
- To seek the views of the health and wellbeing board members on the key themes identified to date
- To seek endorsement for the consultation and engagement focus of the strategy
- To outline the timeline for the development of the strategy and action plan

Recommendation(s)

THAT:

- Board members discuss and provide views on the themes identified thus far in the Health & Wellbeing Strategy**
- Board members identify their role in championing and communicating the health and wellbeing strategy and action plan**
- board members identify how they communicate the key themes of the health and wellbeing strategy within their respective organization, workforces or the groups you represent and ensure feedback is provided;**

Further information on the subject of this report is available from
Jo Robins, Interim Consultant in Public Health on Tel (01432) 383882

(d) **board members endorse the approach being taken**

Alternative Options

- 1 There are no Alternative Options and the reasons why are that the Herefordshire Health & Wellbeing Board has been established under the provisions set out in the Health & Social Care Act 2012.
- 2 The Board is a key strategic leadership forum that drives ongoing improvements in health and wellbeing across Staffordshire.
- 3 There is a duty to agree and publish a joint health and wellbeing strategy setting out ambitious outcomes for improved health and wellbeing across Staffordshire

Reasons for Recommendations

- 4 It is important that that board members take an active role in the development of the key themes and priorities of the health and wellbeing strategy
- 5 It is important that the board members take an active role in the plans for consultation with the public as a key component of the health and wellbeing strategy

Key Considerations

- 6 There is an early draft version of a health & wellbeing strategy in place with an agreed vision and some key principles. There is now an integrated needs assessment in place as well as a children and young people's needs assessment which forms the bedrock of any health and wellbeing strategy.
- 7 Additional work is required to identify the key themes for the health and wellbeing strategy based on the recent developments within the council and across partner organisations whereby major proposals new programmes are being developed.
- 8 To ensure credibility for the health and wellbeing strategy consultation with the public needs to take place
- 9 The health and wellbeing board supports relationships between the council and its local partners providing new opportunities to explore approaches to commissioning, collaborative working, re-design and to support self-care of the population.
- 10 The health and wellbeing strategy will not replace existing strategies and plans but should value to those already in place
- 11 The health and wellbeing strategy should enable partners to collectively focus effort where impact will be greatest on the health and wellbeing of local people. Community Impact
- 12 See point 9. Drawing on the assets in the communities across Herefordshire will be key to supporting the vision and priorities of the strategy. We need people to take more responsibility for their own health and we know that community spirit and community support is central to good health. Evidence has shown that higher levels of social capital are associated with better health, higher educational attainment, better employment and lower crime rates.

Further information on the subject of this report is available from
Jo Robins, Interim Consultant in Public Health on Tel (01432) 383882

- 13 Actively encouraging and guiding people to live healthier lifestyles and to look after themselves, their families and neighbours, will have the double impact of reducing pressures on services whilst creating social networks of support.

Financial Implications

None

Appendices

Appendix 1 - Refresh of the Health & Wellbeing Strategy

Appendix 2 - Presentation: Refreshing the Herefordshire Health & Wellbeing Strategy

Background Papers

None

Health & Wellbeing Board

Title – Refresh of the Health & Wellbeing Strategy

1. Purpose of Report

- To provide board members with a progress report on the refresh of the health and wellbeing strategy
- To seek the views of the health and wellbeing board members on the key themes identified to date
- To seek endorsement for the consultation and engagement focus of the strategy
- To outline the timeline for the development of the strategy and action plan

2. Key Aim

To refresh the Herefordshire Health and Wellbeing Strategic Approach 2013/2014 and develop an action plan that reflects the Herefordshire Joint Strategic Needs Assessment (Understanding Herefordshire 2014), in partnership with the public and key stakeholders.

3. Important Drivers

- Resources are scarce
- Population needs now and in the longer term are greater especially with the ageing population and increased levels of long term-conditions
- Our service infrastructure is fragile and tending to concentrate on higher level needs
- Current services are overstretched
- Rural inequalities may be hidden but greatly affect population health and wellbeing as identified in the case for change

4. What do We Already Have in Place?

- Data, performance information, strategic intelligence from the Joint Strategic Needs Assessment (Understanding Herefordshire) and the C&YP Needs Assessment
- The vision for the population of Herefordshire
- A set of principles
- Commitment from partners about the importance of having an overarching strategic direction
 - Commitment from partners through the transformation programme to develop a whole system approach to health and social care challenges (integration, redesign, and community based, self-care)
 - A commitment to joint commissioning across the council and CCG
 - The Better Care Fund

- Development of 1600 new affordable houses. Vibrant and willing voluntary sector organisations that are spread across the county
- A suite of other strategic documents and plans that are already in existence

5. The Approach Taken

One to one semi structured meetings with key people across the partner organisations (including local authority, NHS, CCG, Police, voluntary sector and patient/public liaison) to identify key areas for inclusion in the Herefordshire H&WBS, their role in implementing the strategy and their insight into the uniqueness of Herefordshire .

Desk top analysis of key strategic documents across partner organisations

7. The Themes Identified so Far

- Great data, JSNA full of excellent data and analysis in Understanding Herefordshire
- Prevention & wellbeing focus (cradle to grave) importance of starting well (strong focus on prevention and integration across 0-19 years, including educational attainment, parental mental health and poverty) , living well (keeping people fit through lifestyle changes to reduce the impact of long term conditions and managing health), ageing well, maintaining independence (better quality of life for longer in older years,
- Reducing inequalities and reaching communities (population groups and rurality, ,families with substance misuse, alcohol, drug problems and mental health, returning veterans)
- Economic development, investment, prosperity, raising aspiration, skills (young people, adults, mental health)
- Affordable housing and joint planning with health and social care (older people, Adults with Learning Disabilities), improved insulation/fuel poverty (older people & families)
- Transport and reducing congestion through active travel
- Development of a stronger focus on mental health and wellbeing
- Commissioning (Better Care Fund) and transformation as system levers
- Clear set of priorities and indicators linked to outcomes
- A strengthened connection between the public sector and social infrastructure

8 .Consulting with the Public, Encouraging Self Care and Maximising the Contribution of the Local Voluntary Sector

Drawing on the assets in the communities across Herefordshire will be key to supporting the vision and priorities of the strategy. We need people to take more responsibility for their own health and we know that community spirit and community support is central to good health. Evidence has shown that higher levels of social capital are associated with better health, higher educational attainment, better employment and lower crime rates.

Actively encouraging and guiding people to live healthier lifestyles and to look after themselves, their families and neighbours will have the double impact of reducing pressures on services whilst creating social networks of support.

Feedback on the uniqueness of Herefordshire has highlighted a number of assets both in relation to people and place, including; resilient communities, supportive networks, a high quality environment, resilient workforces, supportive small local businesses, a great place to bring up children, a strong cultural and creative focus, the outdoor spaces and caring and compassionate communities.

9. Consultation

This is an essential part of the strategy's development and needs to take account of the issues identified in the integrated needs assessment. This will endorse the impact of the strategy and start the conversation about self-help and community support.

We are proposing to do this in a number of ways:

- Through working with our key partners (on the Supporting Communities Network).
- By working with local organisations and experts such as Health Watch, carers and HVOS.
- Through the extensive infrastructure in place such as the Community Development partnership
- Through the existing partnership boards such as Adult with Learning Disabilities
- Use of social media to access young people and key population groups
- Use of existing surveys completed by Health Intelligence in recent years
- Through access points and through utilization of staff in existing services

10. How the Strategy will Help

1. Sets the strategic direction for council and partners to follow, to improve the health and wellbeing of the population with a five year delivery plan
2. Sets out a strong commitment to improving the health and wellbeing of the entire population of Herefordshire
3. Adds value to the existing work programmes
4. Identifies and clarifies priorities for action in short and medium term across partners
5. Enables the board members to hold each other to account for delivery of the priorities.
6. A vehicle for increasing the influence of local people in shaping services
7. Clarity for all including the public on the priorities of the Health & Wellbeing Board

8. An opportunity to engage local people in a conversation about taking control of their own health and wellbeing and supporting others to do the same
9. Recognition of the influence of the wider determinants of health and wellbeing and the importance of joint working around transport, housing, employment, education and crime
10. A leadership role in recognising and addressing rural inequalities
11. Something to benchmark progress against as we move forward (measuring our progress with indicators and outcomes)

11. Timeline and Governance

The Supportive Communities Working Group will act to check the work

Regular reports to the Health & Wellbeing Board

Oversight provided by Director of Public Health and Director of Adults Social Care and Housing.

October – December 2014–consultation with key partners and analysis and summary of feedback points from relevant internal consultation exercises that have taken place.

December 2014– mockup of format/make up of strategy

November 2014-February 2015– consultation with the public on key themes and vision

February 2015 – long list of options assessed against set of criteria

March 2015– development of priorities and health and presentation of wellbeing strategy (draft) to health & Wellbeing Board members

Key Questions for Board Members

What do you think of the themes identified so far?

How can you play a role in championing / communicating the health and wellbeing strategy and action plan taking this back to your respective organization, workforces or the groups you represent

Would you add anything to the consultation approach?

Jo Robins, Consultant in Public Health

November 2014

Refreshing the Herefordshire Health & Wellbeing Strategy 18 November 2014

Susan Lloyd – Interim Director of Public Health

Jo Robins – Interim Consultant in Public Health



Purpose of Presentation

- To update board members on progress with the Health & Wellbeing Strategy
- To sense check the themes identified to date in the refresh process
- To engage board members in the consultation process of the strategy



Background and Context

Understanding Herefordshire – a key document is in place which identifies population need

- The population grew by 6% during 2001-2013
- 22% of Herefordshire residents are aged 65+ (compared to 17% nationally)
- The growth will continue and especially amongst the over 65 year olds (60% more people over 65 years in 2031) and double the number of 85 year olds
- More people are living with single or multiple long term conditions in Herefordshire
- Currently 3000 people with dementia expected to double by 2013
- Life expectancy of our population is generally good but this is lower in less affluent areas
- People in less affluent areas also spend a greater part of their life living with a disability
- Geography of the county – sparsely populated



Making the Case for the Health & Wellbeing Strategy

- The Health & Wellbeing Board has a Duty to have a strategy in place
- Can any one organization be responsible for population health and wellbeing?
- Our service infrastructure is fragile with a focus on higher level needs
- Current services are overstretched
- Rural inequalities may be hidden but greatly affect population health and wellbeing as identified in the case for change
- Enables board members to hold each other to account
- Resources are scarce
- It must provide added value



Outcomes

- **Agree a common set of outcomes based on public health, adult social care, children's social care, education and health**
- **Align these to a set of indicators**
- **Ensure that we receive regular reports on performance as a board**

Not Starting From Scratch

- **Vision and key principles**
- **We have a strong case for change – the transformation programme**
- **Proposals for integration across service areas for health and social care**
- **Long history of partnership working**
- **A commissioning model**
- **Better Care Fund**
- **Developing new ways of working – public health, CCG, health and social care**
- **Locality working and thinking about how we use our workforce resources**

Proposed Themes for the Health and Wellbeing Strategy

So far you have said

Cradle to grave approach

For children - starting well with pregnancy 0- 5 immunisations, breastfeeding, dental health, good education, maternal health, children with disabilities, young offenders, Adults – long term conditions, lifestyles (alcohol, weight, mental health)

Prevention and well being needs to be a strong feature

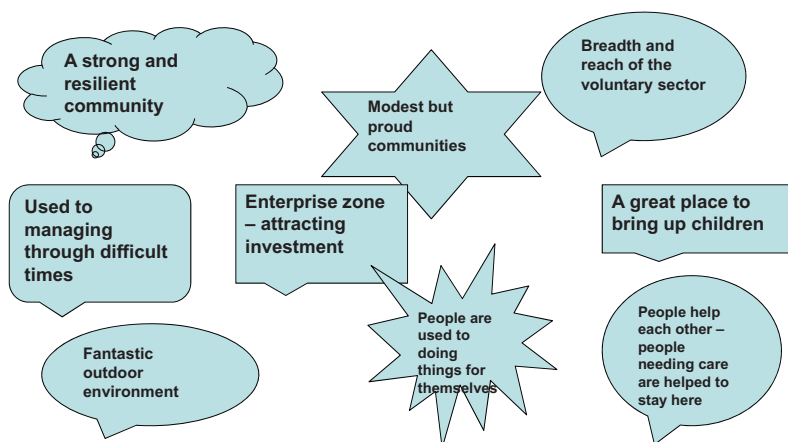
Impact of housing, transport (& congestion), employment, economic growth, education and aspiration on wellbeing and reducing long term health inequalities

Special consideration – returning veterans, homeless, non English speaking, women – domestic abuse, families with multiple needs,

Mental health and resilience

Hidden issues – alcohol abuse in older men & women?

What Are Our Assets?



The Plan for Consultation with the Public - Proposals

- Supportive Communities Working Group is our reference point
- Commitment from partners there to support the development of the work and the consultation element
- Sign up from lead officers in the voluntary sector and the main public sector organisations
- Using what we already have – desk top exercise
- Feedback on qualitative surveys completed from within our own organisations
- Working through the expertise in the voluntary sector and parishes
- Starting a health and wellbeing conversation with the public which will continue over time around self care
- In the community hands on consultation – January to February 2015

Key Questions for the H&WBB Members

- 1.How can your organization support the H&WBB to communicate and engage with local people you work with ?
- 2.What can you do in your role
- 3. What actions will you take as a result of hearing this today
- 4. Need sign up and endorsement from key leads here

Next Steps

- Agreeing a governance structure for the Health & Wellbeing Board
- Firming up the outcomes
- Working up an action plan
- Working up a draft document



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	18 November 2014
TITLE OF REPORT:	Knowing our children: priority setting and progress of the children and young people's partnership
REPORT BY:	Assistant Director, Education and Commissioning

Classification

Open

Key Decision

This is not an executive decision.

This is not a key decision.

Wards Affected

County-wide

Purpose

To enable the health and wellbeing board to provide direction to the development of the children and young people's partnership (CYPP).

Recommendation(s)

THAT:

- (a) the health and wellbeing board note and endorse the development of the children and young people's partnership; and
- (b) Consider how children and young people should influence the work of the health and wellbeing board; and
- (c) Receive an update on the work of the children and young people's partnership in March 2015.

Alternative options

- 1 No alternative options are provided as this is a report for consideration.

Further information on the subject of this report is available from
Chris Baird, Assistant Director, Education and Commissioning on Tel (01432) 260264

Reasons for recommendations

- 2 The health and wellbeing board has agreed that the children and young people's partnership forms parts of its governance arrangements and that it provides a specific focus on outcomes for children and young people in Herefordshire. This report enables the health and wellbeing board to oversee the work of the children and young people's partnership and to influence its development.

Key considerations

- 3 The health and wellbeing board has recognised the children and young people's partnership as a key group within its governance arrangements.
- 4 The children and young people's partnership is positioned to fulfil the existing legislative requirements of the local authority and its partners. Previously the children and young people's partnership fulfilled the statutory duties of a children's trust. For a period of time in Herefordshire the work of this partnership changed to reflect the new expectations of central government. In retrospect this resulted in an absence of system wide strategic leadership and direction specifically related to children and young people in Herefordshire, with a light touch approach to multi agency developments.
- 5 The lead member for children and the director of children's services have led the partnership approach over recent months and led the agreement from all parties that the partnership should take a much more proactive and planned approach to system wide change in key priorities in Herefordshire, driving improvement in outcomes, quality and cost reduction.
- 6 This has been informed by a joint planning session with the Herefordshire Safeguarding Children's Board and the Children and Young People's Partnership which considered the respective roles of each group, the progress on the priorities of the partnership over the past year, the needs analysis which was commissioned by the Partnership (Children Integrated Needs Assessment – CINA) and the current priorities from each agencies perspective.
- 7 The following key issues for children and young people in Herefordshire have been prioritised to be effectively addressed through a transformative partnership approach
 - **Improve outcomes for children with a disability** – including an integrated pathway to improve engagement with children, young people and families; improved information, advice and guidance to enable greater independence, choice and control of their lives, delivery of the children and families act 2014 in relation to education, health and care plans, the local offer, personalisation; transition into adulthood (presentation on content attached as Appendix 2)
 - **Develop a 'think family' approach and culture across the partnership** to target resources and support vulnerable families, including addressing the troubled families agenda. This builds on the successes already achieved - 204 families have reduced crime/anti social behaviour and children are attending school regularly, 38 families have adults into continuous employment, 57 families have progressed towards employment, £1.139m funding into the county
 - **Reduce the number of young people offending** – particularly those identified as offending for the first time where Herefordshire appears to have disproportionately high numbers. This mirrors the Community Safety Partnership

priority to reduce offending and reoffending to ensure there is only one priority with the different partnerships pooling their activity

- **Improve the emotional and mental health and wellbeing of children, young people and their parents and carers** – identified as a specific issue for children and young people in Herefordshire, across the continuum of need and age range. In the absence of an up to date strategy and approach, work has been done to establish an emotional health and wellbeing strategy for children and young people that will then contribute to the overall mental health needs analysis and strategy that is being developed. (attached as Appendix 3)
 - **Improve outcomes for our youngest children (aged 0-5 years)** – particularly those related to relatively poor dental health, vaccinations, readiness for school, development of language and communication, and the performance of vulnerable groups in a range of measures including end of foundation stage at school. The partnership has placed a strong emphasis on knowing our communities and the recent development of data packs and analysis for each children centre area has improved our understanding and clarity on specific changes that need to take place for specific communities.
- 8 The partnership is developing the plans to address these priorities over the next two months, with leadership for each priority coming from different members of the partnership. The expectation is that these pieces of work will necessarily look across the child, adult and community agendas. For example a key part of the children with disabilities priority is the development of an integrated pathway, through to adulthood and adult services, including adult social care and adult mental and physical health services, as well as employment and housing.
- 9 The partnership has established an executive group made up of the range of partners as set out in statutory guidance and is chaired by the lead member for children's wellbeing. The full list is attached at annexe 1.
- 10 The executive is supported in its work by a smaller steering group. The first task of the steering group is to develop plans to address each of the five priorities, building on work that is already in place for such areas such as children with disabilities. This work needs to be driven and actively supported and the partnership has agreed to the development of a business office to support the partnership work. This is being put in place using existing resources from the council. The development of these priorities will form the basis for the children and young people's plan for April 2015 onwards. This plan will be presented to the health and wellbeing board for its endorsement as part of the development of the plan.
- 11 The steering group is made up of the following:–
- Children with disabilities workstream lead – Chris Baird, Herefordshire Council
 - Think family workstream lead – Philippa Granthier, Herefordshire Council
 - Youth offending workstream lead – Phil Kendrick, Youth Justice Board
 - Mental health workstream lead – Mark Hemmings, 2gether NHS Foundation Trust
 - Early years 0-5 workstream lead – Emma Allen, Wye Valley NHS Trust
 - Assistant director, education and commissioning children's wellbeing, Herefordshire Council
 - Assistant director safeguarding and family support, children's wellbeing Herefordshire Council
- 12 The membership of the steering group will be reviewed as the work develops

Children's Voice

- 13 The partnership recognised that significant improvements have to be made to ensure that the voice of children and young people is at the heart of the work of the partnership and of individual agencies. The partnership has agreed the following statement to recognise the voice of children and young people:
- "We know our children and young people; their journey and what they need, because we have listened to them, learnt lessons...and acted on their views"*
- 14 There is a commitment from all partners to use this actively in their individual work.
- 15 The partnership has also agreed an approach to enable the voice of the child to be heard. The initial thinking for the approach was done in conjunction with HVOSS and will now be delivered through procurement. The approach is being funded by Healthwatch, the Herefordshire Clinical Commissioning Group, public health and children's wellbeing. There may be opportunities for work undertaken by the health and wellbeing board to utilise this approach and enhance how the voice of the child can influence the work of the board.
- 16 The partnership has also adopted the following logo which will be used as part of the approach to raise the profile of the work of the partnership: The logo was created by children and young people in Herefordshire as part of a competition to create art work to be used in children's services



Potential Impact of the Partnership

- 17 There are significant opportunities to develop the partnership approach and maximise the influence of individual partners and the use of resources. Partners within the CYP are committed to developing such opportunities, recognising that this will change the nature of the partnership and the work that takes place. This should include changing models of service delivery (for example to address emotional health and wellbeing), enabling children and families to have more responsibility for their own wellbeing and outcomes alongside managing down demand and cost (for example the developments for children with disabilities including personal budgets, short breaks and respite) The children's wellbeing directorate is committed to working with the partnership on all significant developments such as the approach to early years, mental health etc. and will incorporate its Children in Herefordshire Improvement and Partnership Programme (CHIPP) into the children and young people's partnership Herefordshire's approach to Families First (troubled families) has been discussed previously at the Health and Wellbeing Board, alongside the commissioning priorities for children and young people. Government has approved the extension of the national troubled families programme for a further five years from 2015/16, indicating that potentially up to £2.6m could be brought into Herefordshire to support families and fundamentally turn around their lives. The new programme will also provide much more local opportunity and determination to focus on local needs of families.

Further information on the subject of this report is available from
Chris Baird, Assistant Director, Education and Commissioning on Tel (01432) 260264

- 18 The agreement to join the extended programme will require a formal decision through council governance routes, but that decision must be supported by partners on the Health and Wellbeing Board actively signing up to support the extended programme. A further detailed report on the extended programme will come to the Board in early 2015 This is a particular area where the Health and Wellbeing Board could play a more active role in ensuring effective partnership work.

Community impact

- 19 The work of the partnership contributes to the health and wellbeing strategy of Herefordshire by providing a specific and dedicated focus on improvement for children, young people and their families. The work of the partnership will necessarily focus and engage with communities, including communities of interest such as those involved with children with disabilities.

Equality and human rights

- 20 The work of the partnership will support the council in its equality duty as it will demonstrates the advancing equality of opportunity and fostering good relations between young people. This would support the General aims of the Equality Act.

- 21 All partners have to pay due regard to the public sector equality duty as set out below:

Note: Under Section 149, the "General Duty" on public authorities is set out thus:

"A public authority must, in the exercise of its functions, have due regard to the need to -

eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;

advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

Partnership developments will be expected to conform to the requirements of the duty.

Financial implications

- 22 There are no specific financial implications contained within the recommendations. There are significant financial resources across partners focused on the priorities of the children and young people's partnership, and specific proposals on the use of and reshaping of resources will form part of the partnership plan.

Legal implications

- 23 Children Act 2004 Section 10 places a duty on Local Authorities to make arrangements to promote co-operation with its relevant partners (as outlined below) in promoting the wellbeing of children and young people under 18 which includes

Further information on the subject of this report is available from
Chris Baird, Assistant Director, Education and Commissioning on Tel (01432) 260264

safeguarding and welfare of children. The duty to co-operate normally takes the form of a Board or group ie Children's Trust Board.

24 The Children and Families Act 2014 Section 28 provides that a local authority must co-operate with each of its local partners to work together to deliver support and services to the children and young people with SEN and/or disability they are responsible for.

25 ***'Relevant partners' under section 10 of the Children Act 2004 continue to be:***

- *District councils*
- *Strategic health authorities*
- *Primary Care Trusts*
- *Youth offending teams*
- *Police*
- *Probation services*
- *Persons providing 'Connexions' services in pursuance of section 68 of the Education and Skills Act 2008*
- *Jobcentre Plus*
- *Maintained schools*
- *FE and sixth-form colleges*
- *Non-maintained special schools*
- *Academies, city technology colleges and city colleges for the technology of arts*

Risk management

26 The risk of the health and wellbeing board not endorsing the approach is that specific issues for children and young people will not be addressed as part of the overall approach to improving the health and wellbeing of Herefordshire communities. There are a number of specific issues which need to be improved in Herefordshire and the CYPP approach provides a vehicle for dedicating partnership activity and impact to these.

Consultees

27 The developments represent the consultation with the partnership members and the Herefordshire Safeguarding Children Board members that took part in the away day session and further partnership meetings throughout summer and autumn 2014.

Appendices

Appendix 1 – Executive Group Membership

Further information on the subject of this report is available from
Chris Baird, Assistant Director, Education and Commissioning on Tel (01432) 260264

Appendix 2 – Briefing presentation on Children with Disabilities Strategy

Appendix 3 – Emotional health and wellbeing strategy

Background papers

- None identified.

Membership of Children and Young People's Partnership

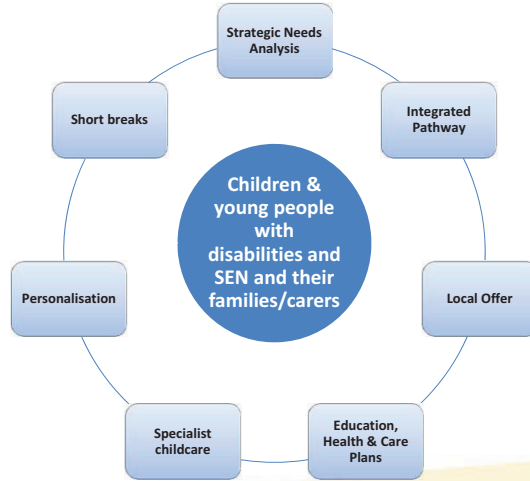
- Lead member for children's wellbeing – Herefordshire Council, chair
- Director, children's wellbeing services – Herefordshire Council
- Assistant director, education and commissioning children's wellbeing services – Herefordshire Council
- Assistant director, safeguarding and early help, children's wellbeing services – Herefordshire Council
- Consultant in public health – Herefordshire Council
- Chief operating officer, Herefordshire clinical commissioning group
- Superintendent of Herefordshire police
- Chair of early years forum
- Secondary school representative
- Primary school representative
- College representative
- Special school representative
- Family health services representative, Wye Valley NHS Trust
- CAMHS representative, 2gether NHS Foundation Trust
- Children's lead, Healthwatch
- Chair, Herefordshire Safeguarding Children Board
- Economic partnership development group representative
- Head of youth offending services
- Third sector representative

**Delivering the strategic approach for
children and young people
with disabilities or
special educational needs**

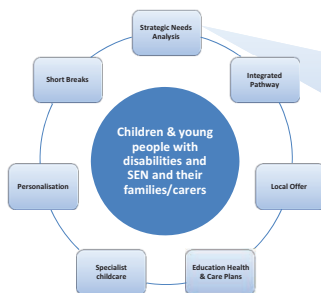
**Children & Young People
with Disabilities or Special Educational Needs
Services Transformation Programme:**

*Our vision for children and young people with
disabilities and/or special education needs is the same
as for all of Herefordshire's children and young people
– that they are healthy, safe and achieve well; and
that they go on to lead happy and fulfilled lives with
choice and control.*

CWD & SEN Services Transformation Programme Key Deliverables



CWD & SEN Services Transformation Programme Key Deliverables



Strategic Needs Analysis

Build-on the 2010 CWD review & 2014 Children's Integrated Needs Analysis to further understand the:

- needs & demands of CWD or SEN
- impact of local services on outcomes
- alternative evidence based models



CWD & SEN Services Transformation Programme Key Deliverables

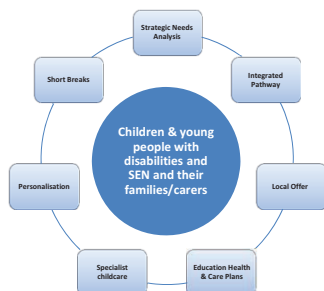


Integrated Pathway
Children and families experience an integrated multiagency pathway to access the support that they need.

The pathway will cover different stages of life, including transition to adulthood.



CWD & SEN Services Transformation Programme Key Deliverables



The Local Offer
Easy to understand information, advice and guidance about the support available to families in Herefordshire, and how it can be accessed

<https://www.herefordshire.gov.uk/education-and-learning/local-offer>



CWD & SEN Services Transformation Programme Key Deliverables

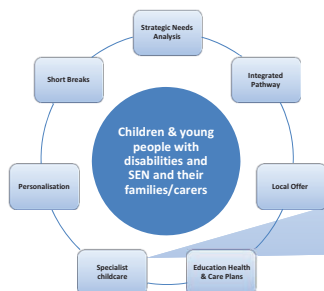


Education, Health & Care Plans

Frontline services work effectively together with children and families to agree a coordinated plan and package of support that will meet their needs



CWD & SEN Services Transformation Programme Key Deliverables

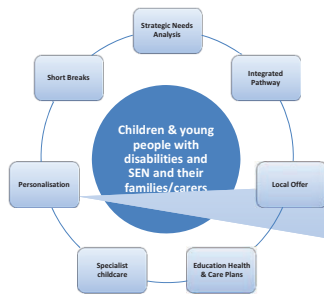


Specialist Childcare

Ensure Herefordshire's childcare sufficiency strategy adequately addresses the needs and demand for specialist CWD or SEN childcare places



CWD & SEN Services Transformation Programme Key Deliverables

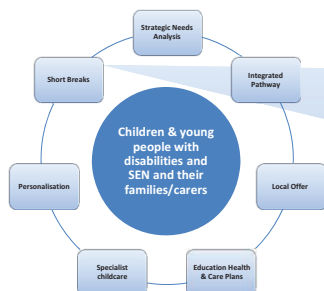


Personalisation

Delivery of a personal budgets allocation, management and review system that will enable families to have more choice and control of the services they access



CWD & SEN Services Transformation Programme Key Deliverables



Short Breaks

Review Phase 1 and complete Phase 2 of the short-breaks re-commissioning process.

Discussion: We need YOUR help to develop the local provider market



CWD & SEN Services Transformation Programme Key Deliverables

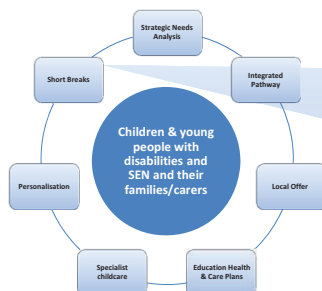


Short Breaks: Local Challenges

- Changing culture from relying on high-cost and institutionalised services
- Promoting self-reliance, independence and choice
- Support to access inclusive universal and mainstream activities
- Evolving the wider provider market to support children with disabilities and challenging behaviours



CWD & SEN Services Transformation Programme Key Deliverables



Short Breaks: Addressing unmet need

- Consider the pen-picture provided, what types of break could help?
- What universal or specialist activity breaks have been successful in places like Herefordshire?
- What adult or community services could be developed to work with children?
- What would encourage existing or new providers into the short breaks market?



DRAFT

Children and Young People’s Emotional Wellbeing and Mental Health

Strategy and Implementation Plan 2014-2015

DRAFT

Herefordshire's Children and Young People's Partnership works together to protect children and give them a great start in life. Emotional wellbeing and good mental health play a critical part in achieving these goals.

Our strategy provides a multi-agency approach to improving the emotional wellbeing and mental health of children and young people, recognising the profound relationship with parental and adult mental health. The Implementation Plan will enable children and young people to identify and self manage their care where possible by providing timely information and support. It will also support those affected by emerging mental health issues in others including families, carers and professionals working with children and young people. The strategy acknowledges the link between good emotional and physical health and the importance of both in an holistic approach. The strategy is explicitly not a CAMHS strategy as this term is too easily confused with a focus solely on health based mental health services for children and adolescents.

National

Annual Report 2014 of the Chief Medical Officer Chapter six: Life course: children and young people's mental health

- 1 in 10 children and young people aged between 5 – 15 years had a clinically diagnosable disorder in 2012
- 50% of adult mental illness (excluding dementia) starts before the age of 15 and 75% by the age of 18
- Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems and become involved in offending.
- Children and young people from the poorest households are three times more likely to have a mental health problem than those growing up in better-off homes.
- Evidence based practice may reduce costs by up to 35% and duration of treatment by up to 43%
- Early intervention may reduce the risk of later disorder and save money.

NHS 5 steps to mental wellbeing:

1) Connect

There is strong evidence to show that feeling close to and valued by other people is a fundamental human need and contributes to functioning well. Social relationships are important for promoting wellbeing and can act as a buffer against mental ill health for people of all ages.

2) Be active

Regular physical activity promotes wellbeing and is associated with lower rates of depression and anxiety across all age groups. The activity doesn't need to be particularly intense to make a difference. For example walking provides some level of exercise and has the benefit of encouraging social interactions.

3) Keep learning

Continued learning through life enhances self-esteem and encourages social interaction and a more active life.

4) Give

Giving to others can improve mental wellbeing from small acts, such as a smile, thank you or kind word, through to larger acts, such as volunteering which can improve mental wellbeing and build social networks. Research into actions for promoting happiness has shown that committing an act of kindness once a week over a six-week period is associated with an increase in wellbeing

5) Take notice

Taking notice, being aware of what is happening and “savoring the moment” can help to reaffirm life priorities, enhance self-understanding and can help people to make positive choices based on their own values and motivations. This is sometimes called "mindfulness", and it can positively change the way you feel about life and how you approach challenges.

The “5 steps” framework for promoting mental wellbeing underpins this strategy.

Other factors affecting mental health

There are a number of parents and carers who will also experience mental illness at some point in time. This impacts on children and also parenting capacity. Therefore raising awareness of mental health issues across the workforce and improving the ability to signpost people to the right information and services is vital.

Furthermore the substantial societal costs of antisocial behaviour are not limited to those with conduct disorders but are evident among the more numerous number of children with lower levels of behavioral difficulty. Effective early intervention for these less severely affected children may lead to substantial mental health gains as well as cost savings across a number of agencies. (Chief Medical Officer 2013)

The rise of a new digital culture in which many young people now communicate and exist has raised widespread concerns about potential negative effects including increased psychological arousal, decreased attention, hyperactivity, aggression and antisocial behaviour. A particular concern has been raised over the access to websites that normalise unhealthy behaviours as lifestyle choices such as anorexia and self harm.

STRATEGY

This strategy focuses on enabling children and young people and their families to:

- be aware of their own emotional wellbeing and mental health, and that of others
- develop good emotional well being and mental health
- get further support, advice and access to more specialised assistance

The implementation plan represents the first phase of activity that will be refined following the recommendations to be presented in the Mental Health Integrated Needs Assessment and Children's Integrated Needs Assessment.

The Implementation Plan focuses on four key outcomes:

1. I know who I can talk to and where to get information.
2. My family and friends are able to support me.
3. I am involved in my care and supported in taking decisions about my recovery

4. I want to tell you how the experience was for me and what needs to change.

To achieve the actions in this Strategy will require a partnership approach across a range of organisations and services in Herefordshire, including Herefordshire Council, schools and colleges, early year's providers, providers of voluntary and community services and statutory providers of health services in Herefordshire.

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IMPLEMENTATION PLAN

1. I know who I can talk to and where to get information				
Objective	Action	Responsibility	Completion Date	Progress
<p>1.1</p> <p>Promote mental wellbeing using “5 steps to wellbeing”</p> <p>Information and advice - Parents, children, young people and professionals know where to get advice and information about activities that will improve emotional wellbeing and mental health.</p> <p>Children and young people have access to education and information about their mental health and emotional well-</p>	<p>All agencies to commit to supporting mental wellbeing (as appropriate for pupils, service users and staff) using the simple, evidence-based approach set out in the “5 steps to wellbeing”:</p> <p>More information/resources available: http://www.mind.org.uk/for-business/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/improve-mental-wellbeing.aspx http://www.wales.nhs.uk/sitesplus/888/page/61011 http://www.wheelofwellbeing.org/ (NB this model also has a 6th step “care”)</p> <p>Provision of information on local activities for children and young people through</p>	<p>Alison Merry/Public Health</p>	<p>October 2014</p> <p>January 2015</p>	

1.2	being. Parents, children, young people and professionals will understand how to access services.	websites and at settings including children's centres Referral pathway clear and available and includes links to other health services <ul style="list-style-type: none"> • Urgent Care • ADHD • Eating Disorders • Other to be determined Pathway provided in appropriate languages and age specific to enable vulnerable groups and those for who English is not a first language, to have access.	Herefordshire Clinical Commissioning Group/2Gether Trust CAMHS/Herefordshire Clinical Commissioning Group	Sept 2015	This action will be confirmed following publication of the Childrens Mental Health Needs Assessment.
1.3	Workforce Development	<u>GP Education</u> Analysis of pattern of GP practice referrals to the CAMHS service to be undertaken and inform service delivery, including information from associated services such as social care and housing where there are families involved. Ongoing education and training is available for Primary Care staff on children and young people's mental health. Designated GPs identified within each surgery for looked after children	Herefordshire Clinical Commissioning Group and 2Gether NHS Trust Herefordshire Clinical Commissioning Group	Sept 2014 June 2014 July 2014	Completed Last education day was held on the 18 th June 2014. All GP practices attended and feedback was positive Agreed at STIG committee following presentation of CAMHS LAC report

		<p>All services should recognise that once a child is affected by Child Sexual Exploitation, he or she is likely to require support and therapeutic intervention for an extended period of time.</p> <p>Children should not be offered short-term intervention only, and cases should not be closed prematurely</p> <p>The Safeguarding Board, through the CSE Sub-group, will work with local agencies, including health, to secure the delivery of post-abuse support services</p>	John Roughton	October 2015	This work will be overseen and reported through the Safeguarding Board
1.4	Information and Advice	Undertake training needs analysis across all tier 1 professionals to develop Modular tier 1 training programme	Alison Merry	Sept 2015	

2. My family and friends are able to support me					
	Objective	Action	Responsibility	Completion Date	Update
2.1	Parents will be confident in their ability to provide support and appropriate parenting	Co-ordination of local parenting programmes to provide an evidenced based approach that improves emotional wellbeing Foster carers training to develop	Childrens Social Care Rep and Alison Merry Jo King/Alison	Sept 2014 – Oct 2015. Nov 2014 –	

		<p>understanding of emotional wellbeing of children in partnership with the Intensive placement support service. (HIPPS) commissioned based on therapeutic model. All training is available to all carers including kinship carers.</p> <p>The recently completed directory of training is available and will be embedded within services over the coming year.</p> <p>A single point of call and someone with oversight of the process is required</p>	<p>Merry</p>	<p>October 2015 rolling programme of training</p>	
<p>2.2</p>	<p>Volunteering. Both young people and parents</p>	<p>Promotion of volunteering opportunities to young people and parents.</p> <p>The care champion role is being developed and as part of this peer support will be offered to 16+ young people by care champions. This will be a befriending role and they would look to support them in attending appointments when appropriate. This scheme will be piloted from late September and is seen as beneficial when young people choose not to engage with professionals.</p>	<p>Jo King</p> <p>HVOSS</p> <p>Jo King</p>	<p>Nov 2014</p> <p>Oct 2014</p> <p>Sept 2014</p>	<p>Philippa Granthier to take to Childrens Interest Group (CHIG)</p>

2.3	Young Carers	To develop an approach to support the emotional wellbeing of young carers which is explicit about the needs of young carers and what support they can access. This will be as part of the joint adult and childrens commissioning of services	Frankie Green	Jan 2015	
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3. I am involved in my care and supported in taking decisions about my recovery

Objective	Action	Responsibility	Completion Date	Update
3.1 Non-clinical settings for services are available in a range of locations, providing accessibility and flexibility. Self-referral to services is available	<ul style="list-style-type: none"> • Re-application for children and young people's IAPT. • Develop training plan for professionals • Identify range of non-clinical venues and settings. 	Herefordshire Clinical Commissioning Group commissioner with 2Gether Trust. The CLD Trust/2Gether Trust	July 2014 July 2015 Sept 2014 – Oct 2015	Complete. Herefordshire has been accepted at the University of Exeter. University course identified and secured in: a. CBT b. Parenting c. Family Therapy
3.3 Services are	Third sector providers to identify areas for	The CLD Trust.	Nov/Dec 2014	

		effective contribution and secure funding. Strategy to be taken to CHIG for further consideration				
3.4	Provision of tier 2/3 Herefordshire Intensive Placement Support Service and Treatment Intervention Service	Implement service and review its effectiveness.	Paul Meredith	Nov 2014, review April 2015	Jade Brooks/Mark Colin Merker	
3.5	Provision of tier 3 support for children and young people	Re-specification of service to be based on a care pathway approach	Herefordshire Clinical Commissioning group	Sept 2014		
		Review the feasibility for assertive outreach service to avoid admission to inpatient units.	2Gether NHS Foundation Trust/ Herefordshire Clinical Commissioning Group	March 2015	Awaiting outcome from the Children's Mental Health Assessment	
		To provide psychological therapies input for children with long-term conditions at the point of transition, e.g. diabetic transitions clinic	2Gether NHS Foundation Trust / Wye Valley NHS Trust	Sept 2014 – Oct 2015	New service diabetic transitions from April 2014	
		For Choice and Partnership Approach (CAPA) to be utilised throughout CAMHS;	2Gether NHS Foundation Trust	Sept 2015	This will be monitored by the CCG through assurance processes	
		To review clinic environments	2Gether NHS Foundation Trust	Sept 2014 – Oct 2015 – Rolling programme	2Gether Trust are exploring the use of other venues for delivery of some interventions. A longer term solution is required for the service	
		To embed Health of the Nation Outcomes for Children and Adolescents to measure outcomes;	2Gether NHS Foundation Trust	Sept 2014 – Oct 2015 – Rolling programme		

		To improve on transition arrangements from the age of 14 for young people likely to require a secondary mental health service;	2Gether NHS Foundation Trust	By April 2015	The CCG and 2Gether Trust have agreed a CQUIN in 2014/15 with an agreed action plan
		To apply quality standards developed with West Midlands Quality Review (WMQRS)	2Gether NHS Foundation Trust	By March 2015	Peer review scheduled for November 2014
3.6	Improve communication and interagency working	Task and finish group to review information sharing arrangements across 2gether mental health trust and Herefordshire Council teams such as LAC, Fostering and Adoption teams. For CAMHS to deliver training and awareness sessions for relevant social work teams on the role and responsibilities of CAMHS. For CAMHS and Social Work Teams to develop accessible information to be made available to agencies on 'what is CAMHS' and 'Children's Well-being Social Work Teams'. Advice line for professionals provided by 2Gether Trust	Jo King CAMHS/2Gether Trust Jo King/Mark Hemming 2Gether Trust	By Sept 2015 Sept 2014 – Oct 2015 – Rolling programme March 2015 In place	
3.7	A health, education and social care integrated care pathway for Herefordshire	Regular programme of joint sessions arranged that provides an opportunity for networking as well as discussions on looked after children practice. Local guidelines on Court proceedings to inform mental health services responses to cases. To cover complex cases and assessments Clear procedures for interagency and multi disciplinary working.	Jo King/Mark Hemming Kay Prescott Jade Brooks/Jo King/Les Knight	Sept 2014 – Oct 2015 – Rolling programme March 2015 March 2015	

4. I am able to tell you how the experience was for me and what needs to change.					
Objective	Action	Responsibility	Completion Date	Update	
4.1	Feedback	To engage children and young people in the Mental Health Needs Assessment	Herefordshire Clinical Commissioning Group	Sept 2014	Programme of engagement developed
		To gauge patient satisfaction upon completion of treatment and produce quarterly analysis that can be used by service to develop its approach and inform commissioning.	2Gether NHS Foundation Trust	Sept 2014 – Oct 2015 – Rolling programme	System set up to report in to the Clinical Commissioning Group
		All providers to ensure they have the means of gathering feedback that informs the service and influences the service ongoing.	Herefordshire Clinical Commissioning Group	Sept 2014 – Oct 2015 – Rolling programme	Will feed in to the Voice of the Child work
4.2	Engagement	To continue to develop children and young people's engagement within the delivery of CAMHS through monitoring the uptake of services, understanding why young people may not be attending and addressing this.	2Gether NHS Foundation Trust	Sept 2014 – Oct 2015 – Rolling programme	
4.3	Children/parents and young people are actively involved in the evaluation, design	Providers of tiered services have participation policy and plans. Children, parents and young people are informed of the impact of their participation	Herefordshire Clinical Commissioning Group to oversee taking forward through agreed internal	March 2015	

	and delivery of services.	CYP IAPT supports service transformation by participating CAMHS (NHS, voluntary sector and local authorities) working in partnership with higher education institutions (HEIs).	mechanisms of partner agencies		
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MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	18 November 2014

TITLE OF REPORT:	HEALTHWATCH HEREFORDSHIRE
REPORT BY:	Independent Chairman, Healthwatch Herefordshire

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To receive a report on the activities of Healthwatch Herefordshire

5. Recommendations

THAT: The report be noted

6. Appendices

Appendix 1 – Healthwatch Herefordshire Report.

7. Background Papers

None identified.

HEALTHWATCH HEREFORDSHIRE (HWH) - UPDATE - SUMMARY REPORT.
Paul Deneen, Independent Chair of Healthwatch Herefordshire - November 2014.

1. Healthwatch Herefordshire and its Continued Influence Across the Health and Social Care Landscape/System at Local, Regional and National Levels.

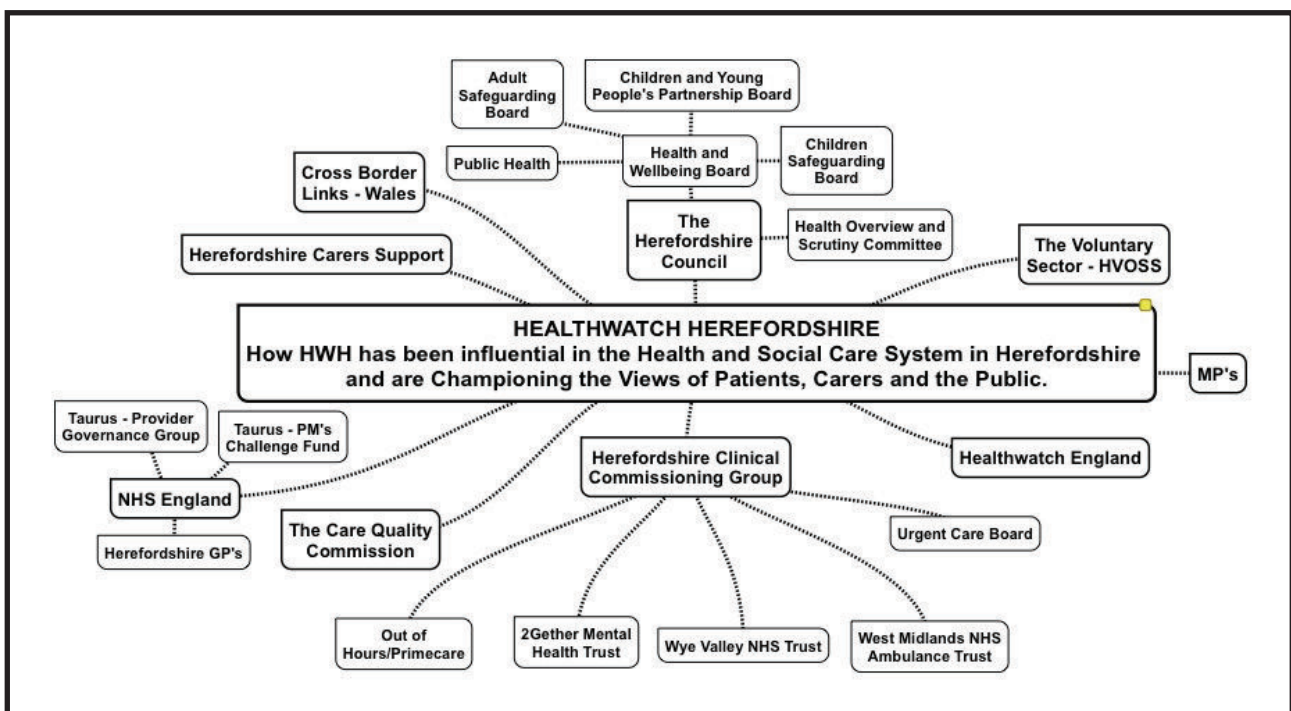
Healthwatch Herefordshire continues to be playing a Key Role in the Groups, Organisations and Partner Agencies involved in Herefordshire's Health and Social Care System - This includes both Provider and Commissioning organisations. You will see from the diagram below how well embedded HWH is within Herefordshire, and at both Regional and National Levels.

We have also been very actively involved via Board Membership in the promotion of Integration of Services at the Herefordshire Health and Wellbeing Board. We were instrumental in the initial promotion of the Community Consultation regarding Urgent Care and its Review in the County, and now are active participants as a Member of the Urgent Care Board, which advises the Herefordshire Clinical Commissioning Board on this important issue. We have also acted as Independent Evaluators for the 'Virtual Ward' Project with the Wye Valley Trust. HWH is also promoting Integration as far as Communications is concerned via an 'Engagement Gateway,' thus allowing there to be a more co-ordinated approach regarding Communications with the Public and Patients by Provider and Commissioner Organisations. The Herefordshire Council's Health Overview and Scrutiny Committee have also expressed support for HWH's promotion of a more 'joined-up' approach and the issue of Communications across the Health and Social Care System.

Our Statutory responsibility as HWH regarding 'Enter and View' as one of our main priorities, has meant that we are able to report on key findings on visits to Hospitals, Care Homes and Residential Nursing Homes, and we have developed a Programme for 2014 - 2015 in relation to such visits.

We have either Board or Staff Member involvement and active participation in Meetings arranged/organised by the respective Provider/Commissioner Organisations in Herefordshire and beyond.

At HWH itself, we have a regular monthly Informal Briefing meeting of all Staff and Board Members where we are able to discuss key issues and agree actions.



2. Strategic Priorities.

Our ***Five Key Strategic Priorities*** for **Healthwatch Herefordshire for 2014 - 2015** are;-

- * Communicating with the Public.
- * Consultations (Helping the Public and Patients Understand).
- * Focus on Older People.
- * Focus on Children and Young People.
- * Integrated Services (Helping the Public and Patients Understand).

3. Healthwatch - Public and Patient Involvement and Activities in the Community - How HWH is 'Making a Real Difference.'

We continue to review our promotional work in relation to HWH, and look for creative and innovative opportunities in order to maximise the number of people who are aware of the organisation, and understand the work which we undertake on behalf of the public and the patients.

We have advertised HWH on the back of buses, provided 'wrap around' information to the public via the Hereford Journal to over 50,000 households, we send out Newsletters, we have organised and arranged Public Meetings and Events.

We have visited Supermarkets in the Market Towns, and held events in High Town Hereford. We have made materials available in all GP surgeries and local hospitals.

We have Co-produced with the Adult Safeguarding Board a poster of "Dignity Principles," which will be used in both local hospitals and in Care and Residential Homes. We have also agreed a plan in relation to 'Enter and View' Visits of Care and Residential Homes and Hospitals in Herefordshire, and have produced or will be producing reports on such Visits. We continue to gather information and data from the public and pass this on to respective organisations. Our Enquiry Line is dealing with an increasing number of enquiries of increasing complexity that involve a number of Provider Organisations.

We held Public Meetings over the Summer 2014, the first Meeting in July which focussed on Adult Social Care, and we produced a poster of information to assist the public/patients understanding of this important issue. The Adult Care 'Summit' produced some key statements which have been included in to the poster which are also to be incorporated in to the Adult Wellbeing Strategy.

HWH is and will be focussing work on Older People with dementia, as this group is a very vulnerable group, which has difficulty communicating its views through the normal channels.

The other Public Meeting in September focussed on both our Annual Report and on Health and Advice Services for Children and Young People (CYP). In relation to CYP we invited the Chief Executive of Taurus to brief us on key developments regarding the Taurus Programme/Project and Schools/Colleges. We are also in the process of setting up a Young People's Healthwatch. In addition, we have also financially supported work in partnership with the Children's Directorate in relation to the 'Voice of Young People,' We have attended and made contributions to each of the Annual General Meetings of the Wye Valley Trust, 2Gether Mental Health Trust, Herefordshire Clinical Commissioning Group and Herefordshire Voluntary Organisations Support Service.

We have also visited and spoken to the local group involved with Pharmacists and explained the role and work of Healthwatch Herefordshire.

4. Press/Media and Social Media and HWH and how we are Keeping the Public Informed on Key Issues raised by the Public.

As the Independent Chair I have had numerous interviews on the Local Radio (BBC Hereford and Worcester and Sunshine Radio), regarding car park charges at the WVT, as well as being interviewed about the Care Quality Commission's Report on the Wye Valley Trust Hospital.

Healthwatch has also had some prominent coverage in the Hereford Times and other local newspapers. HWH has in response to the CQC Report, discussed its work and agreed a series of actions in relation to the WVT.

In terms of Social Media and the Website - In the month of September 2014 - we had 700 followers on Twitter; 112 'likes' on Facebook; and 1194 hits on our website.

5. Healthwatch Herefordshire Contract, Budget and Outcomes 2013-2015 - Update.

HWH is monitored against Six Outcomes which were agreed as part of the contract with the Herefordshire Council. We have a very positive working relationship with those involved in the monitoring of our contract, and have produced detailed evidence for each of the respective Outcomes.

The Six Outcomes of the required Contract are as follows:-

- * Local People are aware of Healthwatch Herefordshire, understands its purpose and how to access it for help and support.
- * Local People are empowered to give their views and influence decisions to improve health and social care services.
- * Individuals are able to make informed choices about their health as a result of information and advice provided by HWH.
- * The Views and Experiences of local people influence commissioning decisions to improve health and social care services.
- * Healthwatch Herefordshire is an independent organisation accountable to the people it serves,
- * Healthwatch Herefordshire provides good value for money - Budget £155k.



MEETING:	HEALTH AND WELLBEING BOARD
MEETING DATE:	16 October 2014

TITLE OF REPORT:	HEALTH AND WELLBEING BOARD WORK PLAN
REPORT BY:	Director of Children's Wellbeing

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To seek the views of the Board and finalise the quarterly forward plan

5. Recommendations

THAT: The report be noted

6. Appendices

Appendix 1 - An outline work programme for the Committee.

7. Background Papers

None identified.

HEALTH AND WELLBEING BOARD
 WORK PLAN NOVEMBER 2014 TO MAY 2015
 TIMELINE OF ACTIVITIES AND DECISIONS UPDATED

November 2014

DATES	BOARD MEETINGS ALL MEETINGS RUN FROM 3pm – 5pm
13 Jan 2015	<ul style="list-style-type: none"> • Health and wellbeing strategy and implementation for Herefordshire • Public Health Annual Report • Health Protection, Environmental Health and Regulatory • Development of Children and Young People’s Plan 2015-18 • Safeguarding Children – progress report • Safeguarding Adults – Progress Report • BCF Submission Update • Public Health Commissioning Progress update • Care Act Implementation • End of Life Care – Herefordshire Position • Pharmaceutical Needs Assessment
17 March 2015	<ul style="list-style-type: none"> • Health and Wellbeing Board Strategy • Mental Health Needs Assessment Report • Progress on priorities of Children and Young People’s Partnership and sign off of new Children and Young People’s Plan • Herefordshire Safeguarding Children and Adults Business Plan 2015-16 • Health Protection Update • Obesity - Herefordshire position • BCF Submission Update and System Wide Transformation • Autism Strategy Refresh and Action Plan • Local Authority Adults and Children’s Well Being Commissioning Plans 2015/16 • CCG Commissioning Plans 2015/16 • Pharmaceutical Needs Assessment
12 May 2015	<ul style="list-style-type: none"> • Herefordshire Safeguarding Children Board Annual Report • BCF Submission Update



Health and Well-being Board Briefing Note

Herefordshire Directory of Service Redesign

6TH NOVEMBER 2014

Purpose

To update the Board about the on-going collaborative project to update the Directory of Service for Herefordshire, and to ensure best use of the data in the future.

Background

Herefordshire's Directory of Service, held by WMAS on behalf of the people of Herefordshire, has been long-overdue for review and revision. Many symptom groups (such as earache) will produce an 'ED' disposition out of hours. Many inappropriate ambulance conveyances are triggered, for example for frail elderly fallers. The project team is working to profile each service currently on the DoS, to ensure the treatments, services and opening times are accurately recorded, and to capture new and emergent services, such as the virtual wards and the Falls Service, and services that have hitherto not been included, such as Adult's and Children's social services.

The redesign will enable call handlers at 111 and 999 response services to understand more clearly what services are available to patients in Herefordshire, to accurately reflect changes in service provision and integration since Herefordshire commissioned NHS111, and to direct patient dispositions to effective, efficient and above all appropriate end services and ultimately away from A & E and ambulance transfers, in support of Urgent Care redesign and Winter Pressures planning.

Progress

NHS Midlands & Lancashire CSU are working in partnership with West Midlands Ambulance Service to advocate the benefits of inclusion on the DoS to all stakeholders in the health and social care economy in Herefordshire, the third sector, police and community groups. As meetings are held, data is gathered, verified, signed off by the relevant stakeholder to satisfy information governance requirements and then included on the master database.

Aims

The work aims to:

- Create a bespoke build for each service in Herefordshire using specific SD/SG's in relation to NHS pathways.
- Reduce inappropriate ambulance attendance and conveyance.
- Reduce inappropriate attendance or conveyance to A & E.
- Reduce inappropriate admission to Hereford Hospital.
- Accurately reflect the clinical safety of DoS for Herefordshire with national Guidelines and counterparts with effective governance.
- Improve patient outcomes, especially among vulnerable groups, by providing a more sensitive and nuanced approach to calls for assistance.
- Build a database of profiled, linked, up-to-date information about services and providers in Herefordshire which can be used by professionals and ultimately the public to inform choice and drive change and improvement.

Next Steps

Re-building the database is a good start; a programme of constant updates and re-verifications, with an easy information link between stakeholders and the DoS is under discussion. Each stakeholder can have a log-in to the DoS and can view their entries. The team wish to encourage ownership of data going forward to improve accuracy and timely updates.

The data is not owned by WMAS – it is owned by stakeholders and ultimately the people of Herefordshire. The data is a powerful potential resource. Colleagues at Herefordshire Council, HVOSS and Herefordshire Carers Support are working alongside the project team to develop ideas for the further use of this data, in the first instance as a tool for professionals, so that they can tap into the DoS on behalf of their patients and direct them to services appropriate to their needs and wants. Further, there may be scope for future work to provide customer-facing database access, something like the Yellow Pages of health and social care, for patients and carers to access if they seek specific services. Clearly this would require funding and project support and we would ask that the Board consider this proposal on its merits.

Julia Irving Gregory
Contract Support Officer

Tee Mpofu
DoS Lead, WMAS